



DENTAL BOARD OF CALIFORNIA

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DENTAL BOARD OF CALIFORNIA DENTAL ASSISTING COUNCIL MEETING MINUTES May 14, 2025

In accordance with Government Code section 11123, subdivision (a), the Dental Assisting Council (Council) of the Dental Board of California (Board) met on Wednesday, May 14, 2025, at the following location:

Hilton Anaheim
777 W. Convention Way
Anaheim, CA 92802

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:

Christy Bell, Assistant Executive Officer
Tina Vallery, Chief of License and Program Compliance and Dental Assisting
Wilbert Rumbaoa, Administrative Services Unit Manager
Brant Nelson, Legislative and Regulatory Specialist
Patrick Morrissey, Supervisory Investigator
Kaycee Hunter, Investigator
Mirela Taran, Administrative Analyst
Bryce Penney, Television Specialist, Office of Public Affairs, Department of Consumer Affairs (DCA)
Kristy Schieldge, Regulations Counsel, Attorney IV, Legal Affairs Division, DCA (by phone)
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. De'Andra Epps-Robbins, called the meeting to order at 8:34 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 February 6, 2025 Meeting Minutes

Council Member Cara Miyasaki requested an amendment to the meeting minutes on page 15, Agenda Item 9.b., fourth paragraph, first line, to strike and replace “noted on the public comment concerning a person in a rural area and being required to immediately take the course would be a hardship” with “wanted to address the public comment that a person in a rural area being required to immediately take the course might view this as a hardship”.

Motion/Second/Call the Question (M/S/C) (Miyasaki/Fowler) to approve the February 6, 2025 Meeting Minutes as revised.

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, Larin, Miyasaki, Olague, Smith.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed and the Minutes were approved.

Agenda Item 4: Assistant Executive Officer Report

Christy Bell reported that regarding operations, the Board is working with DCA to comply with the Governor's return-to-work Executive Order. As the Board was already limiting telework to two days per week, there is minimal impact to Board staff in operations. The new requirement will be that Board staff be in the office four days a week. Ms. Bell declared that the Board has filled all vacant positions and noted that one caveat is that some positions are still in the final phase of background checks. She added that one of the Board's most recent hires, Albert Law, came from the Dental Hygiene Board of California (DHBC) where he was the Assistant Executive Officer. As shared at the February 2025 Board meeting, Ms. Bell indicated that DCA's SOLID Unit will be conducting strategic planning for the Board. The process is expected to begin this summer with a survey distribution and data compilation occurring over the summer months. She expressed that the current Strategic Plan is on the Board's website and that the Board lists four overarching goals, which include licensing and examinations, consumer protection and enforcement, communication and customer service, and administrative services. Ms. Bell shared that the Board has made excellent progress, and a more thorough and facilitated discussion will occur at the November Board meeting.

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

Tina Vallery 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. Vallery provided the report, which is available in the meeting materials.

Council Member Miyasaki pointed out that on page 30 of the meeting materials, there is information on the statistics on the licensure, and that for the registered dental assistant (RDA), it seems that the retention rate, 33%, is rather low. She encouraged stakeholders to possibly help with finding out the reason why the retention rate is not that great. She added that the Council could possibly invite the Dental Assisting National Board (DANB), which does research on labor statistics for dental assistants, mostly as certified dental assistants, as that information might be helpful to look at some of the issues regarding the labor shortage.

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

Agenda Item 7: Update and Discussion on Registered Dental Assistant and Registered Dental Assistant in Extended Functions Educational Programs and Courses Application Approvals and Re-Evaluations

Ms. Vallery provided the report, which is available in the meeting materials. Ms. Vallery highlighted that of the 21 reevaluations completed, 12 have resulted in withdrawal of Board approval. She stated this was due to a variety of reasons, such as programs and courses not responding to the reevaluation notices, insufficient clinical instruction hours, incomplete sequence of instruction, insufficient evaluation forms, and insufficient student records.

Council Member Lilia Larin voiced that she would like to know the percentage of RDAs who go through an educational program versus the ones who are trained in the office and then later take their RDA exam. Ms. Vallery responded that she could attempt to pull that information together and bring it back at a future meeting.

Council Member Miyasaki agreed with Council Member Larin that it would be an interesting statistic to find out about the educational based students versus the on-the-job training. She reiterated that she, along with Board staff, is concerned about the programs that either withdrew their re-evaluation or their application is found deficient. She added that it is a disservice to the students and not an ethically sound practice. Ms.

Vallery responded that she is unaware of the percentage and added that the majority of the applications the Board receives are from educational avenues.

Council Member Miyasaki asked for clarification whether the educationally trained dental assistants come from other types of educational programs. Ms. Vallery responded that she does not know how many of the Board-approved programs are approved by the Commission on Dental Accreditation (CODA) [of the American Dental Association]. She conveyed that the applicants come from a variety of different programs, and that any of the programs that are on the Board's list of approved programs could be where the students are applying from.

Council Member Miyasaki expressed that it would be interesting to find out the number of schools that were CODA accredited.

Council Member Jeri Fowler indicated that of all the dental assisting educational institutions, she would like to know which programs are actually CODA approved.

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 Recommendation to the Board on Legislative Proposal to Add Business and Professions Code (BPC) Section 1778 Relating to Board Approval of Dental Assistant Educational Programs and Courses

Council Member Miyasaki introduced the report, which is available in the meeting materials. She further noted that California has many types of dental assisting programs; some programs are Board approved, while other programs offer dental assisting educational training through coursework and externships, to high school, adult education, apprenticeship, non-credited, and other pathways. Dental assisting programs can vary from community colleges to for-profit institutions, private dental offices, or individuals offering continuing education. Costs for these courses can range from free, utilizing the California Promise Program, with the first two years of community college or free, to several thousand dollars to \$30,000. Council Member Miyasaki discussed the on-the-job training pathway to RDA licensure.

She further noted that there are minimum requirements for unlicensed dental assistants, who are not regulated by the Board. In the past, groups have requested for the Board to regulate unlicensed dental assistants. For example, by permit, which would include permit applicant fingerprinting to perform a criminal history (background) check. After passage of SB 1453 [(Ashby, Chapter 483, Statutes of 2024)], it was determined the new infection control and radiation safety course requirements had issues. In addition, Board staff continue to evaluate, reevaluate, and approve dental assisting programs and courses. The question before the Council was in order to find consistent program or course approval that does not require Board staff, should the Board consider having an appropriate agency, exam, or method responsible for program and course approval, evaluation, and reevaluation, or some process thereof.

Ms. Vallery provided additional information from the report. She further noted the standard and complaint-driven program and course reevaluations being conducted by Board staff and have found major compliance issues with the majority. The issues include such things as:

- Failing to provide the minimum number of 265 hours; Board staff have found programs requiring as low as 98 hours, 170 hours, 180 hours, and 240 hours of clinical instruction.
- Program directors are failing to maintain accurate and complete individual student records to demonstrate successful completion of all components of the program or course.
- For modular or open entry programs, a lack of documentation that students receive basic instruction in infection control and basic chairside skills prior to other program content or activity involving patients or that they are sequenced appropriately.
- There are often missing areas of instruction, missing standards of performance on evaluation forms, performance evaluations not being used at all, issues with sterilizing armamentarium, issues with proper usage of extramural facilities.
- There is often no planned or supervised clinical instruction by the program or course faculty.
- Most course providers enroll students, cover the didactic instruction via electronic media, then send the students back to their employer dentists with a homework packet to complete the clinical instruction portion of the course. The student then returns their completed homework packet to the program or course, and the student is issued a certificate of completion.
- There is a lack of documentation of compliance with the required instructor to students ratios.
- There is a lack of documentation that students are provided with specific performance objectives and standards of performance for laboratory and clinical experiences. Some of the evaluation forms merely say “done” or “not done”.
- The Board often is not updated when programs and courses make changes to their curriculum, faculty, locations, and closures. By regulation, these changes must be reported to the Board within 10 days of the change.

Ms. Vallery also pointed out the Board has performed four program site visits in the last year; the Board has 92 programs to reevaluate every seven years. There are 903 other program and course providers that require the same Board oversight. Of the 21 reevaluations the Board has completed in the last year, 12 have had their approval

withdrawn, three have been granted continued approval, and six have reported they have closed. Of the four RDA programs that were reevaluated this past year, all four have had their approval withdrawn.

Ms. Vallery further noted that after conducting a fiscal analysis and desk audit relating to AB 873 [Alanis, 2025], for the interim therapeutic restoration and radiographic decisionmaking (ITR/RDM), radiation safety, and infection control courses, Board staff have identified that the \$300 fee to apply for Board approval of a course does not cover staff costs, and the application fees should be increased significantly to cover Board costs. To resolve these issues, Board staff proposes moving the approval of dental assisting educational programs and courses to education accrediting and approval agencies. Ms. Vallery stated the legislative proposal would enhance the existing Alternative Dental Assisting Program pathway [BPC, §§ 1741, subd. (a), 1752.1, subd. (a)(4)] established in SB 1453. This pathway allows students who complete a program offered by an institution of secondary or postsecondary education that has a current CODA accreditation or is accredited or approved by an agency recognized by the United States Department of Education or State Department of Education, including career health and technical education programs, regional occupation centers or programs, or apprenticeship programs registered by the State Department of Education or Division of Apprenticeship Standards of the Department of Industrial Relations in allied dental programs, to apply for RDA licensure.

Council Member Miyasaki expressed that after further research on this topic, it does seem that the legislative proposal is not going to be a viable option, because CODA approval requires a very rigorous application, and not all programs are going to qualify for it. Council Member Miyasaki also noted the expense to get accreditation and the annual fee, which is double during the time of the site visit. Additionally, the Bureau for Private Postsecondary Education (BPPE) approval cost can range anywhere between \$750 to \$5,000 to approve programs and courses. CODA would not accredit standalone courses, only programs. For the Western Association of Schools and Colleges (WASC) and the Accrediting Commission for Community and Junior Colleges (ACCJC), they are both for community college education or higher; and those also come a range of California law that has to do with diversity, equity, and inclusion and student learning outcomes that are required, regular substantive interaction for online courses, and also accessibility issues with online courses. She noted those are all things that some community colleges even now might struggle with, and it would be even more difficult for other organizations to adopt these policies.

Council Member Fowler concurred with Council Member Miyasaki and noted that by making even the existing approved courses be accredited by one of those other options is going to cause the elimination of most of the educational programs for dental assisting that is out there, which would cause an access to care issue. She affirmed that she is very empathetic with the struggles that the Board is going through. Council Member Fowler added that it is disheartening to hear that there are so many educational programs out there that are non-compliant, and there are also staffing

issues to be able to regulate all these different institutions. She expressed that she would like to do some brainstorming on what the Council can do to evaluate the existing programs and also manage this. She affirmed that it would be beneficial to be CODA approved, because that would fix the reciprocity issue in California.

Council Member Miyasaki mentioned that some of the things that could be considered from other states is that they consider the allied health students very valuable to the workforce. She added that other states do a lobby with their legislation to have the colleges that have allied health students paid more per student, making the colleges eager to have dental assisting programs that do not run in the red. Council Member Miyasaki conveyed that the accrediting bodies mentioned in the legislative proposal or the California Dental Association (CDA) exam would not cover California law, and that is something that is not going to be included, although in the chairside exam for DANB CDA, there is some ethical dilemma questions, but California laws would not be addressed in any of those items in the proposal.

Council Member Carie Smith voiced that she believes that the Council should allow time for stakeholders and interested parties to provide testimony on the possible changes and added that the revisions and accreditation regulations should be sent to the working group. She agreed with Ms. Vallery and Council Member Miyasaki that there should be discussion and input from the stakeholders prior to a decision being made.

Ms. Vallery affirmed that Board staff understood this proposal may require additional discussion and were very interested in continuing conversations with the working group. She added that Board staff also feel that it may be time to look at dental assisting as a whole and take this as an opportunity to discuss some of the many issues facing this workforce, such as reciprocity, the permitted duties of unlicensed dental assistants and RDAs, access to education, and consumer protection in relation to education and unlicensed practice. She noted that Board staff is requesting to send this back to the working group to set up future meetings with any interested stakeholders to discuss these issues and topics and to come up with legislative proposals to bring back to the Council and the Board that address these lingering issues.

Council Member Rosalinda Olague indicated that she would support having the working group [continue review of these issues,] and that the Council needs to look at this. She stated that capacity wise, it is not sustainable in the next three to four years. She added that the Council and stakeholders all need to have conversations about this. She requested that the working group look into how many of the Board approved dental assisting programs would fall into the [accrediting/approval] categories [provided in the legislative proposal] and inquired whether the working group would remain the same or would change the members involved.

Ms. Bell stated the working group members would stay the same since they have been involved to this point and done a lot of the research. However, the working group will be reaching out for additional comment and feedback to take into consideration. Ms.

Vallery conveyed that the RDA programs that are applying are not all just institutions anymore and could be merely a standalone person who wants to provide the course. A lot of them are not RDA programs but are offering all of the standalone courses, stacking them into an unlicensed dental assisting program. Therefore, there may be some of those that would not fall into one of these categories, but they could. Ms. Vallery added that the approval entities listed in the legislative proposal do offer support and guidance as far as making sure they are a valuable program. However, they may have to make some adjustments to be able to obtain the approval.

Council Member Miyasaki mentioned that in the past, all community colleges were CODA accredited, but now there are several community colleges that have dropped their CODA accreditation, and it is not mandatory for community colleges.

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

Melodi Randolph, representing the Dental Assisting Alliance (Alliance), agreed with sending the agenda item back to a working group, and they understand the issues at hand in this agenda item. Ms. Randolph stated the Alliance was discouraged by the results of the re-evaluations and the problems that are happening. She added that they would like to participate in any type of discussions and working group to solve these issues. Regarding CODA accreditation, Ms. Randolph voiced that their research shows that there are 18 colleges in California that are CODA accredited out of the 90 some RDA approved programs. She conveyed that the problem with DANB certification is that even though they have the certifications for X-ray, coronal polish, and sealants, it is a written exam only, and there is no lab or clinical requirement to get these certifications. This means, for example, the coronal polish duty was changed from an RDA to a dental assistant duty this year, which means that a dental assistant could take a written exam on coronal polish, never get any training or skills in coronal polishing, then get a certificate from DANB or pass the DANB written exam, and go perform coronal polishing with no training.

Shari Becker, representing the Alliance, concurred with Ms. Randolph's comments and also with Ms. Valley's suggestion on the working group. Ms. Becker reiterated that they would be happy to assist in any way that they can.

Tooka Zokaie, representing CDA, agreed with a lot of what had been shared and stated that this is a starting point for a larger conversation; they would be interested in a working group to be formed to discuss this further. She stated that one of the major concerns is programs closing if there is no other affordable option. Looking at CODA, BPPE, and WASC Senior College and University Commission (WSCUC) as options, she raised concern about not having a similar option in rigor and affordability – those are the two items they would like to see the working group focus on, so they do not see a swath of program closures. Regarding the lift of switching to BPPE versus the Board continuing approval, Ms. Zokaie inquired whether the Board has considered expanding

appropriate settings of extramural sites for clinical and lab requirements. She offered to send a letter after the meeting specifying those few things for the working group to explore.

Dr. Bruce Whitcher, CDA representative, seconded Ms. Zokaie's comments and added that the states that accept only graduates of CODA approved programs have severe shortages of dental assistants. As these other pathways all have pros and cons, he believes evaluating them through a larger conversation would be helpful. With respect to DANB programs, although they do not offer hands-on clinical training, he believes that is still a requirement that is covered in their application. With the infection control course, there is the option of taking a proctored exam or completing the exam in a secure environment. He further noted that the radiation safety course can also be taken as a proctored exam. He stated that it is selling those courses short to say that there is no clinical component at all.

Council Member Miyasaki voiced that she believes the proctored exams mean giving the testing company access to the student's microphone and camera to see whether they are talking or their eyes are shifting around to see if they are cheating on the exam while they are taking the exam on their computer at home.

Tara Welch stated the goal is to keep something moving forward now, and hopefully the working group can have three or four stakeholder meetings. The idea is that the Board would send out a ListServ notice about the dates and times of stakeholder meetings. Ms. Welch communicated that the point of having a two-member working group is to make it more efficient to hold these meetings as the working group members are available and receive as much information as possible to start the process of preparing a legislative proposal to resolve a lot of these issues. She stated Board staff hope to have more language for the Council's review at the August meeting to keep this moving forward, because the Board is experiencing some significant issues with continuing this approval program, as well as the concerns raised with respect to the education the students are receiving. Students need to be properly prepared to provide dental services to patients in California.

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

Agenda Item 9.a.: AB 873 (Alanis, 2025) Dentistry: dental assistants: infection control course

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

Ms. Bell pointed out that the fees that were provided in the meeting materials did not include the travel costs that would be required to go to these site visits, which is why Mr. Nelson had different numbers that he was speaking to. She added that the reason as to why there is a difference between the two courses is that one is a virtual course, so there is no requirement for Board staff to go out and visit the location.

Ms. Welch noted that BPC section 1725, subdivision (l), in AB 873 should be revised to remove the infection control course and set the course application fee amount at \$7,330. A new subdivision (m) would need to be added to set the electronic infection control course application fee at \$3,830. She stated these revisions are requested to be added to AB 873 to resolve the concern raised in the Assembly Appropriations Committee that the \$300 fee would not cover the cost to administer the program. Ms. Welch also noted BPC section 1755, subdivision (g), was requested by the Board and added to AB 873 to prohibit use of the electronic infection control course for RDA and RDAEF licensure and orthodontic assistant (OA) and dental sedation assistant (DSA) permits. She explained the Board requested that provision be added by the Assembly Business and Professions Committee to resolve the issue with CDA, which argued the electronic infection control course should have no restriction for its use. She stated CDA submitted a letter providing their arguments in favor of not prohibiting use of the electronic infection control course. She further clarified that removing subdivision (g) from BPC section 1755, as requested by CDA, would mean everyone could take the electronic infection control course, with no clinical instruction, for any purpose, including RDA/RDAEF licensure and dental assisting permits.

Council Member Fowler asked if the infection control, the hands-on component, is embedded into RDA programs now, why they would need to take the hands-on. She added that you have to be a licensed RDA before you can be a registered dental assistant in extended functions (RDAEF) and inquired why they would need the hands-on component for infection control. Council Member Miyasaki responded that she believes not all work experienced or on-the-job dental assistants take an educational program, and there is a large majority of work experience and on-the-job training dental assistants. She expressed that they would only take the infection control, coronal polishing, pit and fissure sealants, and the Dental Practice Act courses, and do not go through a program where they have the hands-on course.

Council Member Fowler disclosed that she knows some programs have the 8-hour embedded and some do not and inquired whether you had it while you went through the existing RDA program and then applied for licensure, you would still have to retake it again.

Council Member Miyasaki responded that on-the-job trained dental assistants work in a dental office, do 15 months or 1,250 hours, and can apply; they do not have to go through a program.

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

Ms. Randolph, representing the Alliance, on the specific issue regarding the lab component, clarified that some individuals become an RDA through an RDA approved program and get the hands-on training for infection control. However, if you take out the hands-on training for infection control for the work experience or on-the-job training, you

are setting a precedent for two different pathways. She added that some would have the hands-on training and some would not for the RDA. Ms. Randolph voiced that is not a good precedent to set two different pathways in a topic such as this. Although the Alliance can sympathize with the challenges associated with having [the infection control course] completed before a new employee can start working in areas of potential contamination, she stated that this training is critical to the safety of all patients in California. They understand that CDA wants to put in a 90-day time limit to have the course done within 90 days of their first day of employment, but the Alliance respectfully requests that the Board take a position of 30 days at the most, which is plenty of time for people to take this course.

Ms. Randolph stated that in CDA's letter, they make reference to the fact that there has to be Occupational Safety and Health Administration (OSHA) training and expressed that OSHA training is for the protection of the employee, whereas the 8-hour infection control course by the Board would be for the protection of patients. She added that there are many things that are not in OSHA training that are required in the Board 8-hour infection control course, such as the categorization of critical, semi-critical, and non-critical instruments, how to process those instruments, and the difference between them. Although there is some overlap in the courses, they are for totally different purposes. On the modality, requiring individuals who have already completed the infection control course virtually to retake it in person, Ms. Randolph indicated that is one of the things that CDA mentioned in their letter, and they noted that it is redundant to have to retake it. She voiced that the Alliance's argument is if that is the case, why do licensed individuals have to retake an infection control class every two years to maintain their license; she stated that CDA's argument that retaking the course is redundant does not make sense because all licensed dental professionals have to take it multiple times.

Ms. Becker, representing the Alliance, communicated support for Ms. Randolph's comments.

Council Member Larin noted that although she believes it is crucial to have infection control, she does think that it is redundant to have two courses and that it is not feasible to have a practical part of this infection control in regard to access to care. She added that the 30-day limit is not feasible for dentistry and suggested to keep it at least three months after employment.

Chair Epps-Robbins responded that she believes 30 days is sufficient, and she does not see why it should be extended out to three months for the 90 days when there are available programs. She added that she believes this will facilitate those programs that are out there to getting these individuals to be more diligent in their time frames. The longer a period, it could be lost in translation or lost in the tracking of these individuals. Chair Epps-Robbins conveyed that infection control is so necessary and validated, that if the gauge is moved or continues to move for three months and beyond that, that is almost a working 90-day period of retention for a job, but potentially patients would be

worked on by these dental assistants from day one. She added that the Council wants to make sure that the safety of the patients is upfront.

Council Member Larin voiced that she does believe that infection control is extremely important, but all these courses is affecting access to care. She requested to allow the dentist at least 30 days, as they are still in charge of what happens in their office. Chair Epps-Robbins responded if the Council does not give it a guideline from a time stand of a period of a timeline, then it will be lost, and that it is going to be too fluent and not managed correctly. She added that these courses cannot be shined away, banished, or dismantled in order to make it more effective to have more staff and to have obtained staff quicker.

Council Member Miyasaki, from the perspective of being an educator and visiting many externship offices, temping in many offices during the summer when she was not under contract, and listening to the infection control providers and what their students tell them, noted that there are many dentists who do their due diligence. She added that the dental assistants often have the burden of training the dental assistants, although the dentist is the one who supervises and is ultimately in charge. She provided many examples of infection control mistakes she has seen. Council Member Miyasaki conveyed that she believes that a time limit on the infection control class is needed, and 30 days would be reasonable.

Council Member Jessica Gerlach voiced that she agrees with Council Member Miyasaki and Chair Epps-Robbins.

Council Member Smith indicated that she agrees that all personnel working with patients should go through proper training and noted that one of the things on the table is the time limit that they should have some proper training, being 30, 90, or 120 days. The other bigger picture is whether we decide to have that unlicensed dental assistant only do a virtual training versus virtual and hands on, which some believe is a repeat that they are going to get through OSHA. Council Member Smith affirmed that she thoroughly believes that the unlicensed dental assistant should have at minimum the virtual training and believes that is probably enough in a lot of areas when they are unlicensed.

Council Member Olague voiced that she seconds that the virtual infection control course can be leveraged and agrees that this is two different conversations, the course and the days, and that the Council needs to keep that in mind here, where do we fall in our conversations of how the 8-hour infection control is administered and then the days.

Ms. Welch commented that the issue with BPC section 1755 is not changing the way unlicensed dental assistants would take the electronic infection control course as that is already in the law as of last year or January 1. The issue is whether or not somebody who already took the electronic version has to go back and take an 8-hour with clinical instruction to become an RDA or get a DSA or OA permit. Unlicensed dental assistants

will now have this virtual option, pending the Board's ability to implement it based upon charging fees, which needs to be added to the statute. She reminded the Council that as of January 1, the infection control course is required on day one when there is exposure to infectious material and noted that the Legislature did that last year, moving it from the 120 days to as soon as the dental assistant is potentially exposed to infectious material. Ms. Welch added that CDA has proposed moving that immediate requirement to 90 days from employment, whereas the Alliance wants 30 days at minimum. She noted that the Board has stayed out of this fight on AB 873, and the Board has not provided any position on changes to BPC section 1750. It sounded like the Council may want to support or oppose changes to BPC section 1750, subdivision (c). She also asked the Council to look at BPC section 1755, subdivision (g), and the Board really needed changes to BPC section 1725 to set the fees for ITR/RDM, radiation safety, and infection control course applications.

(M/S/C) (Miyasaki/Epps-Robbins) to propose amendments to AB 873 to the Board to recommend to the California State Legislature amending BPC section 1750, subdivision (c), to change 90 days to 30 days as the infection control requirement for dental assistants, amending BPC section 1725, subdivision (l), to set an interim therapeutic restorations and radiographic decisionmaking (ITR/RDM) and radiation safety course fee in the amount of \$7,330, and adding new subdivision (m) to set the infection control course fee at \$3,830, and make no changes to BPC section 1755 which would maintain current subdivision (g).

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

Anthony Lum, Executive Officer of the DHBC, voiced that they had some concerns with AB 873, particularly with the infection control course requirement, and that at the DHBC's March 2025 Board meeting, the DHBC voted to submit a letter of opposition to the Legislature on the amendments of the statutory language, specifically BPC section 1750, subdivision (c), pertaining to the infection control course. He added that the letter was submitted to the Legislature in early April, and they believe that the existing statutory language where the infection control course needs to be completed prior to starting employment is fine. Since it pertains to the unlicensed dental assistant, this person is unlicensed, untrained, and uneducated at least in the dental realm to participate with patient care for up to 90 days without any infection control training. Mr. Lum conveyed that they believe this compromises consumer protection and patient safety, and therefore the DHBC opposes the amendments to the statutory language and hope it is amended soon to correct those deficiencies.

Joanne Pacheco, representing herself as a previous unlicensed dental assistant, RDA, current registered dental hygienist (RDH), program director, and longtime educator, voiced that she is in opposition of two separate courses for the RDA and unlicensed dental assistant. Having been an educator for a long time, she believes the laboratory component for both should be in person.

Ms. Zokaie, CDA representative, expressed that regarding the time limit proposal for within 30 days, prior to 2025, it was 120 days of continuous employment and then one year to complete the course. She stated that CDA recognizes that timeline is an extremely long time with only having the OSHA training course, which is still a significant training course but not enough to meet the unique dental office needs. She noted that this proposal moves it from 120 days of continuous employment and a year to complete to 90 days. Ms. Zokaie stated that CDA has seen a surge of dental offices having extreme difficulty, especially in rural areas, to meet this requirement before exposure to blood and saliva. However, the OSHA course is required. She added that they have had significant challenges in meeting this because this currently is not available online. Ms. Zokaie voiced that CDA hopes there is going to be progress and eventually there will be an appropriate online course. Regarding the request to keep BPC section 1755, subsection (g), she stated that they would recommend striking that because if this course is available online, it should meet the rigor and the needs of the 8-hour infection control course, be it online with distance learning or in person. Ms. Zokaie verbalized that they think that taking that course again would be redundant, and there is no additional practical experience in the clinical setting that would make a difference if it were to be in person versus online. She stated that CDA would want identical curriculum across formats.

Dr. Witcher, CDA representative and practicing dentist, spoke in support of CDA's comments. He noted that the requirement was 120 days plus one year and moving it all the way back to 90 days is a pretty significant change. He conveyed that he believes that is going to be sufficient. With respect to the fee increases, Dr. Witcher declared that CDA understands the need for the Board to recover its costs and suggested that the Board look at why a site visit is required for the ITR and the radiation safety courses. Based on the statute, he does not see that is a necessary requirement. He voiced that is a big component of the cost due to all the travel involved and suggested to take a look at that again and clarify why that needs to be a site visited type of a program.

Amanda, representing Central California Dental Academy, stated that she finds that they do not have problems getting this course offered to people who have less access as they are centrally located. She noted that there are a lot of other schools that offer this and suggested to keep the laboratory component.

Ms. Becker, representing herself, reminded the Council that the infection control regulation had been in place for the unlicensed dental assistants since 2010, and it has been 15 years that they have been able to take this course and had 120 days plus 12 months to take the course. She added that the fact that for patient safety, this requirement was being looked at, reviewed, and revisited is a little dumbfounding. As far as the lab component goes, Ms. Becker verbalized that skills for dental assistants were being watered down and not requiring certain education; the dentists want educated and well-trained staff, but the educational requirements and skill opportunities for them to be trained were being cut down.

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.

Nays: Larin, Olague, Smith.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 10.: Discussion and Possible Recommendation to the Board on Legislative Proposal to Amend BPC, Division 2, Chapter 4, Article 7 Title Regarding Dental Auxiliaries

This item is being tabled until the August 2025 Dental Assisting Council and Board meetings.

Agenda Item 11.: Discussion and Possible Recommendation to the Board on Legislative Proposal to Amend BPC Sections 1753 and 1753.5 Regarding Authorized Duties and Procedures of Registered Dental Assistants in Extended Functions

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

Council Member Larin declared that she believes this issue with the amalgam polishing might have been intentionally removed as there is another line that says “place, contour, finish, and adjust all direct restorations”. She added that direct restorations can be composite or amalgam, and it already includes the finish and adjust. She conveyed that paragraph (9) [in BPC section 1753.5, subdivision (b)] would cover the amalgam polishing.

Council Member Fowler verbalized that for finishing, adjusting, and placing permanent or direct restorations for composites, as soon as staff place them, they finish them. However, for amalgams, it is almost a separate procedure because it takes 24 hours afterwards to actually bring the patient back and focus in on polishing the amalgams. Therefore, that is why it was added back in. Council Member Fowler added that the proposal seeks to be more specific with allowable duties to eliminate gray areas.

(M/S/C) (Fowler/Epps-Robbins) move to recommend to the Board the legislative proposal in Attachment 1 for submission to the California State Legislature to amend BPC sections 1753 and 1753.5 regarding RDAEF duties and education requirements.

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, Smith.

Nays: Larin.

Abstentions: Olague.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 12: Update, Discussion, and Possible Recommendations to the Board on Proposed Regulations

Agenda Item 12.a.: Status Update on Pending Regulations

Brant Nelson 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 12.b.: Discussion and Possible Action to Recommend Initiation of a Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1005 Regarding Minimum Standards for Infection Control

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

(M/S/C) (Fowler/Miyasaki) to move to recommend to the Board the proposed regulatory text in Attachment 2 for approval and recommend that Board staff submit 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 the Board, 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 CCR, title 16, section 1005.

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

Ms. Becker, representing the Alliance, brought to the Council's attention some minor things in the regulatory text. She stated that in Attachment 2, on page 84 of the meeting materials, paragraph (4)(E) states "Reusable protective eyewear, face shields, and

visors shall be washed with soap and water, or if visibly soiled, cleaned and disinfected between patients". She conveyed they suggest striking the "washed with soap and water" provision as just an alternative; the safety eyewear would be cleaned and disinfected, so it would not make sense to just wash with soap and water. On page 85, paragraph (6)(B) states "...utility gloves shall be cleaned and disinfected or sterilized in accordance with the manufacturer's instructions". She noted that paragraph (6)(C) states "...utility gloves shall be cleaned and sterilized in accordance with the manufacturer's instructions after each use" but that provision is missing "disinfected," so subparagraphs (B) and (C) are not congruent. They recommended the phrase in subparagraph (C) be changed to cleaned and disinfected or sterilized.

Ms. Randolph, representing the Alliance, asked for clarification on page 88 of the meeting materials, fourth paragraph down, whether the verbiage "A chemical indicator shall be used inside every sterilization package to verify..." is intended to add an additional indicator into packages that already have their own indicator on them as this could be read that you have to do it as well, which would be redundant. She asked if the wording could be changed to clarify if the package has internal and external indicators, that is sufficient, or if an additional one is needed. Regarding page 89 of the meeting materials, third paragraph down, fifth line, about flushing the water lines, she voiced they suggest the word "after" be changed to "before" as the purpose of flushing the water lines is to ensure the water is as fresh as possible before working on the patient. If the line is flushed after and then there is not another patient for two or three hours, it is sitting stagnant. Additionally, Ms. Randolph expressed that on page 91 of the meeting materials, subdivision (c) has been stricken. She stated that they understand that reviewing this annually is probably too often, but striking subdivision (c) removes any type of review of CCR, title 16, section 1005. She suggested that it could be biannually or have some kind of review requirement.

Mr. Lum said a thank you for the collaborative effort on this regulation update and noted that they appreciate the efforts between both boards.

Kristy Schieldge recommended the Council move the proposal forward as she believes the Board is going to get comments no matter what. Further changes suggested at this meeting would need to be run by the Board's and the Dental Hygiene Board's working groups, thus, further delaying the Board's ability to update existing standards. At this point, she expects more comments during the public comment period for this regulation as it is such a highly technical subject matter that is very important for the protection of the public and the staff who work at dental offices and the dentists. These public comments could be addressed during the public comment period for the regulation once it is noticed so that the Board can continue its progress on updating these standards.

Council Member Miyasaki voiced that she believes there were two points stated during the public comment section and believes that stakeholders sometimes are not available for public comment in person. If that is the case, they can submit their letters in person. She mentioned that on page 86 of the meeting materials under the second paragraph,

“Utility gloves shall be cleaned and sterilized...” is not consistent with the language prior to that. She added if the Board’s [Regulations] Counsel believes that can be easily fixed during the public comment, then she does not request an amendment. Additionally, on page 89 of the meeting materials, under subparagraph (D), the dental unit water lines should be “before” each patient. She voiced that upon reading the materials, it does say “after”. She believes that the “after” needs to be replaced with “before”.

Council Member Smith requested clarification on which Attachment the Council was voting on. Ms. Welch replied that Ms. Schieldge’s recommendation was to move Attachment 2 forward to the Board, which will then go to the DHBC for their approval as well, and then possibly make these additional changes during the 45-day public comment period.

Council Member Miyasaki inquired on the likelihood the requested changes would be made to the text. Mr. Nelson responded that it is his understanding that in the 45-day comment period, an individual can come in with any comment, and the Board can still work with the language. He explained that one of the issues with working on regulations is the Office of Administrative Law (OAL) looks at the language and determines if it meets certain standards. Contingent that these changes meet with OAL approval and Ms. Schieldge agrees that they can proceed, and he was optimistic it could happen. He believed these were important changes and will be treated as such. Mr. Nelson added that one of the issues is the timing as it takes very long to get something into regulations. Therefore, it is very important that we start now.

Ms. Welch added that this regulation was so time-consuming because Board staff have to go back and forth with the DHBC. She noted the Board had been seeking public comment on this package for quite a while, and Board staff had hoped to have all public comment on this regulation before it was presented today. This rulemaking was also presented to the Council and Board in February, and Ms. Welch noted that it is frustrating to continue to get public comments on this regulation. She stated the Board needs to get the rulemaking moving and into law, as the current regulation is significantly outdated. She stated that Ms. Schieldge will need to review the proposed edits. Ms. Welch requested the proposed edits be submitted to the Board in writing, because it was difficult to hear the edits on the webcast. The additional edits then will have to be submitted to the DHBC and their expert before there will be any agreement to make the edits. Ms. Welch conveyed her hope to resolve any additional requests for edits during the 45-day public comment period.

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, Larin, Miyasaki, Olague, Smith.

Nays: None.

Abstentions: None.

Absent: None.

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Recusals: None.

The motion passed.

Agenda Item 13: Adjournment

Chair Epps-Robbins adjourned the meeting at 10:43 a.m.