



DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



DENTAL BOARD OF CALIFORNIA

NOTICE OF MEETING

May 18-19, 2023

Board Members

Alan Felsenfeld, MA, DDS, President
Joanne Pacheco, RDH, MAOB, Vice President
Lilia Larin, DDS, Secretary
Steven Chan, DDS
Joni Forge, DDS
Meredith McKenzie, Esq., Public Member
Angelita Medina, MHS, Public Member
Sonia Molina, DMD, MPH
Rosalinda Olague, RDA, BA
Yogita Thakur, DDS, MS
James Yu, DDS, MS

Action may be taken on any item listed on the agenda.

The Dental Board of California (Board) will meet approximately at 10:30 a.m., on Thursday, May 18, 2023, and 8:00 a.m., on Friday, May 19, 2023, at the following location:

Hilton Anaheim
777 W. Convention Way, Huntington Room
Anaheim, CA 92802
(714) 750-4321 (Hotel)
(916) 263-2300 or (877) 729-7789 (Board Office)

AGENDA

10:30 a.m., Thursday, May 18, 2023

1. Call to Order/Roll Call/Establishment of a Quorum
2. Public Comment on Items Not on the Agenda **[6]**
Note: The Board may not discuss or take action on any matter raised during this Public Comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code sections 11125 and 11125.7(a).)
3. Discussion and Possible Action on February 9-10, 2023 Board Meeting Minutes **[7-31]**
4. Board President Report **[32]**

5. Executive Officer Report **[33]**
 - a. Introduction of Board Staff
 - b. Update on the Dental Board of California 2022-2025 Strategic Plan
6. Report on Department of Consumer Affairs Activities, which may include updates on the Department's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters **[34]**
7. Report on Dental Hygiene Board of California Activities **[35]**
8. Budget Report **[36-40]**
9. Enforcement
 - a. Review of Statistics and Trends **[41-48]**
 - b. Update from Enforcement Committee – Ms. Pacheco, RDH, MAOB **[49]**
10. Substance Use Awareness
 - a. Diversion Program Report and Statistics **[50]**
 - b. Controlled Substance Utilization Review and Evaluation System Report **[51-59]**
11. Licensing, Certifications, and Permits
 - a. Update on Dental Licensure and Permit Statistics **[60-74]**
12. Report on April 26, 2023 Meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee **[75]**
13. Dental Assisting Council Meeting Report **[76]**
14. Update, Discussion, and Possible Action on Appointment to Dental Assisting Council **[77-79]**
15. Anesthesia and Sedation
 - a. General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics **[80-88]**
 - b. Update Regarding Board Implementation of Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) **[89-93]**
 - c. Discussion and Possible Action Regarding Appointment of General Anesthesia, Medical General Anesthesia, and Moderate Sedation Permit Evaluators **[94-102]**
16. Discussion and Possible Action Regarding Executive Officer Salary **[103]**
17. Recess Open Session Until May 19, 2023, at 8:00 a.m.

CLOSED SESSION (WILL NOT BE WEBCAST)

18. Convene Closed Session

19. Pursuant to Government Code Section 11126(e)(1) and (2)(A), the Board will Confer with and Receive Advice from Legal Counsel and Deliberate Regarding *Sulitzer, et al. v. Tippins, et al.*, United States District Court, Central District of California, Western Division, Case No. 2:19-cv-08902-GW-MAA
20. Pursuant to Government Code Section 11126(c)(3), the Board Will Meet in Closed Session to Deliberate and Vote on Disciplinary Matters, Including Stipulations and Proposed Decisions
21. Adjourn Closed Session

8:00 a.m., Friday, May 19, 2023

22. Reconvene Open Session – Call to Order/Roll Call/Establishment of a Quorum
23. President’s Report on Closed Session Items **[104]**
24. Examinations
 - a. Report on Commission on Dental Competency Assessment, Western Regional Examining Board, and The Council of Interstate Testing Agencies (CDCA-WREB-CITA) **[105]**
25. Discussion and Possible Action on Office of Professional Examination Services (OPES) Survey Results Regarding the Use of Local Anesthesia and Nitrous Oxide in Procedures Performed by Registered Dental Assistants in Extended Functions (RDAEFs) **[106-127]**
26. Discussion of Board Approval of Foreign Dental Schools **[128-136]**
27. Legislative Proposals
 - a. Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code (BPC) Section 1634.1 Regarding Licensure by Residency Requirements **[137-141]**
 - b. Discussion and Possible Action on Legislative Proposal to Amend BPC Sections 1601.1 and 1740 and Repeal BPC Section 1742 Regarding Dental Assisting Council **[142-148]**
 - c. Discussion and Possible Action on Legislative Proposal to Modify Statutes Related to General Anesthesia and Sedation Permits **[149-171]**
28. Update, Discussion, and Possible Action on Proposed Regulations
 - a. Status Update on Pending Regulations **[172-174]**
 - b. Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations (CCR), Title 16, Sections 1012, 1017.2, and 1021 (Replacement Licenses and Fees, and Inactive Licenses) **[175-187]**

29. Update, Discussion, and Possible Action on 2023/2024 Legislation Impacting the Board, the Department of Consumer Affairs, and/or the Dental Profession
- a. 2023 Tentative Legislative Calendar – Information Only **[188-192]**
 - b. Legislation of Interest **[193-216]**
 - i. [ACR 10](#) (Weber, Chapter 16, Statutes of 2023) Children’s Dental Health Month.
 - ii. [AB 481](#) (Wendy Carrillo, 2023) Dentistry: dental assistants.
 - iii. [AB 795](#) (Flora, 2023) Unlawful sale of equipment, supplies, or services.
 - iv. [AB 883](#) (Mathis, 2023) Business licenses: United States Department of Defense SkillBridge program.
 - v. [AB 936](#) (Wood, 2023) Dentistry: exemptions.
 - vi. [AB 996](#) (Low, 2023) Department of Consumer Affairs: continuing education: conflict-of-interest policy.
 - vii. [AB 1028](#) (McKinnor, 2023) Reporting of crimes: mandated reporters.
 - viii. [AB 1257](#) (Committee on Business and Professions, 2023) Dentistry: Dental Hygiene Board of California: Dental hygienists: Examinations and licensure.
 - ix. [AB 1395](#) (Garcia, 2023) Licensed Physicians and Dentists from Mexico Pilot Program: requirements.
 - x. [AB 1396](#) (Garcia, 2023) Licensed Physicians and Dentists from Mexico Pilot Program: requirements.
 - xi. [AB 1398](#) (Ramos, 2023) California Dental Corps Loan Repayment Program.
 - xii. [AB 1552](#) (Reyes, 2023) Healing arts: foreign dental schools.
 - xiii. [SB 372](#) (Menjivar, 2023) Department of Consumer Affairs: licensee and registrant records: name and gender changes.
 - xiv. [SB 544](#) (Laird, 2023) Bagley-Keene Open Meeting Act: teleconferencing.
 - xv. [SB 802](#) (Roth, 2023) Licensing boards: disqualification from licensure: criminal conviction.
 - xvi. [SB 818](#) (Roth, 2023) Department of Consumer Affairs: terms of office: fingerprinting.

30. Discussion of Prospective Legislative Proposals **[217]**

Stakeholders are encouraged to submit proposals in writing to the Board before or during the meeting for possible consideration by the Board at a future meeting.

31. Adjournment

This agenda can be found on the Dental Board of California website at dbc.ca.gov. The time and order of agenda items are subject to change at the discretion of the Board President and may be taken out of order. Items scheduled for a particular day may be moved to an earlier or later day to facilitate the effective transaction of business. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

The meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit thedcapage.wordpress.com/webcasts/. The meeting will not be cancelled if webcast is not available. Meeting adjournment may

not be webcast if it is the only item that occurs after a closed session. Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. (Government Code section 11124.)

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President may, at their discretion, apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

This meeting location is accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting may make a request by contacting Tracy Montez, Executive Officer, at Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five (5) business days prior to the meeting will help ensure availability of the requested accommodations. TDD Line: (877) 729-7789



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MEMORANDUM

DATE	May 5, 2023
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 2.: Public Comment on Items Not on the Agenda

Notes



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DENTAL BOARD OF CALIFORNIA MEETING MINUTES February 9-10, 2023

The Dental Board of California (Board) met by teleconference/WebEx Events on February 9-10, 2023, with the following location available for Board and public member participation:

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

Members Present:

Alan Felsenfeld, MA, DDS, President
Joanne Pacheco, RDH, MAOB, Vice President
Lilia Larin, DDS, Secretary
Steven Chan, DDS
Joni Forge, DDS
Meredith McKenzie, Esq., Public Member
Angelita Medina, MHS, Public Member
Sonia Molina, DMD, MPH
Rosalinda Olague, RDA, BA
Yogita Thakur, DDS, MS
James Yu, DDS, MS

Staff Present:

Tracy A. Montez, Ph.D., Executive Officer
Carlos Alvarez, Chief of Enforcement Field Offices
Owen Dudley, Chief of Regulatory Compliance & Discipline
Paige Ragali, Chief of Dental Programs and Customer Support
Jessica Olney, Anesthesia Unit Manager
Wilbert Rumbaoa, Administrative Services Unit Manager
David Bruggeman, Legislative and Regulatory Specialist
Juan Fuentes, Investigator
Kelly Silva, Investigator
Mirela Taran, Administrative Analyst
Joseph Tippins, Investigator
Judie Bucciarelli, Staff Services Manager I, Specialist, Board and Bureau Relations,
Department of Consumer Affairs (DCA)
Ann Fisher, Moderator, SOLID, DCA
Bryce Penney, Office of Public Affairs, DCA
Kristy Schieldge, Regulatory Counsel, Attorney IV, Legal Affairs Division, DCA

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February 9-10, 2023 Meeting Minutes

Trisha St. Clair, Moderator, SOLID, DCA
Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division, DCA

12:30 p.m., Thursday, February 9, 2023

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

The Board President, Dr. Alan Felsenfeld, called the meeting to order at 12:33 p.m. The Board Secretary, Dr. Lilia Larin, called the roll; 11 Board Members were present, and a quorum was established.

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

Francisco Leal, voiced that he is an advocate of the Board's foreign dental school program, a program by which it has approved two schools: De La Salle University School of Dentistry and State University of Medicine and Pharmacy "Nicolae Testemitanu" of the Republic of Moldova (SUMP). He stated that during the Board's last Sunset Review, the Board decided that it would no longer approve foreign dental schools and instead sponsored legislation that transferred that responsibility to the Commission on Dental Accreditation (CODA). It also set a deadline of January 1, 2024, for the accreditation of SUMP. From the research that he has conducted, he had come to the realization that it takes 10 to 12 years to get CODA approval, which makes the January 1, 2024 deadline impossible to meet. Mr. Leal requested the Board to reassess this decision, its implications, and repercussions. Additionally, he implored the Board to take a second look at this issue, as it is a very important program that deserves a second look and to be continued.

Agenda Item 3: Discussion and Possible Action on November 17-18, 2022 Board Meeting Minutes

Secretary Larin requested an amendment to the November 17-18, 2022 meeting minutes on page 18, Agenda Item 24, second paragraph, first line, to strike the text "he raised."

Motion/Second/Call (M/S/C) (Chan/Yu) to approve the November 17-18, 2022 meeting minutes as revised.

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

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

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February 9-10, 2023 Meeting Minutes

Recusals: None.

The motion passed.

Agenda Item 4: Board President Report

President Felsenfeld voiced that he had no report to provide, as there were no pertinent updates since the last Board meeting.

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

Agenda Item 5: Executive Officer Report

Dr. Tracy Montez shared that Board members, President Felsenfeld and Dr. Yogita Thakur, were reappointed to the Board and introduced the new Assistant Executive Officer, Christy Bell. She noted that that the Board had 12 vacancies in various stages of the selection process. Furthermore, Board staff was processing licensing applications that had been received at the end of January. She expressed that the Board approved an education program and five courses, and Board staff would be looking at regulations and statutes to streamline and clarify the education program process. She provided a report on continuing education audits, DCA's updated logo, and the Board's upcoming newsletter that will be released in May.

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

Agenda Item 6: Update on Board Member Committee Assignments 2023

Dr. Montez expressed that the Board President has the discretion to establish committees to facilitate the work of the Board and that committees are utilized so the Board can be more efficient in the Board's use of time to be able to research projects and assignments behind the scenes and then bring those findings to the Board for consideration. She voiced that the Board's committees had not been very active in the past partially due to COVID-19 and various reasons. However, Board staff had determined to go ahead and make those committee assignments so that the Board can be prepared to tackle any issues that come up. She anticipated that some of the committees may be more active than others but was pleased that the Board Members had agreed to participate in the committees. President Felsenfeld announced that the Board had put together seven committees, and he was not sure whether all of the committees would be used frequently this year. He was relieved that the committees are in place should the need arise to allow the Board to facilitate its business and time can be spared at a future Board meeting.

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

Agenda Item 7: Report on Department of Consumer Affairs Activities, which may include updates on the Department's Administrative Services, Human Resources, Enforcement,

Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters

Judie Bucciarelli provided a departmental update. She stated that DCA released its new five-year Strategic Plan in November and officially transitioned to a new logo at the start of the new year. She shared information that at the end of 2022, DCA established its Diversity, Equity, and Inclusion (DEI) Steering Committee to guide DCA's equity, strategy, initiatives, and action plans. The DEI Committee held its second meeting on January 27, 2023, and established the committee's charter, discussed changes to the strategic planning process, and worked on the development of a DEI fact sheet. The committee was working to implement the Governor's Executive Order issued in September of last year that directs State departments to embed diversity, equity, and inclusion into their strategic plans. Ms. Bucciarelli addressed required Board Member trainings, COVID-19 state of emergency and associated executive orders, and the Statement of Economic Interests (Form 700).

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

Agenda Item 8: Budget Report

Wilbert Rumbaoa provided a report on the State Dentistry Fund, which the Board manages, for fiscal year (FY) 2022-23. Mr. Rumbaoa noted that at the previous Board meeting, there was a five-million-dollar loan repayment scheduled for FY 23/24 and updated the Board that this had been moved to FY 24/25. He added that the estimated percentage of revenue that the Board would get from that was approximately \$39,000, which is 0.05 percent. As of January 10, 2023, the Board received the legislative annual budget appropriation upon the release of the Governor's Budget. The Board is statutorily required to remain in its appropriation spending limit and the fund's ongoing solvency. For the Governor's Budget in FY 23/24, the estimated amount of revenue is \$18.8 million, and the estimated expenditures are \$19.7 million. Currently, as of Fiscal Month 5, the Board was projected to expand \$18 million and projected to revert \$1.1 million by the end of the FY. Mr. Rumbaoa voiced that this was quite different from the previous year in which the Board reverted \$2.9 million. However, that was due to the fact that the Board was hiring more individuals and obtaining more staff.

Dr. Montez noted that the adding of more staff was going to carve into the Board's reserves or what it reverts back. She expressed that Board staff was purchasing equipment, including firearms, vehicles, laptops, and various things that need to be updated, and staff was aggressively pursuing those to make sure that all requirements are being followed. Dr. Montez was being kept apprised of the budget and wanted the Board members to feel very comfortable that although they may see more spending, it is because staff is obtaining supplies and getting things updated and upgraded as required.

Board Member Sonia Molina asked how the million dollar expenditure would reflect the Board's reserves and whether it was projected that this million was only because of equipment bought for this year. Mr. Rumbaoa replied that even with the additional

expenditures for this upcoming year, the Board was projected to still have 7.9 months in reserves. At the beginning of July 1, 2023, the Budget Act would be released, and the Board would have a new appropriation for the next year. As long as the Board was sticking within its appropriation within each FY, it would be on track.

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

Agenda Item 9: Enforcement

Agenda Item 9.a.: Update on “Attorney General’s Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies, Business and Professions Code Section 312.2, January 1, 2023”

Carl Sonne, Senior Assistant Attorney General, Office of the Attorney General, provided a verbal update and presentation on the Attorney General's Annual Report.

Dr. Montez reinforced that there was a lot of variability in how this process unfolds and that it will take everyone working together to ensure that things were done correctly. She voiced that there were a lot of factors that impact the process and overall, it was very positive. Dr. Montez thanked Mr. Sonne and his staff and for their communication and collaboration with the Board.

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

Agenda Item 9.b.: Review of Statistics and Trends

Carlos Alvarez provided the report, which is available in the meeting materials.

Dr. Montez voiced that Board staff was making headway on cases, and that she meets with Mr. Alvarez and Owen Dudley every other week to go over statistics. She reassured the Board that staff are closing cases as appropriate. She noted that Board staff had been asked by President Felsenfeld to give an overview on the enforcement process, which will come up at a future Board meeting. Dr. Montez expressed that things are moving in a positive direction, and Mr. Alvarez had done an excellent task of triaging cases.

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

Agenda Item 10: Examinations

Agenda Item 10.a.: Dentistry Law and Ethics Examination

Dr. Montez provided the report, which is available in the meeting materials. She vocalized that it had been brought to her attention that there had been some potential barriers with students down in Mexico who were having challenges with coming back into California to take the Dentistry Law and Ethics Examination. Therefore, the Board was pursuing a contract with Psychological Services Inc. (PSI) to have some

opportunities for those students to take the examination in Mexico. As DCA has a master service contract for PSI, the Board would build off of that and provide some opportunities for those students to take that examination and facilitate the ability to come back into California. She stated that the Board would look at other options for its SUMP students as well if things are able to go smoothly with the contract and this process. Dr. Montez provided reassurance that the Board did listen to inquiries that come to its attention with regard to reducing barriers to licensure.

Board Member Molina asked whether students presently have to take the Dentistry Law and Ethics Examination in-person. Dr. Montez replied that students have to come back into California to take the examination, and there are computer-based testing sites through the contract that the Board currently has. She mentioned that the master contract that DCA has that splits off to the various boards is only for California sites, and the Board had to do an additional type of contract to have testing sites in Mexico. She noted that the Board has had some individuals reach out who have not been able to come back into California for various reasons. Board Member Molina asked whether the examination can be taken online. Dr. Montez replied that the exam is online but must be taken at a secure facility. As it is a high-stakes examination, the Board currently supports having the examination in a particular secure site.

Secretary Larin commented that as CODA approves more international schools, the Board would have to do something about this dilemma. Dr. Montez responded that as PSI has sites internationally, this could make way for a plethora of opportunity.

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

Agenda Item 11: Licensing, Certifications, and Permits

Agenda Item 11.a.: Review of Dental Licensure and Permit Statistics

Paige Ragali provided the report, which is available in the meeting materials. As an additional note, she stated that at a previous meeting, one of the Board members inquired about data pertaining to the number of active licensees per county. Ms. Ragali noted that Board staff looked into it and at this time are unable to provide statistics on that information as there is no report that pulls those numbers.

Board Member Thakur asked whether the dentist per county charts include actively practicing dentists. Ms. Ragali replied that Board staff obtains the information of the population from a separate website, and the licensees per county was a list of total licensees with an address of record within that specific county.

President Felsenfeld added that Board staff caught up on the backlog that had been problematic in the past and thanked staff for doing a terrific job.

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

Agenda Item 12: Substance Use Awareness

Agenda Item 12.a.: Diversion Program Report and Statistics

Mr. Dudley provided the report, which is available in the meeting materials. He noted that the next Diversion Evaluation Committee (DEC) meeting was scheduled for April 5, 2023.

President Felsenfeld asked what would happen to the two participants that had been terminated from the program. Mr. Dudley replied that these terminations happened before his tenure began with the Board and was therefore uncertain with what happened to the participants.

Tara Welch noted that it was possible that the two individuals were self-referrals and were terminated, as the diversion program does include people who self-refer into the program.

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

Agenda Item 12.b.: Controlled Substance Utilization Review and Evaluation System Report

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

President Felsenfeld asked whether the Controlled Substance Utilization Review and Evaluation System (CURES) has data on prescribers who are not following up or reports that talk about the effectiveness of what it is doing. Mr. Alvarez replied that Board staff was able to obtain CURES reports that can disclose what a physician is prescribing, patient names, type of schedules, and doses. If there was excessive prescribing, that would raise a red flag.

Board Member Steven Chan asked whether CURES was accessible to those who are not registered in CURES as licensees. Mr. Alvarez replied that if they are not prescribing, they are still able to go into CURES and make a search of what is being prescribed. Additionally, patient seekers can go on to CURES and retrieve data.

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

Agenda Item 13: Anesthesia and Sedation

Agenda Item 13.a.: General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics

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

Secretary Larin noticed there was a substantial number of postponed evaluations due to evaluators not being available and asked what happens if the renewal expires while

waiting for an evaluator and how long would one have to wait to have another evaluator become available. Ms. Olney replied that Board staff was constantly rolling over evaluations when that happens and would continue to work on them and with that permit holder. She added that the renewal itself was separate from the on-site inspection and evaluation, where renewals are due every two years, and the evaluation was scheduled every five years. Therefore, the permit holder is still able to renew their permit. Board staff work with the permit holder to schedule that evaluation and get it completed, but the licensee is still able to continue to renew. In those cases where a permit holder may not respond to notices or refuse to be evaluated, their permit is canceled.

President Felsenfeld added that this has been a problem that has been going on for a long time. Unfortunately, about two-thirds of the time, evaluators are not available. He mentioned that the Board is working on this problem and has some potential legislative changes that might make it a little bit easier to get these things done in the future. As the Board goes through Sunset Review over the next couple years, he hoped to solve some of this problem or at least modify it. Ms. Olney added that the staff who work on scheduling the on-site inspections actively pester some of the permit holders to sign up to become an evaluator.

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

Dr. Bruce Whitcher, California Dental Association (CDA) representative, voiced that the association was asking the Board to consider amending its protocol for the on-site inspection and evaluation during the transition to moderate sedation permits. As they believed that the Board had the authority to accept previous on-site inspections conducted before January 2021, they asked the Board to consider honoring inspections provided to prior Conscious Sedation (CS) permit holders for the length of duration of their evaluation, which is six years. Dr. Whitcher voiced that dental providers who had recently renewed their moderate sedation permits were no longer eligible to serve as evaluators as they have not held their permits for three years, even though they have had considerable years of experience doing evaluations. He suggested that the Board look at how this has had a big effect on the pool of moderate sedation evaluators. Furthermore, he expressed that CDA felt the permit application should include a provision that allows the Board to consider earlier CS permit credentials, as some of the applicants were having a great deal of difficulty getting the program director or whomever oversaw their training to sign off due to the fact that the program may no longer be in existence. Dr. Whitcher noted that another issue CDA had recognized was that the term for a new moderate sedation permit holder excluded a lot of licensees from participating, as they have to undergo an evaluation within a year and have to hold a permit for three years before being able to become an evaluator.

Agenda Item 13.b.: Update Regarding Board Implementation of Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018)

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

Board Member Chan pointed out that the numbers of the questions on pediatric endorsement are low considering the whole numbers and asked whether Board staff saw any barriers for how to gather that information. Ms. Olney replied that she believed that the reason the number was so much lower than what was anticipated was because permit holders were allowed to renew before January 1, 2022, to extend their expiration date. She indicated that this was going to assist Board staff in being able to spread those requests and those applications coming in and out over the next two years. Due to the fact that those individuals were allowed to renew early, this gives staff more time to implement and accept those applications.

President Felsenfeld commented that it was impressive that Board staff was processing through as they were, and that it was going very well so far. Ms. Olney replied that staff processes the actual application either the same day they receive it from the cashier unit or the next day, and they reach out directly to the permit holder by email, phone, or mail.

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

Dr. Witcher, representing himself, noted that if anyone was interested in how the renewals were looking over the next two years, Ms. Olney prepared a document, which was brought up a couple of meetings ago, that lines that out. He added that the document showed that the Board would be receiving quite a few renewals this year and into the next year.

Agenda Item 13.c.: Discussion and Possible Action Regarding Appointment of General Anesthesia and Medical General Anesthesia Permit Evaluators

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

Board Member James Yu commented that among all of the applicants, only one has completed the evaluator calibration training course; he asked how important this course was. Ms. Olney replied that this was a course that was previously done in person and that Board staff would schedule times in Southern and Northern California to conduct these evaluator trainings. She added that the Board has had this training on compact disc (CD), which was provided to applicants. Board Member Yu asked whether they would finish the training course later on. Ms. Olney replied that it had already been provided.

Board Member Thakur asked whether applicants have to attest that they watch the CD and certify that they have been calibrated. Ms. Olney replied that they are given a quiz along with it.

(M/S/C) (Felsenfeld/Chan) to appoint Dr. Samer Albadawi as an evaluator for the general anesthesia onsite inspection and evaluation program.

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

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Chan/Medina) to appoint Dr. Karen Anderson-Curtin as an evaluator for the general anesthesia onsite inspection and evaluation program.

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

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Yu) to appoint Dr. James Habashy as an evaluator for the general anesthesia onsite inspection and evaluation program.

Board Member Molina noted that the application asked whether the applicant would like to evaluate General Anesthesia (GA) cases, CS cases, or both and that Dr. Habashy circled "both." She inquired how the training would work, since the Board had switched to moderate sedation. Ms. Olney replied that the application itself had not been updated to include the moderate sedation and that this was an older version of the application

that was submitted. At this time, Board staff was only asking that these doctors be approved for the general anesthesia.

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

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Pacheco/Forge) to appoint Dr. Brian Huh as an evaluator for the general anesthesia onsite inspection and evaluation program.

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

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Yu/Olague) to appoint Dr. George Zakhary as an evaluator for the general anesthesia onsite inspection and evaluation program.

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

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/McKenzie) to appoint Dr. Richard L. Katz as an evaluator for the general anesthesia onsite inspection and evaluation program.

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

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

*(*Agenda Items 24.a. and b. were presented out of order. The order of business conducted herein follows the publicly noticed Board meeting Agenda.)*

Agenda Item 14: Recess Open Session Until February 10, 2023, at 9:00 a.m.

President Felsenfeld recessed Open Session at 2:36 p.m.

Agenda Item 15: Convene Closed Session

At 2:58 p.m., the Board convened Closed Session.

Agenda Item 16: Pursuant to Government Code Section 11126(e)(1) and (2)(A), the Board will Confer with and Receive Advice from Legal Counsel and Deliberate Regarding *Sulitzer, et al. v. Tippins, et al.*, United States District Court, Central District of California, Western Division, Case No. 2:19-cv-08902-GW-MAA

The Board convened in Closed Session to discuss a pending litigation matter.

Item 17: Pursuant to Government Code Section 11126(c)(3), the Board Will Meet in Closed Session to Deliberate and Vote on Disciplinary Matters, Including Stipulations and Proposed Decisions

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This item was not discussed as there were no disciplinary matters to take action upon.

Agenda Item 18: Adjourn Closed Session

President Felsenfeld adjourned Closed Session at 3:40 p.m.

9:00 a.m., Friday, February 10, 2023

Agenda Item 19: Reconvene Open Session – Call to Order/Roll Call/Establishment of a Quorum

President Felsenfeld called the meeting to order at 9:08 a.m. Secretary Larin called the roll; 11 Board Members were present, and a quorum was established.

Agenda Item 20: President's Report on Closed Session Items

President Felsenfeld provided a verbal report to the Board regarding Closed Session items. He reported the Board met in Closed Session to discuss one pending litigation matter.

Agenda Item 21: Dental Assisting Council Meeting Report

Traci Reed-Espinoza, Chair of the Dental Assisting Council (DAC), provided a verbal report on the February 9, 2023 DAC meeting. Ms. Reed-Espinoza advised the Board regarding DAC discussion of DAC meeting agenda items.

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

Agenda Item 22.a.: Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Section 1635.5 Regarding Licensure by Credential Requirements

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

Board Member Molina asked whether a contract to either practice in a clinic or to teach in a school was something that must be obtained ahead of time. Ms. Ragali replied that the Board currently allows contracts as a sub-pathway to the Licensure by Credential pathway for licensure. The only changes Board staff was making to those was clarifying what happens if a contract is not fulfilled and defining the actual hours required for full-time in both settings, the faculty contract or the clinical contract. She added that applicants have to obtain a contract when they apply for licensure. Board Member Molina asked what happens if they lose their contract in the middle of the two-year timeframe. Ms. Ragali replied that if they lose the contract, the Board currently allows them to change to a new contracted place to fulfill the two-year requirement. If they do not, per the changes that Board staff are making, the contract and the license will be considered canceled or voluntarily surrendered, which would not impose discipline.

President Felsenfeld asked why there is a difference in full-time hours if one is in clinical practice versus academics. Ms. Ragali replied that it was mostly due to the fact that the Board's Loan Repayment Program and other programs define full-time as 32 hours per week when they describe clinical practice in a clinical setting and direct patient care. For the faculty contract, as it allows you to teach and to practice clinically, Board staff allowed 40 hours per week being that there are other administrative and teaching functions as well as patient care.

(M/S/C) (Larin/Chan) to include in the Board's next Sunset Review Report a recommendation to amend Business and Professions Code (BPC) section 1635.5 to clarify the Licensure by Credential application process and requirements.

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

Tooka Zokaie, CDA representative, voiced that Dr. Steven Morrow, previous Board member, advocated during his tenure as a Board Member to lower the Licensure by Credential threshold to three years from five years, which is in parity with several other states and substantially increases portability. She asked whether the Board was still interested in doing this. Ms. Ragali replied that Board staff removed the year requirement. With the new proposed amendments, there would no longer be a requirement to practice for a minimum amount of hours as well as a minimum amount of years. With the new amendments, it would be a minimum amount of hours over a five-year period. Applicants cannot have practiced 10 years ago and use those hours to qualify for licensure; it has to be relevant practice, which is five years preceding the date of the application. At the moment, the Board only requires 5,000 hours and does not specify that it cannot be done in three years. Technically, if a dentist is working full-time, that is around 2,080 hours per year that they would earn clinical practice time. Essentially, they would be able to qualify for licensure in California under this pathway in two to three years at minimum. As a result, it is allowing more access to licensure.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 22.b.: Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Sections 1701.5 and 1804 Regarding Fictitious Name Permits and Dental Corporation Name

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

Board Member Chan asked how does one track the dentist within that fictitious name that is applied to that practice. Ms. Ragali replied that the way that it works currently is that you can apply as a corporation, an individual, a partnership, or an association for a fictitious name permit. All dentists who are going to be owners/operators of that specific dental office are required to list their names and license numbers, which the Board tracks. The additional amendments previously made included information relating to all shareholders or officers of a corporation, which can be a varied amount of professionals. At this time, they are not relevant to the application process in that the purpose of the fictitious name permit (FNP) is to be able to know who is owning and operating and responsible for what is happening at the dental office. Having listed registered nurses or other professionals who can all be a part of a dental corporation up to 49 percent of the shareholders, they would not be able to be listed or tracked in our system on the permit. Board Member Chan reiterated that the latter part was not relevant, and the other way of tracking is through the licensed owners. Ms. Ragali responded that statement was correct.

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

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

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 22.c.: Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Section 1750 Regarding Unlicensed Dental Assistant Course Requirements

David Bruggeman provided the report, which is available in the meeting materials. He mentioned that the Board previously approved a proposal amending the same section,

and if the Board did not proceed with the amendments being made today, the rest of the proposal that was previously approved would still go forward as a recommendation in the Board's Sunset Review Report.

(M/S/C) (Larin/McKenzie) to include in the Board's Sunset Review Report the revised legislative proposal to amend BPC section 1750 to add new subdivision (c) to clarify infection control course requirements, renumber the subdivisions, and amend subdivision (d) to clarify the timing of the completion of the other required courses.

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

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 22.d.: Discussion and Possible Action on Legislative Proposal to Modify Statutes Related to General Anesthesia and Sedation Permits

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

(M/S/C) (Felsenfeld/Chan) to submit to the California State Legislature in the Board's Sunset Review Report a recommendation to add Section 1646.12 to Article 2.75 and Sections 1647.35, 1647.36, and 1647.37 to Article 2.87, amend Sections 1646.1, 1646.2, and 1646.9 of Article 2.75, Sections 1647.2 and 1647.3 of Article 2.84, Sections 1647.18, 1647.19, 1647.20, and 1647.22 of Article 2.86, Sections 1647.35 and 1647.36 of Article 2.87, and Section 1724 of Article 6, of Chapter 4, and repeal Section 2079 of Article 3 of Chapter 5, of Division 2 of the Business and Professions Code.

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

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

Agenda Item 22.e.: Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Section 1700 Regarding Display of License

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

Board Member Chan noted that the proposed language said “everyone” and did not state licensed. Mr. Bruggeman replied that as it was currently written, that was true.

Board Member Thakur asked for clarification that when it states everyone who practices, it also applies to dentists, hygienists, and assistants. Mr. Bruggeman replied that the practice of dentistry has a specific definition in statute that this would specifically be restricted to dentists.

Ms. Welch noted that the language currently was in BPC section 1700, subdivision (c), and that Board staff was merely attempting to clarify the conspicuous places in the facility likely to be seen by all patients. She voiced that staff was clarifying [the display requirement] was not just the name of the individuals employed to practice dentistry, but the original or copy of the current license, permit, or registration of each and every person employed at the facility to practice dentistry. A dental assistant, who does not have a permit or registration to practice dentistry because they are not required to, would not have to display anything because there is no permit or registration to display. The proposal would clarify the requirement, because before, if a dental assistant was performing acts that could be considered the practice of dentistry but do not require registration, they would have had to display their name. This changes that display requirement so that it just applies to the individuals practicing dentistry who have been issued a license, permit, or registration.

(M/S/C) (Yu/Medina) to include in the Board’s Sunset Review Report a recommendation to the California State Legislature a legislative proposal to amend BPC section 1700, subdivision (c), to clarify requirements for displaying the name of everyone employed in the practice of dentistry at an office.

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

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

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Nays: None.
Abstentions: None.
Absent: None
Recusals: None.

The motion passed.

Dr. Montez thanked the Board for moving this forward and mentioned that this was an issue brought up by the Board's special investigators. She expressed that this validates the communication amongst Board staff for recognizing concerns and how to better address their investigations both for licensees and staff.

Agenda Item 22.f.: Discussion and Possible Action on Legislative Proposal to Repeal Business and Professions Code Section 1607 Regarding Frequency and Location of Board Meetings

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

Dr. Montez reinforced that this proposal would give the Board more flexibility. The Board still anticipates meeting quarterly but with technology now allowing boards to have the public attend virtually, it would allow for tremendous flexibility. She stated that Board staff want to be wise in the use of the Board's fiscal resources in terms of traveling and doing various things.

(M/S/C) (Molina/Olague) to include in the Board's Sunset Review Report a recommendation to the California State Legislature of the legislative proposal to repeal BPC section 1607.

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

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

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

The motion passed.

Agenda Item 23: Update, Discussion, and Possible Action on Proposed Regulations

Agenda Item 23.a.: Status Update on Pending Regulations

Mr. Bruggeman provided the report, which is available in the meeting materials. He affirmed that there were three packages worth noting. The vaccine package, which implements permanent regulations concerning dentists at the initiating and administering vaccinations, was submitted to the Office of Administrative Law (OAL) on December 16, 2022, and was approved by OAL and filed with the Secretary of State on January 24, 2023. The emergency regulations that had been in effect have been substituted by the permanent regulations. He noted that the package concerning temporary licensure for military spouses and partners was connected with Assembly Bill (AB) 107, and Board staff had been diligently revising the package in light of the new language that was approved at the November 2022 Board meeting. Mr. Bruggeman communicated that Board staff anticipated being able to submit the rulemaking package to DCA by the end of the month, hopefully getting it noticed in March. Additionally, another new rulemaking package would make updates to the Disciplinary Guidelines and the regulation that incorporates those Guidelines.

Agenda Item 23.b.: Discussion and Possible Action to Initiate a Rulemaking and Amend California Code of Regulations, Title 16, Section 1018, Disciplinary Guidelines

Mr. Bruggeman gave the report on this item, which is available in the meeting materials. Mr. Bruggeman stated that the Board's Disciplinary Guidelines (Guidelines) were last updated in 2010. Since that time, there had been changes to the Board's laws and regulations, and changes in the administration of various penalties for violations, requiring the Guidelines to be updated. The proposed amendments would make the Guidelines consistent with current law and the current probationary environment, clarify the terms and conditions of probation to reduce the likelihood of misinterpretation, and strengthen consumer protection.

Mr. Bruggeman further stated that California Code of Regulations (CCR), title 16, section 1018 references the Guidelines and requires the Board to consider these Guidelines "[i]n reaching a decision on a disciplinary action under the Administrative Procedures Act (Government Code Section 11400 et seq.)." The Guidelines are incorporated by reference, and any update to the Guidelines requires an update in the regulation.

Mr. Bruggeman continued with his summary of the proposed changes and explained that, aside from non-substantive changes for word choice, consistency of language, ease of reading and formatting, the proposed updates to the Guidelines include the following:

- Amend the title in the proposed text and to the Disciplinary Guidelines to include the words "and Denial" to account for references to statutes governing denials of applications (e.g., BPC section 480) and recommended enforcement actions in the Guidelines.

- Establish criteria for when to use the Board’s approved Uniform Standards Related to Substance-Abusing Licensees with Standard Language for Probationary Terms and Conditions (“Uniform Standards”). In compliance with BPC section 315, in 2014, the Board adopted the document entitled “Uniform Standards Related to Substance-Abusing Licensees with Standard Language for Probationary Orders, New February 28, 2013, incorporated by reference in CCR, title 16, section 1018.01. The terms in that document are required to be used in any probationary order of the Board affecting a licensee found to be a substance abuser. Enforcement staff had indicated confusion regarding how and when to apply those Uniform Standards. Staff and counsel were proposing adding notes and additional clarifying direction to help assist the users of the Guidelines in understanding how and when the Uniform Standards are to be used in lieu of the terms listed in the Guidelines.
- Add “terms and” before the word “conditions” throughout the document.
- Reflect changes to California law since the last version of the Guidelines were approved by the Board, including the adoption of Substantial Relationship Criteria and rehabilitation criteria as outlined in CCR, title 16, sections 1019 and 1020, respectively, and required by BPC sections 480, 481, and 482, as amended by AB 2138 (Chiu, Chapter 995, Statutes of 2018).
- Add the term “Disclosure of Probation Status to Patients” and rationale to the list of Standard Probationary Terms and Conditions, which is required pursuant to BPC section 1673 only for probationers meeting specified criteria (e.g., commission of any act of sexual abuse, misconduct, or relations with a patient or client). This new Term reflects the requirements of BPC section 1673, which was put into law since the last Guidelines update.
- Rename Standard Term (6) from “Status of Residency, Practice, or Licensure Outside of State” to “Tolling of Probationary Period.”
- Standard Term (11) will be removed, and some provisions of that term will be moved into renamed Term 6, which affects how the probationary period is tolled or suspended, given the ability of the licensee to practice as a condition of their probation.
- Add Standard Term (15) Civil Penalty and rationale as this penalty is required in cases where a respondent fails or refuses to comply with a request for patient dental records or fails or refuses to comply with a court order mandating the release of records to the Board pursuant to [BPC section 1684.1].
- Add model introductory language for all Disciplinary Orders.
- Add Notes to the Standard Terms section indicating that the Standards will apply for Substance Abusing Licensees.
- Insert “terms and” before references to conditions throughout the Guidelines.

- Add clarifying language to Standard Term (1) “Obey All Laws” and expand the rationale to cover the discipline from other boards and/or agencies.
- Strike redundant and unnecessary language on license restoration from Standard Term (3) “Comply with the Board’s Probation Program” and include additional rationale for this term.

For efficiency’s sake, the Board members were referred to the meeting materials for the additional proposed amendments to the Guidelines.

Kristy Schieldge recommended additional amendments to the Guidelines, p. 27 (p. 39 of the Board meeting materials packet), in the first sentence of the Optional Term “Examination” to remove the words “or other state, regional or national” and “the Board accepts for licensure.” Ms. Schieldge stated that the law can be vague, and the purpose of a regulation is to make specific what the law leaves unclear. She further explained that the Board currently does not recognize any other state, regional, or national exam, except for WREB, which was being phased out by the end of the year, and ADEX. She stated that specifically what the exams that would be required for a probationer or petitioner for reinstatement to take would be the ADEX. The Board should look at what the Board would implement in the foreseeable future, what the Board knows currently exists in law, and what the Board can defend to OAL. She recommended striking the language in the meeting packet version so that the sentence would read “Respondent shall not practice dentistry until Respondent has passed the American Board of Dental Examiners (ADEX) examination.”

President Felsenfeld received clarification on the proposed amendments. Board Member Chan asked about the appropriateness of adding order language for termination or modification of probation. Ms. Welch did not consider it necessary as it would be difficult to develop standard language for such orders, given the number of variables that may be involved in each case.

President Felsenfeld inquired whether any Board member wanted to propose the amendments suggested by counsel to the regulatory text.

(M/S/C) (Pacheco/Forge) to accept the amendments on page 27 of Disciplinary Guidelines, in the first sentence of the Optional Term “Examination,” to remove the words “or other state, regional or national” and “the Board accepts for licensure” so that the sentence would read “Respondent shall not practice dentistry until Respondent has passed the American Board of Dental Examiners (ADEX) examination.”

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu

Nays: None

Abstentions: None

Absent: None

Recusals: None

The motion passed.

(M/S/C) (Felsenfeld/Medina) to approve the proposed regulatory text for Section 1018 and incorporated Guidelines, as amended at this meeting. In addition, submit the approved text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review, and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed for 16 CCR section 1018.

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

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None

Abstentions: None

Absent: None

Recusals: None

The motion passed.

*Agenda Item 24: Update, Discussion, and Possible Action on 2023/2024 Legislation Impacting the Board, the Department of Consumer Affairs, and/or the Dental Profession
Agenda Item 24.a.: 2023 Tentative Legislative Calendar – Information Only

Mr. Bruggeman provided an overview of the 2023 Tentative Legislative Calendar, which is available in the meeting materials. Mr. Bruggeman stated that the Legislature recently started another two-year session, and [the Legislature] is relatively early in that session. One relevant deadline is February 17, 2023, as that is the last day that bills can be introduced for consideration in this legislative year. He mentioned that there had been a considerable amount of activity over the last few weeks in terms of new bills being introduced, and depending on various circumstances, some of these bills being introduced would be amended later. Mr. Bruggeman noted AB 481, which was referenced during the DAC meeting, was submitted by representatives from CDA and has been introduced as simply making a non-substantive change to BPC section 1740. He presumed that by the Board's May meeting, the Board would be in a position to hold a more substantive discussion on the bill and take appropriate action at that time.

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

*Agenda Item 24.b.: Legislation of Interest

Mr. Bruggeman provided the report, which is available in the meeting materials. He mentioned that out of 900 bills that had been introduced so far in this session, he had only found a handful worth tracking. Besides AB 481, there was a resolution currently going through the Assembly to designate February as Dental Health Month. Once that had been approved, Mr. Bruggeman voiced that he would make the appropriate notation for the Board. He stated that another relevant deadline was April 28, 2023, as that was the last day for policy committees to consider and approve bills that are originating in that specific house. Therefore, for bills relevant to the Board, the Assembly Business and Professions Committee would need to consider any legislation introduced in the Assembly by late April. The Board's prime window to make any actions with respect to legislation would be at the May meeting.

President Felsenfeld asked whether AB 481 was considered a spot bill, placeholder, or something that would be reworked as time goes on. Mr. Bruggeman replied that would be the technical term, and that if nothing changed, AB 481 would make non-substantive changes to the Dental Practice Act.

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

Agenda Item 25: Discussion on Prospective Legislative Proposals

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

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

Mr. Leal expressed his concern about the current state law that essentially requires SUMP and any foreign school to be accredited via CODA. He voiced that the packet he provided to Board staff was an accumulation of documents that showed how extensive and complicated CODA is, it takes 10-12 years, and it is difficult, if not impossible for CODA to achieve the mandate by 2024. He noted that included in the packet were supporting documents from parents, students, and stakeholders promoting the program. Mr. Leal stated that in the packet, he provided four options. The first option was for the Board to take the responsibility of evaluating foreign dental schools in-house and create a system as done with SUMP and De La Salle University School of Dentistry. The other option was to take those two schools, the only two schools that had been accredited historically, and grandfather them in, because to subject them to start over through CODA was extremely difficult. He stated that the documents that he provided showed that De La Salle University School of Dentistry went through the CODA accreditation process, which took about 11 years, and was denied. He continued, if CODA was a true commitment from the Board, which he was not in favor of, the third option would be that more time is needed to ensure that the accreditation process can be completed. He assured the Board the process did not take three, five, or seven years, but 10-12 years. He noted that he found in the Board's legislation a sentence that said the Board could essentially identify an accrediting body that it could choose for approval purposes that would keep it in California. Mr. Leal requested that the four options be put forward in the Board's Sunset Review session or in some fashion.

Dr. Montez clarified for the record that she had suggested to Mr. Leal to make his two-minute presentation and then to provide any written documents to Board staff for consideration for a future Board meeting. She mentioned that his materials had been provided to Board staff for the next steps.

Board Member Molina commented that she has a daughter who was attending SUMP and would be graduating in June. She personally knew the value of this program and was concerned that the requirements of CODA accreditation may result in the termination of this program. The creation of the schools was intended to address the shortage of dentists especially in underserved communities. She requested that the Board take a serious look at this issue. As the Board had new members who may not be familiar with the history, a thorough review should be done with the objectives of having both SUMP and De La Salle University School of Dentistry continue as the Board's two approved dental schools. She stated the Board had already evaluated the schools and approved them. She stated that if the schools apply, CODA can accredit them, but for these two schools that have a proven record of training great dentists, the Board should work with these two schools to do what this Board did in the past and approve them.

President Felsenfeld replied that Board Member Molina's request would be addressed through Board staff, and then go back to the Board.

Agenda Item 26: Adjournment

President Felsenfeld adjourned the meeting at 10:46 a.m.

**Agenda Item was covered on Thursday, February 9, 2023.*



MEMORANDUM

DATE	May 5, 2023
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 4.: Board President Report

Background

Dr. Alan Felsenfeld, President of the Dental Board of California, will provide a verbal report.

Action Requested

No action requested.



DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	May 5, 2023
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 5.: Executive Officer Report

Background

Dr. Tracy Montez, Executive Officer of the Dental Board of California, will provide a verbal report.

Action Requested

No action requested.



MEMORANDUM

DATE	May 5, 2023
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 6.: Report on Department of Consumer Affairs Activities, which may include updates on the Department's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters

Background

Ms. Melissa Gear, Deputy Director of Board and Bureau Relations of the Department of Consumer Affairs, will provide a verbal report.

Action Requested

No action requested.

Agenda Item 6.: Report on Department of Consumer Affairs Activities, which may include updates on the Department's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters
Dental Board of California Meeting
May 18-19, 2023



DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



MEMORANDUM

DATE	May 5, 2023
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 7.: Report on Dental Hygiene Board of California Activities

Background

Mr. Anthony Lum, Executive Officer of the Dental Hygiene Board of California, will provide a verbal report.

Action Requested

No action requested.



MEMORANDUM

DATE	May 5, 2023
TO	Members of the Dental Board of California
FROM	Wilbert Rumbaoa, Administrative Services Unit Manager Dental Board of California
SUBJECT	Agenda Item 8.: Budget Report

Background

The Dental Board of California (Board) administers the State Dentistry Fund (Fund), which derives revenues primarily through licensing-related fees to fund the Board’s administrative, licensing, and enforcement activities.

The Board receives the legislated annual budget appropriation upon the release of the Governor’s Budget (January 10th), which is finalized upon the enactment of the Budget Act. The Board is statutorily required to remain within its appropriation spending limit to ensure the Fund’s ongoing solvency.

2023-24 Governor’s Budget Summary:

The following chart provides an overview of the Governor’s Budget for the Board.

2023-24 Governor’s Budget		
Fund	Revenue	Expenditures*
State Dentistry Fund	\$18,797,000	\$19,733,000

* \$283,000 (net) reimbursements – probation monitoring and fingerprints

Analysis of Fund Condition Statement (see Attachment 1):

The attached fund condition statement (FCS) is based on the 2023-24 Governor’s Budget and 2022-23 Fiscal Month 9 expenditure and revenue projections. It has been updated with 2020-21 prior-year actual revenues and expenditures, which resulted in a fund balance reserve of \$14.8 million (8.3 months). Other adjustments have also been included.

Revenues (see Attachment 1) – The Board began 2021-22 with a fund balance of \$12.7 million and collected approximately \$18.5 million in revenues with \$2.8 million from initial license fees and \$14.9 million from license renewals.

For 2022-23 (current year), the Board projects revenues of \$18.6 million and currently anticipates revenues to remain relatively stable in the future. Approximately \$3.1 million is projected from initial license fees and \$14.6 million from renewal fees.

The Board notes, Chapter 929, Statutes of 2018 (SB 501), created additional anesthesia permit and certificate types and fees. The Office of Administrative Law approved this regulatory action in August 2022. Permit applicant revenues are estimated at \$141,000 per year, but this could fluctuate based on the workload in the first two-years of implementation as existing permit holders transition to the new permit types.

Expenditures (see Attachment 2) – The Board’s 2022-23 current year appropriation is \$19.6 million. The FCS projects ongoing expenditures with a three percent (growth factor) increase per year. The FCS shows the Board fully expending its appropriation ongoing. To the extent the Board does not fully expend its appropriation, any savings remains in the Fund for future use.

Overall expenditures are projected to rise approximately \$2.7 million. Personal services and Attorney General make up the largest part of the increase. Personal Services have increased approximately \$1.2 million primarily due to the 4.55% GSI increase beginning July 1, 2021 and filling vacant positions. The Attorney General costs have increased approximately \$686K.

The Board notes, future legislation or other events could require the Board to request additional resources through the annual budget process, which would increase cost pressure on the Fund.

General Fund Loan – Item 1111-011-0741, Budget Act of 2020, authorizes a \$5 million loan transfer from the Fund to the General Fund (GF). The loan is required to be repaid with interest in the event the Board needs the funds, or if the GF no longer needs the funds.

The interest income is estimated at \$25,000 per year. The FCS currently indicates repayment in 2024-25.

The Board notes, the \$5 million repayment will be coordinated as part of any future regulatory and/or statutory fee increase proposals.

Dental Assistant Fund – Chapter 865, Statutes of 2019 (AB 1519) abolished the Dental Assistant Fund, effective July 1, 2022, and any remaining funds shall be deposited into the Fund.

The current projected balance of \$2.9 million has remained in the Dental Assistant Fund since 2020 to ensure any financial obligations are paid. The Budget Office worked with the Department of Finance to facilitate the transfer, per Business and Professions Code (BPC) Section 205.2.

Fund Balance Months in Reserve – The fund balance reserve reports the dollar amount remaining in the Fund at the end of any given fiscal year. This is used to calculate the Months in Reserve balance based on projected expenditures for the next fiscal year. Typically, a healthy fund has about 3 to 6 months in reserve.

The fund balance reserve is currently stable but does show a declining balance in future years due to a structural imbalance caused by the fund's revenues projected to stay stationary, and the fund's expenditures to increase by 3%. The fund should remain healthy through 2026-27, although, unforeseen expenditures can cause this to change.

Structural Imbalance – A structural imbalance occurs when projected revenues are less than anticipated expenditures.

Action Required (future) – The Board will continue to monitor the Fund and work with the DCA Budget Office to ensure solvency.

As previously noted, the Board had significant 2021-22 prior-year savings of approximately \$3.6 million related to vacant positions, and those savings are projected to be reduced for 2022-23.

The Board is actively recruiting to fill these positions and any savings will likely be reduced in the future as the positions are filled. As of May 2023, the Board has a 12% vacancy rate. The Board further notes, most existing license fee types currently being assessed are set below their statutory maximums and may be increased through regulations, which could eliminate the existing structural imbalance. Proposals for regulatory fee changes typically take 18 to 24 months to promulgate.

Board staff will be working with the DCA Budget Office to identify possible actions to reduce or eliminate the structural imbalance to ensure the Board remains solvent and able to fully meet its licensing and enforcement mandates.

Board staff will present the findings and recommendations at future board meetings to allow for public input and Board Member consideration.

Attachment 1

0741 - Dental Board of California Fund Analysis of Fund Condition
(Dollars in Thousands)
2023-24 Governor's Budget w_FM9 Projections

Prepared 4.27.2023

	Actuals 2021-22	CY 2022-23	BY 2023-24	BY +1 2024-25
BEGINNING BALANCE	\$ 12,447	\$ 13,519	\$ 14,844	\$ 12,223
Prior Year Adjustment	\$ 290	\$ 0	\$ 0	\$ 0
Adjusted Beginning Balance	\$ 12,737	\$ 13,519	\$ 14,844	\$ 12,223
 REVENUES, TRANSFERS AND OTHER ADJUSTMENTS				
Revenues				
4121200 - Delinquent fees	\$ 351	\$ 403	\$ 323	\$ 323
4127400 - Renewal fees	\$ 14,990	\$ 14,647	\$ 14,978	\$ 14,978
4129200 - Other regulatory fees	\$ 176	\$ 184	\$ 162	\$ 162
4129400 - Other regulatory licenses and permits	\$ 2,880	\$ 3,125	\$ 3,095	\$ 3,095
4141200 - Sales of Documents	\$ 1	\$ 0	\$ 0	\$ 0
4143500 - Miscellaneous Services to the Public	\$ 19	\$ 11	\$ 48	\$ 48
4163000 - Income from surplus money investments	\$ 61	\$ 180	\$ 174	\$ 132
4171400 - Escheat of unclaimed checks and warrants	\$ 11	\$ 14	\$ 15	\$ 15
4172500 - Miscellaneous revenues	\$ 3	\$ 2	\$ 2	\$ 2
Totals, Revenues	\$ 18,492	\$ 18,566	\$ 18,797	\$ 18,755
Transfers to/from Other Funds				
Loan repayment from the General Fund (0001) to the State Dentistry Fund (0741) per Item 1111-011-0741, Budget Act of 2020	\$ 0	\$ 0	\$ 0	\$ 5,000
Revenue Transfer from the State Dental Assistant Fund (3142) to the State Dentistry Fund (0741) per Business and Professions Code Section 205.2	\$ 0	\$ 2,963	\$ 0	\$ 0
Operating Transfers To General Fund 0001 per EO E 21/22-276 Revised (AB 84)	\$ -716	\$ 0	\$ 0	\$ 0
Totals, Transfers and Other Adjustments	\$ -716	\$ 2,963	\$ 0	\$ 5,000
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 17,776	\$ 21,529	\$ 18,797	\$ 23,755
 TOTAL RESOURCES	\$ 30,513	\$ 35,048	\$ 33,641	\$ 35,978
Expenditures:				
1111 Department of Consumer Affairs Regulatory Boards, Bureaus, Divisions (State Operations)	\$ 15,527	\$ 18,500	\$ 20,016	\$ 20,616
9892 Supplemental Pension Payments (State Operations)	\$ 318	\$ 351	\$ 351	\$ 351
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 1,149	\$ 1,353	\$ 1,051	\$ 1,051
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 16,994	\$ 20,204	\$ 21,418	\$ 22,018
 FUND BALANCE				
Reserve for economic uncertainties	\$ 13,519	\$ 14,844	\$ 12,223	\$ 13,960
Months in Reserve	8.0	8.3	6.7	7.5

NOTES:

1. Assumes workload and revenue projections are realized in BY +1 and ongoing.
2. Expenditure growth projected at 3% beginning BY +1.

Attachment 2

Department of Consumer Affairs

Expenditure Projection Report

Dental Board of California

Fiscal Month: 9

Fiscal Year: 2022 - 2023

PERSONAL SERVICES

Fiscal Code	Line Item	PY Budget	PY FM13	Budget	YTD + Encumbrance	Projections to Year End	Balance
5100	PERMANENT POSITIONS	\$6,784,000	\$4,905,694	\$6,966,000	\$3,695,589	\$5,396,248	\$1,569,752
5100	TEMPORARY POSITIONS	\$284,000	\$5,000	\$284,000	\$39,417	\$39,417	\$244,583
5105-5108	PER DIEM, OVERTIME, & LUMP SUM	\$130,000	\$179,433	\$130,000	\$27,938	\$185,091	-\$55,091
5150	STAFF BENEFITS	\$3,655,000	\$2,639,649	\$4,157,000	\$2,329,479	\$3,390,159	\$766,841
	PERSONAL SERVICES	\$10,853,000	\$7,729,776	\$11,537,000	\$6,092,422	\$9,010,915	\$2,526,085

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	PY Budget	PY FM13	Budget	YTD + Encumbrance	Projections to Year End	Balance
5301	GENERAL EXPENSE	\$150,000	\$124,994	\$163,000	\$86,307	\$160,541	\$2,459
5302	PRINTING	\$79,000	\$113,800	\$85,000	\$179,541	\$182,559	-\$97,559
5304	COMMUNICATIONS	\$44,000	\$65,456	\$47,000	\$26,572	\$66,653	-\$19,653
5306	POSTAGE	\$52,000	\$63,650	\$54,000	\$41,465	\$77,110	-\$23,110
5308	INSURANCE	\$2,000	\$9,312	\$2,000	\$12,638	\$18,700	-\$16,700
53202-204	IN STATE TRAVEL	\$159,000	\$32,775	\$170,000	\$49,756	\$63,360	\$106,640
5322	TRAINING	\$10,000	\$3,023	\$12,000	\$16,555	\$20,000	-\$8,000
5324	FACILITIES	\$827,000	\$677,198	\$855,000	\$673,733	\$741,128	\$113,872
5326	UTILITIES	\$1,000	\$0	\$1,000	\$0	\$0	\$1,000
53402-53403	C/P SERVICES (INTERNAL)	\$2,564,000	\$2,531,320	\$2,564,000	\$1,201,485	\$1,822,145	\$741,855
53404-53405	C/P SERVICES (EXTERNAL)	\$805,000	\$1,149,637	\$877,000	\$1,730,341	\$2,735,874	-\$1,858,874
5342	DEPARTMENT PRORATA	\$3,277,000	\$3,110,881	\$3,396,000	\$2,376,000	\$3,396,000	\$0
5342	DEPARTMENTAL SERVICES	\$74,000	\$230,940	\$74,000	\$158,212	\$423,942	-\$349,942
5344	CONSOLIDATED DATA CENTERS	\$28,000	\$17,197	\$42,000	\$10,341	\$37,246	\$4,754
5346	INFORMATION TECHNOLOGY	\$32,000	\$14,443	\$214,000	\$6,047	\$21,647	\$192,353
5362-5368	EQUIPMENT	\$125,000	\$239,888	\$67,000	\$2,597	\$107,900	-\$40,900
5390	OTHER ITEMS OF EXPENSE	\$5,000	\$33,442	\$5,000	\$35,413	\$54,168	-\$49,168
54	SPECIAL ITEMS OF EXPENSE	\$0	\$8,679	\$0	\$7,267	\$12,000	-\$12,000
	OPERATING EXPENSES & EQUIPMENT	\$8,234,000	\$8,426,636	\$8,628,000	\$6,614,270	\$9,940,972	-\$1,312,972

TOTAL PERSONNEL SERVICES & OEE	\$19,087,000	\$16,156,412	\$20,165,000	\$12,706,692	\$18,951,887	\$1,213,113
REIMBURSEMENTS			-\$452,189		-\$452,189	\$0
NET OVERALL TOTALS			\$19,712,811		\$18,499,698	\$1,213,113

6.2%



MEMORANDUM

DATE	April 20, 2023
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Enforcement Chief Dental Board of California
SUBJECT	Agenda Item 9.a.: Enforcement – Review of Statistics and Trends

The following are the Enforcement Division statistics:

Complaint and Compliance Unit (CCU):

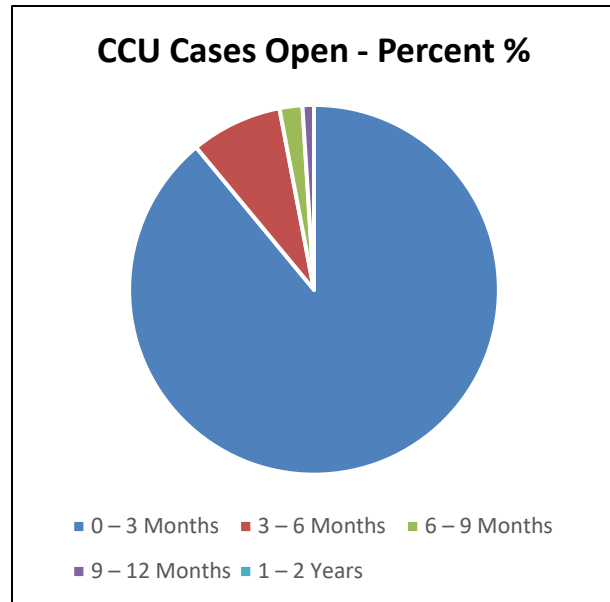
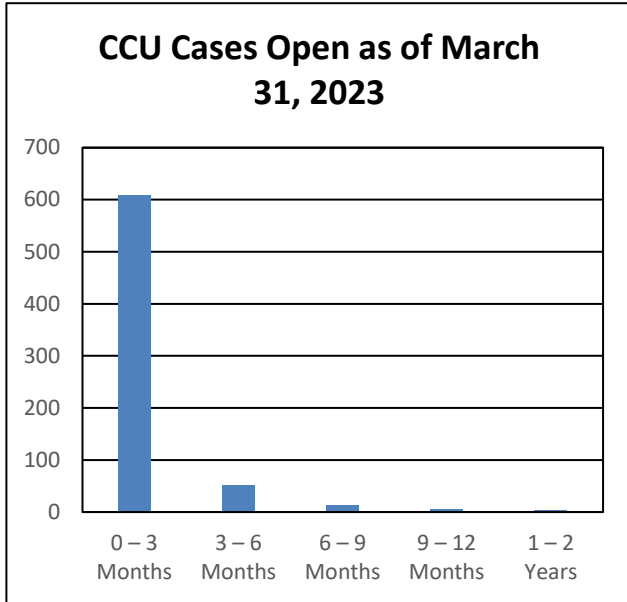
Number of Complaint Cases Received between January 1, 2023 and March 31, 2023:

Between January 1, 2023 and March 31, 2023, CCU received **783** complaints. The monthly average of complaints received was **261**.

Number of Complaint Cases Open:

As of March 31, 2023, there are **683** complaint cases open in CCU. A breakdown of the case aging is as follows:

Complaint and Compliance Cases Open		
Complaint Age	As of March 31, 2023	Percent (%)
0 – 3 Months	609	89%
3 – 6 Months	52	8%
6 – 9 Months	12	2%
9 – 12 Months	6	1%
1 – 2 Years	4	*%
2 Plus Years	0	*%
Total	683	100%



Number of Complaint Cases Closed:

Between January 1, 2023 and March 31, 2023, a total of **922** complaint cases were closed in CCU. The monthly average of complaints closed during this time was **307**.

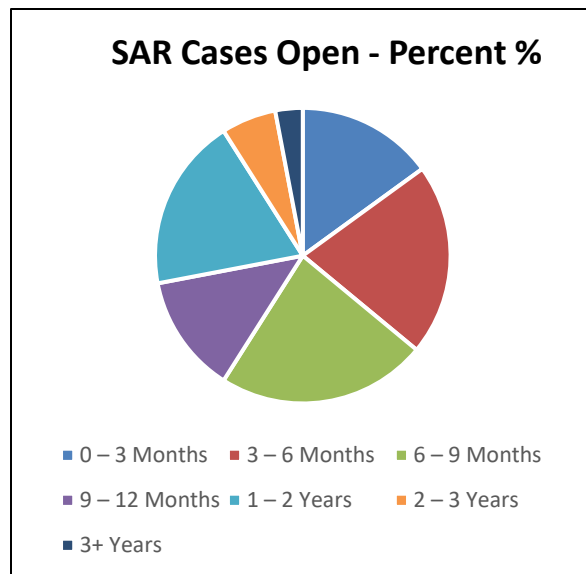
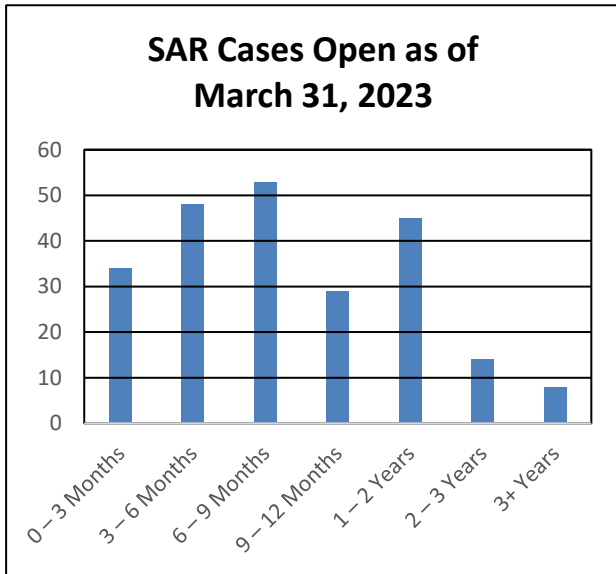
Investigative Analysis Unit (IAU):

Number of Subsequent Arrest Report (SAR) Cases Open in the IAU:

As of March 31, 2023, there are **231** SAR cases are open in the IAU. A breakdown of the case aging is as follows:

*SARS Cases Open		
SAR Age	As of March 31, 2023	Percent (%)
0 – 3 Months	34	15%
3 – 6 Months	48	21%
6 – 9 Months	53	23%
9 – 12 Months	29	13%
1 – 2 Years	45	19%
2 – 3 Years	14	6%
3+ Years	8	3%
Total	231	100%

*SARS are classified as investigative cases once all records requested are received and have been recommended for investigation by either Supervising Investigator or Enforcement Chief



Number of SAR Cases Closed:

Between January 1, 2023 and March 31, 2023, a total of **129** SAR cases were closed in IAU.

Enforcement Units:

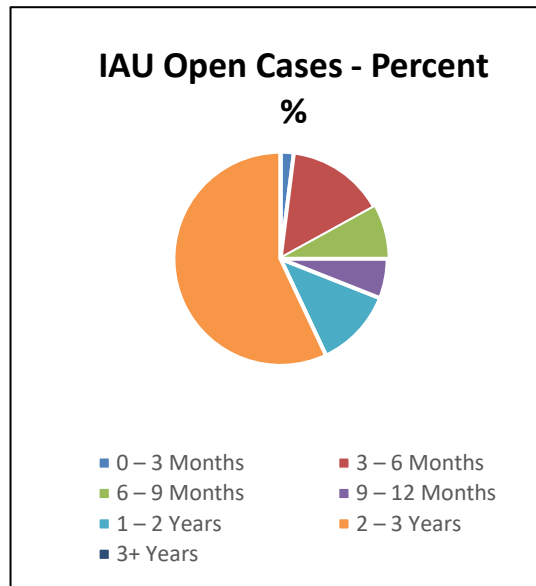
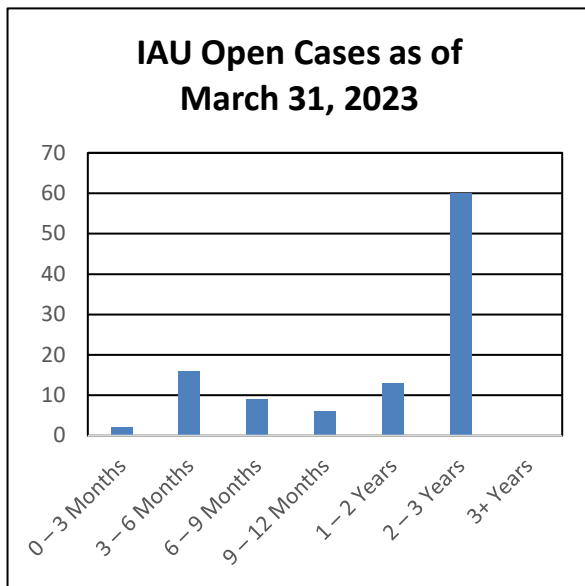
As of March 31, 2023, there **887** investigative cases open in the Board’s Enforcement Units. A breakdown of the cases is as follows:

Enforcement Cases Open	
Enforcement Units	Number as of March 31, 2023
IAU (Non-Sworn)	111
Orange Field Office (OFO) (Non-Sworn)	50
Sacramento Field Office (SFO) (Sworn)	72
Orange Field Office (OFO) (Sworn)	163
Pending Assignment	491
Total	887

Number of Investigative Cases Open IAU (Non-Sworn):

As of March 31, 2023, there are **111** investigative cases open in the IAU. A breakdown of the cases is as follows:

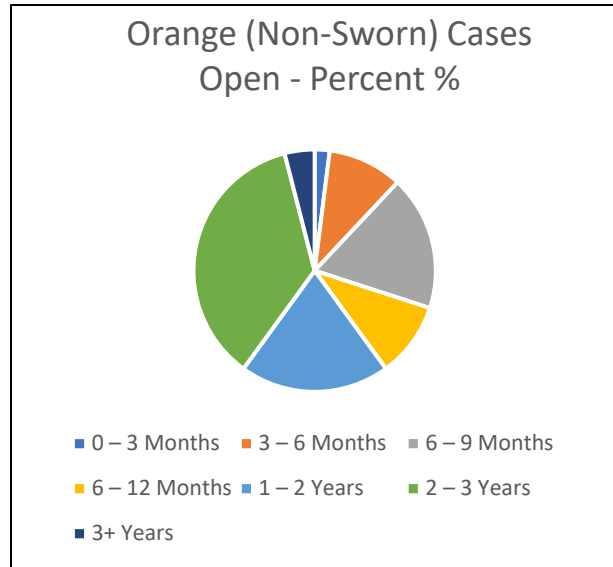
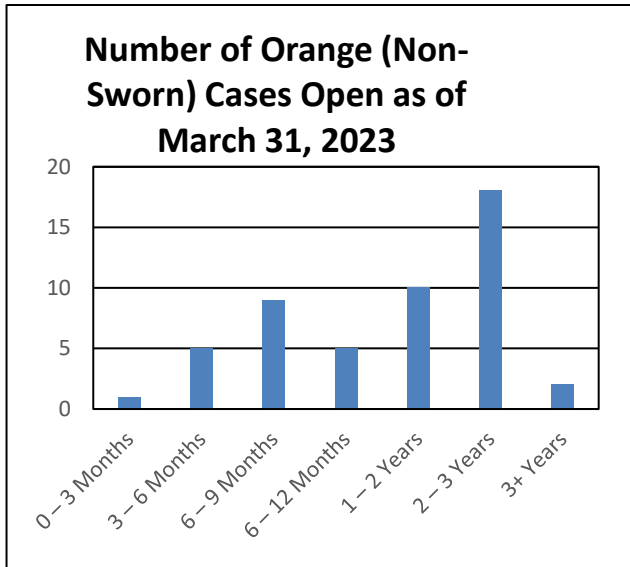
IAU Cases Open		
Investigation Age	As of March 31, 2023	Percent (%)
0 – 3 Months	2	2%
3 – 6 Months	16	15%
6 – 9 Months	9	8%
9 – 12 Months	6	6%
1 – 2 Years	13	12%
2 – 3 Years	60	57%
3+ Years	0	-
Total	106	100%



Number of Investigative Cases Open in the OFO (Non-Sworn) Special Investigators Complaint Cases:

As of March 31, 2023, there are **50** investigative cases open in the OFO (Non-Sworn). A breakdown of the case aging is as follows:

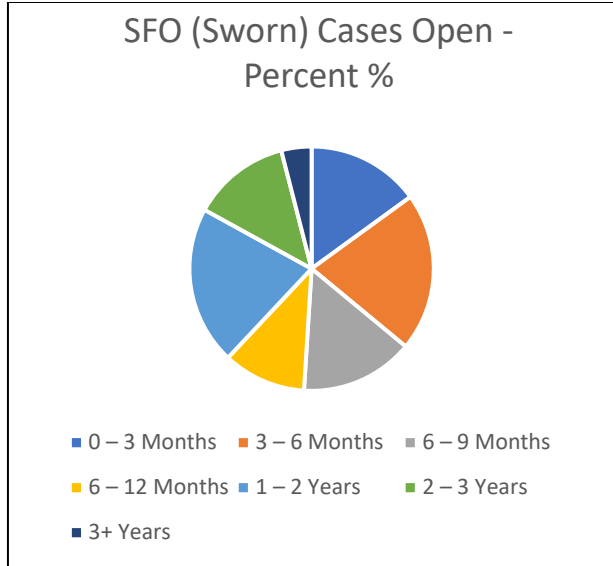
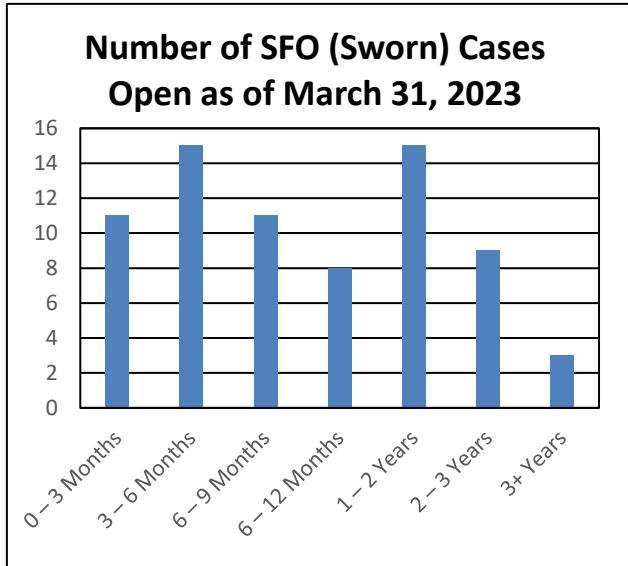
Orange Field Office (Non-Sworn) Special Investigator Complaint Cases Open		
Investigation Age	# As of March 31, 2023	Percent (%)
0 – 3 Months	1	2%
3 – 6 Months	5	10%
6 – 9 Months	9	18%
9 – 12 Months	5	10%
1 – 2 Years	10	20%
2 – 3 Years	18	36%
3+ Years	2	4%
Total	50	100%



Number of Investigative Cases Open in the SFO (Sworn):

As of March 31, 2023, there are **72** investigative cases open in the SFO (Sworn). A breakdown of the case aging is as follows:

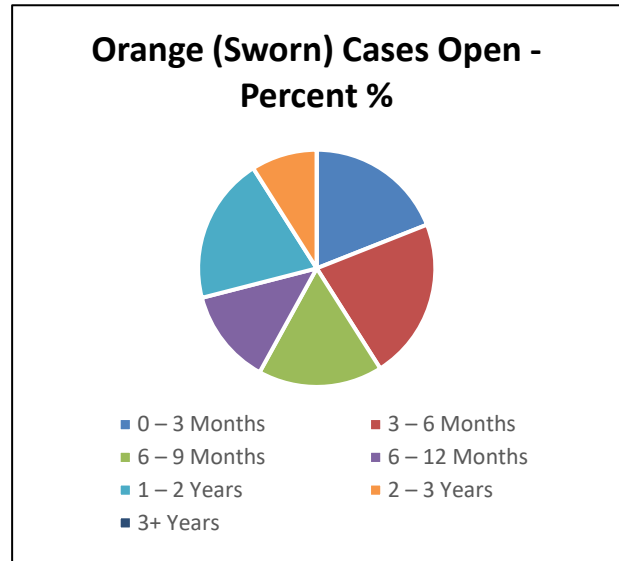
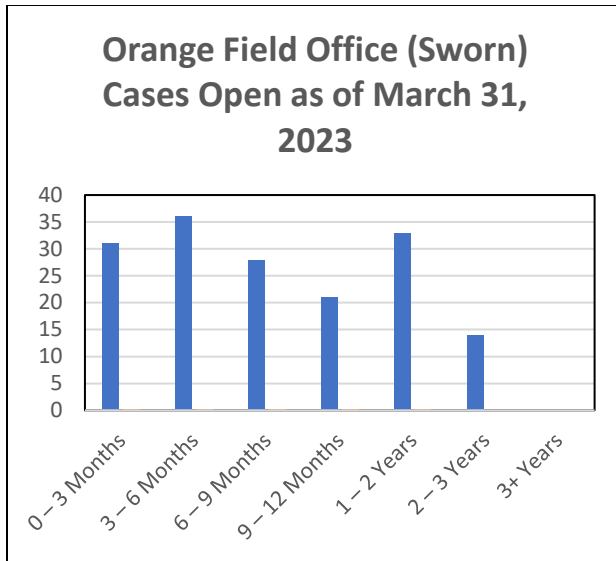
Sacramento Field Office (Sworn) Cases Open		
Investigation Age	# As of March 31, 2023	Percent (%)
0 – 3 Months	11	15%
3 – 6 Months	15	21%
6 – 9 Months	11	15%
9 – 12 Months	8	11%
1 – 2 Years	15	21%
2 – 3 Years	9	13%
3+ Years	3	4%
Total	72	100%



Number of Investigative Cases Open in the OFO (Sworn):

As of March 31, 2023, there are **163** investigative cases open with the Sworn investigators, in the Orange Field Office. A breakdown of the case aging is as follows:

Orange Field Office (Sworn) Cases Open		
Investigation Age	# As of March 31, 2023	Percent (%)
0 – 3 Months	31	19%
3 – 6 Months	36	22%
6 – 9 Months	28	17%
9 – 12 Months	21	13%
1 – 2 Years	33	20%
2 – 3 Years	14	9%
3+ Years	0	-
Total	163	100%



Number of Investigation Cases Closed:

Between January 1, 2023 and March 31, 2023, a total of **388** investigative cases were closed in IAU, the Sacramento Field Office and the Orange Field Office.

Number of Inspection Cases Open:

As of March 31, 2023, there are **105** Inspection Cases open in the Sacramento and Orange Field Offices. A breakdown is as follows:

Field Office	Number of Cases
IAU	24
Sacramento Field Office	1
Orange Field Office	80
Total	105

Number of Inspection Cases Closed:

Between January 1, 2023 and March 31, 2023, a total of **65** inspection cases were closed in the Sacramento Field Office and the Orange Field Office.

Administrative and Disciplinary Action

As of March 31, 2023, there are **150** open cases in the Board's Discipline Coordination Unit.

There is **1** case in which a Petition for Reinstatement has been submitted and is pending referral to the Office of the Attorney General (AG).

There is **1** case in which a Petition for Early Termination has been submitted and is pending referral to the AG.

The above-mentioned cases have not been referred to the AG for disciplinary action, therefore they are not counted in the total pending cases at the AG.

Accusations:

Between January 1, 2023 and March 31, 2023, there were **10** accusations filed with the AG.

Cases Assigned to the Office of the Attorney General:

Between January 1, 2023 and March 31, 2023, there were **25** cases transmitted to the AG.

As of March 31, 2023 there are **148** cases pending at the AG.

Citations:

Between January 1, 2023 and March 31, 2023, there were **29** citations issued.

Number of Probation Cases Open:

As of March 31, 2023, there are **119** probationer cases being monitored. Of those, **111** are active probationers and **8** are tolling. A breakdown of the probation cases is as follows:

Field Office	Active	Tolling Probationers
Investigative Analysis Unit	19	0
Sacramento Field Office	13	4
Orange Non Sworn	43	3
Orange Sworn	36	1
Total	111	8



MEMORANDUM

DATE	April 20, 2023
TO	Members of the Dental Board of California
FROM	Joanne Pacheco, RDH, MAOB Dental Board of California
SUBJECT	Agenda Item 9.b.: Update from Enforcement Committee

Background

In 2023, the Dental Board of California (Board) reestablished the Enforcement Committee. The Enforcement Committee is currently overseeing the Board's participation in the Department of Consumer Affairs (DCA) Enlighten Enforcement Project. The Board volunteered to be the first board to participate in the project and was selected to pilot it.

The purpose of the project is to make enforcement processes more efficient by identifying and implementing best practices. The project will produce recommendations to streamline and improve enforcement services while reducing time frames and lowering costs through more efficient workflows. The project brings together Board staff, DCA's Organizational Improvement Office (OIO), and subject matter experts (SMEs) in enforcement and IT. The Enlighten Enforcement Project follows DCA's Enlighten Licensing Project, which was launched with the participation of the Board of Registered Nursing and issued its first report in May 2022.

The Enlighten Enforcement Project kicked off with two demonstrations of enforcement processes by Board staff. The meetings were held over Microsoft Teams. The Board's Complaint and Compliance Unit (CCU) demonstrated the complaint intake process, and the Enforcement Division presented various investigative and inspection activities. Board staff and IT SMEs participated by collaborating and making suggestions on processes. The OIO took notes and is mapping the business processes with a view to streamlining and improvement.

When all Board enforcement processes have been demonstrated and evaluated, a report will be prepared with final recommendations. Board staff estimate that the project will be completed by November 2023. I will provide an update at the August 2023 Board meeting.

Action Requested

No action is requested.



MEMORANDUM

DATE	April 13, 2023
TO	Members of the Dental Board of California
FROM	Owen Dudley, Chief of Regulatory Compliance and Discipline Dental Board of California
SUBJECT	Agenda Item 10.a.: Diversion Program Report and Statistics

Background

The Diversion Evaluation Committee (DEC) program statistics for the ending quarter of March 31, 2023 are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for informational purposes only.

These statistics were derived from reports received from MAXIMUS.

Diversion	FY 2022/2023										FY 21/22	FY 20/21	FY 19/20
	Quarter 1			Quarter 2			Quarter 3			Current FY Totals			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				
New Participants	0	1	1	0	0	0	1	0	0	3	3	3	1
Total Participants (Close of Qtr/FY)	7	8	9	7	7	7	8	7	7	7	12	12	15
Self-Referral	2	2	3	3	3	3	3	3	3	3	5	5	3
Enforcement Referral	1	1	1	1	0	0	1	1	1	1	2	2	5
Probation Referral	4	5	5	5	4	4	4	4	3	5	5	5	7
Total Completed Cases	0	0	0	0	0	0	0	0	0	0	4	3	6
Successful Completions	0	0	0	0	0	0	0	0	0	0	0	2	3
Terminations	0	0	0	2	0	0	0	1	0	3	4	1	3
Terminations for Public Threat	0	0	0	0	0	0	0	0	0	0	0	0	0
Drug Tests Ordered	31	26	35	29	22	29	29	26	26	253	352	415	498
Positive Drug Tests	0	0	0	0	0	0	0	0	0	0	3	1	0
Prescription Positive Tests	0	0	0	0	0	1	0	0	0	1	29	4	0

Of the seven (7) participants, there are three (3) self-referrals, one (1) enforcement referral, and three (3) probation referrals.

Action Requested

No action requested.

Agenda Item 10.a.: Diversion Program Report and Statistics
Dental Board of California Meeting
May 18-19, 2023

Page 1 of 1



MEMORANDUM

DATE	April 26, 2023
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Enforcement Chief Dental Board of California
SUBJECT	Agenda Item 10.b.: Controlled Substance Utilization Review and Evaluation System Report

Background

The Controlled Substance Utilization Review and Evaluation System (CURES 2.0) is a database of Schedule II, III, and IV controlled substance and prescriptions dispensed in California. The goal of the CURES 2.0 system is the reduction of prescription drug abuse and diversion without affecting the legitimate medical practice or patient care. Prescribers were required to apply before July 1, 2016, or upon receipt of a federal Drug Enforcement Administration (DEA) registration, whichever occurs later. Registration requirements are not based on dispensing, prescribing, or administering activities but on possession of a Drug Enforcement Administration Controlled Substance Registration Certificate and valid California licensure as a Dentist, or other prescribing medical provider.

The Dental Board of California (Board) currently has 34,759 active licensed dentists as of March 31, 2023.

Registration statistics for the Board as of March 31, 2023 are:

Month 2022	Number of Registered DDS/DMD Users
January	16,824
February	16,867
March	16,913
April	16,945
May	16,978
June	17,027
July	17,075
August	17,104
September	17,177
October	17,238
November	17,286
December	17,330

Month 2023	Number of Registered DDS/DMD Users
January	17,396
February	17,451
March	17,518

Search statistics for the Board as of March 31, 2023 are:

Month 2022	Search Statistics
January	17,047
February	19,609
March	24,086
April	17,058
May	16,564
June	16,630
July	14,362
August	20,001
September	18,256
October	18,869
November	15,986
December	16,294
Month 2023	Search Statistics
January	20,136
February	21,858
March	27,173

Number of Inbound Interstate Searches

Month 2023	Inbound Interstate Search Statistics
January	0
February	0
March	0

PMIX=The Prescription Monitoring Information Exchange National Architecture

Search= All other active states

System accessed statistics for the Board as of March 2022 are:

Month 2022	Times System was Accessed (total number of web application and information exchange web services)
January	3,747
February	3,661
March	4,433

Note: This data has not been available since March 2022 due to a CURES software update. Statistics for **Times System was Accessed** is no longer being tracked.

Help Desk statistics for the Board as of March 31, 2023 are:

Month 2022	Help Desk Statistics (total number of email and telephone inquiries)
January	289
February	204
March	220
April	54
May	23
June	26
July	128
August	98
September	92
October	115
November	77
December	81
Month 2023	Help Desk Statistics (total number of email and telephone inquiries)
January	78
November	80
December	89

The number of prescriptions filled by schedule for the months of January, February, and March 2023 are:

DCA Number of Prescriptions Filled by Schedule for January – March 2023

	<u>January</u>	<u>February</u>	<u>March</u>
Schedule II	1,177,708	1,092,331	1,231,667
Schedule III	209,878	192,444	224,565
Schedule IV	995,876	910,447	1,038,060
Schedule V	144,264	128,913	145,129
R	2,674	2,795	3,299
Over-the-Counter Product	78,035	69,960	84,134
Total:	2,608,435	2,396,890	2,726,854

Notes:

1. Each component of a compound is submitted as a separate prescription record. The number of distinct prescriptions rolls compound prescriptions into a single count.
2. The number of distinct prescriptions and the number of prescriptions filled by schedule will not be equal because a compound can consist of multiple drugs with varying schedules.
3. R=Not classified under the Controlled Substances Act; includes all other prescription drugs.
4. Over-the-counter product.

Action Requested

No action requested.



DCA Quarterly Statistics 2023

Registered Users			
	January	February	March
Total Registered Users	250,323	250,824	251,904
Clinical Roles			
Prescribers	181,239	181,444	182,253
Non-DEA Practitioners	12,716	12,975	12,985
Pharmacists	50,852	50,775	50,914
Sub-Total A	244,807	245,194	246,152
License Type			
Doctor of Dental Surgery/Dental Medicine	17,396	17,451	17,518
Doctor of Optometry	700	703	703
Doctor of Podiatric Medicine	1,663	1,670	1,675
Doctor of Veterinary Medicine	3,689	3,700	3,718
Medical Doctor	123,741	124,051	124,378
Naturopathic Doctor	511	511	515
Osteopathic Doctor	9,492	9,558	9,635
Physician Assistant	13,583	13,659	13,767
Registered Nurse Practitioner/Nurse Midwife	22,364	22,534	22,741
Other (Out of State) Prescribers	816	582	588
Pharmacists	49,964	50,029	50,164
Other (Out of State) Pharmacists	888	746	750
Sub-Total B	244,807	245,194	246,152
Other Roles			
LEAs	1,663	1,671	1,674
Delegates	3,454	3,559	3,682
DOJ Administrators	65	65	63
DOJ Analysts	93	94	91
Regulatory Board	241	241	242
Sub-Total C	5,516	5,630	5,752

NOTE:

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total Registered Users
3. Stats are from the 1st of the month to the last day of the month



DCA Quarterly Statistics 2023

Number of Searches		January	February	March
Clinical Roles				
Prescribers		7,027,951	6,872,786	7,652,863
Non-DEA Practitioners		7,816	8,313	8,407
Pharmacists		4,432,479	4,039,321	4,699,445
	Sub-Total A	11,468,246	10,920,420	12,360,715
License Type				
	Doctor of Dental Surgery/Dental Medicine	20,136	21,858	27,173
	Doctor of Optometry	2,277	2,812	2,900
	Doctor of Podiatric Medicine	38,255	43,035	51,505
	Doctor of Veterinary Medicine	71	107	67
	Medical Doctor	5,286,401	5,085,161	5,617,219
	Naturopathic Doctor	1,246	1,127	1,485
	Osteopathic Doctor	544,935	540,856	594,337
	Physician Assistant	486,961	533,400	609,914
	Registered Nurse Practitioner/Nurse Midwife	651,010	649,734	753,977
	Other (Out of State) Prescribers	4,475	3,009	2,693
	Pharmacists	4,398,057	4,003,889	4,660,843
	Other (Out of State) Pharmacists	34,422	35,432	38,602
	Sub-Total B	11,468,246	10,920,420	12,360,715
Other Roles				
	LEAs	125	71	115
	Delegates	43,769	44,411	55,268
	DOJ Administrators	194	118	165
	DOJ Analysts	93	23	23
	Regulatory Board	2,146	1,102	1,114
	Sub-Total C	46,327	45,725	56,685
Total Search Counts		11,514,573	10,966,145	12,417,400

NOTE:

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total PARs Ran
3. Stats are from the 1st of the month to the last day of the month
4. Search counts reflect total searches (Web App+Delegate+IEWS+Outbound Interstate)



DCA Quarterly Statistics 2023

Number of Inbound Interstate Searches				
		January	February	March
PMIX Role				
Physicians		0	0	0
Advanced Practice Rns		0	0	0
Nurse Practitioner		0	0	0
Physician Assistants		0	0	0
Dentists		0	0	0
Optometrists		0	0	0
Naturopaths		0	0	0
Interns		0	0	0
Residents		0	0	0
Other Prescribers		0	0	0
Pharmacists		0	0	0
	PMIX Role	0	0	0
Total Search Counts				

Note:

PMIX = The Prescription Monitoring Information Exchange National Architecture

Search counts = all other active states

Stats are from the 1st of the month to the last day of the month



DCA Quarterly Statistics 2023

Number of CURES Help Desk Requests			
	January	February	March
Clinical Roles			
Prescribers/Non-DEA Practitioners	1,917	1,528	1,716
Pharmacists	570	569	509
Sub-Total A	2,487	2,097	2,225
License Type			
Doctor of Dental Surgery/Dental Medicine	78	80	89
Doctor of Optometry	2	1	2
Doctor of Podiatric Medicine	8	5	3
Doctor of Veterinary Medicine	32	24	28
Medical Doctor	1,241	1,026	1,131
Naturopathic Doctor	3	2	6
Osteopathic Doctor	102	71	113
Physician Assistant	150	101	111
Registered Nurse Practitioner/Nurse Midwife	301	218	233
Pharmacists	570	569	509
Other (Non-Specific License Type)	0	0	0
Sub-Total B	2,487	2,097	2,225
Other Roles			
LEAs	32	76	41
Delegates	54	36	37
DOJ Administrators	0	0	0
DOJ Analysts	0	0	0
Regulatory Board	5	10	13
Sub-Total C	91	122	91
Total Help Desk Requests	2,578	2,219	2316

NOTE:

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total Help Desk Requests
3. Stats are from the 1st of the month to the last day of the month



DCA Quarterly Statistics 2023

Prescription Counts	January	February	March
Number of Distinct Prescriptions	2,606,930	2,395,541	2,725,052
Number of Prescriptions Filled by Schedule			
Schedule II	1,177,708	1,092,331	1,231,667
Schedule III	209,878	192,444	224,565
Schedule IV	995,876	910,447	1,038,060
Schedule V	144,264	128,913	145,129
R	2,674	2,795	3,299
Over-the-counter product	78,035	69,960	84,134
TOTAL	2,608,435	2,396,890	2,726,854

NOTE:

- 1. Each component of a compound is submitted as a separate prescription record. The number of distinct prescriptions rolls compound prescriptions into a single count*
- 2. The number of distinct prescriptions and the number of prescriptions filled by schedule will not be equal because a compound can consist of multiple drugs with varying schedules*
- 3. R = Not classified under the Controlled Substances Act; includes all other prescription drugs*
- 4. Over-the-counter product*



MEMORANDUM

DATE	April 7, 2023
TO	Members of the Dental Board of California
FROM	Paige Ragali, Chief of Dental Programs and Customer Support Dental Board of California
SUBJECT	Agenda Item 11.a.: Update on Dental Licensure and Permit Statistics

Dental License Application Statistics

The following are monthly dental license application statistics by pathway for fiscal year 2019–20, 2020–21, 2021–22 and 2022–23 as of March 31, 2023.

Dental Applications Received by Month													
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 19/20	110	61	24	25	55	132	30	11	18	35	103	185	789
WREB 20/21	140	156	99	66	29	20	28	27	26	78	158	217	1,044
WREB 21/22	138	85	75	22	28	27	38	31	71	83	109	123	830
WREB 22/23	71	58	42	35	29	28	37	24	43	-	-	-	367
Residency 19/20	64	8	7	4	3	10	11	6	8	11	13	33	178
Residency 20/21	42	15	8	5	2	2	5	7	4	8	20	29	147
Residency 21/22	93	23	12	5	1	6	3	8	8	6	3	14	182
Residency 22/23	13	5	1	2	4	1	2	4	4	-	-	-	36
Credential 19/20	16	9	6	21	14	15	16	18	22	21	20	28	206
Credential 20/21	15	19	22	27	16	16	18	13	16	19	20	22	223
Credential 21/22	45	51	44	20	8	17	19	19	23	14	19	27	306
Credential 22/23	20	17	18	20	12	20	28	15	26	-	-	-	176
Portfolio 18/19	3	0	0	0	0	0	0	0	0	0	0	4	7
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	3	1	4
Portfolio 21/22	0	0	0	0	0	1	0	0	0	0	1	1	3
Portfolio 22/23	0	0	0	0	0	0	0	0	1	-	-	-	1
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	1	17	19
ADEX 20/21	22	28	9	16	4	5	9	3	17	41	112	87	353
ADEX 21/22	82	34	17	11	5	9	17	20	19	22	78	117	431
ADEX 22/23	69	51	23	22	17	12	27	16	36	-	-	-	273

Agenda Item 11.a.: Update on Dental Licensure and Permit Statistics
Dental Board of California Meeting
May 18–19, 2023

Dental Applications Approved by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 19/20	250	121	52	32	32	156	32	8	11	5	8	46	753
WREB 20/21	135	199	140	100	37	61	38	41	16	14	14	150	945
WREB 21/22	367	128	98	29	12	48	44	35	21	20	29	48	879
WREB 22/23	79	134	135	58	18	43	35	39	17	-	-	-	558
Residency 19/20	46	35	11	8	4	9	4	5	4	1	1	9	137
Residency 20/21	25	49	16	8	5	4	3	4	1	3	2	5	125
Residency 21/22	110	54	27	12	6	7	2	4	0	1	7	5	235
Residency 22/23	2	18	14	5	1	1	3	2	3	-	-	-	49
Credential 19/20	16	13	11	10	7	18	13	10	14	14	12	13	151
Credential 20/21	9	25	25	20	16	14	24	10	23	22	16	16	220
Credential 21/22	36	60	38	20	9	19	9	13	14	4	24	5	251
Credential 22/23	11	18	24	21	13	29	13	28	13	-	-	-	170
Portfolio 19/20	3	1	0	0	0	0	0	0	0	0	0	0	4
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	4	4
Portfolio 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 22/23	0	0	0	0	0	0	0	0	0	-	-	-	0
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	1	0	1
ADEX 20/21	2	24	17	19	10	6	6	4	2	7	10	93	200
ADEX 21/22	189	79	43	21	4	7	13	5	3	5	16	31	416
ADEX 22/23	43	95	98	40	14	23	23	25	16	-	-	-	377
Dental Licenses Issued by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 19/20	246	123	52	40	31	140	39	20	12	8	13	45	769
WREB 20/21	133	190	140	90	41	59	39	38	23	21	16	115	905
WREB 21/22	198	71	48	35	14	42	35	28	22	20	24	51	588
WREB 22/23	71	127	131	58	27	39	30	40	18	-	-	-	541
Residency 19/20	42	39	9	8	3	5	9	2	5	0	2	9	133
Residency 20/21	27	49	16	9	6	3	3	2	2	5	1	7	130
Residency 21/22	51	30	15	12	6	5	4	2	1	3	7	5	141
Residency 22/23	3	15	12	6	2	2	3	2	1	-	-	-	46
Credential 19/20	15	15	11	12	7	13	16	8	11	12	17	16	153
Credential 20/21	9	22	24	22	19	11	20	11	20	20	17	16	211
Credential 21/22	8	16	22	19	10	19	11	9	9	4	18	10	155
Credential 22/23	8	19	23	23	12	18	18	25	12	-	-	-	158
Portfolio 19/20	3	1	0	0	0	0	0	0	0	0	0	0	4
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	4	4

Agenda Item 11.a.: Update on Dental Licensure and Permit Statistics
Dental Board of California Meeting
May 18–19, 2023

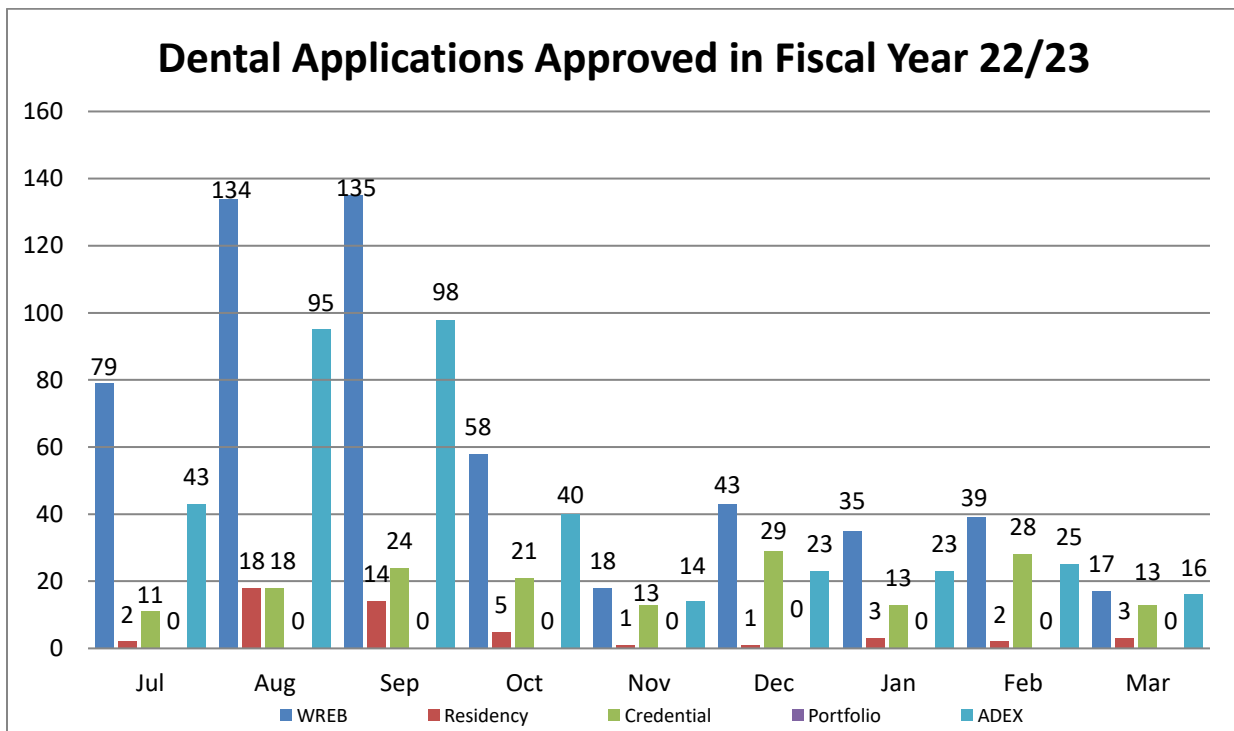
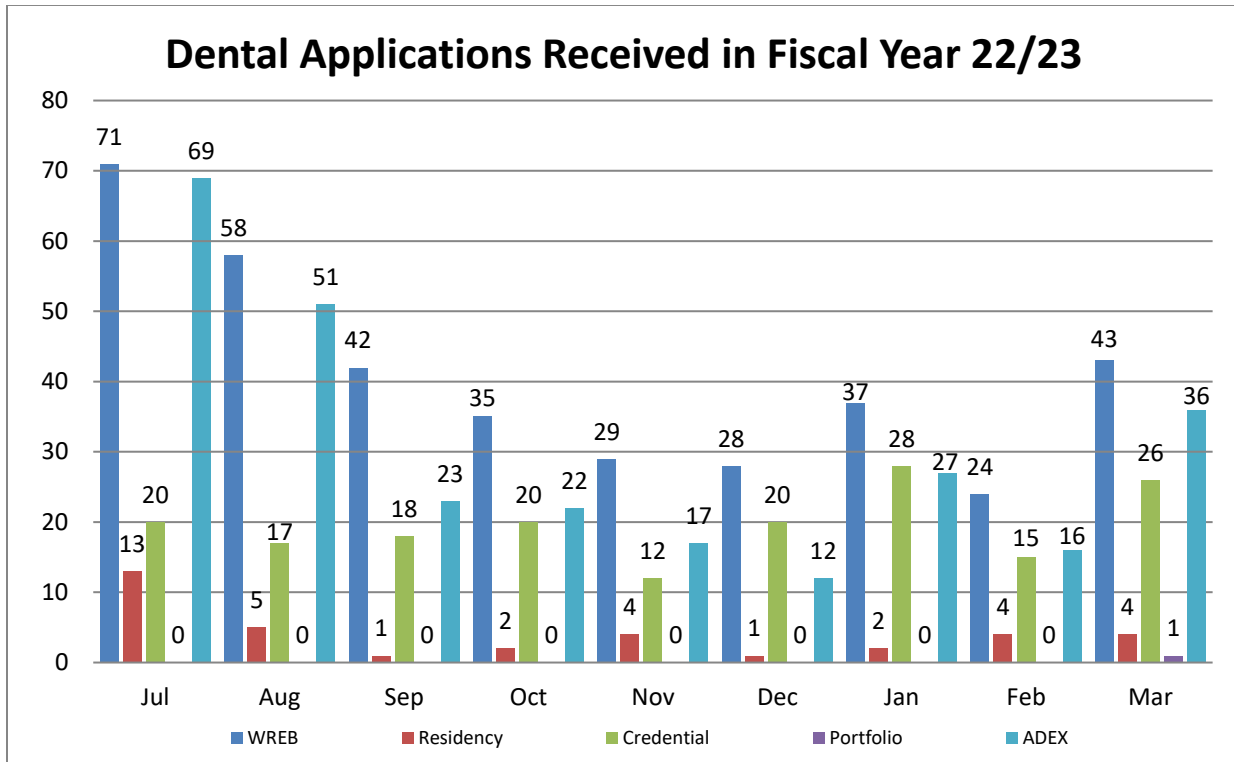
Portfolio 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 22/23	0	0	0	0	0	0	0	0	0	-	-	-	0
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	1	0	1
ADEX 20/21	2	25	17	17	10	5	4	3	4	7	11	75	180
ADEX 21/22	107	40	22	23	6	7	9	5	5	5	17	26	272
ADEX 22/23	39	94	96	40	20	22	19	24	17	-	-	-	371
Cancelled Dental Applications by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 19/20	23	6	1	2	2	129	4	5	1	6	22	41	242
WREB 20/21	38	31	3	2	2	0	1	1	0	1	3	0	82
WREB 21/22	1	1	0	0	1	2	0	1	0	0	0	0	6
WREB 22/23	0	2	1	1	0	0	0	1	0	-	-	-	5
Residency 19/20	12	3	1	1	0	17	3	1	1	4	3	5	51
Residency 20/21	8	0	0	0	2	0	1	0	0	0	1	1	13
Residency 21/22	0	0	0	0	0	1	0	1	0	0	0	0	2
Residency 22/23	0	0	0	0	0	0	0	0	0	-	-	-	0
Credential 19/20	1	1	2	0	0	4	1	0	0	0	0	0	9
Credential 20/21	0	2	1	1	0	0	1	0	0	0	1	0	6
Credential 21/22	2	0	0	2	1	0	1	0	0	0	0	0	6
Credential 22/23	0	0	1	2	0	0	0	0	0	-	-	-	3
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 22/23	0	0	0	0	0	0	0	0	0	-	-	-	0
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	1	2	3
ADEX 20/21	8	2	0	0	0	0	0	0	1	0	0	1	12
ADEX 21/22	0	0	0	0	0	0	0	1	0	0	0	0	1
ADEX 22/23	0	0	0	0	0	0	2	0	3	-	-	-	5
Withdrawn Dental Applications by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 19/20	4	1	3	0	2	35	0	2	0	0	1	2	50
WREB 20/21	8	17	30	20	8	6	6	13	8	35	28	45	224
WREB 21/22	34	11	12	78	7	13	19	7	15	6	1	20	223
WREB 22/23	23	15	12	12	2	3	3	2	3	-	-	-	75
Residency 19/20	1	0	0	0	0	9	0	0	1	0	1	0	12
Residency 20/21	1	4	2	3	2	0	2	1	1	0	5	7	28
Residency 21/22	13	5	0	24	2	3	16	0	4	1	3	1	72
Residency 22/23	0	4	3	1	0	0	0	1	0	-	-	-	9

Credential 19/20	1	1	0	0	1	1	0	0	0	0	0	0	4
Credential 20/21	1	4	2	3	0	0	0	0	3	0	0	5	18
Credential 21/22	5	2	1	1	2	0	0	0	0	2	2	2	17
Credential 22/23	0	1	1	0	0	1	1	0	0	-	-	-	4
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	1	1
Portfolio 21/22	0	0	0	0	0	0	0	0	1	0	0	0	1
Portfolio 22/23	0	0	1	0	0	0	0	0	0	-	-	-	1
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ADEX 20/21	2	4	5	2	0	1	0	4	2	10	23	26	79
ADEX 21/22	16	2	5	17	0	2	6	0	0	5	0	11	64
ADEX 22/23	12	12	1	6	1	0	4	1	1	-	-	-	38
Denied Dental Applications by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
WREB 20/21	1	0	0	0	0	0	0	2	0	0	0	0	3
WREB 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
WREB 22/23	0	0	0	0	0	0	1	0	0	-	-	-	1
Residency 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Residency 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
Residency 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
Residency 22/23	0	0	0	0	0	0	0	0	0	-	-	-	0
Credential 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Credential 20/21	2	0	0	1	0	0	1	0	0	0	0	0	4
Credential 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
Credential 22/23	0	0	0	0	0	0	1	0	0	-	-	-	1
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 22/23	0	0	0	0	0	0	0	0	0	-	-	-	0
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ADEX 20/21	N/A	N/A	N/A	N/A	N/A	N/A	0	0	0	0	0	0	0
ADEX 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
ADEX 22/23	0	0	0	0	0	0	0	0	0	-	-	-	0

Application Definitions	
Received	Application submitted in physical form or digitally through Breeze system.
Approved	Application for eligibility of licensure processed with all required documentation.
License Issued	Application processed with required documentation and paid prorated fee for initial license.
Cancelled	Board requests staff to remove application (i.e., duplicate).
Withdrawn	Applicant requests Board to remove application
Denied	The Board denies an application on the on the grounds that the applicant has been convicted of a crime or has been subject to formal discipline; in accordance with Business and Professions Code, Division 1.5, Chapter 2, Denial of Licenses.

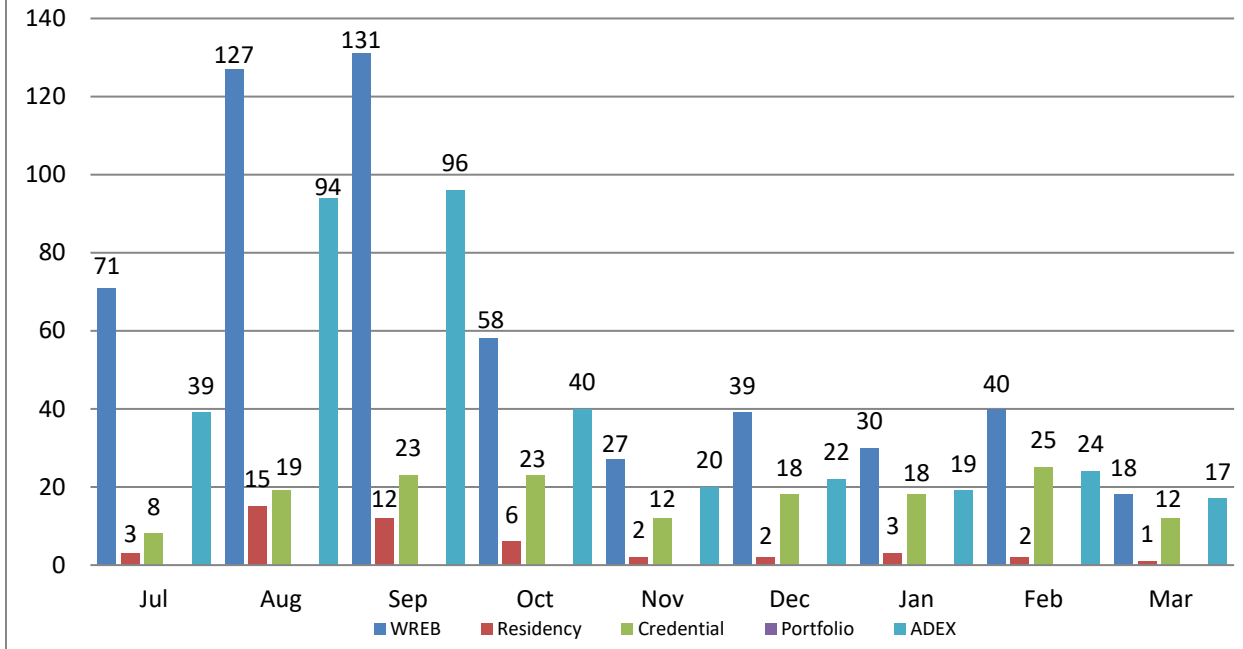
Dental License Application Statistic Graphs

The following graphs represent monthly dental license application statistics by pathway for fiscal year 2022/23 as of March 31, 2023.

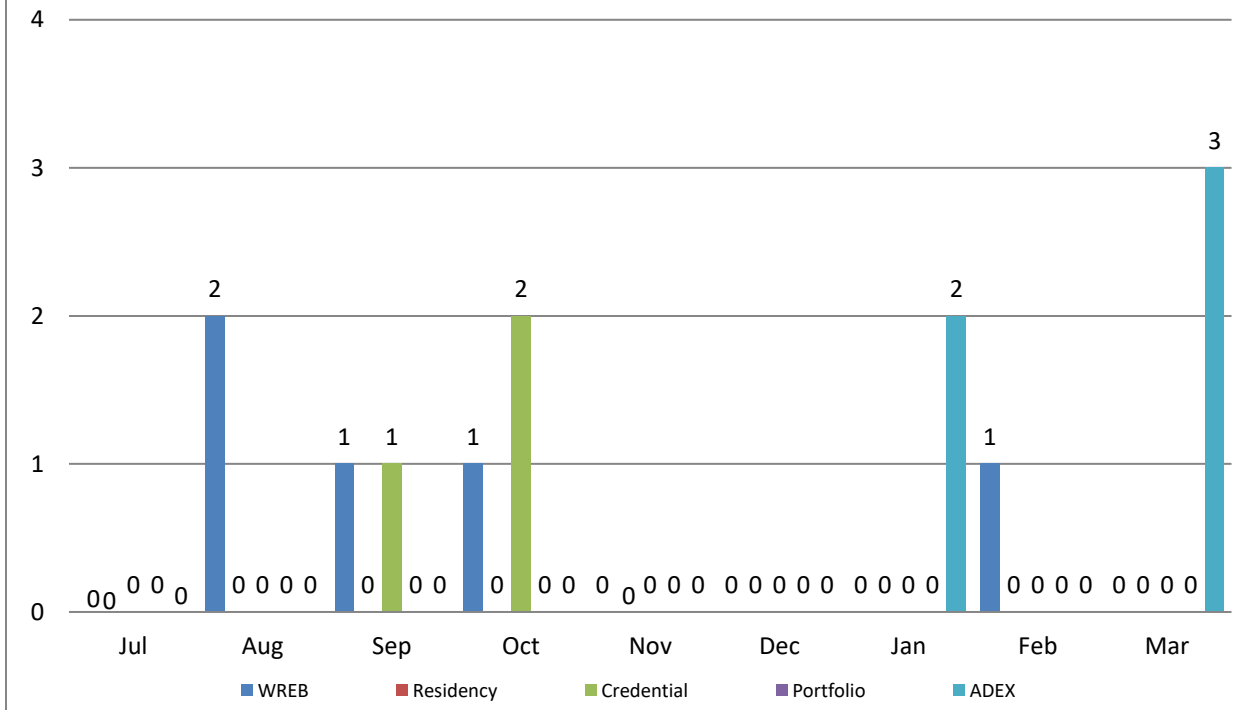


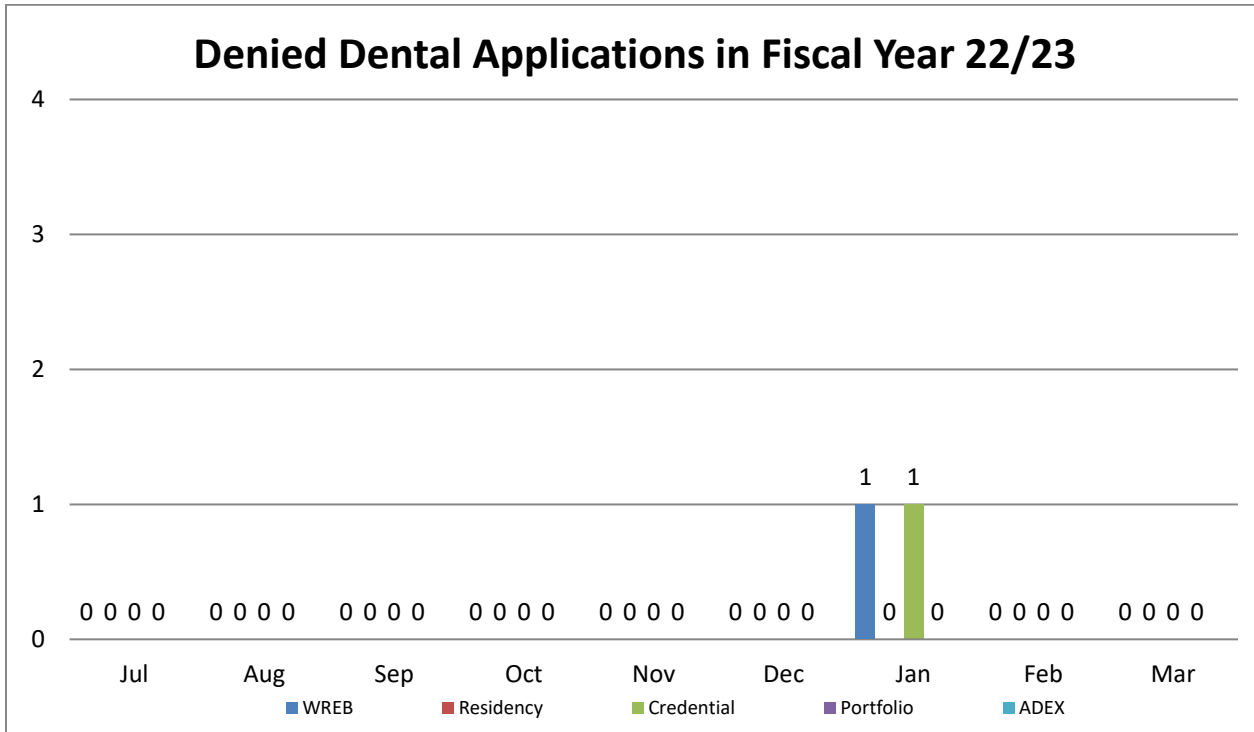
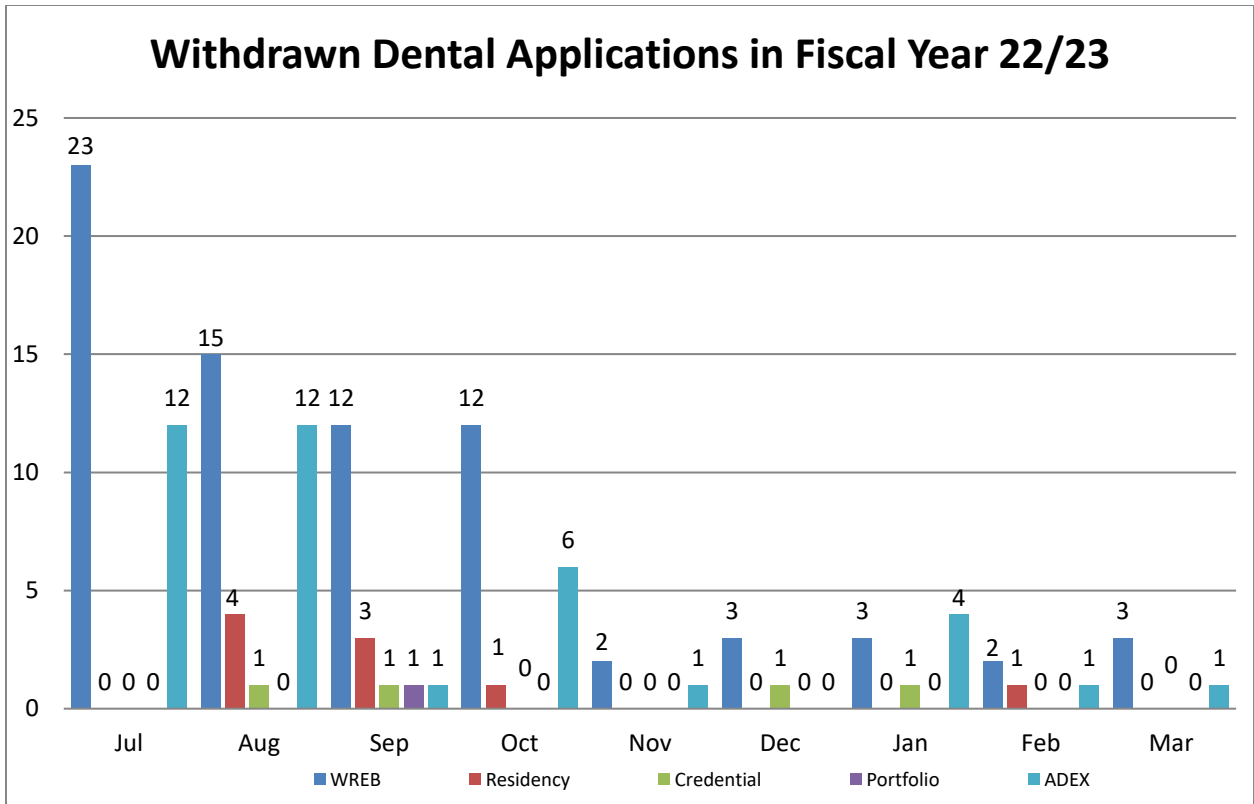
Agenda Item 11.a.: Update on Dental Licensure and Permit Statistics
 Dental Board of California Meeting
 May 18–19, 2023

Dental Licenses Issued in Fiscal Year 22/23



Cancelled Dental Applications in Fiscal Year 22/23





Dental Law and Ethics Written Examination Statistics

License Type		DDS			
Exam Title		Dental Law and Ethics Examination			
Licensure Pathway		WREB	LBR	PORT	ADEX
2019/20	# of 1 st Time Candidates	698	105	N/A	5
	Pass %	94.13%	95.24%	N/A	100.00%
2020/21	# of 1 st Time Candidates	824	89	4	232
	Pass %	86.89%	91.01%	50.00%	82.33%
2021/22	# of 1 st Time Candidates	326	61	0	164
	Pass %	72.70%	77.05%	N/A	79.88%
2022/23	# of 1 st Time Candidates	247	21	N/A	230
	Pass %	77.67%	91.30%	N/A	82.73%
Date of Last Occupational Analysis: 2018					
Name of Developer: Office of Professional Examination Services					
Target Occupational Analysis Date: 2025					

Dental License and Permits Statistics

The following table provides statistics on dental licenses issued by pathway to licensure by fiscal year 2019–20, 2020–21, 2021–22 and 2022–23 as of March 31, 2023.

Dental Licenses Issued via Pathway	Total Issued in 19/20	Total Issued in 20/21	Total Issued in 21/22	Total Issued 22/23	Total Issued to Date	Date Pathway Implemented
WREB Exam	769	905	588	541	12,603	January 1, 2006
Licensure by Residency	133	130	141	46	2,365	January 1, 2007
Licensure by Credential	153	211	155	110	3,544	July 1, 2002
(LBC Clinic Contract)	9	14	14	11	63	July 1, 2002
(LBC Faculty Contract)	5	6	1	4	21	July 1, 2002
Portfolio	4	4	0	0	79	November 5, 2014
ADEX	1	180	272	371	824	November 15, 2019
Total	1,060	1,430	1,156	1,068	19,415	

The following table provides statistics on dental license and permit status statistics by fiscal year 2019–20, 2020–21, 2021–22 and 2022–23 as of March 31, 2023.

License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Dental License	Active	34,586	34,922	34,619	34,759
	Inactive	1,784	1,751	1,727	1,707
	Retired/Reduced Fee	1,274	1,297	1,251	1,176
	Disabled	106	98	95	96
	Delinquent	5,445	5,540	6,002	6,220
	Cancelled	17,602	18,720	19,604	20,371
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Additional Office Permit	Active	2,717	2,750	2,556	2,448
	Delinquent	890	992	1,204	1,331
	Cancelled	6,926	7,181	7,418	7,643
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Conscious Sedation	Active	535	543	554	447
	Delinquent	38	43	63	153
	Cancelled	552	586	606	62
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Continuing Education Registered Provider Permit	Active	901	854	744	755
	Delinquent	810	744	776	695
	Cancelled	2,185	2,344	2,471	2,599

Agenda Item 11.a.: Update on Dental Licensure and Permit Statistics
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License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Elective Facial Cosmetic Surgery Permit	Active	29	30	29	28
	Delinquent	5	5	6	6
	Cancelled	1	2	3	4
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Extramural Facility Registration*	Active	186	203	205	57
	Delinquent	N/A	N/A	N/A	N/A
	Cancelled	N/A	N/A	N/A	N/A
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Fictitious Name Permit	Active	7,099	7,250	6,782	6,528
	Delinquent	1,706	1,782	2,394	2,766
	Cancelled	6,802	7,361	7,808	8,203
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
General Anesthesia Permit	Active	897	918	925	938
	Delinquent	22	31	38	37
	Cancelled	1,008	1,042	1,067	1,086
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Mobile Dental Clinic Permit	Active	45	55	44	24
	Delinquent	43	29	44	61
	Cancelled	52	78	81	87
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Medical General Anesthesia	Active	111	136	156	154
	Delinquent	27	30	27	32
	Cancelled	203	211	226	237
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Moderate Sedation Permit	Active	N/A	N/A	N/A	116
	Delinquent	N/A	N/A	N/A	2
	Cancelled	N/A	N/A	N/A	0
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Oral Conscious Sedation Certification (Adult Only 1,163; Adult & Minors 965)	Active	2,402	2,391	2,352	2,119
	Delinquent	647	638	702	925
	Cancelled	930	1,096	1,185	1,241
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Oral and Maxillofacial Surgery Permit	Active	96	93	94	96
	Delinquent	4	10	10	10
	Cancelled	22	22	25	26
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Pediatric Minimal Sedation Permit	Active	N/A	N/A	N/A	58
	Delinquent	N/A	N/A	N/A	0
	Cancelled	N/A	N/A	N/A	0
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23

Agenda Item 11.a.: Update on Dental Licensure and Permit Statistics
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Referral Service Registration*	Active	157	159	161	6
	Delinquent	N/A	N/A	N/A	1
	Cancelled	N/A	N/A	N/A	2
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Special Permit	Active	37	35	35	35
	Delinquent	9	9	7	7
	Cancelled	184	190	195	200
Status Definitions					
Active	Current and can practice without restrictions (<i>BPC §1625</i>)				
Inactive	Current but cannot practice, continuing education not required (<i>CCR §1017.2</i>)				
Retired/Reduced Fee	Current, has practiced over 20 years, eligible for Social Security and can practice with restrictions (<i>BPC §1716.1a</i>)				
Disabled	Current with disability but cannot practice (<i>BPC §1716.1b</i>)				
Delinquent	Renewal fee not paid within one month after expiration date (<i>BPC §163.5</i>)				
Cancelled	Renewal fee not paid 5 years after its expiration and may not be renewed (<i>BPC §1718.3a</i>) Total number of licenses / permits cancelled to date.				

The following table provides statistics on population (Pop.), current & active dental licenses by County, and population (Pop.) per dental license by County in 2020/21, 2021/22 and 2022/23 as of March 31, 2023.

County	DDS per County in 2020/21	Pop. in 2020/21	Pop. Per DDS in 2020/21	DDS per County in 2021/22	Pop. in 2021/22	Pop. per DDS in 2021/22	DDS per County in 2022/23	Pop. in 2022/23	Pop. per DDS in 2022/23
Alameda	1,497	1,670,834	1,116	1,492	1,651,979	1,107	1,500	1,651,979	1,096
Alpine	1	1,142	1,142	1	1,200	1,200	0	1,200	0
Amador	23	37,676	1,638	22	40,297	1,831	20	40,297	2,014
Butte	126	210,291	1,668	124	201,608	1,666	124	201,608	1,625
Calaveras	18	45,023	2,501	18	45,049	2,516	20	45,049	2,252
Colusa	6	21,902	3,650	6	21,807	3,639	6	21,807	3,634
Contra Costa	1,123	1,153,561	1,027	1,098	1,156,555	1,065	1,104	1,156,555	1,047
Del Norte	15	27,298	1,819	13	27,218	1,981	12	27,218	2,268
El Dorado	161	193,227	1,200	157	190,465	1,213	156	190,465	1,220
Fresno	622	1,023,358	1,645	613	1,011,273	1,649	621	1,011,273	1,628
Glenn	10	29,400	2,940	6	28,750	4,791	6	28,750	4,791
Humboldt	68	133,302	1,960	64	135,168	2,099	62	135,168	2,180
Imperial	38	188,777	4,967	38	179,329	4,719	39	179,329	4,598
Inyo	9	18,584	2,064	8	18,978	2,372	6	18,978	3,163
Kern	350	917,553	2,621	340	909,813	2,605	341	909,813	2,668
Kings	64	153,608	2,400	49	152,023	2,209	61	152,023	2,492
Lake	45	64,040	1,423	26	67,407	1,450	40	67,407	1,685
Lassen	24	28,833	1,201	23	30,274	1,363	20	30,274	1,513
Los Angeles	8,502	10,172,951	1,196	8,418	9,861,224	1,184	8,448	9,861,224	1,167
Madera	43	158,147	3,677	45	157,396	3,720	46	157,396	3,421
Marin	304	260,831	857	308	257,135	860	293	257,135	877
Mariposa	7	18,067	2,581	7	17,045	2,435	7	17,045	2,435
Mendocino	52	87,946	1,691	54	89,999	1,666	50	89,999	1,799
Merced	91	283,521	3,115	97	284,338	3,023	94	284,338	3,024

County	DDS per County in 2020/21	Pop. in 2020/21	Pop. Per DDS in 2020/21	DDS per County in 2021/22	Pop. in 2021/22	Pop. per DDS in 2021/22	DDS per County in 2022/23	Pop. in 2022/23	Pop. per DDS in 2022/23
Modoc	5	9,570	1,914	3	8,690	1,740	4	8,690	2,172
Mono	3	13,464	4,488	5	13,379	2,675	6	13,379	2,229
Monterey	259	441,143	1,703	257	433,716	1,669	248	433,716	1,748
Napa	113	139,088	1,230	112	136,179	1,215	112	136,179	1,215
Nevada	77	98,114	1,274	77	101,242	1,294	74	101,242	1,368
Orange	4,005	3,194,332	797	4,059	3,162,245	788	4,073	3,162,245	776
Placer	471	403,711	857	466	409,025	879	474	409,025	862
Plumas	15	18,260	1,217	14	18,942	1,353	13	18,942	1,457
Riverside	1,111	2,442,304	2,198	1,122	2,435,525	2,170	1,136	2,435,525	2,143
Sacramento	1,159	1,555,365	1,341	1,175	1,576,618	1,344	1,172	1,576,618	1,345
San Benito	23	62,353	2,711	24	65,479	3,057	25	65,479	2,619
San Bernardino	1,381	2,180,537	1,578	1,370	2,187,665	1,572	1,395	2,187,665	1,568
San Diego	2,779	3,343,355	1,203	2,764	3,287,306	1,187	2,817	3,287,306	1,166
San Francisco	1,225	897,806	732	1,175	842,754	730	1,169	842,754	720
San Joaquin	371	773,632	2,085	371	784,298	2,114	377	784,298	2,080
San Luis Obispo	225	277,259	1,232	207	280,721	1,357	213	280,721	1,317
San Mateo	858	773,244	901	853	744,662	900	838	744,662	888
Santa Barbara	324	451,840	1,394	312	445,164	1,436	315	445,164	1,413
Santa Clara	2,292	1,961,969	856	2,284	1,894,783	848	2,295	1,894,783	825
Santa Cruz	170	271,233	1,595	166	255,564	1,651	170	255,564	1,568
Shasta	115	178,045	1,548	107	180,531	1,718	99	180,531	1,823
Sierra	1	3,201	3,201	0	3,229	0	0	3,229	0
Siskiyou	24	44,461	1,852	21	43,830	2,003	24	43,830	1,826
Solano	287	440,224	1,533	282	447,241	1,574	276	447,241	1,620
Sonoma	393	492,980	1,254	383	482,404	1,256	384	482,404	1,256
Stanislaus	273	557,709	2,042	271	549,466	2,017	274	549,466	2,005
Sutter	56	100,750	1,799	52	99,145	1,879	51	99,145	1,944

County	DDS per County in 2020/21	Pop. in 2020/21	Pop. per DDS in 2020/21	DDS per County In 2021/22	Pop. In 2021/22	Pop. per DDS in 2021/22	DDS per County in 2022/23	Pop. In 2022/23	Pop. per DDS in 2022/23
Tehama	29	65,129	2,245	31	65,052	2,194	29	65,052	2,243
Trinity	4	13,548	3,387	3	16,023	5,341	3	16,023	5,341
Tulare	227	479,977	2,114	218	475,014	2,131	221	475,014	2,149
Tuolumne	47	54,917	1,168	48	55,291	1,209	47	55,291	1,176
Ventura	666	842,886	1,265	666	833,652	1,265	633	833,652	1,316
Yolo	114	221,705	1,944	118	221,165	1,874	118	221,165	1,874
Yuba	7	78,887	11,269	6	82,275	11,653	7	82,275	11,753
Out of State/Country	2,614	N/A	N/A	2,369	N/A	N/A	29	N/A	N/A
Total	34,922	39,782,870	N/A	32,049	39,185,605	N/A	32,168	39,185,605	N/A

*Population data obtained from Department of Finance, Demographic Research Unit as of 7/1/2022.

*The counties with the highest Population per DDS are:	Yuba County (1:11,753)	*The counties with the lowest Population per DDS are:	Sierra County (No DDS)
	Trinity County (1:5,341)		Alpine County (No DDS)
	Glenn County (1:4,791)		San Francisco County (1:720)
	Imperial County (1:4,598)		Orange County (1:776)
	Colusa County (1:3,634)		Santa Clara (1:825)

Action Requested

Informational only. No action is requested.



MEMORANDUM

DATE	April 26, 2023
TO	Members of the Dental Board of California (Board)
FROM	Paige Ragali, Elective Facial Cosmetic Surgery Permit Program Coordinator Dental Board of California
SUBJECT	Agenda Item 12.: Report on April 26, 2023 Meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee

Report

The Elective Facial Cosmetic Surgery Permit Credentialing Committee (Committee) met on April 26, 2023, via teleconference. Four members of the Committee were present, and a quorum was established. Robert Gramins, DDS, Committee Chair, was absent for meeting. Peter Scheer, DDS, conducted the Committee meeting in Dr. Gramins's absence.

The Committee requested public comment on items not on the agenda. There were no public members present for the meeting.

The Committee discussed the October 26, 2022 Meeting Minutes. Anil Punjabi, MD, DDS, moved to adopt the October 26, 2022 Meeting Minutes, and Louis Gallia, DMD, MD, seconded the motion. Before a vote on the motion, public comment was requested, and no public comment was made on the motion. The motion passed on a vote of 4-0.

The Committee recessed open session and convened in closed session pursuant to Government Code section 11126, subdivision (c)(2), to consider one elective facial cosmetic surgery permit application.

The Committee reconvened in open session, and Dr. Scheer reported that one application was considered by the Committee in closed session; the application was tabled until the Committee receives additional documentation to support the application.

The Committee meeting adjourned at 3:31 p.m.

Action Requested

No action is requested.

Agenda Item 12.: Report on April 26, 2023 Meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee
Dental Board of California Meeting
May 18-19, 2023



MEMORANDUM

DATE	May 5, 2023
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 13.: Dental Assisting Council Meeting Report

Background

Ms. Traci Reed-Espinoza, Chair of the Dental Assisting Council (Council), will provide a verbal report on the May 18, 2023 meeting of the Council.

Action Requested

No action requested.



MEMORANDUM

DATE	May 5, 2023
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 14.: Update, Discussion, and Possible Action on Appointment to Dental Assisting Council

Background

Pursuant to Business and Professions Code (BPC) section 1742, the Dental Assisting Council (Council) considers all matters relating to dental assistants in California and makes appropriate recommendations to the Dental Board of California (Board) and the standing Committees of the Board. The Council meets quarterly in conjunction with Board meetings and at other times as deemed necessary. The Council is comprised of the Registered Dental Assistant (RDA) Member of the Board, another Member of the Board, and five RDAs, representing as broad a range of dental assisting experience and education as possible (BPC section 1742, subdivision (b)(1)).

Council members are appointed by the Board and serve at the Board's pleasure. Pursuant to BPC section 1742, subdivision (b)(2), the Board shall consider, in its appointments of the five RDA members, recommendations submitted by any incorporated, nonprofit professional society, association, or entity whose membership is comprised of RDAs within the state. Two of those Members shall be employed as faculty members of an RDA educational program approved by the Board and shall have been so employed for at least the prior five years. Three of those Members, which shall include one Registered Dental Assistant in Extended Functions (RDAEF), shall be employed clinically in private dental practice or public safety net or dental health care clinics. All five of those members shall have possessed a current and active RDA or RDAEF license for at least the prior five years and shall not be employed by a current member of the Board.

In addition, each council member shall comply with conflict of interest requirements that apply to Board members. Such requirements include prohibitions against members making, participating in making, or in any way attempting to use their official position to influence a governmental decision in which they know or have reason to know they have a personal or financial interest. Council members who have a personal or financial interest are required

Agenda Item 14.: Update, Discussion, and Possible Action on Appointment to Dental Assisting Council
Dental Board of California Meeting
May 18-19, 2023

to disclose the personal or financial interest and disqualify themselves from making or attempting to use their official position to influence the decision. (Gov. Code, § 87100; California Code of Regulations (CCR), tit. 2, § 18730; Common Law Doctrine, *Clark v. City of Hermosa Beach* (1996) 48 Cal.App.4th 1152, 1171.) All Council members are required to submit a Statement of Economic Interests (Form 700) within 30 days of assuming office and annually. (Gov. Code, § 87202; CCR, tit. 2, § 18730.)

Further, pursuant to the Department of Consumer Affairs (DCA) Incompatible Work Activities Policy, members are prohibited from using prestige or influence of the Council appointment for personal gain or advantage or the private gain of another, using confidential information obtained through their member position for private gain or advantage, accepting money or consideration from anyone other than the State for the performance of their Council duties, and receiving or accepting gifts if the intent of the giver is to influence official actions.

Council Member Re-Appointment – Faculty Member

After resignations of several Council members, in June 2020, a Board subcommittee consisting of Joanne Pacheco, RDH, and Rosalinda Olague, RDA, was formed to review applications, conduct telephone interviews, and bring recommendations to the Board for, among other Council member positions, a faculty member of an RDA educational program approved by the Board.

At the July 24, 2020 Board meeting, based upon the subcommittee's recommendations, the Board appointed Jeri Fowler, RDAEF, OA, to fill one of the vacancies for a faculty member of an RDA educational program approved by the Board. Ms. Fowler has served a partial term, which expired in March 2023. Ms. Fowler continues to serve on the Council through a one-year grace period until the Board appoints a member to fill the vacancy. Ms. Fowler seeks reappointment to her current DAC member position.

Given that Ms. Fowler's term expired in March, the Board is asked to consider reappointing Ms. Fowler to serve a full term, which would expire in March 2027. The Board has not otherwise solicited applications to fill this vacancy.

In reviewing the reappointment of Ms. Fowler, the Board may wish to consider the following:

- On February 25, 2021, Ms. Fowler was appointed as the 2021 Council Vice Chair. During her Vice Chair tenure, she led the Council and provided the DAC reports to the Board beginning August 20, 2021, due to the resignation of the former DAC Chair.
- On November 18, 2021, Ms. Fowler was appointed as 2022 Council Chair.
- Ms. Fowler currently serves on the Council Working Group regarding RDAEF Administration of Local Anesthesia and Nitrous Oxide.

Agenda Item 14: Update, Discussion, and Possible Action on Appointment to Dental Assisting Council
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Action Requested

The Board is asked to consider a motion to reappoint Ms. Fowler to the same position for a term of four years expiring in March 2027.



DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

Table with 2 columns: Field (DATE, TO, FROM, SUBJECT) and Content (April 18, 2023, Members of the Dental Board of California, John Tran, Associate Governmental Program Analyst Dental Board of California, Agenda Item 15.a.: General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics)

Background

General Anesthesia (GA), Medical General Anesthesia (MGA), and Moderate Sedation (MS) permitholders are subject to an onsite inspection and evaluation prior to the issuance or renewal of a permit at the discretion of the Dental Board of California (Board). The Board must conduct an inspection and evaluation for GA and MGA permitholders at least once every five years, and for MS permitholders at least once every six years. An inspection and evaluation are required to keep a permit active and in good standing.

Effective January 1, 2022, Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) repealed Business and Professions Code (BPC) sections 1647–1647.9.5 (Conscious Sedation). As a result, the Board no longer issues or renews Conscious Sedation (CS) permits. To implement SB 501, the Board promulgated a rulemaking that became effective on August 16, 2022. Among other things, the rulemaking amended California Code of Regulations (CCR), title 16, sections 1043.2–1043.7 (concerning inspections and evaluations) to remove and replace each mention of conscious sedation with moderate sedation.

After enactment of SB 501 and the implementing regulations, the Board can no longer conduct onsite inspections and evaluations for CS permitholders. A CS permitholder who was issued a permit before January 1, 2022 may follow the terms of that existing permit until it expires, even if the CS permitholder was due to complete an onsite inspection and evaluation.

In September 2022, Board staff stopped scheduling and conducting onsite inspections and evaluations of CS permitholders. As the CS permits expire, Board staff will continue to monitor and investigate grievances related to permitting for the administration of conscious sedation.

Onsite Inspection and Evaluation Statistics

This memo provides a statistical overview of onsite inspections and evaluations administered by the Board for GA, MGA, and CS permits. As of the date of this memo, no MS permit inspections and evaluations have been scheduled or administered. The first MS permit (MS 1) was issued on September 15, 2022. Onsite inspections and evaluations must be conducted within one year of issuance of a new MS permit, and new permitholders are allowed to practice within the scope of their permit until then. Over the next few months, Board staff will contact newly licensed MS permitholders to schedule and conduct onsite inspections and evaluations.

General Anesthesia Evaluation Statistics for Fiscal Year 2022–23

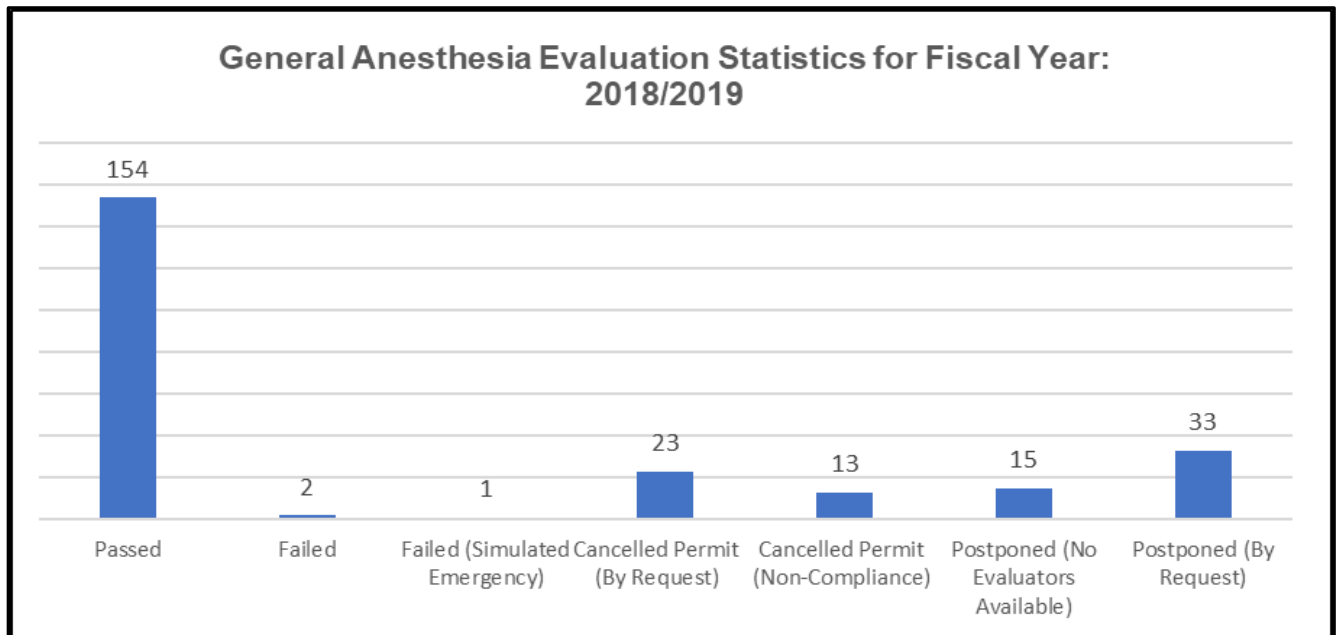
	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2022	9	0	0	2	0	11	1
Aug 2022	10	0	0	2	1	5	1
Sep 2022	18	0	0	0	1	12	1
Oct 2022	12	0	0	4	3	7	3
Nov 2022	17	0	0	2	0	13	2
Dec 2022	20	0	0	1	0	8	2
Jan 2023	13	0	0	0	1	7	1
Feb 2023	14	1	0	1	0	2	3
Mar 2023	21	0	0	1	2	2	1
Apr 2023							
May 2023							
Jun 2023							
Total	134	1	0	13	8	67	15

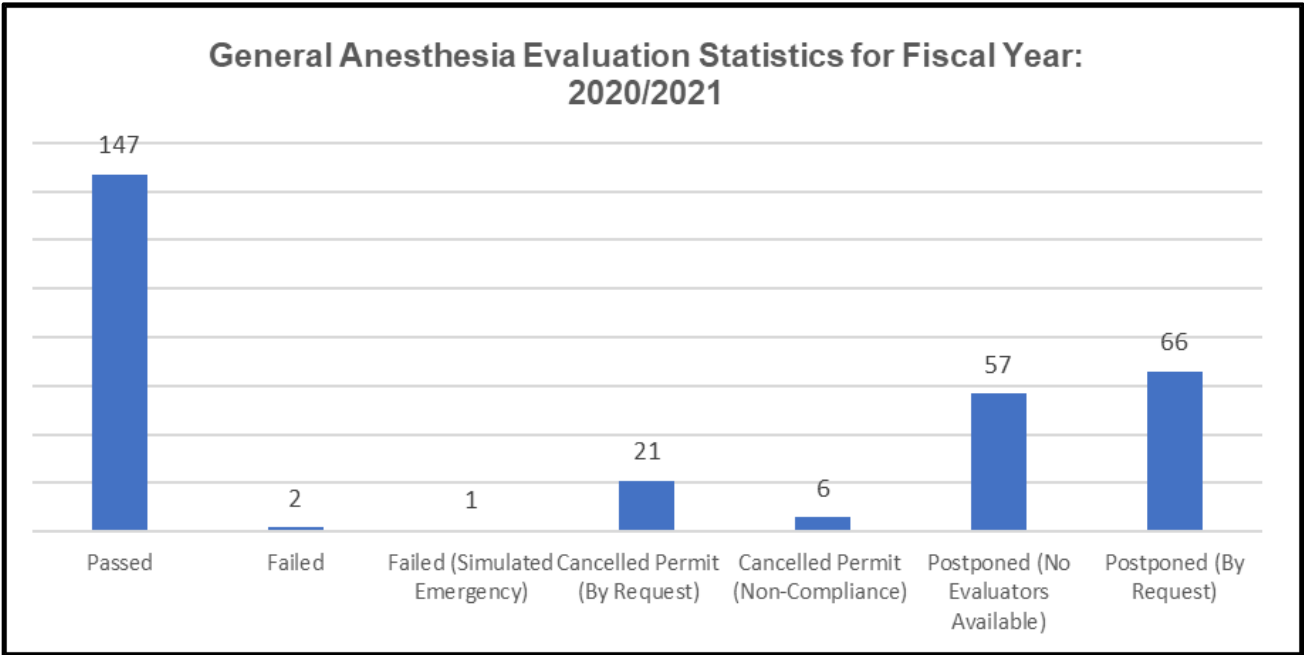
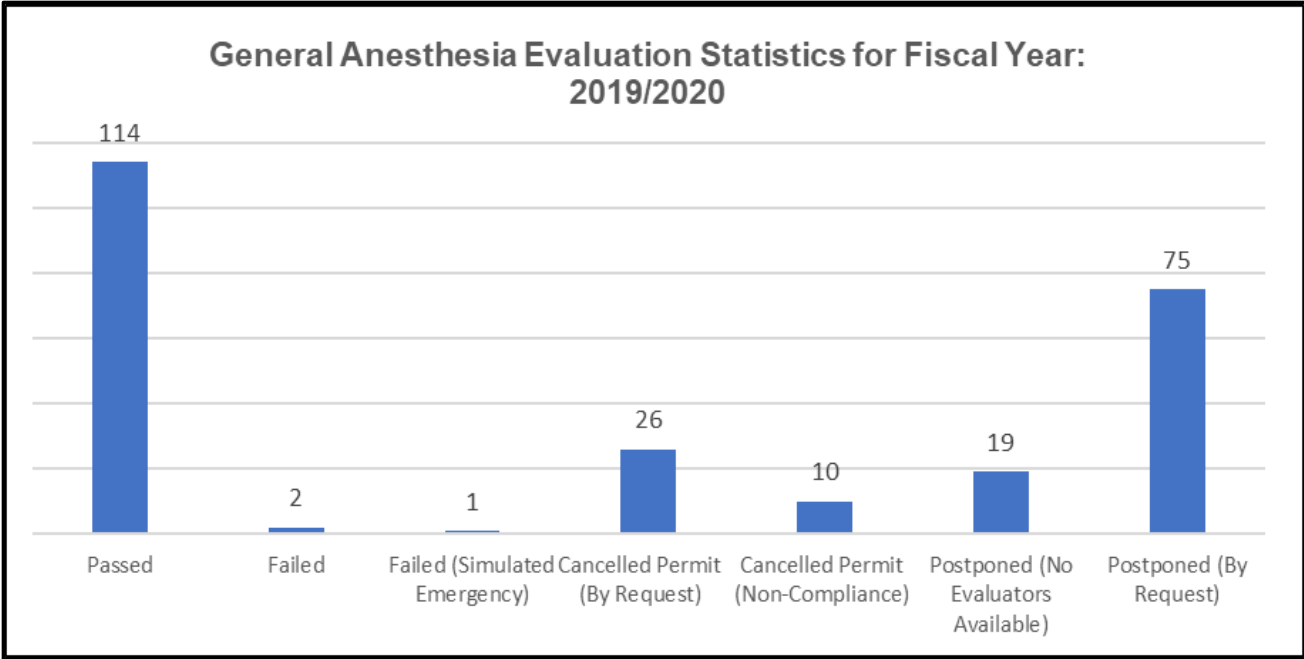
*Approximate number of GA evaluations scheduled for March 2023.

General Anesthesia Evaluation Statistics for Fiscal Years 2018–19, 2019–20, 2020–21, 2021–22, and 2022–23

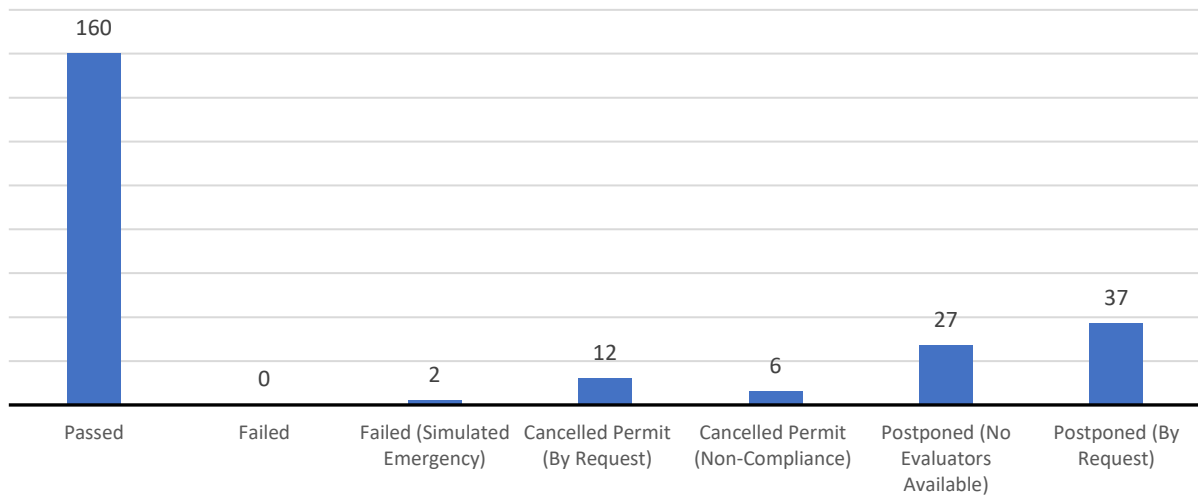
	18–19	19–20	20–21	21–22	22–23
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	154	114	147	160	134
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	2	2	2	0	1
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	1	1	1	2	0
Cancelled Permit by Request – Permitholder no longer wanted permit.	23	26	21	12	13
Cancelled Permit for Noncompliance – Permitholder did not complete required onsite evaluation.	13	10	6	6	8
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	15	19	57	27	67
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, emergencies, or COVID-related issues.	33	75	66	37	15

* Approximate number of evaluations scheduled for 2022–23.

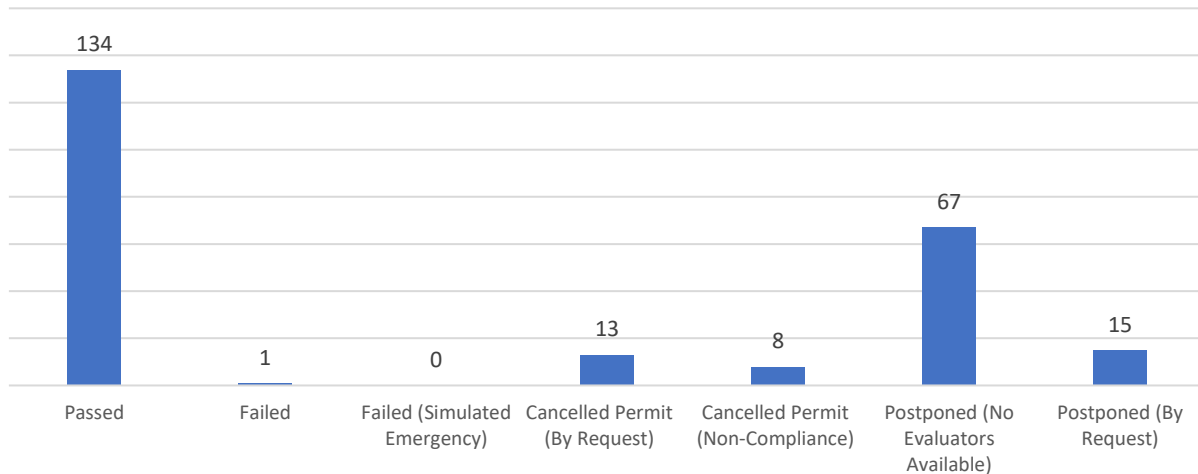




**General Anesthesia Evaluation Statistics for Fiscal Year:
2021/2022**



**General Anesthesia Evaluation Statistics for Fiscal Year:
2022/2023**



Medical General Anesthesia Evaluation Statistics for Fiscal Year 2022–23

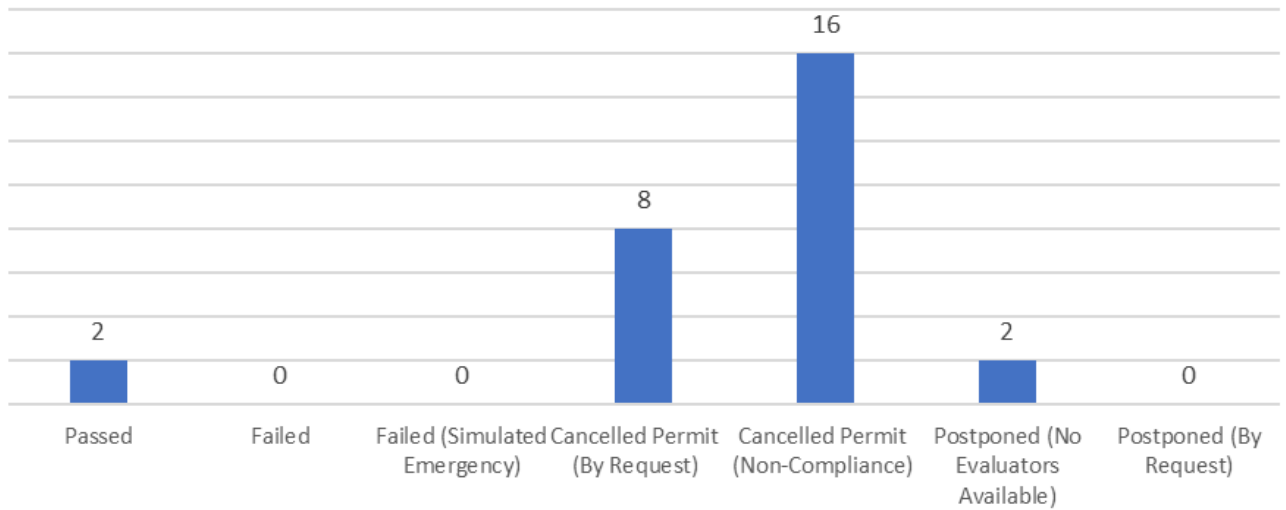
	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2022	0	0	0	1	0	1	0
Aug 2022	0	0	0	1	0	2	0
Sep 2022	1	1	0	0	2	0	0
Oct 2022	2	0	0	0	2	0	0
Nov 2022	0	0	0	0	2	0	0
Dec 2022	1	0	0	1	1	0	0
Jan 2023	0	0	0	2	0	0	0
Feb 2023	0	0	0	2	0	0	0
Mar 2023*	0	0	0	1	1	0	0
Apr 2023							
May 2023							
Jun 2023							
Total	4	1	0	8	8	3	0

* Approximate number of MGA evaluations scheduled for March 2023.

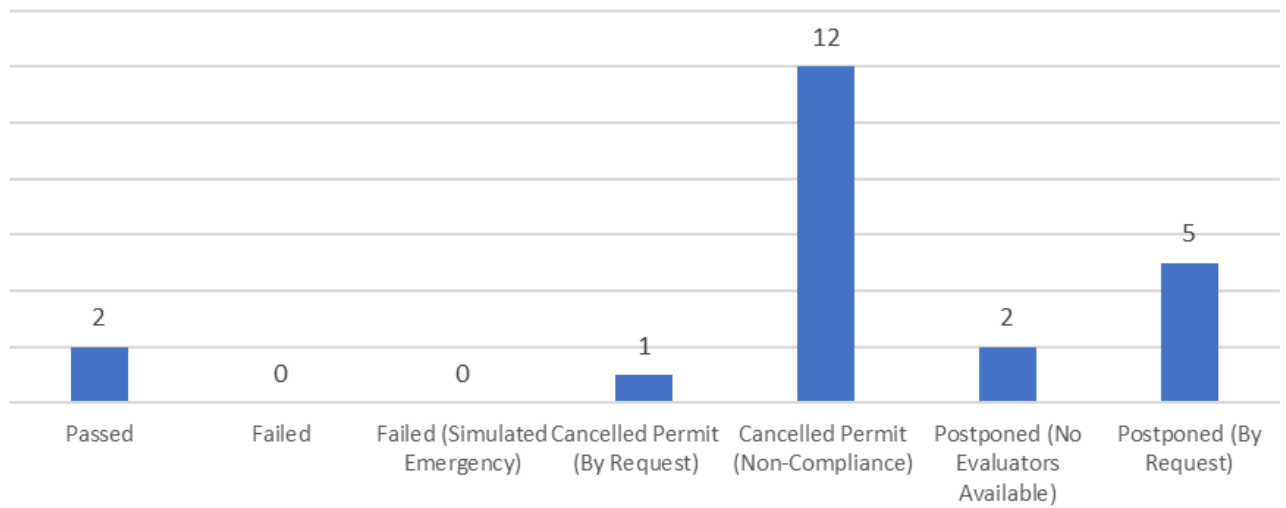
Medical General Anesthesia Evaluation Statistics for Fiscal Years 2018–19, 2019–20, 2020–21, 2021–22, and 2022–23

	18–19	19–20	20–21	21–22	22–23
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	2	2	1	3	4
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	0	0	0	0	1
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	0	0	0	0	0
Cancelled Permit by Request – Permitholder no longer wanted permit.	8	1	3	2	8
Cancelled Permit for Non-Compliance – Permitholder did not complete required onsite evaluation.	16	12	0	15	8
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	2	2	5	11	3
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, emergencies, or COVID-related issues.	0	5	3	4	0

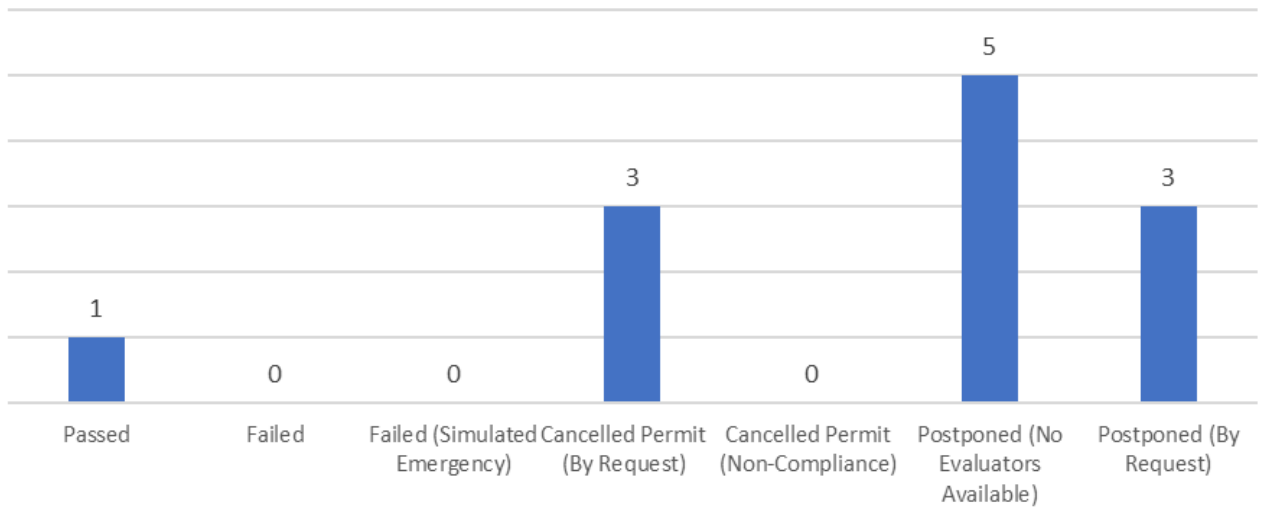
**Medical General Anesthesia Evaluation Statistics for Fiscal Year:
2018/2019**



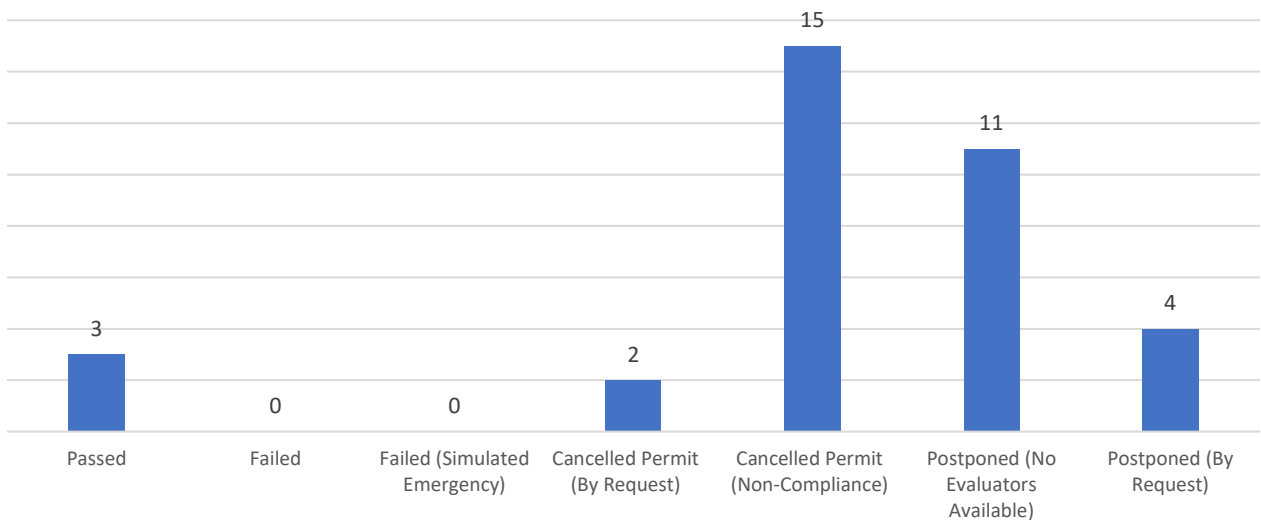
**Medical General Anesthesia Evaluation Statistics for Fiscal Year:
2019/2020**

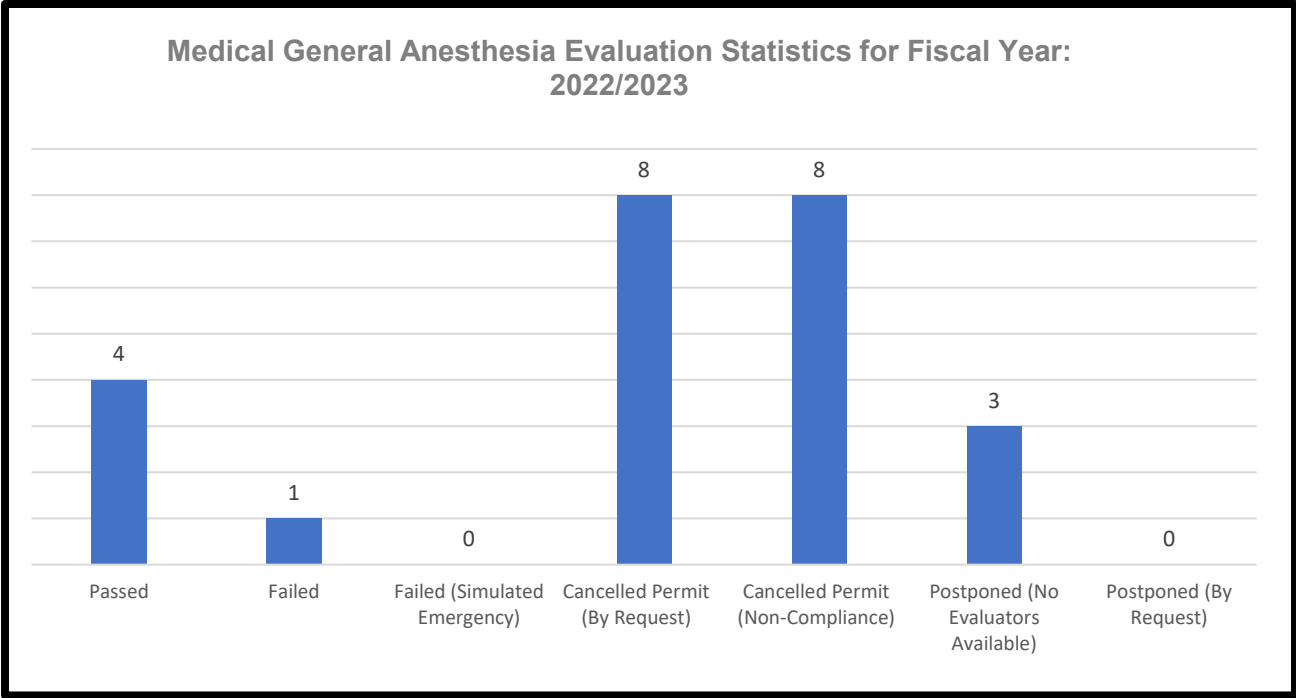


**Medical General Anesthesia Evaluation Statistics for Fiscal Year:
2020/2021**



**Medical General Anesthesia Evaluation Statistics for Fiscal Year:
2021/2022**





Current Evaluators per Region

Region	GA	MGA
Northern California	120	16
Southern California	153	14

Action Requested

No action is requested.



MEMORANDUM

DATE	April 18, 2023
TO	Members of the Dental Board of California
FROM	Jessica Olney, Staff Services Manager I Dental Board of California
SUBJECT	Agenda Item 15.b.: Update Regarding Board Implementation of Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018)

Background

On September 29, 2018, Governor Brown signed SB 501 (Glazer, Chapter 929, Statutes of 2018). SB 501 became fully effective on January 1, 2022. Among other things, SB 501 significantly changed requirements for existing anesthesia and sedation permits, created new permits and pediatric endorsements, and changed patient monitoring requirements.

SB 501 repealed Business and Professions Code (BPC) sections 1646–1646.10 (General Anesthesia), 1647–1647.9.5 (Conscious Sedation), and 1647.10–1647.17.5 (Oral Conscious Sedation for Pediatric Patients). As a result, the Dental Board of California (Board) no longer issues or renews Conscious Sedation (CS) and Oral Conscious Sedation for Minors (OCS-M) permits. SB 501 also added BPC sections 1601.8, 1646–1646.13 (Deep Sedation and General Anesthesia), 1647–1647.12 (Moderate Sedation), and 1647.30–1647.36 (Pediatric Minimal Sedation). As a result, the Board implemented significant changes to the anesthesia and sedation permit program. These changes include:

- New patient monitoring requirements when administering anesthesia or sedation to pediatric patients.
- A new Moderate Sedation (MS) permit required to administer or order the administration of moderate sedation.
- A new Pediatric Minimal Sedation (PMS) permit required to administer or order the administration of pediatric minimal sedation on a patient under the age of 13.
- A new pediatric endorsement for General Anesthesia (GA), Medical General Anesthesia (MGA), and MS permit holders who administer deep sedation, general anesthesia, or moderate sedation to pediatric patients.

Agenda Item 15.b.: Update Regarding Board Implementation of Senate Bill (SB) 501
(Glazer, Chapter 929, Statutes of 2018)
Dental Board of California Meeting
May 18–19, 2023

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Regulations to Implement SB 501

In 2020–2022, Board staff worked with subject matter experts and Legal Counsel to develop regulations to implement SB 501. These regulations became effective on August 16, 2022. The timeline below summarizes this work:

November 19, 2021: Approval of proposed regulatory language by the Board.

December 31, 2021: Initiation of 45-day public comment period on the proposed regulations after submittal by the Board of the initial rulemaking file and necessary materials to the Office of Administrative Law (OAL) for publication in the California Regulatory Notice Register.

February 15, 2022: Closure of the 45-day public comment period, during which Board staff received several written public comments and four requests for a public hearing.

February 16, 2022: Public hearing held through WebEx teleconferencing, at which seven members of the public offered public comment.

March 14, 2022: Board meeting at which staff presented a summary of the comments received and proposed Board responses. Board staff presented additional clean-up modifications to the proposed regulations. The Board accepted Board staff recommendations on the comments received. The Board approved the modified text and documents added to the rulemaking file and directed Board staff to take all steps necessary to complete the rulemaking process. These steps included sending out the modified text and notice of the addition of documents added to the rulemaking file for an additional 15-day comment period. If no adverse comments were received by the close of the 15-day public comment period, the Board authorized the Executive Officer to make any non-substantive changes to the proposed regulations and to adopt the proposed regulations as described in the modified text notice.

March 18, 2022: Notice of the amended rulemaking file and modified text, and posting of the file to the Board's website.

April 4, 2022: Close of the 15-day public comment period; Board staff received one adverse comment that was subsequently withdrawn.

May 2, 2022: Submission of amended rulemaking package to OAL and Department of Finance.

June 8, 2022: Initiation of discussions between Board staff and OAL staff regarding items identified in the proposed text that would require substantive changes and approval from the Board.

June 14, 2022: Withdrawal of the rulemaking file by Board staff to make the changes to the proposed text necessary for final approval.

Agenda Item 15.b.: Update Regarding Board Implementation of Senate Bill (SB) 501
(Glazer, Chapter 929, Statutes of 2018)
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June 28, 2022: Board meeting at which Board staff presented the additional modifications to the proposed regulations that were identified in the review conducted by OAL. The Board approved the second modified text and forms and directed Board staff to take all steps necessary to complete the rulemaking process. These steps included sending out the second modified text notice with these modifications for an additional 15-day comment period. If no adverse comments were received by the close of the 15-day comment period, the Board authorized the Executive Officer to make any non-substantive changes to the proposed regulations and to adopt the proposed regulations as described in the second modified text notice.

June 29, 2022: Notice of the second amended rulemaking file and second modified text, and posting of the file to the Board’s website.

July 14, 2022: Close of the 15-day public comment period; adverse comments were received but were found to be not related to the second modified text and were not considered.

July 21, 2022: Submission of final rulemaking package to OAL.

August 16, 2022: Proposed regulatory language became effective after OAL approval.

Implementation of SB 501 Permits

BreEZe was reconfigured to incorporate the statutory and regulatory requirements for issuing and renewing the new SB 501 permits. A simplified version of BreEZe to implement SB 501 was put into production on August 19, 2022. Board staff continue to encounter system fixes, and the configuration and maintenance of the BreEZe system is ongoing. Board staff continue to work with the Department of Consumer Affairs, Office of Information Services (OIS) staff and the vendor to configure online transactions to begin accepting applications online.

On August 23, 2022, an email notification was sent to stakeholders, and an [Alert](#) was posted to the Board’s website to announce the approval of the regulations implementing SB 501. The email included information and links to new websites created for each of the permits. The first applications were received on August 26, 2022. The table below shows the number of applications received and processed (i.e., deficient or approved) for licensure by Board staff since August 2022.

Permit/Application Type	Deficient Applications Received	Approved Applications Received	Total Applications Received
GA Permit Initial Application	4	16	20
GA Permit Application for Pediatric Endorsement	6	23	29

Agenda Item 15.b.: Update Regarding Board Implementation of Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018)
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Permit/Application Type	Deficient Applications Received	Approved Applications Received	Total Applications Received
MGA Permit Initial Application	2	11	13
MGA Permit Application for Pediatric Endorsement	1	26	27
MS Permit Initial Application	16	131	147
MS Permit Application for Pediatric Endorsement	1	2	3
PMS Permit Initial Application	6	65	71

Legislative Amendments

After the implementation of SB 501, Board staff and Legal Counsel identified additional areas in current law that would benefit from legislative amendments. Legislative proposals in these areas have been presented to the Board and approved at the November 2021, August 2022, November 2022, and February 2023 Board meetings. As Board staff continue to work on the implementation of SB 501, additional issues with the sedation and anesthesia permit statutes have been identified.

To resolve the newly identified statutory issues, staff have drafted legislative proposals intended to be consolidated with the previously approved legislative proposals. The consolidated legislative proposal will be presented to the Board by Legislative and Regulatory Specialist, David Bruggeman, for discussion in Agenda Item 27. If approved, the consolidated legislative proposal will be submitted to the California State Legislature in the Board’s Sunset Review Report.

Existing Permit Expiration

In November 2021, Board staff worked with OIS to reconfigure the BreEZe system to allow existing permitholders whose permits were to expire in 2022 to renew by December 31, 2021, i.e., before the changes implemented by SB 501 on permitholders became effective. Such renewal would enable a permitholder to continue to practice under the existing terms of their permit until it expires. This was done to minimize the impact of SB 501 and to allow changes to be applied steadily through 2023 and 2024. Board staff identified 1,414 permitholders who were eligible to renew, and as of January 3, 2022, 1,107 permitholders renewed successfully.

Existing permits will expire steadily in 2023–24. The table below shows the number of permits expiring each month.

Agenda Item 15.b.: Update Regarding Board Implementation of Senate Bill (SB) 501
 (Glazer, Chapter 929, Statutes of 2018)
 Dental Board of California Meeting
 May 18–19, 2023

Number of GA, MGA, CS, and OCS-M Permits Expiring between January 31, 2023 and December 31, 2024													
GA	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23	10/23	11/23	12/23	TOTAL
	2	3	13	35	39	38	50	40	42	35	43	32	372
	1/24	2/24	3/24	4/24	5/24	6/24	7/24	8/24	9/24	10/24	11/24	12/24	TOTAL
	43	26	48	47	40	44	33	43	49	27	30	38	468
MGA	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23	10/23	11/23	12/23	TOTAL
	2	3	3	7	12	3	12	1	11	3	8	8	73
	1/24	2/24	3/24	4/24	5/24	6/24	7/24	8/24	9/24	10/24	11/24	12/24	TOTAL
	5	7	12	5	4	6	4	5	6	7	6	3	70
CS	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23	10/23	11/23	12/23	TOTAL
	24	31	26	26	23	18	23	32	28	15	14	17	277
	1/24	2/24	3/24	4/24	5/24	6/24	7/24	8/24	9/24	10/24	11/24	12/24	TOTAL
	27	24	16	14	17	27	18	19	23	21	24	21	251
OCS-M	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23	10/23	11/23	12/23	TOTAL
	57	44	42	47	51	56	47	42	65	40	62	54	607
	1/24	2/24	3/24	4/24	5/24	6/24	7/24	8/24	9/24	10/24	11/24	12/24	TOTAL
	43	35	34	41	37	42	43	35	60	42	46	44	502

Action Requested

No action is requested.



MEMORANDUM

DATE	April 17, 2023
TO	Members of the Dental Board of California
FROM	Jessica Olney, Staff Services Manager I Dental Board of California
SUBJECT	Agenda Item 15.c.: Discussion and Possible Action Regarding Appointment of General Anesthesia, Medical General Anesthesia, and Moderate Sedation Permit Evaluators

Background

Business and Professions Code (BPC) sections 1646.4, 1646.9, and 1647.7 authorize the Dental Board of California (Board) to conduct onsite inspections and evaluations of existing General Anesthesia (GA) and Medical General Anesthesia (MGA) permitholders, as well as of new Moderate Sedation (MS) permitholders. Onsite inspections and evaluations are conducted by a team of one or more evaluators, who are contracted by the Board as subject matter experts. The evaluators provide an independent evaluation and recommend a grade on a pass–fail system per California Code of Regulations (CCR), title 16, section 1043.6.

Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) changed existing provisions that govern the administration of minimal, moderate, and deep sedation and general anesthesia on dental patients. The subsequent SB 501 rulemaking, which implemented SB 501 provisions and became operative on August 16, 2022, amended CCR, title 16, section 1043.2 regarding the composition of teams performing onsite inspection and evaluation of GA, MGA, and MS permits. That section now provides that the onsite inspection and evaluation team consist of two or more persons for the first evaluation, or if an applicant has failed an evaluation. For each subsequent evaluation, only one evaluator is required. In addition, the evaluators must meet the following criteria:

1. The evaluators must meet one of the listed criteria in the Application for General Anesthesia Permit (Form GAP-1 New 05/2021) for general anesthesia, or the criteria in BPC 1647.3 for moderate sedation, and must have utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of three years immediately preceding their application to be an evaluator, exclusive of any training.
2. At least one of the evaluators must have experience in evaluation of dentists administering general anesthesia, deep sedation, or moderate sedation. At least one

Agenda Item 15.c.: Discussion and Possible Action Regarding Appointment of General Anesthesia, Medical General Anesthesia, and Moderate Sedation Permit Evaluators
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member of the evaluation team must have substantial experience in the administration of the method of delivery of general anesthesia, deep sedation, or moderate sedation used by the dentist being evaluated.

3. Evaluators shall possess a current, active, and unrestricted license from the Board or the Medical Board of California for applicants qualifying under BPC section 1646.9. "Unrestricted" means not subject to any disciplinary action such as revocation, suspension, or probation.
4. The Board may appoint a licensee member of the Board to serve as a consultant at any evaluation.

To implement SB 501, amendments were made to the terms for onsite inspections (CCR, title 16, section 1043.3). Pursuant to BPC section 1646.11, a holder of a GA or MGA permit issued or renewed on or before January 1, 2022, may follow the terms of that existing permit until it expires, and any permit issued or renewed on or after January 1, 2022, requires the permitholder to follow the new statutory requirements. Therefore, holders of GA and MGA permits issued or renewed on or after January 1, 2022, are required to comply with the amended terms for onsite inspections.

To increase the pool of available evaluators for the onsite inspection and evaluation program, Board staff post a continuous recruitment notice on the Board's website.

To increase the number of available evaluators specifically for the MS permit program, Board staff contacted MS permitholders who previously held Conscious Sedation (CS) permits for at least three years to assess their interest in becoming evaluators. Board staff identified four MS permitholders who wish to become evaluators.

Appointment of Onsite Inspection and Evaluation Program Evaluators

The permitholders below have applied to become evaluators for the onsite inspection and evaluation program. Board staff have reviewed the applications and recommend approval of their appointment as evaluators.

1. Dr. Rachelle Kim, Dental License No. 102483, and General Anesthesia Permit No. 1900. Dr. Kim has held an active GA permit since June 17, 2018, and practices as a dental anesthesiologist in Los Angeles, CA. If approved, Dr. Kim will conduct evaluations in southern California for GA and MS permits.
2. Dr. Christine Son, Dental License No. 57666, and General Anesthesia Permit No. 1904. Dr. Son has held an active GA permit since July 18, 2018, and practices as a dental anesthesiologist in Anaheim, CA. If approved, Dr. Son will conduct evaluations in southern California for GA and MS permits.
3. Dr. Rajiv Bhagat, Dental License No. 35471, and Moderate Sedation Permit No. 65. Dr. Bhagat has held an active MS permit since January 24, 2023, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Bhagat practices

Agenda Item 15.c.: Discussion and Possible Action Regarding Appointment of General Anesthesia, Medical General Anesthesia, and Moderate Sedation Permit Evaluators
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as an endodontist in Corona, CA. If approved, Dr. Bhagat will conduct evaluations in southern California for MS permits.

4. Dr. Ryan Kearbey, Dental License No. 52733, and Moderate Sedation Permit No. 62. Dr. Kearbey has held an active MS permit since January 20, 2023, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Kearbey practices as a general dentist in Oroville, CA. If approved, Dr. Kearbey will conduct evaluations in northern California for MS permits.
5. Dr. Michael Moreno, Dental License No. 32491, and Moderate Sedation Permit No. 56. Dr. Moreno has held an active MS permit since January 10, 2023, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Moreno practices as a periodontist in Stockton, CA. If approved, Dr. Moreno will conduct evaluations in northern California for MS permits.
6. Dr. Joan Otomo-Corgel, Dental License No. 25754, and Moderate Sedation Permit No. 14. Dr. Otomo-Corgel has held an active MS permit since September 22, 2022, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Otomo-Corgel practices as a periodontist in Los Angeles, CA. If approved, Dr. Otomo-Corgel will conduct evaluations in southern California for MS permits.

Action Requested

The Board is asked to consider Board staff's recommendations and make a motion to appoint each of the six applicants as evaluators for the onsite inspection and evaluation program.



DENTAL BOARD OF CALIFORNIA
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GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION

California Code of Regulations, title 16, section 1043.2

Name: Rachelle Kim
License Number: DDS102483
Permit Number: GA1900
Mailing Address: [Redacted]

Phone Number: [Redacted]
Email Address: [Redacted]

Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.

[X] General Anesthesia [] Deep Sedation [] Moderate Sedation [] NO

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation? [X] YES [] NO

Are you limited to conducting evaluations in one region? [] North [X] South

What kind of cases would you like to evaluate? [] GA [] MS [X] Both

Type of Practice

[X] Anesthesia [] Oral Pathology [] Pedodontics [] General Dentist
[] Endodontics [] Orthodontics [] Periodontology [] OMS
[] Prosthodontics [] Public Health [] Other

Certification
I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.
[Signature] 3/22/23
Signature of Applicant Date



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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

California Code of Regulations, title 16, section 1043.2

Name *RAJIV BHAGAT*

License Number *35471*

MS 65
 Permit Number

Mailing Address

Phone Number

Email Address

Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.

General Anesthesia Deep Sedation Moderate Sedation NO

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation? YES NO

Are you limited to conducting evaluations in one region? North South

What kind of cases would you like to evaluate? GA MS Both

Type of Practice

Anesthesia Oral Pathology Pedodontics General Dentist
 Endodontics Orthodontics Periodontology OMS
 Prosthodontics Public Health Other

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant

Rajiv Bhagat

Date

03/22/2023



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**GENERAL ANESTHESIA / MODERATE SEDATION
 EVALUATOR APPLICATION**
 California Code of Regulations, title 16, section 1043.2

Ryan Kearbey
 Name

52733
 License Number

62

Permit Number

[Redacted]

Mailing Address

[Redacted]

Phone Number

[Redacted]

Email Address

Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.

General Anesthesia Deep Sedation Moderate Sedation NO

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation? YES NO

Are you limited to conducting evaluations in one region? North South

What kind of cases would you like to evaluate? GA MS Both

Type of Practice

Anesthesia Oral Pathology Pedodontics General Dentist
 Endodontics Orthodontics Periodontology OMS
 Prosthodontics Public Health Other

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant *Ryan Kearbey DBS* Date *3/22/23*



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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

California Code of Regulations, title 16, section 1043.2

Name: Michael R. MORENO License Number: 32491 Permit Number: MS 56

Mailing Address: [Redacted]

Phone Number: [Redacted] Email Address: [Redacted]

Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.

General Anesthesia [] Deep Sedation [] Moderate Sedation [x] NO []

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation? YES [x] NO []

Are you limited to conducting evaluations in one region? North [x] South []

What kind of cases would you like to evaluate? GA [] MS [x] Both []

Type of Practice

Anesthesia [] Oral Pathology [] Pedodontics [] General Dentist []
Endodontics [] Orthodontics [] Periodontology [x] OMS []
Prosthodontics [] Public Health [] Other []

Certification
I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.
Signature of Applicant: Michael R. MORENO Date: 3-22-2023



DENTAL BOARD OF CALIFORNIA

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GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION

California Code of Regulations, title 16, section 1043.2

Joan Otomo-Corgel
Name

25754
License Number

MS14

Permit Number

[Redacted Mailing Address]

Mailing Address

[Redacted Phone Number]

Phone Number

Email Address

Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.

[] General Anesthesia [] Deep Sedation [x] Moderate Sedation [] NO

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation? [x] YES [] NO

Are you limited to conducting evaluations in one region? [] North [x] South

What kind of cases would you like to evaluate? [] GA [x] MS [] Both

Type of Practice

- [] Anesthesia [] Oral Pathology [] Pedodontics [] General Dentist
[] Endodontics [] Orthodontics [x] Periodontology [] OMS
[] Prosthodontics [] Public Health [] Other

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Joan Otomo- Corgel
2023.03.22
21:45:06 -07'00'

Signature of Applicant

03/22/2023
Date



MEMORANDUM

DATE	April 26, 2023
TO	Members of the Dental Board of California
FROM	Tracy A. Montez, Ph.D., Executive Officer Dental Board of California
SUBJECT	Agenda Item 16.: Discussion and Possible Action Regarding Executive Officer Salary

Background

The Dental Board of California (Board) has requested an exempt level increase for the Executive Officer (EO) position.

Action Requested

Pending final approval from CalHR, the Board will be asked to establish a salary increase for the Executive Officer (EO), retroactive, effective upon the November 1, 2022 appointment of the current EO, Tracy A. Montez, Ph.D.



MEMORANDUM

DATE	May 5, 2023
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 23.: President's Report on Closed Session Items

Background

Dr. Alan Felsenfeld, President of the Dental Board of California, will provide a verbal report on closed session items.

Action Requested

No action requested.



DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	May 5, 2023
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 24.a.: Report on Commission on Dental Competency Assessment, Western Regional Examining Board, and The Council of Interstate Testing Agencies (CDCA-WREB-CITA)

Background

Representatives from Commission on Dental Competency Assessment, Western Regional Examining Board, and The Council of Interstate Testing Agencies will provide a verbal report.

Action Requested

No action requested.

Agenda Item 24.a.: Report on Commission on Dental Competency Assessment, Western Regional Examining Board, and The Council of Interstate Testing Agencies (CDCA-WREB-CITA)
Dental Board of California Meeting
May 18-19, 2023



MEMORANDUM

DATE	April 26, 2023
TO	Members of the Dental Board of California
FROM	Tracy A. Montez, Ph.D. Dental Board of California
SUBJECT	Agenda Item 25.: Discussion and Possible Action on Office of Professional Examination Services (OPES) Survey Results Regarding the Use of Local Anesthesia and Nitrous Oxide in Procedures Performed by Registered Dental Assistants in Extended Functions (RDAEFs)

Background

At its November 2018 meeting, the Dental Assisting Council (Council) heard a presentation from Joan Greenfield, RDAEF, MS, regarding a proposal to add the administration of local anesthesia and nitrous oxide to the scope of practice of registered dental assistants in extended functions (RDAEFs) licensed on or after January 1, 2010, as an optional post-licensure permit with conditions determined by the Board. During this meeting, the Council discussed the necessity of adding the administration of local anesthesia and nitrous oxide to the scope of practice for RDAEFs and expressed concern for public protection.

The Council directed staff to survey both dentists and a larger sample of RDAEFs to solicit their judgments on adding the administration of local anesthesia and nitrous oxide to the RDAEF scope of practice. In addition, the Council directed the formation of a working group, consisting of dentists, hygienists, RDAEFs, and other interested stakeholders, to research and evaluate the proposal. Further, the Council recommended the Board consider exploring the possibility of eliminating the multiple layers of RDAEF certifications by incorporating all of them under one general RDAEF license.

At the August 2021 meeting, staff advised the Board that it does not have sufficient staff resources to carry out the Council's directive regarding the development of a survey and the formation of a working group. Board staff determined that to move forward with the

Agenda Item 25.: Discussion and Possible Action on Office of Professional Examination Services (OPES) Survey Results Regarding the Use of Local Anesthesia and Nitrous Oxide in Procedures Performed by Registered Dental Assistants in Extended Functions (RDAEFs)
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May 18-19, 2023

Council's request, a Board member would be needed to assist staff with the surveys and working groups. The Board members held a robust discussion, considering whether to move forward with developing a survey and forming a working group to study expanding the RDAEF scope of practice for allowing administration of local anesthesia and nitrous oxide. Board members expressed concern that it was unclear as to what the Council wanted to be studied. Some Board members favored moving forward with the Council's recommendation but would need additional information from the Council. A motion failed that would have moved forward with the Council's recommendation to survey both dentists and a larger sample of RDAEFs to assess their judgments on adding the administration of local anesthesia and nitrous oxide to the RDAEF scope of practice.

At the November 2021 meeting, the Council was asked to reevaluate whether a survey and study of these issues needed to be performed, and if so, the Council was asked to define the specific issues to be studied and surveyed, with a list of pertinent survey questions, regarding allowing RDAEF administration of local anesthesia and nitrous oxide. Given the lack of Board staff resources and complexity of these issues, the Council established a two-member working group consisting of Jeri Fowler, RDAEF, OA, and Traci Reed-Espinoza, RDAEF, Working Group, to discuss the specific issues to be studied, create relevant survey questions, and return to the Council with a list of the specific issues to be studied and survey questions.

At the January 2022 meeting, the Working Group presented their proposed survey questions to the Council. After a robust discussion, the Council made a motion to delegate authority to the Working Group to continue working with the Department of Consumer Affairs (DCA), Office of Professional Examination Services (OPES) to finalize the surveys and bring them back at a future Council meeting and the motion passed.

The Working Group reviewed OPES' recommendations to the surveys and brought their revised draft back to the Council at the May 2022 meeting, for their consideration and feedback. At that meeting, the Council delegated authority to the Working Group to work with OPES to finalize the surveys and distribute to stakeholders.

On August 8, 2022, the Working Group and Board staff met with OPES to discuss the next steps in the finalization and distribution of the survey. It was determined that the anticipated release date of the survey would be early September 2022. The survey was open to licensees for a period of one month.

At the November 2022 meeting, Ms. Fowler shared that OPES was in the process of completing analysis of the survey responses, and they would provide a memorandum of the full results at the February Council meeting. She reminded the Council that they were currently in phase one of this matter, which included gathering data via the survey to determine if the Council should move forward with recommending to the Board that

Agenda Item 25.: Discussion and Possible Action on Office of Professional Examination Services (OPES) Survey Results Regarding the Use of Local Anesthesia and Nitrous Oxide in Procedures Performed by Registered Dental Assistants in Extended Functions (RDAEFs)
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local anesthesia and nitrous oxide be an allowable duty for RDAEFs. She assured that patient care and safety was the number one concern of the Board, ensuring that the educational program is robust and comprehensive.

At the February 2023 meeting, the Council discussed the survey information. Specifically, OPES gathered results from the surveys that were administered to California-licensed RDAEFs and dentists and provided a breakdown between their responses. Based on the survey results, OPES found that the responses from RDAEFs and dentists to the survey were consistent. Both RDAEFs and dentists reported that the administration of local anesthesia was required for a significant proportion of procedures performed by RDAEFs. Both also reported that RDAEFs spent the majority of their time performing these procedures. Further, both groups reported that administration of additional local anesthesia was frequently required while RDAEFs were performing these procedures. Both the majority of RDAEFs and dentists who supervise RDAEFs supported expanding the RDAEF scope of practice to allow RDAEFs to administer local anesthesia and nitrous oxide after receiving specialized training. The complete results and full report of the survey are attached.

The Council has received opposition letters (included in the Council February 2023 meeting materials) from the California Dental Hygienists' Association (CDHA), the California Dental Hygiene Educators' Association (CDHEA), Chabot College Dental Hygiene Program, the University of the Pacific (UOP), and several individuals strongly opposing allowing RDAEFs the additional duty to administer local anesthesia and nitrous oxide. The Council also received public comment on this item during the February 2023 meeting, which expressed concerns that: (1) the survey was biased and only sought opinions from RDAEFs and dentists, which were both populations with an inherent tendency to want RDAEF practice scope expansion; (2) for proper patient safety, RDAEFs would need additional training and education to gain foundational knowledge on how to administer local anesthesia and nitrous oxide; and (3) there may be barriers to licensure resulting from increased cost of such education and training.

Board counsel noted that Business and Professions Code section 1753.5, subdivision (b), lists the duties that an RDAEF can perform under direct supervision. She thought that the overarching issue was whether the administration of local anesthesia or nitrous oxide should require direct supervision by a dentist, and if so, then that would require a legislative change, not a regulatory change. She also noted that the Board typically does not propose scope of practice legislation. As such, if there was a desire to expand the RDAEF scope of practice, stakeholder groups should submit their legislative proposal to the California State Legislature. If such proposal were introduced, the Board would discuss whether the Board would take a position on the legislation. If such legislation was enacted, the Board then could direct, if necessary, the Council to research and propose regulatory educational program components, as needed, for RDAEF administration of local anesthesia and nitrous oxide.

Agenda Item 25.: Discussion and Possible Action on Office of Professional Examination Services (OPES) Survey Results Regarding the Use of Local Anesthesia and Nitrous Oxide in Procedures Performed by Registered Dental Assistants in Extended Functions (RDAEFs)
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After robust discussion, the Council approved a motion to submit the survey results to the Board for review.

Action Requested

The Board is asked to review OPES' findings in relation to the administered survey. The Board may determine whether to take further action.

Attachments: December 16, 2022 OPES Memorandum and Survey Results Regarding the Use of Local Anesthesia and Nitrous Oxide in Procedures Performed by Registered Dental Assistants in Extended Functions (RDAEFs)



MEMORANDUM

DATE	December 16, 2022
TO	Tracy Montez, Ph.D., Executive Officer Dental Board of California
FROM	<i>Heidi Lincer</i> Heidi Lincer, Ph.D., Chief Office of Professional Examination Services
SUBJECT	Survey Results Regarding the Use of Local Anesthesia and Nitrous Oxide in Procedures Performed by Registered Dental Assistants in Extended Functions (RDAEFs)

EXECUTIVE SUMMARY

The Dental Board of California (Board) asked the Office of Professional Examination Services (OPES) to assist in conducting a study regarding the use of local anesthesia and nitrous oxide during procedures performed by Registered Dental Assistants in Extended Functions (RDAEFs). The purpose of the study is to provide data for the Board to consider when determining whether the RDAEF scope of practice should be expanded to include the administration of local anesthesia and nitrous oxide.

In September 2022, an online survey was administered to California-licensed RDAEFs and dentists: 1,686 RDAEFs and 31,926 dentists were invited to complete the survey. Of the 790 RDAEF respondents, 763 currently practicing RDAEFs were included in the analysis. Of the 2,890 dentist respondents, 727 dentists who were currently practicing and supervising RDAEFs were included in the analysis.

Both RDAEFs and dentists reported that the administration of local anesthesia is required for a significant proportion of procedures performed by RDAEFs, and that administration of *additional* local anesthesia is frequently required during these procedures, resulting in wait times for patients. The majority of RDAEFs reported that nitrous oxide was administered during procedures they performed. Approximately one-half of dentists reported that patients received nitrous oxide while undergoing procedures performed by RDAEFs they supervise.

The majority of both RDAEFs and dentists who supervise RDAEFs supported expanding the RDAEF scope of practice to include administering local anesthesia and nitrous oxide after receiving specialized training.

SURVEY DEVELOPMENT AND ADMINISTRATION

OPES worked with the Board's Dental Assisting Council (DAC) to develop surveys that were administered to California-licensed RDAEFs and dentists. The surveys gathered information about:

- The procedures performed by RDAEFs that require the administration of local anesthesia.
- The percentage of cases that require additional administration of local anesthesia during these procedures.
- The impact that additional administration of local anesthesia has on patients.
- The use of nitrous oxide during procedures performed by RDAEFs.
- The impact that including administration of local anesthesia and nitrous oxide under the RDAEF scope of practice would have on patients and on the delivery of dental health services.

OPES worked with the Board to obtain lists of email and physical addresses for California-licensed RDAEFs and dentists. RDAEFs and dentists who had email addresses on file with the Board were sent an email that included a link to complete an online survey. Practitioners who did not have an email address on file were sent a letter containing information on how to access the survey. The survey was open for participation September 1–30, 2022.

A total of 1,256 RDAEFs received an email invitation, and an additional 430 received letters inviting them to complete the survey. Of the 1,686 emails and letters sent to RDAEFs, 790 responses were received, for a response rate of 47.0%. Of the 790 RDAEF respondents, 763 reported that they were currently practicing and were included in further analyses.

A total of 27,426 dentists received an email invitation, and an additional 4,500 received letters inviting them to complete the survey. Of the 31,926 emails and letters sent to dentists, 2,890 responses were received, for a response rate of 9.1%. Of the 2,890 dentist respondents, 727 reported that they were currently practicing and supervising RDAEFs and were included in further analyses.

RDAEF SURVEY RESPONSES

Attachment A includes tables detailing the RDAEF responses to the survey questions that had multiple response options.

Of the RDAEF respondents, 67.4% reported that they had been licensed 10 years or fewer, and 32.1% reported that they had been licensed longer than 10 years (Attachment A, Table 1). The majority of respondents reported working in a private dental practice with either one dentist (30.4%) or two or more dentists (48.8%), while 7.4% reported working in either a dental school clinic, in public health dentistry, or in a military setting (Attachment A, Table 2).

When asked about the type of procedures they performed that require administration of local anesthesia, 87.2% of RDAEFs reported placing retraction cords for final impression of crowns and bridges; 79.9% reported placing and finishing direct restorations; and 72.6% reported adjusting and cementing indirect restorations. Fewer RDAEF respondents (26.7%) reported that they performed obturate root canal procedures, and 5.6% reported that they perform “other” procedures that require local anesthesia (Attachment A, Table 3). The most commonly reported “other” procedures included those related to implant placement and oral surgery. The majority of RDAEF respondents (69%) reported that more than 70% of their time is spent performing procedures that require administration of local anesthesia, and more than half of respondents (54.1%) reported that these procedures account for more than 80% of their time (Attachment A, Table 4).

The largest proportion of RDAEF respondents (35.3%) reported that the administration of additional local anesthesia was required for 31–60% of patients during procedures they perform, and 27.5% reported that additional local anesthesia was required for more than 60% of patients (Attachment A, Table 5). When additional local anesthesia was required, 30.1% of respondents reported an average wait time of 6–10 minutes before it was administered by a dentist or other dental professional, while 20.7% reported a wait time of 11–15 minutes, and 21.5% reported a wait time of more than 16 minutes (Attachment A, Table 6). Once the additional local anesthesia was administered, approximately 43% of RDAEF respondents reported an average additional wait time of 1–5 minutes before they were able to resume procedures, and another 30% reported an average additional wait time of 6–10 minutes (Attachment A, Table 7).

Approximately 70% of RDAEFs reported that nitrous oxide was administered during procedures they performed; however, there was significant variability in the proportion of patients who received it. Approximately 39% of RDAEFs reported that nitrous oxide was administered to 1–30% of patients, while 15% reported that it was administered to 31–50% of patients, and approximately 16% reported that it was administered to more than 50% of patients (Attachment A, Table 8).

RDAEFs were asked about the potential patient benefits of permitting RDAEFs to administer local anesthesia after receiving specialized training. Of the respondents, approximately 86% indicated that patients would spend less time in the operatory chair; 75% indicated that pain management would be enhanced; and 69% indicated that patient anxiety would be reduced (Attachment A, Table 9). Other comments indicated that productivity and efficiency would increase, and that dentists would be allowed to attend to other tasks associated with patient care. Almost all respondents also indicated that patients would benefit from permitting RDAEFs to administer nitrous oxide after receiving specialized training, primarily through reduced patient anxiety (84.9%). Less than 4% of respondents indicated that patients would not benefit (Attachment A, Table 10).

DENTIST SURVEY RESPONSES

Attachment B includes tables detailing the dentist responses to the survey questions that had multiple response options.

Of the responding dentists who supervise RDAEFs, 34.8% reported that they had been licensed 10 years or fewer, and 65.2% reported that they had been licensed longer than 10 years (Attachment B, Table 1). Similar to RDAEF respondents, the majority of dentist respondents reported working in a private dental practice with either one dentist (27.9%) or two or more dentists (48.3%). Fewer dentist respondents reported that they worked in either a dental service organization (10%), in public health dentistry (7.4%), or in a dental school clinic (2.2%) (Attachment B, Table 2).

Dentists were asked about the procedures performed by the RDAEFs they supervise. When asked which of these procedures required local anesthesia, approximately 25% of respondents reported that RDAEFs did not perform procedures that required local anesthesia; 62.6% reported that RDAEFs placed retraction cords for final impression of crowns and bridges; 54.6% reported that RDAEFs placed and finished direct restorations; and 50.6% reported that RDAEFs adjusted and cemented indirect restorations. Approximately 7% reported that RDAEFs obturate root canals, and 5.8% reported that RDAEFs performed “other” procedures that require local anesthesia (Attachment B, Table 3). Similar to RDAEF responses, the most commonly reported “other” procedures were those related to implant placement and oral surgery. Approximately 36% of dentists reported that RDAEFs spent more than 50% of their time performing procedures that require local anesthesia, while 26.8% reported that RDAEFs spent more than 70% of their time performing such procedures (Attachment B, Table 4).

Dentists were also asked about the proportion of patients undergoing procedures by the RDAEFs they supervise that required additional local anesthesia. Of the respondents, 37.7% reported that 1–10% of patients required additional local anesthesia, 23.8% reported 11–50% of patients, and 7.2% reported more than 50% of patients (Attachment B, Table 5). The highest proportion of dentists (28.2%) reported that the average wait time to administer the additional local anesthesia was 1–5 minutes; 17.5% reported that the average wait time was 6–10 minutes; and 10% reported 11–15 minutes. Few dentists (5.4%) reported that the average wait time was 16 minutes or longer (Attachment B, Table 6). Once the additional local anesthesia was administered, 43.6% of dentists reported an additional wait time of up to 5 minutes before RDAEFs were able to resume the procedure, and another 17.6% reported an average wait time of 6–10 minutes (Attachment B, Table 7).

Dentists were also asked whether nitrous oxide was administered to patients undergoing procedures performed by the RDAEFs they supervise. Of the respondents, 46.8% reported that nitrous oxide was administered, and 45.8% reported that it was not. Approximately 22% of dentists reported that nitrous oxide was administered to 1–10% of patients, and 16.3% reported that it was administered to 11–30% of patients. Approximately 5% of dentists reported that it was administered to more than 50% of patients (Attachment B, Table 8).

The majority of dentists (56%) indicated that patients would benefit from permitting RDAEFs to administer local anesthesia after receiving specialized training, and 36% indicated that patients would not benefit. As shown in Attachment B, Table 9, potential patient benefits identified by dentists included:

- Less time in the operatory chair (51.3%).
- Enhanced pain management (45.1%).
- Reduced patient anxiety (38%).

Respondents also mentioned additional benefits to patients, including more access to care, greater efficiency, and better overall patient care.

The majority of dentists (65.6%) indicated that patients would benefit from permitting RDAEFs to administer nitrous oxide after receiving specialized training, primarily through reduced patient anxiety (60.7%) (Attachment B, Table 10). Approximately 26% of dentist respondents indicated that patients would not benefit.

The majority of dentists (54%) indicated that they would support the RDAEFs they supervise in receiving additional specialized training to administer local anesthesia, while 13% indicated that they would not. A larger proportion of dentists (65%) indicated that they would support the RDAEFs they supervise in receiving additional specialized training to administer nitrous oxide, with only 1% indicating that they would not.

CONCLUSIONS BASED ON SURVEY RESULTS

OPES found that the ratings provided by RDAEFs and dentists were relatively congruent. Both RDAEFs and dentists reported that the administration of local anesthesia was required for a significant proportion of procedures performed by RDAEFs. Both also reported that RDAEFs spent the majority of their time performing these procedures. Further, both groups reported that administration of *additional* local anesthesia was frequently required while RDAEFs were performing these procedures. In the majority of cases, this resulted in an average reported wait time of up to 10 minutes before a dentist or other dental professional was able to administer the required additional local anesthesia, with an additional wait time of up to 6–10 minutes before procedures could be resumed.

While the majority of RDAEFs reported that nitrous oxide was administered during the procedures they performed, there was significant variability in the proportion of patients who received it. Dentists were evenly split in reporting whether patients received nitrous oxide while undergoing procedures performed by the RDAEFs they supervise. Dentists also indicated a fair amount of variability with regard to the proportion of patients who received this treatment.

This study was undertaken to assist the Board in determining whether expanding the RDAEF scope of practice is warranted. Both the majority of RDAEFs and the majority of dentists who supervise RDAEFs supported expanding the RDAEF scope of practice to

allow RDAEFs to administer local anesthesia and nitrous oxide after receiving specialized training.

If the Board decides to expand the RDAEF scope of practice to include administration of local anesthesia and nitrous oxide, OPES will work with the Board to address this content on the licensure examination.

Attachments: RDAEF Responses to Survey Questions (Attachment A)
Dentist Responses to Survey Questions (Attachment B)

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TABLE 1 – YEARS LICENSED AND PRACTICING AS AN RDAEF

YEARS	NUMBER (N)	PERCENT
Fewer than 12 months	130	17.0
1–5 years	258	33.8
6–10 years	126	16.6
More than 10 years	245	32.1
Missing	4	0.5
Total	763	100.0

TABLE 2 – PRIMARY WORK SETTING

SETTING	NUMBER (N)	PERCENT
Private dental practice with one dentist	232	30.4
Private dental practice with two or more dentists	372	48.8
Dental service organization or corporation	67	8.8
Public health dentistry	46	6.0
Dental school clinic	10	1.3
Military	1	0.1
Other	31	4.1
Missing	4	0.5
Total	763	100.0

TABLE 3 – PROCEDURES REQUIRING ADMINISTRATION OF LOCAL ANESTHESIA*

PROCEDURE	NUMBER (N)	PERCENT**
Place and finish direct restorations	610	79.9
Place retraction cord for final impression of crowns and bridges	665	87.2
Adjust and cement indirect restorations	554	72.6
Obturate (fill) root canals	204	26.7
Other	43	5.6
None	38	5.0

*NOTE: Respondents were asked to select all that apply.

**NOTE: Percentages indicate the proportion in the sample of respondents.

TABLE 4 – PROPORTION OF TIME SPENT ON PROCEDURES REQUIRING LOCAL ANESTHESIA

PROPORTION OF TIME	NUMBER (N)	PERCENT
1–10%	17	2.2
11–20%	15	2.0
21–30%	22	2.9
31–40%	15	2.0
41–50%	27	3.5
51–60%	50	6.6
61–70%	36	4.7
71–80%	114	14.9
81–90%	204	26.7
91–100%	209	27.4
Missing	54	7.1
Total	763	100.0

TABLE 5 – PROPORTION OF PATIENTS THAT REQUIRE ADDITIONAL LOCAL ANESTHESIA

PROPORTION OF PATIENTS	NUMBER (N)	PERCENT
1–10%	83	10.9
11–20%	64	8.4
21–30%	74	9.7
31–40%	102	13.4
41–50%	78	10.2
51–60%	89	11.7
61–70%	55	7.2
71–80%	69	9.0
81–90%	60	7.9
91–100%	26	3.4
Missing	63	8.3
Total	763	100*

*NOTE: Percentages do not add to 100 due to rounding.

TABLE 6 – AVERAGE WAIT TIME BEFORE LOCAL ANESTHESIA IS ADMINISTERED BY DENTIST OR OTHER PROFESSIONAL

WAIT TIME	NUMBER (N)	PERCENT
Less than a minute	23	3.0
1–5 minutes	123	16.1
6–10 minutes	230	30.1
11–15 minutes	158	20.7
16–20 minutes	106	13.9
Longer than 20 minutes	58	7.6
Missing	65	8.5
Total	763	100*

*NOTE: Percentages do not add to 100 due to rounding.

TABLE 7 – AVERAGE WAIT TIME BEFORE PROCEDURES CAN CONTINUE AFTER BEING STOPPED

WAIT TIME	NUMBER (N)	PERCENT
Less than a minute	27	3.5
1–5 minutes	331	43.4
6–10 minutes	229	30.0
11–15 minutes	71	9.3
16–20 minutes	18	2.4
Longer than 20 minutes	13	1.7
Missing	74	9.7
Total	763	100.0

TABLE 8 – PROPORTION OF PATIENTS THAT RECEIVE NITROUS OXIDE DURING PROCEDURES

PROPORTION OF PATIENTS	NUMBER (N)	PERCENT
1–10%	115	15.1
11–20%	83	10.9
21–30%	95	12.5
31–40%	70	9.2
41–50%	44	5.8
51–60%	47	6.2
61–70%	18	2.4
71–80%	15	2.0
81–90%	23	3.0
91–100%	23	3.0
Missing	230	30.1
Total	763	100*

*NOTE: Percentages do not add to 100 due to rounding.

TABLE 9 – BENEFITS IF RDAEFs WERE PERMITTED TO ADMINISTER LOCAL ANESTHESIA WITH TRAINING*

BENEFIT	NUMBER (N)	PERCENT**
Enhanced pain management	572	75.0
Reduced anxiety	523	69.0
Less time spent in the operatory chair	653	85.6
Other	88	11.5
None	28	3.7

*NOTE: Respondents were asked to select all that apply.

**NOTE: Percentages indicate the proportion in the sample of respondents.

TABLE 10 – BENEFITS IF RDAEFs WERE PERMITTED TO ADMINISTER NITROUS OXIDE WITH TRAINING*

BENEFIT	NUMBER (N)	PERCENT**
Enhanced pain management	475	62.3
Reduced anxiety	648	84.9
Less time spent in the operatory chair	522	68.4
Other	43	5.6
None	27	3.5

*NOTE: Respondents were asked to select all that apply.

**NOTE: Percentages indicate the proportion in the sample of respondents.

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TABLE 1 – YEARS LICENSED AND PRACTICING AS A DENTIST

YEARS	NUMBER (N)	PERCENT
Fewer than 12 months	21	2.9
1–5 years	130	17.9
6–10 years	102	14.0
More than 10 years	474	65.2
Total	727	100.0

TABLE 2 – PRIMARY WORK SETTING

SETTING	NUMBER (N)	PERCENT
Private dental practice with one dentist	203	27.9
Private dental practice with two or more dentists	351	48.3
Dental service organization or corporation	73	10.0
Public health dentistry	54	7.4
Dental school clinic	16	2.2
Military	3	0.4
Other	26	3.6
Missing	1	0.1
Total	727	100*

*NOTE: Percentages do not add to 100 due to rounding.

TABLE 3 – PROCEDURES RDAEFs PERFORM THAT REQUIRE ADMINISTRATION OF LOCAL ANESTHESIA*

PROCEDURE	NUMBER (N)	PERCENT**
Place and finish direct restorations	397	54.6
Place retraction cord for final impression of crowns and bridges	455	62.6
Adjust and cement indirect restorations	368	50.6
Obturate (fill) root canals	47	6.5
Other	42	5.8
None	181	24.9

*NOTE: Respondents were asked to select all that apply.

**NOTE: Percentages indicate the proportion in the sample of respondents.

TABLE 4 – PROPORTION OF TIME SPENT BY RDAEFs PERFORMING PROCEDURES REQUIRING LOCAL ANESTHESIA

PROPORTION OF TIME	NUMBER (N)	PERCENT
1–10%	73	10.0
11–20%	49	6.7
21–30%	54	7.4
31–40%	38	5.2
41–50%	35	4.8
51–60%	39	5.4
61–70%	30	4.1
71–80%	82	11.3
81–90%	60	8.3
91–100%	52	7.2
Missing	215	29.6
Total	727	100.0

TABLE 5 – PROPORTION OF PATIENTS THAT REQUIRE ADDITIONAL LOCAL ANESTHESIA

PROPORTION OF PATIENTS	NUMBER (N)	PERCENT
1–10%	274	37.7
11–20%	81	11.1
21–30%	52	7.2
31–40%	22	3.0
41–50%	18	2.5
51–60%	23	3.2
61–70%	8	1.1
71–80%	7	1.0
81–90%	8	1.1
91–100%	6	0.8
Missing	228	31.4
Total	727	100*

*NOTE: Percentages do not add to 100 due to rounding.

TABLE 6 – AVERAGE WAIT TIME BEFORE LOCAL ANESTHESIA IS ADMINISTERED BY DENTIST

WAIT TIME	NUMBER (N)	PERCENT
Less than a minute	50	6.9
1–5 minutes	205	28.2
6–10 minutes	127	17.5
11–15 minutes	73	10.0
16–20 minutes	21	2.9
Longer than 20 minutes	18	2.5
Missing	233	32.0
Total	727	100.0

TABLE 7 – AVERAGE WAIT TIME BEFORE PROCEDURES CAN CONTINUE AFTER BEING STOPPED

WAIT TIME	NUMBER (N)	PERCENT
Less than a minute	53	7.3
1–5 minutes	264	36.3
6–10 minutes	128	17.6
11–15 minutes	32	4.4
16–20 minutes	5	0.7
Longer than 20 minutes	5	0.7
Missing	240	33.0
Total	727	100.0

TABLE 8 – PROPORTION OF PATIENTS THAT RECEIVE NITROUS OXIDE DURING PROCEDURES

PROPORTION OF PATIENTS	NUMBER (N)	PERCENT
1–10%	163	22.4
11–20%	62	8.5
21–30%	57	7.8
31–40%	16	2.2
41–50%	6	0.8
51–60%	9	1.2
61–70%	9	1.2
71–80%	7	1.0
81–90%	4	0.6
91–100%	8	1.1
Missing	386	53.1
Total	727	100*

*NOTE: Percentages do not add to 100 due to rounding.

TABLE 9 – BENEFITS IF RDAEFs WERE PERMITTED TO ADMINISTER LOCAL ANESTHESIA WITH TRAINING*

BENEFIT	NUMBER (N)	PERCENT**
Enhanced pain management	328	45.1
Reduced anxiety	276	38.0
Less time spent in the operatory chair	373	51.3
Other	40	5.5

*NOTE: Respondents were asked to select all that apply.

**NOTE: Percentages indicate the proportion in the sample of respondents.

TABLE 10 – BENEFITS IF RDAEFs WERE PERMITTED TO ADMINISTER NITROUS OXIDE WITH TRAINING*

BENEFIT	NUMBER (N)	PERCENT**
Enhanced pain management	338	46.5
Reduced anxiety	441	60.7
Less time spent in the operatory chair	335	46.1
Other	20	2.8

*NOTE: Respondents were asked to select all that apply.

**NOTE: Percentages indicate the proportion in the sample of respondents.



MEMORANDUM

DATE	May 3, 2023
TO	Members of the Dental Board of California
FROM	Tracy A. Montez, Ph.D., Executive Officer Dental Board of California
SUBJECT	Agenda Item 26.: Discussion of Board Approval of Foreign Dental Schools

Background

Commencing on January 1, 2003, Assembly Bill (AB) 1116 (Keeley, Chapter 792, Statutes of 1997), among other things, established requirements for licensure of applicants who were graduates of foreign dental schools and required the Dental Board of California (Board) to be responsible for the approval of foreign dental schools based on prescribed standards and subject to new procedures regarding the Board-approval process.

Notably, AB 1116 also added BPC section 1636.6, which provided the following legislative findings and declarations:

- In order to assure that the people of California receive the highest quality of dental care, dentists graduating from dental schools outside of the United States who apply for licensure in California must possess the same training and skills as applicants from schools that have been approved by the board.
- The current process for ensuring the adequacy of training of these applicants is deficient, that high numbers of foreign dental graduates are failing the restorative technique examination required in Section 1636, and that there are numerous repeat failures.
- While current law requires that a foreign dental graduate who fails the restorative technique examination is required to take a minimum of two years of additional training from a dental school approved by the board, only three of the five dental schools operating in California offer a two-year course of study for graduates of foreign dental schools.

Based on those findings and declarations, the Legislature urged all dental schools in this state to provide in their curriculum a two-year course of study that may be utilized by graduates of foreign dental schools to attain the prerequisites for licensure in California.

In 2019, the California State Legislature performed its Sunset Review of the Board. In response to the issues raised in the Legislative Oversight Committee's Background Paper and during the March 5, 2019 oversight hearing, the Board submitted a [Response](#), which included discussion regarding the Committees' inquiry whether the process by which the Board approved foreign dental schools should continue, how foreign dental schools were approved by the Board, and whether accrediting organizations, such as the Commission on Dental Accreditation (CODA), should play a larger role in the approval process. The Board responded, in part, as follows:

Two foreign dental schools are currently approved by the DBC: The University De La Salle School of Dentistry, located in Leon, Guanajuato, Mexico, and the State of Medicine and Pharmacy "Nicolae Testemintanu" of the Republic of Moldova. The Moldova dental school Moldova received a two-year provisional approval in December 2016 and full approval in May 2018. Subsequently, members of the DBC grew concerned that additional details of the Moldova school's recruitment program and admission standards were not disclosed in the application or to the DBC site evaluation team during the review.

In the DBC's November 2018 meeting, the board discussed a recently uncovered flyer advertising the Moldova school titled "Become a dentist... while living in Europe!" The flyer was widely distributed in California through "the University of Moldova USA Inc."—a separate entity operating an admissions office for the Moldova dental school based in Encino, CA. According to the DBC, the relationship between the dental school and the entity in Encino "was never divulged during the site evaluation conducted in October 2016." It is apparent that the Moldova dental school has actively recruited students in California, promising DBC-approved dental school education (taught entirely in English) without the need for a four-year college degree. Further, the tuition charged to students recruited in the United States appears to be four times that of Moldovan students.

To date, representatives of the Moldova school have not thoroughly responded to the DBC's questions and concerns. However, representatives of the school will attend the May 2019 meeting to address the DBC's concerns. As the DBC continues to debate what appropriate action should be taken concerning the Moldova school's approval status, the DBC has concluded that it does not have the resources or expertise to sufficiently evaluate foreign dental schools.

During the DBC's last sunset review, an issue was raised regarding whether the DBC should "consider heavier reliance on accrediting organizations for foreign school approvals if those options become available." Currently, dental schools established within the United States but outside California are approved by the Commission on Dental Accreditation (CODA), which further recognizes Canadian dental schools

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approved by the Commission on Dental Accreditation of Canada. CODA has established an International Accreditation process designed to assess and approve foreign dental schools through robust investigation and evaluation. To date, CODA has yet to approve any foreign dental schools through this lengthy process. However, CODA has begun to evaluate applications for approval, including one submitted by a school in Leon, Guanajuato, Mexico. If it is determined that the role of the DBC in approving foreign dental schools should be reduced, the CODA process may be a desirable alternative.

[...]

During the prior sunset review, the oversight committee discussed foreign dental school approvals and whether the current process for approving foreign dental schools is sufficient; or whether the DBC should consider heavier reliance on accrediting organizations such as the Commission on Dental Accreditation (CODA) for foreign school approvals.

The legislature recognized the need to ensure that graduates of foreign dental schools who have received an education that is equivalent to that of accredited institutions in the United States and that adequately prepares their students for the practice of dentistry shall be subject to the same licensure requirements in California as graduates of approved dental schools or colleges. The institutional standards upon which the board evaluates foreign dental schools were initially established based upon the CODA standards used for dental schools located within the United States. At the time that this statute went into effect, CODA did not have a program to evaluate international dental schools. While throughout the years CODA has continued to review and revise its standards, the DBC has not kept pace with these changes by updating its regulations.

The DBC acknowledges that the California standards should be updated to reflect the CODA standards, however, completing this update through the regulatory process has proven very arduous. The process by which regulations are updated takes anywhere from 9 to 18 months to become effective. CODA implements revisions of its accreditation standards regularly. Between January 1, 2017 and January 1, 2018, CODA implemented revisions to three (3) of its accreditation standards for dental education programs. If the DBC began the process of bringing its educational standards in line with CODA at this time, it is likely that by the time the process is finished, those standards again will have been revised by CODA. This makes it virtually impossible for the DBC to keep current with CODA's accreditation standards.

It is important to point out that over the last twenty years, since this statute was created, there have been only three foreign dental schools that have applied for board approval; two have been successful and one did not complete the process.

In addition, statute states, in pertinent part, the following: "the legislature hereby urges all dental schools in this state to provide in their curriculum a two-year course of study

that may be utilized by graduates of foreign dental schools to attain the prerequisites for licensure in California. Since the inception of this statute, five of the six the dental schools in California have established two-year international dentist programs.

Advancements have been made at CODA with regard to international dental school accreditation. In November 2015, the American Dental Association (ADA) House of Delegates supported the establishment of the CODA Standing Committee on International Accreditation (SCIA). CODA now has a rigorous and comprehensive international accreditation program for predoctoral dental education.

Currently there are a number of international dental schools utilizing the CODA consultative services and are in various phases of the accreditation process.

The DBC believes that the best way to meet the legislature's need to ensure that graduates of foreign dental schools have received an education that is equivalent to that of accredited institutions in the United States is to require foreign dental schools to successfully complete the CODA international consultation and accreditation process that is currently available to all foreign dental schools. [[Response](#), pp. 8-10.]

Following the oversight committees' review of the Board, AB 1519 (Low, Chapter 865, Statutes of 2019) was introduced by Assemblymember Low and, among other things, extended the Board's sunset date from January 1, 2020, to January 1, 2024. On the issue of foreign dental schools, the Senate Business, Professions and Economic Development Committee [analysis](#) (p. 7) of AB 1519 for the July 8, 2019 committee hearing noted:

As the DBC continues to debate what appropriate action should be taken concerning the Moldova school's approval status, the DBC has concluded that it does not have the resources or expertise to sufficiently evaluate foreign dental schools. During the DBC's last sunset review, an issue was raised regarding whether the DBC should "consider heavier reliance on accrediting organizations for foreign school approvals if those options become available." Currently, dental schools established within the United States but outside California are approved by CODA, which further recognizes Canadian dental schools approved by the Commission on Dental Accreditation of Canada. CODA has established an International Accreditation process designed to assess and approve foreign dental schools through robust investigation and evaluation. To date, CODA has yet to approve any foreign dental schools through this lengthy process. However, CODA has begun to evaluate applications for approval, including one submitted by a school in Leon, Guanajuato, Mexico. *This bill requires schools seeking approval as foreign dental school to complete the international consultative and accreditation process with CODA or a comparable accrediting body approved by DBC and requires, by January 1, 2024, in order to remain an approved foreign dental school in the state, all schools previously approved by DBC as a foreign dental school to have successfully completed the international consultative and accreditation process with CODA or a comparable accrediting body approved by DBC.* [Emphasis in original.]

The Assembly Business and Professions Committee [analysis](#) (pp. 14-15) of AB 1519 for the September 13, 2019 committee hearing noted as follows:

Currently, the Dental Board is charged with approving schools outside of the United States and Canada that wish to have their graduates' dental school degrees accepted by the board under the same process that degrees obtained in the United States are accepted. This involves two board members and staff traveling to the foreign country to review the campus, as well as the review of an extensive application. To date, only two schools have been approved by the Dental Board: one in Mexico, and one in Moldova.

This bill would transfer the authority for approving foreign dental schools to the Commission on Dental Accreditation, or CODA. The two currently approved schools would remain approved for four years or until their existing approval runs out. In the meantime, they would be expected to seek and obtain CODA approval.

CODA is the entity that currently facilitates interstate reciprocity for schools within the United States and Canada. The Dental Board knows whether to accept the degree from a small dental school in Alabama based on whether it has received CODA approval. Previously, CODA did not approve schools outside of the United States and Canada; they recently established their own foreign dental school approval program, and have already approved its first school. The Dental Board's official opinion is that CODA is much better equipped to review and approve foreign dental schools, considering their expertise and ability to update their standards as necessary.

California is the only state where the Dental Board is tasked with approving foreign schools. Other health boards in California rely on national accreditors for similar approvals. For example, the Medical Board's foreign school approval authority was transferred to a pair of international accreditors during its last sunset.

AB 1519 prohibited the Board from accepting new applications for approval of foreign dental schools by January 1, 2020.

In 2021, Senate Bill 607 (Min, Chapter 367, Statutes of 2021) included several Dental Practice Act amendments, including an extension for a foreign dental school that was renewed by the Board prior to January 1, 2020, through a date between January 1, 2024, and June 30, 2026, maintained that approval through that date, and upon expiration of that approval, the foreign dental school would be required to comply with the CODA or comparable accreditation process. The bill further provided that graduates of a foreign dental school whose program was approved by the Board prior to January 1, 2020, through any date before January 1, 2024, and who enrolled in the program prior to January 1, 2020, would be eligible for Board dentist licensure. The Senate Business, Professions and Economic Development Committee [analysis](#) (p. 3) of SB 607 for the July 14, 2021 committee hearing noted:

Currently, both foreign dental schools approved by the DBC remain approved until January 1, 2024, by which time they will have to have received CODA accreditation. This date aligns with the DBC's next sunset review, allowing for the Legislature to consider extending the deadline further in the event that either school reasonably needs more time to receive accreditation. Meanwhile, graduates of a foreign dental school whose programs were approved at the time of graduation remain eligible for licensure by the DBC.

This bill would provide that a foreign dental school whose program was approved prior to January 1, 2020, through any date between January 1, 2024, and December 31, 2026, can remain approved through that date, so that those schools may maintain their approval without it being prematurely terminated before they can obtain CODA approval. Further, the bill would allow for students who enrolled in a foreign dental school under those circumstances prior to January 1, 2020 to be eligible for licensure.

Notably, the Board did not submit the foreign dental school statutory amendments but supported SB 607 because it included the Board's proposal to eliminate the registered dental assistant in extended functions (RDAEF) practical and clinical examination and established an application fee for a pediatric minimal sedation permit. (Board May 13-14, 2021 Meeting Materials, Agenda Item 22(b) Meeting [Memo](#), pp. 208-209.)

Pursuant to SB 1443 (Roth, Chapter 625, Statutes of 2022), the sunset dates for many boards and bureaus, including the Board, were changed "to rebalance the sunset review calendar following previous changes made in response to the COVID-19 pandemic." ([Analysis](#) for June 28, 2022 hearing, Assembly Business and Professions Committee, p. 3.) The Board's sunset date was extended from January 1, 2024, to January 1, 2025. The bill was authored by the Chair of the Senate Business, Professions and Economic Development Committee, and the Board supported the bill.

Discussion

Currently, Business and Professions Code (BPC) section 1628, subdivision (b), authorizes dentist license applicants to qualify for licensure by, among other things, furnishing satisfactory evidence of having graduated from a dental college approved by the board or by CODA. "Dental college approved by the board" or "approved dental school" includes a foreign dental school accredited by a body that has a reciprocal accreditation agreement with any commission or accreditation organization whose findings are accepted by the Board.

Business and Professions Code section 1636.4, until January 1, 2020, required the Board to receive applications for schools seeking approval as a foreign dental school, and established application review criteria. The process for reviewing applications from foreign dental schools seeking Board approval and renewal is outlined in California Code of Regulations (CCR), title 16, sections 1024.1 and 1024.3-1024.12. Schools were required to meet basic curriculum requirements, as well as administrative and programmatic standards

to ensure a certain degree of equivalency with schools operating within the United States. An “onsite inspection and evaluation team” (site team) appointed by the Board was then responsible for making “a comprehensive, qualitative onsite review of each institution that applies for approval.” This review included examining documents, inspecting facilities, auditing classes, and interviewing administrators, faculty, and students. Foreign schools that underwent a site visit were required to reimburse the Board for all reasonable costs incurred by staff and the site team relating to the inspection. The Board was required to notify the school of whether it has been approved within 225 days of a completed application.

Pursuant to BPC section 1636.4, subdivision (h), as of January 1, 2020, the Board is prohibited from accepting new applications for schools seeking approval as a foreign dental school, and foreign dental schools are required to successfully complete the international consultative and accreditation process with CODA or a comparable accrediting body approved by the Board. A foreign dental school required to submit a renewal application after January 1, 2020, cannot submit that application to the Board and is deemed approved until January 1, 2024, subject to continued compliance with BPC section 1636.4, subdivision (e). By January 1, 2024, to remain an approved foreign dental school in California, the school must successfully complete the international consultative and accreditation process with CODA or a comparable accrediting body approved by the Board. (BPC, § 1636.4, subd. (i).) Graduates of a foreign dental school whose programs were approved by the time of graduation are eligible for licensure pursuant to BPC section 1628. (*Ibid.*)

To date, two foreign dental schools are currently approved by the Board: the De La Salle University School of Dentistry (De La Salle), located in Leon, Guanajuato, Mexico, and the State University of Medicine and Pharmacy “Nicolae Testemintanu” of the Republic of Moldova (Moldova). Moldova received an initial two-year provisional approval in December 2016 and was granted full approval in May 2018. Subsequently, members of the Board grew concerned that additional details of Moldova’s recruitment program and admission standards were not disclosed in the application or to the Board site team during the review. Currently, Moldova is deemed Board approved through January 1, 2024, and De La Salle remains approved through May 16, 2026.

At the Board’s February 9-10, 2023 meeting, the Board was advised during public comment on items not on the agenda that CODA approval of a foreign dental school will take 10 to 12 years, making the January 1, 2024 deadline impossible to meet. The public comment requested the Board reassess the implications and repercussions of requiring foreign dental schools to obtain CODA approval.

Although the foreign dental schools appear to be reconsidering their requests to the California State Legislature the deadline by which they must receive CODA approval, the Board’s difficulties in continuing the foreign dental school approval process remain. Notably:

- The Board does not have the resources or expertise to sufficiently evaluate foreign dental schools.
- California is the only state in the United States (U.S.) that approves international dental schools. Other states require applicants for licensure to have graduated from either a program approved by CODA or to have completed a two-year advanced standing program at a CODA-accredited school.
- There are existing pathways by which internationally trained dentists can become licensed in California. California offers licensure by credential to dentists who hold an unrestricted license in another state and who have practiced for five years. International students also are eligible for licensure if they complete a two-year advanced standing program at a CODA-accredited school.
- The Medical Board of California no longer approves international medical schools and instead requires international schools to be accredited by Educational Commission for Foreign Medical Graduates or listed by the World Federation of Medical Education and the Foundation for Advancement of International Medical Education and Research.
- Other Department of Consumer Affairs healing arts boards do not approve training programs, but instead recognize accreditation of educational programs by national organizations (e.g., Board of Registered Nursing, Board of Pharmacy, and the Physical Therapy Board of California).
- The complexity of the accreditation process requires the use of national accrediting agencies with specialized knowledge and resources. The CODA Site Evaluation Team, for example, is comprised of experts, such as a scientist, curriculum expert, clinical science expert, and financial expert.
- CODA offers accreditation to international dental schools that is recognized by all states. In August 2019, CODA approved the dental education program at the King Abdulaziz University in Jeddah, Saudi Arabia.
- CODA is the sole entity recognized by the U.S. Department of Education to accredit U.S. dental schools.
- There is no documented evidence that increasing the number of internationally trained dentists will provide increased access to care in rural or underserved areas.
- Travel outside of the country for a site visit of a foreign dental school requires Governor approval.

Currently, dental schools established within the U.S. but outside California are approved by CODA, which further recognizes Canadian dental schools approved by CODA of Canada.

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CODA has established an International Accreditation process designed to assess and approve foreign dental schools through robust investigation and evaluation.

Board staff fully support the legislative intent of AB 1519 and believe CODA is the appropriate mechanism to approve foreign dental schools.

Board staff notes that since the Board's February meeting, AB 1552 (Reyes, 2023) was gutted and amended on March 23, 2023, to revise the foreign dental school statutes, BPC sections 1634.1 and 1636.4, and would require the Board, once again, to be responsible for approval of foreign dental schools.

Action Requested

Information item only. No action is requested on this item.



DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

Table with 2 columns: Field (DATE, TO, FROM, SUBJECT) and Content (April 6, 2023, Members of the Dental Board of California, Paige Ragali, Chief of Dental Programs and Customer Support Dental Board of California, Agenda Item 27.a.: Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code (BPC) Section 1634.1 Regarding Licensure by Residency Requirements)

Identification of Issues

Licensure by Residency (LBR) is one of five pathways through which an individual may be licensed as a dentist in California. Following recent Board proposed amendments to the Licensure by Credential (LBC) statutory requirements in Business and Professions Code (BPC) section 1635.5, Board staff propose conforming amendments to the LBR statutory requirements in BPC section 1634.1 to maintain licensure eligibility consistency.

Background

The LBR pathway is unique in that the license applicant may qualify for licensure based on, among other requirements, completion of clinically based advanced education program in general dentistry or an advanced education program in general practice residency that is accredited by either the American Dental Association, Commission on Dental Accreditation (CODA) or a national accrediting body approved by the Board. LBR eligibility also requires successful completion of the written examination of the National Board Dental Examination of the Joint Commission on national Dental Examinations, successful completion of the California law and ethics examination, and proof that the applicant has not failed the examination for licensure to practice dentistry within five years prior to the date of the resident’s license application.

At the Board’s February 9-10, 2023 meeting, the Board approved a legislative proposal to revise the application requirements for the LBC pathway to amend, among other things, the requirement that the applicant had not failed the examination for licensure to practice dentistry. The legislative proposal would clarify the applicant would have to

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provide proof the applicant had not failed a state, regional, or national examination for dentist licensure, but if the applicant had subsequently passed the licensure examination, the prior failure would not make the applicant ineligible for LBC pathway licensure.

Discussion and Recommendations

The LBR statute, BPC section 1634.1, subdivision (f), requires applicants to provide proof that the “applicant has not failed the examination for licensure to practice dentistry under this chapter within five years prior to the date of the resident’s application.” The Board interprets the “examination” requirement to mean either the Western Regional Examination Board (WREB) or American Board of Dental Examiners (ADEX) examinations.

Board staff regularly receive questions from applicants who had failed a section of the examination, but subsequently passed the exam in its entirety within the five-year time frame. The construction of the statute requires a strict interpretation – if an applicant fails a section of the examination and then passes, they still are ineligible for licensure based upon the prior failure; the statute does not provide for subsequent passage. The result of this provision appears unnecessarily punitive in prohibiting an applicant, who ultimately successfully passes the examination, from LBR licensure.

The LBR statute (BPC, § 1634.1) contains the same license examination failure requirement as the LBC statute (BPC, § 1635.5). The Board recently approved proposed amendments to the LBC statute to clarify the type of examination for licensure (state, regional, or national) that the applicant cannot have failed and allow the applicant eligibility for LBC licensure upon proof of subsequently passing that licensure examination. The reasoning behind those amendments was to allow for changes in the future, such as removal or acceptance of new licensure examinations. As the LBR statutory examination provision is the same as the LBC statutory examination provision, Board staff propose amending BPC section 1634.1, subdivision (f), to conform the LBR examination eligibility requirements to the proposed amendments to the LBC examination eligibility requirements as follows: (1) clarify state, regional, or national examination; and (2) if the applicant subsequently passes the examination, the prior failure shall not make the applicant ineligible. Board staff also propose one technical amendment to strike “resident’s” from subdivision (f), to making consistency with the statutes use of “applicant.”

Operational/Fiscal Impact

Board staff have made an initial determination that the proposed statutory amendments would not have a significant operational impact on Board staff resources, or higher expectancy of applicant’s applying for licensure through the LBR pathway. It has been

determined that the statutory amendments would have minimal fiscal impact in regard to updating the online system to reflect new language for application requirements.

Critical Timeframes

The proposed statutory changes do not impose any critical timeframes.

Action Requested

The Board is asked to discuss and consider the above-described legislative proposal. If the Board approves of the legislative proposal, the Board is asked to include in the Board's next Sunset Review Report a recommendation to amend Business and Professions Code section 1634.1 to clarify the Licensure by Residency requirements.

Attachment

Legislative Proposal to Amend Business and Professions Code Section 1634.1
Licensure by Residency Requirements

DENTAL BOARD OF CALIFORNIA
LEGISLATIVE PROPOSAL TO AMEND
BUSINESS AND PROFESSIONS CODE SECTION 1634.1
LICENSURE BY RESIDENCY REQUIREMENTS

Additions are indicated in single underline.

Deletions are indicated in ~~single strikethrough~~.

Amend section 1634.1 of the Business and Professions Code as follows:

1634.1. Notwithstanding Section 1634, the board may grant a license to practice dentistry to an applicant who submits all of the following to the board:

- (a) A completed application form and all fees required by the board.
- (b) Satisfactory evidence of having graduated from a dental school approved by a national accrediting body approved by the board or by the Commission on Dental Accreditation of the American Dental Association.
- (c) Satisfactory evidence of having completed a clinically based advanced education program in general dentistry or an advanced education program in general practice residency that is, at minimum, one year in duration and is accredited by either the Commission on Dental Accreditation of the American Dental Association or a national accrediting body approved by the board. The advanced education program shall include a certification of clinical residency program completion approved by the board, to be completed upon the resident's successful completion of the program in order to evaluate the resident's competence to practice dentistry in the state. The certification shall be within two years prior to the date of the resident's application for a license under this section. Completion of the program shall be within two years prior to the date of their application for a license under this section.
- (d) Satisfactory evidence of having successfully completed the written examination of the National Board Dental Examination of the Joint Commission on National Dental Examinations.
- (e) Satisfactory evidence of having successfully completed an examination in California law and ethics.
- (f) Proof that the applicant has not failed ~~the~~ a state, regional, or national examination for licensure to practice dentistry under this chapter within five years prior to the date of the ~~resident's~~ application for a license under this chapter. If the applicant subsequently

passed the examination for licensure, the prior failure shall not make the applicant ineligible under this subdivision.



MEMORANDUM

DATE	April 21, 2023
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 27.b.: Discussion and Possible Action on Legislative Proposal to Amend BPC Sections 1601.1 and 1740 and Repeal BPC Section 1742 Regarding Dental Assisting Council

Background

The Dental Assisting Council (Council) is established in Business and Professions Code (BPC) section 1742 as a unit of the Dental Board of California (Board). Members are appointed by the Board and there must be at least seven members: the registered dental assistant (RDA) member of the Board, one other Board member and five RDAs. These five RDA members must have been licensed in California for at least five years and should reflect the broadest range of educational and practice experiences as possible. Two of the RDA members shall be employed as faculty in RDA educational programs approved by the Board, and three of the RDA members (one of which shall be a registered dental assistant in extended functions) shall be employed in private practice, public safety net or public health clinics.

The frequency and location of Council meetings are not set in statute, but Board practice has been to hold Council meetings just prior to or during Board meetings. The level of interaction between the Council and the Board has been part of the feedback provided to the Board. By shifting the Council structure from a statutorily prescribed council to a specific-needs committee, Board staff believe it will be a more efficient and effective strategy to address dental assisting issues.

Discussion

The current Council structure requires Board staff to schedule Council meetings, coordinate Council member travel, and prepare Council meeting agendas and associated meeting materials, all separate from the quarterly Board meetings. These actions are burdensome and costly.

Agenda Item 27.b.: Discussion and Possible Action on Legislative Proposal to Amend BPC Sections 1601.1 and 1740 and Repeal BPC Section 1742 Regarding Dental Assisting Council
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Further, Council items that make recommendations to the Board must wait until the next Board meeting to be heard for possible Board action, to ensure proper public notice and participation, especially if the recommendation is revised from what was provided to the public prior to the Council meeting. This creates delays and possible reprioritization. Finally, it has been expressed that Council items presented to the Board rarely result in robust discussion. Board staff believe this is because of the delay between Council item discussion and subsequent presentation to the Board.

Pursuant to the Board, BPC section 1601.1, subdivision (a), the Board may create standing committees as it deems appropriate. The Council, and Committee Member Administrative Policy and Procedure Manual, lists the current statutorily created standing committees as follows:

- Diversion Evaluation Committees (Northern and Southern) (BPC § 1695.2)
- Elective Facial Cosmetic Surgery Permit Credentialing Committee (BPC § 1638.1)
- Enforcement Committee (BPC § 1601.1)
- Examination Committee (BPC § 1601.1)

Notably, the Bagley-Keene Open Meeting Act makes committees created by statute subject to the 10-day notice and agenda requirements. (Gov. Code, § 11120, subd. (a).)

The Board also has created the following standing committees for specific needs:

- Access to Care Committee
- Anesthesia Committee
- Executive Committee
- Legislative and Regulatory Committee
- Licensing, Certification, and Permits Committee
- Substance Use Awareness Committee

In addition, the Board President, in consultation with the Board's Executive Officer, may appoint a two-person subcommittee at any time as deemed necessary. Other than statutorily created committees, two-person committees and subcommittees are more efficient in that meetings of two members do not require 10-day meeting notice and posting of agendas prior to the meeting, which allows those committees and subcommittees to meet more frequently, discuss the issues pertinent to the committee or subcommittee, research those issues, and report their findings to the Board at quarterly Board meetings.

Recommendation

To improve efficiency in research and discussion of dental assisting issues, Board staff recommend the statute establishing the Council be repealed, so that the Board can create a two-person Dental Assisting Committee. A two-member committee could meet as needed, perform research, and hold meetings with stakeholders without having to provide 10-day public notice and meeting agendas. This committee would then bring items to the Board for robust discussion at a Board meeting where dental assisting professionals and stakeholders could attend a single meeting, rather than having to attend both Council and Board meetings.

In addition, Board staff recommend changing the composition of the Board to better represent the dental assisting profession. Currently, the Board is comprised of 15 members consisting of the following: eight practicing dentists, one registered dental hygienist, one registered dental assistant, and five public members. Board staff propose one dentist member could be replaced by one additional registered dental assistant, which maintain the current 15-member Board.

To accomplish these changes, Board staff are recommending the Board consider the attached proposed legislative amendments, described as follows:

- Amend BPC section 1601.1 to change the composition of the Board to have two registered dental assistant members and seven dentist members.
- Amend BPC section 1740 to remove reference to the Dental Assisting Council.
- Repeal BPC section 1742, which establishes the Dental Assisting Council.

The intent of this recommendation is to provide additional dental assisting representation on the Board and encourage an efficient means of addressing dental assisting issues within the Board. Coupling additional dental assistant representation on the Board with a two-member Dental Assisting Committee could address concerns raised about Council-Board interaction and promote a deeper consideration of issues of interest to both dentist and dental assisting stakeholder communities.

Action Requested

The Board is asked to discuss the proposed legislative amendments. If the Board agrees with the proposed amendments, staff is requesting the Board include the attached legislative proposal in the Board's Sunset Review Report submitted to the California State Legislature. Provided below are the Council's options, with proposed motion language, regarding the staff's proposed legislative amendments to BPC sections 1601.1, 1740 and 1742.

Agenda Item 27.b.: Discussion and Possible Action on Legislative Proposal to Amend BPC Sections 1601.1 and 1740 and Repeal BPC Section 1742 Regarding Dental Assisting Council
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Suggested Motions

Option 1 (support the proposed legislative amendments): Move to recommend inclusion in the Board's Sunset Review Report the legislative proposal to amend sections 1601.1 and 1740, and repeal section 1742 of the Business and Professions Code.

Option 2 (support the proposed legislative amendments as revised during this meeting): Move to recommend inclusion in the Board's Sunset Review Report the legislative proposal to amend sections 1601.1 and 1740, and repeal section 1742 of the Business and Professions Code, as revised during this meeting to [insert specific revisions].

Option 3 (No motion) If the Board does not wish to act on the legislative proposal to amend to BPC sections 1601.1 and 1740, and repeal section 1742, no motion is necessary.

Attachment

Legislative Proposal to Amend Business and Professions Code Regarding the Dental Assisting Council

DENTAL BOARD OF CALIFORNIA
LEGISLATIVE PROPOSAL
TO AMEND BUSINESS AND PROFESSIONS CODE
REGARDING THE DENTAL ASSISTING COUNCIL

(Proposed amendments adding text are in *blue text and italics*, proposed amendments deleting text are in ~~red text and strikethrough~~.

Amend Section 1601.1 as follows

1601.1. (a) There shall be in the Department of Consumer Affairs the Dental Board of California in which the administration of this chapter is vested. The board shall consist of ~~eight~~ *seven* practicing dentists, one registered dental hygienist, ~~one~~ *two* registered dental assistants, and five public members. Of the ~~eight~~ *seven* practicing dentists, one shall be a member of a faculty of any California dental college, and one shall be a dentist practicing in a nonprofit community clinic. The appointing powers, described in Section 1603, may appoint to the board a person who was a member of the prior board. The board shall be organized into standing committees dealing with examinations, enforcement and other subjects as the board deems appropriate.

(b) For purposes of this chapter, any reference in this chapter to the Board of Dental Examiners shall be deemed to refer to the Dental Board of California.

(c) The board shall have all authority previously vested in the existing board under this chapter. The board may enforce all disciplinary actions undertaken by the previous board.

(d) This section shall remain in effect only until January 1, 2025, and as of that date is repealed. Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

Amend Section 1740 as follows

1740. It is the intention of the Legislature by enactment of this article to permit the full utilization of dental assistants in order to meet the dental care needs of all the state's citizens. The Legislature further intends that the classifications of dental assistants established pursuant to this article permit the continual advancement of persons to successively higher levels of licensure with additional education and training. ~~The Legislature further intends that the Dental Board of California, in implementing this article, give specific consideration to the recommendations of the Dental Assisting Council, established pursuant to Section 1742.~~

Repeal Section 1742

~~1742. (a) There is hereby created a Dental Assisting Council of the Dental Board of California, which shall consider all matters relating to dental assistants in this state, on its own initiative or upon the request of the board, and make appropriate recommendations to the board and the standing committees of the board, including, but not limited to, the following areas:~~

~~(1) Requirements for dental assistant examination, licensure, permitting, and renewal.~~

~~(2) Standards and criteria for approval of dental assisting educational programs, courses, and continuing education.~~

~~(3) Allowable dental assistant duties, settings, and supervision levels.~~

~~(4) Appropriate standards of conduct and enforcement for dental assistants.~~

~~(5) Requirements regarding infection control.~~

~~(b) (1) The members of the council shall be appointed by the board and shall include the registered dental assistant member of the board, another member of the board, and five registered dental assistants, representing as broad a range of dental assisting experience and education as possible, who meet the requirements of paragraph (2).~~

~~(2) The board shall consider, in its appointments of the five registered dental assistant members, recommendations submitted by any incorporated, nonprofit professional society, association, or entity whose membership is comprised of registered dental assistants within the state. Two of those members shall be employed as faculty members of a registered dental assisting educational program approved by the board, and shall have been so employed for at least the prior five years. Three of those members, which shall include one registered dental assistant in extended functions, shall be employed clinically in private dental practice or public safety net or dental health care clinics. All five of those members shall have possessed a current and active registered dental assistant or registered dental assistant in extended functions license for at least the prior five years, and shall not be employed by a current member of the board.~~

~~(c) No council appointee shall have served previously on the dental assisting forum or have any financial interest in any registered dental assistant school. All final candidate qualifications and applications for board-appointed council members shall be made available in the published board materials with final candidate selection conducted during the normal business of the board during public meetings.~~

~~(d) A vacancy occurring during a term shall be filled by appointment by the board for the unexpired term, according to the criteria applicable to the vacancy within 90 days after it occurs.~~

~~(e) Each member shall comply with conflict of interest requirements that apply to board members.~~

~~(f) The council may meet in conjunction with other board committees, and at other times as deemed necessary.~~

~~(g) Each member shall serve for a term of four years, except that, of the initial appointments of the nonboard members, one of the members shall serve a term of one year, one member shall serve a term of two years, two members shall serve a term of three years, and one member shall serve a term of four years, as determined by the board. No member shall serve more than two full terms.~~

~~(h) Recommendations by the council pursuant to this section shall be approved, modified, or rejected by the board within 120 days of submission of the recommendation to the board during full board business. In the event the board rejects, postpones, refers the matter back to the council for any reason, or significantly modifies the intent or scope of the recommendation, the board shall provide its reasons in writing for rejecting or significantly modifying the recommendation, which shall be provided by the board within 30 days.~~

~~(i) The council shall select a chair who shall establish the agendas of the council and shall serve as the council's liaison to the board, including the reporting of the council's recommendations to the board.~~



MEMORANDUM

DATE	April 26, 2023
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 27.c.: Discussion and Possible Action on Legislative Proposal to Modify Statutes Related to General Anesthesia and Sedation Permits

Background

Following the enactment of Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018), Dental Board of California (Board) staff have identified areas in the law that would benefit from legislative amendments. Several recommendations on legislative proposals have been brought before the Board and approved since SB 501 became law.

At the February 2023 meeting, the Board approved a legislative proposal that consolidated the previously approved legislative proposals addressing cleanup of SB 501 and included additional proposed changes. The legislative proposal approved in February 2023 addressed the following issues (which were detailed in the materials for the February 2023 meeting):

- Implementation of the new general anesthesia and sedation permits
- Fees for general anesthesia and sedation permits
- Ambiguities in the general anesthesia and sedation permits for physicians and surgeons
- Outdated language for Oral Conscious Sedation for Adults certificates
- Continuing education requirements and expiration dates for Pediatric Minimal Sedation Permits
- Physical presence requirements when administering or ordering the administration of general anesthesia or sedation
- Confidentiality concerns over submission of patient case information
- Pediatric Minimal Sedation Permit requirements for physical evaluation and medical history

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In reviewing the February 2023 legislative proposal, Board President Felsenfeld identified two areas that would benefit from changes. Additionally, Board staff have also identified areas in current law that would benefit from legislative amendments. As some of the proposed changes are substantive, Board approval is required to proceed. The proposed changes are highlighted on the attached legislative proposal.

Additional Recommended Changes

Business and Professions Code (BPC) section 1646

To administer or order the administration of general anesthesia or deep sedation to dental patients, BPC section 1646.1 requires a dentist to have, in addition to a general anesthesia permit, a current dentist license or oral and maxillofacial surgery permit in good standing. Similarly, BPC section 1646.9 requires a physician and surgeon to have a license to practice medicine in good standing to administer deep sedation or general anesthesia. However, the term “good standing” is not defined in statute. In addition, the way the current statutes are drafted, a permit holder who was on disciplinary probation would not be able to administer general anesthesia or deep sedation, even in compliance with the terms of probation. It would appear more appropriate to require an applicant for a general anesthesia permit to possess a license or permit, as applicable, in good standing, to obtain the general anesthesia permit.

The California State Legislature has determined that a license in good standing is required to administer general anesthesia and deep sedation to dental patients. To maintain this requirement but aim the requirement at obtaining the permit, rather than creating a separate disciplinary restriction outside of a formal disciplinary action, Board staff propose that a general anesthesia permit should not be issued to a dentist or physician and surgeon who is the subject of a pending investigation or disciplinary action or subject to current license discipline.

To clarify the definition of “good standing,” the additional legislative amendments propose to add to BPC section 1646, subdivision (c), a new definition for “good standing” that would mean the license or permit is active and unrestricted by disciplinary action taken pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code (administrative discipline adjudication under the Administrative Procedure Act (APA)), is not the subject of an unresolved complaint or review procedure, and is not the subject of any unresolved disciplinary proceeding. This definition would apply to all of the general anesthesia permit statutes under article 2.75 of the Dental Practice Act.

BPC section 1646.1

BPC section 1646.1, subdivision (a), authorizes a dentist to administer or order the administration of deep sedation or general anesthesia on an outpatient basis for a dental patient if the dentist possesses either a current license in good standing and a general anesthesia permit issued by the board or a permit under Section 1638 or 1640

and a general anesthesia permit issued by the board in order to administer or order the administration of deep sedation or general anesthesia on an outpatient basis for dental patients.

Board staff recommend amending the statute to remove the “in good standing” requirement to administer or order the administration of deep sedation or general anesthesia in this statute, and, instead, place the good standing requirement in the statute (discussed further below) establishing general anesthesia permit application requirements. Board staff further recommend replacing the term “current” license with “active” license to better reflect the license status used by the Board.

BPC section 1646.2

BPC section 1646.2 establishes the requirements for a dentist who desires to administer or order the administration of deep sedation or general anesthesia to apply for a general anesthesia permit. The proposed amendments would move the requirement for the dentist to hold a dentist license or oral and maxillofacial surgery permit in good standing in BPC section 1646.1 (discussed above) to the application requirements in BPC section 1646.2, subdivision (a). This amendment would better address the California State Legislature’s concern that a dentist hold a dentist license in good standing when administering or ordering the administration of general anesthesia or deep sedation by requiring the general anesthesia permit applicant to hold a dentist license or oral and maxillofacial surgery permit in good standing at the time of application. The proposed amendment also would remove the potential statutory conflict in the event the permitholder is subsequently disciplined and placed on terms of probation in a disciplinary decision and order.

BPC section 1646.3

BPC section 1646.3, subdivision (b), establishes medical record keeping requirements related to deep sedation and general anesthesia. However, the statute is unclear in that it requires “[a]ny dentist holding a permit” to maintain medical history, physical evaluation, deep sedation, and general anesthesia records as required by Board regulations. To better accommodate all situations where a dentist personally may administer general anesthesia or deep sedation, or may order the administration by another licensee, the proposed amendments would require the records to be maintained as required by Board regulations (currently at the facility), rather than only by a permitholder.

BPC section 1646.9

BPC section 1646.9, subdivision (a), authorizes a physician and surgeon to administer or order the administration of deep sedation or general anesthesia in the office of a licensed dentist for a dental patient if the physician and surgeon possesses a current license in good standing to practice medicine in this state and holds a valid general anesthesia permit issued by the Board, among other things. As described above under the proposed amendments to BPC section 1646, the way the current statute is drafted,

a permissor who was on disciplinary probation would not be able to administer general anesthesia or deep sedation, even in compliance with the terms of probation.

The California State Legislature has determined that a license in good standing is required to administer general anesthesia and deep sedation to dental patients. To maintain this requirement but avoid creating a separate statutory disciplinary restriction outside of a formal disciplinary action with respect to administering or ordering the administration of general anesthesia or deep sedation to a dental patient, Board staff propose that a general anesthesia permit should not be issued to a physician and surgeon who is the subject of a pending investigation or disciplinary action or subject to current medical license discipline.

BPC section 1647.2

BPC section 1647.2, subdivision (a), authorizes a dentist to administer or order the administration of moderate sedation on an outpatient basis for a dental patient if one of the following conditions is met:

- (1) The dentist possesses a current license in good standing and either holds a valid general anesthesia permit or obtains a moderate sedation permit.
- (2) The dentist possesses a current permit under Section 1638 or 1640 and either holds a valid general anesthesia permit or obtains a moderate sedation permit.

Board staff recommend simplifying these provisions to authorize the dentist to administer or order the administration of moderate sedation if the dentist possesses an active dentist license or oral and maxillofacial surgery permit and either an active general anesthesia permit or a moderate sedation permit. The proposed amendments also would move the requirement that the dentist license or oral and maxillofacial surgery permit be in good standing to administer or order the administration of moderate sedation to the moderate sedation permit application requirements in BPC section 1647.3 (discussed further below).

The proposed amendments also would make minor clarifying amendments to BPC section 1647.2, subdivisions (b), (c), and (d).

BPC section 1647.3

BPC section 1647.3, subdivision (a), establishes the permit application requirements for a dentist who desires to administer or order the administration of moderate sedation. The proposed amendments would include a new requirement that the dentist possess a dentist license or an oral and maxillofacial surgery permit issued by the Board that is in good standing to receive a moderate sedation permit. As discussed above, restructuring the good standing requirement so that it falls under the permit application requirements better reflects the California State Legislature's concerns that moderate sedation permissors not be under investigation or disciplinary action.

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In subdivision (d)(2), the Board previously approved proposed amendments to make confidential the 20 cases of moderate sedation to patients under 13 years of age submitted for pediatric endorsement for a moderate sedation permit. Board staff note that paragraph (3) of subdivision (d) also requires submission of patient case records for pediatric endorsement relating to administration of moderate sedation to patients under the age of seven. Board staff propose moving the new patient records confidentiality provision from subdivision (d)(2) to a new subdivision (h) that would protect the confidentiality of patient records submitted under paragraphs (2) or (3) of subdivision (d).

Subdivision (e) refers to a permitholder but does not specify what kind of permit nor does it reference a pediatric endorsement. The rest of section 1647.3 concerns the requirements for moderate sedation permits, and subdivision (e) concerns the permitholder's requirement to maintain certification in Pediatric Advanced Life Support (PALS). To improve clarity in the PALS requirement, Board staff recommend specifying that the permitholder referred to in subdivision (e) is a moderate sedation permitholder with a pediatric endorsement.

Subdivision (f) authorizes applicants for a pediatric endorsement who otherwise qualify for pediatric endorsement but lack sufficient cases of moderate sedation to patients under 13 years of age to administer moderate sedation to such patients under the direct supervision of a general anesthesia or moderate sedation permitholder with a pediatric endorsement. Board staff recommend a clarifying amendment to this provision to change "with a pediatric endorsement" to "who possesses a pediatric endorsement."

Subdivision (g) authorizes moderate sedation permitholders with a pediatric endorsement who seek to provide moderate sedation to patients under seven years of age, but who lack sufficient cases of moderate sedation to such patients, to administer moderate sedation to those patients if it is done under the direct supervision of a permitholder who meets those qualifications. Board staff note that the "qualifications" required to supervise administration of moderate sedation lacks clarity. Board staff recommend specifying that the dentist may be directly supervised by a general anesthesia or moderate sedation permitholder who possesses a pediatric endorsement to administer general anesthesia or moderate sedation to patients under seven years of age.

Subdivision (i) would define "good standing" of a license or oral and maxillofacial surgery permit as applied to the moderate sedation permit application to improve clarity and conform to the proposed amendments to the general anesthesia statutes.

BPC section 1647.6

BPC section 1647.6, subdivision (b), establishes medical record keeping requirements related to moderate sedation. However, the statute is unclear in that it requires "[a]ny

dentist holding a permit” to maintain medical history, physical evaluation, moderate sedation procedures records as required by Board regulations. To better accommodate all situations where a dentist personally may administer moderate sedation, or may order the administration by another licensee, the proposed amendments would require the records to be maintained as required by Board regulations (currently at the facility), rather than only by a permitholder.

BPC section 1647.18

To provide clarity and maintain consistency with the proposed amendments for the general anesthesia and moderate sedation permits, Board staff propose adding a new definition of “good standing” to BPC section 1647.18 that would mean the license or permit is active and unrestricted by disciplinary action taken pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code (administrative discipline adjudication under the APA), is not the subject of an unresolved complaint or review procedure, and is not the subject of any unresolved disciplinary proceeding. This definition would apply to all of the adult oral conscious sedation statutes under article 2.86 of the Dental Practice Act.

BPC section 1647.19

BPC section 1647.19, subdivision (a), authorizes a licensed dentist to administer oral conscious sedation on an outpatient basis to an adult patient if either:

(1) The dentist holds a valid general anesthesia permit, holds a conscious sedation permit, has been certified by the board, pursuant to Section 1647.20, to administer oral sedation to adult patients, or has been certified by the board, pursuant to Section 1647.12, to administer oral conscious sedation to minor patients.

(2) The dentist possesses a current permit issued under Section 1638 or 1640 and either holds a valid general anesthesia permit, or conscious sedation permit, or possesses a certificate as a provider of oral conscious sedation to adult patients in compliance with, and pursuant to, this article.

The Board previously approved amendments to update the adult oral conscious sedation permit statutes to include the moderate sedation permit. Board staff recommend additional amendments to simplify subdivision (a) to authorize the dentist to administer or order the administration of oral conscious sedation on an outpatient basis to an adult patient if the dentist possesses an active dentist license or oral and maxillofacial surgery permit and an active general anesthesia permit, moderate sedation permit, or adult oral conscious sedation certificate. The proposed amendments also would move the requirement that the dentist license or oral and maxillofacial surgery permit be in good standing to administer or order the administration of oral conscious sedation to the adult oral conscious sedation certificate application requirements in BPC section 1647.20 (discussed further below).

BPC section 1647.20

BPC section 1647.20 establishes the certificate application requirements for a dentist who desires to administer or order the administration of oral conscious sedation for adult patients. The proposed amendments would include a new requirement that the dentist possess a dentist license or an oral and maxillofacial surgery permit issued by the Board that is in good standing to receive an adult oral conscious sedation certificate. As discussed above, restructuring the good standing requirement better reflects the California State Legislature's concerns that adult oral conscious sedation certificate holders not be under investigation or disciplinary action. The proposed amendments also would make minor technical corrections for statutory conformity.

BPC section 1647.22

BPC section 1647.22, subdivision (a), establishes adult oral conscious sedation records requirements. However, the statute is unclear in that it requires "[a]ny dentist who administers, or orders the administration of, oral conscious sedation to an adult" to maintain records of the physical evaluation, medical history, and oral conscious sedation procedures used as required by Board regulations. To better accommodate all situations where a dentist personally may administer adult oral conscious sedation, or may order the administration by another licensee, the proposed amendments would require the records to be maintained as required by Board regulations (currently at the facility), rather than one or the other licensee.

BPC section 1647.30

BPC section 1647.30 provides definitions as applied to pediatric minimal sedation statutes under article 2.87. To provide clarity and maintain consistency with the proposed amendments for the general anesthesia and moderate sedation permits and adult oral conscious sedation certificate, Board staff propose adding a new definition of "good standing" to BPC section 1647.30 that would mean the license or permit is active and unrestricted by disciplinary action taken pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code (administrative discipline adjudication under the APA), is not the subject of an unresolved complaint or review procedure, and is not the subject of any unresolved disciplinary proceeding. This definition would apply to all of the pediatric minimal sedation statutes under article 2.87 of the Dental Practice Act.

BPC section 1647.31

BPC section 1647.31, subdivision (a)(1) and (2), authorizes a dentist to administer or order the administration of pediatric minimal sedation on an outpatient basis for pediatric dental patients under 13 years of age if one of the following conditions is met:

- (1) The dentist holds a current permit for deep sedation and general anesthesia, or holds a current permit for moderate sedation with a pediatric endorsement, or obtains a pediatric minimal sedation permit.

(2) The dentist possesses a current permit under Section 1638 or 1640 and holds a valid deep sedation and general anesthesia permit, a moderate sedation permit with a pediatric endorsement, or obtains a pediatric minimal sedation permit.

Board staff recommend amendments to simplify subdivision (a) to authorize the dentist to administer or order the administration of pediatric minimal sedation on an outpatient basis for pediatric dental patients under 13 years of age if the dentist possesses an active dentist license or oral and maxillofacial surgery permit and an active general anesthesia permit, moderate sedation permit with a pediatric endorsement, or pediatric minimal sedation permit. Board staff notes that unlike the authority statutes for general anesthesia and moderate sedation, the existing pediatric minimal sedation authority statute (BPC section 1647.31) does not require the license or permit to be in good standing and already includes the good standing license or permit requirement in the application statute (BPC section 1647.32).

BPC section 1647.32

BPC section 1647.32, subdivision (a), establishes the pediatric minimal sedation permit application requirements and, among other things, requires the dentist to possess a current license in good standing. Board staff propose amendments to this subdivision to clarify the dentist shall possess a dentist license or oral and maxillofacial surgery permit in good standing to obtain a pediatric minimal sedation permit.

BPC section 1647.35

The Board's proposal to add new BPC section 1647.35 would require continuing education related to pediatric minimal sedation as a condition of renewal; however, the proposed statute would require a "permitholder" to complete such continuing education. Board staff propose amendments to clarify that a "pediatric minimal sedation permitholder" is required to complete the pediatric minimal sedation continuing education.

BPC section 1647.36

The Board's proposal to add new BPC section 1647.36, subdivision (b), would establish medical record keeping requirements related to pediatric minimal sedation. However, the provision is unclear in that it would require "[a]ny dentist holding a permit" to maintain the physical evaluation, medical history, and pediatric minimal sedation records as required by Board regulations. To better accommodate all situations where a dentist personally may administer pediatric minimal sedation, or may order the administration by another licensee, the proposed amendments would require the records to be maintained as required by Board regulations (currently at the facility), rather than only by a permitholder.

BPC section 1647.38

BPC section 1647.38 authorizes a permitholder who has a permit issued before January 1, 2022, that authorized the permitholder to administer or order the administration of

oral conscious sedation for minor patients to follow the terms of that existing permit until it expires, and requires a permit issued or renewed or after January 1, 2022, to require the permit holder to follow the new pediatric minimal sedation statutes. Board staff propose amending the statute to clarify the provisions as they pertain to the oral conscious sedation for minor patients permit and pediatric minimal sedation permit.

Action Requested

The Board is asked to review the proposed changes to the legislative proposal and discuss any possible changes or additions to the proposal beyond what staff has suggested.

Following review and discussion of the proposal, the Board is asked to take action on one of the following motions:

1. Option A: (No additional changes to the proposed text)

Move to submit to the California State Legislature in the Board's Sunset Review Report a recommendation to add section 1646.12 to article 2.75 and sections 1647.35, 1647.36, and 1647.37 to article 2.87, amend sections 1646, 1646.1, 1646.2, 1646.3, and 1646.9 of article 2.75, sections 1647.2, 1647.3, and 1647.6 of article 2.84, sections 1647.18, 1647.19, 1647.20, and 1647.22 of article 2.86, sections 1647.30, 1647.31, 1647.35, and 1647.36 of article 2.87, and section 1724 of article 6, of Chapter 4, and repeal section 2079 of article 3 of Chapter 5, of Division 2 of the Business and Professions Code.

2. Option B: (Changes to the proposed text)

Move to submit to the California State Legislature in the Board's Sunset Review Report a recommendation to add section 1646.12 to article 2.75 and sections 1647.35, 1647.36, and 1647.37 to article 2.87, amend sections 1646, 1646.1, 1646.2, 1646.3, and 1646.9 of article 2.75, sections 1647.2, 1647.3, and 1647.6 of article 2.84, sections 1647.18, 1647.19, 1647.20, and 1647.22 of article 2.86, sections 1647.30, 1647.31, 1647.35, and 1647.36 of article 2.87, and section 1724 of article 6, of Chapter 4, and repeal section 2079 of article 3 of Chapter 5, of Division 2 of the Business and Professions Code, and include the amendments to the legislative proposal as described in this meeting.

Attachment

Consolidated Legislative Proposal to Amend Business and Professions Code
Regarding General Anesthesia and Sedation Permits

DENTAL BOARD OF CALIFORNIA
CONSOLIDATED LEGISLATIVE PROPOSAL
TO AMEND BUSINESS AND PROFESSIONS CODE
REGARDING GENERAL ANESTHESIA AND SEDATION PERMITS

Amendments already approved by the Board adding text are in *blue text and italics*, proposed amendments deleting text are in *red text and strikethrough*. The proposed amendments suggested since the February 2023 Board meeting are **highlighted** as well as being in *blue text and italics* (additions to text) or *red text and strikethrough* (deletions from text).

Add Section 1646.12 to Article 2.75 and Sections 1647.35, 1647.36, and 1647.37 to Article 2.87, Amend Sections **1646**, 1646.1, 1646.2, **1646.3**, and 1646.9 of Article 2.75, Sections 1647.2, 1647.3, and **1647.6** of Article 2.84, Sections **1647.18**, 1647.19, 1647.20, and 1647.22 of Article 2.86, Sections **1647.30**, 1647.31, 1647.32, 1647.35, and 1647.36 of Article 2.87, and Section 1724 of Article 6, of Chapter 4, and repeal Section 2079 of Article 3 of Chapter 5, of Division 2 of the Business and Professions Code as follows:

1646. As used in this article, the following definitions apply:

(a) “Deep sedation” means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

(b) “General anesthesia” means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

(c) “Good standing” means the license or permit is active and unrestricted by disciplinary action taken pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, is not the subject of an unresolved complaint or review procedure, and is not the subject of any unresolved disciplinary proceeding.

1646.1. (a) A dentist shall possess ~~either a current~~ **an active dentist** license **in good standing and a general anesthesia permit issued by the board** or a permit under Section 1638 or 1640 **issued by the board** and **an active** general anesthesia permit **issued by**

the board in order to administer or order the administration of deep sedation or general anesthesia on an outpatient basis for dental patients.

(b) A dentist shall possess a pediatric endorsement of their general anesthesia permit to administer or order the administration of deep sedation or general anesthesia to patients under seven years of age.

(c) A dentist *who administers or orders the administration of general anesthesia or deep sedation* shall be physically ~~within the dental office at the time of ordering, and during the administration of, general anesthesia or deep sedation~~ *present in the treatment facility while the patient is under general anesthesia or deep sedation.*

(d) For patients under 13 years of age, all of the following shall apply:

(1) The operating dentist and at least two additional personnel shall be present throughout the procedure involving deep sedation or general anesthesia.

(2) If the operating dentist is the permitted anesthesia provider, then both of the following shall apply:

(A) The operating dentist and at least one of the additional personnel shall maintain current certification in Pediatric Advanced Life Support (PALS) or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8. The additional personnel who is certified in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management shall be solely dedicated to monitoring the patient and shall be trained to read and respond to monitoring equipment including, but not limited to, pulse oximeter, cardiac monitor, blood pressure, pulse, capnograph, and respiration monitoring devices.

(B) The operating dentist shall be responsible for initiating and administering any necessary emergency response.

(3) If a dedicated permitted anesthesia provider is monitoring the patient and administering deep sedation or general anesthesia, both of the following shall apply:

(A) The anesthesia provider and the operating dentist, or one other trained personnel, shall be present throughout the procedure and shall maintain current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8.

(B) The anesthesia provider shall be responsible for initiating and administering any necessary emergency response and the operating dentist, or other trained and designated personnel, shall assist the anesthesia provider in emergency response.

(e) This article does not apply to the administration of local anesthesia, minimal sedation, or moderate sedation.

1646.2. (a) A dentist who desires to administer or order the administration of deep sedation or general anesthesia shall apply to the board on an application form prescribed by the board. The dentist **must shall possess a dentist license or a permit under Section 1638 or 1640 issued by the Board that is in good standing,** submit an application fee, and produce evidence showing that ~~he or she~~ *the dentist* has successfully completed a minimum of one year of advanced training in anesthesiology and related academic subjects approved by the board, or equivalent training or experience approved by the board, beyond the undergraduate school level.

(b) The application for a permit shall include documentation that equipment and drugs required by the board are on the premises.

(c) A dentist may apply for a pediatric endorsement for the general anesthesia permit by providing proof of successful completion of all of the following:

(1) A Commission on Dental Accreditation (CODA)-accredited or equivalent residency training program that provides competency in the administration of deep sedation and general anesthesia on pediatric patients.

(2) At least 20 cases of deep sedation or general anesthesia to patients under seven years of age in the 24-month time period directly preceding application for a pediatric endorsement to establish competency, both at the time of initial application and at renewal. The applicant or permitholder shall maintain and be able to provide proof of these cases upon request by the board for up to three permit renewal periods. *Patient records submitted to the board pursuant to this paragraph shall be confidential and shall not be disclosed pursuant to any state law, including, but not limited to, the California Public Records Act (Division 10 (commencing with Section 7920.000 of the Government Code), except for disclosure pursuant to a lawfully issued subpoena or a written request from a government agency responsible for either enforcement of civil or criminal laws or the professional licensing of individuals that is conducting an investigation about the applicant.*

(3) Current certification in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) or other board-approved training in pediatric life support and airway management, pursuant to Section 1601.8, for the duration of the permit.

(d) Applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of pediatric sedation to patients under seven years of age may administer deep sedation and general anesthesia to patients under seven years of age under the direct supervision of a general anesthesia permitholder with a pediatric endorsement. The applicant may count these cases toward the 20 cases required to qualify for the applicant's pediatric endorsement.

1646.3 (a) A physical evaluation and medical history shall be taken before the administration of deep sedation or general anesthesia.

(b) ~~Any dentist holding a permit shall maintain m~~Medical history, physical evaluation, deep sedation, and general anesthesia records ~~shall be maintained~~ as required by board regulations.

1646.9. (a) A physician and surgeon licensed *by the Medical Board of California or Osteopathic Medical Board of California* pursuant to Chapter 5 (commencing with Section 2000) may administer deep sedation or general anesthesia in the office of a licensed dentist for dental patients, without regard to whether the dentist possesses a permit issued pursuant to this article, if all of the following conditions are met:

(1) The physician and surgeon possesses ~~a current~~*an active* license ~~in good standing~~ to practice medicine in this state.

(2) The physician and surgeon holds ~~a valid~~*an active* general anesthesia permit issued by the Dental Board of California pursuant to subdivision (b).

(3) The physician and surgeon meets the requirements of subdivision (d) of Section 1646.1.

(b) A physician and surgeon who desires to administer deep sedation or general anesthesia as set forth in subdivision (a) shall ~~possess a license issued by the Medical Board of California or Osteopathic Medical Board of California, as applicable, that is in good standing,~~ apply to the board on an application form prescribed by the board, and shall submit all of the following:

(1) Certified license history issued by the Medical Board of California or Osteopathic Medical Board of California, as applicable to the applicant's license, showing the physician and surgeon license number and current license status.

~~(2)~~ The payment of an application fee prescribed by this article.

~~(23)~~ Evidence ~~satisfactory to the Medical Board of California~~ showing that the applicant has successfully completed a postgraduate residency training program in anesthesiology that is recognized by the *American Accreditation Council* ~~on for~~ Graduate Medical Education, ~~as set forth in Section 2079.~~

~~(34)~~ Documentation demonstrating that all equipment and drugs required by the board are on the premises for use in any dental office in which ~~he or she~~*the applicant* administers deep sedation or general anesthesia.

~~(45)~~ Information relative to the current membership of the applicant on hospital medical staffs.

(c) Prior to issuance or renewal of a permit pursuant to this section, the board may, at its discretion, require an onsite inspection and evaluation of the facility, equipment, personnel, including, but not limited to, the physician and surgeon, and procedures utilized. At least one of the persons evaluating the procedures utilized by the physician

and surgeon shall be a licensed physician and surgeon expert in outpatient deep sedation or general anesthesia who has been authorized or retained under contract by the board for this purpose.

(d) The permit of a physician and surgeon who has failed an onsite inspection and evaluation shall be automatically suspended 30 days after the date on which the board notifies the physician and surgeon of the failure unless within that time period the physician and surgeon has retaken and passed an onsite inspection and evaluation. Every physician and surgeon issued a permit under this article shall have an onsite inspection and evaluation at least once every five years. Refusal to submit to an inspection shall result in automatic denial or revocation of the permit.

(e) A physician and surgeon who additionally meets the requirements of paragraphs (2) and (3) of subdivision (c) of Section 1646.2 may apply to the board for a pediatric endorsement to provide deep sedation or general anesthesia to a child under seven years of age. A physician and surgeon without sufficient cases to obtain a pediatric endorsement may qualify for the endorsement pursuant to the requirements of subdivision (d) of Section 1646.2.

1646.12. *A pediatric endorsement shall expire on the date specified in Section 1715 that next occurs after its issuance, unless it is renewed as provided in this article.*

1647.2. (a) A dentist may administer or order the administration of moderate sedation on an outpatient basis for a dental patient if ~~one of the following conditions is met:~~

~~(1) The dentist possesses a current an active dentist license or permit under Section 1638 or 1640 issued by the Board in good standing and either holds a valid an active general anesthesia permit or obtains a moderate sedation permit.~~

~~(2) The dentist possesses a current permit under Section 1638 or 1640 and either holds a valid general anesthesia permit or obtains a moderate sedation permit.~~

(b) A **dentist moderate sedation permitholder** shall obtain a pediatric endorsement on the moderate sedation permit prior to administering moderate sedation to a patient under 13 years of age.

(c)(1) A **dentist moderate sedation permitholder** who *administers or* orders the administration of moderate sedation shall be physically present in the treatment facility while the patient is sedated.

(2) For patients under 13 years of age, there shall be at least two support personnel in addition to the operating dentist present at all times during the procedure involving moderate sedation. The operating dentist and one personnel member shall maintain current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8. The personnel member with current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management shall be dedicated to monitoring the patient during the procedure

involving moderate sedation and may assist with interruptible patient-related tasks of short duration, such as holding an instrument.

(d) ~~A dentist with a moderate sedation permit or a moderate sedation permit with a pediatric endorsement dentist~~ *A moderate sedation permitholder* shall possess the training, equipment, and supplies to rescue a patient from an unintended deeper level of sedation.

(e) This article shall not apply to the administration of local anesthesia, minimal sedation, deep sedation, or general anesthesia.

1647.3. (a) A dentist who desires to administer or to order the administration of moderate sedation shall *possess a dentist license or a permit under Section 1638 or 1640 issued by the Board that is in good standing and* apply to the board on an application form prescribed by the board. The dentist shall submit an application fee and produce evidence showing that ~~his or her~~ *the dentist* has successfully completed training in moderate sedation that meets the requirements of subdivision (c).

(b) The application for a permit shall include documentation that equipment and drugs required by the board are on the premises.

(c) Training in the administration of moderate sedation shall be acceptable if it meets all of the following as approved by the board:

(1) Consists of at least 60 hours of instruction.

(2) Requires satisfactory completion of at least 20 cases of administration of moderate sedation for a variety of dental procedures.

(3) Complies with the requirements of the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students of the American Dental Association, including, but not limited to, certification of competence in rescuing patients from a deeper level of sedation than intended, and managing the airway, intravascular or intraosseous access, and reversal medications.

(d) A dentist may apply for a pediatric endorsement for a moderate sedation permit by confirming all of the following:

(1) Successful completion of residency in pediatric dentistry accredited by the Commission on Dental Accreditation (CODA) or the equivalent training in pediatric moderate sedation, as determined by the board.

(2) Successful completion of at least 20 cases of moderate sedation to patients under 13 years of age to establish competency in pediatric moderate sedation, both at the time of the initial application and at renewal. The applicant or permitholder shall maintain and shall provide proof of these cases upon request by the board for up to three permit renewal periods. ~~Patient records submitted pursuant to this paragraph shall be confidential and shall not be disclosed pursuant to any state law, including, but not limited to, the California Public Records Act (Division 10 (commencing with~~

Section 7920.000 of the Government Code), except for disclosure pursuant to a lawfully issued subpoena or a written request from a government agency responsible for either enforcement of civil or criminal laws or the professional licensing of individuals that is conducting an investigation about the applicant.

(3) In order to provide moderate sedation to children under seven years of age, a dentist shall establish and maintain current competency for this pediatric population by completing 20 cases of moderate sedation for children under seven years of age in the 24-month period immediately preceding application for the pediatric endorsement and for each permit renewal period.

(4) Current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8.

(e) A *moderate sedation* permit holder *with a pediatric endorsement* shall maintain current and continuous certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8, for the duration of the permit.

(f) Applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of moderate sedation to patients under 13 years of age may administer moderate sedation to patients under 13 years of age under the direct supervision of a general anesthesia or moderate sedation permit holder *with who possesses* a pediatric endorsement. The applicant may count these cases toward the 20 required in order to qualify for the applicant's pediatric endorsement.

(g) Moderate sedation ~~permit holders~~*permitholders* with a pediatric endorsement seeking to provide moderate sedation to children under seven years of age, but who lack sufficient cases of moderate sedation to patients under seven years of age pursuant to paragraph (3) of subdivision (d), may administer moderate sedation to patients under seven years of age under the direct supervision of a *general anesthesia or moderate sedation* permit holder who ~~meets those qualifications~~*possesses a pediatric endorsement to administer general anesthesia or moderation sedation to patients under seven years of age.*

(h) Patient records submitted to the board pursuant to paragraphs (2) or (3) of subdivision (d) shall be confidential and shall not be disclosed pursuant to any state law, including, but not limited to, the California Public Records Act (Division 10 (commencing with Section 7920.000 of the Government Code), except for disclosure pursuant to a lawfully issued subpoena or a written request from a government agency responsible for either enforcement of civil or criminal laws or the professional licensing of individuals that is conducting an investigation about the applicant.

(i) For purposes of this section, "good standing" means the license or permit is active and unrestricted by disciplinary action taken pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, is not the subject of an unresolved complaint or review procedure, and is not the subject of any unresolved disciplinary proceeding.

1647.6. (a) A physical evaluation and medical history shall be taken before the administration of moderate sedation.

(b) ~~Any dentist holding a permit shall maintain r~~Records of the physical evaluation, medical history, and moderate sedation procedures used *shall be maintained* as required by board regulations.

1647.18. As used in this article, the following terms have the following meanings:

(a) "Adult patient" means a dental patient 13 years of age or older.

~~(b) "Certification" means the issuance of a certificate to a dentist licensed by the board who provides the board with his or her name and the location at which the administration of oral conscious sedation will occur, and fulfills the requirements specified in Sections 1647.12 and 1647.13.~~ *"Good standing" means the license or permit is active and unrestricted by disciplinary action taken pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, is not the subject of an unresolved complaint or review procedure, and is not the subject of any unresolved disciplinary proceeding.*

(c) "Oral conscious sedation" means a minimally depressed level of consciousness produced by oral medication that retains the patient's ability to maintain independently and continuously an airway, and respond appropriately to physical stimulation or verbal command. "Oral conscious sedation" does not include dosages less than or equal to the single maximum recommended dose that can be prescribed for home use.

(1) The drugs and techniques used in oral conscious sedation shall have a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is reflex withdrawal from painful stimuli would not be considered to be in a state of oral conscious sedation.

(2) For the handicapped individual, incapable of the usually expected verbal response, a minimally depressed level of consciousness for that individual should be maintained.

1647.19. (a) ~~Notwithstanding subdivision (a) of Section 1647.2, a~~A dentist may ~~not~~ administer *or order the administration of* oral conscious sedation on an outpatient basis to an adult patient ~~unless if~~ the dentist possesses ~~a current~~ *an active dentist license or permit issued under Section 1638 or 1640* ~~in good standing to practice dentistry in California, and one of the following conditions is met:~~ *and an active general anesthesia permit, moderate sedation permit, or adult oral conscious sedation certificate pursuant to Section 1647.20.*

~~(1) The dentist holds a valid general anesthesia permit, or, holds a conscious sedation permit, has been certified by the board, pursuant to Section 1647.20, to administer oral sedation to adult patients, or has been certified by the board, pursuant to Section 1647.12, to administer oral conscious sedation to minor patients.~~

~~(2) The dentist possesses a current permit issued under Section 1638 or 1640 and either holds a valid general anesthesia permit, or conscious sedation permit, or possesses a certificate as a provider of oral conscious sedation to adult patients in compliance with, and pursuant to, this article.~~

~~(b) Certification as a provider of oral conscious sedation to adult patients expires at the same time the license or permit of the dentist expires unless renewed at the same time the dentist's license or permit is renewed after its issuance.~~ *An adult oral conscious sedation certificate shall expire on the date specified in Section 1715 that next occurs after its issuance,* unless ~~certification-it~~ is renewed as provided in this article.

(c) This article shall not apply to the administration of local anesthesia or a mixture of nitrous oxide and oxygen, or to the administration, dispensing, or prescription of postoperative medications.

1647.20. A dentist who desires to administer, or order the administration of, oral conscious sedation for adult patients, who does not hold a general anesthesia permit, as provided in Sections 1646.1 and 1646.2, ~~does not hold or~~ a *conscious/moderate* sedation permit, as provided in Sections 1647.2 and 1647.3, ~~and has not been certified by the board, pursuant to Section 1647.12, to administer oral conscious sedation to minor patients,~~ shall ~~register his or her name with~~ *possess a dentist license or a permit under Section 1638 or 1640 issued by the Board that is in good standing,* apply to the board on an *registration/application* form prescribed by the board, ~~and. The dentist shall~~ submit the ~~registration~~ *certification* fee and evidence showing that ~~he or she~~ *the dentist* satisfies any of the following requirements:

(a) Satisfactory completion of a postgraduate program in oral and maxillofacial surgery approved by either the Commission on Dental Accreditation (*CODA*) or a comparable organization approved by the board.

(b) Satisfactory completion of a periodontics or general practice residency or other advanced education in a general dentistry program approved by the board.

(c) Satisfactory completion of a board-approved educational program on oral medications and sedation.

~~(d) For an applicant who has been using oral conscious sedation in connection with the treatment of adult patients, submission of documentation as required by the board of 10 cases of oral conscious sedation satisfactorily performed by the applicant on adult patients in any three-year period ending no later than December 31, 2005.~~

1647.22. (a) A physical evaluation and medical history shall be taken before the administration of oral conscious sedation to an adult. ~~Any dentist who administers, or orders the administration of, oral conscious sedation to an adult shall maintain r~~Records of the physical evaluation, medical history, and oral conscious sedation procedures used *shall be maintained* as required by the board regulations.

(b) A dentist who administers, or ~~who~~ orders the administration of, oral conscious sedation for an adult patient shall be physically present in the treatment facility while the patient is sedated, and shall be present until discharge of the patient from the facility.

(c) The drugs and techniques used in oral conscious sedation to adults shall have a margin of safety wide enough to render unintended loss of consciousness unlikely.

1647.30. ~~(a)~~ As used in this article, *the following definitions apply:*

~~(a)~~ “Minimal sedation” means a drug-induced state during which patients respond normally to verbal commands, *and conforms to all of the following:-*

~~(1)~~ Although cognitive function and coordination may be impaired, airway reflexes, ventilatory, and cardiovascular functions are unaffected.

~~(2)~~ The drugs and techniques used in minimal sedation shall have a margin of safety wide enough to render unintended loss of consciousness unlikely.

~~(3)~~ ~~Further, p~~Patients who require tactile stimulation to elicit a response to verbal commands shall not be considered to be in a state of minimal sedation.

~~(4)~~ For the very young or developmentally delayed individual, incapable of the usually expected verbal response, a minimally depressed level of consciousness should be maintained.

~~(b)~~ “Good standing” means the license or permit is active and unrestricted by disciplinary action taken pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, is not the subject of an unresolved complaint or review procedure, and is not the subject of any unresolved disciplinary proceeding.

1647.31. (a) A dentist may administer or order the administration of pediatric minimal sedation on an outpatient basis for pediatric dental patients under 13 years of age, if ~~one of the following conditions is met:~~

~~(1) The dentist holds~~*possesses an active dentist license or permit under Section 1638 or 1640 issued by the board and an active general anesthesia permit for deep sedation and general anesthesia, or holds a current permit for, moderate sedation permit with a pediatric endorsement, or obtains a pediatric minimal sedation permit.*

~~(2) The dentist possesses a current permit under Section 1638 or 1640 and holds a valid deep sedation and general anesthesia permit, a moderate sedation permit with a pediatric endorsement, or obtains a pediatric minimal sedation permit.~~

(b) A dentist who administers or orders the administration of pediatric minimal sedation shall be physically present in the treatment facility while the patient is sedated.

(c) A dentist with a pediatric minimal sedation permit shall possess the training, equipment, and supplies to rescue a patient from an unintended deeper level of sedation.

(d) This article does not apply to the administration of local anesthesia, moderate sedation, deep sedation, or general anesthesia.

1647.32. (a) A dentist who desires to administer or order the administration of pediatric minimal sedation shall apply to the board on an application form prescribed by the board. The dentist shall possess a ~~current-dentist~~ license *or permit under Section 1638 or 1640* in good standing, submit an application fee, and produce evidence showing that ~~he or she~~*the dentist* has successfully completed training in pediatric minimal sedation that meets the requirements of subdivision (c).

(b) The application for a permit shall include documentation that equipment and drugs required by the board are on the premises.

(c) Training in the administration of pediatric minimal sedation shall be acceptable if it meets either of the following as approved by the board:

(1) Consists of at least 24 hours of pediatric minimal sedation instruction in addition to one clinical case. The pediatric minimal sedation instruction shall include training in pediatric monitoring, airway management, and resuscitation and patient rescue from moderate sedation.

(2) Completion of a CODA-approved residency in pediatric dentistry.

(d) A dentist shall be limited to administering a single drug whose primary purpose is sedative via the oral route, either singly or in divided doses, not to exceed the manufacturer's maximum recommended dose, plus a mix of nitrous oxide and oxygen and adjunctive agents such that the drugs either singly or in combination are unlikely to produce a state of unintended moderate sedation. This section shall not be construed to restrict the administration of adjunctive medication intended to relieve pain, affect the onset or duration of the primary sedative agent, or to reduce the side effects of sedation, including nausea or emesis.

(e) The operating dentist and a minimum of one additional personnel who are both trained in the monitoring and resuscitation of pediatric patients, as approved by the board, shall be present during the administration of minimal sedation.

1647.35. A *pediatric minimal sedation* *permitholder shall be required to complete a minimum of seven hours of approved courses of study related to pediatric minimal sedation as a condition of renewal of* ~~athe~~ *permit. Those courses of study shall be credited toward the total continuing education required by the board pursuant to Section 1645.*

1647.36. (a) *A physical evaluation and medical history shall be taken before the administration of pediatric minimal sedation.*

(b) ~~Any dentist holding a permit shall maintain r~~Records of the physical evaluation, medical history, and pediatric minimal sedation procedures used shall be maintained as required by board regulations.

1647.37. *A pediatric minimal sedation permit shall expire on the date specified in Section 1715 that next occurs after its issuance, unless it is renewed as provided in this article.*

1647.3538. An oral conscious sedation for minor patients permit holder who has a permit that was issued before January 1, 2022, that authorized the permit holder 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 pediatric minimal sedation permit issued or renewed pursuant to this article on or after January 1, 2022, shall require the permit holder to follow the requirements of this article.

1647.3639. This article shall become operative on January 1, 2022.

1724. The amount of charges and fees for dentists licensed pursuant to this chapter shall be established by the board as is necessary for the purpose of carrying out the responsibilities required by this chapter as it relates to dentists, subject to the following limitations:

(a) The fee for an application for licensure qualifying pursuant to paragraph (1) of subdivision (c) of Section 1632 shall not exceed one thousand five hundred dollars (\$1,500). The fee for an application for licensure qualifying pursuant to paragraph (2) of subdivision (c) of Section 1632 shall not exceed one thousand dollars (\$1,000).

(b) The fee for an application for licensure qualifying pursuant to Section 1634.1 shall not exceed one thousand dollars (\$1,000).

(c) The fee for an application for licensure qualifying pursuant to Section 1635.5 shall not exceed one thousand dollars (\$1,000).

(d) The fee for an initial license and for the renewal of a license is five hundred twenty-five dollars (\$525). On and after January 1, 2016, the fee for an initial license shall not exceed six hundred fifty dollars (\$650), and the fee for the renewal of a license shall not exceed six hundred fifty dollars (\$650). On and after January 1, 2018, the fee for an initial license shall not exceed eight hundred dollars (\$800), and the fee for the renewal of a license shall not exceed eight hundred dollars (\$800).

(e) The fee for an application for a special permit shall not exceed one thousand dollars (\$1,000), and the renewal fee for a special permit shall not exceed six hundred dollars (\$600).

(f) The delinquency fee shall be 50 percent of the renewal fee for such a license or permit in effect on the date of the renewal of the license or permit.

(g) The penalty for late registration of change of place of practice shall not exceed seventy-five dollars (\$75).

(h) The fee for an application for an additional office permit shall not exceed seven hundred fifty dollars (\$750), and the fee for the renewal of an additional office permit shall not exceed three hundred seventy-five dollars (\$375).

(i) The fee for issuance of a replacement pocket license, replacement wall certificate, or replacement engraved certificate shall not exceed one hundred twenty-five dollars (\$125).

(j) The fee for a provider of continuing education shall not exceed five hundred dollars (\$500) per year.

(k) The fee for application for a referral service permit and for renewal of that permit shall not exceed twenty-five dollars (\$25).

(l) The fee for application for an extramural facility permit and for the renewal of a permit shall not exceed twenty-five dollars (\$25).

(m) The fee for an application for an elective facial cosmetic surgery permit shall not exceed four thousand dollars (\$4,000), and the fee for the renewal of an elective facial cosmetic surgery permit shall not exceed eight hundred dollars (\$800).

(n) The fee for an application for an oral and maxillofacial surgery permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of an oral and maxillofacial surgery permit shall not exceed one thousand two hundred dollars (\$1,200).

(o) The fee for an application for a general anesthesia permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a general anesthesia permit shall not exceed six hundred dollars (\$600).

(p) The fee for an onsite inspection and evaluation related to a general anesthesia or moderate sedation permit shall not exceed four thousand five hundred dollars (\$4,500).

(q) The fee for an application for a moderate sedation permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a ~~conscious~~ moderate sedation permit shall not exceed six hundred dollars (\$600).

(r) The fee for an application for an ~~adult~~ oral conscious sedation ~~permit~~ certificate shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of an ~~adult~~ oral conscious sedation ~~permit~~ certificate shall not exceed six hundred dollars (\$600).

(s) The fee for an application for a pediatric minimal sedation permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a pediatric minimal sedation permit shall not exceed six hundred dollars (\$600).

(t) *The fee for an application for a pediatric endorsement for a general anesthesia permit, deep sedation or general anesthesia permit, or moderation sedation permit shall not*

exceed one thousand dollars (\$1,000), and the fee for the renewal of a pediatric endorsement shall not exceed six hundred dollars (\$600).

(u) The fee for a certification of licensure shall not exceed one hundred twenty-five dollars (\$125).

(uv) The fee for an application for the law and ethics examination shall not exceed two hundred fifty dollars (\$250).

(vw) This section shall become operative on January 1, 2022.

Repeal section 2079 of the Business and Professions Code:

~~**2079.** (a) A physician and surgeon who desires to administer general anesthesia in the office of a dentist pursuant to Section 1646.9, shall provide the Medical Board of California with a copy of the application submitted to the Dental Board of California pursuant to subdivision (b) of Section 1646.9 and a fee established by the board not to exceed the costs of processing the application as provided in this section.~~

~~(b) The Medical Board of California shall review the information submitted and take action as follows:~~

~~(1) Inform the Dental Board of California whether the physician and surgeon has a current license in good standing to practice medicine in this state.~~

~~(2) Verify whether the applicant has successfully completed a postgraduate residency training program in anesthesiology and whether the program has been recognized by the American Council on Graduate Medical Education.~~

~~(3) Inform the Dental Board of California whether the Medical Board of California has determined that the applicant has successfully completed the postgraduate residency training program in anesthesiology recognized by the American Council on Graduate Medicine.~~



MEMORANDUM

DATE	May 1, 2023
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 28.a.: Status Update on Pending Regulations

Background

This memo is divided into two parts. The first section addresses those rulemaking packages affecting dental assistants that have either moved forward in the rulemaking process since the last Dental Board of California (Board) meeting or will be presented at the next Board meeting. The second section provides a chart listing the other rulemaking packages that Board staff are working on, but for which there has been no movement since the last Council meeting.

Temporary Licensure for Military Spouses and Partners (Cal. Code of Regs., Title 16, Section 1006)

Update: Board staff are revising the rulemaking package to reflect feedback from the Department of Finance on cost estimates. Staff anticipate filing the package for notice with Office of Administrative Law (OAL) once that feedback is addressed.

Summary of Proposed Changes: This rulemaking would establish the procedures and application requirements for qualified individuals to seek temporary licensure from the Board as permitted by AB 107 (Chapter 693, Statutes of 2021). Effective July 1, 2023, qualified spouses or domestic partners of active-duty military personnel assigned to a duty station in California under official active-duty military orders would be able to apply for a temporary license from the Board. The temporary license would last for no more than 12 months or until a permanent license is granted, or the Board revokes the license.

Updates to the Board's Disciplinary Guidelines (Cal. Code of Regs., Title 16, Section 1018)

Update: The Board approved the updated language at the February Board meeting. Staff are preparing the rulemaking package for review by the Department of Consumer Affairs (DCA) and filing with OAL.

Summary of Proposed Changes: An update to the Board's Disciplinary Guidelines requires the Board to update the regulations that incorporate the Disciplinary Guidelines by reference.

Lost, Destroyed or Mutilated Licenses (Cal. Code of Regs, Title 16 Section 1012 and 1021) and Inactive Licenses (Cal. Code of Regs., Title 16 Section 1017.2)

Update: This is a new package for consideration by the Board at the May meeting.

Summary of Proposed Changes: This proposed rulemaking would amend section 1012 to change the form used for an applicant to both place their license on inactive status and to restore their license to active status. The proposed amendments would also change how an applicant complies with the required continuing education requirements when seeking active status from providing evidence to simply self-certifying. Section 1021 would need to be amended to include the Pocket License in the fee for replacement certificates in subsection 1021(i). The proposed rulemaking would amend section 1017.2 to require licensees seeking a replacement license to submit a form and to eliminate the requirement for providing fingerprints with their application.

Action Requested

No Board action is requested on this update. New rulemaking packages for Board review and possible action will be brought as separate items.

Status of Pending Board Regulations – Updated 4/21/23

Rulemaking File	Board Approval	Submission to DCA	Submission To Agency	Filed with OAL	Comment Period	Final Board Approval	Filing with OAL	Filing with Secretary of State
Telehealth Notification/Display of License	X							
Dental Assistant Comprehensive Rulemaking	X							
Radiographic Decision Making/Interim Therapeutic Restoration Courses	X							
Elective Facial Cosmetic Surgery Permit Requirements	X							
Mobile and Portable Dental Unit Requirements	X							
Infection Control	X							
Uniform Standards for Substance-Abusing Licensees								
Impaired Licentiates Program								
Dental Assistant Examination Requirements								



MEMORANDUM

DATE	May 3, 2023
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 28.b.: Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations (CCR), Title 16, Sections 1012, 1017.2, and 1021 (Replacement Licenses and Fees, and Inactive Licenses)

Issues

1012 – Lost, Destroyed or Mutilated Licenses

Dental Board of California (Board) staff have received complaints and inquiries from licensees and consumers concerning the requirements for requesting a replacement or duplicate wall certificate due to loss, theft, mutilation, or destruction, or a licensee's name change. There currently is no form adopted by the Board for processing these requests and for collecting the information needed to accurately verify the identity of the applicant or for the need for a substitute or replacement license, permit or wall certificate. This proposal would adopt such a form (LIC-9), add a new title, and specify those requirements. Currently licensees are required to submit proof of fingerprints when requesting a replacement wall certificate, regardless of whether they have current fingerprints already on file or not.

Board staff have determined that requiring licensees to submit to fingerprints every time they need a replacement wall certificate creates unnecessary barriers to licensees as well as an increased staff workload for drafting deficiency notices and responding to questions and complaints regarding the process. This is particularly true of licensees residing out-of-state who do not have access to Live Scan locations, as the process of getting hard cards approved by the Department of Justice (DOJ) can take a month or longer if the fingerprints are rejected due to readability issues. Board staff believe removing the fingerprint requirement will streamline the process for licensees and reduce workload for staff related to handling questions and complaints about the process and are not necessary since all active licensees are already required to have fingerprints on file with the Board when first licensed in accordance with Business and Professions Code section 144.

Agenda Item 28.b.: Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations (CCR), Title 16, Sections 1012, 1017.2, and 1021 (Replacement Licenses and Fees, and Inactive Licenses)

Dental Board of California Meeting
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Board staff also recommend including pocket licenses in this section as some licensees have sought replacements for their pocket licenses for similar reasons to needing to replace a wall certificate.

1017.2 – Inactive Licenses

Board staff currently process Inactive/Active Dental applications received by mail and online submission, including the verification of Continuing Education requirements. Staff have advised of backlog issues with the Board’s current procedure of processing Inactive/Active applications (LIC-6) and questions regarding the specific requirements for obtaining and maintaining an inactive license or for reactivating an inactive license. The attached proposal would repeal the current application and replace it with a new application and title that would provide greater notice and specificity regarding the requirements for renewing in an inactive status or for returning a license to active status.

1021 – Examination, Permit and License Fees for Dentists

Subsection 1021(i) currently sets a \$50 fee for a ‘Substitute Certificate.’ Because the proposed changes to section 1012 would include replacing the pocket license in accordance with Business and Professions Code section 1724(i), Board staff recommend including the pocket license in subsection 1021(i). Additionally, when reviewing the workload and costs associated with issuing replacement certificates, Board staff have determined that the current \$50 fee does not cover those costs, even with the elimination of the fingerprint requirement. Based on the workload analysis (see attached), Board staff recommend increasing the fee to \$96.

Discussion

To address these concerns, Board staff have developed a rulemaking for Board consideration, and the proposed regulatory text and forms are attached to this memo, along with the underlying data for increasing the fee for processing an application for a substitute wall certificate or pocket license. For replacement licenses or permits, staff are proposing amending Title 16 California Code of Regulations (CCR) Section 1012 to require applicants requesting a replacement license or permit (either the wall certificate or pocket license) complete the Declaration and Request for Replacement Pocket License or Certificate, Form LIC-9 (New. 5/23) and submit it along with the proper fee as set forth in Section 1021. To facilitate processing and address applicant concerns, staff are proposing eliminating the fingerprint requirement. Staff considers the requirement duplicative and unnecessary. Because the proposed changes would add the pocket license to the language for section 1012, reference to the pocket license would also need to be added to the language for Section 1021.

As mentioned above, Board staff have determined that the current fee for replacement certificates - \$50 – does not capture all the workload costs associated with processing applications for and issuing the replacement certificates and/or pocket licenses. As detailed in the attached chart, Board staff has calculated that processing one application for a

Agenda Item 28.b.: Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations (CCR), Title 16, Sections 1012, 1017.2, and 1021 (Replacement Licenses and Fees, and Inactive Licenses)
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replacement certificate or pocket license would require 0.92 hours from an Office Technician, 0.33 hours from a Management Service Technician and 0.50 hours from a Staff Services Analyst. The total costs for that staff time come to approximately \$111, which Board staff recommend as the new fee for a replacement certificate or pocket license.

To address the backlog and processing concerns for Inactive/Active license applications, staff are proposing amending Title 16 CCR Section 1017.2. The proposed amendments would update the current form and make some non-substantive changes to the proposed text. The amendments would also eliminate the requirement that applicants provide evidence of their continuing education credits with their application, and instead certify under penalty of perjury that they have taken the specified continuing education courses in the two years preceding application. This certification requirement is consistent with other DCA board's requirements for submitting proof of meeting continuing education requirements for renewal of an active license. Such certification would be enforced by Board staff through regular, random audits to ensure compliance as permitted under Title 16 CCR Sections 1016 and 1017. The proposed change would also streamline the application process and bring Board practices further in line with the Department of Consumer Affairs Enlightened Licensing Project, which seeks to standardize enforcement and licensing processes across all agencies in the Department.

Action Requested

The Board should review the proposed regulatory text and consider whether they would support it as written or if there are suggested changes to the proposed text. After review, the staff requests that the Board consider one of the following motions:

Motion A: (The Board has no suggested changes for the proposed regulatory text.) Approve the proposed regulatory text and incorporated forms for Sections 1012, 1017.2, and 1021 and submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed for 16 CCR Sections 1012, 1017.2, and 1021.

Motion B: (The Board has suggested changes for the proposed regulatory text.) Approve the proposed regulatory text and forms for Sections 1012, 1017.2, and 1021, with the following changes. (Describe the proposed changes to the proposed text). In addition, submit the approved text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the

package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed for 16 CCR Sections 1012, 1017.2, and 1021.

Attachments:

1. Proposed Regulatory Text for Amendments to 16 CCR sections 1012, 1017.2, and 1021.
2. "Declaration and Request for Replacement Pocket License or Certificate," LIC-9 (New 5/2023) form.
3. Repeal of Old "Application to Inactivate/Activate License," Form LIC-6 (New 12/09).
4. Application to Activate/Inactivate License, LIC-6 (New 5/2023).
5. Underlying Data entitled "TABLE A: Fee for Request for Duplicate/Replacement License California Code of Regulations CCR 1012."

**TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
DIVISION 10. DENTAL BOARD OF CALIFORNIA**

PROPOSED REGULATORY TEXT

Proposed amendments to the regulatory language are shown in single underline for new text and single ~~strike through~~ for deleted text.

Amend Sections 1012, 1017.2, and 1021 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

§ 1012. ~~Lost, Destroyed or Mutilated~~ Replacement Licenses or Permits.

(a) A licensee or permitholder who desires a replacement of their pocket license or wall certificate shall request a substitute from the Board by submitting a completed application to the Board certifying the loss, theft, mutilation or destruction of their pocket license or wall certificate, or a name change requiring issuance of their pocket license or wall certificate in the new name. For the purposes of this section, a completed application shall include a completed "Declaration and Request for Replacement Pocket License or Certificate," LIC-9 (New 5/2023) form, which is hereby incorporated by reference, and the nonrefundable fee for a substitute certificate or pocket license specified in Section 1021.

(b) A licensee or permitholder shall be issued a substitute pocket license or wall certificate upon request therefor meeting the requirements of this section. Such request shall be accompanied by an affidavit or declaration containing satisfactory evidence of the loss or destruction of his license certificate. A licensed dentist shall also submit fingerprints on forms provided by the board.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1614 and 1724, Business and Professions Code.

§ 1017.2. Inactive Licenses.

(a) A licensee who desires an inactive license and who is not currently engaged in any activity for which an active license is required, shall submit a completed Application to ~~Inactivate/Activate~~ Activate/Inactivate License, LIC-6 (New ~~12/09~~ 5/2023) that is incorporated herein by reference.

(b) In order to restore an inactive license to active status, the licensee shall submit a completed Application to ~~Inactivate/Activate~~ Activate/Inactivate License, LIC-6 (New ~~12/09~~ 5/2023) that is incorporated herein by reference, ~~accompanied by evidence certifying under penalty of perjury~~ that the licensee has completed the required number of hours of approved continuing education in compliance with this article within the last

two years preceding such application. In addition, the licensee shall submit a full set of fingerprints as required by Section 1008.

(c) The holder of an inactive license shall continue to pay to the board the required biennial renewal fee specified by Section 1021.

(d) The board shall inform an applicant who wishes to activate/inactivate ~~his/her~~ their license in writing within 30 days whether the application is complete and accepted for filing or is deficient and what specific information is required. The board shall decide within 30 days after the filing of a completed application whether the applicant meets the requirements.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 700-704, 1601.2 and 1629(b), Business and Professions Code.

§ 1021. Examination, Permit and License Fees for Dentists.

The following fees are set for dentist examination and licensure by the Board, and for other licensee, registrant, or applicant types specified below [FN**]:

- (a) Initial application for those applicants qualifying pursuant to Section 1632(c)(2) of the Business and Professions Code (the Code).....\$400
- (b) Initial application for those applicants qualifying pursuant to Section 1634.1 of the Code.....\$800
- (c) Initial application for those applicants qualifying pursuant to Section 1632(c)(1) of the Code.....\$400
- (d) Initial application fee for those applicants applying pursuant to Section 1635.5 of the Code.....\$525
- (e) Initial License.....\$650
[FN*]
- (f) Biennial License Renewal fee.....\$650
- (g) Biennial License Renewal fee for those qualifying pursuant to Section 1716.1 of the Code shall be one half of the renewal fee prescribed by subsection (f).
- (h) Delinquency fee--License Renewal--The delinquency fee for license renewal shall be the amount prescribed by Section 1724(f) of the Code.
- (i) Substitute Certificate or Pocket License.....~~\$50~~111
- (j) Application for an Additional Office Permit.....\$350

(k) Biennial Renewal of Additional Office Permit.....	\$250
(l) Late Change of Practice Registration.....	\$50
(m) Fictitious Name Permit The fee prescribed by Section 1724.5 of the Code	
(n) Fictitious Name Permit Renewal.....	\$325
(o) Delinquency fee--Fictitious Name Permit Renewal. The delinquency fee for Fictitious Name Permits shall be one-half of the Fictitious Name Permit renewal fee	
(p) Continuing Education Registered Provider fee.....	\$410
(q) Application for General Anesthesia or Moderate Sedation Permit.....	\$524
(r) Application for Pediatric Minimal Sedation Permit.....	\$459
(s) General Anesthesia (for dentist and physician licensees) or Moderate Sedation Permit Renewal fee.....	\$325
(t) Pediatric Minimal Sedation Permit Renewal fee.....	\$182
(u) General Anesthesia or Moderate Sedation On-site Inspection and Evaluation fee.....	\$2,000
(v) Application for a Special Permit.....	\$1,000
(w) Special Permit Renewal.....	\$125
(x) Initial Application for an Elective Facial Cosmetic Surgery Permit.....	\$850
(y) Elective Facial Cosmetic Surgery Permit Renewal.....	\$800
(z) Application for an Oral and Maxillofacial Surgery Permit.....	\$500
(aa) Oral and Maxillofacial Surgery Permit Renewal.....	\$650
(ab) Continuing Education Registered Provider Renewal.....	\$325
(ac) License Certification.....	\$50
(ad) Application for Law and Ethics Examination.....	\$125

- (ae) Application for Use of Oral Conscious Sedation on Adult Patients.....\$459
- (af) Adult Oral Conscious Sedation Certificate Renewal.....\$168
- (ag) Application for Pediatric Endorsement for General Anesthesia Permit (for dentist and physician licensees).....\$532
- (ah) Application for Pediatric Endorsement for Moderate Sedation Permit.....\$532

[FN*] Fee pro-rated based on applicant's birth date.

[FN**] Examination, licensure, and permit fees for dentistry may not all be included in this section, and may appear in the Code.

Note: Authority cited: 1614, 1635.5, 1634.2(c), 1724 and 1724.5, Business and Professions Code. Reference: Sections 1632, 1634.1, 1646.2, 1646.6, 1647.3, 1647.8, 1647.20, 1647.23, 1647.32, 1647.33, 1715, 1716.1, 1718.3, 1724 and 1724.5, Business and Professions Code.



DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



DECLARATION AND REQUEST FOR REPLACEMENT POCKET LICENSE OR CERTIFICATE

Please type or print legibly

For Office Use Only:

Amount _____ Receipt _____

File # _____ Date Processed _____

Form with 8 numbered fields: 1. Full Legal Name (Last, First, Middle, Suffix), 2. License/Permit Type and Number, 3. Name change information, 4. Date original license issued, 5. Mailing Address, 6. Date of Birth, 7. Email Address, 8. Telephone Number.

Request for Replacement of: (check appropriate box)

Two checkboxes: Pocket License \$50 - Non-Refundable and Wall Certificate \$50 - Non-Refundable.

I hereby request replacement of my wall certificate or pocket license for the following reason(s):

Reason for Request: (check appropriate box)

Three checkboxes: Lost/Original Not Received, Stolen, Mutilated/Destroyed.

Checkbox: My Name Changed. Please issue me a replacement pocket license or wall certificate, as requested above, in the name listed in Box 1 of this form.

I certify under penalty of the laws of the State of California that all of the information provided on this form is true and correct and that I am the person named on the license or permit stated above.

Signature _____ Date _____

INFORMATION COLLECTION AND ACCESS

This completed form must be submitted to the Dental Board of California (Board) as required by Title 16, California Code of Regulations (CCR) sections 1012 and 1021 or your application will not be processed (16 CCR section 1004). The information requested on this form is mandatory and will be used to determine eligibility for issuance of a replacement pocket license or wall certificate. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure pursuant to Civil Code section 1798.40. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300.



APPLICATION TO INACTIVATE LICENSE

APPLICATION TO ACTIVATE LICENSE

Bus. & Prof. Code 462, 700-704, Title 16 CCR 1017.1

For Office Use Only
Approved-date notified _____
Disapproved-date notified _____

Please type or print legibly

Name of Licensee _____
Address _____
Birthdate _____ License Number _____

I wish to inactivate my _____ License. I understand that I must continue to pay the board the required biennial license renewal fee; however, I need not comply with the continuing education requirement. Prior to reactivating my license, I will complete the required continuing education.

I wish to activate my _____ License. I inactivated my license on _____. Attached to this request is evidence that I have completed the required number of approved continuing education courses within the last two years preceding this application, as required by the Dental Practice Act.

I certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature _____ Date _____

INFORMATION COLLECTION AND ACCESS The information requested herein is mandatory and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento CA. 95815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.



DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



APPLICATION TO ACTIVATE/ INACTIVATE LICENSE

Please type or print legibly

For Office Use Only: Approved Date _____
 Disapproved Date _____

Full Legal Name of Licensee: Last First Middle Suffix (if any)	License Type and Number:
Email Address (if any):	Date of Birth:
Mailing Address:	

I wish to **ACTIVATE** my license. By signing this document, I certify that I have completed at least the following applicable minimum continuing education (CE) units within the last two years preceding this application:

For dentists: a minimum of **50** total CE units including the following mandatory coursework meeting the requirements of CCR sections 1016, 1017 or 1066:

- a course in Infection Control (2 units),
- a course in the California Dental Practice Act (2 units),
- completion of certification in Basic Life Support (maximum of 4 units),
- a course on the responsibilities and requirements of prescribing Schedule II opioids (2 units),
- for dentists prescribing and administering vaccine, at least 1 hour of immunization training,
- for dentists with a general anesthesia permit, at least 24 hours of approved courses related to deep sedation or general anesthesia and an advanced cardiac life support course,
- for dentists with a moderate sedation permit, at least 15 hours related to moderate sedation and medical emergencies, and,
- for dentists with an oral conscious sedation permit, at least 7 hours related to oral conscious sedation of adult patients.

For Registered Dental Assistants (RDA), Registered Dental Assistants in Extended Functions (RDAEF), Dental Sedation Assistants (DSA), and Orthodontic Assistants (OA): a minimum of **25** CE units including the following mandatory coursework meeting the requirements of CCR sections 1016, 1016.2, or 1017:

- a course in Infection Control (2 units),
- a course in the California Dental Practice Act (2 units), and,
- completion of certification in Basic Life Support (maximum of 4 units).

I wish to **INACTIVATE** my license. I am not currently engaged in any activity for which an active license is required from the Dental Board of California under the provisions of the Dental Practice Act.

Check this box indicating that you have read the following notice:

(1) Pursuant to Business and Professions Code section 702, a holder of an inactive license shall not do any of the following:

(a) Engage in any activity for which an active license or permit is required.

(b) Represent that they have an active license.

(2) Pursuant to Business and Professions Code section 703, a holder of an inactive license must still renew their license and pay the biennial renewal fee (as set forth in Title 16, California Code of Regulations section 1021) but need not comply with any continuing education requirements.

(3) Prior to reactivating your license, you will be required to complete continuing education equivalent to that required for a single license renewal period (see specific items noted above for activating a license).

(4) Per Business and Professions Code section 1718.3, a license not renewed for five years from the license expiration date cannot be renewed, restored, reinstated, or reissued.

I certify under penalty of the laws of the State of California that all information provided on this form is true and correct and that I am the person named above on this form.

Signature

Date

INFORMATION COLLECTION AND ACCESS

This completed form must be submitted to the Dental Board of California (Board) as required by Business and Professions Code sections 700-704, and Title 16, California Code of Regulations (16 CCR) section 1017.2 or your application will not be processed (16 CCR section 1004). The information requested on this form is mandatory and will be used to determine eligibility for activation or reactivation (restoration) of a license. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure pursuant to Civil Code section 1798.40. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300.

Dental Board of California					
TABLE A: Fee for Request for Duplicate/Replacement License					
California Code of Regulations CCR 1012					
Workload Tasks	Per Application	Minutes Per Application	OT	MST	SSA
Receive, log, distribute & file	1	30	-	-	30
Cashiering - Data entry	1	20	-	20	-
Respond to inquiries & other support duties	0.5	30	15	-	-
Review application	1	20	20	-	-
Update status in Breeze IT system	1	20	20	-	-
Minutes per Classification			55	20	30
Hours by Classification			0.92	0.33	0.50
Costs by Classification			\$46	\$18	\$33
Total Costs:			\$96		

OT: Office Technician - \$50.55 per hour (includes benefits)

MST: Management Services Technician - \$52.57 per hour (includes benefits)

SSA - Staff Services Analyst - \$65.20 per hour (includes benefits)



DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	April 21, 2023
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 29.a.: 2023 Tentative Legislative Calendar – Information Only

Background

The 2023 Tentative Legislative Calendars for the Assembly and Senate are attached.

Action Requested

No Board action is requested.

2023 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 11-4-22

DEADLINES

JANUARY							
	S	M	T	W	TH	F	S
	1	2	3	4	5	6	7
Wk. 1	8	9	10	11	12	13	14
Wk. 2	15	16	17	18	19	20	21
Wk. 3	22	23	24	25	26	27	28
Wk. 4	29	30	31				

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 4** Legislature reconvenes (J.R. 51(a)(1)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 16** Martin Luther King, Jr. Day.
- Jan. 20** Last day to submit **bill requests** to the Office of Legislative Counsel.

FEBRUARY							
	S	M	T	W	TH	F	S
Wk. 4				1	2	3	4
Wk. 1	5	6	7	8	9	10	11
Wk. 2	12	13	14	15	16	17	18
Wk. 3	19	20	21	22	23	24	25
Wk. 4	26	27	28				

- Feb. 17** Last day for bills to be **introduced** (J.R. 61(a)(1), J.R. 54(a)).
- Feb. 20** Presidents' Day.

MARCH							
	S	M	T	W	TH	F	S
Wk. 4				1	2	3	4
Wk. 1	5	6	7	8	9	10	11
Wk. 2	12	13	14	15	16	17	18
Wk. 3	19	20	21	22	23	24	25
Wk. 4	26	27	28	29	30	31	

- Mar. 30** **Spring Recess** begins upon adjournment (J.R. 51(a)(2)).
- Mar. 31** Cesar Chavez Day observed.

APRIL							
	S	M	T	W	TH	F	S
Wk. 4							1
Spring Recess	2	3	4	5	6	7	8
Wk. 1	9	10	11	12	13	14	15
Wk. 2	16	17	18	19	20	21	22
Wk. 3	23	24	25	26	27	28	29
Wk. 4	30						

- Apr. 10** Legislature reconvenes from **Spring Recess** (J.R. 51(a)(2)).
- Apr. 28** Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).

MAY							
	S	M	T	W	TH	F	S
Wk. 4		1	2	3	4	5	6
Wk. 1	7	8	9	10	11	12	13
Wk. 2	14	15	16	17	18	19	20
Wk. 3	21	22	23	24	25	26	27
No Hrgs.	28	29	30	31			

- May 5** Last day for **policy committees** to hear and report to the Floor **nonfiscal bills** introduced in their house (J.R. 61(a)(3)).
- May 12** Last day for **policy committees** to meet prior to June 5 (J.R. 61(a)(4)).
- May 19** Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61(a)(5)).
Last day for **fiscal committees** to meet prior to June 5 (J.R. 61(a)(6)).
- May 29** Memorial Day.
- May 30-June 2** **Floor session only.** No committee may meet for any purpose except Rules Committee, bills referred pursuant to A.R. 77.2, and Conference Committees (J.R. 61(a)(7)).

*Holiday schedule subject to final approval by Rules Committee.

2023 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 11-4-22

JUNE							
	S	M	T	W	TH	F	S
No Hrgs.					1	2	3
Wk. 4	4	5	6	7	8	9	10
Wk. 1	11	12	13	14	15	16	17
Wk. 2	18	19	20	21	22	23	24
Wk. 3	25	26	27	28	29	30	

- June 2** Last day for each house to pass bills introduced in that house (J.R. 61(a)(8)).
- June 5** Committee meetings may resume (J.R. 61(a)(9)).
- June 15** Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)(3)).

JULY							
	S	M	T	W	TH	F	S
Wk. 3							1
Wk. 4	2	3	4	5	6	7	8
Wk. 1	9	10	11	12	13	14	15
Summer Recess	16	17	18	19	20	21	22
Summer Recess	23	24	25	26	27	28	29
Summer Recess	30	31					

- July 4** Independence Day.
- July 14** Last day for **policy committees** to meet and report bills (J.R. 61(a)(10)).
- Summer Recess** begins upon adjournment, provided Budget Bill has been passed (J.R. 51(a)(3)).

AUGUST							
	S	M	T	W	TH	F	S
Summer Recess			1	2	3	4	5
Summer Recess	6	7	8	9	10	11	12
Wk. 2	13	14	15	16	17	18	19
Wk. 3	20	21	22	23	24	25	26
Wk. 4	27	28	29	30	31		

- Aug. 14** Legislature reconvenes from Summer Recess (J.R. 51(a)(3)).

SEPTEMBER							
	S	M	T	W	TH	F	S
Wk. 4						1	2
No Hrgs.	3	4	5	6	7	8	9
No Hrgs.	10	11	12	13	14	15	16
Interim Recess	17	18	19	20	21	22	23
Interim Recess	24	25	26	27	28	29	30

- Sept. 1** Last day for **fiscal committees** to meet and report bills (J.R. 61(a)(11)).
- Sept. 4** Labor Day.
- Sept. 5-14** **Floor session only.** No committees may meet for any purpose, except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(a)(12)).
- Sept. 8** Last day to **amend** on the Floor (J.R. 61(a)(13)).
- Sept. 14** Last day for each house to pass bills. (J.R. 61(a)(14)).
- Interim Recess** begins upon adjournment (J.R. 51(a)(4)).

IMPORTANT DATES OCCURRING DURING INTERIM RECESS

2023

Oct. 14 Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 14 and in the Governor's possession on or after Sept. 14 (Art. IV, Sec. 10(b)(1)).

2024

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 3 Legislature reconvenes (J.R. 51(a)(4)).

*Holiday schedule subject to final approval by Rules Committee.

2023 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE ASSEMBLY CHIEF CLERK
Revised 11/4/2022

DEADLINES

JANUARY						
S	M	T	W	TH	F	S
<u>1</u>	2	3	<u>4</u>	5	6	7
8	9	<u>10</u>	11	12	13	14
15	<u>16</u>	17	18	19	<u>20</u>	21
22	23	24	25	26	27	28
29	30	31				

- [Jan. 1](#) Statutes take effect (Art. IV, Sec. 8(c)).
- [Jan. 4](#) Legislature **reconvenes** (J.R. 51(a)(1)).
- [Jan. 10](#) Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- [Jan. 16](#) Martin Luther King, Jr. Day
- [Jan. 20](#) Last day to submit **bill requests** to the Office of Legislative Counsel

FEBRUARY						
S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	<u>17</u>	18
19	<u>20</u>	21	22	23	24	25
26	27	28				

- [Feb. 17](#) Last day for bills to **be introduced** (J.R. 61(a),(1)(J.R. 54(a)).
- [Feb. 20](#) Presidents' Day.

MARCH						
S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	<u>30</u>	<u>31</u>	

- [Mar. 30](#) **Spring recess** begins upon adjournment of this day's session (J.R. 51(a)(2)).
- [Mar. 31](#) Cesar Chavez Day.

APRIL						
S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	<u>10</u>	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	<u>28</u>	29
30						

- [Apr. 10](#) Legislature reconvenes from **Spring recess** (J.R. 51(a)(2)).
- [Apr. 28](#) Last day for **policy committees** to hear and report to **fiscal committees** **fiscal bills** introduced in their house (J.R. 61(a)(2)).

MAY						
S	M	T	W	TH	F	S
	1	2	3	4	<u>5</u>	6
7	8	9	10	11	<u>12</u>	13
14	15	16	17	18	<u>19</u>	20
21	22	23	24	25	26	27
28	<u>29</u>	<u>30</u>	<u>31</u>			

- [May 5](#) Last day for **policy committees** to hear and report to the floor **non-fiscal bills** introduced in their house (J.R. 61(a)(3))
- [May 12](#) Last day for **policy committees** to meet prior to June 5 (J.R. 61(a)(4)).
- [May 19](#) Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61(a)(5)).
Last day for **fiscal committees** to meet prior to June 5 (J.R. 61(a)(6)).
- [May 29](#) Memorial Day.
- [May 30-June 2](#) **Floor Session Only.** No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(a)(7)).

*Holiday schedule subject to Senate Rules committee approval

2023 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE ASSEMBLY CHIEF CLERK
Revised 11/4/2022

JUNE						
S	M	T	W	TH	F	S
				<u>1</u>	<u>2</u>	3
4	<u>5</u>	6	7	8	9	10
11	12	13	14	<u>15</u>	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

June 2 Last day for each house to pass bills introduced in that house (J.R. 61(a)(8)).

June 5 Committee meetings may resume (J.R. 61(a)(9)).

June 15 Budget must be passed by **midnight** (Art. IV, Sec. 12(c)(3)).

JULY						
S	M	T	W	TH	F	S
						1
2	3	<u>4</u>	5	6	7	8
9	10	11	12	13	<u>14</u>	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

July 4 Independence Day.

July 14 Last day for **policy committees** to meet and report bills (J.R. 61(a)(10)).

Summer Recess begins upon adjournment of session provided Budget Bill has been passed (J.R. 51(a)(3)).

AUGUST						
S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	<u>14</u>	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Aug. 14 Legislature reconvenes from **Summer Recess** (J.R. 51(a)(3)).

SEPTEMBER						
S	M	T	W	TH	F	S
					<u>1</u>	2
3	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	9
10	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Sept. 1 Last day for **fiscal committees** to meet and report bills to Floor (J.R. 61(a)(11)).

Sept. 4 Labor Day.

Sept. 5-14 **Floor session only.** No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(a)(12)).

Sept. 8 Last day to **amend** on the floor (J.R. 61(a)(13)).

Sept. 14 Last day for **each house to pass bills** (J.R. 61(a)(14)).
Interim Study Recess begins at the end of this day's session (J.R. 51(a)(4)).

*Holiday schedule subject to Senate Rules committee approval

IMPORTANT DATES OCCURRING DURING INTERIM STUDY RECESS

2023

Oct. 14 Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 14 and in his possession after Sept. 14 (Art. IV, Sec.10(b)(1)).

2024

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 3 Legislature reconvenes (J.R. 51(a)(4)).



MEMORANDUM

DATE	May 1, 2023
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 29.b.: Legislation of Interest

Background

The Dental Board of California (Board) has been tracking bills that impact the Board, the Department of Consumer Affairs (DCA), healing arts boards and their respective licensees, and all licensing boards. This memorandum includes information regarding each bill's status, location, date of introduction, date of last amendment, and a summary. The bills are listed in numerical order, with the Assembly Bills (AB XXX) first, followed by the Senate Bills (SB XXX). Staff will be presenting updates on the following bills that may have a direct impact on the Board for discussion and possible action at the May meeting:

[ACR 10](#) (Weber, Chapter 16, Statutes of 2023) Children's Dental Health Month.

[AB 481](#) (Wendy Carrillo, 2023) Dentistry: dental assistants.

[AB 795](#) (Flora, 2023) Unlawful sale of equipment, supplies, or services.

[AB 883](#) (Mathis, 2023) Business licenses: United States Department of Defense SkillBridge program.

[AB 936](#) (Wood, 2023) Dentistry: exceptions.

[AB 996](#) (Low, 2023) Department of Consumer Affairs: continuing education: conflict-of-interest policy.

[AB 1028](#) (McKinnor, 2023) Reporting of crimes: mandated reporters.

[AB 1257](#) (Committee on Business and Professions, 2023) Dentistry: Dental Hygiene Board of California.

[AB 1395](#) (Garcia, 2023) Licensed Physicians and Dentists from Mexico Pilot Program: requirements.

[AB 1396](#) (Garcia, 2023) Licensed Physicians and Dentists from Mexico Pilot Program: requirements.

[AB 1398](#) (Ramos, 2023) California Dental Corps Loan Repayment Program.

[AB 1552](#) (Reyes, 2023) Healing arts: foreign dental schools. (Bill was amended on 3/23 to address this topic.)

[SB 372](#) (Menjivar, 2023) Department of Consumer Affairs: licensee and registrant records: name and gender changes.

Agenda Item 29.b.: Legislation of Interest
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[SB 544](#) (Laird, 2023) Bagley-Keene Open Meeting Act: teleconferencing.
[SB 802](#) (Roth, 2023) Licensing boards: disqualification from licensure: criminal conviction.
[SB 818](#) (Roth, 2023): Department of Consumer Affairs: terms of office: fingerprinting.

The following bills have been identified by staff as being of potential interest to Board but do not require discussion at this time. Staff will continue to watch these bills and report on their progression at a future Board meeting. Information regarding each of these bill's status, location, date of introduction, date of last amendment, and a summary has been included in this memorandum. Please note staff will not be presenting these bills; should a Board member desire to discuss one of these bills they may present the bill at the meeting and provide arguments for the Board to take a position.

[AB 477](#) (Waldron, 2023) Legislative review of state boards.
[AB 567](#) (Ting, 2023) Criminal Records: relief.
[AB 669](#) (Dixon, 2023) Administrative regulations.
[AB 677](#) (Addis, 2023) Confidentiality of Medical Information Act.
[AB 749](#) (Irwin, 2023) State agencies: information security: uniform standards.
[AB 952](#) (Wood, 2023) Dental coverage disclosures.
[AB 1048](#) (Wicks, 2023) Dental benefits and rate review.
[AB 1751](#) (Gipson, 2023) Opioid prescriptions: information: nonpharmacological treatments for pain.
[SB 73](#) (Seyarto, 2023) Employment policy: voluntary veterans' preference.
[SB 259](#) (Seyarto, 2023) Reports submitted to legislative committees.
[SB 279](#) (Niello, 2023) Administrative regulations: public participation.
[SB 887](#) (Business, Professions and Economic Development Committee, 2023) Consumer affairs.

If you would like additional information on any of these bills, the following web sites are excellent resources for viewing proposed legislation and finding additional information:

<https://leginfo.legislature.ca.gov>
<https://assembly.ca.gov>
<https://senate.ca.gov>

Action Requested

The Board may take one of the following actions regarding each bill:

Support
Support if Amended
Oppose
Oppose unless Amended
Watch
Neutral
No Action

Legislation Tracked by Board Staff – 2023-2024 Legislative Session

[ACR 10](#) (Weber, Chapter 16, Statutes of 2023) Children’s Dental Health Month.

Introduced: February 1, 2023

Last Amended: N/A

Disposition: Chaptered

Location: Secretary of State

Status: March 27, 2023: Chaptered with the Secretary of State.

Summary: The Resolution declares the month of February to be Children’s Dental Health Month in the State of California.

Board Impact: None but would be of interest to licensees.

Recommended Board Position: N/A

[AB 477](#) (Waldron, 2023) Legislative review of state boards.

Introduced: February 7, 2023

Last Amended: N/A

Disposition: In Committee

Location: Assembly

Status: February 17, 2023: Referred to Assembly Business and Professions Committee.

Summary: The bill would amend Government Code section 9148.52 to require the Joint Sunset Review Committee of the Legislature to post online its reports on state boards that it reviews.

Board Impact: The last two sunset review reports issued by the Board are available on the Board website. The Joint Sunset Review Committee responsible for review of DCA boards and bureaus current puts the background papers it prepares online. This bill would make the committee’s report also available online.

Recommended Board Position: Watch

[AB 481](#) (Wendy Carrillo, 2023) Dentistry: dental assistants.

Introduced: February 7, 2023

Last Amended: April 20, 2023

Disposition: In Committee

Location: Assembly

Status: April 25, 2023: Passed by Assembly Business and Professions Committee and referred to Assembly Appropriations.

Summary: As introduced, the bill would have made a non-substantive change to Business and Professions Code section 1740, which expresses the intent of the Legislature concerning dental assistants. The change would replace a reference to ‘pursuant to’ with ‘by’.

At the February 2023 Board meeting, representatives from the California Dental Association (CDA) indicated that they had a legislative proposal, and it would be included in AB 481.

The bill was significantly amended on March 23, 2023 to include language from a legislative proposal offered by the CDA. Additional amendments were made on April 10 and again on April 20. As currently written, the bill is a significant overhaul of the Dental Practice Act article on Dental Assisting. The changes include:

- Adds definitions for several terms into statute.
- Changes the number of pathways to licensure from three (graduation from a Registered Dental Assistant (RDA) educational program, work experience, and a combination of work experience and education) to five. The bill would add an hourly requirement to the current 15-month work experience pathway. Unlicensed dental assistants would have to have at least 1,280 hours of ‘satisfactory work experience’ as certified by the employer dentist. All pathways, except graduation from an RDA education program, would also require, in addition to pathway-specific requirements, passing courses in radiation safety, coronal polishing, and the new mandatory course requirements described below. The existing combination education and work experience pathway would be removed. The three new pathways are:
 - A ‘preceptorship’ combining work experience (at least 500 hours) and coursework (at least 300 hours, including mandatory courses) and supervised by an employer-dentist designated as ‘preceptor’ who would evaluate competency, teach critical reasoning, ensure the coursework is from a Board-approved provider and document progress.
 - Graduation from an alternative dental assisting program (at least 500 hours of coursework) as defined by the bill, plus 300 hours work experience verified by the employer-dentist.
 - Holding a current Certified Dental Assistant certificate from the Dental Assisting National Board and completing a course in pit and fissure sealants.
- Revises the obligations of the employer-dentist of an unlicensed dental assistant to also require the employer-dentist to inform the unlicensed dental assistants about pathways to licensure and mandatory education requirements.
- Amends the mandatory course requirements for unlicensed dental assistants to require the following courses (in addition to basic life support certification) from Board-approved providers (the courses would not require Board approval) within one year of initial employment:
 - Eight-hour course in infection control (completed prior to any procedures where there could be exposure to infectious material).
 - Two-hour course in Dental Practice Act.

- Two-hour course in Division of Occupational Safety and Health bloodborne pathogen training.
- Orthodontic Assistant (OA) permit holders whose permits were issued on or after January 1, 2026 would be allowed to perform additional duties, and OA permit holders who are RDA or a Registered Dental Assistant in Extended Functions (RDAEF) licensees could perform certain placements as well.
- Revises the requirements for dental sedation assistant permit applicants depending on whether they are unlicensed or an RDA or RDAEF. Unlicensed applicants will need to take a longer course than RDA or RDAEF applicants and would have to comply with the mandatory education requirements for unlicensed dental assistants before sitting for the exam.
- Revises the list of permitted duties for unlicensed dental assistants.
- Revises the list of permitted duties for RDA.
- Revises the list of permitted duties for RDAEF.
- Establishes criteria for courses in interim therapeutic restorations and radiographic decision making as well as infection control.
- Requires licenses, permit holders and radiation safety certificate holders to display those credentials in the treatment facility where the dental assistant, RDA or RDAEF is performing the associated duties.

Board Impact: The bill as currently written makes significant changes to several aspects of the dental assisting provisions of the Dental Practice Act. Board staff would need to revise current forms and processes.

The bill would also require the development of new forms and processes to address the new pathways. This would include changes to the BreEZe system. New regulations would need to be developed, and existing regulations would need to be reviewed and amended to reflect the bill.

The inclusion of the Certified Dental Assistant certificate as a pathway to licensure poses challenges. The certificate must be renewed annually, while the RDA license is renewed biennially. The Certified Dental Assistant Certificate also has continuing education requirements, and it is unclear how well those annual continuing education requirements align with the Board's biennial continuing education requirements. Requiring compliance with both sets of continuing education requirements may be overly burdensome to licensees on this pathway.

Furthermore, Board staff have raised concerns about consumer protection and clarity of provisions to both CDA and legislative staff regarding adding a new unsupervised duty for dental assistants to perform scanning and imaging for records only (BPC § 1750.1(a)(1)) and intraoral and extraoral photography for "for the purpose of records."

Recommended Board Position: Support if Amended

[AB 567](#) (Ting, 2023) Criminal Records: relief.

Introduced: February 8, 2023

Last Amended: March 29, 2023

Disposition: In Committee

Location: Assembly

Status: May 3, 2023: Hearing with the Assembly Appropriations Committee.

Summary: The bill would amend Penal Code section 1203.425 which requires the Department of Justice to review the state criminal records database monthly to identify individuals with convictions who would qualify for conviction records relief. The bill would eliminate the requirement that these searches would be done subject to an appropriation by the Legislature.

The March 16 amendments added language that would make any new criminal records related to the subject of the record that was granted relief have no bearing on the relief already granted. The amendments also require the Department to provide written confirmation, upon request from the subject of the record, that record relief was granted.

The March 29 amendments removed the language added on March 16 that would make any new criminal records related to the subject of the record that was granted have no bearing on the relief already granted.

Board Impact: Conviction records placed under relief by existing law are not accessible, even for Board enforcement staff. This bill would make the monthly search process easier for the Department of Justice to conduct as it is not dependent on a specific appropriation. It is possible that would mean more records would be placed in relief after passage of the bill than is currently the case.

Recommended Board Position: Watch

[AB 669](#) (Dixon, 2023) Administrative regulations.

Introduced: February 13, 2023

Last Amended: N/A

Disposition: Pending

Location: Assembly

Status: February 13, 2023: Introduced.

Summary: The bill would make non-substantive revisions to Section 11340 of the Government Code, concerning the intent of the Legislature with respect to administrative regulations.

Board Impact: None, as currently written.

Recommended Board Position: Watch

[AB 677](#) (Addis, 2023) Confidentiality of Medical Information Act.

Introduced: February 13, 2023

Last Amended: N/A

Disposition: Pending

Location: Assembly

Status: February 13, 2023: Introduced.

Summary: The bill would make non-substantive revisions to the title provision of the Confidentiality of Medical Information Act, section 56 of the Civil Code.

Board Impact: None, as currently written.

Recommended Board Position: Watch

[AB 749](#) (Irwin, 2023) State agencies: information security: uniform standards.

Introduced: February 13, 2023

Last Amended: April 25, 2023

Disposition: In Committees

Location: Assembly

Status: April 19, 2023: Assembly Committee on Accountability and Administrative Review passed the bill and referred it to the Appropriations Committee with a recommendation for the consent calendar.

Summary: The bill would amend the Government Code to require all state agencies to implement specified computer security practices by January 1, 2025. The bill would also require the Chief of the Office of Information Security Officer to implement uniform policies, standards and procedures on Zero Trust Architecture and two-factor authentication by January 1, 2024.

Amendments on March 14 made minor changes to some of the language specifying Zero-Trust Architecture and other non-substantive changes.

Amendments on April 13 pushed specified deadlines back one year.

Amendments on April 25 added language expressing the intent of the Legislature for the bill's implementation to preserve the state's ability to meet requirements for the receipt of federal funds.

Board Impact: The required updates to computer practices and procedures would be across all state agencies.

Recommended Board Position: Watch

[AB 795](#) (Flora, 2023) Unlawful sale of equipment, supplies, or services.

Introduced: February 13, 2023

Last Amended: N/A

Disposition: Pending

Location: Assembly

Status: February 13, 2023: Introduced.

Summary: The bill would amend the Business and Professions Code section 128, which makes it a misdemeanor to sell equipment, supplies, or services to an individual with knowledge that the goods or services sold will be used in violation of the licensing requirements of the Code. The bill would raise the minimum value to qualify as a violation to \$200, and the minimum fine for violations of the law to \$2,000. The bill also makes non-substantive changes to the section.

Board Impact: To the extent violations of this section involve licensees regulated by the Board, some cases might no longer qualify as a violation.

Recommended Board Position: Watch

[AB 820](#) (Reyes, 2023) State boards and commissions: seniors.

Introduced: February 13, 2023

Last Amended: N/A

Disposition: In Committee

Location: Assembly

Status: April 11, 2023: Hearing with Assembly Committee on Aging and Long-Term Care.

Summary: This is a spot bill that expresses the intent of the Legislature to enact legislation to encourage more representation on state boards and commissions from older adults.

Amendments on March 20 revised the bill to focus on specific boards and commissions that do not include the DBC.

Board Impact: None, as currently written.

Recommended Board Position: Watch

[AB 883](#) (Mathis, 2023) Business licenses: United States Department of Defense SkillBridge program.

Introduced: February 14, 2023

Last Amended: March 23, 2023

Disposition: In Committee

Location: Assembly

Status: April 19, 2023: Assembly Appropriations Committee placed the bill on the suspense calendar.

Summary: The bill would amend Business and Professions Code section 115.4 to require DCA Boards to expedite processing for applicants who are enrolled in the Department of Defense SkillBridge program. This section currently requires expedited processing for honorably discharged former active-duty service members.

The March 23 amendments added clarifying language that applicants would be active-duty members of the armed services.

Board Impact: The Board currently receives an average of six applicants for expedited processing per year under this section. Board staff anticipates some increase in applicants for expedited processing should the bill pass and would need to update its applications to address the changes from this bill.

Recommended Board Position: Watch

[AB 913](#) (Petrie-Norris, 2023) Professions and vocations.

Introduced: February 13, 2023

Last Amended: March 16, 2023

Disposition: Pending

Location: Assembly

Status: February 14, 2023: Introduced.

Summary: The bill would make a non-substantive change to section 9 of the Business and Professions Code, concerning the intent of the names of sections in statute.

The March 16, 2023 amendments changed the bill to focus on pharmacy benefit managers, and is no longer of interest.

Board Impact: None as currently written.

Recommended Board Position: Watch

[AB 936](#) (Wood, 2023) Dentistry: exceptions.

Introduced: February 14, 2023

Last Amended: April 13, 2023

Disposition: In Committee

Location: Assembly

Status: May 3, 2023: Hearing with Assembly Appropriations Committee.

Summary: The bill would amend Business and Professions Code section 1626.6 to exempt all dental students from violations of section 1626 (practice of dentistry without a license) for services provided under supervision at a sponsored event. As currently written this exemption only applies to final year students (which includes students of advanced education programs). The bill defines dental students as those students who have started clinical training at a dental school approved by the Board.

Board Impact: As the bill would expand the number of dental students who could provide dental services at sponsored events, there may be an increase in complaints and enforcement cases related to actions by dental students at sponsored events.

Recommended Board Position: Watch

[AB 952](#) (Wood, 2023) Dental coverage disclosures.

Introduced: February 14, 2023

Last Amended: N/A

Disposition: Floor

Location: Assembly

Status: April 20, 2023: Assembly Third Reading.

Summary: The bill would add new sections to the Health and Safety Code and to the Insurance Code. The section would require that in communications from a health care provider to a health care service provider (HSC language) or an insurer (IC language) it must be disclosed whether or not the enrollee's (HSC language) or insured's (IC language) dental coverage is subject to regulation. Any coverage cards or similar documents showing evidence of coverage must contain this disclosure.

Board Impact: No impact to the Board, but the passage of the law would affect licensees.

Recommended Board Position: Watch

[AB 996](#) (Low, 2023) Department of Consumer Affairs: continuing education: conflict-of-interest policy.

Introduced: February 15, 2023

Last Amended: March 27, 2023

Disposition: In Committee

Location: Assembly

Status: April 25, 2023: Assembly Committee on Business and Professions passed the bill and referred it to Appropriations.

Summary: The bill would require entities that are approving continuing education providers to have a conflict-of-interest policy. The policy would have to discourage approval of providers that have a direct or indirect interest in a product promoted in their courses.

The March 27 amendments added language requiring that conflicts of interest must be disclosed at the beginning of each course.

Board Impact: Implementing a conflict-of-interest policy would add workload to Board staff responsible for approving continuing education providers.

Recommended Board Position: Watch

[AB 1028](#) (McKinnor, 2023) Reporting of crimes: mandated reporters.

Introduced: February 15, 2023

Last Amended: N/A

Disposition: Floor

Location: Assembly

Status: April 20, 2023: Assembly Third Reading.

Summary: The bill would change the reporting requirements for health care practitioners (including dentists) when they know or reasonably suspect based on their expert knowledge that a patient has suffered a wound or injury that has been self-inflicted, was due to a firearm, or was a result of 'assaultive or abusive conduct'. Current law (Penal Code section 11160) requires that a report be made to a local law enforcement agency for each of those categories of injury. The bill would remove the reporting requirements for injuries due to 'assaultive or abusive conduct' If a health care practitioner who knows or has reason to believe that a patient has suffered from or is suffering from any domestic or sexual violence, the practitioner must provide, as medically possible, counseling and/or education and a referral to relevant support agencies.

Board Impact: No impact to the Board, but the passage of the law would affect licensees.

Recommended Board Position: Watch

[AB 1048](#) (Wicks, 2023) Dental benefits and rate review.

Introduced: February 15, 2023

Last Amended: March 27, 2023

Disposition: In Committee

Location: Assembly

Status: April 25, 2023: Assembly Committee on Health passed the bill and referred it to Assembly Appropriations.

Summary: The bill would include insurance policies and managed care plans (including specialized policies and plans) that provide dental services in the rate increase review processes administered by the Department of Insurance and the Department of Health Care Information. Starting January 1, 2024, such plans could not have a waiting period for dental services or a pre-existing conditions provision.

The March 27 amendments changed the bill to no longer require disclosure to a patient whether the insurance plan is subject to regulation by the relevant department.

Board Impact: No impact to the Board, but the passage of the law would affect licensees.

Recommended Board Position: Watch

[AB 1070](#) (Low, 2023) Department of Consumer Affairs: vacancies.

Introduced: February 15, 2023

Last Amended: N/A

Disposition: Pending

Location: Assembly

Status: March 23, 2023: Introduced.

Summary: The bill would make a non-substantive change to Business and Professions Code section 308, which details the responsibilities of the DCA Director to notify relevant legislative committees of any vacancies in the executive officer or equivalent position of the Department's boards and bureaus.

The March 23 amendments shifted the focus of the bill to postgraduate training for physicians and surgeons, so the bill is no longer relevant to the Board.

Board Impact: No impact to the Board.

Recommended Board Position: Watch

[AB 1101](#) (Flora, 2023) Department of Consumer Affairs.

Introduced: February 15, 2023

Last Amended: March 16, 2023

Disposition: Pending

Location: Assembly

Status: February 15, 2023: Introduced.

Summary: The bill would make a non-substantive change to Business and Professions Code section 462, which concerns the ability of a Board to establish an inactive category of licensure.

The March 16 amendments shifted the focus of the bill to building inspections.

Board Impact: No impact to the Board as currently written.

Recommended Board Position: Watch

[AB 1257](#) (Committee on Business and Professions, 2023) Dentistry: Dental Hygiene Board of California.

Introduced: February 16, 2023

Last Amended: April 24, 2023

Disposition: In Committee

Location: Assembly

Status: April 25, 2023: Assembly Committee on Business and Professions passed the bill and referred it to Assembly Appropriations.

Summary: The bill would amend Section 1903 of the Business and Professions Code to allow for any Dental Hygiene Board member to be removed by their appointing authority per Code section 106. Current law allows for the Governor to remove any DHBC member through that process.

The bill was amended on April 19 to affect additional sections of the DPA related to Dental Hygienists. The bill would now extend the sunset date of the DHBC to January 1, 2026. It would also amend the requirements for RDH licensure to include certification in basic life support and would allow graduation from a California approved dental hygiene college in lieu of passing the WREB or another examination approved by the DHBC (the National Board Dental Hygiene Examination is still required). The bill also raises the cap on mandatory continuing education hours to 10.

The bill was amended on April 24 to extend the Board's sunset date to January 1, 2028.

Board Impact: No impact to the Board. The proposed change would make the removal authority for the DHBC consistent with the removal authority for the Board stated in Code section 1605.

Recommended Board Position: Watch

[AB 1369](#) (Bauer-Kahan, 2023) Healing arts licensees.

Introduced: February 17, 2023

Last Amended: March 23, 2023

Disposition: Pending

Location: Assembly

Status: February 17, 2023: Introduced.

Summary: The bill would make non-substantive changes to Business and Professions Code section 683 concerning notifications to the Department of Health Care Services about licensees who have had their license revoked, suspended, or otherwise placed in a status where they cannot practice.

The March 23 amendments changed the focus of the bill to the provision of telehealth by physicians and surgeons licensed outside the state of California.

Board Impact: No impact to the Board.

Recommended Board Position: Watch

[AB 1395](#) (Garcia, 2023) Licensed Physicians and Dentists from Mexico Pilot Program: requirements.

Introduced: February 17, 2023

Last Amended: N/A

Disposition: Floor

Location: Senate

Status: April 27, 2023: Passed Assembly.

Summary: The bill would amend Section 853 of the Business and Professions Code to require the Medical Board to issue a 3-year nonrenewable license to an applicant who has not yet provided a taxpayer identification number or social security number and can only qualify for a license under the Pilot Program, if the applicant meets other conditions. The bill also makes some non-substantive changes to other portions of this section. The author seeks to have this bill considered an urgency statute, which would take effect immediately on passage.

Board Impact: No impact to the Board, as the proposed changes do not affect the dental provisions of the pilot program.

Recommended Board Position: Watch

[AB 1396](#) (Garcia, 2023) Licensed Physicians and Dentists from Mexico Pilot Program: requirements.

Introduced: February 17, 2023

Last Amended: N/A

Disposition: In Committee

Location: Assembly

Status: April 25, 2023: Assembly Business and Professions Committee passed the bill and referred it to Appropriations.

Summary: This bill is similar to AB 1395 and comes from the same author. It is not designated as an urgency statute and may have been introduced to cover the possibility that AB 1395 would not be deemed an urgency statute and would not go forward.

Like AB 1395, this bill would amend Section 853 of the Business and Professions Code to require the Medical Board to issue a 3-year nonrenewable license to an applicant who has not yet provided a taxpayer identification number or social security number and can only qualify for a license under the Pilot Program, if the applicant meets other conditions. The bill also makes some non-substantive changes to other portions of this section.

This bill, unlike AB 1395, would permit the Medical Board to extend the term of the 3-year nonrenewable license because of an inability to provide medical services under certain circumstances.

Board Impact: No impact to the Board, as the proposed changes to the law do not affect the dental provisions of the pilot program.

Recommended Board Position: Watch

[AB 1398](#) (Ramos, 2023) California Dental Corps Loan Repayment Program.

Introduced: February 17, 2023

Last Amended: N/A

Disposition: Pending

Location: Assembly

Status: February 17, 2023: Introduced.

Summary: The bill would make a non-substantive change to Business and Professions Code Section 1976, which describes the Board's reporting obligations to the legislature with respect to this program's effectiveness in expanding access to care for underserved populations.

Board Impact: No impact to the Board.

Recommended Board Position: Watch

[AB 1552](#) (Reyes, 2023) Healing arts: foreign dental schools.

Introduced: February 17, 2023

Last Amended: March 23, 2023

Disposition: In Committee

Location: Assembly

Status: March 23, 2023: Re-referred to the Assembly Committee on Business and Professions.

Summary: The bill was amended on March 23 to cover foreign dental schools.

The bill would amend sections 1634.1, and 1636.4 and repeal the section 1636.4 that would be implemented on January 1, 2024. These changes would remove the pathway for national accreditation bodies to approve foreign dental schools and would retain the pathway for the Board to approve foreign dental schools.

Board Impact: The bill as currently written would revert the current approval process for foreign dental schools to the process in place prior to January 1, 2020. The Board would be the sole authority that could approve foreign dental schools and Board members and staff would resume taking applications and reviewing foreign dental schools prior to deciding whether to approve those schools. This would represent a significant commitment of time and resources for the Board.

Recommended Board Position: Oppose

[AB 1646](#) (Stephanie Nguyen, 2023) Healing arts boards.

Introduced: February 17, 2023

Last Amended: March 23, 2023

Disposition: Pending

Location: Assembly

Status: March 23, 2023: Amended and re-referred to Assembly Committee on Business and Professions.

Summary: The bill would make a non-substantive change to Business and Professions Code section 10, which permits healing arts board to enact regulations to require the display of licenses and related information by licensees in the place of practice.

The March 23 amendments shifted the focus of the bill to postgraduate training for physicians and surgeons and is no longer relevant to the Board.

Board Impact: No impact to the Board.

Recommended Board Position: Watch

[AB 1751](#) (Gipson, 2023) Opioid prescriptions: information: nonpharmacological treatments for pain.

Introduced: February 17, 2023
Last Amended: N/A
Disposition: Pending
Location: Assembly
Status: April 18, 2023: Pulled from hearing with Assembly Committee on Health

Summary: The bill would amend Health and Safety Code section 11158.1, which currently requires a discussion between prescribers of controlled substances that contain an opioid and their minor patients.

The bill would require this conversation take place between prescribers of these substances and all of their patients. The discussion would also include nonpharmacological alternative to pain and require signed written consent from the patient or their guardian or other representative.

Board Impact: No impact to the Board, but of interest to licensees, especially if they are prescribers.

Recommended Board Position: Watch

[SB 73](#) (Seyarto, 2023) Employment policy: voluntary veterans' preference.

Introduced: January 11, 2023
Last Amended: March 22, 2023
Disposition: In Committees
Location: Senate
Status: May 1, 2023: Hearing with Senate Appropriations Committee.

Summary: The bill amends the Government Code to authorize a private employer to establish a written veterans' preference employment policy. It requires employers with such a policy to apply it uniformly and to report annually to the state Civil Rights Department on the number of veterans hired under the policy. Having such a policy does not permit discrimination in hiring based on any other protected classification under the law.

The March 22 amendments clarified that the policy established by the private employer must not permit either purposeful or unintentional unlawful hiring discrimination.

Board Impact: No direct impact on the Board, but the bill may be of interest to licensees with employees and licensees with veterans' status.

Recommended Board Position: Watch

[SB 247](#) (Wilk, 2023) Department of Consumer Affairs.

Introduced: January 26, 2023

Last Amended: February 28, 2023

Disposition: In Committee

Location: Senate

Status: February 28, 2023: Amended and re-referred to Senate Rules Committee.

Summary: As introduced, the bill would make a non-substantive change to Business and Professions Code section 108, concerning the status of boards within DCA.

The February 28 amendments switched the subject of the bill to alcoholic beverages.

Board Impact: None as currently written.

Recommended Board Position: Watch

[SB 259](#) (Seyarto, 2023) Reports submitted to legislative committees.

Introduced: January 30, 2023

Last Amended: N/A

Disposition: Pending

Location: Assembly

Status: April 13, 2023: Passed Senate.

Summary: The bill amends the Government Code to require a state agency to post on its website any report it submits to a committee of the Legislature.

Board Impact: Boards are already required to post on their website reports that are required or requested by law to be submitted to Members of the Legislature. This law would add a minimal burden to Board staff and resources.

Recommended Board Position: Watch

[SB 279](#) (Niello, 2023) Administrative regulations: public participation: comment process.

Introduced: February 1, 2023

Last Amended: March 21, 2023

Disposition: In Committee

Location: Senate

Status: May 8, 2023: Hearing with Senate Appropriations.

Summary: The bill amends the Government Code (GC) to make a non-substantive change to the Administrative Practice Act.

The March 21 amendments revised the bill to amend the process for approving major regulations, defined by Government Code section 11342.548 as having an estimated economic impact on businesses and individuals in excess of \$50 million.

Board Impact: Board regulations do not typically qualify as major regulations, so no impact to the Board is expected.

Recommended Board Position: Watch

[SB 358](#) (Nguyen, 2023) Professional licenses: military service.

Introduced: February 8, 2023

Last Amended: March 22, 2023

Disposition: In Committee

Location: Senate

Status: March 22, 2023: Amended and re-referred to Senate Rules Committee.

Summary: The bill would make a non-substantive change to Business and Professions Code section 114.3, which addresses waivers of the renewal fee, continuing education requirements and other renewal requirements for licensees called to active duty.

The March 22 amendments shifted the focus of the bill to renewal fees for podiatrists.

Board Impact: None as currently written.

Recommended Board Position: Watch

[SB 372](#) (Menjivar, 2023) Department of Consumer Affairs: licensee and registrant records: name and gender changes.

Introduced: February 9, 2023

Last Amended: April 20, 2023

Disposition: In Committees

Location: Senate

Status: May 1, 2023: Hearing with the Senate Appropriations Committee.

Summary: The bill would add Business and Professions Code section 27.5, which would require DCA boards to update their licensee and/or registrant records to reflect name and/or gender changes by licensees and/or registrants.

Barring any other provision of law, if licensees or registrants provide appropriate government-issued identification as detailed in the bill, then boards would need to update their records, including any records maintained in an online records system. If licensees and/or registrants request it, boards must reissue requested documents bearing the licensee or registrants updated legal name or gender information. Board may charge a fee

for reissuing these documents, but that fee cannot be higher than what it charges for reissuing documents with other updated information.

The amendments on March 20 added language requiring Boards to establish processes for disclosing a licensee's former name and gender in connection with a complaint against a licensee. The amendments also added language requiring Boards to remove a licensee's former name and gender from an online license verification system.

The amendments on April 20 revised the language on the process for disclosing a licensee's former name and gender in connection with a complaint against a licensee. The amendments would change the process to providing a licensee or registrant's current name or enforcement action record linked to a former name on receipt of a request related to an enforcement action against the licensee/registrant or a search of a licensee by a previous name. The process shall be implemented in compliance with the California Public Records Act and the request must be completed in 10 business days.

Board Impact: The bill would slightly increase the number of requests for reissuing Board-issued documents. Board staff would need to establish procedures for removing a licensee's former name and gender from the online verification system and to disclose a licensee's current name in connection with a request linked to an enforcement action or search of a licensee by a previous name. This is a DCA-wide bill, so there may be some assistance from DCA in developing and implementing these processes.

Recommended Board Position: Watch

[SB 544](#) (Ramos, 2023) Bagley-Keene Open Meeting Act: teleconferencing.

Introduced: February 15, 2023

Last Amended: April 27, 2023

Disposition: Pending

Location: Senate

Status: April 27, 2023: Referred to Senate Appropriations Committee.

Summary: The bill was amended on March 20 to focus on the Bagley-Keene Open Meeting Act.

The bill would amend the provisions of the Bagley-Keene Open Meeting Act with respect to meetings held be teleconference. The changes would mostly reflect the teleconferencing procedures permitted during the COVID-19 pandemic. The bill would remove the requirement that all teleconference locations must be noticed in the agenda and available to the public. Meetings held by teleconference would have to provide to the public a means to access the meeting by audio, by video, and at least one in-person location. At least one member or staff must be physically present at the location specified in the meeting notice. There must be a process in place for addressing requests for reasonable accommodations

pursuant to the federal Americans with Disabilities Act, and that process must be advertised any time a meeting is noticed.

Amendments on April 27 added language noting that the bill does not affect the laws around posting meeting notices and agendas, though they shall not disclose information regarding any remote location where a member is participating. However, if any member is participating from a remote location – a location other than any physical location noticed in the meeting – they must disclose whether anyone 18 years or older are present in the room at the remote location with the member, and the general nature of their relationship. If the meeting is adjourned or ended due to the failure of a means of remote participation, that must be noticed on the agency’s website and emailed to anyone who requested notice of meetings by email. If the meeting is to be resumed that day, notice shall be provided by an automated phone message from a phone line posted on the agency’s website or meeting agenda.

Board Impact: Passage would permit the Board to conduct its meetings using teleconference and online meeting tools in a way similar to how it did during the COVID-19 pandemic. It would provide continued cost savings and flexibility to the Board.

Recommended Board Position: Support

[SB 764](#) (Padilla, 2023) Department of Consumer Affairs: removal of board members.

Introduced: February 17, 2023

Last Amended: March 22, 2023

Disposition: In Committee

Location: Senate

Status: March 22, 2023: Amended and re-referred to Senate Rules Committee.

Summary: The bill would amend Business and Professions Code Section 106.5 to permit the appointing authority to remove a board member who has knowledge of licensing examination questions and who directly or indirectly discloses those questions in advance of or during an examination. Current law restricts that authority to the Governor.

The March 22 amendments shifted the focus of the bill to social media platforms and the bill no longer affects the Board.

Board Impact: No impact based on the March 22 amendments.

Recommended Board Position: Watch

[SB 770](#) (Weiner, 2023) State boards and commissions.

Introduced: February 17, 2023

Last Amended: March 20, 2023

Disposition: Senate Rules

Location: Senate

Status: March 1, 2023: Referred to Senate Rules Committee.

interest

Summary: The bill would make a non-substantive change to Government Code Section 11140, concerning the policy of the Legislature that state boards and commissions should broadly reflect the general public and include ethnic minorities and women.

The amendments on March 20 revised the topic of the bill to a unified health care financing system.

Board Impact: No impact as currently written.

Recommended Board Position: Watch

[SB 802](#) (Roth, 2023) Licensing boards: disqualification from licensure: criminal conviction.

Introduced: February 17, 2023

Last Amended: N/A

Disposition: Pending

Location: Assembly

Status: April 13, 2023: Passed Senate.

Summary: The bill would amend Business and Professions Code Section 480 which in part requires that if a board denies a license application based solely or in part on conviction history, that board must notify the applicant of the decision in writing. The bill would require that this notice must take place within 30 days of the date the decision is made

Board Impact: The addition of the 30-day deadline would require adding the deadline to Board staff procedures. The impact is estimated to be minimal.

Recommended Board Position: Watch

[SB 818](#) (Roth, 2023): Department of Consumer Affairs: terms of office: fingerprinting.

Introduced: February 17, 2023

Last Amended: N/A

Disposition: Pending

Location: Assembly

Status: March 30, 2023: Passed the Senate.

Summary: The bill would amend Business and Professions Code Sections 130 and 144 to reflect name changes in two boards in DCA.

Board Impact: None, the changes are non-substantive and do not include the Dental Board.

Recommended Board Position: Watch

[SB 820](#) (Alvarado-Gill, 2023): Consumer complaints.

Introduced: February 17, 2023

Last Amended: N/A

Disposition: In Committee

Location: Senate

Status: March 1, 2023: Referred to Senate Rules Committee.

Summary: The bill would make non-substantive changes to Business and Professions Code Section 326 concerning the responsibilities of the DCA Director related to consumer complaints.

The March 21 amendments revised the bill to focus on cannabis.

Board Impact: None.

Recommended Board Position: Watch

[SB 887](#) (Business, Professions and Economic Development Committee, 2023).

Introduced: March 14, 2023

Last Amended: April 20, 2023

Disposition: In Committee

Location: Senate

Status: April 24, 2023: Senate Business, Professions and Economic Development passed the bill, referring it to Appropriations with a recommendation for the consent calendar.

Summary: The bill would make changes to several sections of the Business and Professions Code and the Education Code.

Amendments on April 20 changed the bill to have some impact on Board staff. The bill now amends BPC section 115.8 to change DCA reporting requirements on military and spouse licensure. Most of the changes are to the reporting period, which would be on the fiscal year rather than the calendar year.

Board Impact: Board staff would need to adjust their reporting on military and spouse licensure, the impact would be minimal.

Recommended Board Position: Watch



DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	May 5, 2023
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 30.: Discussion of Prospective Legislative Proposals

Background

Stakeholders are encouraged to submit proposals in writing to the Board before, during or after the meeting for possible consideration by the Board at a future Board meeting.

Action Requested

No action requested.