



**DENTAL BOARD OF CALIFORNIA
MEETING MINUTES
August 25-26, 2022**

The Dental Board of California (Board) met on August 25-26, 2022, via teleconference at the following location:

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

In addition to the physical location above, this meeting was also held via WebEx Events.

Members Present:

Alan Felsenfeld, MA, DDS, President
James Yu, DDS, MS, Vice President
Sonia Molina, DMD, MPH, Secretary (August 26, 2022 only)
Steven Chan, DDS
Lilia Larin, DDS (August 25, 2022 only)
Meredith McKenzie, Esq., Public Member
Angelita Medina, Public Member
Steven Morrow, DDS, MS
Rosalinda Olague, RDA, BA
Joanne Pacheco, RDH, MAOB

Members Absent:

Joni A. Forge, DDS

Staff Present:

Tracy Montez, Acting Assistant Executive Officer
Ryan Blonien, Acting Chief of Enforcement
Jessica Olney, Anesthesia Unit Manager
Paige Ragali, Licensing and Examination Unit Manager
Wilbert Rumbaoa, Administrative Services Unit Manager
David Bruggeman, Legislative and Regulatory Specialist
Mirela Taran, Administrative Analyst
Bernal Vaba, Special Investigator
Brian Clifford, Senior Planning and Implementation Manager, Executive Office,
Department of Consumer Affairs (DCA)
Ann Fisher, SOLID, DCA
Sarah Irani, SOLID, DCA
Kristy Schieldge, Regulatory Counsel, Attorney IV, Legal Affairs Division, DCA
Olivia Trejo, Chief, Office of Human Resources, DCA

Cesar Victoria, Office of Public Affairs, DCA
Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division, DCA

1:00 p.m., Thursday, August 25, 2022

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

The Board President, Dr. Alan Felsenfeld, called the meeting to order at 1:06 p.m. The Board Vice President, Dr. James Yu, called the roll; nine Board Members were present, and a quorum was established. Board Secretary Sonia Molina, DMD, MPH, and Board Member Joni A. Forge were absent.

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

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

Agenda Item 3: Discussion and Possible Action on May 12-13, 2022 and June 28, 2022

Board Meeting Minutes

President Felsenfeld requested an amendment to the meeting minutes on page 14, Agenda Item 23(d), third paragraph, fifth line, to strike and replace "Acherson" with "Acheson."

Motion/Second/Call (M/S/C) (Morrow/Pacheco) to approve the May 12-13, 2022 meeting minutes as revised.

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 proposed motion. Vice President Yu took a roll call vote on the proposed motion.

Ayes: Chan, Felsenfeld, Larin, Medina, Morrow, Olague, Pacheco, Yu.

Nays: None.

Abstentions: McKenzie.

Absent: Forge, Molina.

Recusals: None.

The motion passed.

(M/S/C) (Chan/McKenzie) to approve the June 28, 2022 meeting minutes with no changes.

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 proposed motion. Vice President Yu took a roll call vote on the proposed motion.

Ayes: Chan, Felsenfeld, McKenzie, Morrow, Olague, Pacheco, Yu.

Nays: None.

Abstentions: Larin, Medina.

Absent: Forge, Molina.

Recusals: None.

The motion passed.

Agenda Item 4: Board President Report

President Felsenfeld introduced the oncoming Board Members, Dr. Joni Forge, DDS, and Dr. Yogita Thakur, DDS, to the Board and gave a brief summary of their professional experience. He mentioned that he has been working diligently with DCA to keep the transition to a new Executive Officer going forward smoothly. President Felsenfeld introduced Dr. Tracy Montez, Ph.D., as the Acting Assistant Executive Officer of the Dental Board and mentioned that she has been working with DCA over the years which includes her role as Division Chief of Programs and Policy Review. He reported that he attended the July 23, 2022 Dental Hygiene Board of California (DHBC) and the July 26, 2022 DCA Board Leadership (alongside the Board Vice President, Dr. James Yu) meetings. President Felsenfeld noted that he has been working closely with the DCA executive team on assisting the Board with the transition for a permanent Executive Officer and that the job posting is now available online for interested applicants to apply.

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

Agenda Item 5: Acting Assistant Executive Officer Report

Dr. Montez noted that the former Interim Executive Officer, Ms. Sarah Wallace, resigned and moved on to another opportunity within state service. Dr. Montez indicated that she had the honor of being requested by the DCA Director, Ms. Kimberly Kirchmeyer, to step into her new role and help provide some oversight to the Board. She applauded Board staff for their hard work and noted that the high vacancy rate has made the processing of applications challenging. As a result, DCA would be bringing in support staff, who will be starting in September, to help process applications and assist in various areas of the Board. The goal is to get caught up, as well as hire individuals, so that the Board can be responsive to consumer protection, in addition to getting individuals out into the workforce.

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

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

Mr. Brian Clifford provided a departmental update. The Governor signed Senate Bill (SB) 189 on June 30, 2022 which reinstates through July 1, 2023, the remote meeting provisions of the Bagley-Keene Open Meeting Act that were in place during the pandemic. He provided a reminder that when planning for upcoming meetings, all board members and staff are expected to follow the state and local public health guidelines that apply in the area where meetings are held. Additionally, prior to meeting in person and at a remote location, members need to submit vaccine verification to DCA's Office of Human Resources or be subject to COVID-19 testing. Mr. Clifford announced that the initial report of the Enlightened Licensing Project is now available and was distributed to all boards and bureaus on May 13, 2022. He noted that DCA recently held the brown bag meeting with executive officers and bureau chiefs on July 5, 2022, to roll out changes to DCA's regulation development and approval process. On August 10, 2022, DCA held a brown bag meeting on the topic of social media, which included an overview of social media best practices, content examples, and security. Mr. Clifford expressed that DCA is updating its annual Workforce and Succession Plan and announced two new hires on the DCA executive team. He verbalized that board members are required to complete the Board Member Orientation Training (BMOT) within one year of appointment and re-appointment, and the final training of 2022 will be offered on October 12, 2022.

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

Agenda Item 7: Budget Report

Mr. Wilbert Rumbaoa provided a report on the State Dentistry Fund, which the Board manages, for fiscal year (FY) 2021-22.

Board Member Steven Chan asked how the interest is calculated on the General Fund (GF) Loan and whether it is affected by the increase of prime interest. Mr. Rumbaoa replied that the interest rate is included on the fund condition and that it will be included in the income from the surplus money investment. Dr. Chan asked if it was a fixed interest rate. Mr. Rumbaoa replied that it was indeed, but he did not have the exact number. Dr. Chan asked whether it was tied to increasing prime. Mr. Rumbaoa stated that it is a number based on what was provided for in the Government Code. Dr. Chan asked if the \$5 million loan transfer is a lump sum that was transferred. Mr. Rumbaoa replied that was correct. Dr. Chan verbalized that if the interest rate is five percent on the lump sum of \$5 million, with the assumption of five percent, that would equal \$250,000, not \$25,000. Mr. Rumbaoa replied that the actual repayment is for FY 2023/2024 and that he will obtain the exact amount.

Dr. Larin asked whether this was the first merged report from the Dental Assistant Fund and the State Dental Board Fund and whether the dental assistant expenditures and income could be separated easily. Mr. Rumbaoa replied that it was the fourth report, and expenditures for the dental assisting program and the Board could still be tracked, as it is all based on the fund codes. Any remaining funds that were in the dental assisting program were brought over to the Dental Board State Dentistry Fund. Dr. Larin asked when the projected balance of \$2.9 million would be transferred over. Mr. Rumbaoa replied that it had been transferred over.

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

Ms. Karen Munoz, DCA Budget Manager, noted that the interest rate was a fixed interest rate at the time that loan was paid, and that it was not captured in the fund condition at this time. She noted that the fund transfer did take effect, and there was already an executive order for that to come in as of the end of last FY. She noted that it would be seen in the fiscal month 13 financials once it was closed. Mr. Rumbaoa stated that amount, \$2,877,000, was shown on the fund conditions payment under current year 22/23.

Agenda Item 8: Enforcement - Review of Statistics and Trends

Mr. Ryan Blonien provided the report, which is available in the meeting materials. Mr. Blonien stated that during the month of July, the Sacramento Enforcement Field Office sworn peace officers went to Southern California with the Orange Enforcement Field Office sworn peace officers and addressed 45 unlicensed dental practice cases within 10 days. As a result, five cases were being pursued for criminal prosecution for unlicensed practice of dentistry.

Board Member Steven Morrow asked how the Enforcement Field Office was made aware of the unlicensed practices that were investigated. Mr. Blonien replied that as the Board is complaint driven, the complaints came in through the mail, anonymously online, through the telephone, or from licensed dentists.

Dr. Chan commented that having the graphical display of the aging of the cases was very helpful in seeing where the Board was going with these cases. He pointed out that on pages 49-52 of the meeting materials, Enforcement Statistics for Fiscal Years 2018-2021, it would be helpful to see a graphical display of the trends, as the Board might have learned something from 2020-2021 when the pandemic hit. Dr. Chan indicated that in seeing raw numbers, one is not able to see that trend as readily. Mr. Blonien replied that the statistics would be updated to reflect a graphical display.

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

Dr. Bruce Whitcher, representing himself, expressed concern when he sees a large number of unassigned cases and that he knows the Enforcement Unit is aware of it and are doing what they can. However, he does tend to look at that number because if the cases are not assigned, they are not being worked and, as a result, are aging. Dr. Montez mentioned that DCA was assisting the Board with triaging these pending cases, and Mr. Blonien and his team had been working closely with the Board's experts and have strategies to triage the cases.

Agenda Item 9: Examinations

Agenda Item 9.a.: Report from Commission on Dental Competency Assessment, Western Regional Examining Board, and The Council of Interstate Testing Agencies

Dr. Guy Champagne, Senior Advisor to CDCA-WREB-CITA, provided a verbal report on their activities.

Board Member Lilia Larin asked whether the 99 percent rate is on the first try or on the retake, and whether a retake can be initiated on the same day. Dr. Champagne responded that on all of the slides but the Objective Standardized Clinical Examination (OSCE), that was the first-time pass rate. As far as retakes, the philosophy of ADEX always has been that it believes the results of the exam are reliable, they are not due to chance, and their psychometric analysis showed that. He mentioned that they offer retakes in the same school and have retakes within three to four weeks after the initial exam, but not same-day retakes.

Dr. Morrow stated that one of the Board's licensing codes requires that an examination has not been failed within the last period of time. He stated that candidates are allowed to retake a section of the examination that they did not pass and asked whether the first examination is considered a failure from a standpoint that the licensing requirement says you cannot have failed the examination prior and you have failed one section, but then retook it and passed it the second time. Dr. Champagne replied that it would be the dental licensing authorities' rules and regulations that would determine how they handled the pass and fail. The ADEX rule is a candidate gets three attempts at each section, and all four sections must be completed successfully within 18 months starting July 1 of a student's final year in dental school. Anytime one has had three failures, the whole exam must be started over.

Dr. Morrow replied that the incident he was referring to was a failure of a single section. The record showed that failure, but yet also showed that there was a pass for the same section. However, the license was denied because that failure was present. Dr. Champagne responded that what they record is every attempt at every section, and that it is up to the Board to apply that in how they look at passes and fails. ADEX simply gives a complete transcript of every attempt of every section.

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

Agenda Item 9: Examinations

b. Update on Department of Consumer Affairs Office of Professional Examination Services Acceptance of Dental Licensing Examinations

c. Discussion and Possible Action Regarding the Central Regional Dental Testing Service, Inc. Dental Examination as a Pathway to Licensure

Ms. Paige Ragali provided the report, which is available in the meeting materials. Dr. Montez noted that the Office of Professional Examination Services (OPES) was scheduled to review a number of examinations, which include the Integrated National Board Dental Examination (INBDE), Portfolio Examination, and the Dental Licensure Objective Structured Clinical Examination (DLOSCE). Given the vacancies and other projects and challenges that Board staff was momentarily facing, she felt that it would be premature to add another pathway for review. Dr. Montez voiced that the Board had a number of priorities that it needed to address presently, and it would be an additional burden to staff to take on this task, considering they have licensing and enforcement priorities. Additionally, she added that the Board's exams at the moment were doing quite well.

Dr. Chan stated that over the years, he has come to realize and understand that it takes substantial resources to take an exam through OPES, and that it takes a considerable amount of time to validate the exam and then implement it. He asked how the Board would determine the drive for the CRDTS exam and whether it was valid to examine how many people are coming from other states to California in order to see what the market drive might be. Dr. Montez replied that typically OPES looks at these programs when a board sees a need for an examination to be considered a pathway. If a board's current pathways are doing well and individuals are getting licensed, there is not necessarily a need to take the time and resources to look into new examinations. She voiced that in the near future, the Board could ask OPES to obtain initial data about CRDTS examination usage before undertaking such a project. Other than CRDTS approaching the Board, she is not aware of any requests to push for the acceptance of CRDTS as an additional pathway to licensure.

(M/S/C) (McKenzie/Chan) to postpone consideration of the CRDTS examination to a later meeting.

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

Ms. Richael Cobler, Executive Director of CRDTS, reminded the Board that California is an outlier, and CRDTS is accepted in 41 of the 48 states that accept examination toward licensure. She noted that CRDTS would encourage the Board to accept the examination toward licensure as the right thing to do for candidates, and there needs to be a market for another exam. Ms. Cobler stated that in California, the CRDTS dental hygiene clinical examination has been accepted for a number of years. She stated CRDTS was perplexed that the CRDTS exam was not accepted based on the components of the exam being substantially equivalent to other exams that the Board does accept. Ms. Cobler indicated

that CRDTS believes there is room for competition and there is a good desire for competition by the candidates, and there should be more than one testing agency out there, which is available. She encouraged the Board to assess the CRDTS examination on the components being substantially equal to the other examination and allow candidates to choose the examination they take based on the offerings.

Dr. Sam Jacoby, President of CRDTS, provided a background on CRDTS and ADEX and mentioned that CRDTS played a major part in the development of the ADEX examination. He stated that if CRDTS would have another opportunity to present to the Board, they would appreciate that.

President Felsenfeld called for the vote on the proposed motion. Vice President Yu took a roll call vote on the proposed motion.

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

Nays: None.

Abstentions: None.

Absent: Forge, Molina.

Recusals: None.

The motion passed.

Agenda Item 10: Licensing, Certifications, and Permits

Agenda Item 10.a.: Review of Dental Licensure and Permit Statistics

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

President Felsenfeld voiced that he was one of the individuals from the California Dental Association (CDA) that was involved in the development of the Portfolio Examination, and he asked to see continuing data of this particular examination. Ms. Ragali replied that the Board does present on portfolio application statistics. Dr. Larin asked if the Board has any statistics on how long it takes to receive a license from the time applicants apply to the time their application is approved. Ms. Ragali replied that the Board does not typically present statistics of processing timeframes as they are ever-changing. She advised that currently the Licensing Unit was processing applications and documents received within mid-to-late July. She verbalized that there had been a delay in processing applications, and the timeframe had been a little bit longer than it had been in previous years. However, staff was working diligently and have support coming in from DCA to help alleviate the processing delay and attempt to get applicants in the workforce as quickly as possible. She communicated that presently the timeframe for processing applications and documents was four to six weeks, compared to the eight-week timeframe not too long ago.

Dr. Montez clarified that the four to six week timeframe represented complete application packages with no deficiencies. Where the Board seemed to be running into challenges was when applications were received that had deficiencies, as it created a

prolonged processing time. She noted that the Board would be posting processing times in the future, as well as working on a campaign to help educate students, schools, and stakeholders about the importance of submitting an entire package to help expedite processing.

President Felsenfeld 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)

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

Ross Lallian, Healthcare Workforce Development Research and Evaluation Chief, Department of HCAI, provided an overview of the health workforce Research Data Center (RDC), RDC data sources, and workforce data use cases.

Dr. Chan asked what the gender or gender identity, sexual orientation, and disability status have to do with the delivery of dentistry given today's political sensitivity and privacy acts. Mr. Lallian replied that when the statute was developed, it was taking a look at the entire health workforce. Something that has come up is that folks from the LGBTQI community are voicing their concerns about healthcare professionals and are saying that they not represented in the health workforce. HCAI is attempting to collect gender identity and sexual orientation data, as it has become an emerging topic in the health workforce space, and HCAI wants to understand where there are gaps in representation. Dr. Chan verbalized that an employer cannot ask those questions of a prospective employee. Mr. Lallian clarified that in the licensure renewal process, it is not the employer that is asking the questions and the data obtained is not shared with employers.

Dr. Montez shared that although this topic does not come up as much with the Board, she was aware that some of the other DCA boards and bureaus have been interested in collecting information like this for quite some time. She noted that one of the Governor's missions is to address diversity, inclusion, and equity, and this could be part of that. Dr. Montez indicated that DCA prevents its boards from collecting this type of information. Upon licensure, DCA has to be very sensitive about information that it collects. With this new legislation, additional information can be collected through the renewal process. What DCA is trying to do is collect a plethora of information that can be used to see whether or not practitioners across DCA are representative of the individuals the practitioners are helping. DCA is attempting to collect information while also recognizing confidentiality, privacy, and so forth.

Ms. Olney mentioned that the BreZE team created a method to require the survey through online renewals. The only data that the Board is able to see is that the survey was completed and the date that it was completed on. The Board does not have access to that data, and the user is redirected to HCAI's website to take the survey. She noted

that HCAI collects more information than the Board, which includes collecting data on where people are working and the hours that they are working.

(M/S/C) (Felsenfeld/Pacheco) to direct staff to work with the Department of Healthcare Access and Information (HCAI) to review Business and Professions Code (BPC) section 1715.5 and the data collected to determine the value in continuing to collect the Board's Dental Workforce Survey at the time of renewal and provide recommendations on updating data points and/or survey questions to collect reliable data.

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

Ms. Tooka Zokaie, CDA, was curious about whether the categories for diversity were in the standard of the Health Policy Institute (HPI) of the American Dental Association, and if they reflected the 2020 census categories, as the ones she saw listed seemed to be outdated and not as inclusive of what a lot of new data was collecting with more specific categories. She voiced that this was an area that CDA and the CDA Foundation was also investigating. It was part of the Diversity, Equity, Inclusion, and Belonging (DEIB) work group to investigate diversity in dentistry, specifically leadership, and faculty.

Dr. Morrow noted that while the Board is collecting this data regarding access to care, he had not seen any data regarding reasons why patients do not have access to care. He asked what are the reasons that patients give for not being able to have dental care when they need it and whether we have data that supports that. Ms. Tara Welch replied that the Board does not have statutory authority to collect that type of patient information. She noted that the Enforcement Unit could have some determination based upon the number of complaints they are getting or the information reported in consumer complaints. Unless the Board has specific statutory authority to collect a survey or information from the public on the data in question, it will not be collected because it creates an additional obligation as to how the Board maintains those records. Momentarily, the Board is merely collecting the information that it is authorized to collect, and HCAI is also doing the same thing in trying to have a better understanding of the workforce in the future. President Felsenfeld noted that in his former life he was very active with CDA, and they have a ton of data on the reasons as to why people cannot or do not go to the dentist.

President Felsenfeld called for the vote on the proposed motion. Vice President Yu took a roll call vote on the proposed motion.

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

Nays: None.

Abstentions: None.

Absent: Forge, Molina.

Recusals: None.

The motion passed.

Agenda Item 11.a-l: Update, Discussion, and Possible Action on Proposed Regulations

Mr. David Bruggeman provided the report, which is available in the meeting materials. Mr. Bruggeman disclosed a brief update of the progress or approval of the Board's regulatory packages.

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

Agenda Item 11.k.: Discussion and Possible Action on a Regular Rulemaking to Adopt CCR, Title 16, Section 1066 Relating to Dentists Initiating and Administering Vaccines

Mr. Bruggeman provided the report, which is available in the meeting materials. He noted the Board had already filed the regular rulemaking package with the Office of Administrative Law (OAL). It was scheduled to be noticed in the California Regulatory Notice Register on September 2, 2022, which would start the rulemaking process and initiate the 45-day initial comment period during which the public can provide their comments. Mr. Bruggeman verbalized that at the November 2022 Board meeting, the comment period would already be closed. If there are adverse comments, Board staff will bring them to the Board at that point.

Dr. Morrow stated that from what he gathered, Assembly Bill (AB) 526 would allow dental students, under the supervision of a licensed faculty member at the school of dentistry to also be able to administer vaccines. Mr. Bruggeman replied that he did not have any information on that but would research the specifics of that issue and come back with more information. Dr. Morrow stated that one of the issues that came up during the pandemic was that at his healthcare university, nursing students, medical students, and pharmacy students were able to administer vaccines under the supervision of their faculty in the university-based vaccine center. However, dental students were not. As a result of that, an appeal was made, and the university got a waiver from DCA to allow dental students to administer vaccines. Dr. Morrow voiced his understanding that this bill would make it that should a pandemic occur again in the future, dental students would be able to be of assistance.

Dr. Larin asked how the Board ended up with a one-hour vaccination training. Mr. Bruggeman replied that the development of these regulations was through the contributions of existing work done by the California Department of Public Health (CDPH). He noted that if the Board was interested in changing the specifics of the requirements, that was certainly something that could be done through the regular rulemaking process. Once the package was published in the Notice Register, the Board would have the opportunity to amend the regulations. Dr. Larin asked whether the health department believed a one-hour training was sufficient. Mr. Bruggeman replied that the suggested language was provided by CDPH.

Ms. Kristy Schieldge addressed Dr. Morrow's question and stated that statute does not provide for any other healthcare provider other than a dentist to administer the vaccine. The current statute and regulation only contemplate dentists having the authority to administer and initiate vaccine. There may be situations where in an emergency situation, like a pandemic declaration emergency, where there can be application to the DCA director to waive that requirement. However, in this situation, this particular statute and regulation only contemplate that dentists are authorized to prescribe and administer vaccines. With respect to public comment on the rulemaking, the prior motion from the March 2022 Board meeting was that if no adverse comments were received, the Board would complete the rulemaking. Ms. Schieldge asked the Board Members if they would like Board staff to bring the package back, whether or not an adverse comment is received, at the November Board meeting. Mr. Bruggeman rephrased Ms. Schieldge's question and asked whether the Board anticipated having a need to amend the text absent the presence of an adverse comment, which would require a Board response. Ms. Schieldge indicated that the one-hour training requirement was discussed with CDPH, as well as with the Board's prior Interim Executive Officer, who suggested that the Board stay with the one hour requirement. The rationale Legal Counsel was provided was that dentists are quite familiar with how to administer vaccines given the history of where this statute and regulation originated. If the Board, upon reconsideration, did not believe the one hour was sufficient, a motion from the Board would need to be made to bring the text back for consideration after the close of the public comment period, regardless of whether there was an adverse comment or not.

Dr. Chan asked how long dentists would have to keep the records when they prescribe and administer vaccines, noted the different steps from manufacture to administration of a vaccine, and inquired who would be liable if a vaccine happens to not work. Additionally, Dr. Chan agreed with Dr. Larin about the one-hour requirement, and asked how the Board would approve continuing education (CE) credit from the Centers for Disease Control and Prevention (CDC). He noted that when the administration of the vaccine is performed, not within one's own office but at a public event, it does not necessarily describe who has to keep the records. He said the Board might consider as unprofessional conduct to forge, lose, or to have missing vaccination cards, and that there are special considerations for consent when vaccines are administered to minors.

Ms. Schieldge replied that the scope of BPC section 1625.6 is to set basic immunization training requirements, which are the Board's requirements, not CDC's. She noted that Board staff consulted with CDPH in the development of the regulations, as it is the state agency responsible for immunization compliance and compliance with federal law and the rollout in California. The Board consulted with CDPH, because part of the statute is to set standards for recordkeeping and reporting requirements, which was done in this regulation. She stated that anything beyond the scope of Section 1625.6 was already covered by state and federal law. Ms. Schieldge stated that the reporting requirements to the immunization branch of CDPH also was done in this regulation. Ms. Schieldge stated that what the Board was supposed to do with these regulations was to set forth minimum training, CE, recordkeeping, and reporting requirements. The text that the

Board approved in March 2022, in subsections (b) through (f), set forth the requirements and the documentation that must be retained, such as separate certificates of completion for training, the requirements for personal vaccination information, and the patient record information that is supposed to be maintained. As far as the other requirements that the Board does not administer, the dentist would be responsible for compliance with those federal and state agency requirements. The documentation does need to be retained by the dentist for three years according to California Code of Regulations (CCR), title 16, section 1017. Ms. Schieldge commented that the CE requirements are in section 1017 and this regulatory proposal is consistent with those requirements.

President Felsenfeld clarified that if the Board does not take any action and accepted this item as informational, the rulemaking would continue to progress along. Ms. Schieldge replied that was correct. President Felsenfeld asked if it was correct to state that if the Board elects to change anything, then the Board would have to re-do the rulemaking and possibly the statute and prolong the process by as long as that would take. Ms. Schieldge replied that it would depend on what kind of changes the Board wanted to make. If it was merely within the scope of BPC section 1625.6, then the regulatory text would need to be changed, which could be done after the public comment period closes.

Vice President Yu noted that some patients may have strong side effects during the administration of the vaccine and some of the side effects could end in death. He asked what would be the responsibility of the dentist who administered the vaccine. Ms. Schieldge replied that the current regulatory proposal did not address professional standards for administration of a vaccine in terms of what to do and how to evaluate a patient's condition. This regulatory proposal simply would do what the Legislature asked the Board to do, which is set forth the standards for the training, recordkeeping, and reporting requirements, so that the immunizations could occur. Vice President Yu asked whether or not the dentist in charge of administering the vaccine would carry that responsibility, taking into consideration the emergency use from the Food and Drug Administration (FDA). Ms. Schieldge replied that the Board could certainly think about putting an item on a future agenda to discuss issues related to vaccine administration and unprofessional conduct standards in relation to administration. Ms. Welch noted that the Board had already moved and adopted a motion to bring the proposal back if there were adverse comments.

The Board took no action on this item.

Agenda Item 11.I: Discussion and Possible Action to Initiate a Rulemaking and Adopt Proposed CCR, Title 16, Section 1006 to Implement AB 107 (Temporary Licensure for Military Spouses/Domestic Partners)

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

Dr. Morrow asked what “reproved” means under CCR, title 16, section 1006, subsection (a)(1). Mr. Bruggeman replied that as he understood the language, it was another indication that there was action taken against the license referred for misconduct. Ms. Welch stated that it is merely a letter and that it is not formal discipline. Ms. Schieldge stated it is usually called a reprimand in other statutes, but in the laws authorizing the Board to impose this lowest level of discipline, it is called a reproof. It is considered discipline because it is a negative comment on one’s licensing record.

Dr. Morrow moved to approve the regulatory text for section 1006 and submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as described in the text notice for 16 CCR section 1006.

There was no second on the motion.

Ms. Welch proposed a revision to the definition of “disciplined” on page 91 of the meeting materials, in proposed section 1006, subsection (a)(1). Ms. Welch explained the proposed text defined “disciplined” to mean that the applicant’s license is not on probation, etc. She stated this created a double negative regarding what the applicant has to disclose on page 93 in [subsection (b)], paragraph (5), “the applicant shall disclose whether the applicant has been disciplined....” However, the proposed definition of “disciplined” means the applicant “is not” disciplined.

Ms. Welch recommended amending the text on page 91, in subsection (a)(1), to change the definition of “disciplined” to strike “is not” and insert “has been placed”. So, the text would read “‘Disciplined’ means that the applicant’s license has been placed on probation, etc.” Ms. Schieldge agreed with Ms. Welch’s proposed change.

Ms. Welch noted that this regulation implements BPC section 115.6, which authorizes the Board to issue an expedited license, effectively, as a temporary license. However, in section 115.6, subdivision (c)(5), it says that the applicant seeking a temporary license under this section shall meet specified requirements, including that the applicant shall not have been disciplined by a licensing entity. So, in proposed section 1006, the Board would be defining “disciplined” as “has been placed on probation,” and the applicant, [pursuant to the proposed text] on page 93, would have to disclose whether they have been disciplined. The statute says “if they have been disciplined”, so this regulation would allow the Board to get those [disciplinary] records, then the applicant would not qualify for the temporary license.

(M/S/C) (Felsenfeld/Chan) to amend the proposed regulatory text for CCR, title 16, section 1006, subsection (a)(1), to strike “is not” and insert “has been placed”.

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 proposed motion. Vice President Yu took a roll call vote on the proposed motion.

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

Nays: None.

Abstentions: None.

Absent: Forge, Molina.

Recusals: None.

The motion passed.

(M/S/C) (Morrow/Chan) to approve the proposed regulatory text for section 1006 as amended at this meeting. In addition, submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as described in the text notice for 16 CCR section 1006.

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 proposed motion. Vice President Yu took a roll call vote on the proposed motion.

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

Nays: None.

Abstentions: None.

Absent: Forge, Molina.

Recusals: None.

The motion passed.

Agenda Item 12: Recess Open Session Until August 26, 2022, at 9:00 a.m.

President Felsenfeld recessed Open Session at 4:11 p.m.

At 4:11 p.m., the Board recessed for a break.

Agenda Item 13: Convene Closed Session

At 4:18 p.m., the Board convened Closed Session.

Agenda Item 14: Pursuant to Government Code Section 11126(a)(1), the Board Will Meet in Closed Session to Discuss and Take Possible Action on Selection Process and Appointment of “Acting” or “Interim” Executive Officer

The Board convened in Closed Session to discuss and take possible action on the appointment of an Interim EO.

Agenda Item 15: 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 16: Pursuant to Government Code Section 11126(c)(2), the Board Will Meet in Closed Session to Deliberate and Vote on Whether or Not to Grant, Deny, or Request Further Evaluation of a Conscious Sedation Permit as it Relates to an Onsite Inspection and Evaluation Failure

The Board convened in Closed Session to deliberate and vote on whether or not to grant, deny, or request further evaluation of a Conscious Sedation Permit as it related to an onsite inspection and evaluation failure.

Agenda Item 17: Adjourn Closed Session

President Felsenfeld adjourned Closed Session at 5:06 p.m.

9:00 a.m., Friday, August 26, 2022

Agenda Item 18: Reconvene Open Session – Call to Order/Roll Call/Establishment of a Quorum

President Felsenfeld called the meeting to order at 9:05 a.m. Vice President Yu called the roll; nine Board Members were present, and a quorum was established. Board Members Lilia Larin, DDS, and Joni A. Forge, DDS, were absent.

Agenda Item 19: President’s Report on Closed Session Items

President Felsenfeld provided a verbal report to the Board regarding Closed Session items. He reported the Board denied the Conscious Sedation Permit for the following candidate: 1. SS. Additionally, President Felsenfeld reported that the Board voted to appoint an Interim EO. An announcement regarding who was the appointed person would be made after approval was received from the Director of DCA.

The Board did not take public comment on this item.

Agenda Item 20: Dental Assisting Council (DAC) Meeting Report

Ms. Jeri Fowler, Chair of the DAC, provided a verbal report on the August 25, 2022 DAC meeting. Ms. Fowler advised the Board regarding DAC discussion of DAC meeting agenda items 3 through 8.

For DAC Agenda Item 8, Ms. Fowler advised the Board the DAC moved a motion to collaborate with the DHBC to recommend that a recommendation to amend BPC sections 1752.1, 1752.4, and 1907 and repeal section 1752.6 to clarify the application requirements of a registered dental hygienist (RDH) to obtain a registered dental assistant (RDA) license and education requirements to perform additional RDA duties. [See DAC, August 25, 2022 Meeting Minutes for full discussion.]

Dr. Morrow expressed his thanks and sincere appreciation for Ms. Fowler's dedication to conducting the business of the DAC.

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

Dr. Witcher, on behalf of CDA and himself, thanked Board staff, Ms. Rikki Parks, Dental Assisting Program Analyst, and Ms. Ragali, for preparing the DAC meeting reports. He noted the licensing figures and success rates on the RDA examination. For FY 2021/22, the first-time pass rate on the RDA written examination was 69 percent, with the prior year being 71 percent. In FY 2019/20, the first-time pass rate was 67 percent. On the other hand, RDA applications approved by month have been consistent for the last four years, in the area of 2,500 to 2,600 total per year, and the RDA licenses issued by month are much lower. In the last couple of years, about 30 percent of applicants did not receive a license. Dr. Witcher noted that there seemed to be a log jam between the approval of an application and the granting of a license.

Mr. Anthony Lum, DHBC Executive Officer, noted that he looked forward to more communication and work with the Board on the changes to the statutory language that affects RDHs.

Agenda Item 21: Substance Use Awareness

Agenda Item 21.a.: Diversion Program Report and Statistics

Mr. Bernal Vaba provided the report, which is available in the meeting materials. He noted that as a quick point of reference, under quarter four of the statistics, it should read April, May, June in lieu of January, February, March. The next Diversion Evaluation Committee (DEC) Meeting was scheduled for October 5, 2022.

President Felsenfeld asked whether Mr. Vaba had any thoughts on why the number of participants in the program was down to seven and whether individuals were no longer coming into the program. Mr. Vaba stated he would have to look into that; when he took over as the Board's Diversion Program Manager, the participant number was around nine or 10. He reported that the number had been low for quite some time. Dr. Montez

stated that she had the opportunity to participate in the last Diversion meeting with Mr. Vaba and found that low participant numbers was a trend across the DCA healing arts boards.

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

Agenda Item 21.b.: Discussion and Possible Action Regarding Appointment of Diversion Evaluation Committee Member

Mr. Vaba provided the report, which is available in the meeting materials. Mr. Vaba indicated that one of the DEC members retired at the end of April 2022 and there was a need to fill his vacancy. Board staff posted a recruitment notice and received an application from a previous DEC member – Thomas Specht, DDS.

(M/S/C) (Chan/Medina) to accept the recommendation to appoint Dr. Specht to the DEC.

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 proposed motion. Vice President Yu took a roll call vote on the proposed motion.

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

Nays: None.

Abstentions: None.

Absent: Forge, Larin.

Recusals: None.

The motion passed.

Agenda Item 21.c.: Controlled Substance Utilization Review and Evaluation System (CURES) Report

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

Dr. Chan asked if it would be of value to gather statistics on the number of individuals retiring their federal Drug Enforcement Agency (DEA) license. Mr. Blonien replied he believed the Board could obtain the total number of DEA licenses, but unfortunately it was not easy to do so. He indicated that the Board had seen a plethora of licensees surrendering their DEA licenses or not wanting to deal with it any longer. Dr. Chan asked whether or not it was of value to the Board to see the marketplace. Mr. Blonien replied that was up to the Board to determine.

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

Agenda Item 22: Anesthesia

Agenda Item 22.a.: General Anesthesia and Conscious Sedation Permit Evaluations Statistics

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

Dr. Chan asked how the statistics from the old model to the new model would be compared. Ms. Olney replied that the Board had not begun the new model as the regulations were recently approved. Many of the permit holders are still able to continue to practice under the existing terms of their permit due to the fact that they were able to renew their permits prior to December 31, 2021. She mentioned that the Board would start seeing new permit holders apply or individuals renew who would have to follow the new regulations. Dr. Chan indicated that as a body of data, the Board may be comparing different things on the old model in the new model. Ms. Olney replied that the new regulations included changes to equipment and records requirements and updated terms. As it did not change significantly, the Board might not see a huge difference there. Dr. Montez expressed that it may be difficult to do direct comparisons. Certainly, the Board could track data and get a better understanding of where it might see complications given how the permits are issued and broken down. President Felsenfeld stated that the Board might have to look at gross numbers to get a sense of trends.

Dr. Morrow stated that the report for 2022 identified six permits were cancelled because of non-compliance. He asked what were the issues of non-compliance involved in those cancellations. Ms. Olney replied that non-compliance is when a permit holder does not reply to the notification that they are required to have their on-site inspection. The Board sends letters by certified mail, in addition to regular mail, to permit holders to let them know that they need to be inspected by a certain date. If they do not respond by that date and have that inspection, their permits are cancelled. Dr. Morrow asked if in essence they are canceled by default, not because of any wrongdoing. Ms. Olney replied that is correct. Board Member Sonia Molina asked if with the new requirements, the existing permit holders would be grandfathered in with additional requirements. President Felsenfeld replied that her comment would be addressed when the Board moved on to the next agenda item.

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

Agenda Item 22.b.: Update Regarding Board Implementation of SB 501 (Glazer, Chapter 929, Statutes of 2018)

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

Secretary Molina asked if going forward the licensees who had a prior permit would be grandfathered in with additional requirements or would they have to start from scratch. Ms. Olney replied that the existing General Anesthesia (GA) and Medical General Anesthesia (MGA) permit holders would continue with their existing permits. If they were

going to administer deep sedation or GA to patients under seven, they would have to apply for a pediatric endorsement. Ms. Olney noted that when SB 501 was written, the Conscious Sedation (CS) permit holders were not grandfathered into the new moderate sedation permit. Secretary Molina asked if that permit is the moderate sedation for children under seven or for adults. Ms. Olney replied that the moderate sedation is a new permit altogether, and it requires a pediatric endorsement under two scenarios. The first is if they administer moderate sedation to patients under the age of 13, and the second is if they administer to patients under the age of 7. Secretary Molina asked whether a dentist would have to do any further training if they only administer to adults. Ms. Olney replied that if they only administer to adults, they do not have to apply for the pediatric endorsement and they would apply for the moderate sedation permit. She mentioned that there is a Certification of Moderate Sedation Training form that their program will need to complete. Secretary Molina asked if they still have to fill out a new application and then get the new certification. Ms. Olney replied that they do have to apply for the new permit and that they are not automatically transferred to the permit.

Dr. Chan commented that moving forward with the pediatric endorsement and the pediatric minimal sedation permit are affirmative moves for the Board. Additionally, he noted that the Board should keep an eye on trends, specifically on the adverse effects in geriatrics, and what the Board can do to mitigate those numbers.

Dr. Montez asked Ms. Olney to summarize where the Board is at in terms of things being processed and the communications that are out there. Ms. Olney reported that the DCA internet team was able to create new websites for each of the permits. They explained that the forms will need to be submitted to the Board by mail initially until the BreZE system is working correctly as far as the printing of certificates and licenses that go out to the permit holders. The Board needed to wait until the regulations were approved so that those application questions would be present when a licensee goes online and applies. She noted that the Board had been getting many emails and phone calls and that the staff in the Anesthesia Unit have been successfully fielding them.

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

Dr. Whitcher thanked Board staff for their work and pointed out that until the BreZE improvements are finalized, licensees will need to submit their applications by mail. He felt one of the areas that is the least clear is the application for the moderate sedation endorsement, because there were a number of choices to be made in terms of age groups. Based on the outcome study that the Board put out last year, he reminded the Board that the 7- to 12-year-old age group had pretty good outcomes, and that was the area where he thought there was the least risk exposure. He noted that from a practical standpoint and based on the outcome studies, one would be qualified to administer to patients under 7 if they are already qualified to administer to patients under 13.

Agenda Item 22.c.: Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Section 1646.9 and Repeal Business and Professions Code Section 2079 Regarding Physician and Surgeon General Anesthesia Permit

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

Dr. Chan asked for confirmation whether, in California, an individual had a degree for osteopathic medicine could still use an M.D. degree. President Felsenfeld replied that he did not believe that was correct any longer and thought at this point, they have to be Doctors of Osteopathic Medicine (DOs). Dr. Chan asked if DOs still have to go through general anesthesia training in hospitals. President Felsenfeld stated that osteopathic physicians are practically the same as MDs and have the exact same privileges in California. If they want to be a specialist, they have to go through specialist training, and if they want to be an anesthesiologist, they have to do an anesthesia residency. He suggested if the Board had to put language in, the language state osteopathic physicians are entitled to be called an anesthesiologist if they have gone through an American Council on Graduate Medical Education (ACGME) anesthesia residency. At this point, all osteopaths go through ACGME, not American Osteopathic Association (AOA) approved programs. However, if the Board needed to put in “or an AOA approved anesthesia residency”, that would qualify them to be anesthesiologists.

Ms. Welch commented that on page 127 of the meeting materials, the legislative proposal would amend BPC section 1646.9, subdivision (b), paragraph (3), to include “anesthesia training through an American Osteopathic Association rotating internship”. This was included based upon the osteopath regulations, which are found in CCR, title 16, section 1611, subsection (e). Ms. Welch stated that President Felsenfeld recommended the Board strike this addition because, through his experience, President Felsenfeld understood that anesthesia training through an AOA rotating internship did not exist. She summarized that he was recommending striking the currently underlined language in subsection (b)(3), last two lines, which state “anesthesia training through an American Osteopathic Association rotating internship”. Ms. Welch mentioned that should the California State Legislature determine that provision was actually necessary, it could be added back. She reiterated that the Board would take out this provision based on the understanding that it did not exist. President Felsenfeld stated that it also did not qualify someone to be an anesthesiologist in 12 months when it is a four-year program for everyone else.

Ms. Welch also clarified that on page 127 of the meeting materials, the legislative proposal would amend BPC section 1646.9, subdivision (b)(3), third line beginning with “anesthesiology that is recognized by the American Council on Graduate Medical” to change “American” to “Accreditation” and remove and replace “on” with “for” so that the title would read “Accreditation Council for Graduate Medical Education”.

(M/S/C) (Felsenfeld/Chan) to accept the amendment to the language as proposed.

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 proposed motion. Vice President Yu took a roll call vote on the proposed motion.

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

Nays: None.

Abstentions: None.

Absent: Forge, Larin.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Chan) to include in the Board's Sunset Review a recommendation to the California State Legislature to amend BPC section 1646.9 to clarify the ability of OMBC-licensed physicians and surgeons to apply for a Board-issued general anesthesia permit and repeal BPC section 2079 to remove the MBC review of a physician and surgeon licensee's general anesthesia permit application and related documentation

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 proposed motion. Vice President Yu took a roll call vote on the proposed motion.

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

Nays: None.

Abstentions: None.

Absent: Forge, Larin.

Recusals: None.

The motion passed.

Agenda Item 22.d.: Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Sections 1647.18, 1647.19, 1647.20, and 1724 Regarding Oral Conscious Sedation for Adults Certificate Requirements

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

Ms. Welch suggested a few proposed amendments to the proposal for consistency purposes. She noted that on page 135 of the meeting materials, section 1647.19, subdivision (a)(1), the last line stated, "or obtains an oral conscious sedation for adult patients certificate". She recommended striking "for adult patients" following "or obtains and an adult oral conscious sedation". The updated sentence would read "or obtains an

adult oral conscious sedation certificate”. She recommended making that same change to the title of the certificate on page 136 of the meeting materials to paragraph (2), the title on the third line, and subdivision (b), lines three through four. No change was necessary to section 1647.20, as that only described the administration of oral conscious sedation for adult patients and not the title of the certificate. Ms. Welch indicated that on page 138 of the meeting materials, section 1724, subdivision (r), the title, adult oral conscious sedation, was already present.

(M/S/C) (Felsenfeld/Chan) to adopt the language changes discussed at this meeting for adult oral conscious sedation certificate in BPC sections 1647.19, subdivision (a)(1) and (2), and subdivision (b).

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

Dr. Bruce Witcher wanted to ensure that he was not missing something that the Board had adopted the new terminology of moderate sedation for this permit.

Ms. Kathleen Marcus, noted her concern of whether the change in the name of the permit would result in the same delay in promulgation of required forms for application for the permit that was seen with the moderate and the pediatric minimal sedation.

Dr. Perry Klokkevold noted that the consistency of this amendment change was logical. However, to be consistent with the other changes made for the moderate sedation permit, he wondered if moderate should be used.

Ms. Welch clarified that with respect to the moderate sedation permit issue, the moderate sedation statutes begin at BPC section 1647. What was being talked about presently was the permit under section 1647.18, oral conscious sedation for adult patients. The Board cannot change the oral conscious sedation permit, as the Legislature only changed the conscious sedation to moderate sedation and are solely making some additional tweaks to the oral conscious sedation for adult patients permit, or rather certificate. She noted that if perhaps CDA wanted oral conscious sedation changed to be titled moderate sedation, they could take that on. The Board was simply requesting changes to the existing article oral conscious sedation for adult patients, which was separate from the moderate sedation provisions. With respect to these changes to the title, SB 501 did not change oral conscious sedation for adult patients; therefore, there would not be the same delay or gap in coverage or problem issuing those certificates. The Board was merely recommending some tweaks that potentially would not go into effect until January 1, 2025. There was no anticipated delay with issuing these types of certificates because there was no overhaul of the certificate or its requirements.

President Felsenfeld called for the vote on the proposed motion. Vice President Yu took a roll call vote on the proposed motion.

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

The motion passed.

(M/S/C) (Yu/Chan) the Board to include in the Board's next Sunset Review Report a recommendation to amend BPC sections 1647.18, 1647.19, 1647.20, and 1724 to clarify the oral conscious sedation for adult patients certificate requirements.

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

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

The motion passed.

Agenda Item 23.: Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Sections 1701.5 and 1804 Regarding Fictitious Name Permit and Dental Corporation Name Requirements

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

Dr. Chan asked if an itinerant who has a fictitious name and travels from office to office to office would go under the host fictitious name or their own. Ms. Ragali replied that a fictitious name is issued to a specific location. As one of the requirements, it states that the dentist or group or association, the persons applying for the fictitious name, indicate the place or establishment where the applicant or applicants practice. She mentioned that it is meant to be issued to a specific office location to identify the practice or the people who are practicing at that location. It is not issued to the individual and it does not follow the individual. Ms. Welch noted that the permit is issued to specified applicants, which includes a named dentist, group of dentists, or a dental corporation. However, this proposal would require additions or departures of dentists engaged in practice under the fictitious name to be reported to the Board. In addition to the person holding the permit at the location, the dentists who are practicing under the name would also have to be identified to the Board.

Dr. Chan asked how it would work for itinerants that may have a group with a fictitious name. Ms. Welch replied that there has to be a location identified with the permit and

does not see how the Board could issue a permit for a location where someone is not actually practicing. Vice President Yu mentioned that in the Bay Area, there are many offices that hire independent contractor specialists who work in their group and see their patients. Ms. Welch replied that for those independent contractors, if they are engaged in practice under the fictitious name permit at the location, they would have to be reported to the Board, but they would not be part of the permit itself.

Dr. Chan asked about teledentistry or telehealth in relation to fictitious name permits. Ms. Welch replied that legislative proposal is for brick-and-mortar. Dr. Chan asked how a school would identify under a corporation. Ms. Welch replied that she believed schools have separate exemptions that are discussed in other parts of the Code. In terms of practicing as a dentist or a dental corporation under the fictitious name permit, that is all this proposal covers.

M/S/C (Yu/Medina) to include, in the Board's next Sunset Review Report, a recommendation to amend BPC sections 1701.5 and 1804 to clarify the fictitious name permit application process and dental corporation name requirements.

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 proposed motion. Vice President Yu took a roll call vote on the proposed motion.

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

The motion passed.

Agenda Item 24: Update, Discussion, and Possible Action on 2021/2022 Legislation Impacting the Board, the Department of Consumer Affairs, and/or the Dental Profession
Agenda Item 24.a.: 2022 Tentative Legislative Calendar – Information Only

Mr. Bruggeman provided an overview of the 2022 Tentative Legislative Calendar, which is available in the meeting materials. Mr. Bruggeman stated that this was the final stage of the Legislative Session for this year. The Legislature had until August 31, 2022, to pass any and all bills currently pending. Afterward, the Governor would have 30 days from the date that those bills were presented to him, effectively by the end of September, to sign those bills into law or to issue a veto.

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

Agenda Item 24.b.–bb.: Update, Discussion, and Possible Action on Legislation

Mr. Bruggeman provided the report, which is available in the meeting materials. Board staff identified nine bills, AB 225, AB 562, AB 646, AB 1102, AB 1604, AB 1982, AB 2145, SB 731, and SB 1237, of potential interest to the Board. Board staff identified four bills, AB 1662, SB 652, SB 1443, and SB 1495, of having a direct impact on the Board.

In terms of the bills that Board staff had been tracking, there were bills at the May Board meeting that the Board took positions on. Of the five bills that the Board took positions on, four of those bills were no longer active in the Legislature. The only bill that was still active in the legislative process that the Board had taken a position on was SB 1443. This bill would extend the Board's sunset date from January 1, 2024, to January 1, 2025, was currently with the Assembly, and was anticipated to be passed by August 31, 2022. There were several other bills that Board staff had been tracking that were still active. Of those, most were in the final process for being presented to the Governor. There were a couple that still needed to be reviewed by the Legislature and finally approved. Of those bills, there were three that had some tangential effect on the Board. AB 2145 would allow certain categories of dental hygienists to provide dental services in long-term care facilities. SB 731 would extend the arrest record relief provisions. SB 1495 would make some non-substantive changes to the Dental Practice Act so that the healthcare access and information agency now operates under a new name rather than its preceding name. Those bills were still in process, but were anticipated to be passed and most likely signed by the Governor by the end of September.

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

Agenda Item 25: Discussion on Prospective Legislative Proposals

Mr. Bruggeman introduced the report, which is available in the meeting materials. There were no stakeholder proposals submitted to the Board. Dr. Montez shared that the former Interim Executive Officer requested that this item remain on the agenda per Board feedback to show transparency that the Board is open to any comments from stakeholders and the public.

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

Agenda Item 26: Discussion and Possible Action Regarding 2023 Meeting Dates

Dr. Montez led the discussion on the selection of Board meeting dates for 2023. She mentioned that staff requested the Board to consider holding Friday, October 6, 2023, for a special meeting to review the draft Sunset Review Report.

Dr. Montez proposed the following meeting dates for 2023:

- February 9-10, 2023
- May 18-19, 2023

- August 17-18, 2023
- November 9-10, 2023

Public comment was not taken on this item.

Agenda Item 27: Adjournment

President Felsenfeld adjourned the meeting at 11:12 a.m.