

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****February 5-6, 2026**Board Members

Lilia Larin, DDS, President
Rosalinda Olague, PhD(c), RDA, Vice President
John Dierking, JD, Public Member, Secretary
Steven Chan, DDS
Kevin R. Cheng, JD, Public Member
Robert P. David, Public Member
Alan Felsenfeld, MA, DDS
Joni Forge, DDS
Jaskiran Grewal, DDS
Angelita Medina, MHS, Public Member
Yogita Thakur, DDS, MS
Ram M. Vaderhobli, 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 in accordance with Government Code section 11123.2 approximately at, but no earlier than, 10:30 a.m., on Thursday, February 5, 2026, and 9:00 a.m., on Friday, February 6, 2026, 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 in the WebEx QuickStart document at:

https://dbc.ca.gov/about_us/meetings/webex_instructions.pdf

To participate virtually in the WebEx Events meeting on **Thursday, February 5, 2026:**

[Click Here to Join Meeting](#)

Experiencing issues joining the meeting?

Copy and paste the link text below into an internet browser:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m813057bf4dffd1b9582446c442bc4e37>

Event number: 2496 033 3027
Event password: DBC25 (32225 from phones)

To participate virtually in the WebEx Events meeting on **Friday, February 6, 2026:**

[Click Here to Join Meeting](#)

Experiencing issues joining the meeting?

Copy and paste the link text below into an internet browser:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m95fc1949ce761eb687f6a5928fceb9d4>

Event number: 2495 324 2906
Event password: DBC26 (32226 from phones)

Due to potential technical difficulties, please consider submitting written comments by January 27, 2026, to dentalboard@dca.ca.gov for consideration.

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. When signing into the WebEx platform, participants may be asked for their name and email address. Participants who choose not to provide their names will need to provide a unique identifier such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make public comment; participants who choose not to provide their email address may utilize a fictitious email address like in the following sample format: XXXXXX@mailinator.com.

AGENDA

10:30 a.m., Thursday, February 5, 2026

1. Call to Order/Roll Call/Establishment of a Quorum
2. Public Comment on Items Not on the Agenda **[7]**
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. November 5, 2025 **[8-10]**
 - b. November 6-7, 2025 **[11-28]**
4. Board President Report **[29]**
5. Executive Officer Report **[30]**

6. Report on Department of Consumer Affairs (DCA) Activities, which may include updates on DCA's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters **[31]**
7. Presentation, Discussion, and Possible Action on 2026 – 2029 Strategic Plan **[32-44]**
8. Dental Assisting Council February 5, 2026 Meeting Report **[45]**
9. Discussion and Possible Action Regarding Appointment of Dental Assisting Council Members **[46-48]**
10. Budget Report **[49-54]**
11. Licensing, Certifications, Permits, and Examinations **[55-67]**
 - a. Update on Dental Licensure and Permit Statistics
12. Presentation on California State Loan Repayment Program and Scholarship Programs for Oral Health Professionals – *Department of Health Care Access and Information (HCAI)* **[68]**
13. Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee January 14, 2026 Meeting Report **[69-72]**
 - a. Discussion of and Possible Action on Recommendation on EFCS Permit Application
14. Anesthesia and Sedation **[73-83]**
 - a. General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics
15. Substance Use Awareness **[84]**
 - a. Diversion Program Report and Statistics
16. Discussion of and Possible Action Regarding Government Code Section 11340.6 Petition to Adopt, Amend, or Repeal Regulations Regarding Complaint Intake, Review, Evaluation, and Closure Procedures **[85-109]**
17. Recess Open Session Until February 6, 2026, at 9:00 a.m.

CLOSED SESSION (WILL NOT BE WEBCAST)

18. Convene Closed Session
19. 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

20. Adjourn Closed Session

9:00 a.m., Friday, February 6, 2026

21. Reconvene Open Session – Call to Order/Roll Call/Establishment of a Quorum

22. Board President's Report on Closed Session Items **[110]**

23. Enforcement

- a. Presentation of "Attorney General's Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies, Business and Professions Code Section 312.2, January 1, 2026" – *Carl Sonne, Senior Assistant Attorney General, Office of the Attorney General, Department of Justice* **[111-164]**
- b. Review of Statistics and Trends **[165-168]**

24. Update, Discussion, and Possible Action on Proposed Regulations

- a. Status Update on Pending Regulations **[169-170]**
 - i. Update on Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1005 Regarding Minimum Standards for Infection Control
 - ii. Update on Rulemaking to Amend CCR, Title 16, Sections 1021, 1028, 1028.4, 1028.5, 1030, and 1035, and Repeal Sections 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1032.7, 1032.8, 1032.9, 1032.10, 1033.1, 1034, and 1036.01 Regarding Applications for Dentist Licensure and Fees

25. Update, Discussion, and Possible Action on Legislative Proposals

- a. Discussion and Possible Action to Amend Business and Professions Code (BPC) Sections 1621, 1628, 1633, 1635.5, 1638.1, 1724, 1750.1, 1753, 1753.5, 1754.5, and 1755, and Repeal BPC Section 1632.6 Regarding Dentistry **[171-199]**
- b. Legislative Proposal to Amend BPC Sections 1684.5, 1741, 1750, 1750.1, 1752.1, and 1752.4 Regarding Dental Auxiliaries **[200-221]**
- c. Legislative Proposal to Amend BPC Sections 1628.7, 1686, 1718.2, and 1718.3 Regarding Probationary Licenses, Petitions for Reinstatement, Termination, or Modification of Penalty, and Cancelled Licenses and Permits **[222-231]**

26. Update, Discussion, and Possible Action on Legislation Impacting the Board, DCA, and/or the Dental Profession

- a. 2026 Tentative Legislative Calendar – Information Only **[232-234]**
- b. Legislation of Interest **[235-251]**
 - Priority Legislation for Board Consideration
 - i. Assembly Bill [\(AB 485\)](#) (Ortega, 2025) Labor Commissioner: unsatisfied judgments: nonpayment of wages
 - ii. [AB 667](#) (Solache, 2025) Professions and vocations: license examinations: interpreters
 - iii. [AB 873](#) (Alanis, 2025) Dentistry: dental assistants
 - iv. [AB 966](#) (Carrillo, 2025) Dental Practice Act: foreign dental schools
 - v. [AB 1130](#) (Berman, 2025) Dentistry: outreach and support program

- vi. [AB 1307](#) (Ávila Farías, 2025) Licensed Dentists from Mexico Pilot Program
- vii. [AB 1563](#) (Gabriel, 2026) Budget Act of 2026
- viii. [AB 1578](#) (Jackson, 2026) State and local officials: antihate speech training
- ix. Senate Bill [SB 879](#) (Laird, 2026) Budget Act of 2026

Other Board-Monitored Legislation

- x. [AB 280](#) (Aguiar-Curry, 2025) Health care coverage: provider directories
- xi. [AB 350](#) (Bonta, 2025) Health care coverage: fluoride treatments
- xii. [AB 371](#) (Haney, 2025) Dental coverage
- xiii. [AB 479](#) (Tangipa, 2025) Criminal procedure: vacatur relief
- xiv. [AB 787](#) (Papan, 2025) Provider directory disclosures
- xv. [AB 837](#) (Davies, 2025) Ketamine
- xvi. [AB 872](#) (Blanca Rubio, 2025) Environmental health: product safety: perfluoroalkyl and polyfluoroalkyl substances
- xvii. [AB 1107](#) (Flora, 2025) Cigarette and Tobacco Products Licensing Act of 2003: nitrous oxide: licensure
- xviii. [AB 1215](#) (Flora, 2025) Hospitals: medical staff membership
- xix. [AB 1431](#) (Tangipa, 2025) Personal income taxes: credit: medical services: rural areas
- xx. [AB 1434](#) (Michelle Rodriguez, 2025) Health care boards: workforce data collection
- xxi. [SB 730](#) (Hurtado, 2025) Product safety: consumer products: perfluoroalkyl and polyfluoroalkyl substances

Department of Consumer Affairs Legislation

- xxii. [AB 1298](#) (Harabedian, 2025) The Department of Consumer Affairs
- xxiii. [AB 1461](#) (Essayli, 2025) Department of Consumer Affairs: regulatory boards
- xxiv. [SB 806](#) (Dahle, 2025) Department of Consumer Affairs

27. Future Agenda Items and Next Meeting Dates **[252]**

28. 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 day 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 11123.2(j)(1), the teleconference locations from which Board members may participate in the meeting may not be identified in the notice and agenda of the meeting.

This meeting is being held via teleconference through WebEx Events. This meeting may be delayed, postponed, or rescheduled if there are technological difficulties with the WebEx platform.

Members of the public may also view a livestream (Webcast) of this meeting at <https://thedcapage.blog/webcasts/>. Using the Webcast link will allow only for observation with closed captioning. Webcast availability cannot be guaranteed due to resource limitations or technical difficulties. Meeting adjournment may not be Webcast if it is the only item that occurs after a closed session. The meeting will not be cancelled if Webcast becomes unavailable.

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.

The 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 Bryce W.A. Docherty, MPA, 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

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	January 16, 2026
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

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
MEETING MINUTES
November 5, 2025**

Pursuant to Government Code section 11123.2, the Dental Board of California (Board) met by teleconference/WebEx Events on November 5, 2025, with the following location available for Board and public member participation:

Department of Consumer Affairs
1747 N. Market Blvd., Ruby Room #182
Sacramento, CA 95834

Board Members Present:

Steven Chan, DDS, President
Alan Felsenfeld, MA, DDS, Vice President
Lilia Larin, DDS, Secretary
Kevin R. Cheng, JD, Public Member
John Dierking, JD, Public Member
Joni Forge, DDS
Jaskiran Grewal, DDS
Angelita Medina, MHS, Public Member
Rosalinda Olague, PhD(c), RDA
Yogita Thakur, DDS, MS (remote participant)
Ram M. Vaderhobli, DDS, MS
James Yu, DDS, MS (remote participant)

Board Members Absent:

Robert P. David, Public Member

Staff Present:

Christy Bell, Interim Executive Officer
Jodi Ortiz, Chief of Licensing and Examination Division
Tina Vallery, Chief of License and Program Compliance and Dental Assisting
Albert Law, Enforcement Program Manager
Mirela Taran, Administrative Analyst
Elizabeth Coronel, Strategic Planning Manager, Strategic Organizational Leadership and Individual Development (SOLID), Department of Consumer Affairs (DCA)
Sarah Irani, Facilitator and Strategic Business Analyst, SOLID, DCA
Trisha St. Clair, Facilitator and Strategic Business Analyst, SOLID, DCA
Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division, DCA

DRAFT - Dental Board of California
November 5, 2025 Meeting Minutes

9:00 a.m., Wednesday, November 5, 2025

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

The Board President, Steven Chan, DDS, called the meeting to order at 9:08 a.m. The Board Secretary, Lilia Larin, DDS, called the roll; 11 Board Members were present, and a quorum was established. Board Member Yogita Thakur, DDS, was absent for roll call but joined the meeting at 9:13 p.m. Board Member Robert David was absent.

Board Members Thakur and James Yu, DDS, participated remotely and confirmed there were no individuals 18 years of age or older present in the room at their remote locations in compliance with Government Code section 11123.2, subdivision (j)(4).

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: Introductions, Overview of Strategic Planning, Ground Rules

President Chan facilitated introductions amongst DCA staff, Board staff, and Board Members.

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

Agenda Item 4: Strategic Planning Session

Sarah Irani and Trisha St. Clair guided the Board Members through the Strategic Planning Session.

Board Members and staff discussed Strategic Plan Goal Area #1 Licensing and Examinations.

President Chan requested public comment on Strategic Plan Goal Area #1. There were no public comments made on this item.

At 11:10 a.m., the Board recessed for a break.

At 11:25 a.m., the Board reconvened.

Board Members and staff discussed Strategic Plan Goal Area #2 Consumer Protection and Enforcement.

At 11:58 a.m., the Board recessed for a lunch break.

At 12:33 p.m., the Board reconvened.

Board Members and staff continued to discuss Strategic Plan Goal Area #2.

President Chan requested public comment on Strategic Plan Goal Area #2. There were no public comments made on this item.

Board Members and staff discussed Strategic Plan Goal Area #3 Communication and Customer Service.

President Chan requested public comment on Strategic Plan Goal Area #3. The Board received public comment.

Leslie Canham, a Board registered continuing education (CE) provider, voiced that she gets a number of questions from individuals looking for clarity on where they can find standalone courses for various things. She noted that regarding the 8-hour infection control course, the PDF on the Board's website does not clarify whether the provider is a school or standalone course. Ms. Canham stated that would help to lessen some of the confusion and make things a little bit easier for the public. Additionally, she added that when you go to a license verification, the captcha throws out any information where you have to go back in and re-put the information if you are checking more than one license for Dental Board licenses or a fictitious name permit.

Tina Vallery noted the Board does have individual lists for all of its educational programs and courses, and registered dental assistant (RDA) programs are on an individual list. She added that the standalone are all on individual lists. Ms. Vallery conveyed that the majority of the Board's lists include anyone who is currently approved by the Board, not necessarily providers who are still in business or are currently offering the course because they have never notified the Board of closure or that they have stopped offering the course. She declared that Board staff is in the process of reaching out to them for information on whether they are still offering the course and if they are active or closed. She added that Board staff have gotten through quite a few of the lists. However, infection control is not one of them yet but is on the to-do list and is expected to be completed in the next few months.

Regarding the license verification, Christy Bell added that is a DCA wide search platform and is something she would have to reach out to DCA about for more information.

Board Members and staff discussed Strategic Plan Goal Area #4 Administrative Services.

President Chan requested public comment on Strategic Plan Goal Area #4. There were no public comments made on this item.

Agenda Item 5: Adjournment

President Chan adjourned the meeting at 1:51 p.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



**DENTAL BOARD OF CALIFORNIA
MEETING MINUTES
November 6-7, 2025**

Pursuant to Government Code section 11123.2, the Dental Board of California (Board) met by teleconference/WebEx Events on November 6-7, 2025, 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

Board Members Present:

Steven Chan, DDS, President
Alan Felsenfeld, MA, DDS, Vice President
Lilia Larin, DDS, Secretary
Kevin R. Cheng, JD, Public Member
Robert P. David, Public Member
John Dierking, JD, Public Member
Joni Forge, DDS
Jaskiran Grewal, DDS
Angelita Medina, MHS, Public Member
Rosalinda Olague, PhD(c), RDA
Yogita Thakur, DDS, MS (remote participant)
Ram M. Vaderhobli, DDS, MS (November 6, 2025)
James Yu, DDS, MS (remote participant)

Board Members Absent:

Ram M. Vaderhobli, DDS, MS (November 7, 2025)

Staff Present:

Christy Bell, Interim Executive Officer
Ryan Blonien, Enforcement Chief
Jodi Ortiz, Chief of Licensing and Examination Division
Paige Ragali, Chief of Administration and Compliance
Tina Vallery, Chief of License and Program Compliance and Dental Assisting
Albert Law, Enforcement Program Manager
Jessica Olney, Anesthesia Unit Manager
Wilbert Rumbaoa, Administrative Services Unit Manager
Brant Nelson, Legislative and Regulatory Specialist
Paul Corbin, Investigator

DRAFT - Dental Board of California
November 6-7, 2025 Meeting Minutes

Mirela Taran, Administrative Analyst
Joseph Tippins, Investigator
Lucia Saldivar, Deputy Director, Board and Bureau Relations, Department of Consumer Affairs (DCA)
Alex Cristescu, Television Specialist, Office of Public Affairs, DCA
Ann Fisher, Facilitator and Strategic Business Analyst, Strategic Organizational Leadership and Individual Development (SOLID), DCA
Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division, DCA

11:00 a.m., Thursday, November 6, 2025

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

The Board President, Steven Chan, DDS, called the meeting to order at 11:04 a.m. Board Members Yogita Thakur, DDS, and James Yu, DDS, participated remotely and confirmed there were no individuals 18 years of age or older present in the room at their remote locations in compliance with Government Code section 11123.2, subdivision (j)(4).

The Board Secretary, Lilia Larin, DDS, called the roll; 13 Board Members were present, and a quorum was established.

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

President Chan called for public comment on items not on the agenda. The Board received the following public comment.

Joan Greenfield, representing the California Extended Functions Association, voiced that in 2024, a legislative bill passed that included the removal of the dental hygiene member from the Board and replaced that position with a dental assistant. She urged the Board members and Board staff to put pressure there to see that position is filled.

Agenda Item 3: Discussion and Possible Action on Board Meeting Minutes

Motion/Second/Call the Question (M/S/C) (David/Dierking) to approve the August 14, 2025 meeting minutes.

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

Leslie Canham voiced that on the dental unit waterline changes to the minimum standards for infection control in the draft regulations it says "dental unit water lines shall be monitored or tested routinely in accordance with manufacturer's instructions". She added that is not giving very clear information into what manufacturer's instructions. Ms. Canham requested an amendment to the meeting minutes on page 5, Agenda Item 6.a.i., to add in that it should be clarified by stating that it is the manufacturer's instructions of the dental unit specifically or of the dental unit waterline product that is used to monitor dental unit water quality.

DRAFT - Dental Board of California
November 6-7, 2025 Meeting Minutes

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

Ayes: Chan, Cheng, David, Dierking, Felsenfeld, Forge, Grewal, Larin, Medina, Olague, Thakur, Yu.

Nays: None.

Abstentions: Vaderhobli.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Yu) to approve the October 3, 2025 meeting minutes.

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

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

Ayes: Chan, Cheng, David, Dierking, Felsenfeld, Forge, Grewal, Larin, Medina, Olague, Thakur, Yu.

Nays: None.

Abstentions: Vaderhobli.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 4: Board President Report

President Chan welcomed the Board's new Executive Officer, Bryce Docherty and two new Board Members Jaskiran Grewal, DDS, and Ram Vaderhobli, DDS, MS. President Chan reported that he has had ongoing weekly briefings with Interim Executive Officer Christy Bell and the Executive Committee, which includes himself and Vice President, Dr. Alan Felsenfeld. He reviewed the Board's search for a new Executive Officer. He stated that on September 16, he and Ms. Bell attended the DCA Regulatory Boards and Commissions Leadership meetings. Additionally, the two of them had onboarding meetings with Board Members Grewal and Vaderhobli. He communicated that the Board conducted its strategic planning on November 5, and on November 8, he and Ms. Bell, will be attending the Dental Hygiene Board of California (DHBC) meeting to testify. Additionally, President Chan communicated that on December 9, he will be attending the DCA Board Leadership meeting, and that on December 17, he and Vice President Felsenfeld will be attending the Joint Health Board's convocation.

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

Agenda Item 5: Interim Executive Officer Report

Ms. Bell reported that on September 18, the Board held a stakeholder meeting to gather feedback on the legislative proposal that was introduced at the August 14 Dental Assisting Council (DAC) meeting. She noted that the stakeholder meeting had over 150 attendees, and Board staff look forward to collaborating more with stakeholders in the future on dental assisting related items. Ms. Bell stated that the Board met on November 5 to develop the Board's next Strategic Plan, and the Board focused on developing objectives for its four goal areas of licensing and examinations, consumer protection and enforcement, communication and customer service, and administrative services. DCA's SOLID unit facilitated this meeting and will create the final plan that will be presented to the Board at the February 2026 Board meeting.

Ms. Bell stated that on October 21, the Board hosted its third annual university FAQ presentation to provide dental school administrators with the latest licensing information to assist students during graduation season. Over 65 dental schools were invited, with 27 in attendance. Before this outreach effort, application processing times during graduation season averaged six to eight weeks. For the 2024/25 graduation season, the Licensing and Examination unit reduced its processing times to under 30 days. She conveyed that key presentation topics included early application for the Law and Ethics Examination, proper completion of the dean certification, and a checklist to ensure applicants submit correct documentation. To further streamline operations, the Licensing and Examination unit is piloting a paperless project aimed at reducing processing times, improving document security and tracking, supporting remote work, and lowering the Board's carbon footprint.

Ms. Bell stated that on December 10, the Board will host an Onsite Inspection and Evaluation Calibration Course presented by Vice President Felsenfeld. This event is open only to licensed moderate sedation, general anesthesia, and moderate general anesthesia permit holders interested in serving as Board subject matter expert evaluators. Attendees who meet Board criteria may be selected to evaluate permit holders during sedation procedures, inspect facilities and equipment, review medical and physical records, and assess emergency preparedness. These initiatives reflect the Board's continued commitment to consumer protection through outreach, process improvement, and expert evaluation. Ms. Bell expressed that in October, she met with the author and sponsor of Assembly Bill (AB) 966 (Carrillo, 2025). After this meeting, she provided six links, for their reference, to prior sunset reports and agenda items where the subject had been discussed by the Board. She stated that the Board is in various stages of recruitment for six vacant positions and currently has an 8% vacancy rate.

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

DRAFT - Dental Board of California
November 6-7, 2025 Meeting Minutes

Shari Becker, on behalf of the Alliance, thanked Ms. Bell and President Chan for their service and transparency, and for the September 18 stakeholder meeting.

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

Lucia Saldivar provided a departmental update, which included the following.

Ms. Saldivar expressed that Sexual Harassment Prevention Training is mandated for completion within 30 days of a Board Member's appointment to the Board and every two years thereafter. She affirmed that on October 27, DCA launched its new Sexual Harassment Prevention Training in the Learning Management System (LMS).

Going forward, the compliance deadline will either be two years from the last completion date for those who took the training or by December 27 for those who have not taken the training yet. Upon completion of the new training, it will be automatically reassigned to the member's LMS account biannually. Ms. Saldivar conveyed that DCA's training unit has developed an Unconscious Bias training for Board Members. This training will be added to the member's LMS accounts in November and will also be incorporated in all new onboarding for new members. Ms. Saldivar added that last year through the Our Promise California state employees charitable campaigns, state employees, including Board Members, had the opportunity to support the nonprofit causes that they are passionate about through payroll giving or one time donations. She voiced that the campaign runs through December 31 of this year, and DCA will be emailing Board Members with more information.

President Chan 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 Board's budget for fiscal year (FY) ending in 2024/2025 and beginning of 2025/2026. Mr. Rumbaoa conveyed that the Board spent \$18.6 and that the budget was \$19.8. Therefore, the Board reverted \$1.5 million. He added that the Board collected \$21.2 million in revenues. For FY 2025/26, he reported that the Board's new budget is \$20.3 million, and its projected revenue is \$19.7 million. Regarding some of the budget letters that went through, the Board lost two positions based on the budget letter. The Board is now down to 82 authorized positions and did lose \$147,000 in expenditures based on the budget letter. Mr. Rumbaoa added that the Board has approximately 12.9 months in reserve, meaning if the Board receives no additional revenue for the upcoming years, it would be able to survive for at least 13 months if there is no revenue to come in

Vice President Felsenfeld asked what the benchmark is for the Board's reserves and months in reserve. Mr. Rumbaoa responded that a good months in reserves is typically three to nine months, and the Board is technically at 12.9. He added that the Board does revert every year, and the reversion has gone down due to vacancies being filled.

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

Agenda Item 8: Dental Assisting Council Meeting Report

DAC Chair, De'Andra Epps-Robbins, provided a verbal report on the November 6, 2025 DAC meeting. Ms. Epps-Robbins advised the Board regarding DAC discussion of DAC meeting agenda items.

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

Agenda Item 9: Update From the Board's ADEX Committee

Secretary Larin provided a verbal report on this item.

Board Member John Dierking voiced that it was mentioned that there were around 13,000 test takers and inquired if that includes DMD/DDS graduates or if it also includes the registered dental assistant (RDA) population. Secretary Larin responded that she was only reporting on the dentist test takers.

Board Member Vaderhobli asked President Chan if in his role as President he has done any outreach with this data to the existing seven dental schools in California. President Chan responded that American Board of Dental Examiners, Inc. (ADEX) representatives give ongoing presentations of their census and some of their data. He added that this is the first year that the Board has had one of its people on ADEX.

Secretary Larin communicated that the Board now has full membership with ADEX and can vote and added that to be fully represented on ADEX, the Board needs one hygienist.

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

Agenda Item 10: Licensing, Certifications, Permits, and Examinations

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

Jodi Ortiz provided the report, which is available in the meeting materials. Ms. Ortiz noted that there is a correction on page 36 of the meeting materials in which the header *Dental Applications Issued by Year* should say "Licenses."

Board Member Robert David voiced that he has noticed in the last three FYs the number of ADEX applicants has increased fairly significantly and inquired the reasoning

for that. Ms. Ortiz responded that Western Regional Examining Board (WREB) has since joined with ADEX, and therefore numbers are going down with regards to offering that application and added that the portfolio pathway has been repealed. As a result, there is a shift of those going down and ADEX going up.

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

Agenda Item 10.b.: Presentation from the Department of Health Care Access and Information (HCAI)

Eric Neuhauser, Health Workforce Development Research and Evaluation Branch Chief, HCAI, provided an overview of the demographic makeup and trends seen in the oral health workforce.

Board Member David asked what programs are available that California runs either at HCAI or elsewhere that encourage dentists, particularly newer dentists, to practice in underserved communities via financial incentives, loan repayments, scholarships, etc. Mr. Neuhauser responded that part of HCAI's methodology work that it is working through momentarily for its health model is taking into consideration what exists out there and noted they will be doing an in-depth research on what programs exist.

Secretary Larin noted on the oral health provider racial distribution, she noticed the Hispanic population was very high and asked if this is all professionals overall. Chipso Maringa, Health Workforce Development Workforce Research and Analytics Section Chief, HCAI, responded that is all oral health workforce combined, not just the dentists.

Board Member David requested a presentation on programs that encourage dentists to practice in underserved communities which can include financial incentive programs, loan repayments, and scholarship programs.

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

Susan McLearn voiced that she is wondering how HCAI can collect data on unlicensed dental assistants, which she thinks is a very large contingent or will be based on various factors.

At 12:28 p.m., the Board recessed for a break.

At 1:35 p.m., the Board reconvened.

Agenda Item 11: Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee October 8, 2025 Meeting Report

Agenda Item 11.a.: Discussion and Possible Action on Recommendations on EFCS Permit Applications

DRAFT - Dental Board of California
November 6-7, 2025 Meeting Minutes

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

(M/S/C) (Felsenfeld/Medina) to grant the EFCS permit application of R.G., DDS, for enhanced permit privileges to perform Category 2 privileges and issue the existing EFCS permit held by R.G., DDS, as a Category 3 EFCS permit.

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, Cheng, David, Felsenfeld, Forge, Grewal, Larin, Medina, Olague, Thakur, Vaderhobli, Yu.

Nays: None.

Abstentions: None.

Absent: Dierking.

Recusals: None.

The motion passed.

President Chan requested public comment on the Agenda Item 11 report. There were no public comments made on this item.

Agenda Item 12: Anesthesia and Sedation

Agenda Item 12.a.: General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics

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

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

Agenda Item 13: Enforcement

Agenda Item 13.a.: Review of Statistics and Trends

Ryan Blonien provided the report, which is available in the meeting materials.

Ms. Bell noted that Board Member David had requested an analysis of the disciplinary cases and stated that Board staff compiled that information for the most recent quarter, which is displayed on page 65 of the meeting materials.

Vice President Felsenfeld communicated that on page 63 of the meeting materials in the *Complaints Received* chart, there was 3,701 for one year, 4,100 in another year, and 4,000 in another year, and that in one quarter there was 2,100. He inquired whether that is a higher level in terms of the time of the year. Mr. Blonien responded that he

believes those numbers are reflected from media coverage of comments a dentist made that motivated people to file complaints.

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

Agenda Item 13.b.: Presentation on the Enforcement Process

Ryan Blonien and Albert Law provided a verbal report on this item.

Board Member David asked how difficult it is to attract candidates for the Enforcement Unit, both sworn and unsworn. Mr. Blonien responded that it is a challenge to obtain desired individuals who are qualified.

Board Member Grewal asked if there is data on the geography of complaints in regard to what areas they are stemming from, such as rural areas, urban areas, etc. Mr. Blonien responded that of the 4,000 complaints the Board gets every year, most of them come from Southern California. He added that he has seen more complaints regarding unlicensed practice in rural areas.

Board Member Joni Forge asked [regarding licensees contacted by a Board imposter] if a dentist suspects fraudulent contact [by a Board imposter], how would they contact the Board to confirm whether the individual works for the Board. Mr. Blonien responded that dentists have called the Board's front office to ask for the individual, or they can contact the Board via fax and email, and ask for that person; in many cases, they are told that that person does not work at the Board. He added that the public can contact the Board and confirm if a particular investigator works there.

Board Member Dierking inquired if there are any occasions where Board staff works with either local law enforcement or referral to the Attorney General's (AG) office where they ask for a bit more information. Mr. Blonien responded that it is not uncommon and added that typically with the AG's office, Board staff do not have a lot of follow up information or follow up investigations to do.

Board Member Vaderhobli inquired if there is one consultant for California. Mr. Blonien responded that the Board has two full time dentist consultants and several on contract ranging from a specialist dentist to a general dentist who, when extra eyes on cases is needed, are available and provide their specialty review.

Board Member Thakur inquired whether the Board has jurisdiction over unlicensed dentists and how do the Board would go about closing their practice. Mr. Blonien responded that the unlicensed practice of dentistry is a criminal act and voiced that Board peace officers have cited them into court, arrested, and booked them and noted that they can also cite them under the Board with an administrative citation and attempt to get compliance through that method as well.

Board Member Dierking inquired whether the cost of probation is paid directly to the Board. Mr. Law affirmed it is paid directly to the Board.

Board Member Dierking inquired why there is a difference between the monthly monitoring cost for RDAs and dentists. Mr. Law responded that he believes it is because of financial restriction, as an RDA typically makes a lot less money than a dentist.

Board Member Dierking inquired whether that is covered by Board policy or by regulation. Mr. Law responded that he believes that is internal, which was determined by the Board. Board Member Dierking requested this issue be reviewed at a future Board meeting.

Board Member Dierking inquired what percentage the Board has for outstanding liabilities pursuant to cost recovery provisions for licensees on probation. Mr. Law responded that cost recovery includes the costs that the Board expended for investigation and added that anytime there is an investigator or a special investigator who investigate the case, they track the number of hours that day spent on the case and that is billed as cost recovery as well as AG costs.

Board Member Dierking inquired how much is owed to the Board as far as outstanding liabilities that have not yet been collected. Ms. Bell responded that is information that Board staff can collect and bring to the next Board meeting.

Board Member David voiced that he does not understand why there would be a delta between dental assistants and dentists if the costs are the same and suggested that Board staff do a cost analysis. Ms. Bell stated that the probation monitoring costs and the cost recovery are paid directly to the Board. However, the drug testing and psychotherapy costs are paid to the vendors that they utilize.

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

Agenda Item 14: Substance Use Awareness

Agenda Item 14.a.: Diversion Program Report and Statistics

Paige Ragali provided the report, which is available in the meeting materials. Ms. Ragali noted that the next quarterly Diversion Evaluation Committee meeting is scheduled for January 27, 2026, and that as of January 1, 2025, Premier Health Group assumed the administration of the Diversion Program.

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

Agenda Item 15: Election of 2026 Board Officers

Ms. Bell facilitated the election. She opened the floor for nominations for the position of 2026 Board Secretary. Board Member Angelita Medina nominated Board Member Dierking for the position of 2026 Board Secretary. Board Member Dierking accepted the nomination. There were no other nominations for the position of 2026 Board Secretary.

(M/S/C) (Medina/Forge) to appoint Board Member Dierking as 2026 Board Secretary.

Ms. Bell requested public comment before the Board acted on the motion. There were no public comments made on the motion.

Ms. Bell called for the vote on motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Grewal, Larin, Medina, Olague, Thakur, Vaderhobli, Yu.

Nays: None.

Abstentions: Dierking.

Absent: None.

Recusals: None.

The motion passed. Board Member Dierking was appointed as 2026 Board Secretary.

Ms. Bell opened the floor for nominations for the position of 2026 Board Vice President.

Ms. Bell received three nominations for 2026 Board Vice President: Board Member David, who declined the nomination; Vice President Felsenfeld, who accepted the nomination; and Board Member Rosalinda Olague who accepted the nomination. There were no other nominations for the position of 2026 Board Vice President.

(M/S/C) (Vaderhobli/Chan) to elect Vice President Felsenfeld as 2026 Board Vice President.

Ms. Bell requested public comment before the Board acted on the motion. There were no public comments made on the motion.

Ms. Bell called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, Felsenfeld, Grewal, Thakur, Vaderhobli.

Nays: David, Dierking, Forge, Larin, Medina, Olague, Yu.

Abstentions: None.

Absent: None.

Recusals: None.

The motion failed.

DRAFT - Dental Board of California
November 6-7, 2025 Meeting Minutes

(M/S/C) (Cheng/Larin) to elect Board Member Olague as 2026 Board Vice President.

Ms. Bell requested public comment before the Board acted on the motion. There were no public comments made on the motion.

Ms. Bell called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Dierking, Felsenfeld, Forge, Grewal, Larin, Medina, Olague, Thakur, Vaderhobli, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed. Board Member Olague was elected as 2026 Board Vice President.

Ms. Bell opened the floor for nominations for the position of 2026 Board President.

Ms. Bell received three nominations for 2026 Board President: Board Member Yu, who accepted the nomination; Secretary Larin, who accepted the nomination; and President Chan, who accepted the nomination.

(M/S/C) (Olague/David) to elect Secretary Larin as 2026 Board President.

Ms. Bell requested public comment before the Board acted on the motion. There were no public comments made on the motion.

Ms. Bell called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Cheng, David, Dierking, Forge, Grewal, Larin, Medina, Olague, Thakur, Vaderhobli.

Nays: None.

Abstentions: Chan, Felsenfeld, Yu.

Absent: None.

Recusals: None.

The motion passed. Secretary Larin was elected as 2026 Board President.

Agenda Item 16: Recess Open Session Until November 7, 2025, at 9:00 a.m.

President Chan recessed Open Session at 2:51 p.m.

Agenda Item 17: Convene Closed Session

At 3:04 p.m., the Board convened Closed Session.

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 Chan adjourned Closed Session at 3:42 p.m.

9:00 a.m., Friday, November 7, 2025

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

President Chan called the meeting to order at 9:05 a.m. Board Members Thakur and Yu participated remotely and confirmed there were no individuals 18 years of age or older present in the room at their remote locations in compliance with Government Code section 11123.2, subdivision (j)(4).

Secretary Larin called the roll; 12 Board Members were present, and a quorum was established. Board Member Vaderhobli was absent.

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

President Chan provided a verbal report regarding Closed Session items. He reported that the Board met in closed session to deliberate on one stipulated settlement of a First Amended Accusation, and the Board voted to reject the stipulated settlement and submit a counteroffer.

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

Agenda Item 22: Report on Dental Hygiene Board of California Activities

Joanne Pacheco, DHBC President, provided a verbal report on their activities.

Secretary Larin inquired what is the total number of dental hygienists in California. Anthony Lum, DHBC Executive Officer, responded that the active licensee population ranges over the years between 18,000 and 20,000.

Secretary Larin inquired what percentage of dental hygienists are there per each dentist. Mr. Lum responded their meeting materials break out locations by county of how many hygienists are in each county. He noted that he is not able to provide the information Secretary Larin is asking for as there are so many different variables with

that. Mr. Lum added that the information that they go off of as far as the county distribution is concerned is where they reside.

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

Ms. McLearn, California Dental Hygienists' Association, stated the information requested regarding number of hygienists per dentist is why the public needs full scope report research from HCAI. She asked the Board to encourage HCAI to take a deep dive into both professions to see what the situation is.

Agenda Item 23: Update and Discussion on Proposed Regulations

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

Brant Nelson provided the report, which is available in the meeting materials.

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

Agenda Item 24: Update, Discussion, and Possible Action on Legislative Proposals

Agenda Item 24.a.: Discussion and Possible Action to Amend Business and Professions Code (BPC) Section 1621 and Repeal BPC Section 1632.6 Regarding Portfolio Examinations

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

(M/S/C) (David/Forge) to approve for submission to the California State Legislature the legislative proposal in Attachment 1 to amend Business and Professions Code section 1621, and repeal Business and Professions Code section 1632.6.

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

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

Ayes: Chan, Cheng, David, Dierking, Felsenfeld, Forge, Grewal, Larin, Medina, Olague, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: Vaderhobli.

Recusals: None.

The motion passed.

Agenda Item 25: Update, Discussion, and Possible Action on Legislation Impacting the Board, DCA, and/or the Dental Profession

Agenda Item 25.a.: Status Update on Legislative Proposals

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

Board Member David asked that if AB 873 (Alanis, 2025) was a cleanup bill and noncontroversial, why was the bill pulled from hearing and what was considered controversial. Mr. Nelson responded that Board staff is collecting information and figuring out how to proceed.

Tara Welch added that some of the provisions in AB 873, although the provisions are considered clean up and the Board needs some amendments to enact some of the legislation that came out of the Board's Sunset bill [Senate Bill (SB) 1453 (Ashby, Chapter 483, Statutes of 2024)], many of the provisions are substantive. She stated that while one legislative committee was fine with moving some of that, another legislative committee was very concerned about some of the provisions going too far or changing what the Legislature passed in SB 1453. Ms. Welch stated Board staff are still working through some of the issues, which are not merely technical tweaks, but are substantive changes so that the Board can implement the legislation coming out of SB 1453.

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

Agenda Item 25.b.: 2025 Tentative Legislative Calendar – Information Only

Mr. Nelson provided an overview of the 2025 Tentative Legislative Calendar, which is available in the meeting materials.

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

Agenda Item 25.c.: Legislative Summary for 2025

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

Secretary Larin noted in the Numerical Index of Bills Tracked by the Board, page 89 of the meeting materials, for AB 966 (Carillo, 2025), the position of the Board was incorrect. She believed the Oppose Unless Amended position was taken on AB 966, and the Oppose position was taken on AB 1307 (Ávila Farías, 2025). Ms. Welch stated the Board took an Oppose Unless Amended position on AB 1307, Board staff worked with the author's office to amend the bill, and the Board issued a letter withdrawing its opposition. Ms. Welch affirmed the Board position in the Numeric Index should be changed from Oppose to Oppose Unless Amended.

Secretary Larin stated an amendment to AB 966 was supposed to be presented to the Board at this meeting. She noted Ms. Welch stated the last time an amendment could be introduced on the bill would be in January and the Board should look at the

amendment at its November meeting. Ms. Welch stated the Board would not prepare amendments to the bill, and the Board was not presented with any amendments. Since AB 966 is not the Board's bill, the Board would not prepare the amendments. The Board expressed concerns with AB 966, so it would be up to the author, the author's office, sponsors, or other stakeholders to figure out how to resolve the Board's concerns and work with Board staff and the Executive Committee.

Board Member David noted the Board took at support position on AB 350 (Bonta, 2025) and asked whether the bill was signed. Ms. Welch stated the bill was on the Senate Floor and moved to the inactive file; Board staff are unsure whether the bill will move or not. Mr. Nelson added he spoke with Assembly Member Bonta's Office and Lisa Murawski, a Principal Consultant for the Assembly Committee on Health, who informed Mr. Nelson that the bill was not dead and they intended to keep moving the bill forward in 2026. Governor Newsom had publicly acknowledged and expressed concern over the skyrocketing costs of the Medi-Cal program. For that consideration, the Health Committee was trying to work with the Governor's Office to see what could be done.

(M/S/C) (David/Medina) to adopt the Legislative Summary for 2025, with the revision to change the Board position on AB 966 from "Oppose" to "Oppose Unless Amended" and post it to the Board's website.

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

Ana Maria Quintana voiced that she is also under the same impression as Secretary Larin that the bill is indeed oppose unless amended, and it is at this time, at the November meeting, that the Board would reconsider their position on the bill. She conveyed that they first introduced the bill last year and it became a two-year bill. As it will be up for hearing in January, she voiced that now would be the time for the Board to consider the bill again so that it can formally submit a support position to be included in January. Ms. Quintana stated that at the last Board meeting, instructions were given to work with Board staff. She stated they had a couple of meetings with Board staff and the author's office to discuss these amendments. She added that the amendments that the Board requested dealt with additional work that the Board would have to incur because of the bill, and their communications revealed that there is no additional work for the Board as one of the requirements of the bill is to have a two-year requirement for students to participate. Ms. Quintana asserted that requirement is already in existence through the Board's Licensure by Credential program. She asked the Board to reconsider and take a formal support position because the amendments that the Board requested in its opposed unless amended have been honored. Ms. Quintana noted that they have been working on this bill for quite a while now, and their communities are in desperate need of services. The cost of practicing dentist has substantially increased, which makes the salaries significantly increase, and makes it even more difficult for federally qualified health centers to hire dentists. As time goes by, not only have these two schools not produced more dentists as they had done since 1988 when the program was created, but the

practice and the field as a whole have made it harder and harder to practice. By extension, their communities would not have that support.

Juanita Chávez, representing herself and her mother, Dolores Huerta, who is a recognized civil rights activist committing her life to advocating for those in need. Ms. Chávez communicated that Ms. Huerta is behind [AB 966] because their communities need dental care. Ms. Chávez conveyed that it is an urgent crisis and a need that is not being met, and they have support from many organizations and elected officials. She hoped they could get the Board behind them on this as well. Ms. Chávez listed various entities in support and stated their support is growing, and they will continue to let the Board and their legislators know how much they need this legislation to help solve a very big problem in our communities.

Due to technical difficulties, Richard Polanco was unable to provide a verbal or written comment.

Howard Kim, Regional Dental Director for Via Care Community Health Center, spoke in regard to AB 966 and noted that the California dental schools are mostly private. He stated that following the passage of H.R. 1 and the big beautiful bill, dental students will only be allowed to take out \$50,000 per year in federal loans. He noted that what will end up happening starting in July 2026 is that a lot of these dental students will no longer be able to take out federal loans to complete their education. Mr. Howard communicated that in the near future, there will be a lot of graduated dentists who will be burdened with a plethora of private loans, and unfortunately, that means that they will not be as likely to work at a community center. He voiced that this bill would help alleviate that and help dentists to get an affordable education so that they can work at community health centers.

Ms. Welch, recognizing the importance of and interest in AB 966, she clarified the Board's concerns as submitted to Assembly Member Carrillo, the author of the bill. She stated that the Board communicated that, as noted during the Board's May meeting, the April 7, 2025 version of the bill, which is still the same version, would require significant statutory and regulatory changes and Board staff time preparing the new workforce report required under the bill and increase staffing resource costs. The bill also may result in decreased consumer protection resulting from licensees who graduated from a foreign dental school that had not been audited or otherwise reviewed for educational requirements compliance for many years. The bill also may result in a foreign dental school maintaining Board approval without Board oversight of compliance with existing regulatory requirements for a long time, as long as the school had merely applied for approval by the Commission on Dental Accreditation of the American Dental Association (CODA). Ms. Welch clarified that there were more concerns raised than merely a Board report requirement.

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

Ayes: Chan, Cheng, David, Dierking, Felsenfeld, Forge, Grewal, Larin, Medina, Olague, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: Vaderhobli.

Recusals: None.

The motion passed.

Ms. Welch also noted that on AB 966, the Board's position was Oppose Unless Amended. If the author presents to the Board amendments to the bill that resolve the Board's concerns, the Executive Committee could change the Board's position to neutral. She stated there was still action that could be taken to resolve the Board's concerns and remove its opposition.

Agenda Item 26: Public Comment on Future Agenda Items

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

Ms. Quintana, Councilwoman for the City of Bell, asked the Board to consider putting on the agenda for an upcoming meeting a complete discussion on the lack of access to dental care in California communities. She stated there are new Board Members and vacancies, so she is hopeful these vacancies are filled before the next Board meeting. If so, the Board would have members who have not received a history and understanding of the current situation of dental care and lack of access. She encouraged the Board to include that background for the Board Members and the community at large.

Michele Carr informed the Board that regarding AB 966, she and a team of others have been confirmed to work with the [State University of Medicine and Pharmacy "Nicolae Testemitanu" of the Republic of Moldova (SUMP)], which is pursuing CODA accreditation status. She stated that she is one of the specialists on that team that has experience with CODA accreditation and helping programs achieve that accreditation. Ms. Carr voiced that she also is hoping that could be a future agenda item since one of the concerns was that this institution has not been approved by CODA, which hopefully will be changing in the future.

Agenda Item 27: Adjournment

President Chan adjourned the meeting at 10:04 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	January 16, 2026
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. Lilia Larin, President of the Dental Board of California, will provide a verbal report.

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	January 16, 2026
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

Bryce W.A. Docherty, MPA, Executive Office of the Dental Board of California, will provide a verbal report.

Action Requested

No action 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	January 16, 2026
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 (DCA) Activities, which may include updates on DCA's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters

Background

The Department of Consumer Affairs Board and Bureau Relations will provide a verbal report.

Action Requested

No action requested.

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

Dental Board of California Meeting
February 5-6, 2026

Page 1 of 1

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	January 20, 2026
TO	Members of the Dental Board of California
FROM	Christy Bell, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 7.: Presentation, Discussion and Possible Action on 2026 – 2029 Strategic Plan

Background

The Board met on November 5, 2025, via a publicly noticed meeting to engage in a strategic planning session. The meeting was facilitated by representatives from the Department of Consumer Affairs, SOLID Planning Solutions Unit (SOLID). Prior to the meeting, Board members received a copy of the Environmental Scan (ES) prepared by SOLID during the month of June 2025. The purpose of the ES is to provide a better understanding of external and internal stakeholder's thoughts about the Board's performance in the following four goal areas: (1) Licensing and Examinations, (2) Consumer Protection and Enforcement, (3) Communication and Customer Service, and (4) Administrative Services.

Interviews were conducted with Board members and Board management to assess the challenges and opportunities the Board is currently facing or will face in the upcoming years. In addition, an online survey was sent to external stakeholders on June 2, 2025 and closed on June 23, 2025. In the survey, external stakeholders provided anonymous input regarding the challenges and opportunities the Board is currently facing or will face in the upcoming years. A total of 966 responses were received. Members utilized the ES to identify important trends that reoccurred throughout the survey responses. With this information, the Board developed objectives for each goal area. The final draft of the updated 2026-2029 Strategic Plan is attached for review, comment, and adoption.

Action Requested

The Board is asked to take action on the proposed 2026-2029 Strategic Plan.



Dental Board of California

2026-2029 Strategic Plan

Adopted: [Month Day, Year]

Prepared by:

SOLID Planning Solutions

Department of Consumer Affairs

Table of Contents

Board Members..... 3

About the Board 4

Message from the Board President 5

Board Mission, Vision, and Values 6

Goal 1: Licensing and Examinations 7

Goal 2: Consumer Protection and Enforcement..... 8

Goal 3: Communication and Customer Service 9

Goal 4: Administrative Services 10

Strategic Planning Process..... 11

Board Members

Lilia Larin, DDS, President

Rosalinda Olague, PhD(c), RDA, Vice President

John Dierking, JD, Secretary

Steven Chan, DDS

Kevin Cheng, JD

Robert P. David

Alan L. Felsenfeld, MA, DDS

Joni Forge, DDS

Jaskiran K. Grewal, DDS

Angelita Medina, MHS

Yogita Thakur, MS, DDS

Ram M. Vaderhobli, MS, DDS

James Yu, MS, DDS

Gavin Newsom, Governor

Tomiquia Moss, Secretary, Business, Consumer Services and Housing Agency

Christine Lally, Acting Director, Department of Consumer Affairs

Bryce W.A. Docherty, MPA, Executive Officer, Dental Board of California

About the Board

The Dental Board of California (Board) was created by the California State Legislature in 1885 and was originally established to regulate dentists. The Board licenses and regulates approximately 104,000 dental professionals. The Board licenses, monitors, and disciplines dentists, registered dental assistants (RDAs), and registered dental assistants in extended functions (RDAEFs). The Board issues many types of permits to administer dental anesthesia and sedation, as well as orthodontic assistant and dental sedation assistant permits. The Board approves dental educational programs and courses required for practice, licensure, and continuing education, and sets the duties and functions of unlicensed dental assistants.

In carrying out this complex work, the Board's highest priority is the protection of the public. While working to enable dental professionals to practice in California, the Board licenses only those individuals who are qualified. The Board investigates complaints against licensed and unlicensed individuals and enforces the Dental Practice Act while addressing the needs and concerns of dentists and dental auxiliaries.

Message from the Board President

The Dental Board of California's Strategic Plan serves as a forward-looking roadmap to protect the health and safety of the public while supporting a high standard of dental care across the state.

Grounded in the Board's mission of consumer protection, the Strategic Plan outlines clear priorities that strengthen licensing and examinations, consumer protection and enforcement, public policy decision-making, communication and customer service, and administrative operations. These priorities enhance organizational effectiveness and promote transparency and engagement with stakeholders. The Board reaffirms its commitment to regulatory excellence and continuous improvement in an evolving oral health landscape by setting measurable goals and aligning resources with long-term objectives.

Thank you,

[Board President Signature]

Lilia Larin, DDS, Board President

Board Mission, Vision, and Values

Mission

To protect and promote the oral health and safety of California consumers by ensuring the quality of dental health care within the state.

Vision

A recognized leader in public protection and the promotion of quality oral health care.

Values

- Consumer Protection
- Professionalism
- Accountability
- Efficiency
- Diversity
- Fairness

Goal 1: Licensing and Examinations

Provide an efficient licensing process for timely applicant access to the workforce without compromising consumer protection.

Administer timely, fair, valid, comprehensive, and relevant licensing examinations.

- 1.1 Review and pursue statutory and regulatory changes to dentist and dental auxiliary licensing and permit requirements to reflect current dental practice.
- 1.2 Evaluate dental assisting licensure requirements for any barriers to entry and license portability across states.
- 1.3 Review and update course provider statutes and regulations to improve clarity, reflect current practice standards and trends, and implement additional enforcement authority.
- 1.4 Assess examinations and factors potentially impacting pass rates to ensure fairness, validity, comprehensiveness, and relevance.

Goal 2: Consumer Protection and Enforcement

Provide timely and appropriate enforcement to ensure consumer protection.

- 2.1 Evaluate and refine resources and processes to improve program efficiency and effectiveness.
- 2.2 Refine the Enforcement Unit onboarding process to promote effective and consistent communication, resources, and training.
- 2.3 Cross-train staff within the Enforcement Unit to promote collaboration and a comprehensive understanding of the enforcement process.
- 2.4 Explore subject matter expert (SME) compensation and recruitment to increase SME diversity and quality.

Goal 3: Communication and Customer Service

Provide current information and quality customer service to the Board's stakeholders.

- 3.1 Review and update BreEZe functionality for an improved user experience.
- 3.2 Develop an Outreach and Communication Plan to promote transparency and increase stakeholder awareness of the Board's activities and processes.
- 3.3 Increase internal and external communication to improve transparency and knowledge of processes and provide better customer service.

Goal 4: Administrative Services

Build an excellent organization, with engaged employees, through effective leadership and responsible management.

- 4.1 Create an onboarding process for Board members and staff that provides comprehensive Board information to promote effective decision making, improved staff retention, and alignment with the Board's goals.
- 4.2 Assess and reallocate Board committees and officer positions to promote efficient and effective Board actions.

Strategic Planning Process

To understand the environment in which the Board operates as well as identify factors that could impact the Board's success in carrying out its regulatory duties, the Department of Consumer Affairs' SOLID Planning Unit (SOLID) conducted an environmental scan of the Board's internal and external environments. Information for the scan was collected through interviews and online surveys distributed to the listed stakeholder groups during June 2025:

- Internal staff¹: interviews and online surveys.
- Board members: interviews.
- External stakeholders²: online survey link distributed and posted on the Board's website, social media accounts, interested parties' email subscription list, and the Department's website.

The most significant themes and trends identified from the environmental scan were discussed by board members, board leadership, and members of the public during a strategic planning session facilitated by SOLID on November 5, 2025. This information guided the Board in the development of its strategic objectives outlined in this 2026-2029 strategic plan.

¹ Executive leadership, managers, and staff

² Licensees, individuals preparing to be licensed, individuals who work in a related profession, retired licensees, consumers or representatives of a consumer group, members of a professional association or group, representatives of a school, representatives of a government agency, and others.

Dental Board of California

2005 Evergreen Street, Suite 1550
Sacramento, CA 95815
Phone: (916) 263-2300
<https://www.dbc.ca.gov/>

Strategic plan adopted on [type date here].

Subsequent amendments may have been made after the adoption of this plan.



Prepared by:
SOLID Planning Solutions
1747 N. Market Blvd., Ste. 270
Sacramento, CA 95834

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	January 16, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 8.: Dental Assisting Council February 5, 2026 Meeting Report

Background

Ms. Jeri Fowler, Chair of the Dental Assisting Council, will provide a verbal report on the February 5, 2026 meeting.

Action Requested

No action 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	January 22, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 9.: Discussion and Possible Action Regarding Appointment of Dental Assisting Council Members

Background

Pursuant to Business and Professions Code (BPC) section 1742, the Dental Assisting Council (Council) considers all matters relating to dental assistants in California and makes appropriate recommendations to the Dental Board of California (Board) and the standing Committees of the Board. The Council typically meets quarterly in conjunction with Board meetings and at other times as deemed necessary. The Council is comprised of the Registered Dental Assistant (RDA) member of the Board, another member of the Board, and five RDAs, representing as broad a range of dental assisting experience and education as possible. (BPC, § 1742, subdivision (b)(1).)

Council members are appointed by the Board and serve at the Board's pleasure. Pursuant to BPC section 1742, subdivision (b)(2), the Board shall consider, in its appointments of the five RDA members, recommendations submitted by any incorporated, nonprofit professional society, association, or entity whose membership is comprised of RDAs within the state. Two of those members shall be employed as faculty members of a registered dental assisting educational program approved by the Board and shall have been employed for at least the prior five years (faculty members). Three of those members, which shall include one Registered Dental Assistant in Extended Functions (RDAEF), shall be employed clinically in private dental practice or public safety net or dental health care clinics (clinical members). All five of those members shall have possessed a current and active RDA or RDAEF license for at least the prior five years and shall not be employed by a current member of the Board.

In addition, Council members shall comply with conflict-of-interest requirements that apply to Board members. Such requirements include prohibitions against members making, participating in making, or in any way attempting to use their official position to influence a governmental decision in which they know or have reason to know they have a financial interest. Council members who have a financial interest shall disqualify themselves from

Agenda Item 9.: Discussion and Possible Action Regarding Appointment of Dental Assisting
Council Members
Dental Board of California Meeting
February 5-6, 2026

Page 1 of 3

making or attempting to use their official position to influence the decision. (Gov. Code, § 87100; California Code of Regulations (CCR), tit. 2, § 18730.) All Council members are required to submit Statements of Economic Interests (Form 700) within 30 days of assuming office and annually. (Gov. Code, § 87202; CCR, tit. 2, § 18730.)

Council Member Reappointments

The following Council members, one who was appointed as an RDA member of the Council and the other as an RDA employed as a faculty member of a registered dental assisting educational program approved by the Board, are seeking reappointment. Council members may serve no more than two full 4-year terms, per BPC section 1742, subdivision (g).

1. Jessica Gerlach, RDA – appointed to the Council on May 14, 2024, term expires March 20, 2026.

Ms. Gerlach has been a Board-licensed RDA since 2017 and holds an Orthodontic Assistant Permit. She is currently the lead RDA at a private practice in Roseville, where she is responsible for back-office operations. Ms. Gerlach also is an instructor at the Roseville Dental Academy, where she trains students in basic dental assistant duties, infection control, X-rays, and CPR/Basic Life Support. Ms. Gerlach currently serves on the Council's Dental Assistant and Registered Dental Assistant Duties Working Group.

2. Cara Miyasaki, RDA, RDHEF, MS – appointed to the Council on February 10, 2022, term expires March 1, 2026.

Ms. Miyasaki is the program director and instructor for Foothill College Dental Assisting Program since 1991. She oversees all aspects of the program including but not limited to hiring, budget, scheduling, curriculum, certifications, admissions, and CODA accreditation.

Her position allows her to actively participate in educator and professional organizations. She has also taught courses for RDA candidates pursuing their RDA through the educational pathway and also the work experience pathway.

Ms. Miyasaki has served on the Council's Infection Control Working Group and Dental Assistant Regulations Working Group and served as the 2024 Council Chair.

Action Requested

The Board is asked to consider the reappointment recommendations for each position separately. If the Board wishes to reappoint a Council member, the recommended reappointment motions are provided below. If the Board does not wish to reappoint a Council member, no motion is needed.

Recommended Reappointment Motions

1. Move to reappoint Jessica Gerlach to the Dental Assisting Council.
2. Move to reappoint Cara Miyasaki to the Dental Assisting Council.

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	January 20, 2026
TO	Members of the Dental Board of California
FROM	Yvette Ramirez, Budget and Contract Analyst Dental Board of California
SUBJECT	Agenda Item 10.: Budget Report

Background

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.

Action Requested

The following chart provides an overview of the Governor's Budget for the Dental Board of California.

2026-27 Governor's Budget: Fiscal Year 2025-26		
Fund	Revenue	Expenditures*
State Dentistry Fund	\$20,420,000	\$20,362,000

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

Analysis of Fund Condition Statement (See Attachment 3):

The attached fund condition statement (FCS) is based on the 2026-27 Governor's Budget. It has been updated with 2025-26 expenditure and revenue projections, which resulted in a fund balance reserve of \$27.1 million (14.9 months).

Revenues (See Attachments 2 & 3) – The Board began 2025-26 with a fund balance of \$26.4 million and is projected to collect \$20.2 million in revenues with \$3.4 million from initial license fees and \$15.3 million from license renewals.

Expenditures (See Attachment 1 & 3) – The Board’s 2025-26 appropriation is \$20.4 million and expenditures are projected to be \$18.4 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 increase in future years, with the most significant growth driven by personnel services, investigation costs, and statewide contributions.

The Board notes, future legislation or other events could require the Board to request additional resources through the annual budget process. If that happens, it could place more financial pressure on the Fund.

General Fund (GF) Loan – Item 1111-011-0741, Budget Act of 2020, authorized a \$5 million loan transfer from the Fund to the GF, with an interest rate of .67%.

The loan was repaid on June 30, 2025, with an earned interest of \$131,000.

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 6 to 9 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 2028-29, 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 DCA Budget Office to ensure solvency.

As of January 2026, the Board has an 6% vacancy rate.

The Board further notes, most existing license fee types are currently being assessed below their statutory maximums. These fees could be increased through regulatory action and/or statutory amendments, which could address the existing structural imbalance. Regulatory fee changes typically take 18 to 24 months to complete the promulgation process.

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

This item is informational only. No action requested.

Attachment 1

Department of Consumer Affairs

Expenditure Projection Report

Dental Board of California

Reporting

Structure(s):

Fiscal Month: 5

Fiscal Year: 2025 - 2026

Run Date: 01/08/2026

PERSONAL SERVICES

Fiscal Code	Line Item	PY Budget	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5100	PERMANENT POSITIONS	\$7,109,000	\$6,608,324	\$7,374,000	\$532,629	\$2,735,221	\$0	\$2,735,221	\$6,609,361	\$764,639
5100	TEMPORARY POSITIONS	\$284,000	\$236,372	\$228,000	\$15,532	\$155,391	\$0	\$81,402	\$224,092	\$3,908
5105-5108	PER DIEM, OVERTIME, & LUMP SUM	\$130,000	\$17,625	\$130,000	\$2,100	\$5,000	\$0	\$5,000	\$157,745	-\$27,745
5150	STAFF BENEFITS	\$3,854,000	\$3,490,045	\$4,302,000	\$309,779	\$1,644,399	\$0	\$1,644,399	\$3,989,501	\$312,499
	PERSONAL SERVICES	\$11,377,000	\$10,352,366	\$12,034,000	\$860,040	\$4,540,011	\$0	\$4,540,011	\$10,980,698	\$1,053,302

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	PY Budget	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5301	GENERAL EXPENSE	\$375,000	\$127,592	\$377,000	\$2,149	\$21,829	\$13,921	\$35,750	\$132,710	\$244,290
5302	PRINTING	\$75,000	\$151,617	\$75,000	\$2,196	\$8,712	\$125,133	\$133,845	\$158,328	-\$83,328
5304	COMMUNICATIONS	\$36,000	\$23,216	\$36,000	\$2,096	\$7,049	\$0	\$7,049	\$24,659	\$11,341
5306	POSTAGE	\$54,000	\$87,056	\$54,000	\$1,358	\$18,056	\$5,337	\$23,393	\$78,580	-\$24,580
5308	INSURANCE	\$2,000	\$18,850	\$2,000	\$0	\$10,487	\$0	\$10,487	\$10,487	-\$8,487
53202-204	IN STATE TRAVEL	\$102,000	\$83,598	\$102,000	\$2,908	\$21,868	\$0	\$21,868	\$96,000	\$6,000
53206-208	OUT OF STATE TRAVEL	\$0	\$1,000	\$0	\$0	\$0	\$0	\$0	\$1,000	-\$1,000
5322	TRAINING	\$12,000	\$5,606	\$12,000	\$0	\$1,095	\$2,300	\$3,395	\$5,300	\$6,700
5324	FACILITIES	\$716,000	\$726,088	\$716,000	\$65,396	\$299,337	\$417,616	\$716,953	\$739,561	-\$23,561
5326	UTILITIES	\$1,000	\$0	\$1,000	\$0	\$0	\$0	\$0	\$0	\$1,000
53402-53403	C/P SERVICES (INTERNAL)	\$2,457,000	\$2,299,532	\$2,457,000	\$233,187	\$804,628	\$4,725	\$809,353	\$2,102,758	\$354,242
53404-53405	C/P SERVICES (EXTERNAL)	\$1,275,000	\$912,743	\$1,082,000	\$68,146	\$287,733	\$37,313	\$325,046	\$703,780	\$378,220
5342	DEPARTMENT PRORATA	\$3,287,000	\$3,098,158	\$3,259,000	\$0	\$1,652,000	\$0	\$1,652,000	\$3,207,000	\$52,000
5342	DEPARTMENTAL SERVICES	\$186,000	\$231,238	\$186,000	\$10,934	\$33,322	\$0	\$33,322	\$208,746	-\$22,746
5344	CONSOLIDATED DATA CENTERS	\$42,000	\$44,674	\$42,000	\$0	\$0	\$0	\$0	\$46,908	-\$4,908
5346	INFORMATION TECHNOLOGY	\$32,000	\$47,132	\$32,000	\$4,620	\$13,189	\$20,552	\$33,741	\$45,527	-\$13,527
5362-5368	EQUIPMENT	\$89,000	\$323,371	\$173,000	\$159	\$6,341	\$15,551	\$21,893	\$80,868	\$92,132
5390	OTHER ITEMS OF EXPENSE	\$5,000	\$72,227	\$5,000	\$89	\$18,625	\$0	\$18,625	\$55,973	-\$50,973
54	SPECIAL ITEMS OF EXPENSE	\$0	\$4,816	\$0	\$0	\$0	\$0	\$0	\$4,816	-\$4,816
	OPERATING EXPENSES & EQUIPMENT	\$8,746,000	\$8,258,514	\$8,611,000	\$393,237	\$3,204,271	\$642,448	\$3,846,718	\$7,703,000	\$908,000

OVERALL TOTALS	\$20,123,000	\$18,610,880	\$20,645,000	\$1,253,277	\$7,744,282	\$642,448	\$8,386,730	\$18,683,698	\$1,961,302
-----------------------	---------------------	---------------------	---------------------	--------------------	--------------------	------------------	--------------------	---------------------	--------------------

FINGERPRINT REPORTS	-\$66,000	-\$66,000	-\$66,000					-\$66,000	
EXTERNAL/PRIVATE/GRANT	-\$217,000	-\$217,000	-\$217,000					-\$217,000	
OVERALL NET TOTALS	\$19,840,000	\$18,327,880	\$20,362,000	\$1,253,277	\$7,744,282	\$642,448	\$8,386,730	\$18,400,698	\$1,961,302

9.63%

Attachment 2

Department of Consumer Affairs

Revenue Projection Report

Reporting Structure(s):
 11110911 Administration,
 Fiscal Month: 5
 Fiscal Year: 2025 - 2026
 Run Date: 01/08/2026

Revenue

Fiscal Code	Line Item	Budget	July	August	September	October	November	Year to Date	Projection To Year End
	Delinquent Fees	\$373,000	\$25,730	\$26,756	\$25,909	\$32,793	\$25,531	\$136,718	\$352,954
	Other Regulatory Fees	\$501,000	\$32,605	\$29,536	\$43,431	\$28,373	\$31,745	\$165,690	\$364,580
	Other Regulatory License and Permits	\$3,888,000	\$410,636	\$276,350	\$267,067	\$289,709	\$230,792	\$1,474,554	\$3,431,178
	Other Revenue	\$815,000	\$465	\$625	\$1,696	\$307,626	\$9,582	\$319,994	\$779,803
	Renewal Fees	\$14,843,000	\$1,298,858	\$1,238,001	\$2,159,796	\$2,449,690	\$1,173,080	\$8,319,425	\$15,270,388
	Revenue	\$20,420,000	\$1,768,293	\$1,571,267	\$2,497,900	\$3,108,191	\$1,470,729	\$10,416,381	\$20,198,904

Reimbursements

Fiscal Code	Line Item	Budget	July	August	September	October	November	Year to Date	Projection To Year End
	Scheduled Reimbursements	\$0	\$2,107	\$1,225	\$1,568	\$2,107	\$1,172	\$8,179	\$26,109
	Unscheduled Reimbursements	\$0	\$49,027	\$65,294	\$57,155	\$50,094	\$50,094	\$271,665	\$655,377
	Reimbursements	\$0	\$51,134	\$66,519	\$58,723	\$52,201	\$51,266	\$279,844	\$681,486

Attachment 3

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

2026-27 Governor's Budget W-FM5 Projections

Prepared 01.10.2026

	Actuals 2024-25	CY 2025-26	BY 2026-27	BY +1 2027-28	BY +2 2028-29
BEGINNING BALANCE	\$ 19,224	\$ 26,439	\$ 27,132	\$ 25,974	\$ 23,773
Prior Year Adjustment	\$ 398	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 19,622	\$ 26,439	\$ 27,132	\$ 25,974	\$ 23,773
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS					
Revenues					
4121200 - Delinquent fees	\$ 372	\$ 353	\$ 377	\$ 377	\$ 377
4127400 - Renewal fees	\$ 15,129	\$ 15,270	\$ 15,090	\$ 15,090	\$ 15,090
4129200 - Other regulatory fees	\$ 438	\$ 365	\$ 481	\$ 481	\$ 481
4129400 - Other regulatory licenses and permits	\$ 3,916	\$ 3,431	\$ 3,938	\$ 3,938	\$ 3,938
4143500 - Miscellaneous Services to the Public	\$ 1	\$ -	\$ 15	\$ 15	\$ 15
4150500 - Interest Income from Interfund Loans	\$ 131	\$ -	\$ -	\$ -	\$ -
4163000 - Income from surplus money investments	\$ 1,213	\$ 447	\$ 786	\$ 351	\$ 309
4171400 - Escheat of unclaimed checks and warrants	\$ 9	\$ 325	\$ 12	\$ 12	\$ 12
4172500 - Miscellaneous revenues	\$ 12	\$ 8	\$ 2	\$ 2	\$ 2
Totals, Revenues	\$ 21,221	\$ 20,199	\$ 20,701	\$ 20,266	\$ 20,224
Transfers to/from Other Funds					
Loan Repayment from General Fund (0001) to State Dentistry Fund (0741) per Item 1111-011-0741, Budget Act of 2020	\$ 5,000	\$ -	\$ -	\$ -	\$ -
Totals, Transfers and Other Adjustments	\$ 5,000	\$ -	\$ -	\$ -	\$ -
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 26,221	\$ 20,199	\$ 20,701	\$ 20,266	\$ 20,224
TOTAL RESOURCES	\$ 45,843	\$ 46,638	\$ 47,833	\$ 46,240	\$ 43,997
Expenditures:					
1111 Department of Consumer Affairs (State Operations)	\$ 18,103	\$ 18,003	\$ 20,270	\$ 20,878	\$ 21,504
9892 Supplemental Pension Payments (State Operations)	\$ 71	\$ -	\$ -	\$ -	\$ -
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 1,230	\$ 1,503	\$ 1,589	\$ 1,589	\$ 1,589
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 19,404	\$ 19,506	\$ 21,859	\$ 22,467	\$ 23,093
FUND BALANCE	\$ 26,439	\$ 27,132	\$ 25,974	\$ 23,773	\$ 20,903
Reserve for economic uncertainties					
Months in Reserve	16.3	14.9	13.9	12.4	10.9

NOTES:

1. Assumes workload and revenue projections are realized in CY and ongoing.
2. Expenditure growth projected at 3% beginning BY.

MEMORANDUM

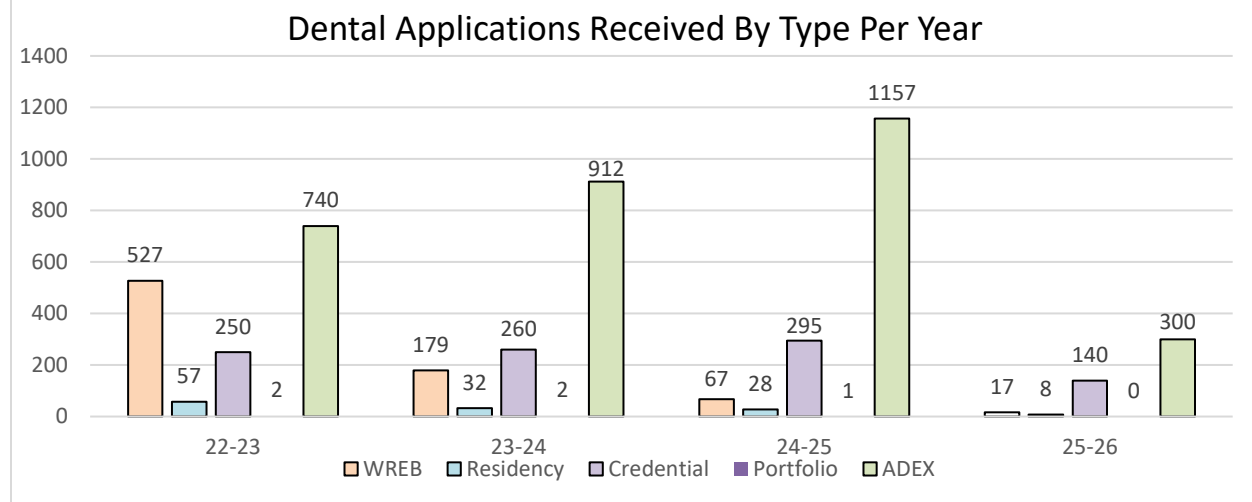
DATE	January 9, 2026
TO	Members of the Dental Board of California
FROM	Jodi Ortiz, Chief of Licensing and Examination Unit Dental Board of California
SUBJECT	Agenda Item 11.a.: Update on Dental Licensure and Permit Statistics

Year Over Year Dental License Application Statistics

The following are monthly dental license application statistics by pathway for fiscal year 2022–23, 2023–24, 2024–25 and 25–26 as of December 31, 2025.

***NOTE: Canceled and Withdrawn applications have been removed from reporting as they are used internally for cleanup and not pertinent to DBC reporting.**

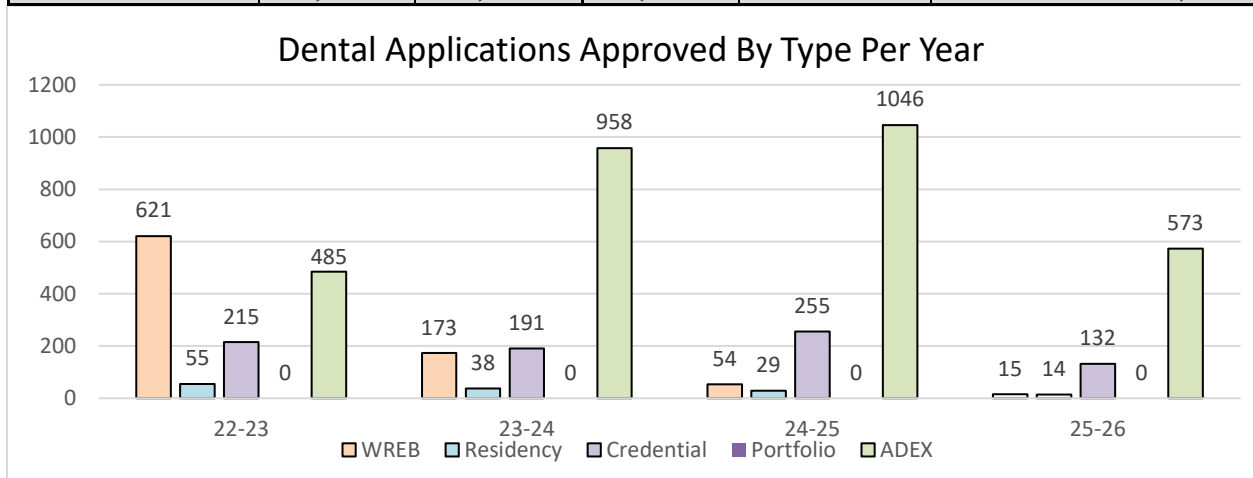
Dental Applications Received by Year					
	22-23	23-24	24-25	25-26	Yearly Totals
WREB	527	179	67	17	790
Residency	57	32	28	8	125
Credential	250	260	295	140	945
Portfolio	2	2	1	0	5
ADEX	740	912	1,157	300	3,109
Total	1,576	1,385	1,548	465	4,974



Agenda Item 11.a.: Update on Dental Licensure and Permit Statistics
Dental Board of California Meeting
February 5-6, 2026

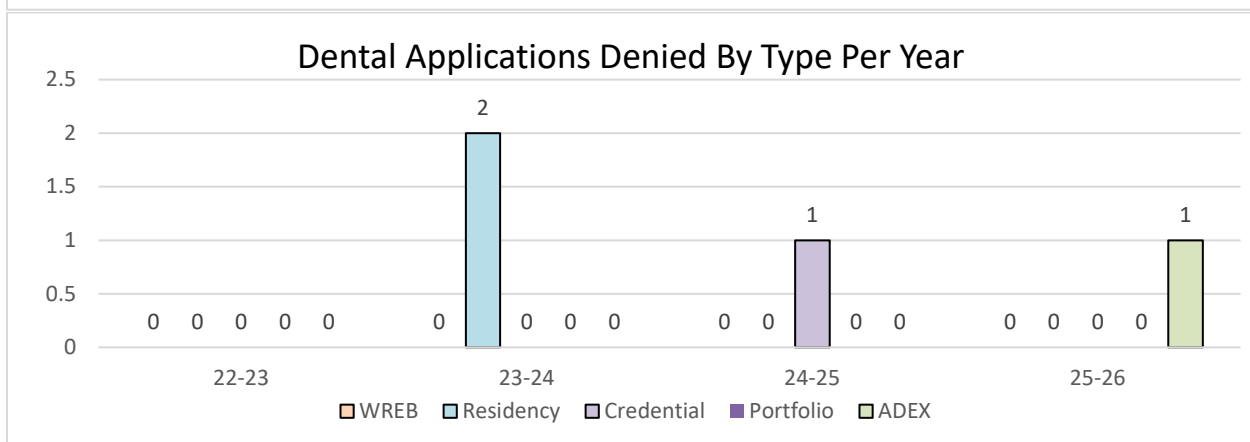
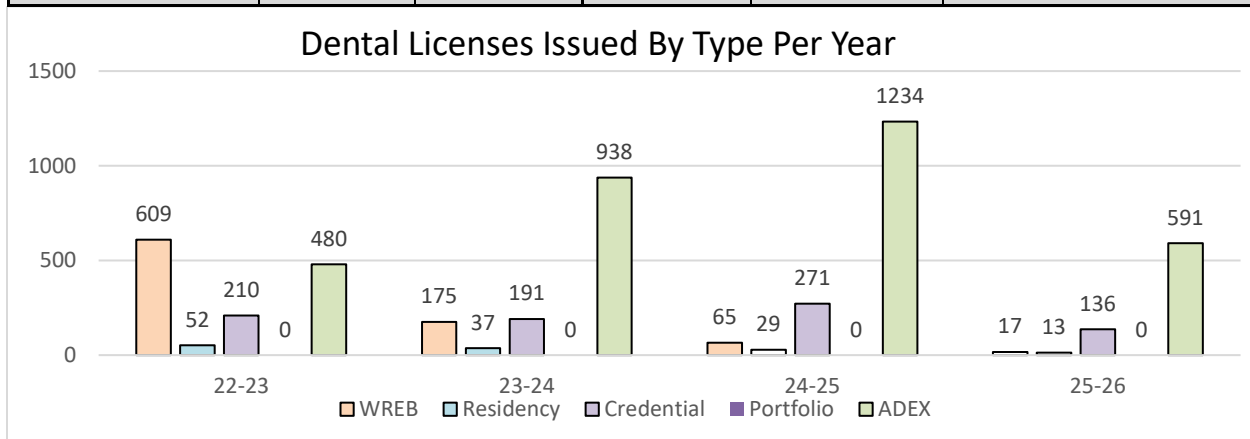
Page 1 of 13

Dental Applications Approved by Year					
	22-23	23-24	24-25	25-26	Yearly Totals
WREB	621	173	54	15	863
Residency	55	38	29	14	136
Credential	215	191	255	132	793
Portfolio	0	0	0	0	0
ADEX	485	958	1,046	573	3,062
Total	1,376	1,360	1,384	734	4,854



Dental Licenses Issued by Year					
	22-23	23-24	24-25	25-26	Yearly Totals
WREB	609	175	65	17	866
Residency	52	37	29	13	131
Credential	210	191	271	136	808
Portfolio	0	0	0	0	0
ADEX	480	938	1,234	591	3,243
Total	1,351	1,341	1,599	757	5,048

Dental Applications Denied by Year					
	22-23	23-24	24-25	25-26	Yearly Totals
WREB	0	0	0	0	0
Residency	0	2	0	0	2
Credential	0	0	1	0	1
Portfolio	0	0	0	0	0
ADEX	0	0	0	1	1
Total	0	2	1	1	4

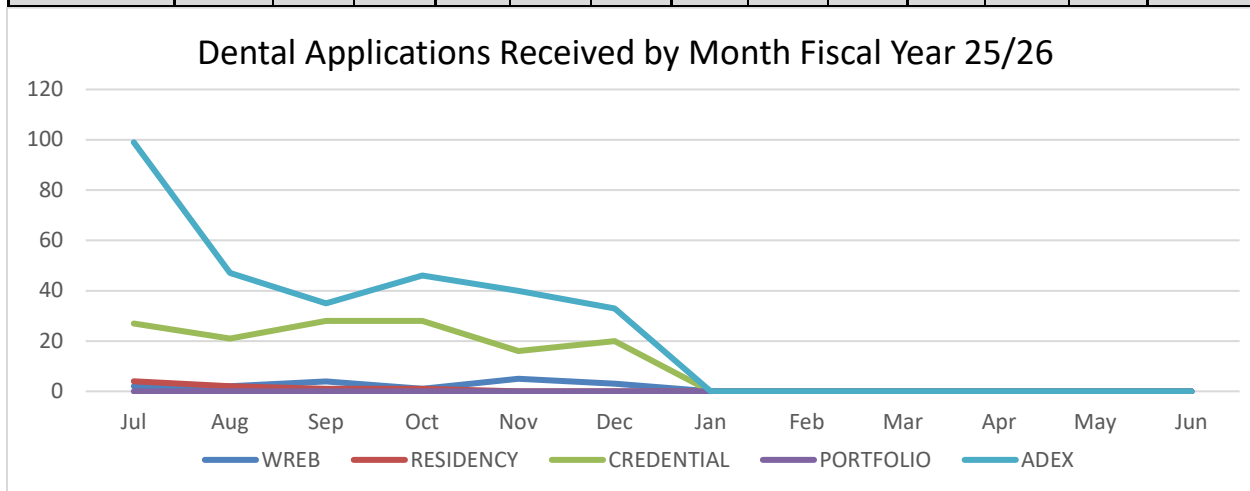


Monthly Dental License Application Statistic Graphs

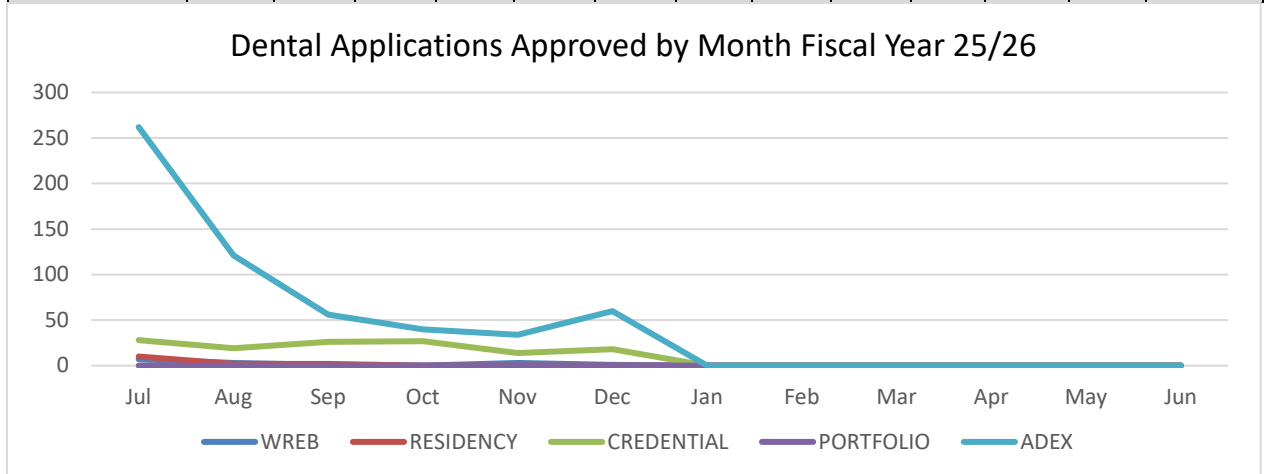
The following graphs represent monthly dental license application statistics by pathway for fiscal year 2025-26 as of December 31, 2025.

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.
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.

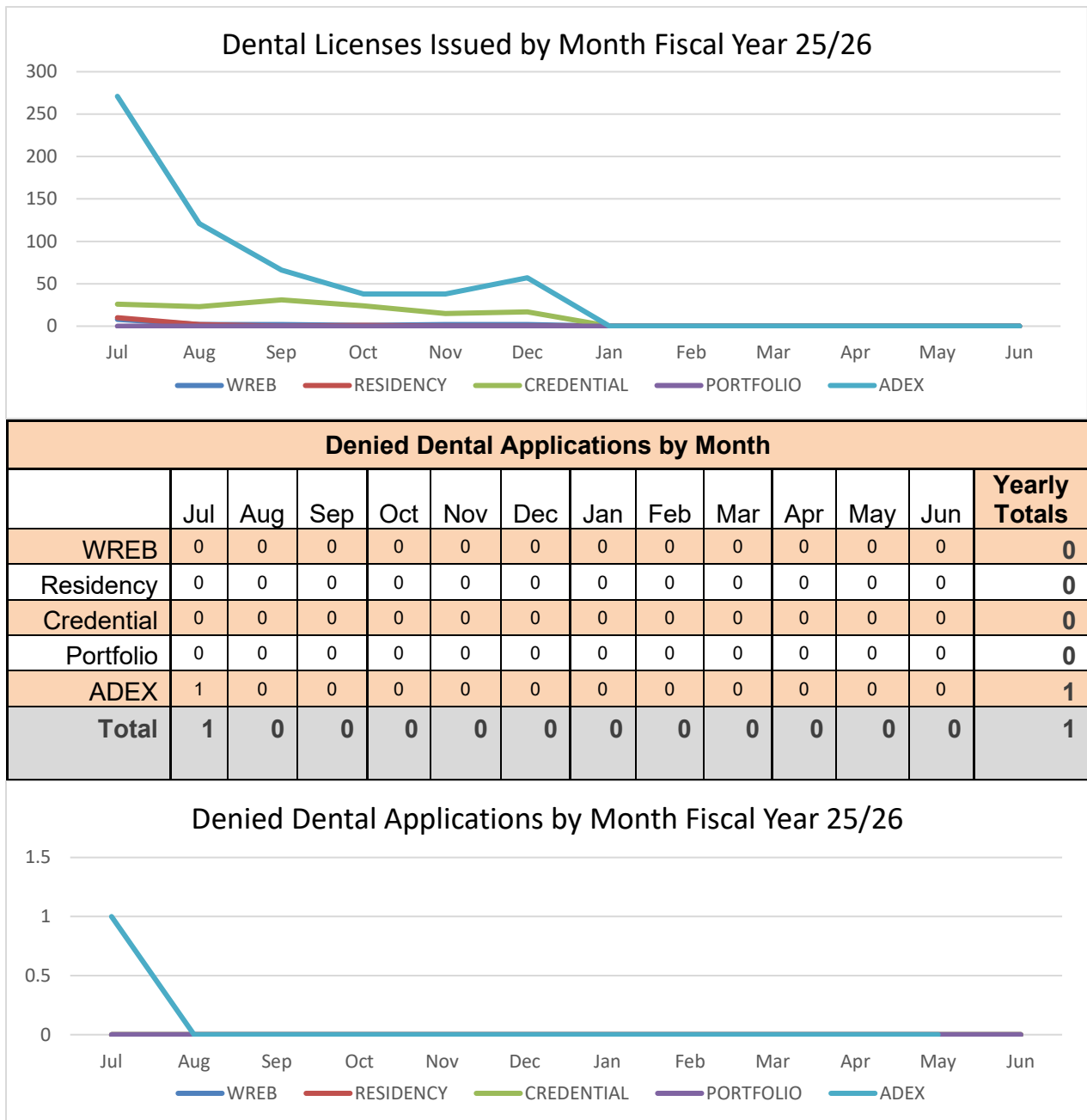
Dental Applications Received by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Yearly Totals
WREB	2	2	4	1	5	3	0	0	0	0	0	0	17
Residency	4	2	1	1	0	0	0	0	0	0	0	0	8
Credential	27	21	28	26	16	20	0	0	0	0	0	0	140
Portfolio	0	0	0	0	0	0	0	0	0	0	0	0	0
ADEX	99	47	35	46	40	33	0	0	0	0	0	0	300
Total	132	72	68	76	61	56	0	0	0	0	0	0	465



Dental Applications Approved by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Yearly Totals
WREB	7	3	1	0	3	0	0	0	0	0	0	0	15
Residency	10	2	2	0	0	0	0	0	0	0	0	0	14
Credential	28	19	26	27	14	18	0	0	0	0	0	0	132
Portfolio	0	0	0	0	0	0	0	0	0	0	0	0	0
ADEX	262	121	56	40	34	60	0	0	0	0	0	0	573
Total	307	145	85	67	51	79	0	0	0	0	0	0	734

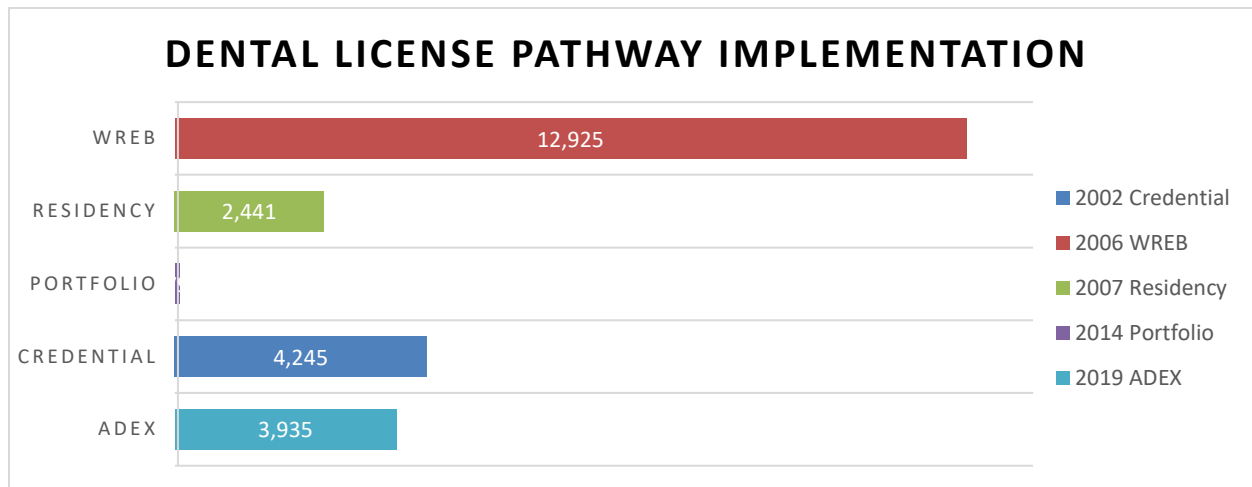


Dental Licenses Issued by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Yearly Totals
WREB	8	2	2	1	2	2	0	0	0	0	0	0	17
Residency	10	2	0	1	0	0	0	0	0	0	0	0	13
Credential	26	23	31	24	15	17	0	0	0	0	0	0	136
Portfolio	0	0	0	0	0	0	0	0	0	0	0	0	0
ADEX	271	121	66	38	38	57	0	0	0	0	0	0	591
Total	315	148	99	64	55	76	0	0	0	0	0	0	757



Dental License Pathway Implementation Statistics

The following table provides statistics on dental licenses issued by pathway to licensure from date the pathway was implemented as of December 31, 2025.



**Total licenses issued 23,6*

Dental Law and Ethics Written Examination Statistics

The following table provides statistics on dental Law and Ethics written examination statistics by fiscal year 2022–23, 2023–24, 2024–25, and 2025–26 as of December 31, 2025.

License Type		DDS				
Exam Title		Dental Law and Ethics Examination				
Licensure Pathway		WREB	LBR	PORT	ADEX	*Pathway not chosen
2022/23	# of 1 st Time Candidates	444	52	N/A	761	199
	Pass %	74.55%	88.46%	N/A	83.57%	69.35%
2023/24	# of 1 st Time Candidates	90	18	N/A	587	563
	Pass %	91.11%	94.44%	N/A	90.12%	82.42%
2024/25	# of 1 st Time Candidates	42	11	N/A	861	180
	Pass %	92.86%	100.00%	N/A	94.77%	86.67%
2025/26	# of 1 st Time Candidates	9	4	N/A	234	0
	Pass %	100.00%	100.00%	N/A	94.91%	0%

Date of Last Occupational Analysis: 2024
Name of Developer: Office of Professional Examination Services
Target Occupational Analysis Date: 2029

****Pathway not chosen denotes applicants who have tested, but not yet chosen a pathway to licensure***

Dental License and Permits Statistics

The following table provides statistics on dental license and permit status statistics by fiscal year 2022–23, 2023-24, 2024-25, and 2025-26 as of December 31, 2025

License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Dental License	Active	34,710	35,078	35,584	35,865
	Inactive	1,691	1,661	1,582	1,595
	Reduced Renewal Fee*	1,168	1,132	943	-
	Disabled	87	94	91	-
	Delinquent	6,180	6,069	6,199	6,069
	Cancelled	20,703	21,735	22,826	23,320
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Additional Office Permit	Active	2,375	2,522	2,676	2,877
	Delinquent	1,390	1,285	1,291	1,204
	Cancelled	7,726	7,979	8,239	8,425
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Conscious Sedation Permit	Active	380	126	0	0
	Delinquent	219	0	0	0
	Cancelled	625	1,098	1,224	1,224
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Continuing Education Registered Provider Permit	Active	746	724	764	787
	Delinquent	660	625	530	502
	Cancelled	2,663	2,782	2,923	2,963
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Elective Facial Cosmetic Surgery Permit	Active	27	27	29	27
	Delinquent	6	6	7	9
	Cancelled	4	5	6	6
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Extramural Facility Registration	Active	60	67	89	102
	Delinquent	N/A	N/A	N/A	N/A
	Cancelled	N/A	N/A	N/A	N/A
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Fictitious Name Permit	Active	6,485	6,877	7,317	7,608
	Delinquent	2,855	2,731	2,737	2,635
	Cancelled	8,350	8,875	9,334	9,590
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
General Anesthesia Permit	Active	949	941	958	961
	Delinquent	41	49	40	39
	Cancelled	1,095	1,131	1,179	1,198
	PE Under 7	-	-	286	128
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Mobile Dental Clinic Permit	Active	45	50	63	73
	Delinquent	39	40	40	42

Agenda Item 11.a.: Update on Dental Licensure and Permit Statistics
Dental Board of California Meeting
February 5-6, 2026

Page 9 of 13

	Cancelled	88	96	100	103
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Medical General Anesthesia Permit	Active	153	150	154	164
	Delinquent	32	39	37	37
	Cancelled	242	267	291	296
	PE Under 7	-	-	278	102
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Moderate Sedation Permit	Active	192	445	617	653
	Delinquent	1	4	5	9
	Cancelled	3	10	42	49
	PE Under 13	-	-	56	55
	PE Under 7	-	-	55	54
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Oral Conscious Sedation Adults Certificate	Active	1,971	1,460	1,206	1,194
	Delinquent	386	412	439	450
	Cancelled	1,960	2,562	2,891	2,918
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Oral and Maxillofacial Surgery Permit	Active	96	96	96	98
	Delinquent	9	10	12	13
	Cancelled	27	27	27	27
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Pediatric Minimal Sedation Permit	Active	102	309	397	408
	Delinquent	1	3	21	32
	Cancelled	0	0	1	2
License Type	License Status	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Special Permit	Active	34	38	39	41
	Delinquent	6	8	8	11
	Cancelled	203	207	215	216
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>)				
Reduced Renewal 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, current and active dental licenses by County, and population (Pop.) per dental license by County for fiscal years 2023-24, 2024-25, and 2025-26 as of December 31, 2025. These statistics represent the licensee's address of record and not necessarily the licensee's workplace address.

County	DDS per County in 2023/24	Pop. in 2023/24	Pop. per DDS in 2023/24	DDS per County in 2024/25	Pop. in 2024/25	Pop. per DDS in 2024/25	DDS per County in 2025/26	Pop. In 2025/26	Pop. per DDS in 2025/26
Alameda	1,472	1,651,979	1,112	1,486	1,641,869	1,111	1,461	1,662,482	1,137
Alpine	0	1,200	0	0	1,179	0	0	1,177	0
Amador	23	40,297	1,918	21	39,611	1,918	22	39,563	1,798
Butte	118	201,608	1,625	123	205,928	1,639	111	207,525	1,869
Calaveras	21	45,049	2,145	23	44,842	1,958	16	44,722	2,795
Colusa	4	21,807	3,634	4	21,743	5,451	3	22,026	7,342
Contra Costa	1,092	1,156,555	1,048	1,092	1,146,626	1,059	1,110	1,158,225	1,043
Del Norte	11	27,218	2,474	12	26,345	2,268	12	26,544	2,212
El Dorado	148	190,465	1,253	151	188,583	1,261	144	190,770	1,324
Fresno	625	1,011,273	1,631	625	1,017,431	1,618	645	1,037,053	1,607
Glenn	7	28,750	4,107	7	28,736	4,107	7	29,369	4,195
Humboldt	66	135,168	2,145	66	133,100	2,048	68	133,817	1,967
Imperial	40	179,329	4,598	40	182,881	4,483	36	186,499	5,180
Inyo	7	18,978	3,795	6	18,856	3,163	7	18,800	2,685
Kern	350	909,813	2,668	343	910,300	2,652	353	923,961	2,617
Kings	58	152,023	2,492	59	152,627	2,576	62	154,015	2,484
Lake	37	67,407	1,728	36	67,001	1,872	45	67,254	1,494
Lassen	18	30,274	1,376	21	28,197	1,441	21	28,716	1,367
Los Angeles	8,464	9,861,224	1,171	8,448	9,824,091	1,167	8,477	9,876,811	1,165
Madera	47	157,396	3,577	46	159,328	3,421	53	162,599	3,067
Marin	279	257,135	886	279	252,844	921	261	254,550	975
Mariposa	6	17,045	2,435	7	16,966	2,435	7	16,917	2,416
Mendocino	45	89,999	1,836	47	89,476	1,914	47	89,827	1,911

County	DDS per County in 2023/24	Pop. in 2023/24	Pop. per DDS in 2023/24	DDS per County in 2024/25	Pop. in 2024/25	Pop. per DDS in 2024/25	DDS per County in 2025/26	Pop. In 2025/26	Pop. per DDS in 2025/26
Merced	98	284,338	3,090	98	287,303	2,901	93	293,080	3,151
Modoc	5	8,690	1,738	4	8,484	2,172	5	8,491	1,698
Mono	5	13,379	2,675	5	12,861	2,675	3	12,684	4,228
Monterey	244	433,716	1,777	242	437,614	1,792	249	438,831	1,762
Napa	106	136,179	1,284	105	135,029	1,296	102	136,124	1,334
Nevada	69	101,242	1,467	70	100,177	1,446	63	100,354	1,592
Orange	4,183	3,162,245	755	4,165	3,150,835	759	4,249	3,175,427	747
Placer	482	409,025	848	471	412,844	868	493	421,446	854
Plumas	13	18,942	1,457	13	18,841	1,457	11	18,885	1,716
Riverside	1,163	2,435,525	2,094	1,163	2,442,378	2,094	1,215	2,495,640	2,054
Sacramento	1,207	1,576,618	1,306	1,210	1,578,938	1,302	1,236	1,604,745	1,298
San Benito	26	65,479	2,518	25	65,853	2,619	27	66,822	2,474
San Bernardino	1,403	2,187,665	1,559	1,410	2,181,433	1,551	1,429	2,207,424	1,544
San Diego	2,853	3,287,306	1,152	2,852	3,291,101	1,152	2,878	3,330,139	1,157
San Francisco	1,127	842,754	747	1,138	843,071	740	1,141	842,027	737
San Joaquin	393	784,298	1,995	388	791,408	2,021	391	805,856	2,061
San Luis Obispo	217	280,721	1,293	210	278,469	1,336	213	279,337	1,311
San Mateo	829	744,662	898	830	741,565	897	832	748,337	899
Santa Barbara	312	445,164	1,426	311	443,623	1,431	310	447,132	1,442
Santa Clara	2,283	1,894,783	829	2,296	1,903,198	825	2,306	1,922,259	833
Santa Cruz	171	255,564	1,494	170	262,572	1,503	170	263,710	1,551
Shasta	109	180,531	1,656	106	179,195	1,703	102	180,201	1,766
Sierra	0	3,229	0	0	3,171	0	0	3,170	0
Siskiyou	23	43,830	1,905	22	43,409	1,992	21	43,311	2,062
Solano	277	447,241	1,614	274	446,426	1,632	275	449,839	1,635
Sonoma	374	482,404	1,289	380	478,152	1,269	381	482,848	1,267
Stanislaus	277	549,466	1,983	281	548,744	1,955	278	555,765	1,999
Sutter	49	99,145	2,023	49	100,110	2,023	55	100,257	1,822
Tehama	28	65,052	2,323	28	64,308	2,323	27	64,827	2,401

Agenda Item 11.a.: Update on Dental Licensure and Permit Statistics
Dental Board of California Meeting
February 5-6, 2026

Trinity	2	16,023	8,011	2	15,915	8,011	2	15,884	7,942
Tulare	218	475,014	2,178	219	478,918	2,169	224	487,209	2,175
Tuolumne	45	55,291	1,228	45	54,407	1,228	39	54,357	1,393
Ventura	634	833,652	1,314	633	823,863	1,316	635	829,005	1,305
Yolo	125	221,165	1,769	125	221,666	1,769	116	225,433	1,943
Yuba	10	82,275	8,227	10	83,721	8,227	10	85,023	8,502
Out of State/Country**	2,284	N/A	N/A	3,072	100,110	N/A	2,105	N/A	N/A
Total	34,582	39,174,605	N/A	37,846	39,128,162	N/A	34,654	39,529,101	N/A

*Population data obtained from Department of Finance, Demographic Research Unit as of 7/01/2025.

**Prior numbers updated and placed in correct columns.

*The counties with the highest Population per DDS are:	Yuba County (1:8,502)	*The counties with the lowest Population per DDS are:	San Francisco County (1:737)
	Trinity County (1:7,942)		Orange County (1:747)
	Colusa County (1:7,342)		Santa Clara (1:833)
	Imperial County (1:5,180)		Placer (1:854)
	Glenn County (1:4,195)		San Mateo (1:899)

* Alpine County (0:1,177) & Sierra County (0:3,170)
No reported address of record in county

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	January 20, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 12.: Presentation on California State Loan Repayment Program and Scholarship Programs for Oral Health Professionals – <i>Department of Health Care Access and Information (HCAI)</i>

Background

Representatives from the Department of Health Care Access and Information (HCAI) will provide a presentation on California State Loan Repayment Program and Scholarship Programs for Oral Health Professionals.

Action Requested

No action is requested. This item is informational only.

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	January 20, 2026
TO	Members of the Dental Board of California (Board)
FROM	Jodi Ortiz Chief of Licensing and Examination Unit Dental Board of California (Board)
SUBJECT	Agenda Item 13.: Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee January 14, 2026 Meeting Report a. Discussion and Possible Action on Recommendation on EFCS Permit Application

Report

The EFCS Permit Credentialing Committee (Committee) met on January 14, 2026, via teleconference, with one noticed public location. Four members of the Committee were present at the meeting, three of whom participated from remote locations, and a quorum was established.

Committee Chair Peter Scheer, DDS, requested public comment on items not on the agenda. There were no members of the public present for the meeting.

The Committee discussed the October 8, 2025 Meeting Minutes. Committee Member Robert Gramins, DDS, moved to adopt the October 8, 2025 Meeting Minutes, and Committee Member Louis Gallia, DMD, MD, seconded the motion. Before a vote on the motion, public comment was requested, and no public comment was made on the motion. The motion passed on a vote of 3–0. At the time of the motion and vote, only three Committee members were present.

The Committee recessed open session and convened in closed session pursuant to Government Code section 11126, subdivision (c)(2), to consider one EFCS permit application, discussed further below.

The Committee reconvened in open session, and Board staff reported that one application was considered by the Committee in closed session. The Committee approved a recommendation to the Board to deny the EFCS permit application as described further below.

Committee Chair Scheer adjourned the meeting at 3:57 p.m.

Agenda Item 13.: Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee
January 14, 2026 Meeting Report
February 5-6, 2026

Page 1 of 4

a. Discussion and Possible Action on Recommendation on EFCS Permit Application

EFCS Permit Application Process

Pursuant to Business and Professions Code section 1638.1, a dentist shall possess a current license in good standing and an EFCS permit to perform EFCS procedures. The Board may issue an EFCS permit to perform one of the following categories of EFCS procedures:

- (1) Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty.
- (2) Cosmetic contouring or rejuvenation of the facial soft tissue, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation.
- (3) Procedures under both paragraphs (1) and (2).

The Board's Sunset bill, Senate Bill 1453 (Ashby, Chapter 483, Statutes of 2024), amended BPC section 1638.1 to clarify the EFCS permit categories and improve permit applicant requirement transparency. The EFCS permits now are not subject to further limitations under each category but instead, upon compliance with all applicable permit requirements, authorize the permit holder to perform all procedures authorize by the permit category.

Pursuant to BPC section 1638.1, subdivision (n), EFCS permits issued prior to January 1, 2025, that limited the type of procedure under the general permit category authorized to be performed by the permitholder cannot be renewed. A permitholder who seeks to continue performing the procedure previously limited by the permit must submit an application to the Board for issuance of a new Category 1, 2, or 3 permit, and the Board may request the permitholder to submit additional documentation demonstrating the permitholder's competency for issuance of such permit.

The Committee considered one EFCS permit application as follows.

Applicant O.N., DDS

Applicant O.N., DDS, applied for a Category 3 EFCS Permit. The Applicant's current EFCS Permit, a limited Category II permit, has expired and is no longer eligible for renewal. The previous permit authorized the Applicant to perform only facial neurotoxin and facial filler procedures.

On October 8, ,2025, the Application for a Category 3 EFCS Permit initially was reviewed by the Committee. Following that review, as authorized by BPC section 1635.1, subdivision (n), the Committee requested the Applicant submit additional documentation (operative reports) demonstrating the Applicant's competency for issuance of a Category 3 EFCS permit in the following areas:

Agenda Item 13.: Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee
January 14, 2026 Meeting Report
February 5-6, 2026

Page 2 of 4

- Category 1 (hard tissue): genioplasty, rhinoplasty, otoplasty, placement of facial implants; and
- Category 2 (soft tissue): rhytidectomy (facelifts) and blepharoplasty.

On January 14, 2026, the Committee again reviewed the Application and additional information submitted. The Committee noted that the Applicant submitted a limited number of Category 1 operative reports. The Applicant submitted six nasal fracture reports and no rhinoplasty or blepharoplasty reports. The Committee also noted that the six additional operative reports did not fall within five years from the date of the Application, nor did the operative reports indicate the Applicant was in the role of surgical first assistant as required by BPC section 1638.1, subdivision (c)(2)(A)(iii). The Committee agreed that the Applicant did not submit 10 operative reports that met the requirements to qualify for a Category 1 EFCS permit.

The Committee reviewed the Applicant's Category 2 operative reports and noted the Applicant met the statutory requirement of BPC section 1638.1(c)(2)(A)(iii). The Applicant provided three Botox and nine facial filler reports. The Committee noted that the Applicant provided one additional operative report for facelift, but that operative report did not fall within five years from the date of the Application, nor did the operative report indicate the Applicant was in the role of surgical first assistant. Although the Applicant met the statutory requirements for issuance of a Category 2 EFCS permit, the Committee agreed that the Applicant did not submit the requested additional documentation sufficient to demonstrate the Applicant's competency, beyond Botox and facial filler procedures, to grant a Category 2 EFCS permit, and this would pose a threat to consumer protection.

Recommendation

The Committee recommends denial of the Application for a Category 3 EFCS permit, as the Applicant failed to provide 10 operative reports demonstrating competency and performing procedures within five years from the date of the Application as the first surgical assistant for issuance of a Category 1 EFCS permit, and did not demonstrate competency for anything other than facial fillers and Botox procedures for issuance of a Category 2 EFCS permit.

Action Requested

The Board is asked to consider the Committee's recommendation on the Application of O.N., DDS, for a Category 3 EFCS permit. The Board is asked to take one of the following actions:

Option 1 (support the proposed recommendation): Move to deny the Application of O.N., DDS, for a Category 3 EFCS Permit.

Option 2 (grant the application in part): Move to grant a Category 2 EFCS permit to Applicant O.N., DDS.

Option 3 (no action): Return the EFCS permit application of O.N., DDS, to the Committee to request and/or review additional applicant information. If this option is selected, please list the type or description of the additional information the Board seeks.

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	January 13, 2026
TO	Members of the Dental Board of California
FROM	Jessica Olney, Anesthesia and Customer Service and Support Unit Manager Dental Board of California
SUBJECT	Agenda Item 14.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 to keep a permit active and in good standing. 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 2025–26

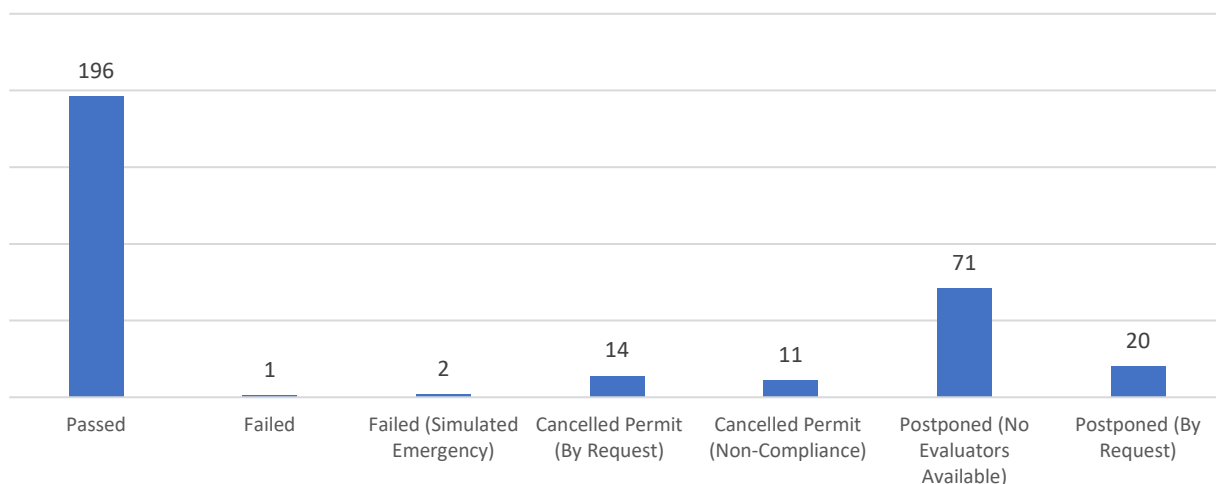
	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2025	11	0	0	3	2	0	5
Aug 2025	19	0	0	0	2	0	3
Sep 2025	19	0	0	1	2	0	2
Oct 2025	20	0	0	3	2	0	0
Nov 2025	15	0	0	0	1	0	7
Dec 2025	14	0	0	1	4	1	1
Jan 2026							
Feb 2026							
Mar 2026							

Apr 2026							
May 2026							
Jun 2026							
Total	98	0	0	8	13	1	18

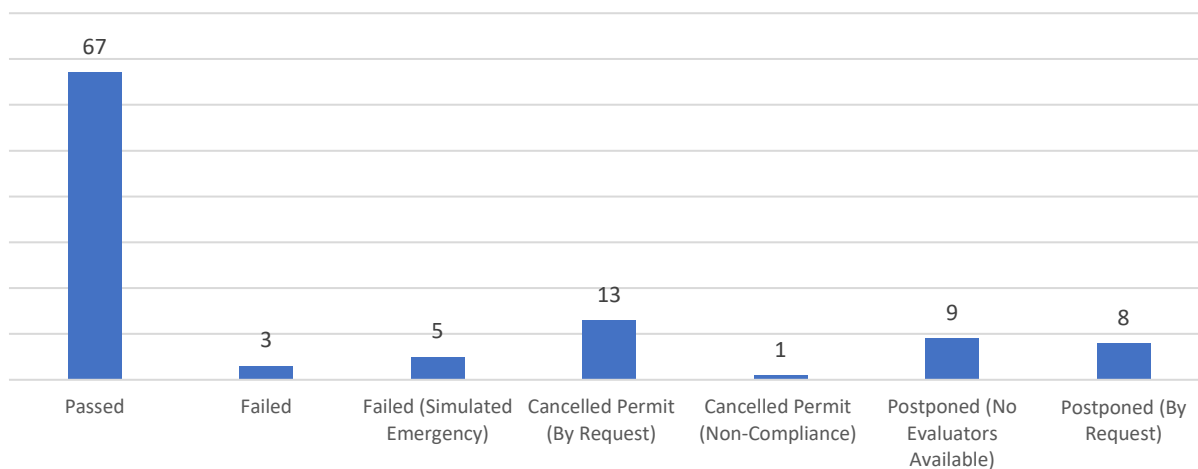
General Anesthesia Evaluation Statistics for Fiscal Years, 2022–23, 2023–24, 2024–25, and 2025/26.

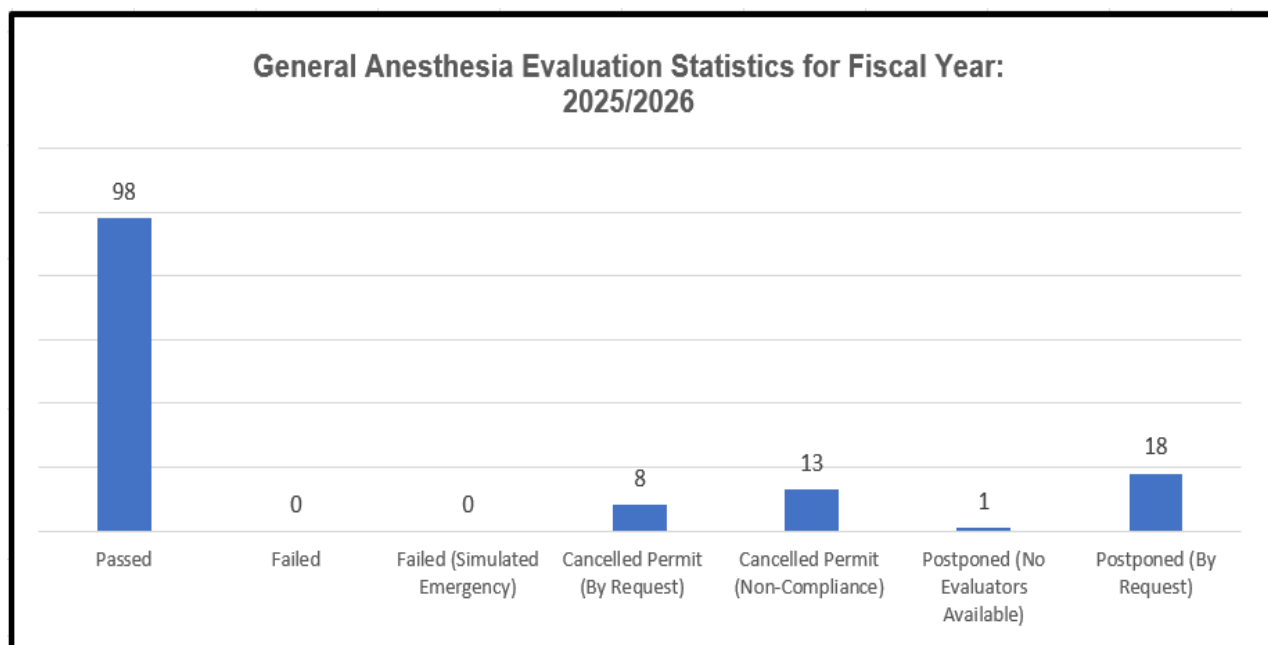
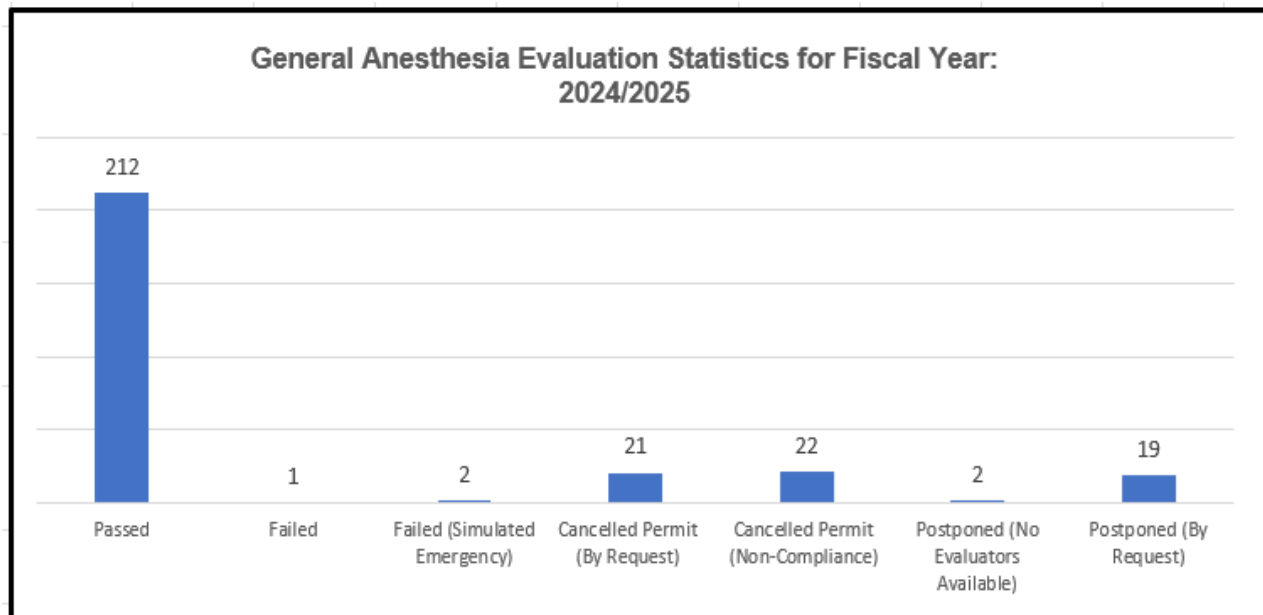
	22–23	23–24	24–25	25-26
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	196	202	212	98
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	1	0	1	0
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	2	3	2	0
Cancelled Permit by Request – Permitholder no longer wanted permit.	14	13	21	8
Cancelled Permit for Noncompliance – Permitholder did not complete required onsite evaluation.	11	20	22	13
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	71	16	2	1
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, emergencies, or COVID-related issues.	20	18	19	18

General Anesthesia Evaluation Statistics for Fiscal Year: 2022/2023



General Anesthesia Evaluation Statistics for Fiscal Year: 2023/2024



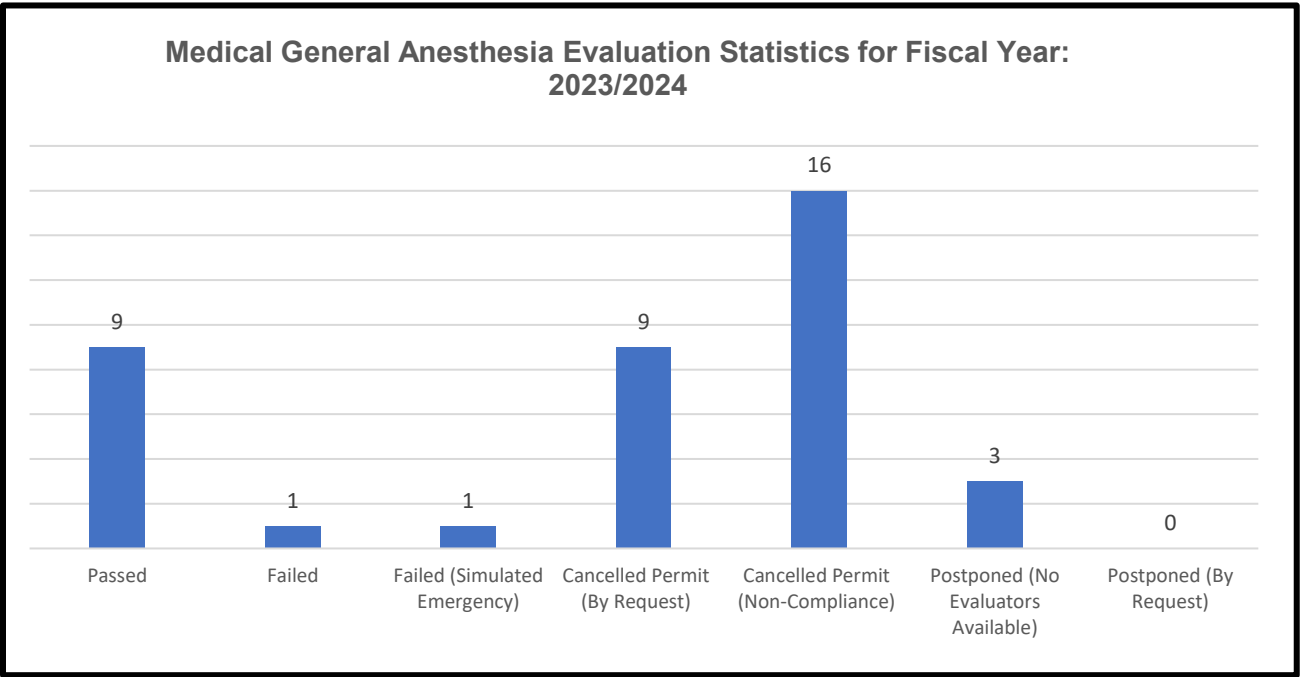
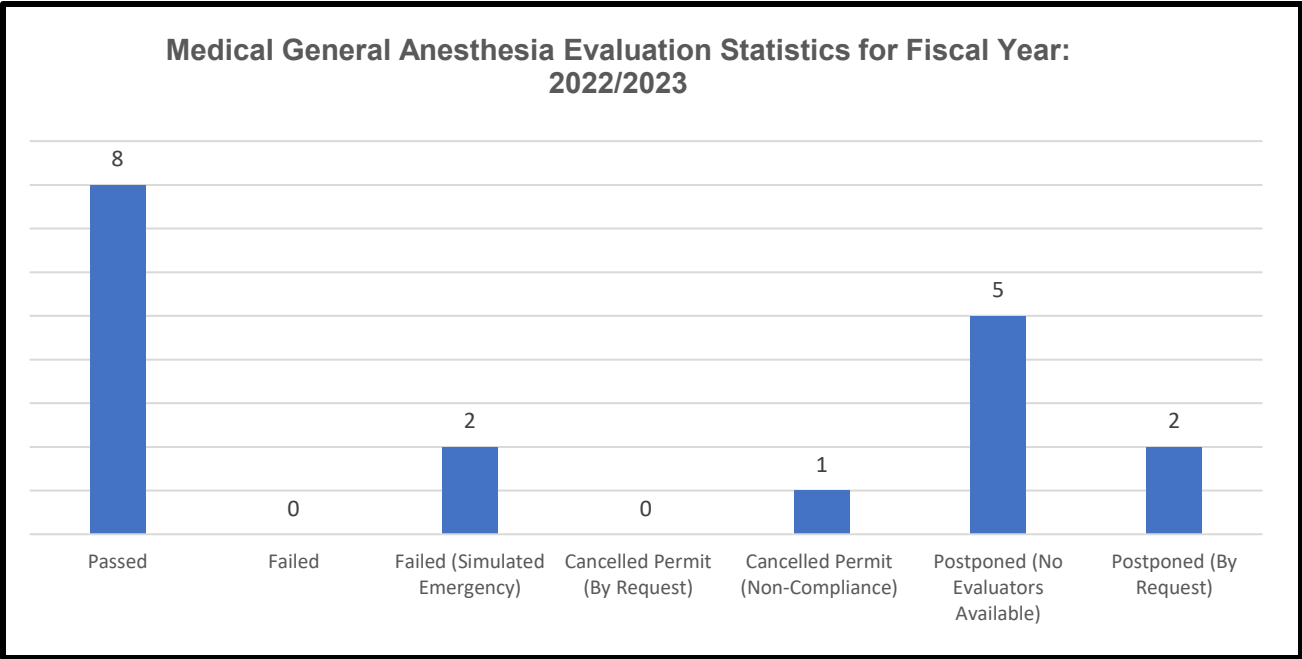


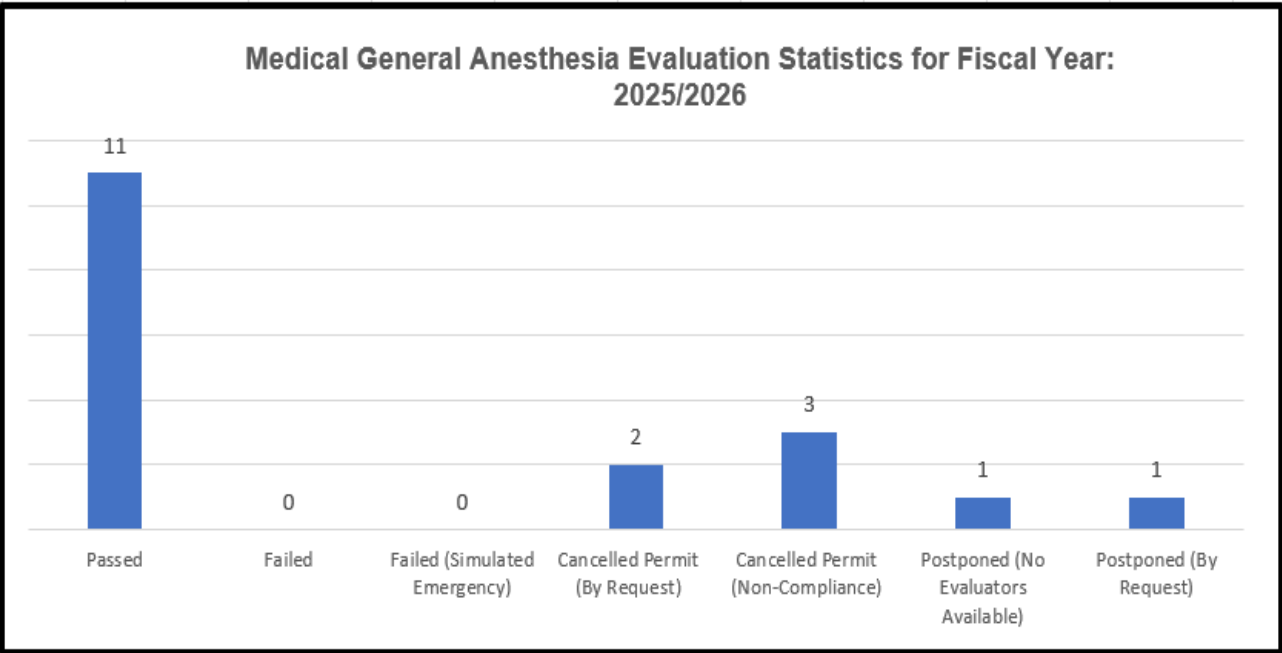
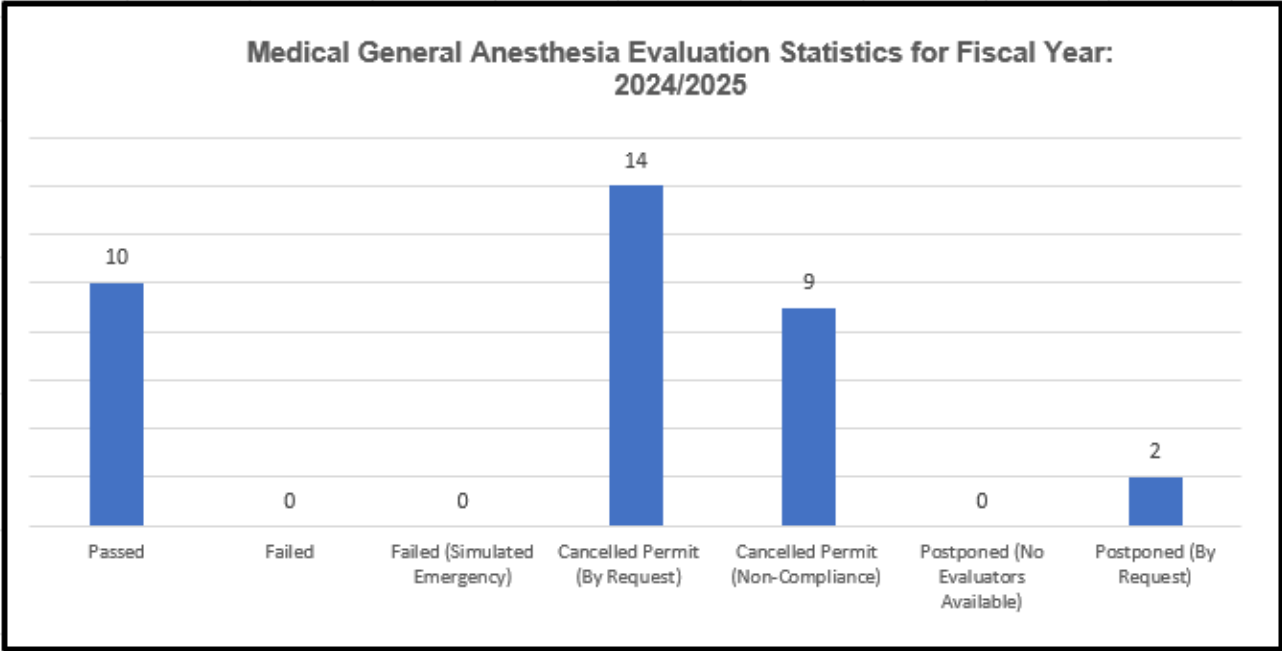
Medical General Anesthesia Evaluation Statistics for Fiscal Year 2025–26

	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2025	1	0	0	0	1	1	0
Aug 2025	2	0	0	0	0	0	0
Sep 2025	2	0	0	0	1	0	0
Oct 2025	1	0	0	0	1	0	1
Nov 2025	3	0	0	1	0	0	0
Dec 2025	2	0	0	1	0	0	0
Jan 2026							
Feb 2026							
Mar 2026							
Apr 2026							
May 2026							
Jun 2026							
Total	11	0	0	2	3	1	1

Medical General Anesthesia Evaluation Statistics for Fiscal Years 2022–23, 2023–24, 2024–25, and 2025-26

	22–23	23–24	24–25	25–26
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	5	9	10	11
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	1	1	0	0
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	0	1	0	0
Cancelled Permit by Request – Permitholder no longer wanted permit.	11	9	14	2
Cancelled Permit for Non-Compliance – Permitholder did not complete required onsite evaluation.	9	16	9	3
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	3	3	0	1
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, emergencies, or COVID-related issues.	1	0	2	1



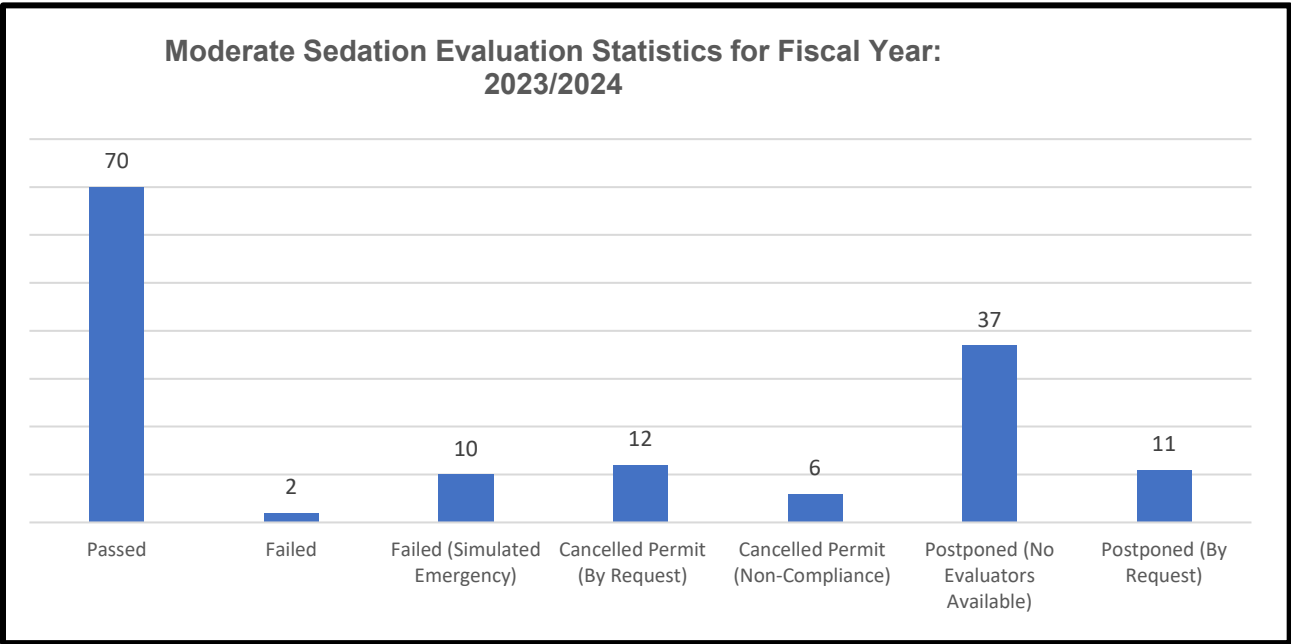
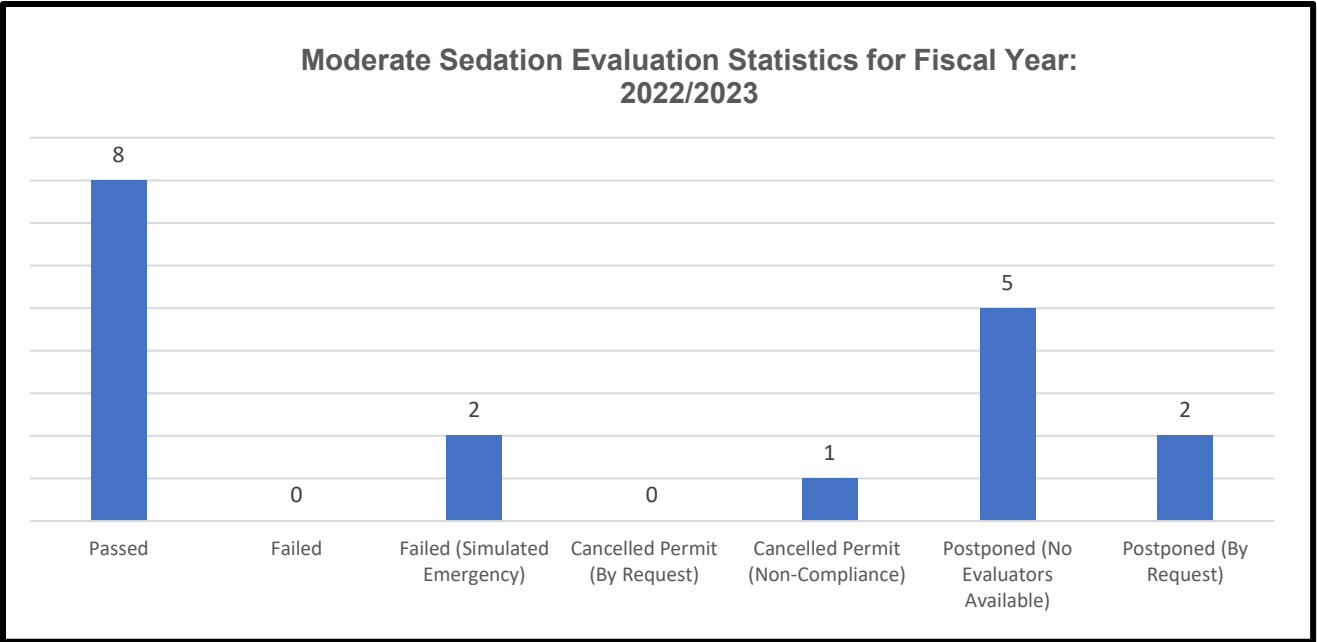


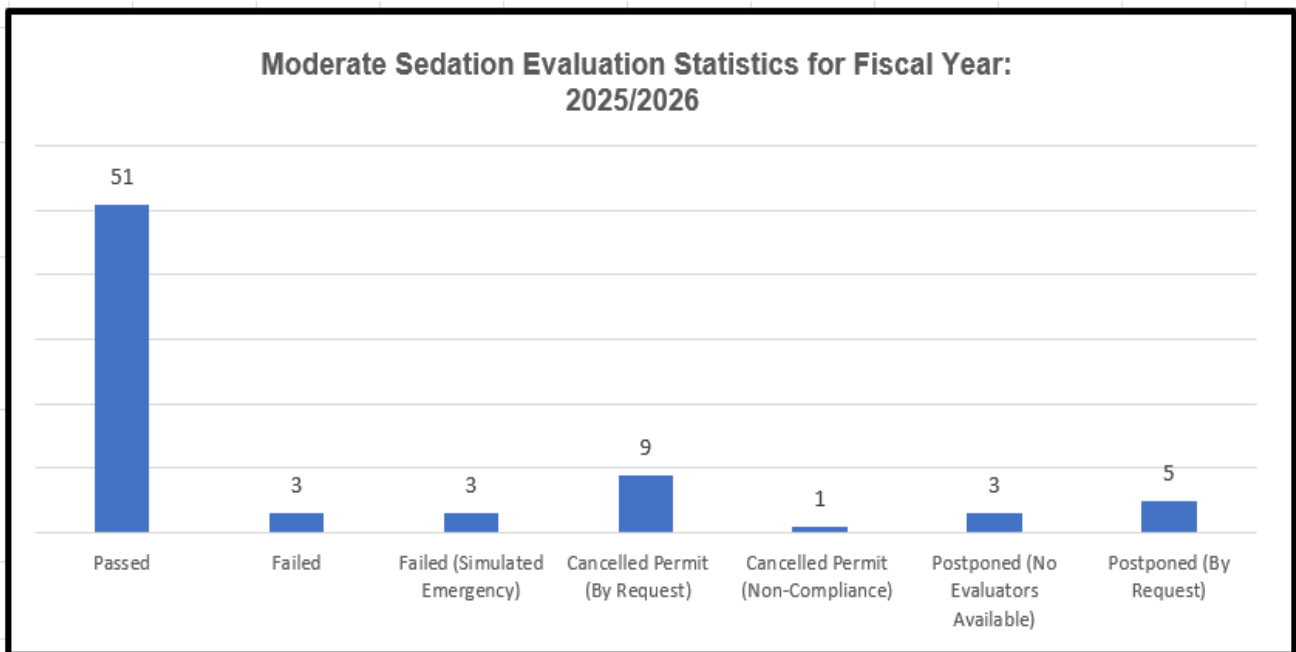
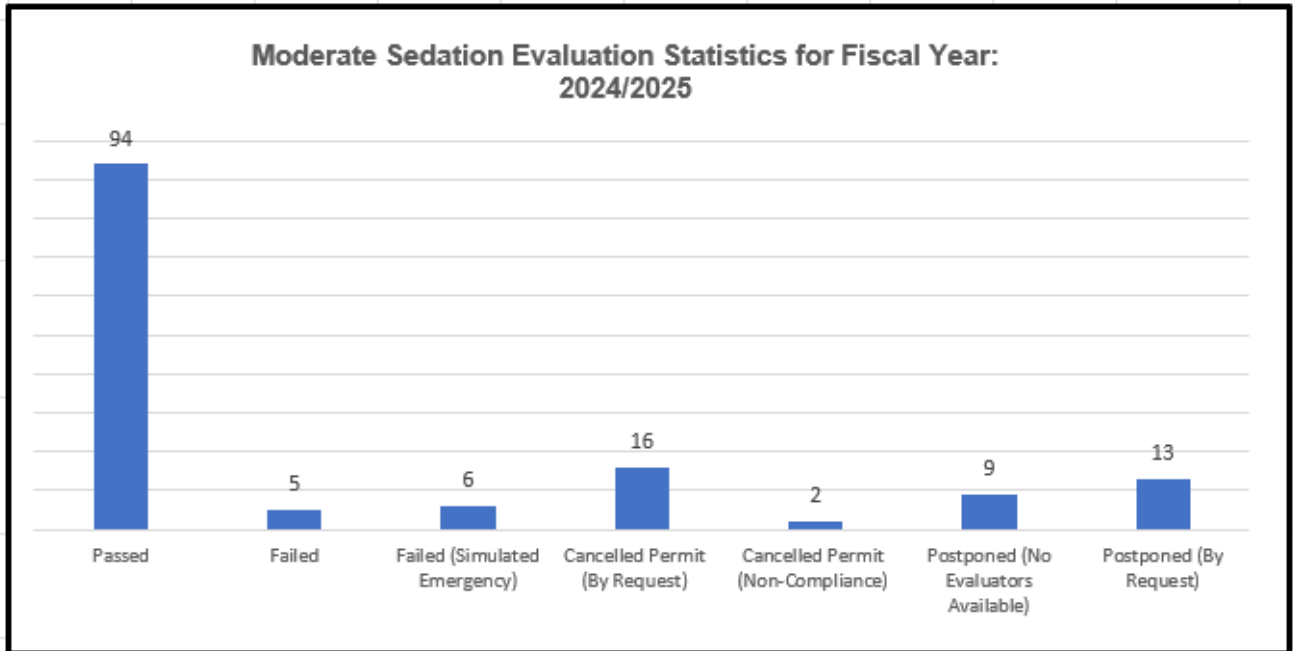
Moderate Sedation Evaluation Statistics for Fiscal Year 2025–26

	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2025	10	0	0	3	0	0	0
Aug 2025	7	0	0	1	0	0	1
Sep 2025	6	1	2	2	1	0	1
Oct 2025	8	0	0	1	0	2	1
Nov 2025	12	1	1	0	0	0	1
Dec 2025	8	1	0	2	0	1	1
Jan 2026							
Feb 2026							
Mar 2026							
Apr 2026							
May 2026							
Jun 2026							
Total	51	3	3	9	1	3	5

Moderate Sedation Evaluation Statistics for Fiscal Year 2022–23, 2023–24, 2024–25, and 2025/26.

	22–23	23–24	24–25	25–26
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	8	70	94	51
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	0	2	5	3
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	2	10	6	3
Cancelled Permit by Request – Permitholder no longer wanted permit.	0	12	16	9
Cancelled Permit for Non-Compliance – Permitholder did not complete required onsite evaluation.	1	6	2	1
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	5	37	9	3
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, emergencies, or COVID-related issues.	2	11	13	5





Current Evaluators per Region

Region	GA	MGA	MS
Northern California	139	23	59
Southern California	171	16	62

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	January 6, 2026
TO	Members of the Dental Board of California
FROM	Paige Ragali, Chief of Administration and Compliance Division Dental Board of California
SUBJECT	Agenda Item 15.a.: Diversion Program Report and Statistics

Background

The Diversion Evaluation Committee (DEC) program statistics for the quarter ending on December 31, 2025, are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for informational purposes only.

The next quarterly meeting is anticipated to be scheduled for February 2026.

As of January 1, 2025, Premier Health Group has assumed the administration of the Diversion (Recovery) Program.

Diversion	FY 2025/2026				FY 24/25	FY 23/24	FY 22/23
	Quarter 2			YTD			
	October	November	December	Totals			
New Participants (Close of Qtr)	0	0	0	0	4	2	3
Total Participants (Close of Qtr/FY)	5	5	5	5	5	4	7
Total Completed Cases	0	0	0	0	0	2	5
Positive Drug Tests for Current Participants	0	0	0	0			

Action Requested

None.

MEMORANDUM

DATE	January 15, 2026
TO	Members Dental Board of California (Board)
FROM	Tara Welch Board Counsel, Attorney IV Legal Affairs Division, Department of Consumer Affairs
SUBJECT	Agenda Item 16.: Discussion of and Possible Action Regarding Government Code Section 11340.6 Petition to Adopt, Amend, or Repeal Regulations Regarding Complaint Intake, Review, Evaluation, and Closure Procedure

On November 4, 2025, at 8:31 p.m., the Board received a Petition to Adopt, Amend, or Repeal Regulations Regarding Complaint Intake, Review, Evaluation, and Closure Procedure (Petition), Attachment 1 hereto.¹ This memorandum discusses the relevant law and Board guidelines, procedure and background, analysis of the Petition, and recommendations on Board action in response to the Petition.

I. PETITION

The Petition states the petitioner filed complaints with the Board alleging patient abandonment and unprofessional conduct by a licensed dentist. The Petition alleges the complaints were closed because the Board's investigation did not sustain a violation of the Dental Practice Act. The Petition asserts the Board did not disclose its reasoning or internal assessment, and the Board did not cite to any of the following:

- The specific regulation(s) that govern how consultants evaluate complaints.
- The criteria used to determine whether evidence supports administrative action.
- The regulatory standard applied in evaluating alleged violations of Business and Professions Code (BPC) section 1680, including patient abandonment.

The Petition states that instead, the Board appears to rely on internal evaluation practices, which:

¹ Pursuant to Government Code section 7927.705, the California Constitution, article I, section 1, and the Information Practices Act of 1977 (Civ. Code, § 1798 et seq.), the petitioner's personal information (residence and email addresses) has been redacted from Attachment 1.

- Affect all complainants.
- Determine whether enforcement proceeds.
- Are not located in Title 16 of the California Code of Regulations (CCR).
- Were not adopted through the Administrative Procedure Act (APA) (Gov. Code, § 11340 et seq.).

The Petition asserts that if the Board uses such standards in case determinations on a recurring, program-wide basis, those standards constitute rules of general application under CCR, title 16, section 55 and must be adopted as regulations. If they have not been adopted, they may constitute underground regulations prohibited by Government Code section 11340.5.

The Petition requests the following:

1. For the Board to identify the specific regulation(s) in CCR, title 16 that govern: the Board's use of dental consultants; the evaluation criteria used to determine whether evidence supports a violation; and the standards used when deciding whether to close a complaint.
2. If no such regulation exists, for the Board to initiate formal rulemaking under the APA to adopt regulations that clearly define: the complaint evaluation process; the consultant review process; and the evidentiary standards guiding case closure.
3. If the Board maintains that existing regulations already govern these procedures, for the Board to cite each regulation by section number and provide a copy.

The Petition did not identify any reference to Board authority to take the actions requested or specify the provisions in the CCR that the petitioner is requesting be adopted, amended, or repealed.

The petitioner also submitted a petition to the Office of Administrative Law (OAL), which is the state agency that reviews regulations adopted by the Board. That petition alleged the Board has issued, used, enforced, or attempted to enforce an underground regulation. On November 24, 2025, OAL declined to accept that petition.

II. RELEVANT LAW AND BOARD GUIDELINES

A. Requirements Regarding Regulations

Government Code section 11324.600 defines "regulation" to mean every rule, regulation, order, or standard of general application or the amendment, supplement, or revision of any rule, regulation, order, or standard adopted by any state agency to implement, interpret, or make specific the law enforced or administered by it, or to govern its procedure.

CCR, title 1, section 250 defines "underground regulation" to mean any guideline, criterion, bulletin, manual, instruction, order, standard of general application, or other rule, including a rule governing a state agency procedure, that is a regulation as defined in Government Code section 11342.600, but has not been adopted as a regulation and filed with the Secretary of State pursuant to the APA and is not subject to an express statutory exemption from adoption pursuant to the APA.

Government Code section 11340.5, subdivision (a), provides that no state agency shall issue, utilize, enforce, or attempt to enforce any guideline, criterion, bulletin, manual, instruction, order, standard of general application, or other rule, which is a regulation, as defined, unless the guideline, criterion, bulletin, manual, instruction, order, standard of general application, or other rule has been adopted as a regulation and filed with the Secretary of State pursuant to the APA.

The APA requirements do not apply to a regulation that relates only to the internal management of the state agency, a regulation that embodies the only legally tenable interpretation of a provision of law, or a regulation that establishes criteria or guidelines to be used by agency staff performing an investigation or in the prosecution of a case if disclosure of the criteria or guidelines would enable a law violator to avoid detection, facilitate disregard of requirements imposed by law, or give clearly improper advantage to a person who is in an adverse position to the state. (Gov. Code, § 11340.9, subds. (d), (e), (f).)

Government Code section 11340.6 generally authorizes any interested person to petition a state agency requesting the adoption, amendment, or repeal of a regulation (with limited exceptions). The petition shall state the following clearly and concisely: (a) the substance or nature of the regulation, amendment, or repeal requested; (b) the reason for the request; and (c) reference to the authority of the state agency to take the action requested. (*Ibid.*)

Upon receipt of a petition requesting adoption, amendment, or repeal of a regulation, Government Code section 11340.7 requires a state agency to (1) notify

the petitioner in writing of the receipt of the petition and (2) within 30 days, either deny the petition in writing (indicating why the agency has reached its decision) or schedule the matter for public hearing in accordance with the notice and hearing requirements under Article 5 (commencing with Gov. Code, § 11346). The section further provides that an agency may grant or deny the petition in part, and may grant any other relief or take any other action as it may determine to be warranted by the petition. The section also sets forth reporting requirements of the decision of the agency.

B. Complaints Submitted to the Board, Evaluation, and Investigation

The Director of the Department of Consumer Affairs (DCA) receives consumer complaints concerning violations of the BPC relating to businesses and professions licensed by any DCA agency, and regulations promulgated pursuant thereto. (BPC, § 325.) The DCA Director is authorized to make investigations and prosecute actions concerning all matters relating to business activities and subjects under the jurisdiction of DCA. (Gov. Code, §§ 11180, 11181.) The DCA Director may delegate these powers to any officer of DCA to conduct the investigation or hearing. (Gov. Code, § 11182.)

The Board is within the jurisdiction of DCA and is charged with administering the Dental Practice Act by exercising licensing, regulatory, and disciplinary functions. (BPC, §§ 1601.1, subd. (a), 1601.2.) The Board receives complaints from members of the public and, upon receipt of a complaint against an individual licensed by the Board, is required to take the following actions (BPC, § 129):

- (1) Notify the complainant of the initial administrative action taken on the complainant's complaint within 10 days of receipt.
- (2) Notify the complainant of the final action taken on the complainant's complaint.
- (3) If the complaint is not within the jurisdiction of the Board or if the Board is unable to dispose satisfactorily of the complaint, the Board shall transmit the complaint together with any evidence or information it has concerning the complaint to the agency, public or private, whose authority in the opinion of the Board will provide the most effective means to secure the relief sought. The Board shall notify the complainant of this action and of any other means that may be available to the complainant to secure relief.
- (4) The Board shall, when the Board deems it appropriate, notify the person against whom the complaint is made of the nature of the complaint.

The Board is authorized to inspect books, records, and premises of any dentist licensed under the Dental Practice Act and the licensing documents, records, and premises of any dental assistant permitted under the Dental Practice Act in response to a complaint that a dentist or dental assistant has violated any law or regulation that constitutes grounds for disciplinary action by the Board, and may employ inspectors for this purpose. (BPC, § 1611.5.)

The Board's Executive Officer has delegated authority to investigate and prosecute actions against Board licensees and unlicensed individuals alleged to have violated the Dental Practice Act. (BPC, § 1616.6; CCR, tit. 16, § 1001, subs. (b).)

The Board's Enforcement Program is comprised of several units that receive complaints, perform inspections and investigations, and coordinate discipline. The Complaint and Compliance Unit (CCU) of the Enforcement Program performs complaint intake, which includes initial complaint review, including jurisdiction assessments, and if warranted, collecting dental records related to the complaint, obtaining an opinion from Board consultants to determine if a Dental Practice Act violation occurred, forwarding substantiated cases to the Investigations Unit, and closing unsubstantiated cases.

Each case is reviewed based on the allegations made in the complaint and the statutory and regulatory violations, and actions that may be taken on the case include:

- Pursuant to BPC section 129, closed for no jurisdiction and referred to the pertinent state agency.
- Closed as no violation.
- Referred for criminal prosecution.
- Issuance of citation.
- Transmittal to the Office of the Attorney General for preparation of formal disciplinary filings.

CCU staff utilize Desk Procedure Manuals that provide complaint initiation and processing instructions, including submitting complaint acknowledgement letters, and initiating cases in the DCA BreEZe system to track each case, and general case processing procedures.

The Board is authorized to employ individuals, other than peace officers, to perform investigative services and employ individuals to serve as experts. (BPC, § 154.2.) CCR, title 16, section 1018.1 establishes criteria for a Board licensee to serve as an agent of the Board, such as a dental consultant, in various capacities, including to

review written statements, dental records, radiographs, and other documents to evaluate the quality of care delivered by licensees who are the subject of complaints received by the Board. There are no guidelines or criteria that the Board uses to set standards for how an expert uses their discretion to determine in every case whether evidence supports a violation or when deciding whether to close a complaint.

Under the California Public Records Act (CPRA), complaint and investigatory files, which may include internal reports, case determinations, and consultant opinions, maintained by the Board, a state licensing agency, are exempt from public disclosure (Gov. Code, § 7923.600, subd. (a)). Government Code sections 7927.705 and 11181, subdivision (g), and Civil Code section 1798.24, subdivisions (e) and (o), make confidential records related to the investigation of unlawful activity that are divulged to another governmental agency responsible for enforcing laws related to the unlawful activity investigated or discovered.

Further, the CPRA exempts from public disclosure official information acquired in confidence by a public employee in the course of their duty and not open, or officially disclosed, to the public, as there is a necessity for preserving the confidentiality of the information that outweighs the necessity for disclosure in the interest of justice. (Gov. Code, §§ 7922.000, 7927.705, Evid. Code, § 1040, Civil Code, § 47.) Allowing public access to an agency's investigations or complaint files and inter-agency deliberations and communications could compromise the review and investigation of these matters and prejudice the outcome of current or future investigations or agency determinations.

Other than the statutes, regulations, and the internal processing guidelines referenced above, the Board does not have any regulations for the Board's use of dental consultants, the evaluation criteria used to determine whether evidence supports a violation, and the standards used when deciding whether to close a complaint.

III. DISCUSSION

A. Procedure and Background

The Petition was submitted on November 4, 2025, after the Board's standard close of business, two days before the Board's last quarterly meeting began on November 6, 2025. Due to the Bagley-Keene Open Meeting Act 10-day notice posting requirement in Government Code section 11125, Board discussion of the Petition could not be agendaized for that meeting. The petitioner was sent

confirmation of receipt of the Petition and advised the Board would consider the Petition at its next regularly scheduled meeting. The Board's staff also advised the petitioner in writing that this item would be heard at the February 2026 Board meeting.

In addition, in response to the petitioner's requests for identification of the regulations that govern the Board's use of dental consultants, evaluation criterion used to determine whether evidence supports a violation, and the standards used when deciding to close a complaint, the Board provided copies of the CCU desk procedures manuals and internet links to CCR, title 16, section 1018.1 (Board agents), BPC sections 129 (complaint receipt and closure) and 1601.2 (Board authority to license, regulate, discipline), the Board's Consumer Complaint Frequently Asked Questions, Overview of Enforcement Program and Process, and DCA Complaint Prioritization and Referral Guidelines.

The Board advised the petitioner that pursuant to BPC section 1601.2, the Board, on a case-by-case basis, enforces the provisions of the Dental Practice Act and supporting regulations, and pursuant to the APA, the Board adjudicates formal discipline. Regarding evaluative criteria used to determine whether evidence supports a violation, such criteria would be applied to violations of the Dental Practice Act on a case-by-case basis and reviewed pursuant to the applicable standards of practice. There is no statute, regulation, or Board manual setting forth evaluative criteria that must be applied to every case to determine whether evidence supports a violation.

If the Board decides to deny, in whole or in part, or grant, in whole or in part, the Petition, the Board's decision must be in writing and transmitted to OAL for publication in the California Regulatory Notice Register, as specified. (Gov. Code, § 11340.7, subd. (d).) Reference to the Board's authority to take the action requested must be identified in the decision.

If the Board grants the Petition, the Board would be required to set the matter for hearing as authorized under Government Code section 11340.7, subdivision (a), and satisfy the APA notice and hearing requirements. To do so, the Board would have to submit to OAL notice of a proposed action that complies with Government Code section 11346.5, that requires, in part, reference to the authority under which the regulation is proposed, and reference to the particular code sections or other provisions of law that are being implemented, interpreted, or made specific. The Board also would have to draft an informative digest of the proposed action and determine whether the regulation would impose a mandate as required by Government Code section 11346.5, subdivision (a)(2), (3), and (5). Further, the

Department of Finance would have to prepare a fiscal estimate as required by Government Code section 11346.5, subdivision (a)(6).

B. Analysis of the Petition

As noted above, the Petition requests the Board to (1) identify specific regulations, (2) initiate a formal rulemaking to adopt regulations, and (3) cite to existing regulations by section number and provide a copy. The Petition appears to assert the reason for the request is to obtain clarification and transparency regarding the regulatory framework used in complaint evaluation, so that: the public may understand the criteria applied; complainants are treated consistently statewide; the Board's processes comply with the APA; and decision-making procedures are visible, lawful, and reviewable.

Board staff responded to requests 1 and 3 of the Petition by letter and provided copies or internet links to all responsive records owned or prepared by the Board. At this time; it is unclear if the petitioner believes regulations are still necessary or what regulations the Board would promulgate to satisfy request number 2 to adopt regulations that clearly define the complaint evaluation process, the consultant review process, and the evidentiary standards guiding case closure.

The California Supreme Court has clarified regulations subject to the APA as follows:

A regulation subject to the APA thus has two principal identifying characteristics. [...] First, the agency must intend its rule to apply generally, rather than in a specific case. The rule need not, however, apply universally; a rule applies generally so long as it declares how a certain class of cases will be decided. [...] Second, the rule must 'implement, interpret, or make specific the law enforced or administered by [the agency], or ... govern [the agency's] procedure.' [...] Of course, interpretations that arise in the course of case-specific adjudication are not regulations, though they may be persuasive as precedents in similar subsequent cases." [Citations omitted.]

(*Tidewater Marine Western, Inc. v. Bradshaw* (1996) 14 Cal.4th 557, 571.) Notably, complaints, the violations alleged therein, evidence collected and received by the Board, and any interpretations of that evidence are made and evaluated on a case-by-case basis. This is especially true for alleged violations that involve the standard of care, such as negligence or incompetence. Expert testimony usually is required to prove the professional standard of care "unless the conduct required by the particular circumstances is within the common knowledge of the layman.

[Citation.]" (*Sinz v. Owens* (1949 33 Cal.2d 749, 753; see also *Flowers v. Torrance Memorial Hospital Medical Center* (1994) 8 Cal.4th 992, 1001.)

As noted above, pursuant to Government Code section 11340.9, subdivisions (d) and (e), which relate to internal management of Board staff and guidelines used in performing an investigation or in the prosecution of a case, the Board is not required to promulgate a regulation to implement internal procedures to manually process, evaluate, or investigate complaints or that would enable the violator to avoid detection, facilitate disregard of requirements imposed by law, and clearly give improper advance to a licensee against whom administrative disciplinary action may be taken. Further, the Board is not required to disclose information that reflects its investigative analysis or conclusion or provide justification of the need for secrecy on a case-by-case basis. (*Rackauckas v. Superior Court* (2002) 104 Cal.App.4th 169, 174.) Indeed, creating regulations to advise violators of the Board's evaluation criteria would compromise the review and investigation of alleged violations, make it easier for violators to circumvent laws and regulations, prejudice the outcome of current or future investigations or the Board's confidential deliberative process, and undermine the Board's ability to perform its enforcement functions.

Due to the variety of alleged violations under the Dental Practice Act in complaints submitted to the Board, varying evidence available to substantiate the violation, and potential need for standard of care review by various or independent experts, it is unclear how the Board could develop complaint evaluation and evidentiary standards regulations that would apply in every complaint case. Nevertheless, even if such standards could be possibly promulgated in regulation, such evaluation criteria likely would reveal staff and consultant investigative analysis of evidence and assist violators in avoiding Board investigation and enforcement.

Further, the Petition fails to specify any regulatory text for adoption, amendment, or repeal, provides no reference to the Board's authority under which the Board would take the action requested, and fails to identify the particular code sections or other provisions of law to be implemented, interpreted, or made specific. As such, the Board has no ability to provide notice of the proposed Board regulatory action, draft an informative digest, or determine whether the regulation would impose a mandate as required by Government Code section 11346.5, subdivision (a)(2), (3), and (5). In addition, without proposed regulatory text, the Department of Finance would be unable to prepare a fiscal estimate as required by Government Code section 11346.5, subdivision (a)(6).

In sum, the Board is unable to take any action in response to request 2 of the Petition because: (1) it is unclear whether the petitioner still believes the Petition is necessary; (2) it is unclear how regulations could even be drafted in a way to generally apply evaluation criteria to all complaints without giving violators information on how to avoid discipline; (3) the Petition did not provide regulatory text to adopt, amend, or repeal, so the Board would be unable to draft and post the required rulemaking documents; and (4) the Department of Finance also would be unable to prepare the required fiscal estimate. Furthermore, the Board is not required to promulgate a regulation to implement internal procedures to manually process, evaluate, or investigate complaints or that would enable the violator to avoid detection, facilitate disregard of requirements imposed by law, and clearly give improper advance to a licensee against whom administrative disciplinary action may be taken.

IV. RECOMMENDATIONS:

As required by the Government Code, the Board must take action on the petition. The following are the Board's options.

Option 1: Move to deny the Petition and approve the proposed Decision as drafted in Attachment 2 to be sent to the petitioner and for filing and publication in the California Regulatory Notice Register.

Recommendation: The Board has responded to Petition requests 1 and 3 by providing links and copies of existing responsive records. With respect to request 2, the Board is unable to take any further action as it is unclear whether the petitioner still believes the Petition is necessary or how regulations could be drafted to generally apply evaluation criteria to all complaints without giving violators information on how to avoid discipline, the Petition did not provide regulatory text to adopt, amend, or repeal, so the Board would be unable to draft and post the required rulemaking documents, and the Department of Finance also would be unable to prepare the required fiscal estimate. For these reasons, it is recommended the Board deny the Petition.

Option 2: Move to grant the Petition and set the matter for a hearing in accordance with Article 5 (commencing with Government Code section 11346) of the APA.

Recommendation: To set the matter for hearing as authorized under Government Code section 11340.7, subdivision (a), the Board must satisfy

the APA notice and hearing requirements. The Petition did not provide any proposed regulatory text, and it is unclear whether the Petition is still necessary or could even be drafted to generally apply evaluation criteria to all complaints without giving violators information on how to avoid discipline. The Board has no proposed regulatory text from the Petition, no corresponding statutory authority or reference provided by the Petition, no ability to draft a complete informative digest, and no ability to determine whether the regulation would impose a mandate as required by Government Code section 11346.5, subdivision (a)(2), (3), and (5). Further, without proposed regulatory text, the Department of Finance would be unable to prepare a fiscal estimate as required by Government Code section 11346.5, subdivision (a)(6). For these reasons, the recommendation would be to not grant the Petition.

Attachments:

1. Petition to Adopt, Amend, or Repeal Regulations Regarding Complaint Intake, Review, Evaluation, and Closure Procedure, dated November 4, 2025 (Redacted)
2. Proposed Denial Decision on Petition to Adopt, Amend, or Repeal Regulations Regarding Complaint Intake, Review, Evaluation, and Closure Procedure

that is forwarded or attached. If you are the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

From: Brandon Sotelo <[REDACTED]>
Sent: Tuesday, November 4, 2025 8:31 PM
To: DentalBoardComplaints@DCA <DentalBoardComplaints@dca.ca.gov>; Corbin, Paul@DCA <Paul.Corbin@dca.ca.gov>; OAL Reference Attorney@OAL <OALReferenceAttorney@oal.ca.gov>; OAL Reference Attorney@OAL <OALReferenceAttorney@oal.ca.gov>; piu@doj.ca.gov <piu@doj.ca.gov>; Voudouris, Annette@DCA <Annette.Voudouris@dca.ca.gov>
Cc: DentalBoardComplaints@DCA <DentalBoardComplaints@dca.ca.gov>; OAL Reference Attorney@OAL <OALReferenceAttorney@oal.ca.gov>; piu@doj.ca.gov <piu@doj.ca.gov>
Subject: PETITION TO ADOPT, AMEND, OR REPEAL A REGULATION

This Message Is From an External Sender

WARNING: This email originated from outside of the organization! Do not click links, open attachments, or reply, unless you recognize the sender's email.

Report Suspicious

(Government Code § 11340.6)

To:

Dental Board of California

2005 Evergreen Street, Suite 1550

Sacramento, CA 95815

dbc.enforcement@dca.ca.gov

From:

Brandon X. Sotelo

[REDACTED]

[REDACTED]

Re: Petition Regarding Complaint Handling Procedures and Use of Non-Codified Standards

I. Statement of Petition

Pursuant to Government Code § 11340.6, I respectfully petition the Dental Board of California (“Board”) to identify, adopt, amend, or repeal regulations necessary to ensure that the Board’s complaint intake, review, evaluation, and closure procedures are governed by regulations properly adopted under the Administrative Procedure Act (“APA”), Government Code § 11340 et seq.

This petition is being submitted to determine whether the Board’s complaint evaluation and closure procedures are governed by regulations properly adopted under the APA, or whether the Board is currently applying internal standards of general application that have not been formally adopted and published in the California Code of Regulations, in potential violation of Government Code § 11340.5.

I am not requesting disclosure of investigative notes or internal deliberations under Government Code § 7923.600. I am requesting identification of the governing regulations. If none exist, the Board is required to adopt them through formal rulemaking.

II. Background and Basis for This Petition

I filed complaints with the Board concerning alleged patient abandonment and unprofessional conduct by a licensed dentist. The complaints were closed, with the Board stating that the investigation “did not sustain a violation” of the Dental Practice Act.

Across multiple Board responses dated August 13, 2025; September 9, 2025; September 12, 2025; and October 17, 2025, the Board stated:

- “All laws and policies were followed,”
- A dental consultant was used to determine whether a violation occurred, and

- The Board could not disclose its “reasoning” or internal assessment.

However, the Board did not cite:

- The specific regulation(s) that govern how consultants evaluate complaints,
- The criteria used to determine whether evidence supports administrative action,
- The regulatory standard applied in evaluating alleged violations of Business and Professions Code § 1680, including patient abandonment.

Instead, the Board appears to rely on internal evaluation practices, which:

- Affect all complainants,
- Determine whether enforcement proceeds,
- Are not located in Title 16 of the California Code of Regulations,
- And were not adopted through the APA.

If the Board uses such standards in case determinations on a recurring, program-wide basis, those standards constitute rules of general application under 1 CCR § 55 and must be adopted as regulations. If they have not been adopted, they may constitute underground regulations prohibited by Government Code § 11340.5.

III. Request

Accordingly, I respectfully request that the Board:

1. Identify the specific regulation(s) in Title 16, CCR that govern:
 - The Board’s use of dental consultants,

- The evaluative criteria used to determine whether evidence supports a violation,
 - The standards used when deciding whether to close a complaint.
2. If no such regulation exists, initiate formal rulemaking under the APA to adopt regulations that clearly define:
- The complaint evaluation process,
 - The consultant review process,
 - The evidentiary standards guiding case closure.
3. If the Board maintains that existing regulations already govern these procedures, please **cite each regulation by section number and provide a copy.**

IV. Relief Sought

This petition does not request reconsideration or reversal of a specific case outcome.

This petition requests clarification and transparency regarding the regulatory framework used in complaint evaluation, so that:

- The public may understand the criteria applied,
- Complainants are treated consistently statewide,
- The Board's processes comply with the APA,
- And decision-making procedures are visible, lawful, and reviewable.

V. Conclusion

Clear and accessible regulatory standards benefit:

- The Board,
- Licensees,

- Complainants,
- And the public.

I request acknowledgment of this petition and a written response consistent with Government Code § 11340.7.

Thank you.

Signed:

Brandon X. Sotelo on 11/4/2025

**DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**DECISION ON PETITION TO ADOPT, AMEND, OR REPEAL REGULATIONS
REGARDING COMPLAINT INTAKE, REVIEW, EVALUATION, AND CLOSURE
PROCEDURE (DECISION)**

On November 4, 2025, Brandon Sotelo (petitioner) submitted a Petition to Adopt, Amend, or Repeal Regulations Regarding Complaint Intake, Review, Evaluation, and Closure Procedure (Petition) to the Dental Board of California (Board). Specifically, the Petition states the petitioner filed complaints with the Board alleging patient abandonment and unprofessional conduct by a licensed dentist. The Petition alleges the complaints were closed because the Board's investigation did not sustain a violation of the Dental Practice Act.

The Petition asserts the Board did not disclose its reasoning or internal assessment, and the Board did not cite to any of the following:

- The specific regulation(s) that govern how consultants evaluate complaints.
- The criteria used to determine whether evidence supports administrative action.
- The regulatory standard applied in evaluating alleged violations of Business and Professions Code (BPC) section 1680, including patient abandonment.

The Petition states that instead, the Board appears to rely on internal evaluation practices, which:

- Affect all complainants.
- Determine whether enforcement proceeds.
- Are not located in Title 16 of the California Code of Regulations (CCR).
- Were not adopted through the Administrative Procedure Act (APA) (Gov. Code, § 11340 et seq.).

The Petition asserts that if the Board uses such standards in case determinations on a recurring, program-wide basis, those standards constitute rules of general application under CCR, title 1, section 55 and must be adopted as regulations. If they have not been adopted, they may constitute underground regulations prohibited by Government Code section 11340.5.

The Petition requests the following:

1. For the Board to identify the specific regulation(s) in CCR, title 16 that govern: the Board's use of dental consultants; the evaluation criteria used to determine whether evidence supports a violation; and the standards used when deciding whether to close a complaint.
2. If no such regulation exists, for the Board to initiate formal rulemaking under the APA to adopt regulations that clearly define: the complaint evaluation process;

the consultant review process; and the evidentiary standards guiding case closure.

3. If the Board maintains that existing regulations already govern these procedures, for the Board to cite each regulation by section number and provide a copy.

The Petition did not identify any reference to Board authority to take the actions requested or specify the provisions in the CCR that the petitioner is requesting be adopted, amended, or repealed.

In accordance with Government Code section 11340.7, which prescribes the Board's response, this document serves as the Board's response to the Petition.

PROVISIONS OF THE CALIFORNIA CODE OF REGULATIONS REQUESTED TO BE AFFECTED: As noted above, the Petition did not identify any sections of the California Code of Regulations requested to be affected, but did describe the nature of the regulations sought to be adopted, amended, or repealed as noted above.

REFERENCE TO AUTHORITY TO TAKE THE REQUESTED ACTION: The Petition did not identify reference to the Board's authority to take the action requested.

AGENCY DETERMINATION: The Petition is denied.

REASONS SUPPORTING THE AGENCY DETERMINATION:

I. RELEVANT LAW AND BOARD GUIDELINES

A. Requirements Regarding Regulations

Government Code section 11324.600 defines "regulation" to mean every rule, regulation, order, or standard of general application or the amendment, supplement, or revision of any rule, regulation, order, or standard adopted by any state agency to implement, interpret, or make specific the law enforced or administered by it, or to govern its procedure.

CCR, title 1, section 250 defines "underground regulation" to mean any guideline, criterion, bulletin, manual, instruction, order, standard of general application, or other rule, including a rule governing a state agency procedure, that is a regulation as defined in Government Code section 11342.600, but has not been adopted as a regulation and filed with the Secretary of State pursuant to the APA and is not subject to an express statutory exemption from adoption pursuant to the APA.

Government Code section 11340.5, subdivision (a), provides that no state agency shall issue, utilize, enforce, or attempt to enforce any guideline, criterion, bulletin, manual, instruction, order, standard of general application, or other rule, which is a regulation, as defined, unless the guideline, criterion, bulletin, manual, instruction, order, standard of

general application, or other rule has been adopted as a regulation and filed with the Secretary of State pursuant to the APA.

The APA requirements do not apply to a regulation that relates only to the internal management of the state agency, a regulation that embodies the only legally tenable interpretation of a provision of law, or a regulation that establishes criteria or guidelines to be used by agency staff performing an investigation or in the prosecution of a case if disclosure of the criteria or guidelines would enable a law violator to avoid detection, facilitate disregard of requirements imposed by law, or give clearly improper advantage to a person who is in an adverse position to the state. (Gov. Code, § 11340.9, subds. (d), (e), (f).)

Government Code section 11340.6 generally authorizes any interested person to petition a state agency requesting the adoption, amendment, or repeal of a regulation (with limited exceptions). The petition shall state the following clearly and concisely: (a) the substance or nature of the regulation, amendment, or repeal requested; (b) the reason for the request; and (c) reference to the authority of the state agency to take the action requested. (*Ibid.*)

Upon receipt of a petition requesting adoption, amendment, or repeal of a regulation, Government Code section 11340.7 requires a state agency to (1) notify the petitioner in writing of the receipt of the petition and (2) within 30 days, either deny the petition in writing (indicating why the agency has reached its decision) or schedule the matter for public hearing in accordance with the notice and hearing requirements under Article 5 (commencing with Gov. Code, § 11346). The section further provides that an agency may grant or deny the petition in part, and may grant any other relief or take any other action as it may determine to be warranted by the petition. The section also sets forth reporting requirements of the decision of the agency.

B. Complaints Submitted to the Board, Evaluation, and Investigation

The Director of the Department of Consumer Affairs (DCA) receives consumer complaints concerning violations of the BPC relating to businesses and professions licensed by any DCA agency, and regulations promulgated pursuant thereto. (BPC, § 325.) The DCA Director is authorized to make investigations and prosecute actions concerning all matters relating to business activities and subjects under the jurisdiction of DCA. (Gov. Code, §§ 11180, 11181.) The DCA Director may delegate these powers to any officer of DCA to conduct the investigation or hearing. (Gov. Code, § 11182.)

The Board is within the jurisdiction of DCA and is charged with administering the Dental Practice Act by exercising licensing, regulatory, and disciplinary functions. (BPC, §§ 1601.1, subd. (a), 1601.2.) The Board receives complaints from members of the public and, upon receipt of a complaint against an individual licensed by the Board, is required to take the following actions (BPC, § 129):

- (1) Notify the complainant of the initial administrative action taken on the complainant's complaint within 10 days of receipt.
- (2) Notify the complainant of the final action taken on the complainant's complaint.

- (3) If the complaint is not within the jurisdiction of the Board or if the Board is unable to dispose satisfactorily of the complaint, the Board shall transmit the complaint together with any evidence or information it has concerning the complaint to the agency, public or private, whose authority in the opinion of the Board will provide the most effective means to secure the relief sought. The Board shall notify the complainant of this action and of any other means that may be available to the complainant to secure relief.
- (4) The Board shall, when the Board deems it appropriate, notify the person against whom the complaint is made of the nature of the complaint.

The Board is authorized to inspect books, records, and premises of any dentist licensed under the Dental Practice Act and the licensing documents, records, and premises of any dental assistant permitted under the Dental Practice Act in response to a complaint that a dentist or dental assistant has violated any law or regulation that constitutes grounds for disciplinary action by the Board, and may employ inspectors for this purpose. (BPC, § 1611.5.)

The Board's Executive Officer has delegated authority to investigate and prosecute actions against Board licensees and unlicensed individuals alleged to have violated the Dental Practice Act. (BPC, § 1616.6; CCR, tit. 16, § 1001, subs. (b).)

The Board's Enforcement Program is comprised of several units that receive complaints, perform inspections and investigations, and coordinate discipline. The Complaint and Compliance Unit (CCU) of the Enforcement Program performs complaint intake, which includes initial complaint review, including jurisdiction assessments, and if warranted, collecting dental records related to the complaint, obtaining an opinion from Board consultants to determine if a Dental Practice Act violation occurred, forwarding substantiated cases to the Investigations Unit, and closing unsubstantiated cases.

Each case is reviewed based on the allegations made in the complaint and the statutory and regulatory violations, and actions that may be taken on the case include:

- Pursuant to BPC section 129, closed for no jurisdiction and referred to the pertinent state agency.
- Closed as no violation.
- Referred for criminal prosecution.
- Issuance of citation.
- Transmittal to the Office of the Attorney General for preparation of formal disciplinary filings.

CCU staff utilize Desk Procedure Manuals that provide complaint initiation and processing instructions, including submitting complaint acknowledgement letters, and initiating cases in the DCA BreEZe system to track each case, and general case processing procedures.

The Board is authorized to employ individuals, other than peace officers, to perform investigative services and employ individuals to serve as experts. (BPC, § 154.2.) CCR, title 16, section 1018.1 establishes criteria for a Board licensee to serve as an agent of

the Board, such as a dental consultant, in various capacities, including to review written statements, dental records, radiographs, and other documents to evaluate the quality of care delivered by licensees who are the subject of complaints received by the Board. There are no guidelines or criteria that the Board uses to set standards for how an expert uses their discretion to determine in every case whether evidence supports a violation or when deciding whether to close a complaint.

Under the California Public Records Act (CPRA), complaint and investigatory files, which may include internal reports, case determinations, and consultant opinions, maintained by the Board, a state licensing agency, are exempt from public disclosure (Gov. Code, § 7923.600, subd. (a)). Government Code sections 7927.705 and 11181, subdivision (g), and Civil Code section 1798.24, subdivisions (e) and (o), make confidential records related to the investigation of unlawful activity that are divulged to another governmental agency responsible for enforcing laws related to the unlawful activity investigated or discovered.

Further, the CPRA exempts from public disclosure official information acquired in confidence by a public employee in the course of their duty and not open, or officially disclosed, to the public, as there is a necessity for preserving the confidentiality of the information that outweighs the necessity for disclosure in the interest of justice. (Gov. Code, §§ 7922.000, 7927.705, Evid. Code, § 1040, Civil Code, § 47.) Allowing public access to an agency's investigations or complaint files and inter-agency deliberations and communications could compromise the review and investigation of these matters and prejudice the outcome of current or future investigations or agency determinations.

Other than the statutes, regulations, and the internal processing guidelines referenced above, the Board does not have any regulations for the Board's use of dental consultants, the evaluation criteria used to determine whether evidence supports a violation, and the standards used when deciding whether to close a complaint.

II. DISCUSSION

A. Procedure and Background

The Petition was submitted on November 4, 2025, after the Board's standard close of business, two days before the Board's last quarterly meeting began on November 6, 2025. Due to the Bagley-Keene Open Meeting Act 10-day notice posting requirement in Government Code section 11125, Board discussion of the Petition could not be agendaized for that meeting. The petitioner was sent confirmation of receipt of the Petition and advised the Board would consider the Petition at its next regularly scheduled meeting. The Board's staff also advised the petitioner in writing that this item would be heard at the February 2026 Board meeting.

In addition, in response to the petitioner's requests for identification of the regulations that govern the Board's use of dental consultants, evaluation criterion used to determine whether evidence supports a violation, and the standards used when deciding to close a complaint, the Board provided copies of the CCU desk procedures manuals and internet links to CCR, title 16, section 1018.1 (Board agents), BPC sections 129 (complaint receipt

and closure) and 1601.2 (Board authority to license, regulate, discipline), the Board's Consumer Complaint Frequently Asked Questions, Overview of Enforcement Program and Process, and DCA Complaint Prioritization and Referral Guidelines.

The Board advised the petitioner that pursuant to BPC section 1601.2, the Board, on a case-by-case basis, enforces the provisions of the Dental Practice Act and supporting regulations, and pursuant to the APA, the Board adjudicates formal discipline. Regarding evaluative criteria used to determine whether evidence supports a violation, such criteria would be applied to violations of the Dental Practice Act on a case-by-case basis and reviewed pursuant to the applicable standards of practice. There is no statute, regulation, or Board manual setting forth evaluative criteria that must be applied to every case to determine whether evidence supports a violation.

If the Board decides to deny, in whole or in part, or grant, in whole or in part, the Petition, the Board's decision must be in writing and transmitted to OAL for publication in the California Regulatory Notice Register, as specified. (Gov. Code, § 11340.7, subd. (d).) Reference to the Board's authority to take the action requested must be identified in the decision.

If the Board grants the Petition, the Board would be required to set the matter for hearing as authorized under Government Code section 11340.7, subdivision (a), and satisfy the APA notice and hearing requirements. To do so, the Board would have to submit to OAL notice of a proposed action that complies with Government Code section 11346.5, that requires, in part, reference to the authority under which the regulation is proposed, and reference to the particular code sections or other provisions of law that are being implemented, interpreted, or made specific. The Board also would have to draft an informative digest of the proposed action and determine whether the regulation would impose a mandate as required by Government Code section 11346.5, subdivision (a)(2), (3), and (5). Further, the Department of Finance would have to prepare a fiscal estimate as required by Government Code section 11346.5, subdivision (a)(6).

B. Analysis of the Petition

As noted above, the Petition requests the Board to (1) identify specific regulations, (2) initiate a formal rulemaking to adopt regulations, and (3) cite to existing regulations by section number and provide a copy. The Petition appears to assert the reason for the request is to obtain clarification and transparency regarding the regulatory framework used in complaint evaluation, so that: the public may understand the criteria applied; complainants are treated consistently statewide; the Board's processes comply with the APA; and decision-making procedures are visible, lawful, and reviewable.

Board staff responded to requests 1 and 3 of the Petition by letter and provided copies or internet links to all responsive records owned or prepared by the Board. At this time; it is unclear if the petitioner believes regulations are still necessary or what regulations the Board would promulgate to satisfy request number 2 to adopt regulations that clearly define the complaint evaluation process, the consultant review process, and the evidentiary standards guiding case closure.

The California Supreme Court has clarified regulations subject to the APA as follows:

A regulation subject to the APA thus has two principal identifying characteristics. [...] First, the agency must intend its rule to apply generally, rather than in a specific case. The rule need not, however, apply universally; a rule applies generally so long as it declares how a certain class of cases will be decided. [...] Second, the rule must 'implement, interpret, or make specific the law enforced or administered by [the agency], or ... govern [the agency's] procedure.' [...] Of course, interpretations that arise in the course of case-specific adjudication are not regulations, though they may be persuasive as precedents in similar subsequent cases." [Citations omitted.]

(*Tidewater Marine Western, Inc. v. Bradshaw* (1996) 14 Cal.4th 557, 571.) Notably, complaints, the violations alleged therein, evidence collected and received by the Board, and any interpretations of that evidence are made and evaluated on a case-by-case basis. This is especially true for alleged violations that involve the standard of care, such as negligence or incompetence. Expert testimony usually is required to prove the professional standard of care "unless the conduct required by the particular circumstances is within the common knowledge of the layman. [Citation.]" (*Sinz v. Owens* (1949 33 Cal.2d 749, 753; see also *Flowers v. Torrance Memorial Hospital Medical Center* (1994) 8 Cal.4th 992, 1001.)

As noted above, pursuant to Government Code section 11340.9, subdivisions (d) and (e), which relate to internal management of Board staff and guidelines used in performing an investigation or in the prosecution of a case, the Board is not required to promulgate a regulation to implement internal procedures to manually process, evaluate, or investigate complaints or that would enable the violator to avoid detection, facilitate disregard of requirements imposed by law, and clearly give improper advance to a licensee against whom administrative disciplinary action may be taken. Further, the Board is not required to disclose information that reflects its investigative analysis or conclusion or provide justification of the need for secrecy on a case-by-case basis. (*Rackauckas v. Superior Court* (2002) 104 Cal.App.4th 169, 174.) Indeed, creating regulations to advise violators of the Board's evaluation criteria would compromise the review and investigation of alleged violations, make it easier for violators to circumvent laws and regulations, prejudice the outcome of current or future investigations or the Board's confidential deliberative process, and undermine the Board's ability to perform its enforcement functions.

Due to the variety of alleged violations under the Dental Practice Act in complaints submitted to the Board, varying evidence available to substantiate the violation, and potential need for standard of care review by various or independent experts, it is unclear how the Board could develop complaint evaluation and evidentiary standards regulations that would apply in every complaint case. Nevertheless, even if such standards could be possibly promulgated in regulation, such evaluation criteria likely would reveal staff and consultant investigative analysis of evidence and assist violators in avoiding Board investigation and enforcement.

Further, the Petition fails to specify any regulatory text for adoption, amendment, or repeal, provides no reference to the Board's authority under which the Board would take the action requested, and fails to identify the particular code sections or other provisions of law to be implemented, interpreted, or made specific. As such, the Board has no ability to provide notice of the proposed Board regulatory action, draft an informative digest, or determine whether the regulation would impose a mandate as required by Government Code section 11346.5, subdivision (a)(2), (3), and (5). In addition, without proposed regulatory text, the Department of Finance would be unable to prepare a fiscal estimate as required by Government Code section 11346.5, subdivision (a)(6).

In sum, the Board is unable to take any action in response to request 2 of the Petition because: (1) it is unclear whether the petitioner still believes the Petition is necessary; (2) it is unclear how regulations could even be drafted in a way to generally apply evaluation criteria to all complaints without giving violators information on how to avoid discipline; (3) the Petition did not provide regulatory text to adopt, amend, or repeal, so the Board would be unable to draft and post the required rulemaking documents; and (4) the Department of Finance also would be unable to prepare the required fiscal estimate. Furthermore, the Board is not required to promulgate a regulation to implement internal procedures to manually process, evaluate, or investigate complaints or that would enable the violator to avoid detection, facilitate disregard of requirements imposed by law, and clearly give improper advance to a licensee against whom administrative disciplinary action may be taken.

III. CONCLUSION

The Petition did not reference the Board authority to take the actions requested in the Petition as required by Government Code section 11340.6, subdivision (c). Further, the Board has responded to Petition requests 1 and 3. The Petition did not include proposed regulation text to resolve Petition request 2, so it is unclear how the Board would resolve the petitioner's concerns, if any, that may still exist following the Board's responses to requests 1 and 3. In addition, it is unclear and potentially impossible for the Board to create regulations to generally apply evaluation criteria to all complaints without giving violators information on how to avoid discipline. Rather, such evaluation necessarily is performed on a case-by-case basis.

If the Board granted the Petition and set the matter for hearing, the Board would be unable to satisfy the APA notice and hearing requirements. The Board has no proposed regulatory text from the Petition, no corresponding statutory authority or reference provided by the Petition, no ability to draft a complete informative digest, and no ability to determine whether the regulation would impose a mandate as required by Government Code section 11346.5, subdivision (a)(2), (3), and (5). Further, without proposed regulatory text, the Department of Finance would be unable to prepare a fiscal estimate as required by Government Code section 11346.5, subdivision (a)(6). For all of these reasons, the Board is denying the Petition.

AGENCY CONTACT PERSON:

Brant Nelson, Legislative and Regulatory Specialist

Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815
Telephone: (916) 263-2300
Fax No.: (916) 263-2140
E-mail: Brant.Nelson@dca.ca.gov

NOTICE TO INTERESTED PERSONS: Any interested persons have the right to obtain a copy of the Petition that is the subject of this decision by sending a request to the above-referenced agency contact person.

DATE OF DECISION: February 5, 2026

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	January 5, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 22.: Board President's Report on Closed Session Items

Background

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

Action Requested

No action 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	January 16, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 23.a.: Presentation of “Attorney General’s Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies, Business and Professions Code Section 312.2, January 1, 2026” – <i>Carl Sonne, Senior Assistant Attorney General, Office of the Attorney General, Department of Justice</i>

Background

Carl Sonne, Senior Assistant Attorney General, will provide a presentation on the Attorney General's Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies, Business and Professions Code Section 312.2, January 1, 2026. The Attorney General's Annual Report is attached. Please refer to page 22 of the attachment for the report on the Dental Board of California.

Action Requested

No action requested.



C A L I F O R N I A

DEPARTMENT OF JUSTICE

D I V I S I O N O F C I V I L L A W

Attorney General's Annual Report

on

Accusations Prosecuted for Department of Consumer Affairs Client Agencies

Business and Professions Code Section 312.2

January 1, 2026

Table of Contents

EXECUTIVE SUMMARY	1
BACKGROUND.....	1
Licensing Section and Health Quality Enforcement Section	1
Department of Consumer Affairs Client Agencies.....	2
Investigation Process	3
Administrative Adjudication Process.....	3
MEASURES REPORTED	4
METHODOLOGY	9
Case Management System	9
Data Presentation	9
CALIFORNIA BOARD OF ACCOUNTANCY	11
CALIFORNIA ACUPUNCTURE BOARD	12
CALIFORNIA ARCHITECTS BOARD	13
CALIFORNIA STATE ATHLETIC COMMISSION	14
BUREAU OF AUTOMOTIVE REPAIR	15
BOARD OF BARBERING AND COSMETOLOGY.....	16
BOARD OF BEHAVIORAL SCIENCES.....	17
CEMETERY AND FUNERAL BUREAU	18
BOARD OF CHIROPRACTIC EXAMINERS.....	19
CONTRACTORS STATE LICENSE BOARD	19
COURT REPORTERS BOARD OF CALIFORNIA	20
DENTAL BOARD OF CALIFORNIA.....	22
DENTAL HYGIENE BOARD OF CALIFORNIA	23
BUREAU OF HOUSEHOLD GOODS AND SERVICES	24
LANDSCAPE ARCHITECTS TECHNICAL COMMITTEE.....	25
LICENSED MIDWIVES PROGRAM (MEDICAL BOARD OF CALIFORNIA)	26
MEDICAL BOARD OF CALIFORNIA.....	26
CALIFORNIA BOARD OF NATUROPATHIC MEDICINE	28
CALIFORNIA BOARD OF OCCUPATIONAL THERAPY	29

CALIFORNIA STATE BOARD OF OPTOMETRY	30
OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA.....	30
CALIFORNIA STATE BOARD OF PHARMACY	32
PHYSICAL THERAPY BOARD OF CALIFORNIA	33
PHYSICIAN ASSISTANT BOARD OF CALIFORNIA.....	34
PODIATRIC MEDICAL BOARD OF CALIFORNIA	35
BUREAU FOR PRIVATE POSTSECONDARY EDUCATION	36
BOARD FOR PROFESSIONAL ENGINEERS, LAND SURVEYORS, AND GEOLOGISTS	37
PROFESSIONAL FIDUCIARIES BUREAU	38
CALIFORNIA BOARD OF PSYCHOLOGY.....	39
BUREAU OF REAL ESTATE APPRAISERS.....	40
BOARD OF REGISTERED NURSING	41
RESPIRATORY CARE BOARD OF CALIFORNIA	42
BUREAU OF SECURITY AND INVESTIGATIVE SERVICES	43
SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD	44
STRUCTURAL PEST CONTROL BOARD	45
VETERINARY MEDICAL BOARD	46
BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS	47
CONCLUSION	48
APPENDIX.....	49

EXECUTIVE SUMMARY

The Office of the Attorney General enforces laws that safeguard California consumers on behalf of licensing oversight agencies within the Department of Consumer Affairs. This public protection mission includes the fair and impartial enforcement of laws to ensure justice, safety, and liberty for all. Pursuant to Business and Professions Code section 312.2, the Office of the Attorney General reports annually by January 1 on the public protection work performed by the Office's Licensing Section and Health Quality Enforcement Section in representing the 36 licensing oversight agencies within the Department of Consumer Affairs. This is the ninth annual report by the Office of the Attorney General covering Fiscal Year 2024-25. It provides information concerning disciplinary accusation referrals received and adjudicated for each Department of Consumer Affairs client agency represented by the Licensing Section and the Health Quality Enforcement Section of the Office of the Attorney General.

In Fiscal Year 2024-25, 56% of the legal work performed by the Office's Licensing Section and Health Quality Enforcement Section was for the prosecution of accusations, which are the focus of this report. During the fiscal year, 3,457 accusation referrals were received from client agencies within the Department of Consumer Affairs. Five percent of accusation referrals to the Office of the Attorney General were rejected, and 11% required further investigation.

The Office of the Attorney General adjudicated 2,542 accusation referrals during Fiscal Year 2024-25. The accusations adjudicated were referred to this office in Fiscal Year 2024-25 or in a prior fiscal year. Multiple adjudications can occur when more than one licensee is included within one matter, each with different adjudication dates and types. Alternatively, multiple adjudications may occur when a client agency exercises its discretion to reject an original adjudication. Of the total adjudications, 55% were resolved by stipulated settlement, 29% by default, 12% by administrative hearing, and 4% by the withdrawal of accusations by the agencies.

BACKGROUND

Licensing Section and Health Quality Enforcement Section

The Licensing Section and the Health Quality Enforcement Section of the Attorney General's Civil Law Division specialize in California professional and vocational licensing law. The two sections represent 36 Department of Consumer Affairs licensing oversight agencies that issue multiple types of professional and vocational licenses. The Licensing Section and the Health Quality Enforcement Section provide legal representation to these agencies in many kinds of licensing matters to protect California consumers and enhance the quality of the professions and vocations. Liaison deputies also regularly consult with agency staff to advise them on jurisdictional, legal, and programmatic issues. Each section's legal staff also provide training for the Department of Consumer Affairs Division of Investigation, agency investigators, and agency staff.

Both sections prosecute licensing matters, including accusations (license disciplinary charges), which comprise 56% of their combined caseload. The balance of matters consists of:

- Statements of issues — appeal hearings when a license application has been denied.
- Interim suspension petitions — hearings before the Office of Administrative Hearings for immediate suspension of a license.
- Injunction proceedings — brought in superior court to stop unlicensed practice.

- Post-discipline matters — when a licensee petitions for reduction of penalty or reinstatement of a revoked license.
- Citations — appeal hearings when a citation and/or fine has been issued.
- Penal Code section 23 petitions — seeking a license restriction during the pendency of a criminal proceeding.
- Subpoena enforcement actions — to obtain records needed for the investigation of complaints.
- Judicial review proceedings — superior court review of final administrative decisions.
- Appeals — usually from superior court review proceedings.
- Civil litigation related to license discipline — defending agencies in civil lawsuits brought in state or federal courts.
- Third-party subpoenas — to obtain records in litigation from non-party client agencies.

Business and Professions Code section 312.2 requests data only for the prosecution of accusation matters by the two sections. Accusations are the primary component of the enforcement program for each licensing agency. The legal services in other types of licensing matters handled by the sections are not included in this report, except where accusations are combined with petitions to revoke probation or statements of issues.

Department of Consumer Affairs Client Agencies

The 36 Department of Consumer Affairs agencies represented by the Licensing Section and the Health Quality Enforcement Section each have different licensing laws, programs, and processes unique to their practice areas. A few agencies issue only one type of license, but most issue multiple license types. As a result, agencies differ in how they refer accusation matters to the Office of the Attorney General. Some agencies refer one matter for each licensee. Others refer multiple licensees involved in the same or related acts for which discipline will be sought in a single accusation. Nearly half of client agencies represented by the Licensing Section file a single accusation naming all licensees involved in the events underlying the disciplinary action. None of the agencies represented by the Health Quality Enforcement Section file a single accusation against multiple licensees. Instead, a separate accusation is filed against each licensee. When multiple licensees are involved in the same events, the accusations may be consolidated for hearing. Any agency may also refer additional investigations to this office for prosecution while an initial accusation matter is pending, and these subsequent investigations are counted as additional *accusation referrals* in this report.

There are also other differences in how client agencies respond to and participate in legal matters. Some agencies have higher default rates, and some have higher rates of representation by counsel in their accusation matters. The applicable burden of proof varies based on the type of professional, vocational, or business license. Generally, when there are specific educational and testing requirements to obtain a license, disciplinary charges must be proved by clear and convincing evidence to a reasonable certainty. Most accusation matters brought by Department of Consumer Affairs licensing agencies are subject to this burden of proof, but a few license types are subject to a lower burden of proof, i.e., preponderance of evidence. Generally, these are licenses that permit operation of a business at a specific location, such as an automotive repair dealership or pharmacy.

Currently, 16 Department of Consumer Affairs agencies are required to file their accusations within a prescribed statute of limitations, which generally ranges from one to five years, but may be longer in specific circumstances. All Department of Consumer Affairs client agencies are entitled to recover their costs of investigation and prosecution from respondents. The data included in this report are

consistent with each client's licensing programs and practices to the extent possible. However, as a result of variances among agencies, data are not typically comparable to each other in any meaningful way.

Investigation Process

Agencies also differ in how they investigate their cases. Most commonly, agencies investigate using their own staff, including inspectors, sworn and unsworn investigators, investigator assistants, or analysts. Certain kinds of cases must be referred to the Department of Consumer Affairs Division of Investigation, consistent with Complaint Prioritization Guidelines developed pursuant to Business and Professions Code section 328. The Medical Board and the Board of Podiatry prioritize their complaints under Business and Professions Code section 2220.05 and are excluded from the requirements of section 328. All agencies strive to investigate complaints efficiently and rely on the Attorney General's staff for counsel, as needed.

Administrative Adjudication Process

If the investigation reveals evidence that a licensee has violated the agency's practice act, the agency refers the matter to the Office of the Attorney General to initiate a legal proceeding to revoke, suspend, limit, or condition the license, which is called an *accusation*. (Gov. Code, § 11503.)

Upon receipt, a deputy attorney general reviews the transmitted evidence to determine its sufficiency to meet the requisite burden of proof and for any jurisdictional issues. If the evidence is insufficient and circumstances suggest additional avenues for evidentiary development, the deputy may request further investigation from the agency. When evidence is insufficient and further investigation is not recommended, and/or legal issues prevent prosecution, the Office of the Attorney General declines prosecution and the case is rejected.

Based on sufficient evidentiary support, a deputy attorney general prepares an accusation to initiate the agency's adjudicative proceeding. In some cases, when the accusation is being prepared, a deputy attorney general may request supplemental investigation. The accusation pleading is sent to the agency for signature by the executive director, executive officer, or other designated *complainant* for the agency. The accusation is *filed* when the complainant signs it. When charged in an accusation, a respondent has a right to an adjudicative hearing under the California Administrative Procedure Act (Gov. Code, §11500 et seq.). Once served with the accusation, the respondent must file a *notice of defense* within fifteen days, or is in default. Once the notice of defense has been received, a hearing is scheduled with the Office of Administrative Hearings. If no notice of defense is received or a respondent fails to appear at their hearing, then a default is prepared for presentation to the client agency.

The deputy attorney general prosecutes the accusation case before the Office of Administrative Hearings. Upon conclusion of the hearing, the case is submitted to the administrative law judge who presided over the hearing. The administrative law judge prepares a proposed decision and sends it to the agency for its board or committee's voting and decision. A stipulated settlement, which can include a public reprimand, probation, stipulated license surrender, or revocation, can occur at any time and is the most common method of adjudication of accusation matters.

The agency itself, through the board or committee, makes its decision in each accusation case. The agency can accept or reject a settlement, and if rejected, the proceedings will continue. After an

administrative hearing, the agency can accept the proposed decision issued by the administrative law judge. However, the agency may opt to reduce or increase the penalty or reject the proposed decision and order the hearing transcript. After review of the transcript and the evidence, the agency can then adopt the proposed decision or issue its own decision. Most cases are resolved when the agency accepts a stipulated settlement or proposed decision. But if not, additional proceedings ensue, which take more time.

Even after an agency's decision is issued, it may not be final. A respondent may exercise the right to petition for reconsideration and, if granted by the agency, the decision will be reconsidered. This can also happen if an agency decides a case based upon the default of a respondent for failure to file a timely notice of defense or failure to appear at a duly noticed hearing. Upon petition by the respondent, the agency can vacate the default decision and additional proceedings are conducted. Each of these types of *post-submission* events will lengthen the processing of a case and require further adjudication.

Once the agency's decision has been rendered, it is still subject to judicial review in administrative mandamus and appellate proceedings. In very few cases, judicial review under Civil Procedure Code section 1094.5 results in remand to the agency to conduct further administrative proceedings or reconsider its decision. In these cases, the final decision of the agency may be delayed by months or even years.

MEASURES REPORTED

The text of Business and Professions Code section 312.2 is set forth in its entirety in the attached appendix. We provide the following interpretation of terms and description of the manner in which data were gathered for each of the reporting metrics in subdivisions (a)(1)--(a)(7) and (b)(1)--(b)(6).

(a)(1) The number of accusation matters referred to the Attorney General.

Accusation matter means an investigation of one or more complaints that an agency has referred to the Office of the Attorney General. This office will review evidence and, if appropriate, prosecute the matter through the disciplinary process as an accusation.

Accusation matters are counted by each investigation report received that bears a distinct investigation number. Some agencies represented by the Licensing Section request that more than one respondent be named and prosecuted in a single accusation, in which case the investigation number is counted as an accusation matter for each respondent. Multiple investigations may be referred during the time that the Office of the Attorney General is prosecuting the agency's initial accusation referral, which can span different fiscal years. Each investigation received during the reporting period is counted for each respondent to which it pertains. Each accusation matter referred is counted in the fiscal year it is received. Multiple accusation matters may be consolidated, amended into, and combined into one accusation signed by a client.

(a)(2) The number of accusation matters rejected for filing by the Attorney General.
--

Rejected for filing describes the determination, made by a deputy attorney general with a supervisor's approval, that an accusation should not be filed. An accusation can be rejected for many reasons,

including: (1) the evidence submitted is insufficient to meet the burden of proof to sustain a cause for discipline under the agency's applicable practice act; (2) the events in question are not within the statute of limitations; and (3) disciplinary action is not supported by law or public policy. When prosecution is declined, the investigative file is returned to the client agency and the case is closed in the Office of the Attorney General.

A rejection for filing during the reporting period is counted once for each respondent to which the rejection pertains, without regard to the number of investigations referred to the Office of the Attorney General for consideration.

(a)(3) The number of accusation matters for which further investigation was requested by the Attorney General.

Further investigation requested describes an instance in which a deputy attorney general determines that the evidence in the investigation is insufficient to meet the burden of proof, but that there are avenues available to augment the evidence and support a cause for discipline under the agency's applicable practice act. With supervisory approval, the deputy may request further investigation from the agency, the Division of Investigation, or internally at the Office of the Attorney General. When further investigation is requested in a matter handled by the Licensing Section, the file remains open pending receipt of supplemental investigation and is documented accordingly. In the Health Quality Enforcement Section, the file is returned to the client agency and the matter is closed. The file is reopened if the matter is rereferred to the Office of the Attorney General with additional evidence.

Each request for further investigation made during the reporting period is counted in each matter, and is not necessarily associated with the number of referrals received in the matter, or the number of respondents to which the further investigation may pertain. There may be only one request for further investigation in a matter that contains more than one respondent or more than one investigation. There may also be more than one further investigation request made pertaining to a single respondent in a matter with only one referral.

(a)(4) The number of accusation matters for which further investigation was received by the Attorney General.

Further investigation received describes the additional investigation received as a result of further investigation requested, as described above. Very rarely will an agency refer a matter back to the Office of the Attorney General with an *additional* investigation and request reconsideration of a previous decision not to prosecute (i.e., rejection). If the matter is accepted for prosecution, this is also recorded as further investigation received. *Additional investigation received* is distinguished from a *new* referral of an accusation matter from a client agency, which is counted in subdivision (a)(1), but is not counted in (a)(4).

Each supplemental investigation received during the reporting period is counted in each matter and is not necessarily associated with the number of referrals received in the matter or the number of respondents to which the further investigation may pertain.

(a)(5) The number of accusations filed by each constituent entity.

Accusation means the initial accusation filed in a matter to initiate proceedings to revoke or suspend a license against one or more respondents, and any subsequent amended accusation filed in the matter. Accusations may be amended during the pendency of a case for a variety of reasons, most commonly because the client agency refers an additional investigation of a new complaint and the accusation is amended to add new causes for discipline based on the new investigation. *Filed* means the accusation or amended accusation is signed by the agency's designee, known as the complainant, who is usually the executive officer or executive director of the agency. The accusation is filed on the date the document is signed.

Each accusation or amended accusation filed during the reporting period is counted and reported under subdivision (a)(5).

(a)(6) The number of accusations a constituent entity withdraws.

On occasion, the complainant *withdraws* the accusation after it has been filed, terminating the prosecution of the accusation matter. A common reason for an accusation to be withdrawn is the death of the respondent against whom the accusation is filed. In other cases, the evidentiary basis for the matter may change during litigation, evidence received from a respondent in the course of discovery may lead to re-evaluation of the merits of the case, or the client agency may direct the complainant to withdraw the accusation after a board vote.

A withdrawal of an accusation is counted once for each respondent named in an accusation.

(a)(7) The number of accusation matters adjudicated by the Attorney General.

Adjudication means that the work of the Office of the Attorney General has been completed and the case will be brought before the agency's decision maker for its final decision. There are four types of adjudicative events: (1) a default decision and order is prepared and sent to the agency because a respondent did not file a notice of defense or failed to appear at a duly noticed administrative hearing; (2) a stipulated settlement is signed by a respondent and sent to the agency, which considers the acceptance of the disposition of the matter for that respondent; (3) the submission of the case at the conclusion of an administrative hearing to an administrative law judge to prepare a proposed decision, and the decision is sent to the agency for its consideration; and (4) withdrawal of an accusation by the complainant, which terminates the matter. An adjudicative event for each respondent named in an accusation is necessary before the matter is fully adjudicated. Every adjudicative event that occurs during the reporting period is counted.

Multiple adjudicative events can also occur in cases with only a single respondent. This happens when an agency does not accept a stipulated settlement, does not adopt a proposed decision submitted by an administrative law judge, grants reconsideration of its decision, or when a superior court judge remands the matter to the agency for further consideration and the Attorney General's Office reopens the matter for additional handling consistent with the court order.

(b)(1) The average number of days from the Attorney General receiving an accusation referral to when an accusation is filed by the constituent entity.

The date that each accusation referral is received in the Office of the Attorney General is documented. The calculation of the average reported for subdivision (b)(1) begins on the date of receipt of the first accusation referral in each matter and ends on the date the complainant signs the initial accusation. Amended accusations received after the client agency's initial referral are not included in the average.

(b)(2) The average number of days to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received by the Attorney General from a constituent entity or the Division of Investigation.

Prepare an accusation in subdivision (b)(2) is different from *filing an accusation* in subdivision (b)(1). An accusation is *prepared* (i.e., the preparation is based on a deputy attorney general's familiarization with the technical subject matter issues, thorough review of the evidence and expert reports to determine chargeable causes for discipline, then drafting, and supervisory review of the accusation) by the assigned deputy and then sent to the complainant at the agency to be reviewed, approved, and signed.

Rereferred means the date when supplemental investigation has been received by the Office of the Attorney General in response to a request for further investigation, or, in rare cases, following rejection of an accusation matter.

The calculation of the average reported for subdivision (b)(2) begins on the date each initial accusation referral was received in the Office of the Attorney General – including time for initial review of the matter, request for further investigation, further investigation conducted, receipt of the supplemental investigation by the Office of the Attorney General from the agency, re-review by the deputy, and the deputy preparing the accusation – and ends on the date the deputy sends the prepared accusation to the complainant for review and filing in each matter. The average may also include the review of additional referrals received while further investigation is being conducted on the initial referral.

Notably, the matters that required further investigation before preparation of an accusation reported in subdivision (b)(2) are included in the average number of days to file accusations reported in subdivision (b)(1). As a consequence, delays in *preparing* accusations for cases that required further investigation generally will increase the average number of days to *file* the agency's accusations (reported in subdivision (b)(1)).

(b)(3) The average number of days from an agency filing an accusation to the Attorney General transmitting a stipulated settlement to the constituent entity.

Settlements are negotiated according to authorization provided by the complainant based on the agency's published disciplinary guidelines. A stipulated settlement is provided to the agency's decision maker who decides whether to accept the settlement as its disposition of the case against the respondent.

The calculation of the average reported for subdivision (b)(3) begins on the date of filing for the initial accusation in each matter, and ends on the date the stipulated settlement for each respondent is sent to the agency for its consideration.

(b)(4) The average number of days from an agency filing an accusation to the Attorney General transmitting a default decision to the constituent entity.

If a respondent fails to send a notice of defense to the assigned deputy attorney general or agency within 15 days after service of the accusation, or fails to appear at a duly noticed administrative hearing on the accusation, the respondent is in default. The agency can opt to present the case to an administrative law judge without participation by the respondent, who has defaulted. However, most often the agency requests that the deputy prepare a default decision and order for the agency's decision maker to consider issuing as its final decision against the respondent. Many agencies have delegated authority to their executive officers to adopt default decisions as a matter of course, without consideration by the board itself.

The calculation of the average reported for subdivision (b)(4) begins on the date each initial accusation in a matter is filed, and ends on the date of transmission of the default decision and order to the agency for each respondent.

(b)(5) The average number of days from an agency filing an accusation to the Attorney General requesting a hearing date from the Office of Administrative Hearings.

After a notice of defense has been received from each respondent named in an accusation, the deputy attorney general assigned to the matter is responsible for coordinating with opposing counsel, unrepresented respondents, prosecution witnesses, and the Office of Administrative Hearings to determine a hearing date when everyone is available. The deputy attorney general prepares a request to set the hearing based on this coordination and sends it to the Office of Administrative Hearings to calendar the hearing.

The calculation of the average reported for subdivision (b)(5) begins on the date the initial accusation in each matter is filed, and ends on the date the request to set a hearing is sent to the Office of Administrative Hearings. Infrequently, a request to set a hearing is done more than once in a case, usually because a continuance has been granted. Only the first request to set a hearing in a case is included in calculating the average.

(b)(6) The average number of days from the Attorney General's receipt of a hearing date from the Office of Administrative Hearings to the commencement of a hearing.

When the Office of Administrative Hearings receives the request to set hearing sent by the deputy attorney general, the hearing date is set on its calendar and the parties are informed of the hearing date. Unless an intervening motion for a continuance is granted by an administrative law judge, the hearing will commence on that date and, depending on the length of the hearing and intervening factors, may conclude on the same day or at a later date.

The calculation of the average reported for subdivision (b)(6) begins on the date the deputy attorney general receives notice from the Office of Administrative Hearings that the hearing date has been set,

and ends on the date the hearing actually commences. When motions to continue hearings are granted, the commencement of hearings are delayed, and the average number of days will increase as a consequence.

METHODOLOGY

Case Management System

This report is based on data entered by legal professionals in ProLaw, the case management system of the Office of the Attorney General. Each matter received from a client by the Licensing Section and the Health Quality Enforcement Section is opened in this system. Rules for data entry have been created by the sections and are managed by the Case Management Section of the Office of the Attorney General, which dictates the definitions, dating, entry, and documentation for each data point. Section-specific protocols, business processes, and uniform standards across all professionals responsible for data entry ensure the consistency, veracity, and quality of the reported data. The data entered has been verified to comply with established standards. The data markers in administrative cases have been used to generate the counts and averages in this report. Every effort has been made to report data in a transparent, accurate, and verifiable manner. The Office of the Attorney General continues to improve its technology, systems, and protocols, and to integrate these improvements into its business routines and operations.

Data Presentation

The information required to be reported by Business and Professions Code section 312.2 has been organized separately for each constituent entity in the Department of Consumer Affairs represented by the Licensing Section and the Health Quality Enforcement Section of the Office of the Attorney General.

Each entry includes the number and types of licenses issued by the agency, which were taken from the 2022 Annual Report of the California Department of Consumer Affairs, containing data from Fiscal Year 2021-22, or otherwise verified by the licensing agency. The report can be found online at: www.dca.ca.gov/publications/annual_reports.shtml.

Each client agency is unique and should not be compared to others. The following California Department of Consumer Affairs website contains links for further information: www.dca.ca.gov/about_us/entities.shtml.

Any applicable statute of limitations has been included for each client agency's entry, as well as the frequency of agency accusations naming more than one respondent.

Table 1 on the entry for each agency provides the *counts* for various aspects of accusation matters as requested under subdivision (a) of Business and Professions Code section 312.2, such as the number of accusation referrals received and the number of accusations filed [subds. (a)(1) and (a)(5)]. The numbers listed are related to the number of captured events and do not reflect distinct accusation matters or respondents.

Table 2 provides metrics required under Business and Professions Code subdivision (b) of section 312.2, which are based on accusation matters adjudicated during the year as reported under

subdivision (a)(7). We have included the mean, median, standard deviation, and number of values in the data set. The average expresses the central or typical value in a set of data, which is most commonly known as the arithmetic mean. The central value in an ordered set of data is the median. Compared to the median, the mean is more sensitive to extreme values, or *outliers*, and the number of values. When the mean and median are nearly equivalent, that is a likely indicator that there are few extreme values in the data set. However, when there is a large difference between the mean and median, it is likely that extreme values are skewing the data. The standard deviation (SD) for a data set reflects dispersion. A low SD indicates that data points tend to be close to the mean, while a high SD indicates that data points are spread out over a wider range of values.

The individual client agency entries that follow have been organized in alphabetical order for convenience.

CALIFORNIA BOARD OF ACCOUNTANCY

The California Board of Accountancy regulated 67,877 licensees in Fiscal Year 2023-24, with four license types. Most complaints received by the board are investigated by the board's own investigators, who are either certified public accountants or analysts. Some investigations are assisted by the Office of the Attorney General and the board's Enforcement Advisory Committee through the taking of testimony under oath of licensees under investigation. There were multiple respondents in about 25% of the board's accusation cases referred to the Office of the Attorney General in Fiscal Year 2024-25. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	33
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	2
(4) accusation matters for which further investigation was received by the Attorney General.	2
(5) accusations filed.	32
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	38

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	146	143	69	33
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	153	153	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	107	67	96	28
(4) from the filing of an accusation to when a default decision is sent to the agency.	40	35	17	6
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	79	87	35	7
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	151	140	38	3

CALIFORNIA ACUPUNCTURE BOARD

The California Acupuncture Board regulated 15,122 licenses, registrations, certificates and permits in Fiscal Year 2023-24, with two license types, including Licensed Acupuncturist. Complaints received by the board are investigated by the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	2
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	1
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	1

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	7	7	0	1
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	1774	1774	0	1
(4) from the filing of an accusation to when a default decision is sent to the agency.	0	0	0	0
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	0	0	0	0
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

CALIFORNIA ARCHITECTS BOARD

The California Architects Board regulated 21,536 licensees in Fiscal Year 2023-24, with one license type — Architect. Most complaints received by the board are investigated by the board's own staff and architect consultants and, when appropriate, referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. The statute of limitations to file an accusation is generally five years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	5
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	3
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	0

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters -	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	0	0	0	0
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	0	0	0	0
(4) from the filing of an accusation to when a default decision is sent to the agency.	0	0	0	0
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	0	0	0	0
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

CALIFORNIA STATE ATHLETIC COMMISSION

The California State Athletic Commission regulated 3,320 licensees in Fiscal Year 2023-24 with eight license types. There is no statute of limitations within which to file accusations for this agency.

There were no accusation prosecution data for this agency in Fiscal Year 2024-25.

BUREAU OF AUTOMOTIVE REPAIR

The Bureau of Automotive Repair regulated 62,104 licensees in Fiscal Year 2023-24, with 14 license types. Complaints and other matters are investigated by the bureau's own program representatives. There were multiple respondents in approximately 52% of the bureau's accusation cases referred to the Office of the Attorney General in Fiscal Year 2024-25. The statute of limitations to file an accusation is generally three years from the act or omission charged in the accusation. However, the bureau may file an accusation alleging fraud or misrepresentation within two years after the discovery, by the bureau, of the alleged facts constituting the fraud or misrepresentation.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	265
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	3
(4) accusation matters for which further investigation was received by the Attorney General.	1
(5) accusations filed.	137
(6) accusations withdrawn.	4
(7) accusation matters adjudicated by the Attorney General.	147

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	110	110	64	102
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	50	50	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	237	243	126	39
(4) from the filing of an accusation to when a default decision is sent to the agency.	85	56	89	70
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	104	95	58	40
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	201	175	100	24

BOARD OF BARBERING AND COSMETOLOGY

The Board of Barbering and Cosmetology regulated 551,028 licensees in Fiscal Year 2023-24 with 13 license types. The board receives consumer complaints and routinely inspects establishments for health and safety. The board's cases are investigated by the board's own inspectors or other staff, and when appropriate, may also be referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. Approximately 14% of the board's accusation cases referred to the Office of the Attorney General in Fiscal Year 2024-25 had multiple respondents. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(3) accusation matters referred to the Attorney General.	114
(4) accusation matters rejected for filing by the Attorney General.	4
(3) accusation matters for which further investigation was requested by the Attorney General.	10
(4) accusation matters for which further investigation was received by the Attorney General.	8
(5) accusations filed.	104
(6) accusations withdrawn.	6
(7) accusation matters adjudicated by the Attorney General.	103

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	136	112	78	93
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	182	135	130	8
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	171	125	142	55
(4) from the filing of an accusation to when a default decision is sent to the agency.	76	50	68	25
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	99	83	67	34
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	197	155	125	16

BOARD OF BEHAVIORAL SCIENCES

The Board of Behavioral Sciences regulated 126,172 licensees in Fiscal Year 2023-24 with eight license types. Most complaints received by the board are investigated by the board's own investigators or staff, or referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit, when appropriate. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	51
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	6
(4) accusation matters for which further investigation was received by the Attorney General.	6
(5) accusations filed.	57
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	53

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	77	76	48	51
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	113	109	32	7
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	182	161	104	35
(4) from the filing of an accusation to when a default decision is sent to the agency.	133	58	119	9
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	107	108	59	20
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	163	157	61	7

CEMETERY AND FUNERAL BUREAU

The Cemetery and Funeral Bureau regulated 10,538 licensees in Fiscal Year 2023-24 with 14 license types. Most complaints received by the bureau are investigated by the bureau's field representatives or staff or referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit, when appropriate. None of the bureau's accusation cases referred to the Office of the Attorney General in Fiscal Year 2024-25 had multiple respondents. The statute of limitations to file an accusation is generally three years from the act or omission for cemetery licensees and two years for funeral licensees charged in the accusation.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	2
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	0
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	5

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	75	69	20	3
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	212	219	10	3
(4) from the filing of an accusation to when a default decision is sent to the agency.	0	0	0	0
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	41	41	0	1
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	226	226	95	2

BOARD OF CHIROPRACTIC EXAMINERS

The Board of Chiropractic Examiners regulated 16,895 licensees in Fiscal Year 2023-24 with three license types. Most complaints received by the board are investigated by the board's own investigators or staff, or referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit, when appropriate. There is no statute of limitations within which to file accusations for this agency. All licensees subject to an order of probation issued on or after July 1, 2019, must provide a probation disclosure to their patients or their patients' guardians or health care surrogates prior to their first visit.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	36
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	6
(4) accusation matters for which further investigation was received by the Attorney General.	6
(5) accusations filed.	26
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	17

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	116	105	103	16
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	169	154	101	5
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	233	203	153	11
(4) from the filing of an accusation to when a default decision is sent to the agency.	36	39	8	4
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	94	71	78	6
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	290	290	0	1

CONTRACTORS STATE LICENSE BOARD

The Contractors State License Board regulated 269,883 licensees in Fiscal Year 2023-24 with two license types and many classifications. Most complaints received by the board are investigated by the board's own enforcement representatives, some of whom are sworn investigators. Approximately 27% of the board's accusation cases referred to the Office of the Attorney General in Fiscal Year 2024-25 had multiple respondents, including licensees affiliated with respondents that are entities. The statute of limitations to file an accusation is generally four years from an act or omission charged in the accusation.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(5) accusation matters referred to the Attorney General.	514
(6) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	25
(4) accusation matters for which further investigation was received by the Attorney General.	16
(5) accusations filed.	260
(6) accusations withdrawn.	6
(7) accusation matters adjudicated by the Attorney General.	288

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	125	111	86	230
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	128	113	89	19
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	300	296	190	99
(4) from the filing of an accusation to when a default decision is sent to the agency.	81	52	79	142
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	171	126	195	58
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	143	148	58	26

COURT REPORTERS BOARD OF CALIFORNIA

The Court Reporters Board of California regulated 5,710 licensees in Fiscal Year 2023-24, with two license types. Most complaints received by the board are investigated by the board's own staff, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	11
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	5
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	4

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	101	121	39	4
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	220	220	30	2
(4) from the filing of an accusation to when a default decision is sent to the agency.	42	42	0	1
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	103	103	61	2
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	337	337	0	1

DENTAL BOARD OF CALIFORNIA

The Dental Board of California regulated 82,093 licensees in Fiscal Year 2023-24, with 19 license types. Most complaints received by the board are investigated by the board's own staff or investigators, some of whom are sworn investigators. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	141
(2) accusation matters rejected for filing by the Attorney General.	2
(3) accusation matters for which further investigation was requested by the Attorney General.	12
(4) accusation matters for which further investigation was received by the Attorney General.	13
(5) accusations filed.	117
(6) accusations withdrawn.	2
(7) accusation matters adjudicated by the Attorney General.	94

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	77	61	71	90
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	91	90	51	9
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	260	243	125	67
(4) from the filing of an accusation to when a default decision is sent to the agency.	161	85	169	16
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	136	112	127	40
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	132	147	41	6

DENTAL HYGIENE BOARD OF CALIFORNIA

The Dental Hygiene Board of California regulated 19,007 licensees in Fiscal Year 2023-24, with four license types. Most complaints received by the board are investigated by board staff: an enforcement analyst and a non-sworn special investigator. However, some complaints require assistance from Dental Board Investigators, who are sworn officers and have jurisdiction over a dental office. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	18
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	2
(5) accusations filed.	23
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	21

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	98	96	54	21
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	281	281	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	172	121	129	17
(4) from the filing of an accusation to when a default decision is sent to the agency.	57	42	26	3
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	66	70	28	6
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

BUREAU OF HOUSEHOLD GOODS AND SERVICES

The Bureau of Household Goods and Services regulated 39,321 licensees in Fiscal Year 2023-24 with 15 license types. Most complaints received by the bureau are investigated by the bureau's own investigators or staff, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	2
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	2
(4) accusation matters for which further investigation was received by the Attorney General.	1
(5) accusations filed.	4
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	4

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	274	193	172	4
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	211	211	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	0	0	0	0
(4) from the filing of an accusation to when a default decision is sent to the agency.	107	107	44	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	0	0	0	0
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	160	160	0	1

LANDSCAPE ARCHITECTS TECHNICAL COMMITTEE

The Landscape Architects Technical Committee regulated 3,588 licensees in Fiscal Year 2023-24, with one license type — Landscape Architect. Most complaints received by the committee are investigated by the committee's own enforcement staff, and some are reviewed by the committee's subject matter experts. When appropriate, complaints may be referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

There were no accusation prosecution data for this agency in Fiscal Year 2024-25.

LICENSED MIDWIVES PROGRAM (MEDICAL BOARD OF CALIFORNIA)

The Medical Board of California, Licensed Midwives Program, regulated 474 licenses, registrations, certificates and permits in Fiscal Year 2023-24, with one license type — Licensed Midwife. Complaints received by the Midwives Program are investigated by the Department of Consumer Affairs Division of Investigation, Health Quality Investigation Unit. There is no specific statute of limitations within which to file accusations for this program. However, because licensed midwives are within the jurisdiction of the Medical Board of California, accusations are filed within the same limitations period pertaining to the Medical Board, which is generally three years from the discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	2
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	1
(5) accusations filed.	2
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	1

Table 2 are based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	77	77	0	1
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	544	544	0	0
(4) from the filing of an accusation to when a default decision is sent to the agency.	0	0	0	0
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	0	0	0	0
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

MEDICAL BOARD OF CALIFORNIA

The Medical Board of California regulated 172,575 licenses, registrations, certificates and permits of 11 types in Fiscal Year 2023-24 (excluding Licensed Midwives, data for which is set forth on the preceding page). Data for Physicians and Surgeons, Research Psychoanalysts, and Polysomnographic Program are consolidated below. Complaints received by the board are investigated by its in-house Complaint Investigation Office or by the Department of Consumer Affairs Division of Investigation, Health Quality Investigation Unit. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	441
(2) accusation matters rejected for filing by the Attorney General.	56
(3) accusation matters for which further investigation was requested by the Attorney General.	89
(4) accusation matters for which further investigation was received by the Attorney General.	100
(5) accusations filed.	293
(6) accusations withdrawn.	6
(7) accusation matters adjudicated by the Attorney General.	299

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	127	98	110	289
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	260	195	185	27
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	317	260	298	231
(4) from the filing of an accusation to when a default decision is sent to the agency.	93	81	51	21
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	136	66	194	123
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	211	191	98	38

CALIFORNIA BOARD OF NATUROPATHIC MEDICINE

The California Board of Naturopathic Medicine regulated 1,037 licensees in Fiscal Year 2023-24, with one type of license — Naturopathic Doctor. Complaints received by the board are investigated by the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. There is no statute of limitations within which to file accusations for this agency.

There were no accusation prosecution data for this agency in Fiscal Year 2024-25.

CALIFORNIA BOARD OF OCCUPATIONAL THERAPY

The California Board of Occupational Therapy regulated 21,116 licensees in Fiscal Year 2023-24, with four license types. Most complaints received by the board are investigated by the board's own investigators or staff, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	23
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	3
(4) accusation matters for which further investigation was received by the Attorney General.	2
(5) accusations filed.	26
(6) accusations withdrawn.	3
(7) accusation matters adjudicated by the Attorney General.	28

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	121	116	62	28
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	110	110	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	249	247	99	10
(4) from the filing of an accusation to when a default decision is sent to the agency.	54	51	22	10
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	149	83	90	5
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	91	109	37	5

CALIFORNIA STATE BOARD OF OPTOMETRY

The California State Board of Optometry includes the Dispensing Optician Committee. The board regulated 17,105 licensees in Fiscal Year 2023-24, with seven types of licenses. Most complaints received by the board are investigated by the board's own staff or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	12
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	2
(5) accusations filed.	10
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	7

Table 2 are based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	93	89	42	6
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	156	87	133	4
(4) from the filing of an accusation to when a default decision is sent to the agency.	119	119	83	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	235	235	0	1
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

The Osteopathic Medical Board of California regulated 15,277 licenses and permits in Fiscal Year 2023-24, with two types of licenses — Osteopathic Physician and Surgeon, and Postgraduate Training License. Complaints received by the bureau are investigated by the Department of Consumer Affairs Division of Investigation, Health Quality Investigation Unit. The Statute of limitation to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	19
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	2
(4) accusation matters for which further investigation was received by the Attorney General.	4
(5) accusations filed.	16
(6) accusations withdrawn.	2
(7) accusation matters adjudicated by the Attorney General.	20

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	113	80	92	19
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	134	134	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	321	252	312	12
(4) from the filing of an accusation to when a default decision is sent to the agency.	65	53	35	3
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	67	69	32	3
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	426	252	285	3

CALIFORNIA STATE BOARD OF PHARMACY

The California State Board of Pharmacy regulated 138,272 licensees in Fiscal Year 2023-24, with 40 license types. The board receives consumer complaints and routinely inspects pharmacies for compliance. Most complaints received by the board are investigated by the board's own inspectors, who are licensed pharmacists themselves. There were multiple respondents in about 16% of the board's accusation cases referred to the Office of the Attorney General in Fiscal Year 2024-25. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	189
(2) accusation matters rejected for filing by the Attorney General.	6
(3) accusation matters for which further investigation was requested by the Attorney General.	18
(4) accusation matters for which further investigation was received by the Attorney General.	18
(5) accusations filed.	151
(6) accusations withdrawn.	7
(7) accusation matters adjudicated by the Attorney General.	213

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	122	105	86	190
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	124	126	52	18
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	310	251	246	117
(4) from the filing of an accusation to when a default decision is sent to the agency.	109	63	152	65
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	141	94	155	61
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	104	86	48	24

PHYSICAL THERAPY BOARD OF CALIFORNIA

The Physical Therapy Board of California regulated 39,189 licenses, registrations, permits and certificates in Fiscal Year 2023-24, with four license types, including Physical Therapist and Physical Therapist Assistant. Complaints received by the board are investigated by the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	43
(2) accusation matters rejected for filing by the Attorney General.	2
(3) accusation matters for which further investigation was requested by the Attorney General.	6
(4) accusation matters for which further investigation was received by the Attorney General.	4
(5) accusations filed.	26
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	22

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	120	84	108	22
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	356	356	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	237	245	126	13
(4) from the filing of an accusation to when a default decision is sent to the agency.	159	97	134	5
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	95	91	61	6
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	136	138	39	6

PHYSICIAN ASSISTANT BOARD OF CALIFORNIA

The Physician Assistant Board regulated 17,972 licensees in Fiscal Year 2023-24, with one license type — Physician Assistant. Complaints received by the board are investigated by the Department of Consumer Affairs Division of Investigation, Health Quality Investigation Unit. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	28
(2) accusation matters rejected for filing by the Attorney General.	2
(3) accusation matters for which further investigation was requested by the Attorney General.	4
(4) accusation matters for which further investigation was received by the Attorney General.	2
(5) accusations filed.	22
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	22

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	160	122	148	22
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	731	731	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	320	270	207	13
(4) from the filing of an accusation to when a default decision is sent to the agency.	112	103	46	5
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	84	80	51	4
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	242	201	128	3

PODIATRIC MEDICAL BOARD OF CALIFORNIA

The Podiatric Medical Board regulated 2,671 licenses, registrations, certificates and permits in Fiscal Year 2023-24, with one license type — Doctor of Podiatric Medicine. Complaints received by the board are investigated by the Department of Consumer Affairs Division of Investigation, Health Quality Investigation Unit. The statute of limitations generally requires accusations to be filed within three years after the discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	10
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	2
(5) accusations filed.	11
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	8

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	148	118	78	8
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	256	238	80	7
(4) from the filing of an accusation to when a default decision is sent to the agency.	0	0	0	0
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	152	55	157	3
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	287	287	0	1

BUREAU FOR PRIVATE POSTSECONDARY EDUCATION

The Bureau for Private Postsecondary Education issues three types of approvals that authorize private postsecondary institutions to operate. It regulated 1,087 licensees in Fiscal Year 2023-24. The bureau does not employ investigators, and most complaints are investigated by the board's own staff or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	33
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	4
(4) accusation matters for which further investigation was received by the Attorney General.	3
(5) accusations filed.	24
(6) accusations withdrawn.	2
(7) accusation matters adjudicated by the Attorney General.	15

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	122	123	63	14
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	104	104	85	2
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	218	218	12	2
(4) from the filing of an accusation to when a default decision is sent to the agency.	47	33	30	8
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	24	24	4	2
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	266	266	160	2

BOARD FOR PROFESSIONAL ENGINEERS, LAND SURVEYORS, AND GEOLOGISTS

The Board for Professional Engineers, Land Surveyors, and Geologists regulated 106,785 licensees in Fiscal Year 2023-24 with 23 license types. The board does not employ investigators and most complaints are investigated by the board's own staff or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit, when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	21
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	2
(4) accusation matters for which further investigation was received by the Attorney General.	1
(5) accusations filed.	25
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	29

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	141	103	144	26
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	339	284	145	4
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	314	236	211	15
(4) from the filing of an accusation to when a default decision is sent to the agency.	57	35	31	5
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	197	211	30	3
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	239	175	142	5

PROFESSIONAL FIDUCIARIES BUREAU

The Professional Fiduciaries Bureau regulated 837 licensees in Fiscal Year 2023-24, with one license type — Professional Fiduciary. Complaints received by the bureau are investigated by the bureau's own staff, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	0
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	1
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	2

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	161	161	0	1
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	160	160	0	1
(4) from the filing of an accusation to when a default decision is sent to the agency.	0	0	0	0
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	0	0	0	0
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

CALIFORNIA BOARD OF PSYCHOLOGY

The California Board of Psychology regulated 22,409 licenses, registrations, certificates and permits in Fiscal Year 2023-24, with three license types, including Psychologist and Psychological Associate. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	29
(2) accusation matters rejected for filing by the Attorney General.	4
(3) accusation matters for which further investigation was requested by the Attorney General.	8
(4) accusation matters for which further investigation was received by the Attorney General.	1
(5) accusations filed.	19
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	21

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	90	56	87	21
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	122	122	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	256	251	133	14
(4) from the filing of an accusation to when a default decision is sent to the agency.	74	74	46	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	87	64	55	10
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	202	221	106	4

BUREAU OF REAL ESTATE APPRAISERS

The Bureau of Real Estate Appraisers regulated 8,879 licensees in Fiscal Year 2023-24, with six license types. Most complaints received by the bureau involved violations of the Uniform Standards of Professional Appraisal Practice and are investigated by the bureau's own staff of investigators who each hold a certified appraiser license. Federal law directs the resolution of administrative actions within one year after a complaint is filed with the bureau.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	3
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	2
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	3

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	68	34	59	3
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	157	157	10	2
(4) from the filing of an accusation to when a default decision is sent to the agency.	23	23	0	1
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	0	0	0	0
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

BOARD OF REGISTERED NURSING

The Board of Registered Nursing regulated 664,734 licenses in Fiscal Year 2023-24, with 11 license types. Most complaints received by the board are investigated by the board's own staff of investigators, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	968
(2) accusation matters rejected for filing by the Attorney General.	51
(3) accusation matters for which further investigation was requested by the Attorney General.	110
(4) accusation matters for which further investigation was received by the Attorney General.	102
(5) accusations filed.	912
(6) accusations withdrawn.	37
(7) accusation matters adjudicated by the Attorney General.	819

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	96	81	78	790
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	172	130	130	85
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	209	203	124	485
(4) from the filing of an accusation to when a default decision is sent to the agency.	74	54	62	204
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	117	105	71	223
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	161	153	88	78

RESPIRATORY CARE BOARD OF CALIFORNIA

The Respiratory Care Board of California regulated 21,324 licensees in Fiscal Year 2023-24, with one license type — Respiratory Care Practitioner. Complaints received by the board are investigated by board staff. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	17
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	22
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	23

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	97	72	67	23
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	154	155	54	2
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	216	191	141	12
(4) from the filing of an accusation to when a default decision is sent to the agency.	148	109	92	9
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	144	113	136	8
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	189	192	34	4

BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

The Bureau of Security and Investigative Services regulated 523,891 licensees in Fiscal Year 2023-24 with 28 license types. Most complaints received by the bureau are investigated by the bureau's own staff, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. Twenty-two percent of the bureau's accusation cases referred to the Office of the Attorney General in Fiscal Year 2024-25 had multiple respondents. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	43
(2) accusation matters rejected for filing by the Attorney General.	8
(3) accusation matters for which further investigation was requested by the Attorney General.	12
(4) accusation matters for which further investigation was received by the Attorney General.	12
(5) accusations filed.	22
(6) accusations withdrawn.	2
(7) accusation matters adjudicated by the Attorney General.	20

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	124	98	115	17
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	97	100	32	4
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	676	580	326	5
(4) from the filing of an accusation to when a default decision is sent to the agency.	41	35	11	6
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	324	78	673	8
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	411	77	779	6

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board regulated 31,686 licenses, certificates, permits and registrations in Fiscal Year 2023-24 with 13 license types, including Speech and Language Pathologist, Audiologist, Dispensing Audiologist, Speech Language Pathology Assistant, and Hearing Aid Dispenser. Complaints received by the board are investigated by the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. There is no generally applicable statute of limitations within which to file accusations for this agency, with the exception of certain kinds of violations for which an accusation must be filed within three or four years from the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	2
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	3
(5) accusations filed.	4
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	6

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	86	84	22	6
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	104	104	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	259	247	54	6
(4) from the filing of an accusation to when a default decision is sent to the agency.	0	0	0	0
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	104	104	56	2
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

STRUCTURAL PEST CONTROL BOARD

The Structural Pest Control Board regulated 23,088 licensees in Fiscal Year 2023-24, with three license types. Most complaints received by the board are investigated by the board's own staff of investigators, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There were multiple respondents in about 11% of the board's accusation cases referred to the Office of the Attorney General in Fiscal Year 2024-25. The statute of limitations generally requires a complaint to be received by the board within two years from an alleged act or omission, and the accusation to be filed within 18 months after the board's receipt of the complaint.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	24
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	3
(4) accusation matters for which further investigation was received by the Attorney General.	3
(5) accusations filed.	15
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	17

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	64	62	37	11
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	295	250	177	9
(4) from the filing of an accusation to when a default decision is sent to the agency.	103	81	63	6
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	222	222	174	2
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	55	56	10	3

VETERINARY MEDICAL BOARD

The Veterinary Medical Board regulated 35,025 licensees in Fiscal Year 2023-24, with five license types. The board receives consumer complaints and routinely inspects veterinary hospital premises for compliance. The board's cases are investigated by the board's own inspectors or other staff and, when appropriate, may also be referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. There were multiple respondents in about 4% of the board's accusation cases referred to the Office of the Attorney General in Fiscal Year 2024-25. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	127
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	5
(4) accusation matters for which further investigation was received by the Attorney General.	5
(5) accusations filed.	41
(6) accusations withdrawn.	3
(7) accusation matters adjudicated by the Attorney General.	37

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	146	121	99	34
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	165	106	106	6
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	225	224	122	23
(4) from the filing of an accusation to when a default decision is sent to the agency.	62	48	32	7
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	169	128	157	13
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	407	357	213	3

BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS

The Board of Vocational Nursing and Psychiatric Technicians regulated 120,287 licensees in Fiscal Year 2023-24 with two license types — Vocational Nurse and Psychiatric Technician. Most complaints received by the board are investigated by the board's own staff or investigators, and are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2024-25.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of -	Count
(1) accusation matters referred to the Attorney General.	230
(2) accusation matters rejected for filing by the Attorney General.	17
(3) accusation matters for which further investigation was requested by the Attorney General.	29
(4) accusation matters for which further investigation was received by the Attorney General.	27
(5) accusations filed.	234
(6) accusations withdrawn.	7
(7) accusation matters adjudicated by the Attorney General.	208

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	82	77	54	202
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	128	128	66	26
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	220	221	125	69
(4) from the filing of an accusation to when a default decision is sent to the agency.	73	48	72	89
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	100	85	74	63
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	156	159	57	40

CONCLUSION

This is the ninth annual report by the Office of the Attorney General pursuant to Business and Professions Code section 312.2, which became effective on January 1, 2016. The Attorney General's Annual Reports on Accusations Prosecuted for Department of Consumer Affairs Client Agencies, including the prior seven reports, are available on the Attorney General's website oag.ca.gov/publications.

We anticipate that this report will facilitate collaboration among the Office of the Attorney General, Office of Administrative Hearings, and Department of Consumer Affairs, all of which join in responsibility for protection of the public through efficiency in adjudicating accusation matters. If you have any questions regarding this report, or if you would like additional information, please contact Monica Anderson, Chief Assistant Attorney General, at (916) 210-6867.

APPENDIX

Business and Professions Code section 312.2 states:

- (a) The Attorney General shall submit a report to the department, the Governor, and the appropriate policy committees of the Legislature on or before January 1, 2018, and on or before January 1 of each subsequent year that includes, at a minimum, all of the following for the previous fiscal year for each constituent entity within the department represented by the Licensing Section and Health Quality Enforcement Section of the Office of the Attorney General:
 - (1) The number of accusation matters referred to the Attorney General.
 - (2) The number of accusation matters rejected for filing by the Attorney General.
 - (3) The number of accusation matters for which further investigation was requested by the Attorney General.
 - (4) The number of accusation matters for which further investigation was received by the Attorney General.
 - (5) The number of accusations filed by each constituent entity.
 - (6) The number of accusations a constituent entity withdraws.
 - (7) The number of accusation matters adjudicated by the Attorney General.
- (b) The Attorney General shall also report all of the following for accusation matters adjudicated within the previous fiscal year for each constituent entity of the department represented by the Licensing Section and Health Quality Enforcement Section:
 - (1) The average number of days from the Attorney General receiving an accusation referral to when an accusation is filed by the constituent entity.
 - (2) The average number of days to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received by the Attorney General from a constituent entity or the Division of Investigation.
 - (3) The average number of days from an agency filing an accusation to the Attorney General transmitting a stipulated settlement to the constituent entity.
 - (4) The average number of days from an agency filing an accusation to the Attorney General transmitting a default decision to the constituent entity.
 - (5) The average number of days from an agency filing an accusation to the Attorney General requesting a hearing date from the Office of Administrative Hearings.

- (6) The average number of days from the Attorney General's receipt of a hearing date from the Office of Administrative Hearings to the commencement of a hearing.
- (c) A report to be submitted pursuant to subdivision (a) shall be submitted in compliance with Section 9795 of the Government Code.

MEMORANDUM

DATE	January 9, 2026
TO	Members of the Dental Board of California
FROM	Ryan Blonien, Enforcement Chief Dental Board of California
SUBJECT	Agenda Item 23.b.: Enforcement – Review of Statistics and Trends

The Dental Board's Enforcement Division is made up of four different units with a main office in Sacramento (Northern office) and a field office located in Orange (Southern office), which all work together to help fulfill the Board's mission and vision of consumer protection. The Complaint and Compliance Unit is the first step in the complaint process, and they handle the intake of all complaints received. The Investigation and Inspection Units, comprised of both sworn investigators, special investigators and inspectors review the complaints that warrant further investigation or inspection and complete an investigation to determine if violations of the Dental Practice Act occurred and if further action is warranted, such as discipline. The Discipline Coordination Unit works with the Office of the Attorney General and refers cases, assists with settlements, and coordinates discipline against licensees. The final step in the Enforcement Division is compliance. This includes probation monitoring, compliance monitoring (Public Reprovals), and citation monitoring. Desk analysts handle the majority of the cases for monitoring and help ensure the licensees successfully comply with their requirements.

Currently, the Enforcement Division is recruiting for one Sworn Investigator position and one Supervising Sworn Investigator position.

The following are the Enforcement Division statistics for both Northern and Southern offices:

Number of Complaint Cases Received between October 1, 2025 to December 31, 2025

Between October 1, 2025, and December 31, 2025, CCU received **1,114** complaints.

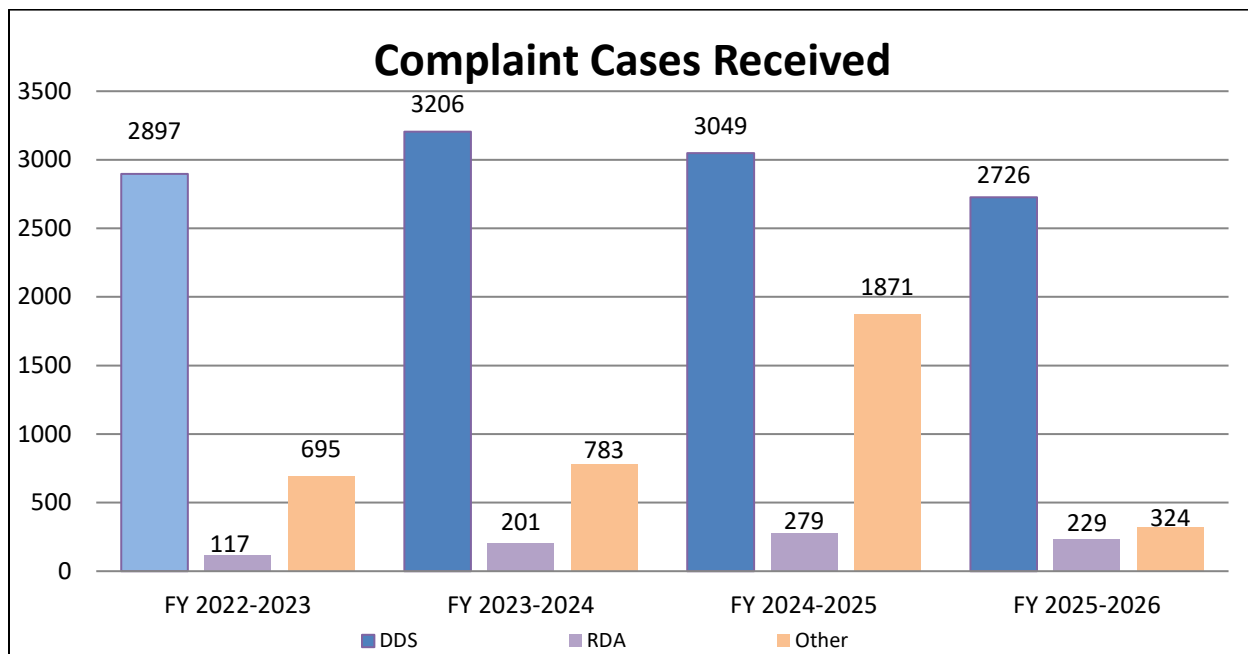
Between October 1, 2025, and December 31, 2025, there were **2,208** complaints closed without referral for investigation.

As of December 31, 2025, there are **388** SAR cases are open.

Number of Complaint Cases Received

The graph below shows the number of complaint cases received by fiscal year for the current year fiscal year 2025-2026 and the past three fiscal years.

Complaints Received				
Fiscal Year & Quarter	Dentists	RDA	Other	Total
FY 2022-2023	2,897	117	695	3,709
FY 2023-2024	3,206	201	783	4,190
FY 2024-2025	3,049	279	678	4,006
FY 2025-2026 (July-December)	2,726	229	324	3,279
Total	11,878	826	2,480	15,184



Number of Investigative Cases Open

As of December 31, 2025, there **1,117** investigative cases open in the Board's Enforcement Units. A breakdown of the cases is as follows:

Investigative Cases Open	
Enforcement Units	December 31, 2025
Sacramento Non-Sworn	138
Orange Non-Sworn	148
Sacramento Sworn	63
Orange Sworn	160
Pending Assignment	608
Total	1,117

Case Aging for Enforcement Cases

The chart below shows the case aging for all enforcement cases from inception through closure or referral to the Office of the Attorney General between October 1, 2025, and December 31, 2025. A breakdown of the case aging is as follows:

Investigative Case Aging		
Investigation Age	As of December 31, 2025	Percent (%)
0 – 3 Months	41	21%
3 – 6 Months	40	21%
6 – 9 Months	16	8%
9 – 12 Months	10	5%
1 – 2 Years	43	22%
2 – 3 Years	44	23%
3+ Years	1	<1%
Total	195	100%

*Case aging includes the time the case was received through investigation and until a closure or referral for discipline code was entered.

Administrative and Disciplinary Action

Cases Assigned to the Office of the Attorney General

Between October 1, 2025, and December 31, 2025, there were **49** cases transmitted to the AG. Of those 49 cases, 28 were referred for dentists and 21 were referred for dental auxiliaries.

As of December 31, 2025, there are **222** cases pending at the AG.

Accusations/Petitions to Revoke/Statement of Issues/Amended Pleadings

Between October 1, 2025, and December 31, 2025, there were **29** pleadings filed with the AG.

Discipline Imposed and Cases Closed

Between October 1, 2025, and December 31, 2025, there were **24** cases closed in the Discipline Coordination Unit. A breakdown of the closures is as follows:

Discipline Coordination Unit Closed Cases			
Closure Type	October	November	December
Revocation	2	1	1
Surrender	4	2	2
Probation	3	3	3
Public Reprimand	0	0	0
Other (withdrawal, etc.)	1	2	0
Total	10	8	6

**The consolidated cases closed are not represented in the chart above.*

As of June 30, 2025, the Board ordered \$421,677.34 in cost recovery related to disciplinary actions taken. Of the amount ordered, the Board collected \$385,607.30 of outstanding cost recovery as of June 30, 2025. All cost recovery ordered and collected is report for each fiscal year on the Board's Annual Report posted on the Department of Consumer Affairs website.

Citations

Between October 1, 2025, and December 31, 2025, there were **88** citations issued. Citations are issued for investigative cases not rising to the level of discipline such as unprofessional conduct, failure to report convictions, compliance issues with inspections, and failure of non-compliance with continuing education audits.

Probation and Compliance Monitoring Number of Probation Cases Open

As of December 31, 2025, there are **125** probationer cases being monitored. Of those, **120** active probationers and **5** are tolling. A breakdown of the probation cases is as follows:

Field Office	Active Probationers	Tolling Probationers
Sacramento IAU	50	0
Sacramento Field Office	0	4
Orange IAU	69	1
Orange Field Office	1	0
Total	120	5

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	January 21, 2026
TO	Members of the Dental Board of California
FROM	Brant Nelson, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 24.a.: Status Update on Pending Regulations

Background

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

Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1005 Regarding Minimum Standards for Infection Control

Summary of Proposed Changes:

A summary of the proposed changes can be found within the [May 14-15, 2025 Board meeting materials](#).

Update:

The proposed text was approved by the Board at its May 14-15, 2025, meeting. Board staff submitted the proposed text to the Dental Hygiene Board of California (DHBC) for review and consideration.

At its meeting on July 19, 2025, the DHBC approved the Board's approved text, and thereby reaching consensus. Board staff have taken the necessary steps to begin the rulemaking process, which includes drafting the necessary regulatory documents (i.e., Notice and Initial Statement of Reasons, etc.) and are working with Regulations Counsel to finalize the documents for departmental review.

Update on Rulemaking to Amend CCR, Title 16, Sections 1021, 1028, 1028.4, 1028.5, 1030, and 1035, and Repeal Sections 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1032.7, 1032.8, 1032.9, 1032.10, 1033.1, 1034, and 1036.01 Regarding Applications for Dentist Licensure and Fees

Summary of Proposed Changes:

A summary of the proposed changes can be found within the [August 14, 2025, Board meeting materials](#).

Update:

This rulemaking was approved by the Board at its February 6-7, 2025, Board meeting. Board staff presented a rulemaking proposal to update the Board's application regulations for licensure by examination and other applications for dentist licensure to reflect changes in law and regulations as well as changes to the Licensing Unit's processes and procedures. A summary of the previously proposed changes can be found within the [February 6-7, 2025 Board meeting materials](#).

Board staff drafted an initial rulemaking package, which includes the proposed text, Notice and Initial Statement of Reasons (ISOR) explaining the regulation's purpose and impact. After internal review by the Department of Consumer Affairs' Regulations Unit, including Regulations Counsel and the DCA Budget Office, Regulations and Board Counsel and staff identified revisions to the proposed text. The changes to the proposed text, approved by the Dental Board at its August 14, 2025 Board meeting, can be found within the [August 14, 2025 Board meeting materials](#).

The regulations package was approved by the Director on December 1, 2025, and is currently under review by the Business, Consumer Services & Housing Agency (BCSH).

Action Requested

This item is informational only. 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	January 21, 2026
TO	Members of the Dental Board of California (Board)
FROM	Brant Nelson, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 25.a.: Discussion and Possible Action to Amend Business and Professions Code (BPC) Sections 1621, 1628, 1633, 1635.5, 1638.1, 1724, 1750.1, 1753, 1753.5, 1754.5, and 1755, and Repeal BPC Section 1632.6 Regarding Dentistry

Background

The Board approved several legislative proposals at its November 2024, February 2025, May 2025, and November 2025 meetings to resolve various issues stemming from the enactment of the Board's sunset bill, Senate Bill (SB) 1453 (Ashby, Chapter 483, Statutes of 2024).

Unable to incorporate the proposals in a committee cleanup bill or stand-alone bill last year, Board staff worked with the California Dental Association and Assemblymember Juan Alanis (R-Modesto) to incorporate the Board's legislative proposals into his [Assembly Bill \(AB\) 873 \(Alanis, 2025\)](#). A summary of the history of AB 873 can be found within the [August 14, 2025 Board materials](#). On July 14, 2025, Assemblymember Alanis pulled AB 873 from hearing, and it is now a two-year bill pending in the Senate Business, Professions and Economic Development Committee.

To advance the legislative proposals approved by the Board, staff recommend the Board sponsor a standalone Board Sunset Cleanup Bill. The legislative proposal, Attachment 1 hereto, seeks to pursue the Board's legislative changes through a consolidated legislative vehicle.

The following table sets forth the Board-approved legislative items for the Board Sunset Cleanup Bill and the date they were previously approved by the Board.

Legislative Item	Date Board Approved
27.a. Legislative Proposal to Amend BPC Sections 1628 and 1633 Regarding Dentist Licensure Requirements	November 7-8, 2024

Agenda Item 25.a.: Discussion and Possible Action to Amend Business and Professions Code (BPC) Sections 1621, 1628, 1633, 1635.5, 1638.1, 1724, 1750.1, 1753, 1753.5, 1754.5, and 1755, and Repeal BPC Section 1632.6 Regarding Dentistry
Dental Board of California Meeting
February 5-6, 2026

27.b. Legislative Proposal to Amend BPC Section 1635.5 Regarding Licensure by Credential Pathway Requirements	November 7-8, 2024
27.c. Legislative Proposal to Amend BPC Section 1638.1 Regarding EFCS Permit Credentialing Committee Member Removal	November 7-8, 2024
25.a. Legislative Proposal to Amend BPC Section 1638.1 Regarding Elective Facial Cosmetic Surgery Permits	February 6-7, 2025
25.b. Legislative Proposal to Amend BPC Sections 1725, 1753.52, 1754.5 and 1755 Regarding Dental Assisting Courses	February 6-7, 2025
21.a. Legislative Proposal to Amend BPC Section 1724(a) to Remove Dentist Licensure Fee for Repealed Portfolio Pathway	May 14-15, 2025
21.d. Legislative Proposal to Amend BPC Section 1753 and 1753.5 Regarding Authorized Duties and Procedures of Registered Dental Assistants in Extended Functions	May 14-15, 2025
24.a. Legislative Proposal to Amend BPC Section 1621 and Repeal BPC Section 1632.6 Regarding Portfolio Examinations	November 6-7, 2025

Board staff also propose amending BPC section 1750.1 to correct cross-references in the dental assisting and Registered Dental Assistant in Extended Functions (RDAEF) duties that inadvertently were not updated when other amendments were made in SB 1453. Board staff also propose additional amendments to BPC section 1753 to clean up the RDAEF examination administration language following amendments to that section in SB 1453.

While amendments to BPC sections 1754.5 and 1755 were approved by the Board, as set forth in the above table, these sections were subsequently revised in the effort to incorporate these changes into AB 873 by the Board's Executive Committee. On February 5, 2026, the Dental Assisting Council (Council) will review the additional amendments to clarify and implement BPC sections 1750.1, 1753, 1754.5, and 1755 for potential recommendation to the Board for approval. The Council Chair will provide an update on the Council's recommendation during Agenda Item 8.

Action Requested

The Board is asked to consider the proposed legislative changes comprising the Board Sunset Cleanup Bill. If the Board agrees with the Council's recommendation to amend

BPC sections 1750.1, 1753, 1754.5, and 1755 as discussed above, the Board is asked to make one of the following motions:

- Option 1 (support the proposed recommendation): Move to approve for submission to the California State Legislature the legislative proposal in **Attachment 1** to amend Business and Professions Code sections 1621, 1628, 1633, 1635.5, 1638.1, 1724, 1750.1, 1753, 1753.5, 1754.5, and 1755, and repeal Business and Professions Code Section 1632.6 regarding dentistry.
- Option 2 (support the proposed recommendation as revised during this meeting): Move to approve for submission to the California State Legislature the legislative proposal in **Attachment 1**, a revised during this meeting, to amend Business and Professions Code sections 1621, 1628, 1633, 1635.5, 1638.1, 1724, 1750.1, 1753, 1753.5, 1754.5, and 1755, and repeal Business and Professions Code Section 1632.6 regarding dentistry.
- Option 3 (no action): If the Board does not wish to act on the recommendation, no motion is needed.

Attachment

1. Legislative Proposal to Amend Business and Professions Code Sections 1621, 1628, 1633, 1635.5, 1638.1, 1724, 1750.1, 1753, 1753.5, 1754.5, and 1755, and Repeal Business and Professions Code Section 1632.6 Regarding Dentistry

DENTAL BOARD OF CALIFORNIA

LEGISLATIVE PROPOSAL TO AMEND SECTIONS 1621, 1628, 1633, 1635.5, 1638.1, 1724, 1750.1, 1753, 1753.5, 1754.5, AND 1755, AND REPEAL SECTION 1632.6 OF THE BUSINESS AND PROFESSIONS CODE

Proposed amendments are indicated in underline for new text and ~~striketrough~~ for deleted text.

Amend Section 1621 of the Business and Professions Code as follows:

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

- (a) Possession of a valid license to practice dentistry in this state or possession of a valid license in one of the registered dental assistant categories licensed under this chapter.
- (b) Practice as a licensed dentist or in a licensure category described in subdivision (a) for at least five years preceding the examiner's appointment.
- (c) Hold no position as an officer or faculty member at any college, school, or institution that provides instruction in the same licensure category as that held by the examiner.
~~This subdivision shall not apply to a portfolio examiner.~~

Amend Section 1628 of the Business and Professions Code as follows:

1628. Any person over 18 years of age is eligible to take an examination before the board upon making application therefor and meeting all of the following requirements:

- (a) Paying the fee for applicants for examination provided by this chapter.
- (b) Furnishing satisfactory evidence of having graduated from a dental college approved by the board or by the Commission on Dental Accreditation of the American Dental Association and presenting satisfactory evidence of having completed at dental school or schools the full number of academic years of undergraduate courses required for graduation. For purposes of this article, "dental college approved by the board" or "approved dental school" include a foreign dental school accredited by a body that has a reciprocal accreditation agreement with any commission or accreditation organization whose findings are accepted by the board.
- ~~(c) Furnishing the satisfactory evidence of financial responsibility or liability insurance for injuries sustained or claimed to be sustained by a dental patient in the course of the examination as a result of the applicant's actions.~~

(~~cd~~) If the applicant has been issued a degree of doctor of dental medicine or doctor of dental surgery by a foreign dental school, the applicant shall furnish all of the following documentary evidence to the board:

(1) That the applicant has completed, in a dental school or schools approved by the board pursuant to Section 1636.5 or accredited pursuant to Section 1636.4, a resident course of professional instruction in dentistry for the full number of academic years of undergraduate courses required for graduation.

(2) Subsequent thereto, the applicant has been issued by the dental school a dental diploma or a dental degree, as evidence of the successful completion of the course of dental instruction required for graduation.

(~~de~~) Any applicant who has been issued a dental diploma from a foreign dental school that has not, at the time of the applicant's graduation from the school, been approved by the board pursuant to Section 1636.5 or accredited pursuant to Section 1636.4 shall not be eligible for examination until the applicant has successfully completed a minimum of two academic years of education at a dental college approved by the board pursuant to Article 1 (commencing with Section 1024) of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations and has been issued a degree of doctor of dental medicine or doctor of dental surgery or its equivalent. This subdivision shall not apply to applicants who have successfully completed the requirements of Section 1636 as it read before it was repealed on January 1, 2004, on or before December 31, 2003, or who have successfully completed the requirements of Section 1628.2 on or before December 31, 2008. An applicant who has successfully completed the requirements of Section 1636 as it read before it was repealed on January 1, 2004, on or before December 31, 2003, or who has successfully completed the requirements of Section 1628.2 on or before December 31, 2008, shall be eligible to take the examination required by Section 1632, subject to the limitations set forth in subdivisions (b) and (~~e~~) of Section 1633.

(~~ef~~) Subdivisions (~~cd~~) and (~~de~~) do not apply to a person who has been issued a degree of doctor of dental medicine or doctor of dental surgery by a foreign dental school accredited by a body that has a reciprocal accreditation agreement with any commission or accreditation organization whose findings are accepted by the board.

Repeal Section 1632.6 of the Business and Professions Code as follows:

~~1632.6.~~ (~~a~~) ~~As part of the ongoing implementation of paragraph (1) of subdivision (c) of Section 1632, the board shall review the portfolio examination to ensure compliance with the requirements of Section 139 and to certify that the portfolio examination process meets those requirements. If the board determines that the portfolio examination fails to meet those requirements, paragraph (1) of subdivision (c) of Section 1632 shall cease to be implemented and the portfolio examination will no longer be an option for applicants. The board's review and certification or determination shall~~

~~be completed and submitted to the Legislature and the department by December 1, 2016.~~

~~(b) A report to the Legislature pursuant to this section shall be submitted in compliance with Section 9795 of the Government Code.~~

~~(c) This section shall become inoperative on December 1, 2020, pursuant to Section 10231.5 of the Government Code.~~

Amend Section 1633 of the Business and Professions Code as follows:

1633. (a) When an applicant for a license has received a grading of pass 85 percent or above in any given subject, the applicant shall be exempt from reexamination on that subject in subsequent examinations before the board within two years after the examination on which the applicant received the exemption.

~~(b) Notwithstanding subdivision (a) and Section 135, if an applicant who fails a section of to pass the an examination required by Section 1632 after three attempts to successfully complete that section, the applicant shall be required to retake the entire examination on subsequent examination. shall not be eligible for further reexamination until the applicant has successfully completed a minimum of 50 hours of education for each subject which the applicant failed in the applicant's last unsuccessful examination. The coursework shall be taken at a dental school approved by either the Commission on Dental Accreditation or a comparable organization approved by the board, and shall be completed within a period of one year from the date of notification of the applicant's third failure.~~

~~(c) The coursework described in subdivision (b) shall be required once for every three unsuccessful examination attempts. When the applicant applies for reexamination, the applicant shall furnish proof satisfactory to the board that the applicant has successfully completed the requirements of this section.~~

Amend Section 1635.5 of the Business and Professions Code as follows:

1635.5. (a) Notwithstanding Section 1634, the board may grant a license to practice dentistry to an applicant who has not taken an examination before the board, if the applicant submits all of the following to the board:

- (1) A completed application form and all fees required by the board.
- (2) Proof of an active and unrestricted license issued by another state, district, or territory of the United States to practice dentistry that is not subject to any current or pending disciplinary action such as revocation, suspension, or probation.
- (3) Proof ~~that the~~ of one of the following:
 - (A) The applicant has either been in active clinical practice in another state, district, or territory of the United States, for a total of at least 5,000 hours within

the past five years immediately preceding the date of the application, ~~has been engaged in full-time nonclinical practice requiring an active dentist's license for federal, state, or local public health programs in another state, district, or territory of the United States for at least five years immediately preceding the application,~~ or The applicant shall submit written documentation, executed by a licensed dentist who has knowledge of the applicant's hours of practice or, if the applicant is in active clinical practice as a solo practitioner, executed by the applicant, verifying compliance with this requirement.

(B) The applicant has been a full-time faculty member in an accredited dental education program and in active clinical practice for a total of at least 5,000 hours within the past five years immediately preceding the date of the application under this section. The applicant shall submit written documentation, executed by the director, administrator, or other authorized representative of the dental education program, verifying the applicant's compliance with this requirement.

(C) The applicant has been engaged in full-time nonclinical practice requiring an active dentist's license for federal, state, or local public health programs in another state, district, or territory of the United States for a minimum average of 40 hours per week for at least five years immediately preceding the date of the application. The applicant shall submit written documentation, executed by the director, administrator, or other authorized representative of the public health program, verifying the applicant's compliance with this requirement.

(4) The active clinical practice requirement under subparagraphs (A) and (B) of paragraph (3) may be met by submitting documentation of any of the following:

(A) If the applicant has completed a residency training program accredited by the American Dental Association Commission on Dental Accreditation, including, but not limited to, a general practice residency, an advanced education in general dentistry program, or a training program in a specialty recognized by the American Dental Association, the applicant may receive credit of 1,000 hours for each year, up to 2,000 hours, of clinical practice completed in the residency training program.

(B) The applicant agrees to practice dentistry full time for a minimum of 32 hours per week for two years in at least one primary care clinic licensed under subdivision (a) of Section 1204 of the Health and Safety Code or primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code, or a clinic owned or operated by a public hospital or health system, or a clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code. The applicant shall submit written documentation, executed by the authorized agent of the clinic, verifying compliance with this requirement. The board may periodically request verification of compliance with these requirements.

(C) The applicant agrees to teach or practice dentistry in California for a minimum average of 40 hours per week for two years in at least one ~~accredited~~ dental education program ~~approved by the board~~ accredited by the American Dental Association Commission on Dental Accreditation. The applicant shall submit written documentation, executed by the authorized agent of the program, verifying compliance with this requirement. The board may periodically request verification of compliance with these requirements.

(54) Proof that the applicant has not been subject to disciplinary action by any state in which the applicant is or has been previously licensed to practice dentistry. If the applicant has been subject to disciplinary action, the board shall review that action to determine if it presents sufficient evidence of a violation of Article 4 (commencing with Section 1670) to warrant the submission of additional information from the applicant or the denial of the application for licensure.

(65) A signed release allowing the disclosure of information from the National Practitioner Data Bank and the verification of registration status with the federal Drug Enforcement Administration. The board shall review this information to determine if it presents sufficient evidence of a violation of Article 4 (commencing with Section 1670) to warrant the submission of additional information from the applicant or the denial of the application for licensure.

(76) Proof that the applicant has not failed a state, regional, or national examination for licensure to practice dentistry under this chapter within five years prior to the date of the application for a license under this section. If the applicant subsequently passed the examination for licensure, the prior failure shall not make the applicant ineligible under this paragraph.

(87) An acknowledgment by the applicant executed under penalty of perjury and automatic forfeiture of license, of the following:

(A) That the information provided by the applicant to the board is true and correct, to the best of their knowledge and belief.

(B) That the applicant has not been convicted of an offense involving conduct that would violate Section 810.

(98) Documentation of 50 units of continuing education completed within two years of the date of the application under this section. The continuing education shall include the mandatory coursework prescribed by the board pursuant to subdivision (b) of Section 1645.

(109) Any other information as specified by the board to the extent it is required of applicants for licensure by examination under this article.

(b) The board shall provide in the application packet to each out-of-state dentist pursuant to this section the following information:

(1) The location of dental personnel shortage areas that exist in the state.

(2) Those not-for-profit clinics and public hospitals seeking to contract with licensees for dental services.

~~(c) (1) The board shall review the impact of this section on the availability of dentists in California and report to the appropriate policy and fiscal committees of the Legislature by January 1, 2008. The report shall include a separate section providing data specific to those dentists who intend to fulfill the alternative clinical practice requirements of subparagraph (B) of paragraph (3) of subdivision (a). The report shall include, but not be limited to, all of the following:~~

~~(A) The total number of applicants from other states who have sought licensure.~~

~~(B) The number of dentists from other states licensed pursuant to this section, as well as the number of licenses not granted and the reasons why each license was not granted.~~

~~(C) The location of the practice of dentists licensed pursuant to this section.~~

~~(D) The number of dentists licensed pursuant to this section who establish a practice in a rural area or in an area designated as having a shortage of practicing dentists or no dentists at all.~~

~~(E) The length of time dentists licensed pursuant to this section maintained their practice in the reported location. This information shall be reported separately for dentists described in subparagraphs (C) and (D).~~

~~(2) In identifying a dentist's location of practice, the board shall use medical service study areas or other appropriate geographic descriptions for regions of the state.~~

~~(3) If appropriate, the board may report the information required by paragraph (1) separately for primary care dentists and specialists.~~

~~(cd)~~ The board is authorized to contract with a third party or parties to review applications filed under this section and to advise the board as to whether the applications are complete. The contracting party, its agents, and its employees shall agree to be bound by all provisions of law applicable to the board, its members, and staff, governing custody and confidentiality of materials submitted by applicants for licensure.

~~(de)~~ The board may issue a temporary, restricted license, valid for two years, to an applicant qualified under subparagraph (B) or (C) of paragraph ~~(43)~~ of subdivision (a), that authorizes the holder to practice dentistry only in the facilities described in subparagraph (B) of paragraph ~~(43)~~ of subdivision (a) or only to practice or teach dentistry at the accredited dental education programs described in subparagraph (C) of paragraph ~~(43)~~ of subdivision (a). The board shall immediately revoke the temporary license issued pursuant to this subdivision upon a finding that the requirements of

subparagraph (B) or (C) of paragraph (43) of subdivision (a), as applicable, have not been met. Upon revocation of the license, the board shall issue a notice of revocation that shall require the licensee to immediately cease dental practice. Upon the licensee's completion of the license requirements under this section and the expiration of the two-year term, all location restrictions on the license shall be removed and an unrestricted license shall be issued.

~~(f) Notwithstanding any other provision of law, a holder of a license issued by the board before January 1, 2006, under this section who committed to complete the remainder of the five years of clinical practice requirement by a contract either to practice dentistry in a facility described in subparagraph (B) of paragraph (3) of subdivision (a) or to teach or practice dentistry in an accredited dental education program approved by the board pursuant to subparagraph (C) of paragraph (3) of subdivision (a) shall be required to complete only two years of service under the contract in order to fulfill the obligation under this section. Upon the expiration of that two-year term, all location restrictions on the license shall be removed and the holder is authorized to practice dentistry in accordance with this chapter in any allowable setting in the state.~~

~~(eg)~~ A license issued pursuant to this section shall be considered a valid, unrestricted license for purposes of Section 1972.

Amend Section 1638.1 of the Business and Professions Code as follows:

1638.1. (a) A dentist shall possess a current license in good standing and an elective facial cosmetic surgery permit to perform elective facial cosmetic surgical procedures authorized by this section.

(b) The board may issue an elective facial cosmetic surgery permit to perform one of the following categories of elective facial cosmetic surgical procedures:

(1) Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty.

(2) Cosmetic contouring or rejuvenation of the facial soft tissue, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation.

(3) Procedures under both paragraphs (1) and (2).

(c) A licensee who desires to perform elective facial cosmetic surgery shall apply to the board on an application form prescribed by the board and submit all of the following:

(1) Proof of successful completion of an oral and maxillofacial surgery residency program accredited by the Commission on Dental Accreditation of the American Dental Association.

(2) Proof that the licensee has satisfied all of the criteria specified in either subparagraph (A) or (B):

(A)(i) The licensee is certified, or is a candidate for certification, by the American Board of Oral and Maxillofacial Surgery.

(ii) A letter from the program director of the accredited residency program, or from the director of a postresidency fellowship program accredited by the Commission on Dental Accreditation of the American Dental Association, stating that the licensee has the education, training, and competence necessary to perform the surgical procedures set forth in paragraph (1), (2), or (3) of subdivision (b) that the licensee has notified the board the licensee intends to perform.

(iii) Documentation of at least 10 operative reports from residency training or proctored surgical procedures performed at minimum in the role of surgical first assistant within five years from the date of application for each category of permit set forth in paragraph (1) or (2) of subdivision (b) for which the licensee seeks a permit. If the licensee seeks a permit set forth in paragraph (3) of subdivision (b), the licensee shall submit 10 operative reports for each category specified in paragraphs (1) and (2) of subdivision (b). Each operative report shall indicate all of the following:

(I) Name of the licensee.

(II) Category of procedure and specific type of procedure performed.

(III) Date of the procedure.

(IV) The role in which the licensee participated in the procedure.

(iv) Documentation showing the surgical privileges the licensee possesses at any licensed general acute care hospital and any licensed outpatient surgical facility in this state.

(B)(i) The licensee has been granted privileges by the medical staff at a licensed general acute care hospital to perform the surgical procedures set forth in paragraphs (1) to (3), inclusive, of subdivision (b) at that hospital.

(ii) Documentation described in clause (iii) of subparagraph (A).

(3) Proof that the licensee is on active status on the staff of a general acute care hospital and maintains the necessary privileges based on the bylaws of the hospital to maintain that status.

(d) The application shall be accompanied by an application fee required by the board for an initial permit. The fee to renew a permit shall not exceed the maximum amount prescribed in Section 1724.

(e)(1) The board shall appoint a credentialing committee to review the qualifications of each applicant for a permit. Upon completion of the review of an applicant, the

committee shall make a recommendation to the board on whether to issue or not issue a permit to the applicant. ~~The permit may be unqualified, entitling the permit holder to perform any facial cosmetic surgical procedure authorized by this section, or it may contain limitations if~~ If the applicant has applied for a permit pursuant to paragraph (3) of subdivision (b) but the credentialing committee is not satisfied that the applicant has the training or competence to perform certain classes of both categories of procedures in paragraphs (1) and (2) of subdivision (b), the credentialing committee may recommend issuance of a permit limited to procedures of one category authorized by either paragraph (1) or (2) of subdivision (b), ~~or if the applicant has not requested to be permitted for all procedures authorized by this section.~~

(2) The credentialing committee shall be comprised of five members, as follows:

(A) A physician and surgeon with a specialty in plastic and reconstructive surgery who maintains active status on the staff of a licensed general acute care hospital in this state.

(B) A physician and surgeon with a specialty in otolaryngology who maintains active status on the staff of a licensed general acute care hospital in this state.

(C) Three oral and maxillofacial surgeons licensed by the board who are board certified by the American Board of Oral and Maxillofacial Surgeons, and who maintain active status on the staff of a licensed general acute care hospital in this state, at least one of whom shall be licensed as a physician and surgeon in this state. Two years after the effective date of this section, any oral and maxillofacial surgeon appointed to the committee who is not licensed as a physician and surgeon shall hold a permit pursuant to this section.

(3) The board shall solicit from the following organizations input and recommendations regarding members to be appointed to the credentialing committee:

(A) The Medical Board of California.

(B) The California Dental Association.

(C) The California Association of Oral and Maxillofacial Surgeons.

(D) The California Medical Association.

(E) The California Society of Plastic Surgeons.

(F) Any other source that the board deems appropriate

(4) The credentialing committee shall meet at a time and place directed by the board to evaluate applicants for permits. A quorum of three members shall be required for the committee to consider applicants and make recommendations to the board.

(5) Each member of the credentialing committee shall serve at the pleasure of the board, and the board may vote to remove any member of the credentialing committee for continued neglect of duties required by law, or for incompetence, or unprofessional or dishonorable conduct. Notwithstanding the provisions of Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code, relating to public meetings, the board may convene in closed session to consider any evidence relating to the removal of a member of the credentialing committee. The board shall only convene in closed session to the extent that it is necessary to protect the privacy of the member of the credentialing committee.

(f) The board may adopt regulations for the issuance of the permit that it deems necessary to protect the health, safety, and welfare of the public.

(g) A licensee may not perform any elective, facial cosmetic surgical procedure except at a general acute care hospital, a licensed outpatient surgical facility, or an outpatient surgical facility accredited by the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC), the Medicare Program, or an accreditation agency approved by the Medical Board of California pursuant to subdivision (g) of Section 1248.1 of the Health and Safety Code.

(h) For purposes of this section, the following terms shall have the following meanings:

(1) "Elective cosmetic surgery" means any procedure defined as cosmetic surgery in subdivision (d) of Section 1367.63 of the Health and Safety Code, and excludes any procedure that constitutes reconstructive surgery, as defined in subdivision (c) of Section 1367.63 of the Health and Safety Code.

(2) "Facial" means those regions of the human body described in Section 1625 and in any regulations adopted pursuant to that section by the board.

(i) A holder of a permit issued pursuant to this section shall not perform elective facial cosmetic surgical procedures unless the permitholder has malpractice insurance or other financial security protection that would satisfy the requirements of Section 2216.2 and any regulations adopted thereunder.

(j) A holder of a permit shall comply with the requirements of subparagraph (D) of paragraph (2) of subdivision (a) of Section 1248.15 of the Health and Safety Code, and the reporting requirements specified in Section 2240, with respect to any surgical procedure authorized by this section, in the same manner as a physician and surgeon.

(k) Any violation of this section constitutes unprofessional conduct and is grounds for the revocation or suspension of the person's permit, license, or both, or the person may be reprimanded or placed on probation. Proceedings initiated by the board under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein.

(l) A permit issued pursuant to this section shall be valid for a period of two years and must be renewed by the permitholder at the time the dentist license is renewed.

(m) A permitholder shall be required to complete 24 hours of approved courses of study related to elective cosmetic surgery as a condition of renewal of a permit. Those courses of study shall be credited toward the total continuing education hours required by the board pursuant to Section 1645.

(n) Permits issued prior to January 1, 2025, that limit the type of procedure under the general permit category provided under paragraph (1) or (2) of subdivision (b) authorized to be performed by the permitholder shall not be renewed. This subdivision shall not apply to a permit that authorized the permitholder to practice any procedure under the general permit category specified under paragraph (1) or (2) of subdivision (b). The permitholder who seeks to continue performing the procedure previously limited 4 by the permit shall submit an application to the board for issuance of a new permit under paragraphs (1) to (3), inclusive, of subdivision (b) and the board may request the permitholder to submit additional documentation demonstrating the permitholder's competency for issuance of such permit. The application shall be treated as a renewal application for purposes of subdivision (m) of Section 1724.

(o) On or before January 1, 2025, and every four years thereafter, the board shall report to the appropriate committees of the Legislature on all of the following:

(1) The number of persons licensed pursuant to Section 1634 who apply to receive a permit to perform elective facial cosmetic surgery from the board pursuant to this section.

(2) The number of persons receiving a permit from the board to perform elective facial cosmetic surgery.

(3) The number of complaints filed by or on behalf of patients who have received elective facial cosmetic surgery by persons who have received a permit from the board to perform elective facial cosmetic surgery.

(4) Action taken by the board resulting from complaints filed by or on behalf of patients who have received elective facial cosmetic surgery by persons who have received a permit from the board to perform elective facial cosmetic surgery.

(p) As used in this section, "good standing" means the license is active and unrestricted by disciplinary action taken pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, is not the subject of an unresolved complaint or review procedure, and is not the subject of any unresolved disciplinary proceeding.

Amend Section 1724 of the Business and Professions Code as follows:

1724. The amount of charges and fees for dentists licensed pursuant to this chapter shall be established by the board as is necessary for the purpose of carrying out the

responsibilities required by this chapter as it relates to dentists, subject to the following limitations:

~~(a) The fee for an application for licensure qualifying pursuant to paragraph (1) of subdivision (c) of Section 1632 shall not exceed one thousand five hundred dollars (\$1,500).~~ The fee for an application for licensure qualifying pursuant to paragraph (1) or (2) of subdivision (c) of Section 1632 shall not exceed one thousand dollars (\$1,000).

(b) The fee for an application for licensure qualifying pursuant to Section 1634.1 shall not exceed one thousand dollars (\$1,000).

(c) The fee for an application for licensure qualifying pursuant to Section 1635.5 shall not exceed one thousand dollars (\$1,000).

(d) The fee for an initial license and for the renewal of a license is five hundred twenty-five dollars (\$525). On and after January 1, 2016, the fee for an initial license shall not exceed six hundred fifty dollars (\$650), and the fee for the renewal of a license shall not exceed six hundred fifty dollars (\$650). On and after January 1, 2018, the fee for an initial license shall not exceed eight hundred dollars (\$800), and the fee for the renewal of a license shall not exceed eight hundred dollars (\$800).

(e) The fee for an application for a special permit shall not exceed one thousand dollars (\$1,000), and the renewal fee for a special permit shall not exceed six hundred dollars (\$600).

(f) The delinquency fee shall be 50 percent of the renewal fee for such a license or permit in effect on the date of the renewal of the license or permit.

(g) The penalty for late registration of change of place of practice shall not exceed seventy-five dollars (\$75).

(h) The fee for an application for an additional office permit shall not exceed seven hundred fifty dollars (\$750), and the fee for the renewal of an additional office permit shall not exceed three hundred seventy-five dollars (\$375).

(i) The fee for issuance of a replacement pocket license, replacement wall certificate, or replacement engraved certificate shall not exceed one hundred twenty-five dollars (\$125).

(j) The fee for a provider of continuing education shall not exceed five hundred dollars (\$500) per year.

(k) The fee for application for a referral service permit and for renewal of that permit shall not exceed twenty-five dollars (\$25).

(l) The fee for application for an extramural facility permit and for the renewal of a permit shall not exceed twenty-five dollars (\$25).

(m) The fee for an application for an elective facial cosmetic surgery permit shall not exceed four thousand dollars (\$4,000), and the fee for the renewal of an elective facial cosmetic surgery permit shall not exceed eight hundred dollars (\$800).

(n) The fee for an application for an oral and maxillofacial surgery permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of an oral and maxillofacial surgery permit shall not exceed one thousand two hundred dollars (\$1,200).

(o) The fee for an application for a general anesthesia permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a general anesthesia permit shall not exceed six hundred dollars (\$600).

(p) The fee for an onsite inspection and evaluation related to a general anesthesia or moderate sedation permit shall not exceed four thousand five hundred dollars (\$4,500).

(q) The fee for an application for a moderate sedation permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a moderate sedation permit shall not exceed six hundred dollars (\$600).

(r) The fee for an application for an adult oral conscious sedation certificate shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of an adult oral conscious sedation certificate shall not exceed six hundred dollars (\$600).

(s) The fee for an application for a pediatric minimal sedation permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a pediatric minimal sedation permit shall not exceed six hundred dollars (\$600).

(t) The fee for an application for a pediatric endorsement for a general anesthesia permit or moderate sedation permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a pediatric endorsement shall not exceed six hundred dollars (\$600).

(u) The fee for a certification of licensure shall not exceed one hundred twenty-five dollars (\$125).

(v) The fee for an application for the law and ethics examination shall not exceed two hundred fifty dollars (\$250).

Amend Section 1750.1 of the Business and Professions Code as follows:

1750.1. (a) A dental assistant may perform the following duties under the general supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:

(1) Extraoral duties specified by the supervising licensee that meet the definition of a basic supportive dental procedure specified in subdivision (b) of Section 1741. These duties may include a procedure that requires the use of personal protective equipment, laboratory functions, and sterilization and disinfection procedures

described in Section 1005 of Title 16 of the California Code of Regulations and Section 5193 of Title 8 of the California Code of Regulations.

(2) Operate dental radiography equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of paragraph ~~(3)~~(4) of subdivision (f) of Section 1750.

(3) Perform intraoral and extraoral photography.

(b) A dental assistant may perform the following duties under the direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:

(1) Apply nonaerosol and noncaustic topical agents, including all forms of topical fluoride.

(2) Take intraoral impressions for all nonprosthodontic appliances.

(3) Take facebow transfers and bite registrations.

(4) Place and remove rubber dams or other isolation devices.

(5) Place, wedge, and remove matrices for restorative procedures.

(6) Remove postextraction dressings after inspection of the surgical site by the supervising licensed dentist.

(7) Perform measurements for the purposes of orthodontic treatment.

(8) Cure dental materials with a light curing device.

(9) Examine orthodontic appliances.

(10) Place and remove orthodontic separators.

(11) Remove ligature ties and archwires.

(12) After adjustment by the dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient.

(13) Remove periodontal dressings.

(14) Remove sutures after inspection of the site by the dentist.

(15) Place patient monitoring sensors.

(16) Adjust the flow of nitrous oxide and oxygen gases if deemed necessary and directed by the supervising dentist who shall be present in the operator directly supervising the adjustment.

(17) Extraoral functions specified by the supervising dentist that meet the definition of basic supportive dental procedures specified in subdivision (b) of Section 1741. Such duties may include patient monitoring, placing monitoring sensors, taking of vital signs, or other extraoral procedures related to the scope of their practice.

(18) In response to a medical emergency and under the direct supervision, order, control, and full professional responsibility of the licensed dentist, a dental assistant may administer or assist in the administration of oxygen.

(c) The board may specify additional allowable duties by regulation.

(d) The duties of a dental assistant or a dental assistant holding a permit in orthodontic assisting or in dental sedation shall not include any of the following procedures unless specifically allowed by law:

(1) Diagnosis and comprehensive treatment planning.

(2) Placing, finishing, or removing permanent restorations.

(3) Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.

(4) Prescribing medication.

(5) Starting the flow of nitrous oxide and oxygen gases.

(6) Administration of local or general anesthesia or sedation.

(e) Unless otherwise permitted in this section, the duties of a dental assistant do not include any duty or procedure that only a registered dental assistant, registered dental assistant in extended functions, orthodontic assistant, dental sedation assistant, registered dental hygienist, or registered dental hygienist in alternative practice is allowed to perform.

(f) The placement of pit and fissure sealants may only be performed by a registered dental assistant, registered dental assistant in extended functions, registered dental hygienist, or registered dental hygienist in alternative practice.

Amend Section 1753 of the Business and Professions Code as follows:

1753. (a) On and after January 1, 2010, the board may license as a registered dental assistant in extended functions a person who files a completed application, pays the applicable fee, and submits written evidence, satisfactory to the board, of all of the following eligibility requirements:

(1) Current, active, and valid licensure as a registered dental assistant.

(2) A full set of fingerprints for purposes of conducting a criminal history check.

(3) Successful completion of either of the following:

(A) An extended functions postsecondary program approved by the board in all of the procedures specified in Section 1753.5.

(B) An extended functions postsecondary program approved by the board to teach the duties that registered dental assistants in extended functions were allowed to perform pursuant to board regulations prior to January 1, 2010, and a course approved by the board in the procedures specified in paragraphs (1), (2), (5), (6), and ~~(7)~~(8) to ~~(11)~~(12), inclusive, of subdivision (b) of Section 1753.5.

(4) Current certification in basic life support issued by American Red Cross, American Heart Association, American Safety and Health Institute, American Dental Association's Continuing Education Provider Recognition Program, or Academy of General Dentistry's Program Approval for Continuing Education.

(5) Successful completion of a board-approved pit and fissure sealant course.

(6) Passage of a written examination administered by the board, or its designee. ~~The board shall designate whether the written examination shall be administered by the board.~~

(b) A registered dental assistant in extended functions with permits in either orthodontic assisting or dental sedation assisting shall be referred to as an "RDAEF with orthodontic assistant permit," or "RDAEF with dental sedation assistant permit," as applicable. These terms shall be used for reference purposes only and do not create additional categories of licensure.

(c) Completion of the continuing education requirements established by the board pursuant to Section 1645 by a registered dental assistant in extended functions who also holds a permit as an orthodontic assistant or dental sedation assistant shall fulfill the continuing education requirement for such permit or permits.

(d) The licensee shall be responsible for complying with all applicable licensure renewal requirements, including continuing education pursuant to Section 1645.

Amend Section 1753.5 of the Business and Professions Code as follows:

1753.5. (a) A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform all duties and procedures that a registered dental assistant is authorized to perform as specified in and limited by Section 1752.4, and the duties in this section.

(b) A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform the following additional procedures under direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:

(1) Perform oral health assessments, including intraoral and extraoral soft tissue evaluations to identify oral lesions, classifying occlusion, performing myofunctional evaluations, and oral cancer screenings as authorized by the supervising dentist.

(2) Perform oral health assessments in school-based, community health project settings under the direction of a dentist, registered dental hygienist, or registered dental hygienist in alternative practice.

(3) Gingival retraction for impression and restorative procedures.

(4) Size and fit endodontic master points and accessory points.

(5) Cement endodontic master points and accessory points.

(6) Perform post, core, and build-up procedures in conjunction with direct and indirect restorations.

(7) Take final impression for permanent indirect restorations.

(8) Take final impressions for tooth-borne removeable prosthesis.

(9) Place, contour, finish, and adjust all direct restorations.

(10) Adjust and adhere all permanent indirect restorations.

(11) Polish and contour existing amalgam restorations.

~~(11)~~(12) Other procedures authorized by regulations adopted by the board.

(c) A registered dental assistant in extended functions licensed on or after January 1, 2010, may perform a duty specified in this section using contemporary techniques and materials designed for use in the performance of that duty under the direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist if the registered dental assistant in extended functions has completed the appropriate education and training, and whose skill, knowledge, and education in the use of such contemporary technique or material has been determined clinically competent by the supervising licensed dentist.

Amend Section 1754.5 of the Business and Professions Code as follows:

1754.5. (a) A radiation safety course shall have the primary purpose of providing theory, laboratory, and clinical application in radiographic techniques. The board shall approve only those courses that adhere to the minimum requirements of this ~~section~~. section and applicable regulations adopted by the board.

(b) A radiation safety course provider applying for initial board approval shall submit a completed application for course approval, on a form provided by the board, accompanied by the applicable fee. The board may, in lieu of conducting its own

investigation, accept the findings of any commission or accreditation agency approved by the board, or its designee, and adopt those findings as its own. The board may approve, provisionally approve, or deny approval after it evaluates all components of the course.

(1) Provisional approval shall be limited to those courses that substantially comply with all existing standards for full approval and shall expire one year from the date of provisional approval or upon subsequent board approval or denial, whichever occurs first.

(2) A provider of a course given provisional approval shall immediately notify each student of that status.

(3) If the board provisionally approves or denies approval of a course, the board shall provide the specific reasons for the decision to the course director, in writing, within 90 days of that decision.

(c) Continuation of approval will be contingent upon continued compliance with Sections 1070 and 1070.1 of Title 16 of the California Code of Regulations and all requirements set forth in A board-approved radiation safety course shall be reevaluated at least every seven years, but may be subject to reevaluation and inspection by the board at any time to ensure compliance with this section. The board may withdraw approval at any time that if it determines that the course does not meet the requirements set forth in this subdivision. of this section.

(d) Providers shall make adequate provisions for A radiation safety course provider shall ensure the course complies with the Radiologic Technology Act (Section 27 of the Health and Safety Code) and applicable regulations. Providers shall render appropriate supervision, operation, and facilities when used for laboratory and preclinical instruction. clinical instruction, including compliance with all of the following requirements:

(1) Laboratory and clinical instruction facilities shall be equipped with supplies, materials, and equipment for instruction in radiation safety and practical work that include, for every six students, at least the following:

(A) One functioning radiography (X-ray) machine that complies with all federal and state laws, including registration with the State Department of Public Health, and is equipped with the appropriate position-indicating devices for each technique being taught.

(B) One X-ray training manikin head designed for instruction in radiographic techniques per X-ray unit.

(C) One film view box or screen for viewing digital images.

(D) Processing and viewing equipment. This facility requirement may be deemed met if computer-based equipment for digital radiographic procedures is solely or in part utilized within the program or course facility. The equipment may be located in the operatory area where exposures will occur.

(2) The choice of image receptor for laboratory and clinical experiences shall be either traditional film or digital sensor or any combination thereof as determined by the course provider.

(3) X-ray exposure areas shall provide protection to patients, students, faculty, and observers in full compliance with applicable federal and state laws.

(e) A course in radiation safety shall be of sufficient duration for the student to achieve minimum competence, but ~~in no event less than 32 hours, including at least 8 hours of didactic instruction, at least 12 hours of laboratory instruction, and at least 12 hours of supervised clinical instruction.~~ not fewer than 32 hours composed of the following:

(1) At least eight hours of didactic instruction.

(2) At least 12 hours of laboratory instruction in which students receive supervised experience performing procedures using study models, manikins, or other simulation models.

(3) At least 12 hours of clinical instruction in which students receive supervised experience in performing procedures in a clinical setting on patients.

(f) A course shall establish specific instructional objectives. The theoretical aspects of the course shall provide the content necessary for students to make safe and ethical judgments regarding radiation safety.

(g) Objective evaluation criteria shall be used for measuring student progress. Students shall be provided with specific performance objectives and the evaluation criteria that will be used for all evaluation and testing procedures.

(h) Didactic instruction shall be provided in safe and educationally conducive lecture classrooms or through distance learning modalities. Areas of didactic instruction shall include, at a minimum, all of the following:

(1) Radiation physics and biology.

(2) Radiation protection and safety.

(3) Recognition of normal intraoral and extraoral anatomical landmarks.

(4) Radiograph exposure and processing techniques.

(5) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of the oral cavity.

(6) Intraoral techniques including holding devices and image receptors.

(7) Proper use of patient protection devices and personal protective equipment for operator use.

(8) Identification and correction of faulty radiographs.

(9) Introduction to contemporary equipment and devices including the use of computerized digital radiography and extraoral imaging that may include panographs or cone-beam imaging.

(10) Techniques and exposure guidelines for a variety of patients including, but not limited to, adult, pediatric, edentulous, partially edentulous, endodontic, and patients with special needs.

(11) Radiographic record management.

(i) A provider using distance learning modalities for didactic instruction shall do all of the following:

(1) Before enrolling a student, notify the prospective student of the computer or communications technology necessary to participate in didactic instruction.

(2) Provide technological assistance to students, as needed, to participate in didactic instruction.

(3) Ensure completion of didactic instruction by the student before the student participates in laboratory instruction.

~~(j) (1)~~ For the student to achieve minimum competence in the application of dental radiographic techniques and radiation safety, ~~all the following shall be met by a board-approved course:~~ the radiation safety course shall include all of the following:

~~(1)(A)~~ Successful completion of laboratory experiences consisting of at least two bitewing radiographic series and two full mouth intraoral radiographic series using an ~~x-ray~~ X-ray training ~~mannequin~~ manikin designed for radiographic exposures utilizing any dental radiographic image receptor or device deemed appropriate by the course director. A student shall successfully complete laboratory instruction before the student participates in clinical instruction.

~~(2)(B)~~ Successful completion of clinical experiences consisting of at least three full-mouth intraoral radiographic series using any dental radiographic image receptor or device deemed appropriate by the course director or supervising dentist.

(C) Written evaluations of each radiographic series identifying errors, causes of errors, correction of errors, and, if applicable, the number of reexposures necessary for successful completion of a series to clinical competency.

~~(j)(2)~~ ~~All clinical~~ Clinical radiographs shall be made using diagnostic criteria established by the course of instruction and shall in no event exceed three reexposures per series.

(k) Before the student's performance of procedures on patients, the student shall provide evidence to the radiation safety course provider of having completed a board-approved eight-hour course in infection control and current, valid certification in basic life support.

~~(l) Completion of student and instructor written evaluations of each radiographic series identifying errors, causes of error, correction of errors, and, if applicable, the number of reexposures necessary for successful completion of a series to clinical competency.~~

~~(m)(l)~~ The student shall successfully complete a comprehensive written exam ~~prior to before~~ the completion of the course. The exam shall include questions specific to ~~items dental radiographic installations and quality assurance for dental radiography~~ addressed in Article 4 (commencing with Section 30305) of Group 3 of Subchapter 4 of Chapter 5 of Division 1 of Title 17 of the California Code of Regulations ~~relative to the special requirements for the use of x-ray in the healing arts, or its successor.~~

~~(n)(m)~~ Extramural dental facilities may be utilized by a ~~course~~ course, in accordance with board regulations, for the purposes of clinical experiences. ~~Clinical oversight shall be performed under the general supervision of a licensed dentist who shall authorize the student to perform, at minimum, three radiographic series. Didactic and laboratory instruction shall be provided only by course faculty or instructional staff prior to clinical performances.~~ ~~(o) Programs and courses~~ A program or course using extramural dental ~~facilities~~ facilities for dental radiographic clinical experiences shall provide to the board, upon ~~request or renewal of provider status,~~ request, copies of all contracts of affiliation and documentation demonstrating compliance with board regulations.

~~(p)(n)~~ Upon successful completion of the course, students shall receive a certificate of completion as defined in subdivision (e) of Section 1741.

(o) A radiation safety course provider previously board approved under Sections 1014 and 1014.1 of Title 16 of the California Code of Regulations shall maintain board approval until January 1, 2028. To obtain board approval to offer a radiation safety course on or after January 1, 2028, the radiation safety course provider shall apply for board approval to offer the course pursuant to subdivision (b).

~~(q)(p)~~ The board may adopt regulations to implement this section.

Amend Section 1755 of the Business and Professions Code as follows:

1755. (a) A course in infection control is one that has as its main purpose providing theory and clinical application in infection control practices and principles where the protection of the public is its primary focus. The board shall approve only those courses that adhere to the minimum requirements of this section and applicable regulations adopted by the board.

~~(b) An unlicensed dental assistant not enrolled in a board-approved program for registered dental assisting or an alternative dental assisting program as defined in subdivision (a) of Section 1741, shall complete one of the following infection control certification courses: Except as provided in subdivision (i), for purposes of this article, a board-approved eight-hour course in infection control shall mean any of the following:~~

~~(1) A board-approved eight-hour course, with six hours being didactic instruction and two hours being laboratory instruction.~~

(1) A board-approved eight-hour infection control course provided by a board-approved registered dental assisting education program.

(2) An eight-hour infection control course approved by the board pursuant to Section 1070.6 of Title 16 of the California Code of Regulations.

(23) A board-approved eight-hour course, with six hours of didactic instruction and at least two hours of laboratory instruction using video or a series of video training tools, all of which may be delivered using asynchronous, synchronous, or online learning mechanisms or a combination thereof.

(c) A provider of an infection control course offered to students for compliance with paragraph (3) of subdivision (b) shall submit an application on a form furnished by the board for board approval to offer the course, the applicable fee, and documentation of all of the following:

(1) The course name, course provider name, course director name, business address, telephone number, and email address.

(2) Proof that the course director possesses a valid, active, and current license issued by the board or the Dental Hygiene Board of California.

~~(c3) A course shall establish~~ A detailed course outline, in writing, that clearly states the curriculum subject matter, hours of didactic and laboratory instruction, and specific instructional objectives. Instruction shall provide the content necessary for students to make safe and ethical judgments regarding infection control and asepsis.

~~(d4) Objective evaluation criteria that shall be used for measuring student progress.~~ Students shall be provided with specific performance objectives and the evaluation criteria that will be used for didactic testing-course examination.

(5) Proof that course instructors have experience in the instruction of California Division of Occupational Safety and Health (Cal/OSHA) regulations set forth in Sections 330-344.90, inclusive, of Title 8 of the California Code of Regulations, and the board's Minimum Standards for Infection Control as set forth in Section 1005 of Title 16 of the California Code of Regulations.

~~(e6) Documentation of didactic instruction shall that includes,~~ at a minimum, all of the following as they relate to Cal/OSHA regulations, as set forth in Sections 300 to 344.85344.90, inclusive, of Title 8 of the California Code of Regulations, and the board's Minimum Standards for Infection Control, as set forth in Section 1005 of Title 16 of the California Code of Regulations:

~~(4A)~~ Basic dental science and microbiology as they relate to infection control in dentistry.

~~(2B)~~ Legal and ethical aspects of infection control procedures.

~~(3C)~~ Terms and protocols specified in Section 1005 of Title 16 of the California Code of Regulations regarding the minimum standards for infection control.

(4D) Principles of modes of disease transmission and prevention.

(5E) Principles, techniques, and protocols of hand hygiene, personal protective equipment, surface barriers and disinfection, instruments and devices, sterilization, sanitation, and hazardous chemicals associated with infection control.

(6F) Principles, ~~and~~ protocols, and procedures of sterilizer monitoring and the proper loading, unloading, storage, and transportation of instruments to work area.

(7G) Principles, ~~and~~ protocols, and procedures associated with sharps management.

(8H) Principles, ~~and~~ protocols, and procedures of infection control for laboratory areas.

(9I) Principles, ~~and~~ protocols, and procedures of waterline maintenance.

(10J) Principles, ~~and~~ protocols, and procedures of regulated and nonregulated waste management.

(11K) Principles, ~~and~~ protocols, and procedures related to injury and illness prevention, hazard communication, general office safety, exposure control, postexposure requirements, and monitoring systems for radiation safety and sterilization systems.

(7) Documentation of laboratory instruction that includes, at a minimum, demonstrations in the following areas, as they relate to Cal/OSHA regulations, as set forth in Sections 300 to 344.90, inclusive, of Title 8 of the California Code of Regulations, and the board's Minimum Standards for Infection Control, as set forth in Section 1005 of Title 16 of the California Code of Regulations:

(A) Applying hand cleansing products and performing hand cleansing techniques, protocols, and procedures.

(B) Applying, removing, and disposing of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.

(C) Handling instruments, surfaces, and situations where contamination is simulated, without actual contamination, from bloodborne and other pathogens being present.

(D) Applying the appropriate techniques, protocols, and procedures for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work area.

(E) Precleaning and disinfecting contaminated operatory surfaces and devices, and properly using, placing, and removing surface barriers.

(F) Maintaining sterilizer including, at a minimum, proper instrument loading and unloading, operation cycle, spore testing, and handling and disposal of sterilization chemicals.

(G) Applying work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.

(H) Applying infection control protocol and procedures for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.

(I) Performing waterline maintenance, including use of water tests and purging of waterlines.

(J) Performing techniques for safe handling and disposal of regulated and nonregulated medical waste.

(8) Written laboratory protocols that comply with the board's Minimum Standards for Infection Control as set forth in Section 1005 of Title 16 of the California Code of Regulations, and other federal, state, and local requirements governing infection control. The course shall provide these protocols to all students and course instructors to ensure compliance.

(9) A written examination that reflects the curriculum content, which may be administered at intervals throughout the course, as determined by the course director, that shall be successfully completed by each student prior to issuance of the certificate of completion described in subdivision (e).

(d) The board or its designee may approve, provisionally approve, or deny approval of the course after it evaluates all components of the course.

(1) Provisional approval shall be limited to those courses that substantially comply with all existing standards for full approval and shall expire one year from the date of provisional approval or upon subsequent board approval or denial, whichever occurs first.

(2) A provider of a course given provisional approval shall immediately notify each student of that status.

(3) If the board provisionally approves or denies approval of a course, the board shall provide the specific reasons for the decision to the course director in writing within 90 days of that decision.

(4) A board-approved infection control course shall be reevaluated at least every seven years, but may be subject to reevaluation and inspection by the board at any

time to ensure compliance with this section. The board may withdraw approval at any time that it determines the course does not meet the requirements of this section.

(e) The course director shall actively participate in and be responsible for the administration of the course and each of the following requirements:

(A) Maintaining for a period of not less than five years copies of curricula, program outlines, objectives, and grading criteria, and copies of course instructor credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the course.

(B) Informing the board of any major change to the course (including closure), course provider name, course director, business contact information, or course content within 10 days of the change.

(C) Ensuring that all course instructors meet the requirements set forth in this section.

(f) The course provider shall:

(1) Prior to enrolling a student, provide notification to the prospective student of the computer or communications technology necessary to participate in didactic and laboratory instruction.

(2) Provide technological assistance to students, as needed, to participate in didactic and laboratory instruction.

(3) Ensure completion of didactic instruction by the student prior to the student's participation in laboratory instruction.

(fg) Upon successful completion of the course, students shall receive a certificate of completion as defined in subdivision (e) of Section 1741. The certificate of completion shall state the statutory authority under paragraph (1), (2), or (3) of subdivision (b) for which the course has been approved.

(h) Course records shall be subject to inspection by the board at any time.

(i) A course taken pursuant to paragraph (3) of subdivision (b) shall not satisfy completion of an infection control course required for licensure as a registered dental assistant or permit as an orthodontic assistant or dental sedation assistant.

(gj) The board may adopt regulations to implement this section.

SEC. XX. The Legislature finds and declares that Section XX of this act, which amends Section 1638.1 of the Business and Professions Code, imposes a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution.

Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

Making confidential the deliberations by the board and the personal information of the Elective Facial Cosmetic Surgery Permit Credentialing Committee member included in the records, documents, or forms reviewed by the board that lead to findings of neglect of duties, incompetence, or unprofessional or dishonorable conduct protects the Committee member's right to privacy.

MEMORANDUM

DATE	January 21, 2026
TO	Members of the Dental Board of California (Board)
FROM	Dental Assisting Council (Council)
SUBJECT	Agenda Item 25.b.: Legislative Proposal to Amend BPC Sections 1684.5, 1741, 1750, 1750.1, and 1752.4 Regarding Dental Auxiliaries

Introduction

This memorandum provides an update on the Council's review of proposed statutory updates related to Dental Assistant (DA) and Registered Dental Assistant (RDA) definitions, duties, and supervision requirements. It is submitted for Board discussion and summarizes the Council's review, outlines key discussion points, and presents a recommendation for Board deliberation.

Background

Board staff identified inconsistencies in the statutes and regulations related to the allowable DA and RDA duties. At the November 6, 2025 Council meeting, the Council Chair reported creating a two-member working group, consisting of Council Member Rosalinda Olague and Council Member Jessica Gerlach, to discuss RDA duties.

Update

On November 13, 2025, Board staff met with stakeholders to seek their assistance and collaboration in reviewing allowable duties in statute and regulation, the definitions of general and direct supervision, and identifying areas within dental assisting that require updating, as well as determining the most appropriate path forward. The stakeholder groups in attendance were the California Dental Association (CDA), California Association of Orthodontists (CAO), and the Dental Assisting Alliance of California (Alliance), which is a collective between the California Association of Dental Assisting Teachers (CADAT), California Dental Assistant's Association (CDAA), and California Expanded Functions Association (CEFA).

Agenda Item 25.b.: Legislative Proposal to Amend BPC Sections 1684.5, 1741, 1750, 1750.1, and 1752.4 Regarding Dental Auxiliaries
Dental Board of California Meeting
February 5-6, 2026

Page 1 of 9

On November 19 and 26, and December 3 and 10, 2025, the Working Group met with Board staff and Board Counsel to conduct the same review of the regulatory and statutory language related to DA and RDA definitions, duties, and supervision requirements. These meetings were focused on clarifying statutory language and ensuring consistency in supervision requirements. Stakeholders were asked to review the regulatory and statutory language governing DA and RDA definitions, duties, and supervision requirements and to provide feedback regarding the proposed merger of regulatory duties into statute.

The Working Group reviewed, evaluated, and incorporated stakeholder feedback and comments submitted by CDA, CAO, and the Alliance to ensure minimal clarification or revisions would be necessary prior to advancing the legislation proposal to the Council.

On December 16, 2025, the Working Group, Board staff, and Board Counsel met with stakeholders to review the final proposal, which incorporated stakeholder feedback and reflected the suggested changes. The meeting was collaborative and resulted in the development of a legislative proposal supported by all parties. The Working Group acknowledges the collaborative engagement of stakeholders and notes that their input has meaningfully informed the refinement of the draft language.

On December 17, 2025, the Working Group, Board staff, and Board Counsel met to go over the final proposal and discuss next steps. At the February 5, 2026 Council meeting, the Council will review the Working Group's proposed legislation for consideration. The Board is provided these meeting materials in the event the Council approves the legislative proposal and recommends it to the Board for consideration.

Discussion

The attached legislative proposal is presented to the Board for its consideration.

Supervision Requirements: Direct vs. General Supervision

The Working Group reviewed proposed statutory language addressing supervision levels for specific DA and RDA duties. Following discussion and stakeholder input, including feedback from CDA, there is alignment that certain procedures require direct supervision, meaning the supervising licensed dentist must be physically present in the treatment facility during performance of the procedure.

The Working Group concurs that the following duties require direct supervision for both DA and RDA classifications:

- Placement, wedging, and removal of matrices for restorative procedures
- Removal of post-extraction dressings after inspection of the surgical site by the supervising licensed dentist
- Removal of periodontal dressings
- Removal of sutures after inspection of the site by the supervising licensed dentist

This clarification supports statutory consistency and reinforces patient safety expectations.

Specific Amendments

The proposed statutory amendments are described in detail below and incorporate revisions requested by stakeholders.

- BPC section 1684.5, subdivisions (a)(2) and (c). The legislative proposal would change the term “supervising dentist” to “supervising licensed dentist” to conform with the new defined term “supervising licensed dentist” proposed to be added in BPC section 1741.
- BPC section 1741, subdivision (e). The legislative proposal would add requirements to the “certificate of completion” issued by dental assisting educational programs and courses, in addition to the current requirements. Specifically, the certificate would be required to include: (1) the physical address of the program or course facility, or for electronic courses, the business address; (2) the instructor name and license number; and (3) the printed name of the course or program provider, director, administrator, or their designee. Additionally, the legislative proposal would remove continuing education course providers from the requirements of this subsection.
- BPC section 1741, subdivision (f). The legislative proposal would eliminate the restriction limiting a licensee to no more than eight units of continuing education per day.
- BPC section 1741, subdivision (k). The definition for “dental auxiliary” would be added from California Code of Regulations (CCR), title 16, section 1067, subsection (a), along with clarifying language.
- BPC section 1741, subdivision (l). The legislative proposal would add clarifying language from CCR, title 16, section 1085, subsection (c), and specify that “direct supervision” means procedures performed pursuant to the order, control, and full professional responsibility of a supervising licensed dentist, and align the definition with the Dental Hygiene Board of California’s (DHBC) definition of that term under BPC section 1902, subdivision (c).
- BPC section 1741, subdivision (m). The legislation proposal would add clarifying language from CCR, title 16, section 1085, subsection (c), specifying that “general supervision” means procedures performed pursuant to the order, control, and full professional responsibility of a supervising licensed dentist, and align with the DHBC’s definition of that term under BPC section 1902, subdivision (d).

- BPC section 1741, subdivision (n). The legislative proposal would add the definition of “gingival” from CCR, title 16, section 1067, subsection (o).
- BPC section 1741, subdivision (p). The legislative proposal would change the term “licensed dentist” to “supervising licensed dentist” to conform with the new defined term “supervising licensed dentist” proposed to be added in BPC section 1741, subdivision (aa), described further below.
- BPC section 1741, subdivision (q). The legislative proposal would add a definition for “oral prophylaxis” from CCR, title 16, section 1067, subsection (g).
- BPC section 1741, subdivision (w). The legislative proposal would add a definition for “registered dental hygienist” from CCR, title 16, section 1067, subsection (d).
- BPC section 1741, subdivision (x). The legislative proposal would add a definition for “registered dental hygienist in alternative practice.”
- BPC section 1741, subdivision (y). The legislative proposal would add a definition for “registered dental hygienist in extended functions” from CCR, title 16, section 1067, subsection (f).
- BPC section 1741, subdivision (aa). The legislative proposal would add a definition for “supervising licensed dentist” from CCR, title 16, section 1085, subsection (c)(17) with additional language clarifying the term refers to a California licensed dentist.
- BPC section 1750, subdivision (a). The legislative proposal would change the term “licensed dentist” to “supervising licensed dentist” to conform with the new defined term “supervising licensed dentist” proposed to be added in BPC section 1741, subdivision (aa). Additionally, the definition of “basic supportive dental procedures” would be removed as it is currently located in BPC section 1741, subdivision (b).
- BPC section 1750, subdivision (d). The legislative proposal would change the term “licensed dentist” to “supervising licensed dentist” to conform with the new defined term “supervising licensed dentist” proposed to be added in BPC section 1741, subdivision (aa).
- BPC section 1750, subdivision (f)(3) and (4). These provisions would be removed and are proposed to be added to BPC section 1750.1, subdivision (e), to consolidate all allowable dental assisting duties in one location.

- BPC section 1750.1. The legislative proposal would reorder allowable duties from the highest level of supervision to the lowest.
- BPC section 1750.1, subdivision (a). The legislative proposal would add language from CCR, title 16, section 1085, subsection (a), and current BPC section 1750.1, subdivision (d), would be moved to this section to consolidate all prohibited duties in one location.
- BPC section 1750.1, subdivision (b). The legislative proposal would create a “chairside supervision” section to consolidate all allowable duties requiring the presence of the supervising licensed dentist at the patient’s chairside while the duty is being performed.
- BPC section 1750.1, subdivision (b)(1). The legislative proposal would move to subdivision (b)(1) the provision under current subdivision (b)(12).
- BPC section 1750.1, subdivision (b)(2). The legislative proposal would move to subdivision (b)(2) the provision under current subdivision (b)(16).
- BPC section 1750.1, subdivision (b)(3). The legislative proposal would move to subdivision (b)(3) the provision under subdivision (b)(18), with language “present in the operatory” revised to “chairside.”
- BPC section 1750.1, subdivision (c). The legislative proposal would move to subdivision (c) the current subdivision (b) and change the term “licensed dentist” to “supervising licensed dentist” to conform with the new defined term “supervising licensed dentist” proposed to be added in BPC section 1741, subdivision (aa). The legislative proposal would strike language from this subdivision because it is proposed to be added to the definitions in BPC sections 1741, subdivisions (l) and (m).
- BPC section 1750.1, subdivision (c)(12). The legislative proposal would add a provision specifying that periodontal dressings cannot be removed until after inspection of the surgical site by the supervising licensed dentist. This requirement mirrors the requirement under CCR, title 16, section 1085, subsection (c)(3). The Working Group believes that this language appropriately allows the dentist to inspect the site either immediately before or in connection with the procedure and does not require revision currently.
- BPC section 1750.1, subdivision (c)(13). The legislative proposal would change the term “licensed dentist” to “supervising licensed dentist” to conform with the new defined term “supervising licensed dentist” proposed to be added in BPC section 1741, subdivision (aa).

- BPC section 1750.1, subdivision (c)(15). This provision would be moved to subdivision (b)(17).
- BPC section 1750.1, subdivision (c)(16). This provision would be moved to subdivision (c)(2).
- BPC section 1750.1, subdivision (c)(17). This provision would be moved to subdivision (a)(1).
- BPC section 1750.1, subdivision (c)(18). This provision would be included under subdivision (b)(3).
- BPC section 1750.1, subdivision (d). The legislative proposal would move language from current subdivision (a), and revise the language to remove because provisions proposed to be added to the definitions in BPC sections 1741, subdivision (l) and (m).
- BPC section 1750.1, subdivision (d)(1). The legislative proposal would revise the language to clarify supervision must be by the supervising dentist. Language from current subdivision (b)(17) was moved into this subdivision to eliminate redundancy.
- BPC section 1750.1, subdivision (d)(2). This subdivision would be moved to new subdivision (e)(1).

BPC section 1750.1, subdivision (e). The legislative proposal would move and revise the dental assisting duties requiring additional education from BPC section 1750, subdivision (f)(3) and (4), to BPC section 1750.1, new subdivision (e).

- BPC section 1750.1, subdivision (f). The legislative proposal would re-letter existing subdivision (c) as new subdivision (f) and revise the provision for conformity with other provisions authorizing the Board to prescribe provisions in regulation.
- BPC section 1752.4, subdivision (a). The legislative proposal would create a “chairside supervision” section to consolidate all allowable duties requiring the presence of the supervising licensed dentist at the patient’s chairside while the duty is being performed, based on changes made to new BPC section 1750.1, subdivision (b). The statute would reorder allowable duties from the highest level of supervision to the lowest. As such, the remaining duties under current subdivision (a) would be moved to new subdivision (c).

- BPC section 1752.4, subdivision (b). The legislative proposed would move current subdivision (e) to new subdivision (b).
- BPC section 1752.4, subdivision (b)(1). The legislative proposal would clarify dental assistant duties that registered dental assistants are allowed to perform under direct supervision, based on changes made to new BPC section 1750.1, subdivision (c).
- BPC section 1752.4, subdivision (b)(2). The legislative proposal would move current subdivision (e)(1) to new subdivision (b)(2).
- BPC section 1752.4, subdivision (b)(3). The legislative proposal would move current subdivision (e)(2) to new subdivision (b)(3).
- BPC section 1752.4, subdivision (c). The legislative proposal would move to new subdivision (c) the duties authorized to be performed under general supervision under current subdivision (a).
- BPC section 1752.4, subdivision (c)(1). The legislative proposal would clarify dental assistant duties that registered dental assistants are allowed to perform under general supervision, based on changes made to new BPC section 1750.1, subdivision (c).
- BPC section 1752.4, subdivision (c)(9). The legislative proposal would add clarifying language specifying that this duty must be performed using a hand instrument.
- BPC section 1752.4, subdivision (d). The legislative proposal would strike current subdivision (d) and move current subdivision (a)(19) to new subdivision (d). Due to the proposed restructuring of this section, current subdivision (d) would no longer be necessary. In addition, this change would allow the Board to prescribe additional duties for all levels of supervision, not only general supervision and conforms to other Board regulatory authority.
- BPC section 1752.4, subdivision (e). The legislative proposal would add clarifying language specifying that the additional duties outlined in this subdivision cannot be performed until a copy of the certificate of completion of a Board-approved program or course has been submitted to the Board and the duty has been added to the RDA license by the Board.

- BPC section 1752.4, subdivision (e)(1). The legislative proposal would clarify and assign a supervision level to the performance of this duty.
- BPC section 1752.4, subdivision (e)(2). The legislative proposal would move current subdivision (e)(2) to new subdivision (f).
- BPC section 1752.4, subdivision (e)(3). The legislative proposal would move current subdivision (e)(3) to new subdivision (f).
- BPC section 1752.4, subdivision (e)(4). The legislative proposal would clarify and assign a supervision level to the performance of this duty.
- BPC section 1752.4, subdivision (f). The legislative proposal would move current subdivision (b) to new subdivision (f) and add clarifying language specifying the additional duties outlined in this subdivision may be performed under direct supervision after successful completion of a Board-approved course and obtaining the required permit from the Board.
- BPC section 1752.4, subdivision (g). The legislative proposal would re-letter current subdivision (c) as new subdivision (g).
- BPC section 1752.4, subdivision (h). The legislative proposal would re-letter current subdivision (f), make revisions to conform to other changes made in the legislative proposal, and remove language that is proposed to be added to the definitions in BPC section 1741, subdivisions (l) and (m).

The Council believes the proposed statutory clarifications strengthen consistency, reduce ambiguity, and reinforce patient safety while supporting appropriate utilization of dental assisting personnel. Written feedback from CDA indicated support for the recommended statutory changes and alignment with the Council's interpretation of supervision requirements and inspection language.

Action Requested

The Board is asked to consider the proposed legislative amendments and Council recommendations. If the Board agrees with the recommendation to amend the definitions, DA duties, and RDA duties discussed above, the Board is asked to make one of the following motions.

Option 1 (support the proposed recommendation): Move the legislative proposal in **Attachment 1** for submission to the California State Legislature to amend Business and Professions Code sections 1684.5, 1741, 1750, 1750.1, and 1752.4 regarding dental auxiliaries.

Option 2 (support the proposed recommendation as revised during this meeting): Move the legislative proposal in **Attachment 1**, as revised during this meeting, for submission to the California State Legislature to amend Business and Professions Code sections 1684.5, 1741, 1750, 1750.1, and 1752.4 regarding dental auxiliaries.

Option 3 (no action): If the Board does not wish to act on the recommendation, no motion is needed.

Attachment

1. Legislative Proposal to Amend Business and Professions Code Sections 1684.5, 1741, 1750, 1750.1, and 1752.4 Regarding Dental Auxiliaries

DENTAL BOARD OF CALIFORNIA

LEGISLATIVE PROPOSAL TO AMEND BUSINESS AND PROFESSIONS CODE SECTIONS 1684.5, 1741, 1750, 1750.1, AND 1752.4 REGARDING DENTAL AUXILIARIES

Proposed amendments are indicated in underline for new text and ~~striketrough~~ for deleted text.

1684.5. (a) In addition to other acts constituting unprofessional conduct under this chapter, it is unprofessional conduct for any dentist to perform or allow to be performed any treatment on a patient who is not a patient of record of that dentist. A dentist may, however, after conducting a preliminary oral examination, require or permit any dental auxiliary to perform procedures necessary for diagnostic purposes, provided that the procedures are permitted under the auxiliary's authorized scope of practice. Additionally, a dentist may require or permit a dental auxiliary to perform all of the following duties prior to any examination of the patient by the dentist, provided that the duties are authorized for the particular classification of dental auxiliary pursuant to Article 7 (commencing with Section 1740):

(1) Expose emergency radiographs upon direction of the dentist.

(2) If the dental auxiliary is a registered dental assistant in extended functions, a registered dental hygienist, or a registered dental hygienist in alternative practice, determine and perform radiographs for the specific purpose of aiding a dentist in completing a comprehensive diagnosis and treatment plan for a patient using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising licensed dentist pursuant to Sections 1753.55, 1910.5, and 1926.05. A dentist is not required to review patient records or make a diagnosis using telehealth.

(3) Perform extra-oral duties or functions specified by the dentist.

(4) Perform mouth-mirror inspections of the oral cavity, to include charting of obvious lesions, malocclusions, existing restorations, and missing teeth.

(b) For purposes of this section, "patient of record" refers to a patient who has been examined, has had a medical and dental history completed and evaluated, and has had oral conditions diagnosed and a written plan developed by the licensed dentist.

(c) For purposes of this section, if dental treatment is provided to a patient by a registered dental assistant in extended functions, a registered dental hygienist, or a registered dental hygienist in alternative practice pursuant to the diagnosis and treatment plan authorized by a supervising licensed dentist, at a location other than the dentist's practice location, it is the responsibility of the authorizing dentist that the patient or the patient's representative receive written notification that the care was provided at the direction of the authorizing dentist and that the notification include the authorizing dentist's name, practice location address, and telephone number. This

provision shall not require patient notification for dental hygiene preventive services provided in public health programs as specified and authorized in Section 1911, or for dental hygiene care when provided as specified and authorized in Section 1926.

(d) A dentist shall not concurrently supervise more than a total of five registered dental assistants in extended functions, registered dental hygienists, or registered dental hygienists in alternative practice providing services pursuant to Sections 1753.55, 1910.5, and 1926.05.

(e) This section shall not apply to dentists providing examinations on a temporary basis outside of a dental office in settings including, but not limited to, health fairs and school screenings.

(f) This section shall not apply to fluoride mouth rinse or supplement programs administered in a school or preschool setting.

1741. As used in this article:

(a) "Alternative dental assisting program" means a program offered by an institution of secondary or postsecondary education that has a current accreditation from the Commission on Dental Accreditation or is accredited or approved by an agency recognized by the United States Department of Education or State Department of Education, including career health and technical education programs, regional occupation centers or programs, or apprenticeship programs registered by the State Department of Education or Division of Apprenticeship Standards of the Department of Industrial Relations in allied dental programs, and whereby a certificate of completion from the program shall serve as a pathway component for licensure as a registered dental assistant.

(b) "Basic supportive dental procedures" means procedures that have technically elementary characteristics, are completely reversible, and are unlikely to precipitate potentially hazardous conditions for the patient being treated, including extraoral tasks involving sterilization procedures and infection control and disease prevention tasks.

(c) "Board" means the Dental Board of California.

(d) "Certified dental assistant" means an individual who has successfully passed the general chairside assisting, radiation health and safety, and infection control examinations administered by the Dental Assisting National Board and has an active certification satisfactory to terms and conditions of the Dental Assisting National Board at the time of application for a dental assisting license. A current and valid certified dental assistant certificate is not required for subsequent licensure renewals.

(e) "Certificate of completion" means a certificate of completion of the program or course that shall include, at minimum, the participant's name, the name of the course or program completed, the name of the course or program provider, including the board-issued approval number, the physical address of the program/course facility or, for electronic courses, the business address, the date or date range of completion of the

course or program, the number of completed hours of the course or program, the instructor name and license number, and the printed name and signature of the course or program provider, director, administrator, or their designee, ~~that verifies the participant has successfully completed any of the following:~~

~~(1) A board-approved educational course or program in dental assisting.~~

~~(2) A continuing education course provided by a board-approved continuing education provider.~~

~~(3) An alternative dental assisting program.~~

(f) "Continuing education" means a course of study specific to the performance of dental-related procedures where the education is directly related to the clinical and supplemental duties and functions of dental assistants, registered dental assistants, registered dental assistants in extended functions, and dental assisting permitholders, as defined in this article. The continuing education coursework must follow the provisions outlined in board regulations. ~~Continuing education units obtained shall be limited to no more than eight units per day. The following shall apply to the continuing education units:~~

~~(1) Live interactive coursework units obtained shall not total more than eight units per day.~~

~~(2) Nonlive or self-paced online coursework units shall not be more than eight units per day within a range of dates during a seminar, workshop, or educational series where more than one day is required to complete the coursework.~~

(g) "Coronal polishing" means a procedure limited to the removal of plaque and stain from exposed tooth surfaces.

(h) "Council" means the Dental Assisting Council of the Dental Board of California.

(i) "Course" means an educational offering, class, presentation, meeting, or other similar event.

(j) "Dental assistant" means an individual who, without a license, may perform only ~~basic supportive~~ dental procedures described in Sections 1750 and 1750.1.

(k) "Dental auxiliary" means a person who may perform dental procedures authorized by this article under the specified supervision of a supervising licensed dentist. For purposes of Section 1684.5, "dental auxiliary" shall include a person who may perform dental procedures authorized by Article 9.1 under the specified supervision of a supervising licensed dentist.

~~(k)~~ (l) "Direct supervision" means supervision of dental procedures based on instructions given by performed pursuant to the order, control, and full professional responsibility of

a supervising licensed dentist, who ~~shall~~ is required to be physically present in the treatment facility during the performance of those procedures.

~~(lm)~~ “General supervision” means supervision of dental procedures ~~based on instructions given by~~ performed pursuant to the order, control, and full professional responsibility of a supervising licensed dentist ~~but who is not requiring the physical presence of the supervising dentist~~ required to be physically present in the treatment facility during the performance of those procedures.

~~(n)~~ “Gingival” means pertaining to the gingivae, the mucous membrane with the supporting fibrous tissue.

~~(no)~~ “Good standing” means the licensee or permitholder has not been disciplined, is not the subject of an unresolved complaint or review procedures, and is not the subject of any unresolved disciplinary proceeding.

~~(np)~~ “Interim therapeutic restoration” means a direct provisional restoration placed to stabilize the tooth until a supervising licensed dentist diagnoses the need for further definitive treatment. An interim therapeutic restoration consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. An interim therapeutic restoration may also be applied to a tooth with caries that has been confirmed by the treating dentist to be arrested through the use of a caries arresting agent with or without further removal of tooth structure. Local anesthesia shall not be necessary for interim therapeutic restoration placement.

~~(q)~~ “Oral prophylaxis” means the preventive dental procedures including complete removal of explorer-detectable calculus, soft deposits, plaque, stains, and the smoothing of unattached tooth surfaces. The objective of this treatment shall be creation of an environment in which hard and soft tissues can be maintained in good health by the patient.

~~(or)~~ “Preceptee” means an unlicensed dental assistant who is supervised by a California-licensed dentist or dentists in good standing and is participating in a preceptorship in dental assisting to learn the clinical skills and acquire procedural knowledge through work experience and supplemental dental assisting coursework.

~~(ps)~~ “Preceptor” means a California-licensed dentist in good standing who directly supervises and provides on-the-job training to a preceptee in a preceptorship in dental assisting by evaluating clinical competence, documenting completion of clinical chairside work experience, learning, and clinical progress, teaching and promoting clinical reasoning, and ensuring the preceptee has completed course requirements before performing dental assisting duties pursuant to Section 1750.1. A preceptee may have more than one California-licensed dentist serve as a preceptor.

~~(qt)~~ “Preceptorship in dental assisting” means supervised on-the-job training of a preceptee by a preceptor in the performance of duties specified in Section 1750.1 in a

competent manner as determined by the preceptor pursuant to the requirements set forth in paragraph (5) of subdivision (a) of Section 1752.1.

(~~f~~u) "Registered dental assistant" means a person licensed by the board to perform all procedures authorized under Section 1752.4.

(~~s~~v) "Registered dental assistant in extended functions" means a person licensed by the board to perform all procedures authorized under Section 1753.5.

(w) "Registered dental hygienist" means a person who holds a registered dental hygienist license issued by the Dental Hygiene Board of California.

(x) "Registered dental hygienist in alternative practice" means a person who holds a registered dental hygienist license issued by the Dental Hygiene Board of California.

(y) "Registered dental hygienist in extended functions" means a person who holds a registered dental hygienist in extended functions license issued by the Dental Hygiene Board of California.

(~~t~~z) "Satisfactory work experience" means performance of the duties specified in Section 1750.1 in a competent manner as determined by the supervising licensed dentist or dentists, who shall certify under penalty of perjury under the laws of the State of California the applicant's completion of the work experience.

(aa) "Supervising licensed dentist" means a California licensed dentist whose patient is receiving dental services in the treatment facility performed by a dental auxiliary under the direct control of the dentist.

1750. (a) A dental assistant is an individual who, without a license, may perform basic supportive dental procedures, as authorized by this section and Section 1750.1 and by regulations adopted by the board, under the supervision of a supervising licensed dentist. "~~Basic supportive dental procedures~~" ~~are those procedures that have technically elementary characteristics, are completely reversible, and are unlikely to precipitate potentially hazardous conditions for the patient being treated.~~

(b) The supervising licensed dentist shall be directly responsible for determining the competency of the dental assistant to perform the ~~basic supportive~~ dental procedures, as authorized by Section 1750.1.

(c) The employer, supervising licensed dentist, manager, or supervisor of a dental assistant shall be responsible for ensuring that the dental assistant has successfully completed a board-approved eight-hour course in infection control prior to performing any ~~basic supportive~~ dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials.

(d) During the period of dental assistant services provided by the dental assistant and for three years after termination thereof, t~~The employer, supervising licensed dentist, manager, or supervisor~~ shall maintain a copy of any certificate of completion evidence

~~for the length of the employment for the dental assistant at the supervising dentist's treatment facility to verify the dental assistant has met and maintained all certification requirements as dictated by statute and regulation.~~

(e) The employer shall inform the dental assistant of the educational requirements described in subdivision (f) to maintain employment as an unlicensed dental assistant.

(f) The employer of a dental assistant shall be responsible for ensuring that the dental assistant who has been employed continuously or on an intermittent basis by that employer for one year from the date of first employment provides evidence to the employer that the dental assistant has already successfully completed, or successfully completes, all of the following within one year of the first date of employment:

(1) A board-approved two-hour course in the Dental Practice Act.

(2) Current certification in basic life support issued by the American Red Cross, the American Heart Association, the American Safety and Health Institute, the American Dental Association's Continuing Education Recognition Program, or the Academy of General Dentistry's Program Approval for Continuing Education, in accordance with both of the following:

(A) The dental assistant shall be responsible for maintaining current certification in basic life support to perform duties involving patients.

(B) The employer of a dental assistant shall be responsible for ensuring that the dental assistant maintains certification in basic life support.

~~(3) To perform radiographic procedures, a dental assistant shall complete a board-approved course in radiation safety. The original or a copy of the current, valid certificate issued by a board-approved radiation safety course provider shall be publicly displayed at the treatment facility where the dental assistant performs dental services.~~

~~(4) To perform coronal polishing prior to licensure as a registered dental assistant, an unlicensed dental assistant shall complete a board-approved coronal polishing course and obtain a certificate of completion. Prior to taking the coronal polishing course, the dental assistant shall provide evidence to the course provider of having completed a board-approved eight-hour course in infection control and a current, valid certification in basic life support.~~

~~(A) Coronal polishing performed pursuant to this paragraph shall be performed under the direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist, who shall, at minimum, evaluate each patient after coronal polishing procedures are performed by the dental assistant.~~

~~(B) The original or a copy of the current, valid certificate issued by a board-approved coronal polishing course provider shall be publicly displayed at the treatment facility where the dental assistant performs dental services.~~

1750.1. (a) Unless specifically so provided by regulation, a dental assistant may not perform the following functions or any other activity that represents the practice of dentistry or requires the knowledge, skill and training of a licensed dentist:

(1) Diagnosis and treatment planning.

(2) Surgical or cutting procedures on hard or soft tissue, including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.

(3) Fitting and adjusting of correctional and prosthodontic appliances.

(4) Prescription of medicines.

(5) Placement, condensation, carving or removal of permanent restorations, including final cementation procedures.

(6) Irrigation and medication of canals, try-in cones, reaming, filing or filling of root canals.

(7) Taking of impressions for prosthodontic appliances, bridges or any other structures which may be worn in the mouth;

(8) Administration of injectable and/or general anesthesia;

(9) Administration of local or general anesthesia or sedation.

(10) Starting the flow of nitrous oxide and oxygen gases.

(11) Oral prophylaxis procedures.

(b) A dental assistant may only perform the following duties while the supervising licensed dentist is present at the patient's chairside while the duty is being performed:

(1) After adjustment by the supervising licensed dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient.

(2) Adjust the flow of nitrous oxide and oxygen gases if deemed necessary and directed by the supervising licensed dentist.

(3) In response to a medical emergency, a dental assistant may administer or assist in the administration of oxygen.

~~(bc)~~ A dental assistant may perform the following duties under the direct supervision and pursuant to the order, control, and full professional responsibility of a supervising licensed dentist:

- (1) Apply nonaerosol and noncaustic topical agents, including all forms of topical fluoride.
- (2) Take intraoral impressions for all nonprosthodontic appliances.
- (3) Take facebow transfers and bite registrations.
- (4) Place and remove rubber dams or other isolation devices.
- (5) Place, wedge, and remove matrices for restorative procedures.
- (6) Remove postextraction dressings after inspection of the surgical site by the supervising licensed dentist.
- (7) Perform measurements for the purposes of orthodontic treatment.
- (8) Cure dental materials with a light curing device.
- (9) Examine orthodontic appliances.
- (10) Place and remove orthodontic separators.
- (11) Remove ligature ties and archwires.
- ~~(12) After adjustment by the dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient.~~
- (13~~2~~) Remove periodontal dressings after inspection of the surgical site by the supervising licensed dentist.
- (14~~3~~) Remove sutures after inspection of the site by the supervising licensed dentist.
- ~~(15) Place patient monitoring sensors.~~
- ~~(16) Adjust the flow of nitrous oxide and oxygen gases if deemed necessary and directed by the supervising dentist who shall be present in the operator directly supervising the adjustment.~~
- ~~(17) Extraoral functions specified by the supervising dentist that meet the definition of basic supportive dental procedures specified in subdivision (b) of Section 1741. Such duties may include patient monitoring, placing monitoring sensors, taking of vital signs, or other extraoral procedures related to the scope of their practice.~~
- ~~(18) In response to a medical emergency and under the direct supervision, order, control, and full professional responsibility of the licensed dentist, a dental assistant may administer or assist in the administration of oxygen.~~

(ad) A dental assistant may perform the following duties under the general supervision and ~~pursuant to the order, control, and full professional responsibility of a~~ supervising licensed dentist:

(1) Extraoral duties specified by the supervising ~~licensee~~ licensed dentist that meet the definition of a basic supportive dental procedure specified in subdivision (b) of Section 1741. These duties may include patient monitoring, placing and removing monitoring sensors, taking of vital signs, or other extraoral procedures related to the scope of their practice, and a procedure that requires the use of personal protective equipment, laboratory functions, and sterilization and disinfection procedures described in Section 1005 of Title 16 of the California Code of Regulations and Section 5193 of Title 8 of the California Code of Regulations.

~~(2) Operate dental radiography equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of paragraph (4) of subdivision (f) of Section 1750.~~

~~(32)~~ Perform intraoral and extraoral photography.

(e) A dental assistant may perform the following additional duties after successfully completing a board-approved dental assistant educational program or board-approved course in those duties.

(1) To perform radiographic procedures, a dental assistant shall complete a board-approved course in radiation safety. The original or a copy of the current, valid certificate issued by a board-approved radiation safety course provider shall be publicly displayed at the treatment facility where the dental assistant performs dental services. Radiographic procedures performed pursuant to this paragraph shall be performed under the general supervision of a supervising licensed dentist

(2) To perform coronal polishing, an unlicensed dental assistant shall complete a board-approved coronal polishing course and obtain a certificate of completion. Prior to taking the coronal polishing course, the dental assistant shall provide evidence to the course provider of having completed a board-approved eight-hour course in infection control and a current, valid certification in basic life support.

(A) Coronal polishing performed pursuant to this paragraph shall be performed under the direct supervision of a supervising licensed dentist, who shall, at minimum, evaluate each patient after coronal polishing procedures are performed by the dental assistant.

(B) The original or a copy of the current, valid certificate issued by a board-approved coronal polishing course provider shall be publicly displayed at the treatment facility where the dental assistant performs dental services.

~~(ef)~~ The board may ~~specify~~ prescribe additional allowable duties by regulation.

~~(d) The duties of a dental assistant or a dental assistant holding a permit in orthodontic assisting or in dental sedation shall not include any of the following procedures unless specifically allowed by law:~~

- ~~(1) Diagnosis and comprehensive treatment planning.~~
- ~~(2) Placing, finishing, or removing permanent restorations.~~
- ~~(3) Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.~~
- ~~(4) Prescribing medication.~~
- ~~(5) Starting the flow of nitrous oxide and oxygen gases.~~
- ~~(6) Administration of local or general anesthesia or sedation.~~

~~(eg)~~ Unless otherwise permitted in this section, the duties of a dental assistant do not include any duty or procedure that only a registered dental assistant, registered dental assistant in extended functions, orthodontic assistant, dental sedation assistant, registered dental hygienist, or registered dental hygienist in alternative practice is allowed to perform.

~~(fh)~~ The placement of pit and fissure sealants may only be performed by a registered dental assistant, registered dental assistant in extended functions, registered dental hygienist, or registered dental hygienist in alternative practice.

1752.4. (a) A registered dental assistant may perform all of the following the duties and procedures of a dental assistant as specified in subdivisions (a), (b), and (c) of Section 1750.1 while the supervising licensed dentist is present at the patient's chairside while the duty is being performed. ~~may perform all the following duties under the general supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:~~

- ~~(1) All duties that a dental assistant is allowed to perform.~~
- ~~(2) Mouth-mirror inspections of the oral cavity, to include charting of obvious lesions, existing restorations, and missing teeth.~~
- ~~(3) Apply and activate bleaching agents using a nonlaser light-curing device.~~
- ~~(4) Use of automated caries detection devices and materials and recording of such findings before placement of pit and fissure sealants.~~
- ~~(5) Obtain intraoral images for computer-aided design (CAD), milled restorations.~~
- ~~(6) Pulp vitality testing and recording of findings.~~
- ~~(7) Place bases, liners, etch, and bonding agents for restorative procedures.~~

- ~~(8) Chemically prepare teeth for bonding for restorative procedures.~~
- ~~(9) Place, adjust, and finish direct provisional restorations.~~
- ~~(10) Fabricate, adjust, cement, and remove indirect provisional restorations, including stainless steel crowns when used as a provisional restoration.~~
- ~~(11) Place post-extraction dressings after inspection of the surgical site by the supervising licensed dentist.~~
- ~~(12) Place periodontal dressings.~~
- ~~(13) Dry endodontically treated canals using absorbent paper points.~~
- ~~(14) Perform sore spot adjustment only of dentures extraorally.~~
- ~~(15) Perform tissue conditioning and soft reline of dentures.~~
- ~~(16) Remove excess cement from surfaces of teeth with a hand instrument.~~
- ~~(17) Polish coronal surfaces of the teeth.~~
- ~~(18) Place ligature ties and archwires.~~
- ~~(19) All duties that the board may prescribe by regulation.~~

(eb) A registered dental assistant may perform the following duties under direct supervision:

- (1) The duties that a dental assistant is allowed to perform under paragraphs (5), (6), (12), and (13) of subdivision (c) of Section 1750.1.
- (2) Isolate, etch, bond, and attach composite buttons for orthodontic procedures.
- (3) Size, fit, secure, and remove orthodontic bands using appropriate dental materials.

(c) A registered dental assistant may perform the following duties under general supervision:

- (1) The duties that a dental assistant is allowed to perform under paragraphs (1) through (4) and (7) through (11) under subdivision (c) and subdivision (d) of Section 1750.1.
- (2) Mouth-mirror inspections of the oral cavity, to include charting of obvious lesions, existing restorations, and missing teeth.
- (3) Apply and activate bleaching agents using a nonlaser light-curing device.

(4) Use of automated caries detection devices and materials and recording of such findings before placement of pit and fissure sealants.

(5) Obtain intraoral images for computer-aided design (CAD), milled restorations.

(6) Pulp vitality testing and recording of findings.

(7) Place bases, liners, etch, and bonding agents for restorative procedures.

(8) Chemically prepare teeth for bonding for restorative procedures.

(9) Place, adjust, and finish direct provisional restorations with a hand instrument.

(10) Fabricate, adjust, cement, and remove indirect provisional restorations, including stainless steel crowns when used as a provisional restoration.

(11) Place post-extraction, periodontal, and temporary sedative dressings after inspection of the surgical site by the supervising licensed dentist.

(12) Place periodontal dressings.

(13) Dry endodontically treated canals using absorbent paper points.

(14) Perform sore-spot adjustment only of dentures extraorally.

(15) Perform tissue conditioning and soft reline of dentures.

(16) Remove excess cement from supragingival surfaces of teeth with a hand instrument.

(17) Polish coronal surfaces of the teeth.

(18) Place ligature ties and archwires.

(19) Perform radiographic procedures.

(d) The board may prescribe additional allowable duties by regulation.

(be) A registered dental assistant may only perform the following additional duties after successfully completing a board-approved registered dental assistant educational program or board-approved course in those duties, submitting to the Board a copy of the certificate of completion of the board-approved program or course, and the duty has been added to their Registered Dental Assistant license by the Board.

(1) Under direct supervision of a licensed dentist, Rremove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.

~~(2) The allowable duties of an orthodontic assistant permitholder as specified in Section 1750.3. A registered dental assistant shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument.~~

~~(3) The allowable duties of a dental sedation assistant permitholder as specified in Section 1750.5.~~

~~(4) Under general supervision of a licensed dentist, The application and adjustment of pit and fissure sealants with a hand instrument.~~

(f) A registered dental assistant may only perform the following additional duties under direct supervision of a supervising licensed dentist after successfully completing a board-approved course in those duties and obtaining the required permit from the Board.

(1) The allowable duties of an orthodontic assistant permitholder as specified in paragraphs (1) through (5) and (7) through (8) of subdivision (a) of Section 1750.3.

(2) The allowable duties of a dental sedation assistant permitholder as specified in Section 1750.5.

(eg) Except as provided in Section 1777, the supervising licensed dentist shall be responsible for ensuring completion of courses to perform additional duties and determining whether each authorized procedure performed by a registered dental assistant should be performed under general or direct supervision.

~~(d) The supervising dentist shall be responsible for determining whether each authorized procedure in subdivision (a) performed by a registered dental assistant should be performed under general or direct supervision.~~

~~(e) A registered dental assistant may perform the following duties under direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:~~

~~(1) Isolate, etch, bond, and attach composite buttons for orthodontic procedures.~~

~~(2) Size, fit, secure, and remove orthodontic bands using appropriate dental materials.~~

(fh) Notwithstanding subdivision (be), a registered dental assistant may perform a duty specified in this section using contemporary techniques and materials designed for use in the performance of that duty under the direct supervision and pursuant to the order, control, and full professional responsibility of a supervising licensed dentist if the registered dental assistant has completed the appropriate education and training, and whose skill, knowledge, and education in the use of such contemporary technique or material has been determined clinically competent by the supervising licensed

MEMORANDUM

DATE	January 9, 2026
TO	Members of the Dental Board of California (Board)
FROM	Paige Ragali Chief of Administration and Compliance Dental Board of California (Board)
SUBJECT	Agenda Item 25.c.: Legislative Proposal to Amend BPC Sections 1628.7, 1686, 1718.2 and 1718.3 Regarding Probationary Licenses, Petitions for Reinstatement, Termination, or Modification of Penalty, and Cancelled Licenses and Permits

BACKGROUND

Pursuant to Business and Professions Code (BPC) section 1628.7, the Board may deny licensure to any applicant who is guilty of unprofessional conduct or of any cause that would subject a licensee to revocation or suspension of their license. Under this statute, the Board is authorized to issue a probationary license to the applicant; the applicant subsequently may petition to the Board for early termination, or modification of a condition of, the probation. The Board's last sunset bill, Senate Bill (SB) 1453 (Ashby, Chapter 483, Statutes of 2024) substantively revised that statute to clarify the probationary license requirements.

Pursuant to BPC section 1686, a person whose license or permit has been revoked, suspended, or placed on probation, or whose license or permit was surrendered pursuant to a stipulated settlement as a condition to avoid a disciplinary administrative hearing may petition the Board for reinstatement or modification or termination of probation based on the requirements and timelines specified. Board staff have identified clarity and implementation issues with this statute.

BPC section 1718.2 establishes requirements to reinstate a revoked license after its expiration. BPC section 1718.3 establishes requirements to obtain a license after a license has been cancelled for failure to renew the license within five years. SB 1453 also substantively revised BPC section 1718.3 to clarify these requirements. However, Board staff have identified additional clarity issues.

DISCUSSION

Agenda Item 25.c.: Legislative Proposal to Amend BPC Sections 1628.7, 1686, 1718.2 and 1718.3 Regarding Probationary Licenses, Petitions for Reinstatement, Termination, or Modification of Penalty, and Cancelled Licenses and Permits
Dental Board of California Meeting
February 5-6, 2026

Board staff recommend making clarifying substantive and other non-substantive amendments described below and reflected in the attached legislative proposal.

Petitions for Reinstatement or Modification or Termination of Probation

Board staff have concerns regarding the interpretation of BPC section 1686 and the ability for revoked or surrendered licensees to return to practice after extended periods of time, without sufficiently establishing that they are competent and safe to practice under current standards. As it is currently written, BPC section 1686 allows a person to petition for reinstatement of a license, certificate, or permit but does not have requirements for proof of competency in alignment with the Board's licensing standards. Yet, BPC section 1718.3 requires a licensee who fails to renew a license after it has been expired for over five years to reapply for a new license and establish current competency. Board recommend BPC section 1686 be amended to require proof of competency by a licensee who has not practiced for five years or more.

Board staff also have concerns regarding the timeframes for licensees on probation to be able to request a modification of their probationary terms to allow them to successfully complete their probation. Further, at times, petitioners granted reinstatement are not satisfying the terms and conditions precedent to reinstatement in a timely manner, which may result in extended periods of time away from practice with no reinstatement provisions requiring proof of current competency to practice. Board staff believe the petition statute should be amended to clarify the petition timeframes and include an abandonment provision to require licensees who are granted reinstatement to satisfy the terms and conditions precedent to reinstatement in a timely manner.

Board staff propose additional amendments to BPC section 1686, reflected in the attached legislative proposal, described as follows:

1. Amend the introductory paragraph to be lettered as subdivision (a) and clarify the ability of a person whose license or permit has been revoked, surrendered, suspended, or placed on probation to petition the Board. This amendment would remove the restriction pertaining to surrender pursuant to a stipulated settlement as a condition to avoid a disciplinary administrative hearing and instead allow anyone whose license was surrendered, including pursuant to the terms and conditions of probation ordered in a decision, to petition for reinstatement.
2. Amend subdivision (a) as paragraph (1) and clarify the three-year time period from which a revoked or surrendered licensee may petition for reinstatement.
3. Amend subdivision (b) as subdivision (a)(2) and clarify the two-year time period from which a petition for early termination of probation may be submitted.
4. Amend subdivision (c) as subdivision (a)(3) and clarify the one-year time period for petitioning for reinstatement of a license revoked for a mental or physical

illness pursuant to BPC section 822 or surrendered pending proceedings initiated for mental or physical illness.

5. Add new subdivision (a)(4) to clarify the one-year time period for petitioning for early termination of a probation of less than three years.
6. Add new subdivision (a)(5) to clarify the one-year time period for modification of a condition of probation that currently exists under subdivision (c). This amendment would allow a probationer to apply for modification of a condition of probation after the passage of one year of probation, regardless of the total number of years of probation.
7. Add new subdivision (b) to require, upon request of the Board, submission of classifiable fingerprints to ensure a proper state and federal criminal history check occurs.
8. Under new subdivision (c), insert and revise the existing limitations on Board consideration of a petition when the petitioner is under sentence for any criminal offense, a complaint, investigation, or enforcement action is pending against the petitioner. The proposed amendments would reduce from two years to one year the limitation to submit a petition from the effective date of the prior decision following a petition hearing but also limit the number of petitions that could be submitted without a decision issued to resolve a petition. These amendments are important to address petitions submitted by licensees holding a probationary license issued without the full Administrative Procedure Act process and limit the number of petitions that may be submitted by licensees who, rather than successfully establishing rehabilitation, seek instead to petition over and over without proving rehabilitation.
9. Add new subdivision (d) to prohibit reinstatement of additional scope of practice permits or certificates (General Anesthesia, Moderate Sedation, Elective Facial Cosmetic Surgery, etc.) that were revoked or surrendered and require the petitioner to apply for a new permit or certificate and meet the requirements for such permit or certificate in effect at the time of re-application. This will allow Board staff to ensure compliance with all current requirements of these permits/certificates.
10. Under new subdivision (e), clarify and update the existing petition hearing assignment provisions.
11. Under new subdivision (f), update the existing petition consideration provisions.
12. Add new subdivision (g) to establish a requirement to prove competency for a revoked or surrendered license that has been expired for five years or more prior to reinstatement. This will allow Board staff to ensure that the petitioner will be competent and able to practice in alignment with current licensing standards.

13. Under new subdivision (h), clarify terms and conditions that may be imposed, including payment of costs of investigation and enforcement previously awarded for reinstatement of licenses and terms and conditions that must be completed prior to reinstatement to demonstrate competency (such as completing a clinical training program) that aligns with BPC 1718.2. (BPC 1686(h))
14. Add new subdivision (i) to establish petition abandonment for failure to satisfy terms or conditions precedent to reinstatement of the license or permit by the deadlines ordered in the decision. This will allow Board staff to ensure timely compliance with terms and conditions required to establish competency for license reinstatement.

Due to the proposed restructuring amendments to BPC section 1686, Board staff propose the following conforming amendments.

Proposed Amendments to BPC Section 1628.7 (Probationary License): Make non-substantive, conforming revisions to subdivision (c) to authorize a petition for modification of either a term or condition and strike “subdivision (b) of” from the cross-reference to BPC section 1686.

Fees to Reinstate Revoked or Surrendered License

BPC section 1718.2 requires, for reinstatement of a revoked license after expiration of the license, payment of reinstatement and delinquency fees. Board staff propose to amend BPC section 1718.2 to require payment of the reinstatement and delinquency fees as a condition precedent to reinstatement. In addition, consistent with the proposed amendments to BPC section 1686 described above, Board staff propose clarifying required payment of outstanding costs of investigation and enforcement awarded in the underlying disciplinary decision. Further, Board staff propose to apply these fee requirements for reinstatement of a surrendered license.

Requirements for Licensure Following Cancelled License

BPC section 1718.3 provides that a license that has not been renewed within five years after its expiration shall be cancelled and shall not be renewed, restored, reinstated, or reissued thereafter, but the holder of the license may apply for and obtain a new license if specified requirements are met. Notably, a reinstated license means the license was revoked or surrendered. Because BPC section 1718.3 contains this provision for reinstatement, but separately, BPC section 1686 establishes the requirements to petition for reinstatement, the two statutes have created confusion as to which statute controls reinstatement of a revoked or surrendered license.

To clarify the process for reinstatement of a license, Board staff propose striking “reinstated” from BPC section 1718.3. With this amendment, only the requirements under BPC section 1686 would apply to individuals seeking reinstatement of a license.

Agenda Item 25.c.: Legislative Proposal to Amend BPC Sections 1628.7, 1686, 1718.2 and 1718.3
Regarding Probationary Licenses, Petitions for Reinstatement, Termination, or Modification of Penalty, and
Cancelled Licenses and Permits
Dental Board of California Meeting
February 5-6, 2026

OPERATIONAL/FISCAL IMPACT

Board staff have made an initial determination that the proposed statutory amendments would not have a significant operational impact in regard to the demand of more staff, or higher expectancy of license holders petitioning for license reinstatement.

CRITICAL TIMEFRAMES

The proposed statutory changes do not impose any critical timeframes.

ACTION REQUESTED

Board staff request the Board discuss the information presented in this memo and the attached legislative proposal and take one of the following actions.

Suggested Motions

Option 1 (support the proposed recommendations): Move to approve for submission to the California State Legislature the legislative proposal in Attachment 1 to amend Business and Professions Code sections 1628.7, 1686, 1718.2, and 1718.3 to clarify the probationary license, petition for reinstatement, termination, or modification of penalty, and cancelled license and permit processes and requirements.

Option 2 (support the proposed recommendations as revised during this meeting): Move to approve for submission to the California State Legislature the legislative proposal in Attachment 1 to amend Business and Professions Code sections 1628.7, 1686, 1718.2, and 1718.3 to clarify the probationary license, petition for reinstatement, termination, or modification of penalty, and cancelled license and permit processes and requirements, as revised during this meeting [insert specific revisions].

Option 3 (no action): If the Board does not wish to act on the recommendations, no motion is needed.

ATTACHMENT:

1. Legislative Proposal to Amend Business and Professions Code Sections 1628.7, 1686, 1718.2, and 1718.3 Regarding Probationary Licenses, Petitions for Reinstatement, Termination, or Modification of Penalty, and Cancelled Licenses and Permits

DENTAL BOARD OF CALIFORNIA

LEGISLATIVE PROPOSAL TO AMEND BUSINESS AND PROFESSIONS CODE SECTIONS 1628.7, 1686, 1718.2, AND 1718.3 REGARDING PROBATIONARY LICENSES, PETITIONS FOR REINSTATEMENT, TERMINATION, OR MODIFICATION OF PENALTY, AND CANCELLED LICENSES AND PERMITS

Proposed amendments are indicated in *blue italic* for new text and ~~red strikethrough~~ for deleted text.

Amend Business and Professions Code Section 1628.7 as follows:

1628.7. (a) The board may deny licensure to any applicant who is guilty of unprofessional conduct or of any cause that would subject a licensee to revocation or suspension of their license. The board may, upon an applicant's successful completion of the board's licensure requirements, in its sole discretion, issue a probationary license to an applicant for licensure as a dentist or dental auxiliary. The board may require, as a term or condition of issuing the probationary license, the applicant to do any of the following, including, but not limited to:

- (1) Successfully complete a professional competency examination.
- (2) Submit to a medical or psychological evaluation.
- (3) Submit to continuing medical or psychological treatment.
- (4) Abstain from the use of alcohol or drugs.
- (5) Submit to random fluid testing for alcohol or controlled substance abuse.
- (6) Submit to continuing participation in a board-approved rehabilitation program.
- (7) Restrict the type or circumstances of practice.
- (8) Submit to continuing education and coursework.
- (9) Comply with requirements regarding notification to employer and changes of employment.
- (10) Comply with probation monitoring.
- (11) Comply with all laws and regulations governing the practice of dentistry.
- (12) Limit practice to a supervised structured environment in which the licensee's activities shall be supervised by another dentist.
- (13) Submit to total or partial restrictions on drug prescribing privileges.

(b) The board shall provide the decision placing the applicant on probation in plain view on the board's internet website.

(c) Unless otherwise specified by the board, the term of probation shall be for three years and the licensee may petition the board for early termination, or modification of a *term or* condition of, the probation in accordance with ~~subdivision (b) of~~ Section 1686.

(d) An applicant shall not be eligible to reapply for licensure for a minimum of one year from the effective date of the denial of their application.

(e) Upon successful completion of all terms and conditions of probation or termination of the probationary terms and conditions pursuant to subdivision (c), the board may issue an unrestricted license to the licensee.

(f) Adjudication under the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code) shall not be required to issue a probationary license pursuant to subdivision (a).

Amend Business and Professions Code Section 1686 as follows:

1686. *(a) Except as provided under subdivision (d), a* ~~A~~ person whose license, ~~certificate,~~ or permit has been revoked, *surrendered,* ~~or~~ suspended, ~~who has been or~~ placed on probation, ~~or whose license, certificate, or permit was surrendered pursuant to a stipulated settlement as a condition to avoid a disciplinary administrative hearing,~~ may petition the board for reinstatement or ~~modification of penalty, including~~ modification or termination of probation, after a period of not less than the following minimum periods have elapsed from the effective date of the decision ordering disciplinary action:

~~(a) (1) Except as provided under paragraph (3), at~~ *At* least three years for reinstatement of a ~~revoked or surrendered~~ license ~~revoked for unprofessional conduct or surrendered pursuant to a stipulated settlement as a condition to avoid an administrative disciplinary hearing.~~

~~(b) (2) At least two years for early termination, or modification of a condition,~~ of a probation of three years or more.

~~(c) (3) At least one year for modification of a condition, or~~ reinstatement of a license revoked *pursuant to Section 822 or surrendered pending proceedings initiated under Article 12.5 (commencing with Section 820)* for mental or physical illness, ~~or termination, or modification of a condition, of a probation of less than three years.~~

(4) At least one year for early termination of a probation of less than three years.

(5) At least one year for modification of a term or condition of probation.

(b) The petition shall state any fact required by the board, and upon request of the board, the petitioner shall submit a full set of classifiable fingerprints for purposes of conducting

a criminal history record check and undergo a state and federal criminal offender record information search conducted through the Department of Justice, pursuant to subdivision (u) of Section 11105 of the Penal Code. The Department of Justice shall provide a state or federal response to the board pursuant to paragraph (1) of subdivision (p) of Section 11105 of the Penal Code.

(c) A petition under this section shall not be considered if:

(1) The petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole.

(2) A complaint, investigation, or enforcement action is pending against the petitioner.

(3) The petition was filed within a period of one year from the effective date of the prior decision issued by the Board or the date of submission of a prior petition submitted under this section.

(d) A certificate or permit issued pursuant to Sections 1638.1, 1646.2, 1647.3, 1647.20, or 1647.32 that was revoked or surrendered shall not be reinstated. If a petitioner seeks issuance of such certificate or permit, the petitioner shall apply for a new certificate or permit once the dentist license is fully restored.

(e) The petition may be heard by the board, or ~~the board may assign the petition to~~ an administrative law judge ~~designated in~~ assigned pursuant to Section ~~11371~~ 11370.3 of the Government Code.

(f) In considering reinstatement or modification of penalty, the board or the administrative law judge hearing the petition may consider (1) all activities of the petitioner since the disciplinary action was taken, (2) the offense for which the petitioner was disciplined, (3) the petitioner's activities during the time the license, ~~certificate~~, or permit was in good standing, and (4) the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued from time to time as the board or the administrative law judge ~~as designated in Section 11371 of the Government Code~~ finds necessary.

(g) A revoked or surrendered license or permit that has been expired for five years or more shall not be reinstated unless the petitioner submits proof of competency to practice under the license or permit. Proof of competency to practice may include any or all requirements for issuance of a new license or permit, as applicable.

*(h) The board or the administrative law judge may impose necessary terms and conditions on the licensee ~~or permitholder~~ in reinstating a license, ~~certificate~~, or permit or modifying a penalty. *The terms and conditions imposed for reinstatement of a license or permit shall include payment of all outstanding costs of investigation and enforcement awarded pursuant to Section 125.3 in the prior decision. If the license or permit has been expired for at least five years and proof of competency to practice has not been shown pursuant**

to subdivision (g), the petitioner shall be required to satisfy terms and conditions precedent to reinstatement that demonstrate the petitioner's competency to safely practice.

(i) If the petitioner fails to satisfy any term or condition precedent to reinstating the license or permit by the deadline required in the term or condition, the petition shall be deemed abandoned, and the license or permit shall not be reinstated as ordered by the decision. The board, or its representative, may extend the deadline to satisfy the term or condition on a case-by-basis only if the petitioner requests an extension of the deadline prior to the deadline expiration. A deadline to satisfy a term or condition precedent to reinstatement of the license or permit shall not be extended for more than 180 days.

~~A petition under this section shall not be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. A petition shall not be considered while there is an accusation or petition to revoke probation pending against the person.~~ *(j) The board may deny without a hearing or argument any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.*

(k) This section shall not be deemed to alter Sections 822 and 823.

Amend Business and Professions Code Section 1718.2 as follows:

1718.2. A revoked *or surrendered* license is subject to expiration as provided in this article, but it may not be renewed. If it is reinstated after its expiration, the licensee, ~~as a condition precedent to its reinstatement,~~ shall *satisfy the following, as applicable:*

(a) As a condition precedent to reinstatement, pay a reinstatement fee in an amount equal to the renewal fee in effect on the last regular renewal date before the date on which it is reinstated, plus the delinquency fee, if any, accrued at the time of its revocation.

(b) Pay all outstanding costs of investigation and enforcement awarded pursuant to Section 125.3, payment of which may be required as a condition precedent to reinstatement or pursuant to a payment plan approved by the Board or its designated agent .

Amend Business and Professions Code Section 1718.3 as follows:

1718.3. A license that is not renewed within five years after its expiration shall be canceled and shall not be renewed, restored, ~~reinstated,~~ or reissued thereafter, but the holder of the license may apply for and obtain a new license if the following requirements are satisfied:

(a) No fact, circumstance, or condition exists which would justify denial of licensure under Section 480.

(b) The licenseholder pays all of the fees that would be required if the licenseholder were then applying for the license for the first time and all delinquency fees, if any, that have accrued since the date on which the licenseholder last renewed the license. Delinquency fees shall not accrue after the license has been canceled pursuant to this section.

(c) The licenseholder applies for licensure, as a new applicant, through one of the available licensing pathways under this division and meets all the requirements for licensure outlined therein.

(d) For purposes of subdivision (c), a licenseholder who was previously eligible for examination pursuant to subdivision (e) of Section 1628 shall be eligible to take the examination required by Section 1632 pursuant to the terms of subdivision (e) of Section 1628.

MEMORANDUM

DATE	January 12, 2026
TO	Members of the Dental Board of California
FROM	Brant Nelson, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 26.a.: 2026 Tentative Legislative Calendar – Information Only

Background

The 2026 Tentative Legislative Calendar is being provided for information only. The 2026 Tentative Calendar is compiled by the Office of the Assembly Chief Clerk and the Office of the Secretary of the Senate.

Action Requested

No action requested.

DEADLINES

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

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

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

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

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

- Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 5 Legislature reconvenes (J.R. 51(a)(4)).
- Jan. 10 Budget must be submitted by Governor (Art. IV, Sec. 12 (a)).
- Jan. 16 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. 19 Martin Luther King, Jr. Day.
- Jan. 23 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 (Art. IV, Sec. 10(c)), (J.R. 61(b)(3)).

- Feb. 16 Presidents’ Day.
- Feb. 20 Last day for bills to be **introduced** (J.R. 61(b)(4)), (J.R. 54(a)).

- Mar. 26 **Spring Recess** begins upon adjournment (J.R. 51(b)(1)).
- Mar. 30 Cesar Chavez Day observed.

- Apr. 6 Legislature reconvenes from **Spring Recess** (J.R. 51(b)(1)).
- Apr. 24 Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(b)(5)).

- May 1 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 8 Last day for **policy committees** to meet prior to June 1 (J.R. 61(b)(7)).
- May 15 Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61 (b)(8)). Last day for **fiscal committees** to meet prior to June 1 (J.R. 61 (b)(9)).
- May 25 Memorial Day.
- May 26 – 29 **Floor Session only**. No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(b)(10)).
- May 29 Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).

*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				

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

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

- June 1

Committee meetings may resume (J.R. 61(b)(12)).
- June 15

Budget Bill must be passed by **midnight** (Art. IV, Sec. 12(c)(3)).
- June 25

Last day for a legislative measure to qualify for the Nov. 3 General Election ballot (Elections Code Sec. 9040).
- July 2

Last day for **policy committees** to meet and report bills (J.R. 61(b)(13)).
Summer Recess begins upon adjournment of session, provided Budget Bill has passed (J.R. 51(b)(2)).
- July 3

Independence Day observed.
- Aug. 3

Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).
- Aug. 14

Last day for **fiscal committees** to meet and report bills to the Floor (J.R. 61(b)(14)).
- Aug. 17 – 31

Floor Session only. No committee, other than conference and Rules committees, may meet for any purpose (J.R. 61(b)(15)).
- Aug. 21

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 RECESS

- 2026

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. 3

General Election.
- Nov. 30

Adjournment *sine die* at midnight (Art. IV, Sec. 3(a)).
- Dec. 7

12 Noon convening of the 2027-28 Regular Session (Art. IV, Sec. 3(a)).
- 2027

Jan. 1

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

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	January 22, 2026
TO	Members of the Dental Board of California
FROM	Brant Nelson, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 26.b.: Legislation of Interest

Background

During the 2025 legislative year, the Dental Board of California (Board) identified bills that would impact the Board and healing arts boards in general. Board members and staff actively participated in the legislative process by communicating with legislators and their staff and taking positions on proposed legislation. Summaries of the bills tracked by the Board during the first year of the 2025-2026 legislative session have been compiled into the [Legislative Summary for 2025](#) available on the Board's website.

In the California State Legislature, bills that pass out of their house of origin move to the next house (e.g., from the Assembly to the Senate, or vice versa) for consideration. In 2025, the California legislative house of origin deadline was June 6, 2025, but no bills are automatically dead because 2025 was the first year of a two-year legislative session. Bills not passed by the house of origin deadline, or were held in the second house, became "two-year bills" and have a second chance to advance in 2026, with the deadline to pass out of their house of origin by the end of January 2026, and the deadline to pass out of the second house by July 2026 for non-fiscal bills, and August 2026 for fiscal bills.

For the 2026 legislative year Board staff continue to track bills that impact the Board, the Department of Consumer Affairs (DCA), healing arts boards and their respective licensees, and all licensing boards. This memorandum includes information regarding each bill's status, location, date of introduction, date of last amendment, and a summary. The bills are listed in numerical order, with the Assembly Bills (AB XXX) first, followed by the Senate Bills (SB XXX). Legislation is amended, statuses are updated, and analyses are added frequently; thus, hyperlinks, identified in blue, underlined text, are provided throughout this document to ensure Board members and the public have access to the most up-to-date information. The information below was based on legislation, statuses, and analyses (if any) publicly available on January 14, 2026.

Discussion

Staff will present updates on the following bills that may have a direct impact on the Board for discussion and possible action at the February meeting.

Priority Legislation for Board Consideration

Assembly Bill [\(AB\) 485](#) (Ortega, 2025) Labor Commissioner: unsatisfied judgments: nonpayment of wages.

[AB 667](#) (Solache, 2025) Professions and vocations: license examinations: interpreters.

[AB 873](#) (Alanis, 2025) Dentistry: dental assistants.

[AB 966](#) (Carrillo, 2025) Dental Practice Act: foreign dental schools.

[AB 1130](#) (Berman, 2025) Dentistry: outreach and support program.

[AB 1307](#) (Ávila Farías, 2025) Licensed Dentists from Mexico Pilot Program.

[AB 1563](#) (Gabriel, 2026) Budget Act of 2026.

[AB 1578](#) (Jackson, 2026) State and local officials: antihate speech training.

Senate Bill [\(SB\) 879](#) (Laird, 2026) Budget Act of 2026.

Other Board-Monitored Legislation

The following bills have been identified by staff as being of potential interest to the Board but do not require discussion at this time. Staff will continue to watch these bills and report on their progression at a future Board meeting. Please note staff will not be presenting these bills, should a Board member desire to discuss one of these bills they may present the bill at the meeting and provide arguments for the Board to take a position.

[AB 280](#) (Aguiar-Curry, 2025) Health care coverage: provider directories.

[AB 350](#) (Bonta, 2025) Health care coverage: fluoride treatments.

[AB 371](#) (Haney, 2025) Dental coverage.

[AB 479](#) (Tangipa, 2025) Criminal procedure: vacatur relief.

[AB 787](#) (Papan, 2025) Provider directory disclosures.

[AB 837](#) (Davies, 2025) Ketamine.

[AB 872](#) (Blanca Rubio, 2025) Environmental health: product safety: perfluoroalkyl and polyfluoroalkyl substances.

[AB 1107](#) (Flora, 2025) Cigarette and Tobacco Products Licensing Act of 2003: nitrous oxide: licensure.

[AB 1215](#) (Flora, 2025) Hospitals: medical staff membership.

[AB 1431](#) (Tangipa, 2025) Personal income taxes: credit: medical services: rural areas.

[AB 1434](#) (Michelle Rodriguez, 2025) Health care boards: workforce data collection.

[SB 730](#) (Hurtado, 2025) Product safety: consumer products: perfluoroalkyl and polyfluoroalkyl substances.

Department of Consumer Affairs Legislation

The following bills make nonsubstantive changes for various provisions in connection with the Department of Consumer Affairs. Staff will continue to watch these bills and report on their progression at a future Board meeting. Please note staff will not be presenting these

bills, should a Board member desire to discuss one of these bills they may present the bill at the meeting and provide arguments for the Board to take a position.

[AB 1298](#) (Harabedian, 2025) The Department of Consumer Affairs.

[AB 1461](#) (Essayli, 2025) Department of Consumer Affairs: regulatory boards.

[SB 806](#) (Dahle, 2025) Department of Consumer Affairs.

Action Requested

If desired, the Board may take one of the following actions regarding each bill:

Support

Support if amended

Oppose

Oppose unless amended

Alternatively, the Board may take no action and designate the Board's position on a bill as one of the following:

Watch

Neutral

None

**Legislation Tracked by Dental Board of California (Board) Staff – 2025-2026
Legislative Session
2026 Legislative Year**

Priority Legislation for Board Consideration

[AB 485](#) (Ortega, 2025) Labor Commissioner: unsatisfied judgments: nonpayment of wages

Introduced: February 10, 2025

Last Amended: July 1, 2025

Location: Senate Appropriations Committee – Suspense File

Status: Two-year bill

Summary: Existing law generally prohibits employers from continuing to conduct business in the California if they have an unsatisfied final judgment for nonpayment of wages, unless the employer has obtained a bond from a surety company and filed that bond with the Labor Commissioner, as prescribed.

This bill would require a state agency, if an employer in an industry that is also required to obtain a license or permit from that state agency is found to have violated the unsatisfied judgment provision, to deny a new license or permit or the renewal of an existing license or permit for that employer. The bill would require the Labor Commissioner, upon finding that an employer is conducting business in violation of that provision, to notify the applicable state agency with jurisdiction over that employee's license or permit.

Staff Comments: This bill would require the Board to deny a new license or permit, or the renewal of an existing license or permit, upon notice by the Labor Commissioner of its finding that an employer is conducting business in violation of the unsatisfied judgment requirements. If the Board is required to deny licenses and permits, it may impact the Board's revenue. It is difficult for Board staff to estimate how this bill could impact Board revenue because the Labor Commissioner does not consistently aggregate and publicly report this data in a centralized, easily accessible format. However, Board staff anticipate the impact to be minimal.

Staff notes there is no process in the bill for the Board to issue the initial or renewal license or permit if the employer subsequently comes into compliance with the unsatisfied judgment requirements. Further, the Board does not provide lists of license or permit applicants to the Labor Commissioner, so it is unclear how the Labor Commission would know whether the employer had applied for a Board-issued license or permit. The Board may wish to communicate these issues to the author for clarification.

Board Position: At its May 14-15, 2025, meeting, the Board voted to take an Oppose Unless Amended position on AB 485 to clarify Board action on the initial or renewal license or permit following subsequent compliance by the employer and resolve the

issue of Labor Commissioner awareness of license or permit applications submitted to the Board. On May 29, 2025, the Board sent an Oppose Unless Amended position letter to Assemblymember Ortega regarding these concerns. The bill was amended on July 1, 2025, but the amendments do not resolve the concerns raised by the Board in its Oppose Unless Amended position letter.

[AB 667](#) (Solache, 2025) Professions and vocations: license examinations: interpreters

Introduced: February 14, 2025

Last Amended: September 5, 2025

Location: Senate Floor – Inactive File

Status: Two-year bill

Summary: This bill would, beginning July 1, 2026, require certain boards under the jurisdiction of the Department of Consumer Affairs (DCA) to permit an applicant who cannot read, speak, or write in English to use an interpreter to interpret the English written and oral portions of the license examination, as applicable, examination if the applicant meets all other requirements for licensure, as specified.

This bill would require an interpreter to satisfy specified requirements, including not having the license for which the applicant is taking the examination, and would prohibit the assistance of an interpreter under certain circumstances, including when English language proficiency is required for the license. The bill would also require those boards to post on their internet websites that an applicant may use an interpreter if they cannot read, speak, or write in English, the examination is not offered in their preferred language, and they meet all other requirements for licensure.

Staff Comments: The bill was amended to remove DCA Division 2 (healing arts) boards. However, Board staff recommend monitoring to ensure the language is not added back due to examination security concerns.

Board Position: Watch

[AB 873](#) (Alanis, 2025) Dentistry: dental assistants

Introduced: February 19, 2025

Last Amended: July 9, 2025

Location: Senate Business, Professions and Economic Development Committee

Status: Two-year bill.

Summary: As amended on July 9, 2025, AB 873, sponsored by the California Dental Association (CDA), would amend Business and Professions Code (BPC) section 1725 to establish a maximum \$300 fee cap for review of each approval application or reevaluation for a course provided pursuant to BPC sections 1753.52 (interim therapeutic restorations and radiographic decisionmaking (ITR/RDM course)), 1754.5 (radiation safety course), and 1755 (electronic infection control course). Board staff note the amendments to BPC section 1725 would not resolve the Board's implementation

issues with the ITR/RDM, radiation safety course, and electronic infection control course raised during the Board's November 2024 and February 2025 meetings as the application fee maximums do not reflect the actual costs to the Board to review and evaluate the ITR/RDM and radiation safety course applications (\$7,330) and electronic infection control course (\$1,350), or include the Board's request to increase the other dental assisting course fee maximum to \$8,000.

The bill would amend BPC section 1750 to change the deadline for a dental assistant to successfully complete a Board-approved eight-hour course in infection control. Pursuant to the Board's Sunset bill (Senate Bill (SB) 1453 (Ashby, Ch. 483, Stats. 2024)), as of January 1, 2025, a dental assistant must successfully complete an infection control course prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials. AB 837 would require the infection control course to be completed on or before 60 days from the date of first employment at the dental office, and require the employer of a dental assistant to provide bloodborne pathogen training, as specified, prior to the dental assistant's potential exposure to blood, saliva, or other potentially infectious materials and annually thereafter. The Board discussed the proposed amendments submitted by CDA to the infection control course deadline requirement, but the Board took no position on those amendments.

The bill also would specify the infection control course completed by the dental assistant must be a Board-approved eight-hour course as part of a Board-approved registered dental assisting education program, a stand-alone course approved by the Board pursuant to regulation, or a course with six hours of didactic instruction and at least two hours of laboratory instruction using video or a series of video training tools, all of which may be delivered using asynchronous, synchronous, or online learning mechanisms or a combination thereof, that is approved by the Board pursuant to the requirements in BPC section 1755.

AB 873 also would make technical corrections to BPC section 1750.1 (dental assistant duties) citations and 1753.52 (ITR/RDM course). The bill would amend BPC sections 1753 and 1753.5 to correct registered dental assistant in extended function (RDAEF) duties as requested by the Board at its May 2025 meeting.

The bill would amend BPC sections 1754.5 and 1755 to incorporate the Board's requested course curriculum and application process amendments approved by the Board at its February 2025 meeting, as negotiated with the author's office and sponsor.

The Board approved several other legislative proposals at its November 2024 and February 2025 meetings to resolve other SB 1453 issues. Board staff worked with the author's office and CDA to incorporate the Board's amendments in AB 873, including:

- Amending BPC sections 1628 and 1633 regarding dentist licensure requirements;

- Amending BPC section 1635.5 regarding licensure by credential pathway requirements;
- Amending BPC section 1638.1 regarding elective facial cosmetic surgery (EFCS) Permits; and
- Amending BPC section 1724 to remove the application fee for the portfolio pathway that was previously repealed.

However, these aforementioned amendments approved at the November 2024 and 2025 meetings were not included in the July 9, 2025, version of the bill.

Staff Comments: Until the ITR/RDM, radiation safety, and electronic infection control course and related fee statutes are amended to resolve the previously identified implementation issues, these courses cannot yet be approved by the Board for course providers to offer to students.

Board Position: At its May 14-15, 2025, meeting, the Board voted to take a Support if Amended position to include the Board's additional legislative proposals to resolve SB 1453 issues. On May 23, 2025, the Board sent a Support if Amended position letter Assemblymember Alanis. However, on July 14, 2025, the author cancelled the hearing of this bill making it a two-year bill.

[AB 966](#) (Carrillo, 2025) Dental Practice Act: foreign dental schools

Introduced: February 20, 2025

Last Amended: April 7, 2025

Location: Assembly Business and Professions Committee

Status: Two-year bill

Summary: Beginning January 1, 2024, existing law requires foreign dental schools seeking approval by the Board to complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association. Existing law maintained the approval of any foreign dental schools whose program was renewed by the board prior to January 1, 2020, through any date between January 1, 2024, and June 30, 2026, through that renewal date.

This bill would instead maintain the approval of any foreign dental school whose program was approved by the Board prior to January 1, 2024, until the school is denied accreditation by the Commission on Dental Accreditation of the American Dental Association (CODA) and the school does not appeal, the school has been issued a denial by CODA following the completion of the appeals process, or the school withdraws its application for CODA accreditation. The bill would require license applicants who graduated from a foreign dental school with extended Board approval to agree to practice dentistry in specified practice settings. The bill would require the Board, as part of the Board's first Sunset review report following January 1, 2032, to report specified information regarding workforce data of licensees and graduates of foreign dental schools with extended approval, as specified.

Staff Comments: This bill would require significant statutory and regulatory changes and staff time preparing the new workforce report required under the bill and increase staffing resource costs. This bill also may result in decreased consumer protection resulting from licensees, who graduated from a foreign dental school that had not been audited or otherwise reviewed for educational requirements compliance for many years. The bill also may result in a foreign dental school maintaining Board approval without Board oversight of compliance with existing regulatory requirements for a long time, as long as the school had applied for CODA approval. Although the bill sponsor submitted proposed revisions to the bill, those revisions do not resolve the Board's stated concerns.

Board Position: At its May 14-15 2025 meeting, the Board voted to take an Oppose Unless Amended position on AB 966. On May 20, 2025, the Board sent an Oppose Unless Amended letter to Assemblymember Carrillo.

[AB 1130](#) (Berman, 2025) Dentistry: outreach and support program

Introduced: February 20, 2025
Last Amended: June 23, 2025
Location: Senate Floor – Inactive File
Status: Two-year bill

Summary: This bill would require the Board to develop, implement, and maintain an outreach and support program to recruit students from underserved communities in the state to pursue education and licensure in the field of dentistry. The bill would establish duties the Board would be required to carry out in that regard, including conducting at least two outreach activities per year focused on students from underserved communities. The bill would require the Board to provide a summary of actions taken pursuant to the bill's provisions as part of its report to the Legislature through the sunset review process.

Staff Comments: Board staff estimate \$179,856 in costs for an Associate Government Program Analyst position and travel costs to implement and maintain the outreach and support program in the first budget year. In the next budget year, Board staff estimate \$159,000 for ongoing costs for the Associate Government Program Analyst position.

Recommended Board Position: Watch

[AB 1307](#) (Ávila Farías, 2025) Licensed Dentists from Mexico Pilot Program

Introduced: February 21, 2025
Last Amended: July 8, 2025
Location: Senate Business, Professions and Economic Development Committee
Status: Two-year bill

Summary: This bill would repeal and replace the existing Licensed Dentists from Mexico Pilot Program and instead requires the Board to issue a three-year

nonrenewable permit to practice dentistry to an applicant who meets specified criteria and require participants in the program to comply with specified requirements. The bill would authorize participants to be employed only by federally qualified health centers that meet specified conditions and would impose requirements on those centers. The bill would require an evaluation of the program to be commenced beginning one year after the program has commenced, as specified, and would prescribe the information to be included in that evaluation. The bill would require the costs for the program to be fully paid for by funds provided by philanthropic foundations.

Staff Comments: Board staff worked with Assemblymember Ávila Farías' office and the bill sponsor on the latest amendments to the bill to resolve the Board's concerns.

Board Position: At its May 14-15, 2025 meeting, the Board voted to take an Oppose Unless Amended position on AB 1307 describing its specific concerns. Board staff met with Assemblymember Ávila Farías' office and the bill sponsor to address the Board's concerns. Based on the July 8, 2025 amendments to the bill that addressed the Board's concerns, the Board sent a letter on July 9, 2025, withdrawing its Oppose Unless Amended position.

Board Position: Watch

[AB 1563](#) (Gabriel, 2026) Budget Act of 2026

Introduced: January 9, 2026

Last Amended: N/A

Location: Assembly Desk

Status: Introduced

Summary: The California Budget Act of 2026 appropriates funds for the 2026-27 fiscal year, building on [Governor Newsom's budget proposal](#). The California budget process starts with the Governor's January proposal followed by review by the Legislative Analysts Office (LAO), leading to legislative budget bills (Assembly and Senate versions) that get negotiated in conference committees, then passed by both houses for the Governor's signature by the June 15 deadline, with May Revision adjustments for revenue changes, culminating in the final Budget Act for the fiscal year starting July 1st.

Staff Comments: The California Budget Act of 2026 consisting of SB 879 and AB 1563 is the initial framework; the detailed Budget Act will emerge after legislative review, amendments, and the Governor's final approval, with specific agency funding details solidified later in 2026.

Recommended Board Position: Watch

[AB 1578](#) (Jackson, 2026) State and local officials: antihate speech training

Introduced: January 12, 2026

Last Amended: N/A

Location: Assembly Desk

Status: Introduced

Summary: This bill requires anti-hate speech training for state and local officials, which would likely include Board members and Board staff. The primary impact would be the requirement for the Board members, and potentially its executive staff, to undergo "anti-hate speech training" as specified by the new law. The exact curriculum and scope of the anti-hate training have yet to be detailed in the bill's text.

Staff Comments: The Board might need to review and potentially update its internal policies, codes of conduct, and professional development programs to ensure they align with the new law's provisions regarding anti-hate speech and discrimination prevention.

Recommended Board Position: Watch

[SB 879](#) (Laird, 2026) Budget Act of 2026.

Introduced: January 9, 2026

Last Amended: N/A

Location: Senate Budget and Fiscal Review Committee

Status: Introduced

Summary: The California Budget Act of 2026 appropriates funds for the 2026-27 fiscal year, building on [Governor Newsom's budget proposal](#). The California budget process starts with the Governor's January proposal followed by review by the Legislative Analysts Office (LAO), leading to legislative budget bills (Assembly and Senate versions) that get negotiated in conference committees, then passed by both houses for the Governor's signature by the June 15 deadline, with May Revision adjustments for revenue changes, culminating in the final Budget Act for the fiscal year starting July 1st.

Staff Comments: The California Budget Act of 2026 consisting of SB 879 and AB 1563 is the initial framework; the detailed Budget Act will emerge after legislative review, amendments, and the Governor's final approval, with specific agency funding details solidified later in 2026.

Recommended Board Position: Watch

Other Board-Monitored Legislation

[AB 280](#) (Aguiar-Curry, 2025) Health care coverage: provider directories

Introduced: January 21, 2025

Last Amended: July 15, 2025

Location: Senate Floor – Inactive File

Status: Two-year bill

Summary: Insurers and plans create directories so members can find providers, such as dentists, who participate in their network. This bill would require a plan or insurer to annually verify and delete inaccurate listings from its provider directories and require a

provider directory to be 60% accurate on July 1, 2026, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before July 1, 2029. A plan or insurer would be subject to administrative penalties for failure to meet the prescribed benchmarks. A plan or insurer would be required to provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on inaccurate, incomplete, or misleading information contained in a health plan or policy's provider directory or directories and to reimburse the provider the out-of-network amount for those services.

This bill also prohibits a provider from collecting an additional amount from an enrollee or insured other than the applicable in-network cost sharing which would count toward the in-network deductible and out-of-pocket maximum. A plan or insurer would be required to provide information about in-network providers to enrollees and insureds upon request and limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances. A health care service plan, or the insurer, would be required to ensure the accuracy of a request to add back a provider who was previously removed from a directory and approve the request within 10 business days of receipt, if accurate.

On or before January 1, 2026, this bill would authorize the Department of Managed Health Care and the Department of Insurance to develop uniform formats for plans and insurers to request directory information from providers and establish a methodology to ensure accuracy of provider directories.

Staff Comments: None

Recommended Board Position: Watch

[AB 350](#) (Bonta, 2025) Health care coverage: fluoride treatments

Introduced: January 29, 2025

Last Amended: September 5, 2025

Location: Senate Floor – Inactive File

Status: Two-year bill

Summary: This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, to provide coverage for the application of fluoride varnish in the primary care setting for children under 21 years of age. This bill would make the application of fluoride or other appropriate fluoride treatment, including fluoride varnish, a covered benefit under the Medi-Cal program for children under 21 years of age. The bill would require the State Department of Health Care Services to establish and promulgate a policy governing billing and reimbursement for the application of fluoride varnish, as specified.

Staff Comments: At its May 14-15, 2025, meeting, the Board voted to take a Support position. On May 29, 2025, the Board sent Assemblymember Bonta a Support position

letter stating that the Board recognized the value of enhancing fluoride varnish coverage to improve children's oral health in California.

Board Position: Support

[AB 371](#) (Haney, 2025) Dental coverage

Introduced: February 3, 2025

Last Amended: April 24, 2025

Location: Assembly Appropriations Committee – Suspense File

Status: Two-year bill

Summary: If a health care service plan or health insurer pays a contracting dental provider directly for covered services, this bill would require the plan or insurer to pay a noncontracting dental provider directly for covered services if the noncontracting provider submits to the plan or insurer a written assignment of benefits form signed by the enrollee or insured. The bill would require the plan or insurer to provide a predetermination or prior authorization to the dental provider and to reimburse the provider for not less than that amount, except as specified. The bill would require the plan or insurer to notify the enrollee or insured that the provider was paid and that the out-of-network cost may count towards their annual or lifetime maximum. The bill would require a noncontracting dental provider to make specified disclosures to an enrollee or insured before accepting an assignment of benefits.

This bill would require specified plans and insurers that cover dental services to offer urgent dental appointments within 48 hours of a request, nonurgent dental appointments within 18 business days of a request, and preventive dental care appointments within 20 business days of a request, as specified. The bill would require dentists to be available within 15 miles or 30 minutes from an enrollee's or insured's residence or workplace. The bill would require plans and insurers to report comprehensive information regarding the networks that each dental provider serves, including the plan's or insurer's self-insured network. The bill would require the Department of Managed Health Care or the Department of Insurance to review the adequacy of an entire dental provider network, including the portions of the network serving plans and insurers not regulated by the respective department.

Staff Comments: None

Recommended Board Position: Watch

[AB 479](#) (Tangipa, 2025) Criminal procedure: vacatur relief

Introduced: February 10, 2025

Last Amended: N/A

Location: Assembly Public Safety Committee

Status: Two-year bill

Summary: Existing law allows a person who was arrested or convicted of a nonviolent offense while they were a victim of intimate partner violence, or sexual violence, to petition the court, under penalty of perjury, for vacatur relief. Existing law requires, to receive that relief, that the petitioner establish, by clear and convincing evidence, that the arrest or conviction was the direct result of being a victim of intimate partner violence or sexual violence that demonstrates the petitioner lacked the requisite intent. Existing law authorizes the court to vacate the conviction if it makes specified findings.

This bill would require the court, before it may vacate the conviction, to make findings regarding the impact on the public health, safety, and welfare, if the petitioner holds a license, as defined, and the offense is substantially related to the qualifications, functions, or duties of a licensee. The bill would require a petitioner who holds a license to serve the petition and supporting documentation on the applicable licensing entity and would give the licensing entity 45 days to respond to the petition for relief.

Staff Comments: None

Recommended Board Position: Watch

[AB 787](#) (Papan, 2025) Provider directory disclosures

Introduced: May 6, 2025

Last Amended: June 23, 2025

Location: Senate Appropriations Committee – Suspense File

Status: Two-year bill

Summary: Insurers and plans create directories so members can find providers, such as dentists, who participate in their network. This bill would require a health plan or insurer to include in its provider directory a statement advising an enrollee or insured to contact the plan or insurer for assistance finding an in-network provider and for an explanation of their rights regarding out-of-network coverage. A plan or insurer would also be required to acknowledge the request within one business day if contacted for assistance, and to provide a list of in-network providers confirmed to be accepting new patients within 2 business days for a request deemed urgent by the enrollee or insured and 5 business days for a request deemed nonurgent by an enrollee or insured.

Staff Comments: None

Recommended Board Position: Watch

[AB 837](#) (Davies, 2025) Ketamine

Introduced: February 19, 2025

Last Amended: March 27, 2025

Location: Assembly Appropriations Committee – Suspense File

Status: Two-year bill

Summary: Existing law, the California Uniform Controlled Substances Act, categorizes controlled substances into five designated schedules, places the greatest restrictions on those substances contained in Schedule I, and generally places the least restrictive limitations on controlled substances classified in Schedule V. Existing law categorizes ketamine as a Schedule III controlled substance. Existing law, with a specified exception, makes it a crime to possess for sale or sell ketamine. Existing law makes a violation of that provision punishable by imprisonment in the county jail for a period of not more than one year or in the state prison.

This bill would instead make a violation of that provision punishable by imprisonment in the county jail for a period of not more than one year or for 3, 4, or 5 years. The bill would also make it a crime to transport, import, furnish, administer, or give away, offer to transport, import, furnish, administer, or give away, or attempt to import or transport ketamine into this state, except as specified. The bill would make a violation of these prohibitions punishable by imprisonment in the county jail for 3, 4, or 5 years.

Staff Comments: None

Recommended Board Position: Watch

[AB 872](#) (Blanca Rubio, 2025) Environmental health: product safety: perfluoroalkyl and polyfluoroalkyl substances

Introduced: February 19, 2025

Last Amended: April 10, 2025

Location: Assembly Environmental Safety and Toxic Materials Committee

Status: Two-year bill

Summary: This bill seeks to address perfluoroalkyl substances (PFAS). This bill, beginning January 1, 2028, would prohibit a person from distributing, selling, or offering for sale a covered product, as defined, that contains intentionally added PFAS, as defined, unless the Department of Toxic Substances Control has issued a regulatory response for the covered product pursuant to the Green Chemistry program or the prohibition is preempted by federal law. The bill would authorize a manufacturer of a covered product to petition that department to evaluate a covered product and would require that department to evaluate and provide a regulatory response for a covered product under the Green Chemistry program, as specified. The bill would authorize that department to identify and categorize commercially active PFAS present in products distributed in California, as specified.

Staff Comments: None

Recommended Board Position: None

[AB 1107](#) (Flora, 2025) Cigarette and Tobacco Products Licensing Act of 2003: nitrous oxide: licensure

Introduced: February 20, 2025

Last Amended: Revised April 8, 2025
Location: Assembly Appropriations Committee – Suspense File
Status: Two-year bill

Summary: Nitrous oxide is a colorless, odorless to sweet-smelling inorganic gas that was first used in surgical and dental anesthesia in the mid-1800s. Existing law, the Cigarette and Tobacco Products Licensing Act of 2003, requires the California Department of Tax and Fee Administration to issue a license to a retailer to engage in the sale of cigarettes or tobacco products upon receipt of a completed application and payment of certain fees unless any of certain exceptions apply. Existing law subjects licenses issued by the act to suspension or revocation for specified violations. Existing law prohibits a person from dispensing or distributing nitrous oxide to a person if the distributor knows or should know that the person is going to use the nitrous oxide for certain unlawful purposes and that person proximately causes great bodily injury or death to that person or another person. Existing law also requires a person who dispenses or distributes nitrous oxide to record each transaction involving the dispensing or distribution of nitrous oxide in a written or electronic document, as specified. Existing law makes a violation of either of these provisions a misdemeanor.

This bill would require a court to order the suspension, for up to one year, of the business license of a person who knowingly violates either of those provisions after having been previously convicted of a violation of the respective provision, except as specified. This bill would specify violations subjecting licenses to suspension or revocation include, among others, the crimes above, as specified. The bill would exempt from the license issuance requirement the issuance of a license to a retailer who has been convicted of specified crimes relating to the distribution of nitrous oxide, including the misdemeanors described above.

Staff Comments: None

Recommended Board Position: Watch

[AB 1215](#) (Flora, 2025) Hospitals: medical staff membership

Introduced: February 21, 2025
Last Amended: N/A
Location: Assembly Business and Professions Committee
Status: Two-year bill

Summary: Existing law, enforced by the Medical Board of California, makes it unprofessional conduct in the regular practice of medicine in a specified licensed general or specialized hospital having five or more physicians and surgeons on the medical staff without required provisions governing the operation of the hospital, including, among other things, a provision that membership on the medical shall be restricted to physicians and surgeons and other licensed practitioners competent in their respective fields and worthy of professional ethics. Existing law also makes it unprofessional conduct in the regular practice of medicine in a licensed general or

specialized hospital having less than five surgeons on the medical staff without required provisions governing the operation of the hospital, including, among other things, a provisions that membership on the medical staff shall be restricted to physicians and surgeons and other licensed practitioners competent in their respective fields and worthy of professional ethics.

This bill would clarify the membership restriction provisions of other licensees to specifically list dentists, podiatrists, clinical psychologists, nurse anesthetists, and nurse midwives.

Staff Comments: None

Recommended Board Position: Watch

[AB 1431](#) (Tangipa, 2025) Personal income taxes: credit: medical services: rural areas.

Introduced: February 21, 2025

Last Amended: April 28, 2025

Location: Assembly Revenue and Taxation Committee

Status: Two-year bill.

Summary: The Personal Income Tax Law allows various credits against the taxes imposed by that law. This bill, for taxable years beginning on or after January 1, 2025, and before January 1, 2032, would allow a credit against the taxes imposed by that law to a qualified taxpayer in an amount equal to the qualified income earned by the qualified taxpayer for medical services performed in a rural area in the state, not to exceed \$5,000 per taxable year, as specified.

Staff Comments: None

Recommended Board Position: Watch

[AB 1434](#) (Michelle Rodriquez, 2025) Health care boards: workforce data collection

Introduced: February 21, 2025

Last Amended: N/A

Location: Assembly Desk

Status: Two-year bill

Summary: Existing law requires specified boards, including the Board of Registered Nursing and the Respiratory Care Board of California, to collect certain workforce data from their respective licensees and registrants for future workforce planning at least biennially. This bill would make nonsubstantive changes to those provisions.

Staff Comments: Existing law “spot bill” but monitoring for changes.

Recommended Board Position: Watch

[SB 730](#) (Hurtado, 2025) Product safety: consumer products: perfluoroalkyl and polyfluoroalkyl substances

Introduced: February 21, 2025

Last Amended: March 26, 2025

Location: Senate Environmental Quality Committee

Status: Two-year bill

Summary: This bill, among other similar bills, seeks to address PFAS. This bill would, beginning January 1, 2027, prohibit a person from distributing, selling, or offering for sale, dental floss, among other things that contain intentionally added PFAS, as defined. The bill would authorize the Department of Toxic Substances Control to adopt regulations to designate additional consumer product categories to prohibit the distribution, selling, or offering for sale of consumer products containing intentionally added PFAS within those consumer product categories, as specified. The bill would define “product” for purposes of these provisions to not include, among other things, used products offered for sale, federally approved drugs or medical devices, or products containing fluoropolymers, as specified.

Staff Comments: None

Recommended Board Position: Watch

Department of Consumer Affairs Legislation

[AB 1298](#) (Harabedian, 2025) The Department of Consumer Affairs: An act to amend BPC section 100, relating to professions and vocations.

This bill would make nonsubstantive changes to those provisions.

[AB 1461](#) (Essayli, 2025) Department of Consumer Affairs: regulatory boards: Existing law provides for the licensure and regulation of various professions and vocations by boards and other entities within DCA. Existing law establishes procedures for removing from office a member of a DCA board or other DCA licensing entity based on certain conduct by that member.

This bill would make nonsubstantive changes to those provisions.

[SB 806](#) (Dahle, 2025) Department of Consumer Affairs: Existing law establishes the Department of Consumer Affairs, which is comprised of boards that license and regulate various professions and vocations. Under existing law, each DCA board exists as a separate unit with specified functions.

This bill would make a nonsubstantive change to these provisions.

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	January 16, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 27.: Future Agenda Items and Next Meeting Dates

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.