



DENTAL BOARD OF CALIFORNIA

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**DENTAL BOARD OF CALIFORNIA
DENTAL ASSISTING COUNCIL
MEETING MINUTES
May 14, 2024**

In accordance with Government Code section 11123, subdivision (a), the Dental Assisting Council (Council) of the Dental Board of California (Board) met on Tuesday, May 14, 2024, at the following location:

Hilton Anaheim
777 W. Convention Way
Anaheim, CA 92802

Members Present:

Cara Miyasaki, RDA, RDHEF, MS, Chair
Jeri Fowler, RDAEF, OA, Vice Chair
De'Andra Epps-Robbins, RDA
Rosalinda Olague, RDA, BA
Joanne Pacheco, RDH, MAOB

Staff Present:

Tracy A. Montez, Ph.D., Executive Officer
Paige Ragali, Chief of Administration and Compliance
Tina Vallery, Chief of Dental Assisting License and Program Compliance
Victor Libet, License and Program Compliance Unit Manager
Jessica Olney, Anesthesia Unit Manager
Rikki Parks, Dental Assisting Program Manager
Wilbert Rumbaoa, Administrative Services Unit Manager
David Bruggeman, Legislative and Regulatory Specialist
Paul De La Cruz, Investigator
Mirela Taran, Administrative Analyst
Thomas Tortorici, Investigator
Kristy Schieldge, Regulations Counsel, Attorney IV, Legal Affairs Division, Department of Consumer Affairs (DCA)
Cesar Victoria, Television Specialist, Office of Public Affairs, DCA
Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division, DCA

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

Council Chair, Ms. Cara Miyasaki, called the meeting to order at 8:35 a.m.; five members of the Council were present, and a quorum was established.

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

There were no public comments made on this item.

Dental Assisting Council
May 14, 2024 Meeting Minutes

Agenda Item 3: Discussion and Possible Action on November 8, 2023 Meeting Minutes
Council Chair Cara Miyasaki requested an amendment to the meeting minutes on page 5, Agenda Item 8, first paragraph, third line, to strike and replace “California Dental Association (CDA) exam” with “certified dental assistant exam” and on line four, to strike and replace “are at times better than the others” with “very in depth and detailed”.

Motion/Second/Call the Question (M/S/C) (Miyasaki/Pacheco) to confirm the Meeting Minutes with revisions after the webcast is reviewed.

Chair Miyasaki requested public comment before the Council acted on the motion. There were no public comments made on the motion.

Chair Miyasaki called for the vote on the motion. Ms. Mirela Taran took a roll call vote on the motion.

Ayes: Epps-Robbins, Fowler, Miyasaki, Olague, Pacheco.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed and the Minutes were approved.

Agenda Item 4: Executive Officer Report

Dr. Tracy Montez stated that as this is a very busy season for the Board, Board staff have been working hard on the Board’s Sunset bill, as well as responding to various bills. Additionally, staff have been getting ready for the May Board meeting.

Chair Miyasaki requested public comment on this item. There were no public comments made on this item.

Agenda Item 5: Update on Dental Assisting Examination Statistics

Rikki Parks provided the report, which is available in the meeting materials.

Chair Miyasaki requested public comment on this item. There were no public comments made on this item.

Agenda Item 6: Update on Dental Assisting Licensing Statistics

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

Dr. Montez clarified that the tables in the meeting materials for this item show the ratio of practitioners to the population are merely that. It is data the Board is able to access and provide and does not mean that this is the number of professionals practicing in a county but only means that this is their address of record. Therefore, an individual may

have an address of record in a county but may practice in multiple counties. She made this clarification because this came up during the Board's Sunset Hearing in terms of access to care, and there was concern that some counties did not have licensees or that there were very few. Dr. Montez reiterated that this is merely data of address of record of licensed dental professionals in a county, and it does not indicate where they are practicing.

Chair Miyasaki requested public comment on this item. The Council received the following public comments.

Shari Becker, representing herself, noted that on page 19 in the "Dental Assistant Applications (1010) Received by Month" the RDA 23-24 shows 1,957, but below that in the "Dental Assistant Applications (1010) Approved by Month," the RDA 23-24 number is higher. Ms. Becker asked for clarification on where the deviation came from. Ms. Parks responded that applications that are received go through a review process and, if complete, they are approved to test. Once the applicant is made eligible to test, they become a candidate, and then once they pass the exam, they are issued the license. There are a few phases in the process, and the applications received are the initial applications. The 1010 is the initial application prior to being approved to test. The "Dental Assistant Applications (1010) Approved by Month" represents individuals who applied and were made eligible to test. Ms. Parks voiced that the applicant has one year to fulfill any deficiencies, and the numbers can fluctuate based upon a complete application. Therefore, the numbers are not always going to match.

Dr. Montez summarized that the applications that come in may have deficiencies, and that is why there may be a difference in numbers because there are several steps that applicants have to go through.

Agenda Item 7: Update on Registered Dental Assistant and Registered Dental Assistant in Extended Functions Educational Programs and Courses Application Approvals
Victor Libet provided the report, which is available in the meeting materials.

Chair Miyasaki requested public comment on this item. There were no public comments made on this item.

Agenda Item 8: Update from the Board's Access to Care Committee
Lilia Larin, Board Secretary, provided the report, which is available in the meeting materials.

Dr. Montez stated there were some requests for information by the Council and the Board to look at how the pathways may differ in terms of pass rates. As a result, Board staff had the Office of Professional Examination Services (OPES) run some analyses; the meeting materials include a memo provided by OPES that shows the pass rates in the first table. She reported there are three pathways, which include the Board-Approved Education Pathway, Work Experience Pathway, and what is called the

combined pathway. The first-time pass rates are individuals who are taking the exam for the first time and the repeat eventual pass rates are those that have to take it more than once to pass. As she has been working with the Board in various capacities through OPES, the trend is the same. The Education Pathway typically has a slightly higher pass rate, followed by the Work Experience Pathway, and then the combination pathway, but at times those flip-flop in terms of the pass rates. Dr. Montez provided an overview of the difference in pass rates based on the different pathways. She conveyed that it is challenging to set a standard of entry-level practice because of the multiple pathways, and she has cautioned the Board to keep that in mind. She noted that the pass rates are very consistent for what would be expected for this profession, and reiterated that there is no set pass rate. It is possible there could be a 100% pass rate, but then the validity of regulating this profession would be questioned if 100% of people are passing the exam, as in reality, not everybody passes. Dr. Montez conveyed that another question that was asked by the Council and the Board was looking at the content area, which is stable in terms of the pass rate. She expressed content areas include: (1) assessment and diagnostic record; (2) dental procedure; (3) infection control and health and safety; and (4) law and ethics. She mentioned that OPES included some recommendations in their memo with one being updating the candidate information bulletin, which Board staff has been working on. Dr. Montez communicated that was updated in May, and staff have added some new sample questions. The candidate information bulletin is mailed out to the applicants once they are eligible to test and gives them information about how to schedule the exam, as well as some helpful pointers for taking the exam. She indicated that the new exam plan that went out is very similar to the prior ones.

Dr. Montez voiced that the other recommendation was to avoid the 70% or 75% minimum passing score but to make sure it reflects the actual entry level difficulty of each form of the test. She agreed that benefits the applicants because some questions may be easier or harder over time, and the passing score needs to reflect that. That regulatory package is moving forward and once that goes into play, the Council will have conversations about reducing the number of questions.

Chair Miyasaki expressed that the fourth question is a very important question to add to the survey, and she was disappointed about the infection control and health and safety pass rate being the lowest.

Chair Miyasaki requested public comment on this item. There were no public comments made on this item.

Agenda Item 9: Update, Discussion, and Possible Recommendations on Proposed Regulations

Agenda Item 9.a.: Status Update on Pending Regulations

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

Mr. Bruggeman noted one package related to dental assisting that concerns dental assisting examinations. The basics of this package would be to update the regulations to reflect changes in law and exam administration, including the fact that the clinical and practical examinations have been eliminated. The Board approved this rulemaking at its November 2023 meeting. The initial paperwork for this package has been developed and since the time the memo was prepared, the package has been passed and the Budget Office approval is now with DCA. The Business, Consumer Services, and Housing Agency will also need to approve the package before it is initially filed with the Office of Administrative Law (OAL), and the public comment period can start.

Chair Miyasaki requested public comment on this item. There were no public comments made on this item.

Agenda Item 9.b.: Update on the Progress of the Board's Infection Control Regulations Advisory Working Group

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

Chair Miyasaki requested public comment on this item. There were no public comments made on this item.

Agenda Item 9.c.: Update on the Progress of the Council's Dental Assisting Regulations Advisory Working Group

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

Dr. Montez conveyed there are five articles, one of which is the exam that is already moving through the regulations process. Board staff have another article they are going to ask the Council at the May 14, 2024 meeting to take action on to move it forward to the Board. The remainder of the three articles will be addressed as legislative changes are made through the sunset process. In keeping with Board staff's commitment to work with the Council on the dental assisting regulations, progress is being made on two of the five articles.

Chair Miyasaki requested public comment on this item. The Council received the following public comments.

Ms. Becker, representing herself, asked where those two sections can be viewed, and whether the other sections will be brought forward, and whether there will be opportunity for input.

Mr. Bruggeman responded that once the previously approved package on the dental exam regulations has gone through the approval processes and is published by OAL, there will be a 45-day public comment period that starts. It will be noticed on the Board's website, and licensees and members of the public will be notified by email and other methods of communication about the opportunity to comment. With respect to the packages that Board staff is continuing to work on, Mr. Bruggeman voiced that staff

does not have language for the applications package ready at this time for review by the Council or the Board. Once they do, there would be an opportunity to comment both at those meetings and further on in the regulatory process as the public comment period for those packages becomes available.

Dr. Montez added that article four, examinations, was already brought before the Council and the Board in which the public was given opportunity for comment. However, the public will have additional opportunity as it moves through the final phases. She voiced that will all be posted, and the public will get a ListServ message and so forth. The second article, which is article one, is going to be discussed at the May 14 Council and Board meetings, the public will have a chance at Council and Board meetings to comment, and then again when it goes into the formal regulatory process.

Chair Miyasaki noted that it is her understanding that the exam, the first of the articles, was to remove the language that was no longer happening, like the practical exam for the Registered Dental Assistant (RDA), and the practical exam for the Registered Dental Assistant in Extended Functions (RDAEF). Mr. Bruggeman responded that the main focus of that package is to update the language to reflect both current law and current practice.

Agenda Item 9.d.: Discussion and Possible Recommendation to the Board to Make Non-Substantive Rule Changes Per Section 100 of Title 1 of the California Code of Regulations (CCR) to Repeal CCR, Title 16, Section 1069 and its Title, and Amend CCR, Title 16, Sections 1076 and 1086 Concerning the Permit Reform Act

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

Tara Welch noted that the section of the proposed revisions to CCR section 1086 on page 52 of the meeting materials will likely need to be amended at a later date to implement any changes that are being made to the RDA and dental assisting statutes through the sunset review bill. Currently, Board staff are merely making some minor technical changes to it. Ms. Welch added that on page 54, in the reference section, Business and Professions Code (BPC) section 1754 has also been repealed and will need to be updated to section 1752.4. If the Council recommends the Board approve this section 100, it should do so with this revision.

(M/S/C) (Fowler/Pacheco) to recommend to the Board that it consider and approve the proposed regulatory text as set forth in Attachment 1 as amended by changing BPC section 1754 to BPC section 1752.4 in the reference section of CCR section 1086, and authorize the Executive Officer to take all steps necessary to pursue the rulemaking through the Title 1, CCR section 100 rulemaking process, make any non-substantive changes to the text and/or rulemaking package as needed throughout the process and to repeal CCR title 16, section 1069, and amend sections 1076 and 1086 as described in the proposed text as amended at this meeting.

Chair Miyasaki requested public comment before the Council acted on the motion. There were no public comments made on the motion.

Chair Miyasaki called for the vote on the motion. Ms. Taran took a roll call vote on the motion.

Ayes: Epps-Robbins, Fowler, Miyasaki, Olague, Pacheco.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

Agenda Item 10: Update on Legislation

Agenda Item 10.a.: Update Regarding the Board's 2024 Sunset Review

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

He verbalized that Board's Sunset bill, Senate Bill (SB) 1453, is currently in the Senate Appropriations Committee, and there is a hearing scheduled on May 16, 2024. At that point, the bill would then go to the Senate Floor for approval, and then go through the legislative process in the Assembly. Additionally, there would be a hearing before the Assembly Business and Professions Committee, as well as hearings before the Assembly Appropriations Committee before that bill is approved and signed by the Governor. He added that process would conclude by the end of September, as that is the last date the Governor has to sign bills from this legislative session, and there will be opportunities to provide input on the Sunset bill and help shape it as it proceeds into law.

Chair Miyasaki requested public comment on this item. There were no public comments made on this item.

Agenda Item 10.b.: Legislation of Interest

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

He verbalized there are two specific bills that Board staff had identified and tracked related to dental assisting functions. As one of them has been folded into the other, the discussion will be centered around one bill. Assembly Bill (AB) 2242 had been introduced, but it did not pass its policy committee by the set deadline. Therefore, it is not advancing this year. However, the language for that bill, which resembles AB 481 from 2023, has been folded into the Board's Sunset bill, SB 1453. The Sunset bill goes beyond simply those dental assisting provisions and includes all of the legislative proposals the Board has approved over the past several years. It is more comprehensive than simply the dental assisting language but that is a significant portion of the legislation.

Dr. Montez disclosed that Board staff have handed out additional meeting materials, a matrix titled Sunset Bill (AB 1453), and her intent is to address a number of comments that have come in since the bill was published and focus on those significant points that the Council would like to move forward to the Board.

Regarding [BPC section] 1750(f) as shown on the matrix, Dr. Montez reported this was the Board's legislative proposal. She added there was some concern the wording was confusing; Board staff agreed and suggested this possibly again go to the Board to clean that up. Dr. Montez conveyed that one of the issues that came up was BPC section 1750.2(a)(1), which has to do with Orthodontic Assistant (OA) permit applicants; there was concern that the work experience requirement was removed for both the OA and Dental Sedation Assistant (DSA) permits.

Council Vice Chair Fowler believed the six months' work experience as a Dental Assistant (DA) going into a DSA and OA program is beneficial. They would be at a disadvantage if they were to take the exam with no prior experience in the field. She noted the six month work experience for the DA applying to those programs should be put back in. Chair Miyasaki agreed with Vice Chair Fowler.

Vice Chair Fowler commented that currently an RDA can go right into an OA or a DSA, and at least with the RDA there is the internship component of the RDA program where they have to work in a private practice doing general dentistry for so many hours. She added that gives them a leg up and more of a chance for success. Chair Miyasaki noted that she feels the same for the DSA.

Council Member De'Andra Epps-Robbins agreed with both Vice Chair Fowler and Chair Miyasaki and thought the work experience does help to expand their knowledge with the externship or internship. Additionally, she agreed that should be sufficient for the RDA, DSA, and for the other portion of that.

Chair Miyasaki requested public comment on this item. The Council received the following public comments.

Ms. Becker, representing the Alliance, asked for clarification whether this is changing the 12 months to six months and voiced that the Alliance supports retaining the six-month work experience for the unlicensed DA for the OA and DSA.

Vice Chair Fowler noted that at the moment, they have to have six months' work experience before they can enter a program, and then after the program, they have to have a total of 12 months' work experience before they can take their exam. Ultimately, it would be about 12 months' work experience before they can take the OA exam. She believed that it is beneficial having that 12-month work experience as that gives them time to connect the dots experience-wise as a DA. It makes a much better clinician and truly understand either the OA or the DSA. Dr. Montez added that this would leave things as is.

Dr. Lori Gagliardi, representing the Foundation for Allied Dental Education (FADE), asked where a current RDA student would fit in who is not yet an RDA but finished an RDA program and completed an OA permit program as well upon completion of their RDA program.

Chair Miyasaki believed the reasoning behind this is that if someone is in an RDA program then why would they not get their RDA and then be able to qualify for the RDA. She added that if the language is kept as is, then they would qualify immediately to take the RDA and also for the OA.

Tooka Zokaie, representing California Dental Association (CDA), clarified that prerequisites were included and need to be done chair side. For the OA course exam, Das will be supported, and there is appropriate filtration out of the education and exam process that is currently written. Ms. Zokaie added that on page 45, in the draft version of the bill, BPC section 1752.4(r) says there is language already about satisfactory work experience.

Regarding the alternative DA program, page 5 of the matrix, Dr. Montez mentioned that there was some confusion over why there was 500 hours of didactic and 300 hours of clinical, and in the preceptorship in dental assisting, those hours were flip-flopped. She voiced there were some comments that this could be confusing.

Ms. Zokaie, representing CDA, commented that if that recommendation is being moved forward, CDA can discuss it after the meeting.

Regarding the alternative DA pathway, Chair Miyasaki noted that the apprenticeship pathway is lumped into that in the explanation of the definitions, and the apprenticeship pathway is only requiring 144 hours of didactic and laboratory coursework and 2,000 hours of work experience. She stated these hours do not match, and it might be to the benefit of removing the apprenticeship pathway from that alternative pathway because there is going to be confusion. Chair Miyasaki believed the intent of the apprenticeship pathway is to go through the Work Experience Pathway (OTJ) pathway with standalone classes.

Ms. Zokaie indicated there was outreach by CDA to different directors of programs, and they wanted to have room for a variety of program formats. There are the two different hour pathways because of the variety of programs available and how they approach hours differently so there is more equitable access to program formats.

Dr. Gagliardi, representing FADE, believed the alternative was also to give credit for those in the regional occupational program (ROP) or the adult education that only had 500 hours and then the rest would be the clinical. The opposite being the preceptorship were those that were already in clinical, and they wanted to give them some emphasis of a lot more didactic and lab coursework in an educational institution in addition to the

standalones. It would include more on dental materials, chairside assisting, but really prepare them as a DA for the knowledge level they would not get in an office. She believed that is what came to the 300 hours. On the other hand, the alternative was those adult education and high school programs that may only be 500 hours, but then they would combine that with more work experience so that they would be eligible to take the RDA and have the didactic as well as the clinical experience.

Vice Chair Fowler voiced that if it is confusing to her to differentiate between the alternate DA program, as opposed to a preceptor and dental assisting program; it might not be clear to the applicants to determine which pathway to take and why there is a discrepancy.

Chair Miyasaki requested public comment on this item. The Council received the following public comments.

Ms. Becker, representing the Alliance, commented that if it is confusing to the Council and the Alliance, it is also going to be confusing to other people. She agreed the language would really have to be word smithed to be super clear.

Ms. Becker, representing herself, indicated that she personally felt that some additional programs with a preceptorship would be a confusing pathway as well.

Dr. Montez continued that regarding BPC section 1752.1(c), as shown on the matrix, the current wording has “board-approved” struck out in (1) and (2), and Board staff felt that provision needs to be retained because those courses are approved by the Board; staff thought that was an oversight by the editor outside of the Board. She added Board staff also recommended that a pit and fissure sealant course be included in the list and requested the Council to address the five years as it is confusing throughout the bill in terms of when courses should be taken within the five years.

Vice Chair Fowler agreed with Dr. Montez that the infection control is the one that needs to change. For DAs applying for an RDA license, the eight-hour infection control course should be taken within five years.

Chair Miyasaki stated that it would be much more fluid to require the pit and fissure sealant course upon the application for an RDA.

Vice Chair Fowler did not believe the radiation safety and coronal polishing courses needed to have the same time requirement as the infection control course.

Dr. Montez summarized that the Dental Practice Act (DPA), infection control, and pit and fissure should be all within 5 years.

Ms. Welch noted someone who took a radiation safety course 25 years ago to perform radiation services as a DA may now be applying for an RDA license; technology might

have been updated such that the RDA applicant would need to be more familiar with current radiation processes.

Council Member Epps-Robbins communicated that it is extremely important to have a time manner on this, which should be within a time frame of five years. Although the perception is that things do not change as far as radiation and other items, programs and equipment do change. She added it would be more beneficial to have a smaller time frame for the applicant to be able to achieve the requirements listed, so they are more aware of the currency of what is out there. If the time frame is closed down to not allow a vast variation of eight or 10 years but is solidified with a five-year time frame or even have certain requirements prior to taking their RDA, she believed this will be implemented to allow them to have the ability to know what the programs have and see what is out there. Council Member Epps-Robbins reiterated the Council has to keep in consideration who is updating their offices, what office is that auxiliary going to go into; if they are allowed to let that time frame expand, she believed it is not going to be beneficial to them. She added they are going to lose important information that they would need to facilitate their job duties, and this will eliminate them having to go out to get additional training after retaining a job or not getting that support from an on-the-job training site.

Council Member Joanne Pacheco stated the physics of radiation have not changed much, but the equipment has. She agreed with Ms. Welch that maybe a 10 year recency on radiation safety may be considered.

Chair Miyasaki requested public comment on this item. The Council received the following public comments.

Melodi Randolph, representing the Alliance, noted it does not make sense to them to have to retake an X-ray class and a recency because as a DA you can legally take X-rays and assuming that this person will have been taking X-rays all of this time. For them to have to take another X-ray course when it is not guaranteed that the course will be teaching exactly what type of equipment the student is going to be using. Ms. Randolph voiced that it does not make sense to have to take an X-ray class again when they have been taking X-rays for 10 years.

Dr. Gagliardi, representing FADE, concurred with the previous speakers and stated that these are working DAs who probably already have their X-ray certification. She raised concern with the two-hour and the DPA and the eight-hour infection control being a five-year window that licensees have to update every two years. In the coronal polish, if they took that as a student or took a course, they are not going to be able to do coronal polishing until they are an RDA or, depending on how this bill goes through, they may have their coronal polish. Dr. Gagliardi expressed that the infection control and the DPA should be two years. As far as the X-ray, if they are a practicing DA and taking their X-ray certification or they have already taken it, she did not see the need to update that.

Ms. Becker commented that she agreed.

Chair Miyasaki concluded that the gist of the discussions and public comments was that the radiation safety does not need to have a time limitation because if they are a practicing DA, they already have their X-ray license and will not need to take another course. For the DPA and eight-hour infection control course, a two-year time window seemed to make sense since there is a two-year license renewal window. Furthermore, the coronal polishing and pit and fissure sealant courses should be included in the application and can be taken in a five-year window.

Ms. Welch noted that with respect to the radiation safety course, there was a presumption that the applicants are currently using X-ray machines and equipment and that presumption may not be correct. If somebody took a radiation safety course 25 years ago and the individual had not been practicing or utilizing radiation equipment recently, there may be a need to write in either taking a radiation safety course within 5 years or demonstration of recent X-ray experience on patients. Ms. Welch reiterated that the Council needs to ensure consumer protection and should not just presume that someone has been utilizing radiation equipment on patients.

Chair Miyasaki requested public comment on this item. The Council received the following public comments.

Ms. Randolph, representing the Alliance, noted that the key here is making sure that they are skilled and able to do this and a time limit is not ensuring that. She suggested putting into regulation the ability for the applicant to challenge out somehow. Perhaps they can give the providers of the X-ray courses the ability to allow somebody who has previously had an X-ray license to take one or two sets of X-rays, so the applicant does not have to take the entire course again. If they can prove that they can take a set of X-rays safely, that would accomplish this goal, and that could be done in regulation.

Dr. Montez responded that implementation at the Board staff level would be extremely hard and costly to do.

Ms. Welch commented that exemptions from the statutes cannot be created in regulations. The statute itself has to provide the exemption. The goal, especially with working on AB 481 and the Interim Therapeutic Restorations (ITR) language, is trying to streamline the process to get people out there working and get them trained and skilled quicker. Relying on regulations to implement new policies will take longer to get people properly licensed and through the process. If an exemption needs to be created so that there is no limitation on the radiation certificate, there should at least be either a radiation certificate within X number of years or a radiation certificate and proof of recent experience performing X-rays on patients.

Chair Miyasaki requested public comment on this item. The Council received the following public comments.

Dental Assisting Council
May 14, 2024 Meeting Minutes

Ms. Becker, representing the Alliance, suggested including recency of taking safe X-rays as part of the work experience documentation.

Dr. Gagliardi, representing FADE, noted there currently is no limitation on the X-ray being current or requirement for the course to have been taken within however many years. She would not want to discourage a current DA who took her X-ray years ago not to want to take their RDA because they do not want to go back and take a 40-hour course. Dr. Gagliardi believed the [dental] office would know.

Chair Miyasaki voiced that she would report to the Board that the radiation should be taken within eight to 10 years and communicate the concerns of the stakeholders.

Regarding BPC section 1752.4(e), as shown on the matrix, Dr. Montez voiced that there was concern that OA duties were being added into the RDA.

Chair Miyasaki raised concern that the OA permit language, on page 53, talks about isolating etch and bond, and the word "isolate" is missing in front of "etch" on number one. She wanted to include that information in there and in reading this information, it sounded like the RDA can etch, bond, and attach, but on page 53, the OA can only isolate, etch, and prepare. Chair Miyasaki expressed confusion as to why the RDA can actually do more by attaching than the OA; it seemed to her that the OA would be able to attach, as well as the RDA. She voiced that maybe the intention was for the OA to isolate, etch, prepare, and attach, and then for the RDA to do everything but attach. In the current language, the RDA can actually attach, but the OA can only get to preparation.

Chair Miyasaki asked the Council whether they agreed that the OA and the RDA are limited in any of the aspects of attaching the provisional attachments and would want the OA to be able to attach and RDA not attach or would want the RDA and OA be able to do everything and attach it.

Council Member Fowler believed what they are addressing here is that they want to allow the RDA to be able to do composite buttons or attachments for [clear aligners]. They are trying to allow the RDA to be able to do more when it comes to orthodontic duties, like for [clear aligners], and that is what those buttons and attachments she believed were referencing.

Chair Miyasaki requested public comment on this item. The Council received the following public comments.

Ms. Randolph, representing the Alliance, agreed with Chair Miyasaki's initial assessment that the language on page 53 for the OA to just prepare teeth would be very confusing. To put that in for the RDA to etch, bond, and attach composite buttons or attachments, she agreed with Vice Chair Fowler's statement that originally what was

intended was to allow an RDA to attach buttons for [clear aligners] or that type of treatment, but not brackets. Although people would interpret this as it is written, buttons or attachments, attachments would be any attachment, including a bracket. Essentially the text would get rid of the OA permit category, to which the Alliance would be adamantly opposed.

Ms. Zokaie indicated there used to be language about brackets but that was excluded to be specific that this is only for buttons. She added it is not designed in a way to increase the scope to an OA. It is still less than that and when meeting with the different educators, they were very comfortable and confident about including the buttons for the RDA but not brackets. The word brackets is not included. When CDA was meeting with different groups, they asked if buttons was the most appropriate term, and then they changed buttons to attachments to try to make it more universal. She noted that she now sees how that could be misinterpreted as including brackets and suggested that they can send some recommended language for excluding brackets for example.

Chair Miyasaki asked whether the OA language should be “prepare and attach,” because it does not specifically say that they are attaching the brackets. Ms. Zokaie responded that is something that can be recommended for OA.

Chair Miyasaki noted that on page 62, line 19, the RDA duty says remove orthodontic bands; there is redundancy on page 63, line 13, where it says size, fit, secure, and remove orthodontic bands. She noted that needs to be looked at where the term “remove” should actually be located and whether it is direct or general supervision.

Chair Miyasaki requested public comment on this item. The Council received the following public comments.

Ms. Randolph, representing the Alliance, expressed one issue that really needs to be clarified and discussed by the Council is the qualifications for a hygienist to become an RDA. Regarding BPC section 1752.1, on page seven of the matrix, she asked the Council to clarify how a hygienist can be an RDA and whether or not they need to have the same qualifications, meaning they need 15 months’ work experience as a DA or graduate from an RDA program and take the RDA exam. She noted the way the text reads now is confusing, and she read it as they have to take the RDA exam, but they do not necessarily have to have the same qualifications and do not have to have the 15 months’ work experience as a DA. She stated that just by being a hygienist does not mean you can do the duties of a DA; they should have to have the same qualifications as an RDA.

Dr. Montez noted that current law is that if an individual has a Registered Dental Hygienist (RDH) license, they do not need to do any additional work other than taking the exam. She stated the intent of this language was to clarify that they must take the RDA Combined Written and Law and Ethics exam. Currently, the law has been that there are no additional requirements that must happen.

Ms. Welch added to the extent the hygienist qualification for RDA application disagrees with the legislative proposal the Board approved and included in the sunset review report, the Board would take a look at amending the bill for consistency with the Board's recommendation. If SB 1453 is missing provisions the Board already talked about and the Council deliberated on for many meetings, the Board will want to make sure that the legislative proposals the Board submitted are accurately reflected in the Sunset review bill. She indicated that Board staff will take a look at the hygienist issue and make sure that it comports with the legislative proposal submitted by the Board. She added that all of the stakeholder groups have the ability to communicate with the legislative staff and the author of the bill, as this is the Board's Sunset bill. The Board is participating on this legislation, but it does not control it.

Chair Miyasaki asked for the opinion of the Council regarding the hours where there is the 300 to 500 hours or the 500 to 300 hours for the didactic laboratory versus the work experience. Board Member Pacheco responded that as an educator, it would depend on what the content is for each section that they have listed. If that is what they have figured out to cover the same content, then the hours are really moot – it and is what they have listed. You would have to go back and look at the content to figure out what they put in each section because there is the didactic, preclinical, and clinical. However, they have put that package together is how they are going to spit out the hours.

Vice Chair Fowler agreed but would like for it to be very descriptive on the Board's website so an applicant knows exactly which pathway is the best fit for them.

(M/S/C) (Miyasaki/Fowler) to add pit and fissure sealant course upon application for the RDA, radiation safety should be taken within 8 to 10 years, pit and fissure sealant and coronal polishing courses should be taken within the last 5 years, infection control and DPA courses should be taken within the last two years, keep the Board-approved language in paragraphs (1) and (2) that was struck, and the RDA could not attach the brackets and the OA can attach the brackets and remove the language of "attachments" from the RDA item about attaching the [clear aligner] buttons.

Council Member Pacheco stated that the radiation safety course should be taken within 10 years because the radiation safety courses are difficult, are not offered in every part of California, and she would hate to see a barrier in place for those moving toward becoming an RDA. Dr. Montoya added her understanding that these courses are expensive, and the Board is trying to balance consumer safety with access to care. Council Member Pacheco also pondered what difference 8 or 10 years would make; if radiation safety changes move at such a slow pace, and the individual is still working with film, yet everything is digital, would two years really matter if the Council went with 10 years. Council Member Fowler believed 10 years would be fine for the radiation safety course.

Council Member Miyasaki amended her motion to require the radiation safety course to be taken within 10 years, and Council Member Fowler agreed to the amendments to the motion.

(M/S/C) (Miyasaki/Fowler) to add pit and fissure sealant course upon application for the RDA, radiation safety should be taken with within 10 years, pit and fissure sealant and coronal polishing courses should be taken within the last 5 years, infection control and DPA courses should be taken within the last two years, keep the Board-approved language in paragraphs (1) and (2) that was struck, and the RDA could not attach the brackets and the OA can attach the brackets and remove the language of “attachments” from the RDA item about attaching the [clear aligner] buttons.

Chair Miyasaki requested public comment before the Council acted on the motion. The Council received public comment.

Dr. Gagliardi, representing FADE, asked for clarification whether the Council said a board-approved DPA, because if that is the case, the current RDA programs do not have a board-approved DPA because this is the Board’s [Continuing Education Unit] CEU. Her understanding was that most of those courses have not gone through the CEU to get the Board-approved DPA as it is incorporated within their program. Dr. Gagliardi requested clarification as to whether the requirement is for the Board-approved course or a non-Board approved course. Dr. Montez noted the programs are approved and stated the Board will monitor that issue; it is assumed that because the program is approved, this is an approved course.

Chair Miyasaki called for the vote on the motion. Ms. Mirela Taran took a roll call vote on the motion.

Ayes: Epps-Robbins, Fowler, Miyasaki, Olague, Pacheco.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 11: Adjournment

Chair Miyasaki adjourned the meeting at 10:45 a.m.