

**TITLE 16. DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS**

INITIAL STATEMENT OF REASONS

Hearing Date: No hearing has been scheduled.

Subject Matter of the Proposed Regulations: Continuing Education (CE) Courses and Providers; Basic Life Support for Licensure of Dental Auxiliaries; and Continuing Education Units Requirements for Renewal of License or Permit

Section(s) Affected: Sections 1016, 1016.2, and 1017 of Article 4 of Chapter 1 of Division 10 of Title 16 of the California Code of Regulations (CCR)

Specific Purpose of Each Adoption, Amendment, or Repeal:

1. Background/Statement of the Problem:

The Dental Board of California (Board) regulates approximately 82,000 licensees, consisting of 35,000 dentists, 30,000 registered dental assistants, and 1,700 registered dental assistants in extended functions. In addition, the Board has the responsibility for setting the duties and functions of approximately 50,000 unlicensed dental assistants. The Board's highest priority is the protection of the public when exercising its licensing, regulatory, and disciplinary functions. (Bus. & Prof. Code, § 1601.2.) The primary methods by which the Board achieves this goal are: issuing licenses to eligible applicants; investigating complaints against licensees and disciplining licensees for violations of the Dental Practice Act (Act); monitoring licensees whose licenses have been placed on probation; and managing the Diversion Program for licensees whose practice may be impaired due to abuse of dangerous drugs or alcohol.

The Act provides for the licensure and regulation of persons engaged in the practice of dentistry by the Board. The Act authorizes the Board, as a condition of license renewal, to require licentiates to successfully complete continuing education (CE) relevant to developments in the practice of dentistry and dental assisting consistent with regulations adopted by the Board and permits the Board to require a portion of CE hours in specific areas, including patient care, health and safety, and law and ethics. (Bus. & Prof. Code, § 1645.)

The Board's regulations contained in Article 4 of Division 10 of Title 16 of the California Code of Regulations establish such regulatory requirements for renewal. However, recent amendments to the Act necessitate revisions to Article 4 to add new requirements for continuing education related to the risks of addiction associated with the use of Schedule II drugs, revise the Board's current processes and requirements

for approval of CE courses and provider requirements, and add requirements for basic life support (BLS) for licensure of dental auxiliaries.

2. Problem Being Addressed:

Business and Professions Code (BPC) section 1614 authorizes the Board to adopt, amend, or repeal such rules and regulations as may be reasonably necessary to enable the Board to carry into effect the provisions of the Act.

A. Amendments to Section 1016

Senate Bill (SB) 1109 (Bates, Chapter 693, Statutes of 2018) amended BPC section 1645, effective January 1, 2019, to add risks of addiction associated with the use of Schedule II drugs as an authorized CE subject matter area for dentist licensees. Mandatory CE coursework prescribed by the Board cannot exceed 15 hours per renewal period for dentists. (Bus. & Prof. Code, § 1645, subd. (b).)

This proposal will amend section 1016 to:

- Require coursework relating to the responsibilities and requirements of prescribing Schedule II opioid drugs to align the regulation with course content authorized by SB 1109;
- Add professional ethics as mandatory CE coursework;
- Provide a BLS course taught by a provider approved by the American Safety and Health Institute (ASHI) will satisfy the mandatory requirement for certification in Basic Life Support;
- Add a requirement that, at a minimum, course content for a Board-approved course on the responsibilities and requirements of prescribing Schedule II opioid drugs shall include the practices for pain management in dentistry, regulatory requirements for prescribers and dispensers, and dental office procedures for managing vulnerable or substance use disorder patients;
- Add sexual harassment prevention as an example of the types of course of study in the actual delivery of dental services to the patient or the community that would be acceptable for mandatory CE credit;
- Add business planning services and operations as an example of the types of courses to be considered primarily for the benefit to the licensee and provide that it is limited by the Board to a maximum of 20% of a licensee's total required course unit credits for each license or permit renewal period;
- Strike an outdated and unnecessary reference to "Beginning January 1, 2016" in subdivision (e) related to enforcement and provider records retention;
- Add references to "Infection Control" and the "California Dental Practice Act" to the current requirements for board approval for significant changes to the content of a previously approved course in subdivision (e) and clarify that a

provider cannot offer the “significantly changed” course until the Board approves the course;

- Strike the words “mandatory,” “mandatory” and “mandatory education” in subdivision (e), and revise existing requirements to clarify that all new applicants for provider status shall submit course content outlines for courses in “Infection Control and California Dental Practice Act” to board staff for review and approval at the time of application and prior to instruction; and
- Make grammatical, syntax and other technical, non-substantive clarifying amendments.

B. Adopt Section 1016.2

Existing law requires an applicant for licensure and renewal as a dental auxiliary, including as a registered dental assistant, to provide proof of completion of a course in BLS. BPC section 1752.1 sets forth licensing requirements for registered dental assistants. Subdivision (e)(3) provides that individuals applying for registered dental assistant licensure on or after January 1, 2010, must provide written evidence of successful completion within five years prior to their application of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or “any other course approved by the board *as equivalent.*” (Emphasis added.)

There is currently no regulation setting forth courses the Board deems equivalent within the meaning of section 1752.1(e)(3). The Board proposes to adopt section 1016.2 to: (1) provide a list of courses that will be deemed to be equivalent BLS courses to the American Heart Association (AHA) or the American Red Cross (ARC) for the purpose of BPC section 1752.1(e)(3) and for the purpose of licensure renewal; and (2) specify the required course content, including the subject matter of the instruction and requirements for a live, in-person skills practice session, a skills test, and a written examination.

C. Amendments to Section 1017

Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) will become effective January 1, 2022 and makes various changes to the Board’s current requirements for permits for general anesthesia and sedation under the Act. These statutory amendments will require general anesthesia and moderate sedation permit holders to complete and maintain current certification in pediatric advanced life support, and advanced cardiac life support.

This proposal will amend section 1017 to:

- Provide only dentists are required to complete two units of CE regarding the responsibilities and requirements of prescribing Schedule II opioid drugs as a condition of renewal;

- Strike a sentence in subdivision (b) related to an outdated reference to CE units accumulated before April 8, 2010;
- Replace the term “conscious” with “moderate” before the term “sedation” as SB 501 eliminates the use of term “conscious” in the Act including BPC section 1647.5;
- Delete references to oral conscious sedation of a minor and current subdivision (f) that refers to requirements for renewal for dentists who hold oral conscious sedation permits for minors as that permit and its underlying authority have been repealed effective January 1, 2022 by SB 501;
- Provide licensees who perform direct patient care as unpaid volunteers at free public health care events or non-profit community health clinics shall be issued CE credit, specify how that credit will be calculated, and specify the upper limit of credits that will be accepted for this type of CE credit;
- Prescribe the required CE, including course requirements and minimum units required, for retired dentists in only uncompensated practice; and,
- Make grammatical, syntax, renumbering, and other technical, non-substantive amendments.

3. Anticipated Benefits of the Regulations:

Section 1016

This proposal aims to reduce the incidence of opioid addiction and overdose by increasing awareness and education among prescribers and patients, including minor athletes and their parents. Education is a key component in understanding the very addictive nature of Schedule II controlled substances. It is necessary to warn healthcare professionals who prescribe opioid medications they can be addictive and cause drug overdoses if not used carefully. Requiring prescribers to complete CE regarding this issue will benefit larger public health efforts to address the opioid addiction epidemic. This proposal benefits the health and welfare of California residents because it seeks to decrease the effects of addiction to opioids on Californians through notice and education to these healthcare professionals.

This proposal adds ASHI to the list of accepted BLS providers for purposes of meeting the requirement for certification in BLS for licensure and initial application requirements. The addition of ASHI as a provider will allow dentist and dental auxiliaries broader access to instruction taught by qualified instructors who are nationally recognized to respond to emergencies while protecting dental patients in California.

Section 1016.2

This proposal adds American Dental Association's Continuing Education Recognition Program (CERP), the Academy of General Dentistry's Program Approval for

Continuing Education (PACE) and American Safety and Health Institute (ASHI) to the list of accepted BLS providers for acceptance for initial and renewal application requirements of dental auxiliaries. The addition of PACE, CERP, and ASHI as providers will facilitate access to instruction taught by qualified instructors who are nationally recognized. This will enable more dental auxiliaries to respond to emergencies to protect dental patients in California.

Section 1017

This proposal adds methods for licensees to earn CE credit required for renewal. Allowing unpaid volunteers who offer clinical services for which they are licensed to earn CE credit on an hour-by-hour basis will expand access to care in dental communities with limited access to practitioners. This section will also allow a retired dentist who only provides unpaid care to dental patients to complete a reduced number of CE per renewal cycle. This will assist retired dentists in uncompensated practice (volunteers) to continue to educate themselves for the benefit of patients in underserved or low-income communities.

Factual Basis/Rationale:

The Board proposes to:

- **Amend Section 1016, Continuing Education Courses and Providers**

Subdivision (b)(1)

The Board proposes to amend subdivision (b)(1) relating to license renewal and courses of study for CE credit to add a Board-approved course on the responsibilities and requirements of prescribing Schedule II opioids to the list of mandatory CE coursework for licensees. The amendments will also delete “to” and add “shall” for easier comprehension and will delete “and” since the amendment creates another list item.

The purpose of this amendment is to add coursework authorized by amendments to the Act at BPC section 1645(b) in accordance with SB 1109 and inform licensees a Board-approved course on the responsibilities and requirements of prescribing Schedule II opioids is mandatory coursework for CE.

This amendment is necessary to ensure that licensees are educated about the risks and requirements of Schedule II opioids. In enacting the amendment to BPC section 1645, the Legislature observed that, for the past number of years, abuse of prescription drugs to get high has become increasingly prevalent. Prescription opioids continue to be involved in more overdose deaths than any other drug. This amendment will ensure that licensees are more educated about and mindful of the risk of abuse when

prescribing opioids, which will have a corresponding benefit of increasing health and safety awareness for the care and treatment of the public.

Subdivision (b)(1)(B)

The Board proposes to amend subdivision (b)(1)(B) to add “professional ethics” as a required part of CE course content regarding the Act.

The purpose of this amendment is to expand the definition of appropriate course content for the Act by including professional ethics as a category for course content relating to the Act. BPC section 1645(b) permits the Board to prescribe CE requirements for ethics and this proposal is necessary to require course content to include professional ethics. Law and ethics requirements are a minimum standard for licensure in the dental profession (see Bus. & Prof. Code, § 1632) and are necessary to help ensure that dental professionals understand and conduct themselves with honesty and integrity for the protection of the public.

This amendment is necessary because a failure to receive CE regarding professional ethics could result in a failure to understand and abide by ethical legal standards and the laws that implement professional ethical standards (e.g. patient privacy laws), which could result in discipline by the Board for unprofessional conduct (Bus. & Prof. Code, § 1680). This could potentially result in harm to consumers and the public health, and potentially result in the loss of a license. Licensees have an ethical obligation to respect the rights to a patient’s privacy, the patient’s self-determination of dental treatment, and to promote the health and welfare of all patients. It is necessary to adopt this provision to help ensure that licensees are better educated, given notice of these ethical standards, and achieve better compliance with the Act. A more informed, better educated licensee results in better patient outcomes and compliance with the Act.

Subdivision (b)(1)(C)

The Board proposes to amend subdivision (b)(1)(C) to (1) strike “either” and add “or” in subdivision (b)(1)(C)(ii); and (2) add ASHI in subdivision (b)(1)(C)(iii) as an approved provider of BLS courses.

The Board strikes “either” and adds “or” because it has created a new subdivision (b)(1)(C)(iii) and the changes are needed for grammatical reasons and easier comprehension of these provisions.

The purpose of this amendment is to expand and clarify which providers are approved by the Board to teach BLS courses.

This is necessary as BPC section 1752.1(e)(3) provides the Board may approve other BLS courses as equivalent. The Board has chosen the ARC, AHA, PACE, CERP and ASHI as these organizations are nationally recognized providers whose courses in basic life support for both adult and pediatric patients are taught by experts in the field who develop and maintain standards for the BLS courses accepted by healing arts boards, hospitals, and universities throughout the United States. In addition, adding this new provider approval for ASHI will give licensees more options for compliance with this CE requirement.

Subdivision (b)(1)(D)

The Board proposes to amend subdivision (b)(1)(D) to add that at a minimum, course content for a Board-approved course on the responsibilities and requirements of prescribing Schedule II opioid drugs must include the practices for pain management in dentistry, regulatory requirements for prescribers and dispensers, and dental office procedures for managing vulnerable or substance use disorder patients.

The purpose of this amendment is to define what course content regarding Schedule II opioid drugs must include.

These topics are considered necessary as minimum requirements for opioid continuing education course content for the following reasons. This amendment is necessary to ensure that dentists receive specific instruction on practices for pain management for the dental patient in dentistry. Patient comfort before, during, and after a dental procedure is an essential component of patient care. The addition of this course content requirement helps licensees keep current on developments in many areas of patient care and pain management including: the delivery of anesthetic and the management of postprocedural pain, pain diagnosis, management strategies for orofacial conditions that cause pain in the face and head, and the management of pain in special populations.

The Board also proposes to add a content requirement that includes regulatory requirements for prescribers and dispensers. The Act mandates compliance with requirements for provisions of law regulating the procurement, dispensing, or administration of dangerous drugs, as defined in Chapter 9 (commencing with Section 4000) of the Business and Professions Code, or controlled substances, as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or the licensee faces potential discipline for unprofessional conduct per BPC section 1680(m). Compliance with regulatory requirements for licensees also includes California's drug prescribing and monitoring program, the Controlled Substance Utilization Review and Evaluation System (CURES per Health and Safety Code Section 11165.1), for which dentists, as prescribers, must comply, including any requirements by the California Department of Justice's Office of the Attorney General who administers the program (see Cal. Code Regs., tit. 11, § 820). This proposal will help licensees stay current,

informed, and more compliant with these requirements. These requirements are enacted to monitor controlled substances administration by prescribers and protect patients from risk of harm from inappropriate prescribing including risks of drug overdose and death.

In addition, this proposal would require course content that includes dental office procedures for managing vulnerable or substance use disorder patients to help the licensee and its staff better understand how to address these issues with patients in an informed, consistent, and purposeful way. Documented office procedures can encourage the development of prevention and early intervention strategies that can reduce the impact of substance use disorders in affected patients and their communities. By requiring ongoing mandatory CE courses in the responsibilities and requirements of prescribing Schedule II opioid drugs, the goal is to ensure licensees who prescribe such drugs do so responsibly due to the high risk of misuse and both physical and psychological dependence by the patient. Further, a more informed, better educated licensee results in better patient health outcomes and compliance with the Act in the procurement, dispensing or administration of dangerous drugs.

Subdivision (b)(2)(F)

The Board proposes to amend subdivision (b)(2)(F) to add “sexual harassment prevention” to the list of example courses in the category of accepted courses of study in the actual delivery of dental services to patients or the community.

The purpose of this amendment is to expand the list of acceptable courses in this CE category to include sexual harassment prevention.

This amendment is necessary to ensure dentists and dental assistants understand what constitutes sexual harassment and how to prevent this from occurring in the dental office or workplace. Sexual harassment is a form of discrimination based upon sex and it is a violation and grounds for discipline against a licensee to commit discrimination based on such a characteristic under BPC section 125.6. BPC section 1680(e) also makes it unprofessional conduct to commit any act or acts of sexual abuse, misconduct, or relations with a patient that are substantially related to the practice of dentistry. Learning how to prevent sexual harassment can help protect consumers who may be exposed to such discriminatory behavior occurring in the dental office thorough notice and education of the licensees in this subject matter.

Subdivision (b)(3)(B)

The Board proposes to amend subdivision (b)(3)(B) to add “business planning and operations” to the list of courses the Board considers to be primarily for the benefit of the licensee that are limited to 20% of a licensee’s total required course credits.

The purpose of this amendment is to include business planning and operations as an example of the types of courses in organization and management of the dental practice that would be considered limited by the above-mentioned 20% standard.

This amendment is necessary because business planning and operations can be components of operating a dental office but are not typically major components of a dental practitioner's education related to competency in the practice of dentistry. CE in business planning and operations could include, for example, how to maintain patient confidentiality in relation to medical and financial records that would be related to competency in the profession, but could also include purely business-related subject matter, like risk management, financial planning, and managing intellectual property.

Subdivision (b)(4)(A)

The Board proposes to amend subdivision (b)(4)(A) to delete "business" between "personal" and "matters" and "planning" after "financial," and add "or" before "estate planning."

The purpose of this amendment is to better readability and organization of this sentence and to clarify the course content the Board will not recognize for CE credit.

This amendment is necessary to clarify that personal matters in general, as opposed to merely personal business matters, are not entitled to CE credit. Courses regarding personal matters do not receive CE credit because they are not directly related to licensees' dental practices, maintain competency in the practice of dentistry, nor do they necessarily benefit a patient's health or safety.

Subdivision (e)(1)

The Board proposes to:

- (1) Renumber subdivision (e)(1) into two subdivisions, (A) and (B);

The Board proposes to divide this subdivision for clarity. This is necessary because the newly re-numbered subdivisions relate to different subject matter.

- (2) Renumber the list of mandatory coursework in subdivision (e)(1)(A);

The Board proposes to re-number the list in this subdivision to cite newly adopted subdivision (b)(1)(D). This is necessary to update the section with the new requirements for courses on Schedule II opioids.

- (3) Delete "Beginning January 1, 2006, all" in subdivision (e)(1)(B);

The Board proposes to delete this phrase because it is no longer necessary as January 1, 2006 has passed and this timeframe is not necessary for implementation of this subsection prospectively. The word “All” will be added at the beginning of the sentence for grammatical reasons after the deletion of the introductory phrase referenced herein.

- (4) Delete “mandatory,” “mandatory education,” and “of mandatory education courses” and add “significantly changed” in subdivision (e)(1)(B); and

The Board proposes to delete “mandatory” and “mandatory education” because they are unnecessary. Subdivision (b)(1) makes clear that these courses are mandatory. The Board proposes to add “significantly changed” for clarity because the subdivision uses the phrase “make any significant changes” elsewhere in the subdivision and it helps avoid confusion for the affected provider that “significantly changed” courses may not be offered until the Board approves the new course outline.

- (5) Amend subdivision (e)(1)(B) to state that providers who wish to offer, or are approved to offer courses in Infection Control and Dental Practice Act and make significant changes to their approved course content must submit a course content outline in order to receive approval.

The Board proposes this amendment because the Board will not review the course content of BLS courses because this course type is developed and administered by recognized third party organizations (e.g., American Red Cross), who have special expertise in this area. Therefore, it is not necessary to be reviewed by the Board. As a result, this amendment will avoid confusion to the affected provider by specifying that only course outlines for courses in Infection Control and the Dental Practice Act need to be provided to the Board’s staff for review and approval at the time of application and prior to instruction.

Subdivision (b)

The Board proposes to renumber the second occurrence of subdivision (b) as subdivision “(j).” A second subdivision (b) is in existing text and is erroneous.

- **Adopt Section 1016.2, Basic Life Support for Licensure of Dental Auxiliaries**

Adopt new title and section

Existing law requires BPC section 1645 requires all licensees, including RDAs, to continue their education after receiving a license and provide evidence to the Board they have obtained CE consistent with regulations established by the Board. The Board proposes to add a new title and section to cover CE requirements for basic life

support by dental auxiliaries (a title that generally covers dental assistants regulated by the Act) to provide notice to affected applicants and licensees of these requirements and for ease-of-reference.

Subdivision (a)

The Board proposes to adopt subdivision (a) to provide a list of courses that are deemed to be equivalent basic life support (BLS) courses to the American Heart Association (AHA) or the American Red Cross (ARC) for the purpose of BPC section 1752.1(e)(3) and for the purpose of licensure renewal.

Section 1752.1 governs licensing requirements for registered dental assistants (RDAs) and BPC section 1645 requires all licensees, including RDAs, to continue their education after receiving a license and provide evidence to the Board that they have obtained CE consistent with regulations established by the Board. Subdivision (e)(3) provides that individuals applying for registered dental assistant licensure on or after January 1, 2010, must provide written evidence of successful completion within five years prior to application of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or “any other course approved by the board as equivalent.”

This subdivision is necessary to set forth the BLS courses the Board approves as equivalent for the purposes of licensure and renewal for RDAs.

Subdivision (a)(1)

The Board proposes to adopt subdivision (a)(1) to provide that a BLS course taught by a provider approved by the American Dental Association's CERP, or the Academy of General Dentistry's PACE is equivalent for purposes of section 1752.1(e)(3) and for the purpose of licensure renewal.

The purpose of this amendment is to specify PACE and CERP as approved providers of BLS courses for CE.

This is necessary to expand access for RDAs and to ensure the best possible education is received. The Board has chosen the PACE and CERP as these organizations are nationally recognized providers whose courses in BLS for both adult and pediatric patients are taught by experts in the field who develop and maintain standards for BLS courses accepted by healing arts boards, hospitals, and universities throughout the United States.

Subdivision (a)(2)

The Board proposes to adopt subdivision (a)(2) to provide a BLS course taught by a provider approved by ASHI is equivalent for purposes of section 1752.1(e)(3) and for the purpose of licensure renewal.

The purpose of this amendment is to specify PACE and CERP as approved providers of BLS courses for CE.

This is necessary to expand access for RDAs to ASHI courses and ensure the best possible education can be received. The Board has chosen the ASHI because this organization is a nationally recognized provider whose courses in BLS for both adult and pediatric patients are taught by experts in the field who develop and maintain standards for the BLS courses accepted by healing arts boards, hospitals, and universities throughout the United States.

Subdivision (b)

The Board proposes to adopt subdivision (b) to establish the necessary components of a BLS course.

The purpose of this amendment is to establish minimum requirements for course content, including the subject matter of the instruction and requirements for a live, in-person skills practice session, a skills test and a written examination in a BLS course.

This is necessary for the protection of public health, as setting minimum standards ensures RDAs are learning the necessary skills to practice competently and with safety to the patient, particularly in the event of an emergency.

Subdivision (b)(1)

The Board proposes to adopt subdivision (b)(1) to require a BLS course include instruction in both adult and pediatric cardiopulmonary resuscitation (CPR), including two-rescuer scenarios.

The purpose of this amendment is to establish minimum requirements for learning CPR and two-rescuer scenarios.

This component is necessary because it will help to prepare RDAs for the possibility of resuscitation, equipping them with the necessary skills to do so. It is necessary to include instruction in both adult and pediatric CPR as technique and treatment varies depending on the age or size of the patient, and an incompetent or negligent response to the emergency scenario can result in unintended injury and adverse patient health outcomes, including death. Two-rescuer scenario instruction will instruct the RDA to

provide basic life support to a patient in conjunction with a second person. The inclusion of 2-rescuer scenario instruction will help ensure that the RDA is equipped to respond to an emergency either alone or as a team, and this is necessary to protect public health and prevent adverse patient outcomes.

Subdivision (b)(2)

The Board proposes to adopt subdivision (b)(2) to require a BLS course to include instruction in foreign-body airway obstruction.

The purpose of this amendment is to establish minimum requirements for education regarding removing foreign-body airway obstruction.

This component is necessary to instruct RDAs in how to prevent choking during a dental procedure, which eliminates the need for resuscitation.

Subdivision (b)(3)

The Board proposes to adopt subdivision (b)(3) to require a BLS course include instruction in relief of choking for adults, children, and infants.

The purpose of this amendment is to establish minimum requirements for course content in a BLS course.

This component is necessary because equipping RDAs with knowledge of how to respond to a choking patient such as aspirating on a piece of gauze or other dental material will protect the patient's health and avoid further serious injury should something go wrong during a dental procedure. While subdivision (b)(2) provides instruction on identifying and preventing foreign body airway obstruction, this subdivision will provide instruction on how to provide relief to a patient who is choking.

Subdivision (b)(4)

The Board proposes to adopt subdivision (b)(4) to require a BLS course to include instruction in the use of automated external defibrillation with CPR.

The purpose of this amendment is to establish minimum requirements for course content in a BLS course.

This component is necessary because the automated external defibrillator for this purpose is a standard piece of equipment that can be found in many dental offices, and public spaces such as airports, schools, and shopping malls. An automated external defibrillator (AED) is a medical device designed to analyze the heart rhythm and deliver an electric shock to victims of ventricular fibrillation to restore the heart rhythm to

normal. Instructing licensees in the proper use of a defibrillator is beneficial to public health because AEDs are used to treat people experiencing sudden cardiac arrest. This proposal would help the public by having an RDA knowledgeable in the use of AED, who may be equipped through this education to help save a patient who is suffering such a life-threatening event in a dental office.

Subdivision (b)(5)

The Board proposes to adopt subdivision (b)(5) to require a BLS course to include a live, in-person skills practice session, a skills test, and a written examination.

The purpose of this amendment is to establish minimum requirements for course content in a BLS course.

This component is necessary in order to ensure that RDAs receive and understand the instruction provided and can perform aspects of instruction if presented with an emergency in the dental office. By completing a live in-person skills practice session, a skills test, and a written examination the course instructor will be able to evaluate the RDA and confirm that they understand the instruction provided and are able to administer life saving techniques learned in the event of an emergency. Such techniques may not be understood by simply reading instruction in an online or home study course.

- **Amend Section 1017, Continuing Education Units Required for Renewal of License or Permit**

Subdivisions (a)(1), (a)(2), and (a)(3)

The Board proposes to capitalize “S” in “section” for consistency in the regulations.

Subdivision (a)(4)

The Board proposes to adopt subdivision (a)(4) to require only dentists to complete two units of CE on practices for pain management in dentistry, regulatory requirements for prescribers and dispensers, and dental office procedures for managing vulnerable or substance use disorder patients, as set forth in section 1016(b)(1)(D).

The purpose of this amendment is to clarify who is required to complete CE regarding this subject matter.

This amendment is necessary to clarify that only those practitioners with prescribing rights will be required to take classes in pain management, regulatory requirements for prescribers and dispensers, and dental office procedures for managing vulnerable or substance use disorder patients. Since other licensees (dental auxiliaries) are not

authorized under the Act to perform these functions or make these types of decisions, it is not necessary to prescribe CE for the other classes of licensees regulated by the Board.

Subdivision (b)

The Board proposes to delete as obsolete, “Any continuing education units accumulated before April 8, 2010 that meet the requirements in effect on the date the units were accumulated will be accepted by the Board for license or permit renewals taking place on or after April 8, 2010.”

This amendment is necessary because Title 16, section 1017(n) requires licensees to maintain CE units only for up to three renewal periods (six years). (Cal. Code Regs., tit. 16, § 1017, subd. (n).) Accordingly, licensees are not required to maintain records for CE units accumulated before April 8, 2010.

Subdivision (d)

The Board proposes to delete “Business and Professions” for consistency throughout the regulations and only refer to the “Code” (defined in Section 1000 as the Business and Professions Code).

Subdivision (e)

The Board proposes to delete “conscious” and replace it with “moderate” before the term “sedation” for consistency with the terms used in the Act, including BPC sections 1647.1 and 1647.5, effective January 1, 2022 under amendments enacted by SB 501.

This amendment is necessary for clarity and so the regulation is consistent with the terms used in statute.

The Board proposes to delete “Business and Professions” for consistency throughout the regulations.

Former subdivision (f)

The Board proposes to delete subdivision (f) as obsolete because the Act, as amended by SB 501, changes the requirements applicable to licensees administering oral conscious sedation for minors and will repeal the underlying authority for the Board to issue the current OCS for minors permit.

This is necessary because, effective January 1, 2022, the Board will not issue oral conscious sedation permits for minors. BPC section 1647.35 provides “[a] permitholder who has a permit that was issued before January 1, 2022, that authorized the

permitholder to administer or order the administration of oral conscious sedation for minor patients under prior Article 2.85 (commencing with Section 1647.10) may follow the terms of that existing permit until it expires. Any permit issued or renewed pursuant to this article on or after January 1, 2022, shall require the permitholder to follow the requirements of [Article 2.87 for pediatric minimal sedation].”

Subdivisions (g) – (j)

These subdivisions will be re-numbered as a result of the deletion of former subdivision (f).

Former subdivision (g), newly renumbered (f)

The Board deletes “of the” as it is duplicate language and also delete “Business and Professions” for consistency throughout the regulations.

Newly re-numbered subdivision (g)

The Board proposes to delete “code” and replace it with “section” as “code” is erroneous. This amendment is necessary for clarity.

Newly re-numbered (h)

The Board proposes to replace “Section (h)” with “subsection (g)” so the cross-reference is correct. This amendment is necessary for clarity.

Newly renumbered subdivision (i)

The Board proposes adopt subdivision (i) to allow licensees who provide direct patient care as an unpaid volunteer at a free public health care event or non-profit community health clinic to be issued CE credit for of one credit per hour of providing volunteer dental services to patients up to three units of their total CE unit requirements for license renewal, and to clarify that these units of credit may be issued in half hour increments as well.

The purpose of this amendment is to encourage volunteerism amongst licensees by allowing relevant volunteer hours to be used as CE credits for licensure renewal.

This is necessary to expand the options licensees have to renew their licenses, and to expand access to dental services in underserved communities which will directly benefit community public health. The calculation provided also ensures consistency of administration and the crediting of CE units. The cap of 3 units for this type of service will encourage volunteerism while still ensuring that the licensee pursue CE in other more technical subject matter areas to ensure continued professional education and

currency of knowledge. Further, to help ensure learning objectives and deliverables are achieved in sufficient blocks of time, the Board will accept education that is issued in half hour increments. In the Board's experience, this is minimum amount of time needed to provide training in these technical subject matter areas.

Subdivision (k)

The Board proposes to replace "subdivision" with "subsection" for consistency in the regulations.

Subdivision (l)

The Board proposes to replace "b" with "B" in "Board" for consistency in the regulations.

Subdivision (p)

The Board proposes to delete the word "special" because the Board issues a special permit to faculty of Board-approved dental schools under BPC section 1640. The Board deletes "special" to avoid confusion as the general anesthesia, moderate sedation, and oral conscious sedation permit is separate from a special permit issued to faculty of California dental schools.

The Board proposes to replace "conscious" with "moderate" for consistency with the terms used in BPC section 1647.1, effective January 1, 2022 and under amendments to the Act required by SB 501 which eliminates this term.

The Board proposes to add "or" and delete "of a minor or" because the permit holder may hold one or all listed permits and by adding "or" it will be clear that the subdivision applies to either the general anesthesia, moderate sedation or oral conscious sedation permit. The Board proposed to delete "of a minor" because, effective January 1, 2022, the Board will no longer issue the oral conscious sedation for minor permit as BPC sections 1647.10 to 1647.17.5 will be repealed effective January 1, 2022.

Subdivision (r)

The Board proposes to replace the "c" with "s" in "licensee" because it is misspelled in the current text.

Subdivision (u)

The Board proposes to adopt subdivision (u) to provide that CE for retired dentists in only uncompensated practice must include mandatory courses set forth in section

1016(b)(1) and courses directly related to the delivery of dental services to patients and must be no less than 30 units.

BPC section 1645(c) provides that the Board shall not require more than 60 percent of the hours of CE that are required of other licensed dentists for retired dentists who provide only uncompensated care. According to that section, all of the hours of continuing education must be gained through courses related to the actual delivery of dental services to the patient or the community, as determined by the Board.

This section is necessary to establish that the required number of hours of CE for retired dentists is 30 hours (or 60% of that required for other licensed dentists). The retired license category allows a practitioner to maintain an active license and continue to practice dentistry which in many cases is uncompensated. Therefore, retired license holders are required to maintain their competence to practice by attending CE courses required by law and for the protection of the affected patients to ensure minimum standards for competency for these retired dentists are maintained.

Underlying Data:

1. February 7-8, 2019 Dental Board Meeting Minutes.
2. November 29-30, 2018 Dental Board Meeting Minutes.
3. Senate Bill 1109 (Bates, Chapter 693, Statutes of 2018).
4. SB 1109, Senate Rules Committee Analysis August 31st, 2018.
5. August 14, 2020 Dental Board Meeting Minutes.
6. November 2-3, 2017 Dental Board Meeting Minutes.
7. Letter dated March 13, 2013 to Karen Fischer, Executive Officer, from Senior VP of Strategic Partnerships of ASHI.
8. May 14, 2021 Dental Board Meeting Minutes.
9. Senate Bill 501 (Glazer, Chapter 929, Statutes of 2018).
10. Draft excerpt of November 19, 2021 meeting minutes, agenda, and meeting materials.

Business Impact:

The Board has made the initial determination the proposed regulation would not have a significant, statewide adverse economic impact directly affecting business, including the inability of California businesses to compete with businesses in other States. This initial determination is based on the following facts.

The amendments proposed by the Board would only require a minimum of two units of CE credits for prescriptions of Schedule II opioids for dentist licensees. There would be costs associated for licensees to take the Board-approved courses on Schedule II opioids. However, the overall number of courses required for renewal remains 50 total hours and does not increase. Dental auxiliaries who wish to obtain their initial license or

renew an existing license will not see an increase in the number of required CE courses as the minimum required number of courses for initial licensure or renewal does not change but the proposal does offer greater access to qualified approved providers in order to take courses.

The types of businesses that would be affected are businesses that offer CE courses, as there would be an additional minimum requirement for course content relating to Schedule II opioids. The cost to a provider is unknown, as the Board does not track the cost for providers to add a mandatory core course, to revise course curriculum, or for any changes to provider operations. However, because courses are already provided and acceptable course content already available generally for the profession, no additional costs are anticipated.

The Board does not maintain data relating to the number or percentage of licensees who own a business. Therefore, the number or percentage of businesses that may be impacted cannot be predicted.

Economic Impact Assessment

This regulatory proposal will have the following effects:

- It will not create or eliminate jobs within the State of California because it will not have sufficient economic effect of creating or eliminating jobs. The Board has made this determination because the proposal pertains to regulations regarding courses for CE credits. The proposed regulations will increase the list of approved providers the Board will accept for dentists and dental auxiliaries who wish to obtain an initial license or renew their license. Additionally, the proposed regulations will provide specificity regarding instruction for the BLS course and certification. The proposed regulation will expand opportunities for licensees to earn additional CE units required for renewal and will reduce the number of hours required for dentists who provide unpaid care to patients in underserved communities.
- It will not create new business or eliminate existing businesses within the State of California because the proposal pertains to regulations regarding courses for CE credits. The proposed regulations will increase the list of approved providers the Board will accept for dentists and dental auxiliaries who wish to obtain an initial license or renew their license and provide specificity regarding instruction for the BLS course and certification. These providers are already in existence however, and the Board does not anticipate that new providers will enter the market solely as a result of this rulemaking.
- It will not affect the expansion of businesses currently doing business in the State of California because the proposal pertains to regulations regarding

courses for CE credits. The proposal will allow Board licensees to receive BLS CE credits from ASHI providers. However, BLS courses were already required courses for this licensee pool so any increase in business for ASHI providers will be offset by a decrease in business for other BLS providers.

- This regulatory proposal benefits the health and welfare of California residents because it promotes greater awareness of a public health crisis and equips dentist licensees with the appropriate knowledge on how to deal with the issue of opioid abuse. This will benefit public health by reducing opioid abuse and dependence being unknowingly facilitated by prescribers of opioids who are not sufficiently educated on opioid abuse and dependence. The proposal will benefit the health and welfare of California residents because it equips the licensee with the knowledge and ability to react and treat an emergency in the dental office.
- This regulatory proposal does not affect worker safety because the proposal pertains to regulations regarding courses for CE.
- This regulatory proposal does not affect the state's environment because the proposal pertains to regulations regarding courses for CE.

Specific Technologies or Equipment

This regulation does not mandate the use of specific technologies or equipment.

Consideration of Alternatives:

No reasonable alternative to the regulatory proposal would either be more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons and equally effective in achieving the purposes of the regulation in a manner that ensures full compliance with the law being implemented or made specific.

Set forth below are the alternatives which were considered and the reasons each alternative was rejected.

Alternative No. 1: Do not seek a regulatory change.

Rejected: The Board's highest priority is the protection of the public while exercising its licensing, regulatory, and disciplinary functions. These proposed regulatory changes are authorized by statute and would benefit the public. This proposed regulatory change allows for licensees of the Board to adequately address the public health issue of opioid misuse and overdoses. The proposed change allows for greater access to the BLS course which is required of all applicants and licensees for continued maintenance of their license. The proposal would allow a licensee who volunteers to

provide unpaid clinical services to maintain their dental license by requiring a lesser number of CE courses for renewal which the Board anticipates would provide greater access to care.