



## DENTAL BOARD OF CALIFORNIA

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### DENTAL BOARD OF CALIFORNIA DENTAL ASSISTING COUNCIL MEETING MINUTES February 6, 2025

Pursuant to Government Code section 11122.5, subdivision (a), the Dental Assisting Council (Council) of the Dental Board of California (Board) met in-person with additional public participation available by teleconference/WebEx Events on Thursday, February 6, 2025, with the following location available for Council and public member participation:

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

#### **Members Present:**

De'Andra Epps-Robbins, RDA, Chair  
Jeri Fowler, RDAEF, OA, Vice Chair  
Jessica Gerlach, RDA, OA  
Lilia Larin, DDS  
Cara Miyasaki, RDA, RDHEF, MS  
Rosalinda Olague, RDA, PhD(c)  
Carie Smith, RDAEF, OA

#### **Staff Present:**

Tracy A. Montez, Ph.D., Executive Officer  
Christy Bell, Assistant Executive Officer  
Ryan Blonien, Enforcement Chief (North)  
Jodi Ortiz, Chief of Licensing and Examination Division  
Paige Ragali, Chief of Administration and Compliance  
Tina Vallery, Chief of License and Program Compliance and Dental Assisting  
Victor Libet, License and Program Compliance Unit Manager  
Jessica Olney, Anesthesia Unit Manager  
Wilbert Rumbaoa, Administrative Services Unit Manager  
Jerry Fuhrman, Investigator  
Brant Nelson, Legislative and Regulatory Specialist  
Mirela Taran, Administrative Analyst  
Joseph Tippins, Investigator  
Sarah Irani, Facilitator and Strategic Planner, SOLID, Department of Consumer Affairs (DCA)  
Bryce Penney, Television Specialist, Office of Public Affairs, DCA  
Kristy Schieldge, Regulations Counsel, Attorney IV, Legal Affairs Division, DCA  
Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division, DCA

Dental Assisting Council  
February 6, 2025 Meeting Minutes

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

Council Chair, Ms. De'Andra Epps-Robbins, called the meeting to order at 8:39 a.m.; seven 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.

Agenda Item 3: Discussion and Possible Action on November 7, 2024 Meeting Minutes Motion/Second/Call the Question (M/S/C) (Fowler/Smith) to approve the November 7, 2024 Meeting Minutes.

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

Chair Epps-Robbins called for the vote on the motion. Ms. Mirela Taran took a roll call vote on the motion.

Ayes: Epps-Robbins, Fowler, Gerlach, Miyasaki, Olague, Smith.

Nays: None.

Abstentions: Larin.

Absent: None.

Recusals: None.

The motion passed and the Minutes were approved.

Agenda Item 4: Assistant Executive Officer Report

Christy Bell reported that she joined the Board in December of 2022 and has been with DCA for over 10 years working in various positions. She noted the Board's 2022-2025 Strategic Plan is concluding, and strategic planning will be discussed furthermore at the May Board meeting. Additionally, the 2025 Dental Practice Act (DPA) will be available soon, and there will be information on the Board's webpage on how to order it.

Chair Epps-Robbins requested public comment on this item. There were no public comments made on this item.

Agenda Item 5: Update on Dental Assisting Examination Statistics

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

Chair Epps-Robbins 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. Bell provided the report, which is available in the meeting materials.

Regarding page 17 of the meeting materials on the Dental Assistant Applications (1020) Abandoned by Month chart, Council Member Lilia Larin voiced that there were 1,104 total abandoned applications for registered dental assistant (RDA) licensure in 23-24. She asked what is the reason that applicants abandon their application. Ms. Bell responded that an application is abandoned if an applicant applies, there are deficiencies, and they fail to remediate those deficiencies within the year that they have. She noted that examples of deficiencies could include that they did not pay the fee and did not provide the necessary documentation to prove that they meet the qualifications.

Council Member Larin inquired whether Board staff follow up with applicants regarding their deficiencies. Ms. Bell responded that when the Board receives an application and it is incomplete, staff notify the applicant by letter, usually more than once, that there are items outstanding. She added the Board has changed its process to reach out and call applicants to help facilitate the process.

Council Member Cara Miyasaki noted that on page 22 of the meeting materials, the registered dental assistant in extended functions (RDAEF), orthodontic assistant, and dental sedation assistant retention rates seem fairly high, but the dental assistant retention rate is 33%. She expressed that if the delinquent ones are considered, it drops down to 29%. Council Member Miyasaki conveyed that she believes this is not a great thing for the workforce. Looking at the documents for the new programs and new courses on pages 26 and 28 of the meeting materials, she conveyed that it discloses the new programs and courses that are being approved, and voiced that this creates a burden for Board staff. She noted the RDA retention rate and that if RDAs, who pay for these 10 and 12 week programs, which are \$2,500 to \$5,000, fall out of the workforce, then they have paid all this money to get into the workforce. She voiced that she is trying to appeal to the stakeholders to see if there is anything that can be done about this retention rate. Council Member Miyasaki added that there are new programs popping up to create more dental assistants, but if RDAs are just retained, then maybe it is not necessary to have more dental assistants, who have to take the infection control class, which creates a lot of burden to Board staff.

Chair Epps-Robbins requested public comment on this item. The Council received public comment.

Shari Becker, representing herself, voiced that she is curious whether there is any type of questionnaire on those who are coming out of the profession which shows where they are going and why are they going away. She expressed that this statistic is eye opening.

Tracy Montez verbalized that the ratio reflects the licensee address of record and noted that an individual may have an address in one area but actually work in multiple areas. She added this is an excellent comment for the Board's stakeholders to explore because as a regulatory Board, the Board's responsibility is not necessarily retention per se, but the Board has done its job in terms of creating ways to get licensed and

trying to reduce any artificial barriers to licensure. Dr. Montez stated it is an excellent an idea for the Board's stakeholders to do surveys or something like that, and then that information may feed back into the Board as perhaps there is something the Board can do with regard to access.

Regarding the topic of surveys and questionnaires, Council Member Rosalinda Olague voiced that DentalPost posted their 2025 dental salary survey report; there is great insight there from hiring wages to turnovers. She highly encouraged anyone looking at the Allied Health profession to review that document.

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

Regarding the infection control course, Council Member Larin asked whether this includes the eight-hour course or the two-hour course, and how accessible the eight-hour course is. Ms. Bell responded this is the previously implemented 2024 infection control course. She stated Board staff would have to get more information on where the courses are located. Ms. Bell added there is a table on the Board's website under the dental assisting tab that lists all of the courses that are available and the contact information, which might be a good starting point.

Regarding page 28 of the meeting materials, Council Member Miyasaki reiterated some of these courses these dental assistants are taking are costly. The 10 and 12 week programs that are popping up are between \$2,500 to \$5,000. If they go through a more extensive program, such as a for profit, the tuition could be up to \$20,000. She added that if the retention rate could be higher, then the students would not be out of pocket if they decide to leave the profession.

Chair Epps-Robbins requested public comment on this item. There were no public comments made on this item.

Agenda Item 8: Update, Discussion, and Possible Recommendations to the Board on Proposed Regulations

Agenda Item 8.a.: Status Update on Pending Regulations

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

Regarding the dental assisting regulations working group, Mr. Nelson noted he has been working with the working group subject matter expert, Council Member Miyasaki, and Kristy Schiedge, and the Board's subject matter expert colleagues at the Dental Hygiene Board of California (DHBC) to develop the Board's proposed language for minimum standards for infection control. Mr. Nelson noted Board staff are currently working on dental assisting applications for the May 2025 Board meeting, and they will be applying feedback from the Board's application for dentist licensure and fees

rulemaking. Going forward, Board staff will be continuing regulatory work on dental assisting programs and courses.

Council Member Miyasaki thanked the members of the working group and noted that it was a huge learning curve and a really great process.

Dr. Montez clarified there were two separate working groups. The infection control working group consisted of Joanne Pacheco, former Board and Council member, and Council Member Miyasaki. On the other hand, the dental assisting regulation workgroup, consists of Council Member Jeri Fowler and Council Member Miyasaki. Dr. Montez conveyed the working group is wrapping up the infection control, and then Board staff will go back to dental assisting to continue on with proposed revisions to the other articles in the Board's current regulations.

Chair Epps-Robbins requested public comment on this item. There were no public comments made on this item.

Agenda Item 8.b.: Discussion and Possible Recommendation to Initiate a Rulemaking to Amend California Code of Regulations, Title 16, Section 1005 Regarding Minimum Standards for Infection Control

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

Ms. Schieldge clarified the working group concluded its work in November, but the proposal was not ready for the Council's review at that time. Board staff presented the proposal to DHBC, which approved the draft in Attachment 1 to the meeting materials. At the DHBC meeting, the California Dental Association (CDA) raised concerns about requiring a top shield, in addition to a side shield, which was the original recommendation from the working group. Upon re-review by the working group following the DHBC meeting, the working group agreed to remove the top shield requirement, which is reflected in Attachment 2 to the meeting materials. Board staff is recommending the Council recommend Attachment 2 to the Board.

(M/S/C) (Miyasaki/Gerlach) to recommend the Board approve the proposed regulatory text in Attachment 2, and request that staff provide Attachment 2 to the Dental Hygiene Board of California for their review and reconsideration of their prior action on this item, and to obtain a consensus with this Board on the Guidelines. Upon receiving notice that the Dental Hygiene Board of California has approved Attachment 2 and thereby reached consensus with this Board, the Council recommends the Board further direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services and Housing Agency for review. If no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the

proposed regulations as noticed for California Code of Regulations (CCR), title 16, section 1005.

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

Ms. Becker, representing herself, asked if this will be going back for a 45-day public comment period. Ms. Schieldge responded that it will. Ms. Schieldge requested that if there are issues with the text, the issues are worked out now before it is filed. She stated it would be more beneficial to address the issues now, rather than hold it up later to bring it back to the Board for further modifications. She noted there is the extra step of going to the DHBC for their approval. Ms. Schieldge added that would extend the amount of time involved if the issues are not discussed and addressed prior to filing the rulemaking package.

Melodi Randolph, representing the Dental Assisting Alliance, noted that hand scrubbing on page three being mentioned first seems like that is an acceptable alternative to using the ultrasonic. Therefore, they would recommend that be listed last. On top of page six where it says "protective attire shall be changed daily or immediately if they should become moist or visibly soiled", she believes there might be a question on the addition of the word "immediately" where you would have to stop the procedure to change your gown if visibly soiled seems to be problematic. On the bottom of page six, subparagraph (B), Ms. Randolph noted that "chemical and puncture-resistant utility gloves shall be available at the point of use and worn by DHCP for clinical care break-down (setting up or breaking down a treatment room)" seems to indicate the use of utility gloves to set up a treatment room, which is not how infection control is done. When a treatment room is set up, the hands are clean; therefore, that would be hugely problematic. Furthermore, the top of page seven indicates sterilizing the utility gloves, which she understands that they can be sterilized, but to require them to be sterilized after each use is overkill and would not be something offices would do regularly. She suggested to possibly change that word from "sterilized" to "disinfected" which would make sense. On page eight, Ms. Randolph noted the addition of the word immediately in "critical instruments, items, and devices shall be discarded or pre-cleaned, packaged or wrapped, and sterilized immediately after each use". She conveyed that offices, when they are very busy, cannot sterilize their instruments immediately after use. A lot of times they will sit in a preclean or presoak or they will need to sit for an hour or so before they are sterilized. She believes that to sterilize them immediately is unrealistic. Ms. Randolph asked to add a clarification on the top of page nine regarding sterilizing low-speed handpieces. She noted that in her interpretation, that includes the quick connect or the motor of the slow speed, and many offices do not sterilize the motor of the slow speed, just the nose cone. She verbalized that it would be great to have some clarification in there if the motor also has to be sterilized or if just the nose cone is acceptable.

Tooka Zokaie, representing CDA, commented that in the past 60 days, CDA has received numerous complaints from dental members about challenges regarding the

timing of the eight-hour infection control course to be before exposure to blood and saliva. She indicated that this has been 10% of their member interactions surpassing other topics by 23%.

Dr. Bruce Whitcher, CDA representative, thanked those who worked on this for incorporating one of their recommended changes, which was the removal of top shields from the safety eyewear requirements. He stated that he could not find any source for the proposed top shields standard as to why that type of eyewear would be suitable for use in dentistry and noted that the top shields standards is an industrial standard and different from what we do.

Ms. Zokaie noted that CDA thanks the Board for aligning standards with Occupational Safety and Health Administration (OSHA) and Centers for Disease Control and Prevention (CDC) for the personal protective equipment (PPE) requirements.

Eloise Reed, representing herself, indicated that she teaches infection control courses, both eight-hour infection control and review classes for the licentiates in California, and stated that she concurs with Ms. Randolph and Ms. Becker with their identified needs for change on the minimum standards for infection control.

Leslie Canham, RDA, disclosed that she is a certified in dental infection prevention control and a registered provider for the infection control two-hour course and the eight-hour course. She noted that in the minimum standards for infection control and the draft regulation in the attachment, she sees a number of flaws in various areas as already pointed out but is particularly concerned with the dental unit waterline information, that there is no recommendation or no requirement for dental unit water line testing. Per CDC guidelines, purging and flushing is appropriate; however, as stated in the CDC guidelines from 2002, studies demonstrate that this practice does not affect biofilm in the dental unit waterlines or reliably improve dental unit water quality during dental treatment. Without monitoring, there is no way of knowing if there is colonization of bacteria that could be particularly harmful to patients. Citing the Children's Dental Group event in 2016 with the non-tubercular mycobacterium outbreak with over 73 children affected and 72 hospitalized, Ms. Canham voiced concern that there is not any mention in the dental unit water line section about monitoring water quality and not performing any kind of strategy to improve water quality upon a fail of dental unit water quality monitoring levels. She would be interested in providing assistance in reviewing these infection control draft regulations.

Ms. Schieldge asked for clarification on whether Ms. Canham was referring to the text on page 10, "[D] Dental unit water lines shall be anti-retractive..." and "[t]he dental unit lines and devices shall be flushed between each patient and after the final patient of the day for a minimum of twenty (20) seconds." Ms. Canham confirmed that she was referring to the referenced text.

(M/S/C) (Miyasaki/Olague) to rescind the prior motion.

(M/S/C) (Olague/Fowler) to take back public comment and any discussion that the Council has to the working group and have this come back to a future Council meeting.

Council Member Miyasaki, as part of the working group, stated she thought it was important for the proposal to go back to the working group rather than create language on the fly.

Ms. Schieldge clarified if the Council approves the motion, the proposal would go back to the working group with potentially new revisions to the text in response to the public comments received during this meeting. In response to a question by Ms. Fowler on the next steps should the motion pass and revisions made, Ms. Schieldge stated it was hard to say whether there will be any revisions at this time because there has not been time to think through, analyze, and have the working group's experts opine on the public comments.

Chair Epps-Robbins requested public comment before the Council acted on the motion. The Council received public comment.

Ms. Becker, on behalf on the Alliance, agreed the language should be sent back to the working group for reconsideration.

William Kushner, (Doctor of Dental Surgery (DDS)), California Academy of General Dentistry, voiced support for the motion to refer back to the working group for review, discussion, and reimplementation of a revised [proposal].

Dr. Montez explained it is critically important that the Board's stakeholders review meeting materials, as these materials have been presented at prior meetings, and added that the process is now delayed and will need to come to the May Board meeting and will have to go to the Council and the DHBC. She supported taking this back and noted this feedback seems to be substantial and needs to be vetted, but it delays the process. She noted when the Board hears that regulations take years and years, this is an example of why. She reiterated it was important for stakeholders to do their homework ahead of time.

Tara Welch asked Ms. Schieldge for more information on the process if the working group determines additional changes are necessary. Ms. Schieldge responded that if this gets referred back, the working group would reconvene. She noted a new working group member will need to be appointed, due to the loss of Ms. Pacheco. Ms. Welch noted the Council Chair can appoint the new working group member. Ms. Schieldge added that the working group would need another Board expert on infection control, as Council Member Miyasaki is now the only working group member. Ms. Schieldge commented that it helps to have two Board experts as the DHBC has two, and it seemed to work well previously. Ms. Schieldge stated that once the individual is appointed, the proposal will go back to the working group. The working group would go



through the recommendations and comments made at this meeting. When the working group makes a recommendation on what they think are good changes, if any, then the proposal would be sent to the DHBC's working group. They would look at it, tell Board staff if they agree or want to make changes, and the proposal would go back and forth until there is some kind of a consensus. Then the proposal would come back to either one of the boards, depending on which is going to be meeting first or consider having a joint board meeting of the two boards. If the DHBC reviews the proposal first, then the proposal would return to the Council for review prior to referral to the Dental Board.

Ms. Welch asked whether stakeholders can submit their written comments, so the working group has actual text to review. Ms. Schieldge responded that would be helpful to the working group, but that they are not required to do so.

Council Member Olague volunteered to partner with Council Member Miyasaki and the DHBC to get this across the finish line.

Chair Epps-Robbins called for the vote on the motion. Ms. Taran took a roll call vote on the motion.

Ayes: Epps-Robbins, Fowler, Gerlach, Larin, Miyasaki, Olague, Smith.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

Council Member Miyasaki voiced that many of these concerns could be easily addressed and reminded everyone that all this information is evidence based on state and federal guidelines, so the working group will have to refer to those guidelines. For instance, Council Member Miyasaki would personally prefer taking out the hand scrubbing provision, but her opinion is not evidence based and she could not enforce her own guidelines. She agreed the dental unit water line monitoring should be included in the regulatory proposal.

Council Member Larin agreed to removal of the areas that say "immediately;" that is not feasible in dental offices. Regarding the motor hand piece part, she conveyed that is also very important to clarify and recommended changing the language on that.

Vice Chair Fowler agreed with Council Members Larin and Miyasaki and added that the utility gloves for the setup issue is something that should be addressed.

#### Agenda Item 9: Update, Discussion, and Possible Recommendation to the Board on Proposed Legislation

##### Agenda Item 9.a.: Legislation of Interest

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

Mr. Nelson reported that there is currently no legislation of interest as of January 10, 2025 and added that he anticipates having a much larger analysis at the May Board meeting.

Chair Epps-Robbins requested public comment on this item. There were no public comments made on this item.

Agenda Item 9.b.: Discussion and Possible Recommendation on Legislative Proposal to Amend Business and Professions Code (BPC) Sections 1725, 1750, and 1753.52 and Repeal BPC Sections 1754.5 and 1755 Regarding Dental Assisting Courses  
Dr. Montez introduced this item.

Dr. Montez expressed that back in November, Board staff explained to the Council and the Board that there were provisions within the Board's Sunset bill [Senate Bill (SB) 1453 (Ashby, Ch. 483, Stats. 2024)] regarding the infection control course, primarily that the Board was unable to implement. It was explained that Sunset bill was rather large, and as Board staff started moving into implementation, Board staff realized there were details of grave concern that prevented the Board from implementing this piece. After working with the working groups and stakeholders and trying to reach a compromise on how to address the concerns, Board staff realized there were deficiencies and discrepancies that could not be resolved. Therefore, Board staff was going to recommend and has to the Council and the Board to repeal these sections and essentially correct the issues through the regulatory process. However, in recent weeks the Board has received quite a bit of feedback from stakeholders about frustrations with a delay of implementing this portion of the Sunset bill. Dr. Montez voiced that a legislative proposal was drafted for additional consideration with the item that was originally in the meeting materials. She emphasized the legislative proposal was something that Board staff had attempted to do but pulled back as it was very challenging to get consensus. Due to the concerns, Board staff put something together and tried to articulate the true intent of SB 1453, which had to do primarily with the interest in having a virtual option of the eight-hour infection control coupled with the public safety, and that is requiring unlicensed dental assistants to take a course prior to working with patients. She expressed that was the two pieces that were very important that was captured in the Sunset bill. Where it became difficult to implement was that there is no detail about the laboratory instruction. Dr. Montez emphasized the importance of collaboration and working together and realizing the need to look at this from the perspective of consumer safety.

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

Ms. Welch noted that in the legislative proposal the Council Members received prior to the meeting, instead of repealing BPC section 1754.5, the radiation safety course, the new proposal would also add a Board approval process and laboratory and clinical

provisions that are currently in the regulations, move those into the statute, and provide student protection for electronic course delivery with the intent to ultimately repeal the radiation safety course regulations, CCR, title 16, sections 1014 and 1014.1, if possible. Ms. Welch advised the intent to clean up the regulations. Since there is a new radiation safety course statute, the idea is to move the regulations into the statute so it is clearer what are the radiation safety course requirements.

Ms. Welch added that this infection control course, in particular, is the one that Board staff have been trying to get resolved as soon as possible, as that statute [BPC section 1755] is already in effect. She noted the Board's implementation problems and need to address consumer safety through having more dental professionals available. Therefore, if the infection control courses can be made available to dental assistants so they can start to provide services to consumers; that is one of the balancing tests here. Instead of trying to repeal what the Legislature added last year in the Board sunset bill, Board staff is trying to tweak these so they are more palatable for Board staff in terms of implementation. She added a Board process to approve or deny applications was needed in case there is noncompliance. She stated clarification was needed on what laboratory instruction is, especially when the laboratory instruction in regulation requires oversight, such as supervision and in person participation, whereas the new statute contemplates electronic delivery of both didactic and laboratory instruction. Ms. Welch conveyed that Board staff is also focusing the statute on dental assistants. From what was heard in stakeholder meetings on these issues in December, the real concern is getting dental assistant course access, not necessarily changing how individuals applying for RDA licensure access infection control courses. Right now, the statute establishes a different pathway for some RDA license applicants, who would have to take this statutory electronic infection control course, while other RDA license applicants, who go through a standard educational program or the Dental Assisting National Board (DANB) pathway, are not accommodated in this new statute. Ms. Welch stated Board staff is trying to understand why there needs to be a different infection control course for RDA license applicants depending upon the pathway the individual chooses to seek for their license. The focus in conversation was on unlicensed dental assistants and getting them working as soon as possible. She voiced that the amendments distributed yesterday refocus that statute on unlicensed dental assistants and provide some additional grandfathering clauses so that dental assistants who have been working for many years and took the eight-hour infection control course under regulation would not have to immediately turn around and take this new eight-hour course where there is six hours of didactic instruction and two hours of laboratory instruction. She stated [the intent in the new proposal] is to be helpful and make sure dental assistants do not have to take multiple courses on the same issue.

Council Member Fowler conveyed that she saw [in the new proposal] the addition of the eight-hour course, with the six-hour didactic, the two-hour laboratory using a series of video training tools, ultimately removing the hands-on component with that option. She added that there is benefit to having hands-on in that infection control course and raised concern about that option. Council Member Fowler noted the new proposal states the

“course director shall possess a valid, active, and current license issued by the DHBC” and expressed that this eliminates the possibility of a dentist becoming director and limits the possible amount of infection control courses just down to maybe a hygienist being a director.

Ms. Welch responded that through the Sunset bill process last year, there was a lot of conversation about whether or not in-person instruction is necessary for infection control. She conveyed that the Legislature voted to not require it in BPC section 1755 for these two purposes, one being unlicensed dental assistants and the other being RDA licensure pathway. She added that for unlicensed dental assistants, the existing statute does not require in-person instruction and recognized that there is a public safety component to that, but from conversations with legislative staff, the Legislature has already approved that. Ms. Welch noted there is concern about no in-person instruction on infection control. Coming out of COVID-19, there is an understanding how important infection control is, especially for dental health providers. She asked whether RDA license applicants should, any pathway to that licensure and the additional duties that they are allowed to do under the statute, be allowed any pathway to take an infection control course electronically. Because of the expanded duties that RDAs perform and subsequently RDAEFs, she asked whether there should be more public protection by requiring in-person clinical instruction for all RDA license pathways. Regarding the dentist provision, Ms. Welch noted that is not currently in the regulations; the infection control course [in regulation] requires the course directors to have a Board RDA license or a DHBC license.

Council Member Fowler expressed that would be fine, it could be continued to be written that way. Right now, it is just stated as the director has to have a license from the DHBC and does not mention anything else in that. Ms. Welch responded that this language is intended to mirror what is in the regulations. Council Member Fowler asked whether it should be added that the director can have a license from the Board. Ms. Welch responded that it is in regulation right now.

Council Member Miyasaki noted that on page 11 of the new materials, it says the course director shall possess a valid, active, and current license issued by the Board or the DHBC.

(M/S/C) (Miyasaki/Smith) to approve the recommendation for submission to the Board the legislative proposal to amend BPC sections 1725, 1753.52, 1754.5, and 1755 regarding dental assisting courses.

Council Member Olague requested clarification on the motion and whether it proposed [amendments to BPC section 1750] to change the requirement to complete the infection control course within 30 to 60 days. Ms. Welch stated the motion is for the new legislative proposal that does not make any changes to BPC section 1750. That section was proposed to be amended in the first legislative proposal [in the meeting materials] that also would have repealed BPC section 1755 for infection control. If BPC section

1755 was repealed, so the Board can move quickly with stakeholders and buy time to have conversations about the appropriate levels of instruction and flesh out what should be required for electronic delivery of some of the instruction, Board staff heard there was a need to do something about the immediate requirement for dental assistants to take the infection control course in BPC section 1750. Since the new proposal amends BPC section 1755 and not repeal it, there seemed to be no need to amend BPC section 1750.

Chair Epps-Robbins requested public comment before the Council acted on the motion. The Council received public comment.

Ms. Zokaie, representing CDA, thanked the Board for their collaboration and emphasizing this significant challenge. She voiced that over the past 60 days, CDA has received numerous complaints from dental members about challenges regarding the timing of the eight-hour infection control course to be before blood and saliva. This has been 10% of their member interactions, surpassing other topics by 23%. She indicated that this unintended consequence to hiring and confusion about the course timing can be addressed through this swift legislative action, giving the Board the clarity it needs to approve the virtual course option it supported in last year's Sunset in this proposal, and by providing a cushion for employers to ensure the course is completed soon after the hire by giving employers up to 90 days to have their dental assistants complete the course. This would be an amendment to BPC section 1750, subdivision (c). These changes will allow providers to get online courses Board approved, addresses the new barriers to practice hiring, and allows unlicensed dental assistants to take the course early on, but at a time where they have enough context from on-the-job experience to understand the material. While CDA is very pleased to see that the Board is taking this collaborative approach with stakeholders and the legislator on this issue, they anticipate there to be no changes to the law, even with urgency language, effective until summer. She asked whether, in the interim, the Board can provide guidance to dentist employers when they are unable to get their new unlicensed dental assistants enrolled in a course in a timely manner and whether it recommends documenting these challenges when an unlicensed dental assistant begins work in the office and the eight-hour infection control course cannot be practically completed within the new time frame to avoid any workforce stoppages. Ms. Zokaie voiced that CDA hopes the Board considers this proposed amendment to BPC section 1750, subdivision (c), and explore the questions on documentation of the challenges without a currently online Board-approved course that addresses the full scope of the course.

Dr. Whitcher spoke in support of Ms. Zokaie's comments.

Ms. Randolph, representing the Dental Assisting Alliance, voiced that she is confused about the grandfathering in issue, if that is grandfathering in somebody who has already taken the four and four, eight-hour infection control not having to do a six and two. She asked whether that includes grandfathering in the providers that are approved for a four and four, or if they would have to reapply to be approved for the six and two, or are they

grandfathered in to be able to change their course from the approved four and four to a six and two. She noted the way she read the proposal, it still causes a problem having no approved eight-hour infection control providers as no one is approved for a six and two. Speaking as herself, Ms. Randolph expressed that she agrees with the comments that [Board] counsel made about the RDA having two different pathways for the infection control. If [an RDA license applicant is] on-the-job trained, they would not have to do a lab, whereas somebody graduating from a Board-approved RDA program does a lab session. She believes the compromise in the new proposal that an RDA would have to take the eight-hour infection control with a lab component in order to qualify for the RDA [license] clears up that problem, so that there is not two different pathways. If a virtual only option is approved, the Dental Assisting Alliance strongly opposes the 60-day option for getting it done. She stated the course can be completed in one day; if a person is hired on Monday, they can do the course on Tuesday, and start working on Wednesday.

Ms. Becker, representing the Alliance, concurred and agreed with Ms. Randolph's statements.

Dr. Kushner, speaking as an individual, voiced that he supports amending BPC section 1755 and the motion that is on the floor presented.

Ms. Canham, registered provider of the eight-hour infection control course, concurred with the recommendation to grandfather providers in to expedite the process of the six and two process for delivery of the eight-hour infection control course. She disclosed that she has been certified in dental infection prevention and control fully online and noted that it is possible to provide public safety and expedite course delivery to unlicensed dental assistants through an online process.

Council Member Miyasaki clarified that the portion in BPC section 1750 that says the employer of a dental assistant shall be responsible for ensuring the dental assistant has successfully completed a Board-approved eight-hour course in infection control will stay as prior to performing any basic dental procedures involving potential exposure to blood, saliva, or potentially infectious material.

Ms. Welch stated she did not believe the Board could automatically grandfather in currently Board-approved infection control courses and give them Board approval for this new eight-hour and six-hour didactic/two-hour lab under their prior approval. She believed the course providers who wanted to do that would need to submit additional documentation of compliance with the new requirements proposed in BPC section 1755. If they were already Board approved to offer the eight-hour infection control course under a program or the infection control course regulation, they would also, if they want to continue to have Board approval for the BPC section 1755 electronic course, have to submit an application showing compliance with those requirements, as they are somewhat different than the regulatory infection control course requirements. These infection control courses, with only didactic and laboratory instruction, would all

be offered reportedly through electronic means. Ms. Welch indicated the currently approved providers would need to submit an application to get approval to offer these new courses.

Council Member Miyasaki asked that if a provider is teaching a course that is 32 hours and 20 hours are lecture and the rest is lab, would they still have to resubmit a new application.

Tina Vallery responded that all of the Board's current infection control course providers are approved under CCR, title 16, section 1070.6, and with this new statute and the new requirements, all providers would have to apply under this new pathway as this would be applicable to unlicensed dental assistants, so there would be two separate courses. She added that if the eight-hour course is offered under CCR, title 16, section 1070.6, the course provider could still apply and teach both, but it would require a separate application.

Council Member Miyasaki wanted to address the public comment concerning a person in a rural area and being required to immediately take the course might view this as a hardship. She referred back to her comments on page 22 of the meeting materials about the retention rates of dental assisting. She believed this could be a workforce issue; if more dental assistants are retained, then there would not be a need to have more coming into the workforce as often. She noted this may be something that could be addressed by the stakeholders because that way, there would not be a need for more new courses, with the burden on Board staff to approve those new courses. She noted the retention rate for dental assisting is much lower than the rates for dental hygienists and dentists.

Chair Epps-Robbins called for the vote on the motion. Ms. Taran took a roll call vote on the motion.

Ayes: Epps-Robbins, Fowler, Gerlach, Larin, Miyasaki, Olague, Smith.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

#### Agenda Item 10: Adjournment

Chair Epps-Robbins adjourned the meeting at 10:26 a.m.