

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 14-15, 2024

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 in-person in accordance with Government Code section 11123, subdivision (a), approximately at, but no earlier than, 11:00 a.m., on Tuesday, May 14, 2024, and 8:30 a.m., on Wednesday, May 15, 2024, at the following location:

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

AGENDA

11:00 a.m., Tuesday, May 14, 2024

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, 2024 Board Meeting Minutes **[7-26]**
4. Board President Report **[27]**

5. Executive Officer Report **[28]**
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 **[29]**
7. Report on Dental Hygiene Board of California Activities **[30]**
8. Budget Report **[31-36]**
9. Enforcement
 - a. Review of Statistics and Trends **[37-44]**
10. Substance Use Awareness
 - a. Diversion Program Report and Statistics **[45]**
 - b. Controlled Substance Utilization Review and Evaluation System Report **[46-69]**
11. Licensing, Certifications, and Permits
 - a. Update on Dental Licensure and Permit Statistics **[70-81]**
12. Anesthesia and Sedation
 - a. General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics **[82-92]**
 - b. Update Regarding Board Implementation of Senate Bill 501 (Glazer, Chapter 929, Statutes of 2018) **[93-97]**
 - c. Discussion and Possible Action Regarding Appointment of General Anesthesia, Medical General Anesthesia, and Moderate Sedation Permit Evaluators **[98-116]**
 - d. Discussion and Possible Action on Recommendation from the Board's Anesthesia Committee Regarding Renewal of Moderate Sedation Permit Following Failure of Onsite Inspection and Evaluation **[117-119]**
13. Discussion and Possible Action Regarding Appointment of Dental Assisting Council Members **[120-122]**
14. Update and Discussion on the Board's Access to Care Committee Report **[123-128]**
15. Update, Discussion, and Possible Action on Proposed Regulations
 - a. Status Update on Pending Regulations **[129-131]**
 - b. Update on the Progress of the Board's Infection Control Regulations Advisory Working Group **[132-133]**
 - c. Update on the Progress of the Board's Dental Assisting Regulations Advisory Working Group **[134-135]**

- d. Discussion and Possible Action to Make Non-Substantive Rule Changes Per Section 100 of Title 1 of the California Code of Regulations (CCR) to Repeal CCR, Title 16, Section 1069 and its Title, and Amend CCR, Title 16, Sections 1076 and 1086 Concerning the Permit Reform Act **[136-146]**

16. Recess Open Session Until May 15, 2024, at 8:30 a.m.

CLOSED SESSION (WILL NOT BE WEBCAST)

17. Convene Closed Session

18. 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

19. Adjourn Closed Session

8:30 a.m., Wednesday, May 15, 2024

20. Reconvene Open Session – Call to Order/Roll Call/Establishment of a Quorum

21. Board President's Report on Closed Session Items **[147]**

22. Dental Assisting Council Meeting Report **[148]**

23. Update, Discussion, and Possible Action on Legislative Proposals **[149-171]**

- a. Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code (BPC) Section 1684.1 Regarding Patient Records
- b. Discussion and Possible Action on Legislative Proposal to Amend BPC Section 1601.1 Regarding Board Composition
- c. Discussion and Possible Action on Legislative Proposal to Amend BPC Section 1645 Regarding Continuing Education Requirements for License Renewal
- d. Discussion and Possible Action on Legislative Proposal to Amend BPC Sections 1646.1, 1646.2, and 1682 Regarding General Anesthesia and Sedation Permits
- e. Discussion and Possible Action on Legislative Proposal to Amend BPC Section 1701.1 Regarding Website Posting of Citations for Unlicensed Practice

24. Update, Discussion, and Possible Action on 2023/2024 Legislation Impacting the Board, the Department of Consumer Affairs, and/or the Dental Profession

- a. 2024 Tentative Legislative Calendar – Information Only **[172-176]**
- b. Update Regarding the Board's 2024 Sunset Review **[177-178]**
- c. Legislation of Interest **[179-194]**
 - i. [Assembly Bill \(AB\) 1964](#) (Vince Fong, 2024) State agencies: budgeting.
 - ii. [AB 1991](#) (Bonta, 2024) Licensee and registrant records.
 - iii. [AB 2242](#) (Wendy Carrillo, 2024) Dentistry: dental assistants.
 - iv. [AB 2496](#) (Low, 2024) Dentistry: oral conscious sedation.

- v. [AB 2526](#) (Gipson, 2024) Nurse anesthetists: general anesthesia or deep sedation.
- vi. [AB 2860](#) (Garcia, 2024) Licensed Physicians and Dentists from Mexico programs.
- vii. [AB 2862](#) (Gipson, 2024) Department of Consumer Affairs: African American applicants.
- viii. [AB 2920](#) (Reyes, 2024) Dentistry: dental schools.
- ix. [Senate Bill \(SB\) 1067](#) (Smallwood-Cuevas, 2024) Healing arts: expedited licensure process: medically underserved area or population.
- x. [SB 1453](#) (Ashby, 2024) Dentistry: board meetings.
- xi. [SB 1468](#) (Ochoa Bogh, 2024) Healing arts boards: informational and educational materials for prescribers of narcotics: federal "Three Day Rule."
- xii. [SB 1526](#) (Committee on Business, Professions and Economic Development, 2024) Consumer Affairs.

25. Public Comment on Future Agenda Items **[195]**

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.

26. Adjournment

Information regarding the meeting is available by contacting the Board at (916) 263-2300 or (877) 729-7789, email: DentalBoard@dca.ca.gov, or send a written request to the Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815. 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 with 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	April 2, 2024
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, 2024

Pursuant to Government Code section 11213.2, the Dental Board of California (Board) met by teleconference/WebEx Events on February 9, 2024, with the following location available for Board and public member participation:

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

Board Members Present:

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

Staff Present:

Tracy A. Montez, Ph.D., Executive Officer
Carlos Alvarez, Enforcement Chief (South)
Paige Ragali, Chief of Administration and Compliance
Jessica Olney, Anesthesia Unit Manager
Wilbert Rumbaoa, Administrative Services Unit Manager
David Bruggeman, Legislative and Regulatory Specialist
Mirela Taran, Administrative Analyst
Joseph Tippins, Investigator
Yvonne Dorantes, Assistant Deputy Director, Board and Bureau Relations, Department of Consumer Affairs (DCA)
Kristy Schieldge, Regulatory Counsel, Attorney IV, Legal Affairs Division, DCA
Trisha St. Clair, Moderator, SOLID, DCA
Alex Cristescu, Office of Public Affairs, DCA
Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division, DCA

DRAFT - Dental Board of California
February 9, 2024 Meeting Minutes

8:30 a.m., Friday, February 9, 2024

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

The Board President, Dr. Alan Felsenfeld, called the meeting to order at 8:38 a.m. The Board Secretary, Dr. Lilia Larin, called the roll; eleven Board Members were present, and a quorum was established.

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

There were no public comments made on items not on the agenda.

Agenda Item 3: Discussion and Possible Action on Board Meeting Minutes

Agenda Item 3.a.: November 8-9, 2023

(M/S/C) (Chan/Yu) to approve the November 8-9, 2023 meeting minutes.

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, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: Medina.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 3.b.: December 15, 2023

(M/S/C) (Chan/McKenzie) to approve the December 15, 2023 meeting minutes.

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, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: Medina.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 4: Board President Report

President Felsenfeld reported that on February 2, 2024, he, along with some fellow Board members and the Board's Executive Officer, attended a training provided by the California Highway Patrol regarding threat and situational awareness. He stated that he reappointed the current Board Members to serve on the same committees as they did the previous year and continued his weekly meetings with the Board's Executive Officer. President Felsenfeld noted he is working on an enforcement presentation for the California Dental Society of Anesthesiology in a few weeks, and he will report his experience at the next 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 she continues to have weekly meetings with President Felsenfeld discussing Board operations and business. She is very pleased with the progress Board staff is making as they continue to have reduced backlogs across enforcement cases and are up to date with licensing and permits. She shared that two Dental Assisting Council (DAC) members resigned from the DAC for professional reasons, and the Board is recruiting to fill those positions. Dr. Montez noted DCA has implemented the Federal Professional License Portability and State Registration portal, which is based on the federal Servicemembers Civil Relief Act (SCRA) and authorizes service members and their spouses who currently hold a valid license in good standing in another state to practice in California within the same profession if they are required to relocate to California due to military orders. California recognizes these licenses and these military orders, and to date, the Board has registered three dentists, one being from Ohio, one from Utah, and one from South Carolina. She emphasized these are registrations, not licenses, and these individuals are allowed to practice during the time their military orders require them to be in California.

Paige Ragali was recognized as the Board's new Chief of Administration and Compliance. Ms. Ragali introduced several Board employees in attendance.

Dr. Montez disclosed that California has a Merit Award Program, and within this award program, there is a Superior Accomplishment Award that departments have the option of offering to employees. It is a very specific award that includes things like an important contribution to science or research, a contribution that results in substantial cost savings to the department or the state, or potentially a major improvement of methods, organization, or procedures. She added that the Board submitted an employee's name to be considered by the department, and DCA's Merit Board reviewed the various applications that were submitted. As a result, the Board's nominee, Matt Pendergast, was selected as a recipient of the Silver Superior Accomplishment Award.

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

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

Yvonne Dorantes provided a departmental update. She stated that Board and Bureau Relations (BBR) will have its winter newsletter coming out soon in the next couple weeks, as well as the monthly BBR email. In December 2023, the Department of Finance issued a budget letter that directs all agencies and departments under the Governor to take immediate action to reduce current year expenditures. Given the fiscal outlook, the State of California anticipates a significant general fund budget deficit in fiscal years (FYs) 2023-2024 and 2024-2025, which will require all state entities to take immediate measures to ensure more prudent spending, except for time sensitive, emergency related, mission critical, and information security needs. Immediate actions include the cancellation of nonessential travel, such as participation in seminars, conferences, and training both in state and out of state. She noted that boards should immediately review all spending and determine where savings can be realized.

Ms. Dorantes voiced that the DCA Diversity, Equity, and Inclusion (DEI) Steering Committee held its quarterly meeting in December 2023 and reviewed a draft DEI internet report on the webpage for employees, re-elected its chairperson and vice chairperson for 2024, and discussed DEI trainings. After approval at the meeting, the Committee announced the launch of the DEI internet page to department staff, which provides a centralized location with DEI related tools and information, as well as real-time updates on the department's DEI activities for all employees. As providing DEI opportunities continues to be a priority for the department, the Committee is now offering board members a DEI training on How Leaders Navigate DEI Dialogue in the Workplace. The training, provided by Christopher Veal, is recorded and can be taken online via DCA's Learning Management System (LMS). Additionally, DCA continues to support DCA boards and bureaus in expanding culturally competent communications and promoting the importance of meeting the needs of all California consumers, licensees, and applicants. The latest issue of DCA's Consumer Connection magazine includes articles with information important to consumers, including a feature cover story translated into three languages.

Ms. Dorantes stated that Senate Bill (SB) 372 [(Menjivar, Chapter 225, Statutes of 2023)] was signed by Governor Newsom in September 2023 and became effective the first of the year. SB 372 requires DCA boards and bureaus to update licensee records if they receive government-issued documentation demonstrating a legal change of name or gender for gender transition or domestic violence reasons. This bill allows licensees to request their prior name not to be published online in connection with the license or the current name and establishes a process for individuals to access a licensee's enforcement records under a prior name.

Ms. Dorantes provided updates on Bagley-Keene Open Meeting Act amendments and addressed the Federal Professional License Portability and State Registration portal, DCA's threat assessment training, and DCA's annual Presidents Training and Board Member Orientation Training (BMOT).

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

Agenda Item 7: Budget Report

Wilbert Rumbaoa provided a report on the State Dentistry Fund, which the Board manages, for FY 2023-2024. Mr. Rumbaoa conveyed that the Board began FY 2022-2023 with an adjusted beginning balance of \$17.6 million. The Board is projected to collect approximately \$19.1 million in revenues with \$3.1 million from initial licensing fees and \$14.8 million from licensing renewals. The Board's expenditures for this FY as of Fiscal Month 6 are projected to be \$19.1 million out of the current appropriation of \$21 million. Based on the projections, the Board is expected to revert \$1.9 million for this FY. Expenditure and revenue projections may change with actual returns in the remaining fiscal months. Board staff, in conjunction with the DCA Budget Office, will continue to monitor these expenditures and revenues and report back to the Board with monthly projections at future fiscal meetings. Mr. Rumbaoa stated that as a result of Budget Letter 23-27, which will reduce board expenditures to items that are mission critical in the current year, the state anticipates significant General Fund budget deficits in FYs 2023-2024 and 2024-2025. Although Board funding derives from the State Dentistry Fund, the Board is to follow state guidance described in Budget Letter 23-27. He added that any future legislation or unanticipated events could result in the Board's need for additional resources. Additional information will be provided at the Board's Sunset review hearing in March 2024.

Dr. Montez reassured Board members, stakeholders, and the public that the Board does run very efficiently. Just about everything the Board does is mission critical as its mission is protection of the public. She added that Board staff is very careful in how money is spent, and the department requires justifications to support mission-critical requests that the Board makes. She conveyed the department has been very supportive with the requests that Board staff have made.

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

Dr. Bruce Witcher voiced that in the past when there have been budget crises, there have been special fund loans from the Board fund to the state government. He inquired whether there have been any indications of that in 2024. Mr. Rumbaoa responded that as of now, the Board still has an outstanding General Fund loan of \$5 million, which was taken out in the Budget Act of 2020 and is scheduled to be repaid in June of 2025; the return rate on that is .67%.

Dr. Montez added the Board has not heard of any additional requests for loans against its fund.

Agenda Item 8: Enforcement

Agenda Item 8.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, 2024"

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

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

Agenda Item 8.b.: Review of Statistics and Trends

Carlos Alvarez provided the report, which is available in the meeting materials. Mr. Alvarez expressed that in the past, there were 98 inspections cases open in the Orange Field Office, being that the number of cases received in Southern California are much higher than in Northern California. In addition to hiring another inspector, Board staff have set timelines with its inspectors and have brought down inspection cases. He believed that at the last presentation that was provided, the Board had 14 open inspection cases.

Dr. Montez expressed that in the prior presentation, there was an indication that the Board's cases moving to OAG had decreased; however, that is not the case. As a result of not having the staff, being backed up and backlogged, OAG referrals have gone down. As she shared at the last quarterly Board meeting, the Orange Field Office is fully staffed, and very shortly, the Sacramento office will be fully staffed. As a result, it is anticipated that number will increase. Dr. Montez communicated the Board is on track to receive about a thousand more complaints this year, and Board staff have redirected one of its positions to complaint and compliance to help with the efficiencies, so that staff can do a thorough job in investigating those complaints, being responsive, and moving them forward to the Board's enforcement division as needed.

President Felsenfeld pointed out that it is his understanding that as the Board receives about 4,000 complaints a year, that is going to go to 5,000, which is about a 25% increase. Dr. Montez responded that part of this is due to the Board providing good outreach, and the public can access the Board's website if they have concerns. She believed it was important to have a mode or a means for consumers to reach out to the Board.

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

Shari Becker, representing the Dental Assisting Alliance, asked whether there was data on specifics of what “other” might include in the “Complaints Received” chart located on page 101 of the meeting materials. Mr. Alvarez responded that if it does not involve a dentist or registered dental assistant, “other” entails complaints of non-licensees where they are making complaints against a manager or staff who are not licensed by the Board. Ms. Becker asked whether there would be a possibility to have a breakdown of those categories. Dr. Montez replied that because there are so few of them, it is a confidentiality thing and is kept generic.

Agenda Item 9: Substance Use Awareness

*Agenda Item 9.a.: Diversion Program Report and Statistics

Dr. Montez provided the report, which is available in the meeting materials.

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

*Agenda Item 9.b.: Controlled Substance Utilization Review and Evaluation System Report

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

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

At 9:58 a.m., the Board recessed for a break.

At 10:17 a.m., the Board reconvened.

Agenda Item 10: Licensing, Certifications, and Permits

Agenda Item 10.a.: Update on Dental Licensure and Permit Statistics

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

Board Member Steven Chan voiced that on page 131 of the meeting materials in the “Denied Dental Applications by Month” chart, the ADEX 23/24, as well as the Credential 23/24 totals, should be 0. Ms. Ragali responded that those numbers should be 0, and Board staff will fix the error for the next Update on Dental Licensure and Permit Statistics report.

Dr. Montez mentioned that the dentist occupational analysis due date is 2025 and reported that the Office of Professional Examination Services (OPES) will distribute the occupational analysis survey within the next two weeks via email. The survey will take about an hour to two hours to complete, and the Board will award two continuing education units for completing the survey. She encouraged all dentist licensees to complete the survey, because the survey data will be used for updating the Law and Ethics Examination, as well as informing the practice. As it is developed with licensed

dentists under the guidance of test specialists, the format may appear a little bit awkward.

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

Ms. Becker, representing the California Dental Assistants Association, commented that as the DAC meeting was cancelled, it would be helpful to have the dental assisting statistics also inserted in the Board meeting materials.

Agenda Item 11: Examinations

Agenda Item 11.a.: Report on Commission on Dental Competency Assessment, Western Regional Examining Board, and Council of Interstate Testing Agencies (CDCA-WREB-CITA)

Dr. Guy Shampaine, Senior Advisor to CDCA-WREB-CITA, provided a verbal report on their activities. Dr. Shampaine noted that presently the American Board of Dental Examiners (ADEX) exam is taken by 99.7% of all dental graduates out of the 7,000 dental graduates and given in every dental school in the United States. It is also given at Dalhousie in Canada, is the national exam for Jamaica, and is now the national exam for Saudi Arabia. Every dental school in the United States in which the CDCA-WREB-CITA exam is given has consultant examiners who function as examiners so they can take that information directly back to their schools. Dr. Shampaine added that there are no patient-based exams scheduled in 2024, and as of next year, no patient-based exams will be allowed. Additionally, an individual will not be able to get ADEX status by doing a patient-based exam. Furthermore, when the ADEX exam was done as and still is a curriculum integrated format exam, it is given earlier in the training program than normal. He explained retake rules apply to those who take the ADEX exam before graduation, and there are a separate set of rules on failure after graduation. Typically, students take the endodontics, prosthodontics, and periodontics at the end of the third year, and take restorative in the second semester of their last year. However, there are some schools in the country that move the endodontics and prosthodontics to the end of the second year. It is earlier and meant to help schools identify students who need remediation. Therefore, a failure is not counted as a failure of the exam until there has been three unsuccessful attempts. However, if you are a dentist and graduated dental school, or you are a hygienist, every failure is a failure because you are already deemed competent. Dr. Shampaine relayed that the other interesting issue is that ADEX is doing their occupational analysis for dentistry, which began in January 2024 with the subject matter experts assembling and developing a survey instrument that will be accomplished this year and reported in September 2024 to the ADEX meeting. It is a national occupational analysis, but California has to be represented in the occupational analysis as a proportion of the national dentist. He expressed that roughly 20% of the respondents are going to come from California, and the surveys themselves are focused on those who have been out five years or less.

California has its own district in the organization of ADEX and is one of the 12 directors. There are only two states, one being California, that have their own directors who are directly appointed, and they are always going to come from that state. California also has representation on the exam committee. Dr. Champagne encouraged the Board to join ADEX as there are no fees, and this is the perfect time to do so, especially with the occupational analysis coming into play. Furthermore, he encouraged the Board to join CDCA-WREB-CITA as there are also no costs, and educators would be funded to the meeting.

President Felsenfeld added that as it turns out, the Board is going to join CDCA-WREB-CITA.

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

Agenda Item 12: Anesthesia and Sedation

Agenda Item 12.a.: General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics

Jessica Olney provided the report, which is available in the meeting materials. Ms. Olney noted that she has been doing a recent audit of the evaluator poll, and the Board has had several evaluators who have decided to retire. Therefore, the numbers on the “Current Evaluators per Region” chart located on page 152 of the meeting materials will decrease for the next Board meeting. She added that the Board is currently actively recruiting for new evaluators.

Board Member Lilia Larin mentioned that she saw the application for the initial permit for conscious sedation on the Board’s webpage, which should be removed. Ms. Olney responded that from what she understood, it should have been removed in 2022, and she would take a look at the Board’s webpage.

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

Due to technical difficulties, Dr. Priya Ganju typed her inquiry into the WebEx Question and Answer feature and asked how to see what the current National Board test consists of. President Felsenfeld stated that Dr. Ganju had the option to send an email to the Board regarding her inquiry, and Board staff would look into it and get back to her.

Agenda Item 12.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.

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

Agenda Item 12.c.: Discussion and Possible Action Regarding Appointment of General Anesthesia, Medical General Anesthesia, and Moderate Sedation Permit Evaluators

Ms. Olney provided the report, which is available in the meeting materials. Ms. Olney pointed out that a few of the evaluator applicants had requested to evaluate both general anesthesia and moderate sedation permit applicants, and that there were some evaluator applicants who preferred to just evaluate general anesthesia permit applicants.

President Felsenfeld asked for clarification on whether the evaluator applicants are still for general anesthesia and whether that would mean they cannot do moderate sedation evaluations if they elect to do so.

Tara Welch noted that to administer or order the administration of moderate sedation, the individual would need either a general anesthesia permit or a moderate sedation permit. She added that if the Board appointed these individuals who already have a general anesthesia permit, they could be used for evaluating moderate sedation permit applications. For those individuals who indicated what types of evaluation they were applying for, the Board would appoint them for those positions. In the future, if the Board was low on moderate sedation permit evaluators, Board staff could reach out to these individuals to see if they would want to evaluate for moderate sedation as well.

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

(M/S/C) (Chan/Medina) to appoint Dr. Brian Chu 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/Larin) to appoint Dr. George Jaber as an evaluator for the general anesthesia and moderate sedation 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) (Pacheco/Yu) to appoint Dr. Jakub Pietrowski as an evaluator for the general anesthesia and moderate sedation 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) (Olague/Molina) to appoint Dr. Ali Pootrakul as an evaluator for the general anesthesia and moderate sedation 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) (Larin/Medina) to appoint Dr. Akemi Arzouman as an evaluator for the moderate sedation 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/Medina) to appoint Dr. Yvette Carrillo as an evaluator for the moderate sedation onsite inspection and evaluation program.

Secretary Larin voiced that Dr. Carrillo is from San Diego and that on her application she wrote down that she is a pedodontist when she is actually a periodontist. She voiced that there is a possibility that Dr. Carrillo might have marked the wrong box. Ms. Welch added that there is no requirement for a particular type of practice to obtain the permits; and applicant has to qualify using the requirements laid out in statute. It appeared that Dr. Carrillo had a moderate sedation permit, and that is all that is required to become an evaluator for moderate sedation permit applicants.

Board Member Steven Chan asked whether the pediatric endorsement comes into play when someone applies as a periodontist versus general dentist or pediatric dentist. Ms. Olney responded that it does not come into play in the case of the on-site inspection and evaluation.

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.

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February 9, 2024 Meeting Minutes

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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. Kabson Hong as an evaluator for the moderate sedation 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) (Pacheco/Felsenfeld) to appoint Dr. James Rore as an evaluator for the moderate sedation 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 Item 13.: Discussion and Possible Action on Board, Council, and Committee Member Administrative Policy and Procedure Manual

Dr. Montez provided the report, which is available in the meeting materials. The Board reviewed the Agenda Item 13 Attachment provided separate from the meeting packet.

Ms. Welch suggested additional minor, technical amendments to pages 7, 9, and 18 of the Agenda Item 13 Attachment. Board Member Sonia Molina inquired whether the Board changed the requirement of a Board Member submitting, for consideration, items for a Board meeting agenda to the Board President and Executive Officer from 30 days prior to the meeting to 45 days. Dr. Montez responded that was correct, and that was done in order to have more time to vet and review the item.

(M/S/C) (Chan/Yu) to adopt the revised Board, Council, and Committee Member Administrative Policy and Procedure Manual.

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 14: Update, Discussion, and Possible Action on Proposed Regulations
Item 14.a.: Status Update on Pending Regulations

David Bruggeman provided the report, which is available in the meeting materials. He noted the Board recently rescinded the comprehensive dental assisting regulations package, and sent it to a two-person working group. That working group, consisting of the DAC Chair and Vice Chair, has met since the last Board meeting. Vice Chair Jeri Fowler met with Board staff in January 2024 to discuss strategy for how to approach the review and revision of the dental assisting regulations. Mr. Bruggeman added that there are five articles in the dental assisting portion of the regulations, and that one of those is already a package in process. Of the remaining material, the next steps that the working group has planned are to prepare a Section 100 package, which is a regulatory proposal to make non-substantive changes to the regulations to reflect repeal of statutes or other changes in the law as specific to this material. Mr. Bruggeman stated there are sections in the dental assisting regulations that still refer to the Permit Reform

Act of 1981, which was repealed. The Section 100 package will result in a relatively straightforward regulatory package that Board staff anticipate bringing to the Board at the May Board meeting. The next step in that process would be to develop a package focusing on the regulations in article three of the dental assisting regulations that are specific to applications for licensure for the various dental auxiliary licenses. Mr. Bruggeman conveyed that the intent is to have that ready for the Board consideration in May, and the working group will be meeting again in March 2024.

Mr. Bruggeman conveyed that there are two additional packages. One package regarding replacement licenses combined with the update to the inactive and active license application form has been filed with the Office of Administrative Law (OAL) following the 45-day public comment period. The Board received no comments at that point and Board staff expects a response from OAL on that package by the end of February 2024. Similarly, the AB 107 regulations, which refer to temporary licensure for qualified spouses or domestic partners of military members, has also been filed with OAL, and a response from OAL is anticipated by March 4, 2024. He added that the package concerning updates to the Board's Uniform Standards is currently under review with the Board's Regulations Counsel and DCA Budget Office.

Dr. Montez highlighted the progress on the dental assisting comprehensive rulemaking regulations and emphasized that the Board is moving forward on this, taking it article by article not necessarily in order.

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

At 11:24 a.m., the Board recessed for a break.

At 12:16 p.m., the Board reconvened.

Agenda Item 14.b.: Discussion and Possible Action to Appoint a Working Group to Develop Proposed Amendments to California Code of Regulations (CCR), Title 16, Section 1005, Minimum Standards for Infection Control

Mr. Bruggeman provided the report, which is available in the meeting materials. President Felsenfeld requested clarification on the process for this item and confirmed that the purpose is to clean-up what the Board has and then start the discussion again using the proposed motions set forth in the meeting materials.

(M/S/C) (Pacheco/Olague) to rescind approval of the proposed rulemaking language approved by the Board on May 16, 2018, to amend title 16, CCR section 1005.

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

Anthony Lum, Executive Officer of the Dental Hygiene Board of California (DHBC), thanked the Board for rescinding the existing regulatory language. He voiced that in 2018, one of his Board members, who is considered the “dental realm guru” on infection control, acknowledged to him that this language was incomplete and should not move forward. Mr. Lum indicated that he will confer with this Board member about what suggestions they may have in moving forward and offered the DHBC’s collaborative efforts to have this regulatory section improved and finalized.

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.

President Felsenfeld stated that as Board President, he is entitled to and responsible for appointing working groups, and therefore, appointed Board Vice President Joanne Pacheco and Cara Miyasaki, Chair of the DAC, to the working group to review and make recommendations to possibly revise the Board’s regulations on infection control in consultation with Regulations Counsel and Board staff and bring back any revised text for discussion and possible action at a future Board meeting.

Agenda Item 14.c.: Discussion and Possible Action to Consider Modified Text for Currently Proposed Regulatory Language and to Adopt Amendments to CCR, Title 16, Section 1018 Relating to the Board’s Disciplinary Guidelines

Mr. Bruggeman provided the report, which is available in the meeting materials. He mentioned that in addition, to the changes discussed in the meeting materials, there is one additional change being recommended since the February Board meeting materials were made available to the public. Specifically, he referred to the language in probation term 19 for Supervised Practice. On page 27 of the Disciplinary Guidelines [page 246 of the meeting materials], in the first paragraph of the Supervised Practice term, there are two highlighted sections, the first one reads “of dentistry/general anesthesia or deep sedation/moderate sedation/oral conscious sedation on adult patients/minimal sedation” and the second highlighted section is effectively the same language. Mr. Bruggeman stated that Board Counsel wanted to insert “pediatric” before minimal sedation at the very end of each of those highlighted sections to make this language consistent with other modified text suggestions that Board staff are proposing for the Board.

Kristy Schieldge noted that Board Counsel has suggested that on page 27 of the Guidelines the word “pediatric” is added before “minimal sedation” in the two highlighted

places in the supervised practice term (in two places in the first paragraph and one place in the “Rationale”). Board Counsel and Ms. Schieldge confirmed that the change makes it consistent with the other references to the pediatric minimal sedation permit in the meeting materials and with the law (statutory title of the permit at BPC, § 1647.30 et seq.).

Dr. Montez clarified that it is the highlighted areas that have since been changed.

Ms. Welch indicated that if the Board approves these revisions, it would be as revised today.

President Felsenfeld requested clarification on process and what actions were necessary. Ms. Schieldge explained that in order to make the changes as presented in the meeting materials, plus the revisions noted by Board Counsel, staff need a motion to approve those changes. These changes would be approved unless the Board members have other further changes. President Felsenfeld asked for any further discussion or revisions to this proposal by the members, and seeing none, confirmed that the members had no further changes to the proposed text in the meeting materials other than what had been discussed today.

(M/S/C) (Felsenfeld/Yu) to approve the proposed modified regulatory text for CCR, title 16, section 1018 and incorporated Disciplinary Guidelines in Attachments 1 and 2 that includes the amendment of adding the word “pediatric” before the words “minimal sedation” on page 27 of the Disciplinary Guidelines to the text in Term 19 for Supervised Practice and direct staff to take all steps necessary to complete the rulemaking process, including sending out the modified text with these changes for an additional 15-day comment period. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulation and incorporated Disciplinary Guidelines, and adopt the proposed regulation and incorporated Disciplinary Guidelines as revised at this meeting and described in the modified text notice for CCR, title 16, 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.

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The motion passed.

Agenda Item 15: Update, Discussion, and Possible Action on 2023/2024 Legislation Impacting the Board, the Department of Consumer Affairs, and/or the Dental Profession
Agenda Item 15.a.: 2024 Tentative Legislative Calendar – Information Only

Mr. Bruggeman provided an overview of the 2024 Tentative Legislative Calendar, which is available in the meeting materials. Mr. Bruggeman stated that the Legislature is scheduled to recess on March 21, 2024, which would likely be the last possible date for the Board's sunset review hearing. Based on the scheduling of the hearings last year on March 16 and 18, 2023, he anticipated similar dates for the hearings with one of those dates covering the Board sunset process. He pointed out that there are key deadlines in May 2024 when most of these bills will need to have cleared their first house, which will coincide with the Board's May meeting, at which time Board staff anticipate having some action items related to legislation for the Board.

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

Agenda Item 15.b.: Update Regarding the Board's 2024 Sunset Review Oversight Hearing

Mr. Bruggeman provided the report, which is available in the meeting materials. Mr. Bruggeman stated that the Board submitted its sunset review report in late December of 2023 to both the Assembly Business and Professions Committee and the Senate Business, Professions and Economic Development Committee. Mr. Bruggeman expressed that the report is available online in the Forms and Publications section of the Board's website, and at this moment, there is not a specified date for the hearing. However, Board staff anticipate once the hearing date has been scheduled, the Board would receive some material from the respective committees prior to the hearing concerning their review of the sunset report and any questions they may have. He added there would be follow-ups after the hearing with respect to both the Board's responses to their initial questions and to any issues that are raised during the course of the sunset hearing, and the Board would be obligated to respond to them within a relatively short time frame. He added that he would not expect to see a sunset bill prior to the sunset hearing.

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

Agenda Item 15.c.: Legislation of Interest

Mr. Bruggeman provided the report, which is available in the meeting materials, and went over the three bills, SB 607, SB 782, and SB 908. He noted that as of late January 2024, there were several other bills, including AB 2242 regarding dental assistants, that had been introduced and may be of interest to licensees and the public.

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

Agenda Item 16.: Discussion and Possible Action Regarding Appointment of Dental Assisting Council (DAC) Members

Dr. Montez provided the report, which is available in the meeting materials. She stated that consistent with the responsibilities of the Board President to appoint committees, President Felsenfeld appointed Vice President Pacheco and Board Member Rosalinda Olague to a committee to review the applications, conduct interviews, and bring recommendations to fill the DAC vacancies to the Board at a future meeting.

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

Agenda Item 17: Public Comment on Future Agenda Items

There were no public comments made on future agenda items.

Agenda Item 18: Recess Open Session

Dr. Montez noted that there would be no Closed Session during this meeting. President Felsenfeld stated that Agenda Items 18 through 23 would be skipped.

Agenda Item 19: Convene Closed Session

Closed Session was not convened as there were no items to discuss in closed session; this agenda item was skipped.

Agenda Item 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

This agenda item was skipped.

Agenda Item 21: Adjourn Closed Session

This agenda item was skipped.

Agenda Item 22: Reconvene Open Session – Call to Order/Roll Call/Establishment of a Quorum

This agenda item was skipped.

Agenda Item 23: Board President's Report on Closed Session Items

This agenda item was skipped.

Agenda Item 24: Adjournment

President Felsenfeld adjourned the meeting at 12:50 p.m.

*Agenda item heard out of order; the meeting minutes reflect the order of business as noticed in the Board meeting Agenda.

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	April 2, 2024
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.

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MEMORANDUM

DATE	April 2, 2024
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.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	April 2, 2024
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, 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 14-15, 2024

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DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	April 2, 2024
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

Dr. Carmen Dones, President, and Mr. Anthony Lum, Executive Officer of the Dental Hygiene Board of California, will provide a verbal report.

Action Requested

No action requested.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	April 8, 2024
TO	Members of the Dental Board of California
FROM	Yvette Ramirez, Budget and Contract Analyst 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 enactment of the Budget Act. The Board is statutorily required to remain within its appropriation spending limit and to ensure the Fund's ongoing solvency.

2024-25 Governor's Budget

The following chart provides an overview of the released Governor's Budget for the Dental Board of California.

2024-25 Governor's Budget		
Fund	Revenue	Expenditures*
State Dentistry Fund	\$18,941,000	\$20,634,000

*\$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 2024-25 Governor's Budget. It has been updated with 2023-24 expenditure and revenue projections, which resulted in a fund balance reserve of \$17.2 million (9.3 months). Other adjustments have also been included.

Agenda Item 8.: Budget Report
Dental Board of California Meeting
May 14-15, 2024

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Revenues (see Attachments 1 & 2) – The Board began 2023-24 with a fund balance of \$17.6 million and collected approximately \$19.5 million in revenues with \$3.2 million from initial license fees and \$15.0 million from license renewals.

The Board notes, [SB 501](#), Dentistry: anesthesia and sedation: report (Chapter 929, Statutes of 2018), created additional anesthesia permit and certificate types and fees. The Office of Administrative Law approved this regulatory action in August of 2022. Permit applicant revenues are estimated at \$234,000 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 3) – The Board's 2023-24 appropriation is \$21.0 million, and expenditures are projected to be \$19.1 million. The FCS projects ongoing expenditures in the future with a three percent (growth factor) increase per year. The FCS also shows the Board fully expending its appropriation ongoing which has not been the trend in recent years. 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 in future years. Personnel services, investigation costs, and statewide contributions make up the largest portion of the increases in out years.

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.

The Board notes, Budget Letter (BL) 23-27 *Current Year Expenditure Freeze*, which will reduce Board expenditures to items that are Mission Critical in the current year. The State of California anticipates significant General Fund (GF) budget deficits in fiscal years 2023-24 and 2024-25. Although Board funding derives from the State Dentistry Fund (0741), the Board is to follow State guidance as described in BL 23-27.

General Fund Loan – Item 1111-011-0741, Budget Act of 2020, authorizes a \$5 million loan transfer from the Fund to the 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 rate for the Budget Act of 2020 loan will be .67% and is scheduled to be repaid on June 30, 2025.

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

Dental Assistant Fund – [Assembly Bill 1519](#), Healing Arts (Chapter 865, Statutes of 2019) 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. Per Business and Professions Code (BPC), section 205.2, the Department of Finance facilitated the transfer from the State Dental Assistant Fund to the State Dentistry Fund.

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 2027-28, 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 Department of Consumer Affairs (DCA) Budget Office to ensure solvency.

The Board had significant 2022-23 prior-year savings of approximately \$2.7 million related to vacant positions. However, 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 April 2024, the Board has a 9% vacancy rate.

The Board further notes, most existing license fee types currently being assessed are set below their statutory maximums and will 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.

Action Requested

No action requested.

Attachment 1

0741 - Dental Board of California Fund Analysis of Fund Condition
(Dollars in Thousands)
2024-25 Governor's Budget W-FM8 Projection

Prepared 4.9.2024

	Actual 2022-23	CY 2023-24	BY 2024-25	BY +1 2025-26
BEGINNING BALANCE				
Prior Year Adjustment	\$ 13,519	\$ 17,639	\$ 17,223	\$ 19,059
Adjusted Beginning Balance	\$ 255	\$ -	\$ -	\$ -
	\$ 13,774	\$ 17,639	\$ 17,223	\$ 19,059
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS				
Revenues				
4121200 - Delinquent fees	\$ 405	\$ 322	\$ 310	\$ 310
4127400 - Renewal fees	\$ 14,772	\$ 15,019	\$ 14,951	\$ 14,951
4129200 - Other regulatory fees	\$ 224	\$ 248	\$ 177	\$ 177
4129400 - Other regulatory licenses and permits	\$ 3,303	\$ 3,185	\$ 3,298	\$ 3,298
4143500 - Miscellaneous Services to the Public	\$ 11	\$ -	\$ 15	\$ 15
4163000 - Income from surplus money investments	\$ 447	\$ 653	\$ 176	\$ 230
4171400 - Escheat of unclaimed checks and warrants	\$ 10	\$ 15	\$ 12	\$ 12
4172500 - Miscellaneous revenues	\$ 3	\$ 15	\$ 2	\$ 2
Totals, Revenues	\$ 19,175	\$ 19,457	\$ 18,941	\$ 18,995
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	\$ -	\$ -	\$ 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	\$ 2,963	\$ -	\$ -	\$ -
Totals, Transfers and Other Adjustments	\$ 2,963	\$ -	\$ 5,000	\$ -
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 22,138	\$ 19,457	\$ 23,941	\$ 18,995
TOTAL RESOURCES	\$ 35,912	\$ 37,096	\$ 41,164	\$ 38,054
Expenditures:				
1111 Department of Consumer Affairs Regulatory Boards, Bureaus, Divisions (State Operations)	\$ 16,569	\$ 18,471	\$ 20,634	\$ 21,253
9892 Supplemental Pension Payments (State Operations)	\$ 351	\$ 351	\$ 241	\$ -
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 1,353	\$ 1,051	\$ 1,230	\$ 1,230
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 18,273	\$ 19,873	\$ 22,105	\$ 22,483
FUND BALANCE				
Reserve for economic uncertainties	\$ 17,639	\$ 17,223	\$ 19,059	\$ 15,571
Months in Reserve	10.7	9.3	10.2	8.1

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

Revenue Projection Report

Reporting

Structure(s):

Fiscal Month:

Fiscal Year: 2023 - 2024

Run Date: 03/25/2024

Revenue

Fiscal Code	Line Item	Budget	Year to Date	Projection To Year End
	Delinquent Fees	\$297,000	\$242,710	\$321,596
	Other Regulatory Fees	\$173,000	\$184,296	\$248,396
	Other Regulatory License and Permits	\$3,225,000	\$2,182,463	\$3,185,083
	Other Revenue	\$250,000	\$430,675	\$682,866
	Renewal Fees	\$14,807,000	\$11,744,939	\$15,019,139
	Revenue	\$18,752,000	\$14,785,083	\$19,457,080

Reimbursements

Fiscal Code	Line Item	Budget	Year to Date	Projection To Year End
	Scheduled Reimbursements	\$0	\$17,495	\$23,495
	Unscheduled Reimbursements	\$0	\$507,143	\$651,614
	Reimbursements	\$0	\$524,638	\$675,109

Non-DCA Revenue

Fiscal Code	Line Item	Budget	Year to Date	Projection To Year End
	CURES Assessment	\$0	\$205,402	\$305,062
	Non-DCA Revenue	\$0	\$205,402	\$305,062

Attachment 3

Department of Consumer Affairs
Expenditure Projection Report
Dental Board of California
Reporting
Structure(s):
Fiscal Month: 8
Fiscal Year: 2023 - 2024
Run Date: 03/25/2024

PERSONAL SERVICES

Fiscal Code	Line Item	PY Budget	PY FM13	Budget	YTD + Encumbrance	Projections to Year End	Balance
5100	PERMANENT POSITIONS	\$6,966,000	\$5,155,328	\$7,333,000	\$4,051,387	\$6,273,619	\$1,059,381
5100	TEMPORARY POSITIONS	\$284,000	\$40,729	\$284,000	\$13,312	\$16,000	\$268,000
5105-5108	PER DIEM, OVERTIME, & LUMP SUM	\$130,000	\$31,438	\$130,000	\$8,455	\$35,800	\$94,200
5150	STAFF BENEFITS	\$4,157,000	\$3,163,137	\$4,405,000	\$2,486,978	\$3,848,290	\$556,710
	PERSONAL SERVICES	\$11,537,000	\$8,390,632	\$12,152,000	\$6,560,132	\$10,173,709	\$1,978,291

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	PY Budget	PY FM13	Budget	YTD + Encumbrance	Projections to Year End	Balance
5301	GENERAL EXPENSE	\$163,000	\$129,922	\$167,000	\$96,905	\$189,793	-\$22,793
5302	PRINTING	\$85,000	\$181,750	\$85,000	\$151,098	\$185,103	-\$100,103
5304	COMMUNICATIONS	\$47,000	\$38,743	\$47,000	\$18,408	\$47,227	-\$227
5306	POSTAGE	\$54,000	\$61,861	\$54,000	\$37,569	\$64,000	-\$10,000
5308	INSURANCE	\$2,000	\$12,638	\$2,000	\$19,140	\$19,140	-\$17,140
53202-204	IN STATE TRAVEL	\$170,000	\$66,875	\$170,000	\$30,794	\$81,168	\$88,832
5322	TRAINING	\$12,000	\$18,678	\$12,000	\$5,097	\$7,827	\$4,173
5324	FACILITIES	\$855,000	\$703,993	\$855,000	\$692,764	\$716,941	\$138,059
5326	UTILITIES	\$1,000	\$0	\$1,000	\$0	\$0	\$1,000
53402-53403	C/P SERVICES (INTERNAL)	\$2,564,000	\$1,977,336	\$2,564,000	\$993,389	\$1,857,468	\$706,532
53404-53405	C/P SERVICES (EXTERNAL)	\$877,000	\$2,206,518	\$1,024,000	\$1,292,527	\$1,869,348	-\$845,348
5342	DEPARTMENT PRORATA	\$3,396,000	\$2,951,140	\$3,405,000	\$2,463,750	\$3,405,000	\$0
5342	DEPARTMENTAL SERVICES	\$74,000	\$339,525	\$36,000	\$111,366	\$239,056	-\$203,056
5344	CONSOLIDATED DATA CENTERS	\$42,000	\$47,473	\$42,000	\$9,066	\$60,000	-\$18,000
5346	INFORMATION TECHNOLOGY	\$214,000	\$6,047	\$304,000	\$30,155	\$36,738	\$267,262
5362-5368	EQUIPMENT	\$67,000	\$11,965	\$112,000	\$14,405	\$20,856	\$91,144
5390	OTHER ITEMS OF EXPENSE	\$5,000	\$53,719	\$5,000	\$27,674	\$160,733	-\$155,733
54	SPECIAL ITEMS OF EXPENSE	\$0	\$11,430	\$0	\$8,044	\$12,000	-\$12,000
	OPERATING EXPENSES & EQUIPMENT	\$8,628,000	\$8,819,613	\$8,885,000	\$6,002,152	\$8,972,398	-\$87,398

OVERALL TOTALS	\$20,165,000	\$17,210,245	\$21,037,000	\$12,562,284	\$19,146,108	\$1,890,892
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8.99%

MEMORANDUM

DATE	April 16, 2024
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Chief, Southern California Enforcement 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)

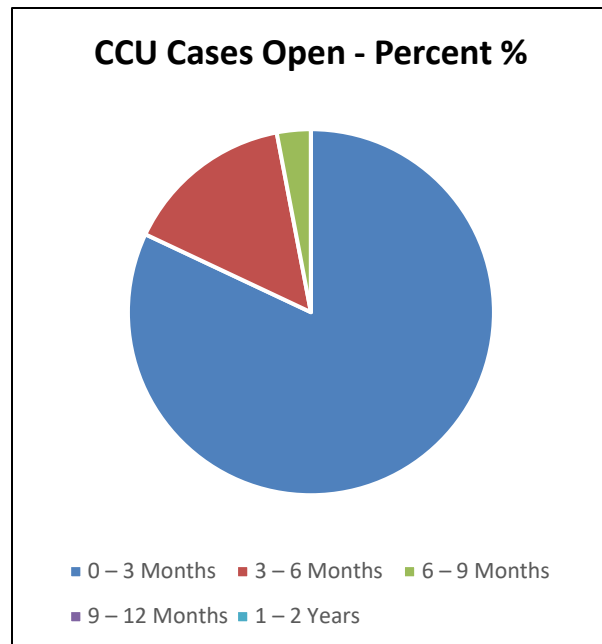
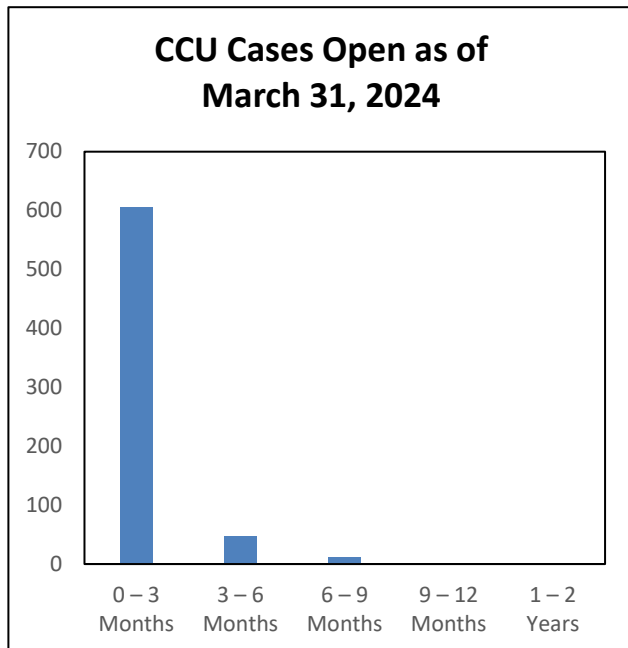
Number of Complaint Cases Received between January 1 and March 31, 2024

During this period, CCU received **885** complaints. The monthly average of complaints received was **295**.

Number of Complaint Cases Open

As of March 31, 2024, there are **664** 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, 2024	Percent (%)
0 – 3 Months	605	91%
3 – 6 Months	47	7%
6 – 9 Months	11	2%
9 – 12 Months	1	0%
1 – 2 Years	0	0%
2 Plus Years	0	0%
Total	664	100%



Number of Complaint Cases Closed

Between January 1 and March 31, 2024, a total of **959** complaint cases were closed in CCU. The monthly average of complaints closed during this time was **320**.

Number of Complaint Cases Received

Complaints Received	
License Type	January 1, 2024, to March 31, 2024
Dentists	544
Registered Dental Assistants	59
Other*	120
Total	723

*All other types of Complaints

Sacramento Investigative Analysis Unit (IAU)

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

As of March 31, 2024, there are **277** 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, 2024	Percent (%)
0 – 3 Months	65	24%
3 – 6 Months	71	26%
6 – 9 Months	48	17%
9 – 12 Months	26	9%
1 – 2 Years	49	18%
2 – 3 Years	12	4%
3+ Years	6	2%
Total	277	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, 2024, and March 31, 2024, a total of **59** SAR cases were closed in the IAU.

Enforcement Units

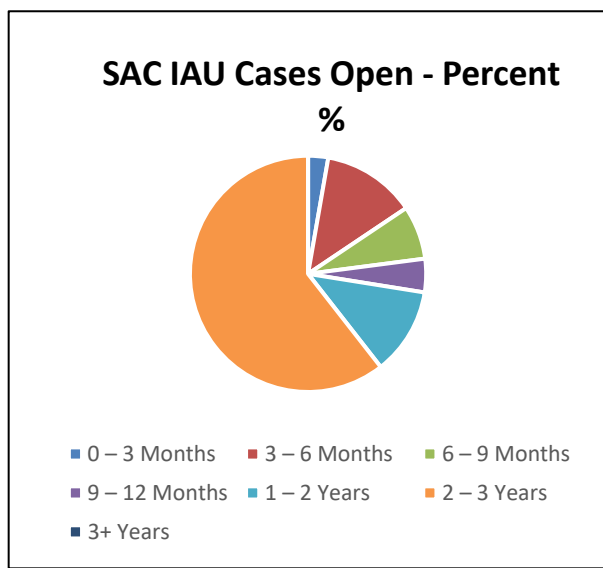
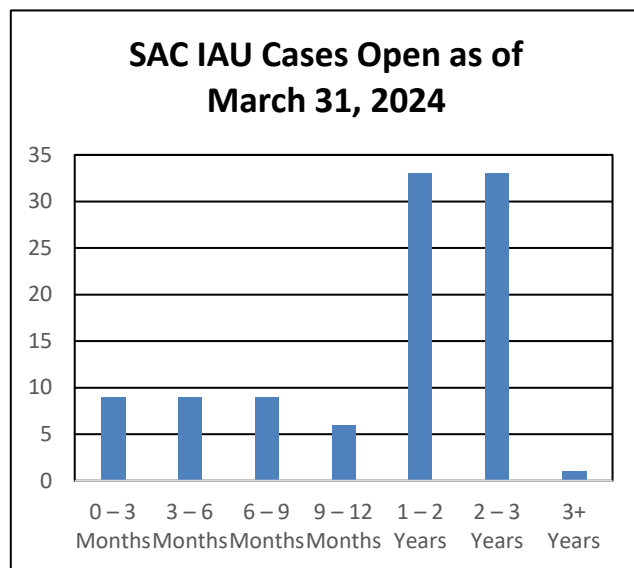
As of March 31, 2024, there **886** investigative cases open in the Board's Enforcement Units. A breakdown of the cases is as follows:

Enforcement Cases Open	
Enforcement Units	As of March 31, 2024
Sacramento IAU (Non-Sworn)	96
Orange IAU (Non-Sworn)	72
Sacramento Field Office (SFO; Sworn)	64
Orange Field Office (Sworn)	176
Pending Assignment	478
Total	886

Number of Investigative Cases Open in the Sacramento IAU

As of March 31, 2024, there are **96** investigative cases open in the Sacramento IAU. A breakdown of the cases is as follows:

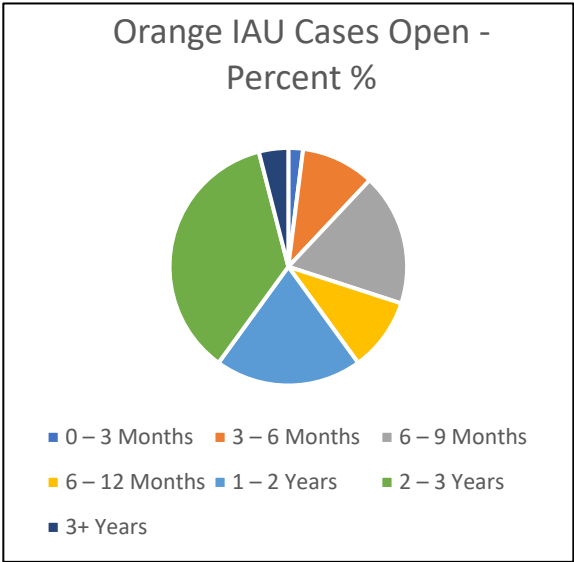
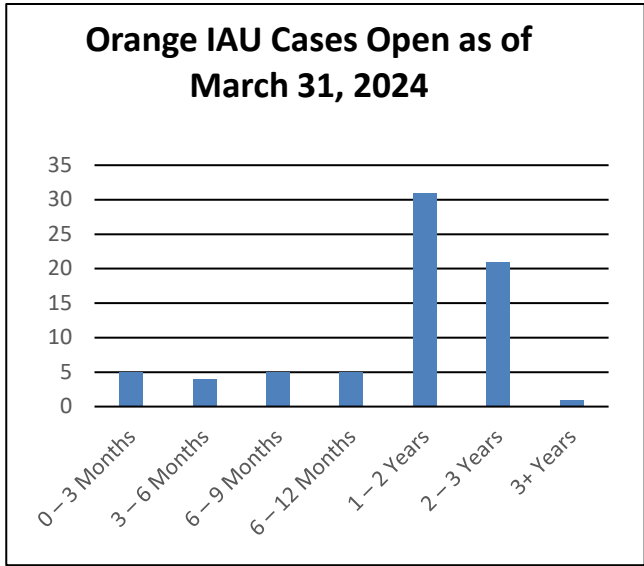
Sacramento IAU Cases Open		
Investigation Age	As of March 31, 2024	Percent (%)
0 – 3 Months	9	9%
3 – 6 Months	9	9%
6 – 9 Months	9	9%
9 – 12 Months	6	6%
1 – 2 Years	31	33%
2 – 3 Years	31	33%
3+ Years	1	1%
Total	96	100%



Number of Investigative Cases Open in the Orange IAU

As of March 31, 2024, there are **72** investigative cases open in the Orange IAU. A breakdown of the case aging is as follows:

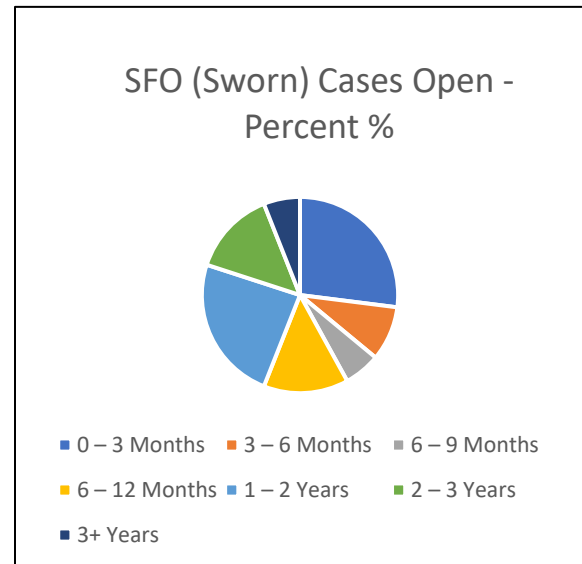
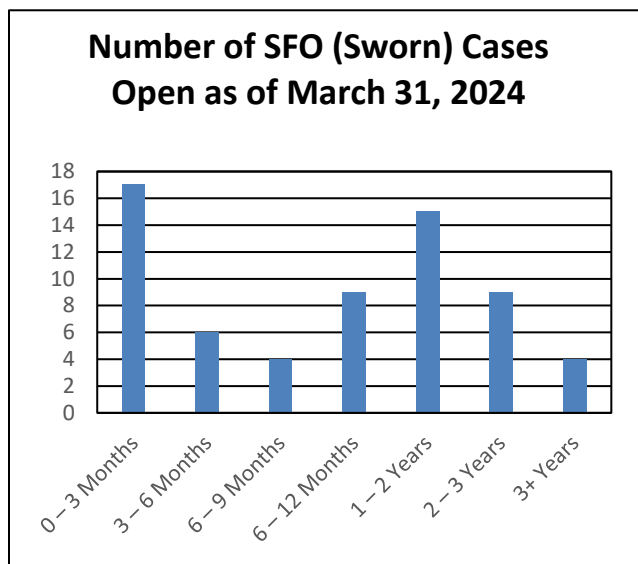
Orange IAU Cases Open		
Investigation Age	As of March 31, 2024	Percent (%)
0 – 3 Months	5	7%
3 – 6 Months	4	6%
6 – 9 Months	5	7%
9 – 12 Months	5	7%
1 – 2 Years	31	43%
2 – 3 Years	21	29%
3+ Years	1	1%
Total	72	100%



Number of Investigative Cases Open in the Sacramento Field Office (Sworn)

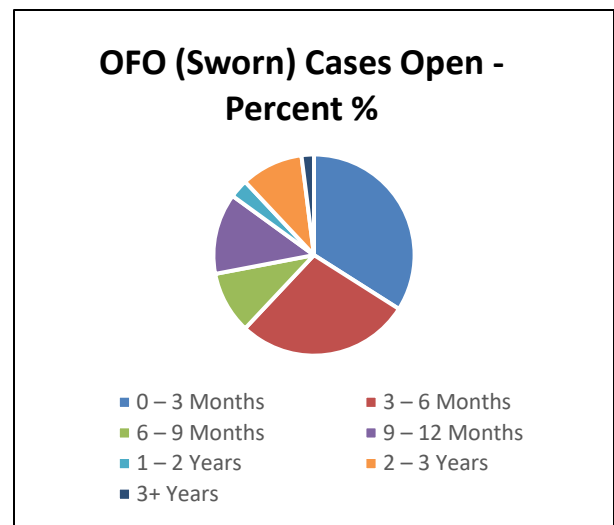
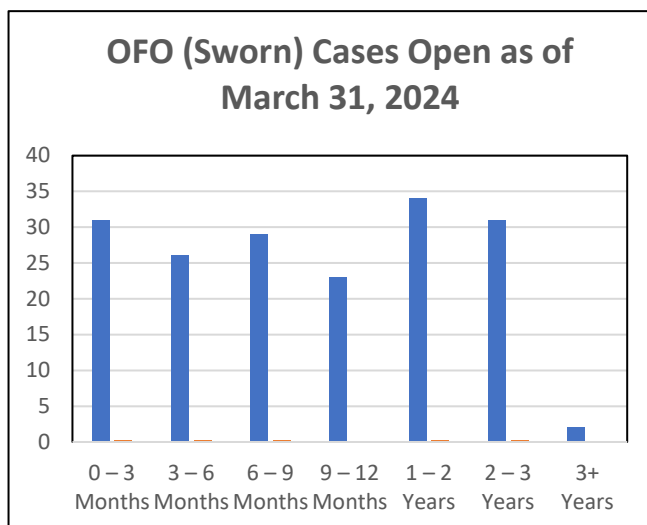
As of March 31, 2024, there are **64** investigative cases open in the Sacramento Field Office. A breakdown of the case aging is as follows:

Sacramento Field Office (Sworn) Cases Open		
Investigation Age	As of March 31, 2024	Percent (%)
0 – 3 Months	17	27%
3 – 6 Months	6	9%
6 – 9 Months	4	6%
9 – 12 Months	9	14%
1 – 2 Years	15	24%
2 – 3 Years	9	14%
3+ Years	4	6%
Total	64	100%



As of March 31, 2024, there are **176** investigative cases open in the Orange Field Office. A breakdown of the case aging is as follows:

Orange Field Office (Sworn) Cases Open		
Investigation Age	March 31, 2024	Percent (%)
0 – 3 Months	31	18%
3 – 6 Months	26	15%
6 – 9 Months	29	16%
9 – 12 Months	23	13%
1 – 2 Years	34	19%
2 – 3 Years	31	18%
3+ Years	2	1%
Total	176	100%



Number of Investigation Cases Closed

Between January 1, 2024, and March 31, 2024, a total of **250** investigative cases were closed in IAU, the Sacramento Field Office, and the Orange Field Office.

Number of Inspection Cases Open

As of March 31, 2024, there are **48** Inspection Cases open in the Sacramento and Orange Field Offices. A breakdown is as follows:

Field Office	Number of Cases
Sac IAU	27
Orange IAU	21
Total	48

Number of Inspection Cases Closed

Between January 1, 2024, to March 31, 2024, a total of **40** inspection cases were closed in the Sacramento Field Office and the Orange Field Office.

Administrative and Disciplinary Action

As of March 31, 2024, there are **158** open cases in the Discipline Coordination Unit.

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

There are **5** cases in which a Petition for Reinstatement has been submitted and is pending referral to the AG.

There are **2** cases in which a WRIT has been filed and is pending. These two 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, and March 31, 2024, there were **29** accusations filed with the AG.

Cases Assigned to the Office of the Attorney General

Between January 1, 2024, and March 31, 2024, there were **33** cases transmitted to the AG. Of those 33 cases, 24 were referred for dentists and 9 were referred for dental auxiliaries.

As of March 31, 2024, there are **150** cases pending at the AG.

Citations

Between January 1, 2024, and March 31, 2024, there were **27** citations issued.

Number of Probation Cases Open

As of March 31, 2024, there are **117** probationer cases being monitored. Of those, **110** active probationers and **7** are tolling. A breakdown of the probation cases is as follows:

Field Office	Active Probationers	Tolling Probationers
Sacramento IAU	29	0
Sacramento Field Office	9	2
Orange IAU	51	4
Orange Field Office	21	1
Total	110	7

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	April 15, 2024
TO	Members of the Dental Board of California
FROM	Christy Bell, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 10.a.: Diversion Program Report and Statistics

Background

The Diversion Evaluation Committee (DEC) program statistics for the quarter ending on March 31, 2024 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 2023/2024										FY 22/23	FY 21/22	FY 20/21
	Quarter 1			Quarter 2			Quarter 3			Current FY			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Totals			
New Participants	0	0	0	1	0	0	0	1	0	2	3	3	3
Total Participants (Close of Qtr/FY)	5	5	5	5	5	5	5	6	5		7	7	9
Self-Referral	1	1	1	1	1	1	1	1	1		5	5	5
Enforcement Referral	1	1	1	1	1	1	1	1	1		2	2	2
Probation Referral	3	3	3	4	3	3	3	4	4		5	5	5
Total Completed Cases	1	0	0	1	0	0	0	0	0	2	0	1	2
Successful Completions	1	0	0	1	0	0	0	0	0	2	0	1	2
Terminations	1	0	0	0	0	0	0	0	1	4	2	3	1
Terminations for Public Threat	0	0	0	0	0	0	0	0	0	0	0	1	0
Withdrawn	1	0	0	0	0	0	0	0	1	2	1	2	0
Drug Tests Ordered	21	25	19	19	25	24	22	22	27	204	344	350	419
Positive Drug Tests	0	0	0	0	0	0	0	0	0	0	3	6	1
Prescription Positive Tests	0	0	0	0	0	0	0	0	0	0	6	5	4

Action Requested

No action requested.

Agenda Item 10.a.: Diversion Program Report and Statistics
Dental Board of California Meeting
May 14-15, 2024

Page 1 of 1

MEMORANDUM

DATE	April 9, 2024
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Chief, Southern California Enforcement 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. As of April 4, 2024, there are 28,512 DEA registered dental practitioners in the State of California.

The Dental Board of California (Board) currently has 34,971 licensed dentists as of March 31, 2024.

Registration statistics for the Board as of March 31, 2024 are:

Month 2023	Number of Registered DDS/DMD Users
January	17,396
February	17,451
March	17,518
April	17,554
May	17,618
June	17,656
July	17,711
August	17,778
September	17,841
October	17,900
November	17,940
December	17,985

Month 2024	Number of Registered DDS/DMD Users
January	18,048
February	18,103
March	18,147

Search statistics for the Board as of March 31, 2024 are:

Month 2023	Search Statistics
January	20,136
February	21,858
March	27,173
April	25,723
May	25,902
June	24,658
July	23,244
August	26,886
September	21,584
October	26,471
November	27,617
December	24,848
Month 2024	Search Statistics
January	34,930
February	30,538
March	33,563

Number of Outbound Searches

Month 2023	Interstate Outbound Search Statistics
April	0
May	0
June	138
July	32
August	51
September	5
October	0
November	16
December	23
Month 2024	Interstate Outbound Search Statistics
January	27
February	20
March	29

Number of Inbound Interstate Searches

Month 2023	Inbound Interstate Search Statistics
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Month 2024	Inbound Interstate Search Statistics
January	0
February	0
March	0

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, 2024 are:

Month 2023	Help Desk Statistics (total number of email and telephone inquiries)
January	78
February	80
March	89
April	72
May	175
June	82
July	70
August	76
September	87
October	98
November	58
December	69

Month 2024	Help Desk Statistics (total number of email and telephone inquiries)
January	103
February	102
March	67

The number of prescriptions filled by schedule for the months of January, February, and March 2024 are:

Department of Consumer Affairs

Number of Prescriptions Filled by Schedule for January – March 2024

	<u>January</u>	<u>February</u>	<u>March</u>
Schedule II	1,304,250	1,226,162	1,290,743
Schedule III	245,952	230,627	239,216
Schedule IV	1,099,097	1,025,828	1,079,495
Schedule V	180,153	155,373	160,847
R	1	0	0
Over-the-Counter Product	70,459	61,045	62,749
Total:	2,899,912	2,699,035	2,833,050

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 2024

Registered Users				
		Jan	Feb	Mar
Total Registered Users		264,385	265,407	246,240
Clinical Roles				
	Prescribers	188,264	188,745	186,146
	Non-DEA Practitioners	16,471	16,790	16,828
	Pharmacists	52,418	52,520	52,590
	Sub-Total A	257,153	258,055	255,564
License Type				
	Doctor of Dental Surgery/Dental Medicine	18,048	18,103	18,147
	Doctor of Optometry	717	718	720
	Doctor of Podiatric Medicine	1,732	1,734	1,737
	Doctor of Veterinary Medicine	3,999	4,052	4,083
	Medical Doctor	129,161	129,483	126,934
	Naturopathic Doctor	558	560	564
	Osteopathic Doctor	10,505	10,563	10,158
	Physician Assistant	14,633	14,724	14,832
	Registered Nurse Practitioner/Nurse Midwife	24,736	24,945	25,136
	Other (Out of State) Prescribers	646	653	663
	Pharmacists	51,477	51,569	51,629
	Other (Out of State) Pharmacists	941	951	961
	Sub-Total B	257,153	258,055	255,564
Other Roles				
	LEAs	1,743	1,748	1,752
	Delegates	5,057	5,171	5,314
	DOJ Administrators	68	67	70
	DOJ Analysts	90	89	89
	Regulatory Board	274	277	279
	Sub-Total C	7,232	7,352	7,504
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 2024

Number of CURES Searches				
		Jan	Feb	Mar
Clinical Roles				
	Prescribers	8,981,505	8,402,566	7,091,759
	Non-DEA Practitioners	9,373	6,823	9,115
	Pharmacists	7,839,916	7,059,617	7,362,959
	Sub-Total A	16,830,794	15,469,006	14,463,833
License Type				
	Doctor of Dental Surgery/Dental Medicine	34,930	30,538	33,563
	Doctor of Optometry	1,660	1,890	2,970
	Doctor of Podiatric Medicine	30,028	27,299	26,595
	Doctor of Veterinary Medicine	81	81	65
	Medical Doctor	6,901,317	6,498,341	5,092,235
	Naturopathic Doctor	2,175	2,334	2,835
	Osteopathic Doctor	720,871	651,269	686,438
	Physician Assistant	527,497	490,036	500,543
	Registered Nurse Practitioner/Nurse Midwife	769,100	704,410	752,459
	Other (Out of State) Prescribers	3,219	3,191	3,171
	Pharmacists	7,810,967	7,034,823	7,335,090
	Other (Out of State) Pharmacists	28,949	24,794	27,869
	Sub-Total B	16,830,794	15,469,006	14,463,833
Other Roles				
	LEAs	136	128	185
	Delegates	125	126	98
	DOJ Administrators	10	0	5
	DOJ Analysts	1459	939	946
	Regulatory Board	1,730	1,193	1,234
	Sub-Total C	3,460	2,386	2,468
Total Search Counts		16,834,254	15,471,392	14,466,301

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 2024

Number of Outbound Interstate Searches				
		Jan	Feb	Mar
Total Searches		12,092	11,821	12,782
Clinical Roles				
Prescribers		7,214	7,417	8,108
Non-DEA Practitioners		5	8	33
Pharmacists		4,873	4,396	4,674
Sub-Total A		12,092	11,821	12,815
License Type				
Doctor of Dental Surgery/Dental Medicine		27	20	29
Doctor of Optometry		0	0	0
Doctor of Podiatric Medicine		6	6	10
Doctor of Veterinary Medicine		N/A	N/A	N/A
Medical Doctor		5,103	5,015	5,251
Naturopathic Doctor		2	16	7
Osteopathic Doctor		274	241	251
Physician Assistant		441	434	487
Registered Nurse Practitioner/Nurse Midwife		1,366	1,693	2,106
Other (Out of State) Prescribers		N/A	N/A	N/A
Pharmacists		4,601	4,219	4,475
Other (Out of State) Pharmacists		272	177	199
Sub-Total B		12,092	11,821	12,815
Note:				
Not all CURES users will have authority to query other states/PDMPs.				
Outbound Searches are searches sent by CURES users to another State/PDMP.				

Number of Inbound Interstate Searches				
		Jan	Feb	Mar
PMIX Role				
Physicians				
Advanced Practice Rns				
Nurse Practitioner				
Physician Assistants				
Dentists				
Optometrists				
Naturopaths				
Interns				
Residents				
Other Prescribers				
Pharmacists				
PMIX Role				
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 2024

Number of CURES Help Desk Requests		Jan	Feb	Mar
Clinical Roles				
	Prescribers/Non-DEA Practitioners	3,978	2,602	1,857
	Pharmacists	1,657	937	572
	Sub-Total A	5,635	3,539	2,429
License Type				
	Doctor of Dental Surgery/Dental Medicine	103	102	67
	Doctor of Optometry	1	2	1
	Doctor of Podiatric Medicine	15	9	2
	Doctor of Veterinary Medicine	37	36	37
	Medical Doctor	2,696	1,694	1,240
	Naturopathic Doctor	4	6	5
	Osteopathic Doctor	233	145	98
	Physician Assistant	271	179	121
	Registered Nurse Practitioner/Nurse Midwife	618	429	286
	Pharmacists	1,657	937	572
	Other (Non-Specific License Type)	0	0	0
	Sub-Total B	5,635	3,539	2,429
Other Roles				
	LEAs	34	23	24
	Delegates	116	80	54
	DOJ Administrators	0	0	0
	DOJ Analysts	0	0	0
	Regulatory Board	8	10	7
	Sub-Total C	158	113	85
Total Help Desk Requests		5,793	3,652	2,514

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 2024

Prescription Counts	Jan	Feb	Mar
Number of Distinct Prescriptions	2,898,239	2,697,570	2,831,405
Number of Prescriptions Filled by Schedule			
Schedule II	1,304,250	1,226,162	1,290,743
Schedule III	245,952	230,627	239,216
Schedule IV	1,099,097	1,025,828	1,079,495
Schedule V	180,153	155,373	160,847
R	1	0	0
Over-the-counter product	70,459	61,045	62,749
TOTAL	2,899,912	2,699,035	2,833,050

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



January 2024 Statistics

Registered Users		
		January
Clinical Roles		
	Prescribers	188,264
	Non-DEA Practitioner	16,471
	Pharmacists	52,418
	Clinical Roles	257,153
License Type		
	Doctor of Dental Surgery/Dental Medicine	18,048
	Doctor of Optometry	717
	Doctor of Podiatric Medicine	1,732
	Doctor of Veterinary Medicine	3,999
	Medical Doctor/Non-DEA	129,161
	Naturopathic Doctor	558
	Osteopathic Doctor/Non-DEA	10,505
	Physician Assistant	14,633
	Registered Nurse Practitioner/Nurse Midwife	24,736
	(Out of State) Prescribers	646
	Pharmacists	51,477
	(Out of State) Pharmacists	941
	License Type	257,153
Other Roles		
	LEAs	1,743
	Delegates	5,057
	DOJ Administrators	68
	DOJ Analysts	90
	Regulatory Board	274
	Other Roles	7,232
Total Registered Users		264,385
Note:		
Clinical Roles = License Type		
Total = Clinical Roles + License Type		
Stats are from the 1st of the month to the last day of the month		



January 2024 Statistics

Number of CURES Searches					
					January
		App PAR Searches		IEWS PAR Searches	Totals
Clinical Roles		Delegate			
	Prescribers	1,066,644	81,788	7,833,073	8,981,505
	Non-DEA Practitioner	3,347	726	5,300	9,373
	Pharmacists	1,365,118	14,455	6,460,343	7,839,916
	Clinical Roles	2,435,109	96,969	14,298,716	16,830,794
License Type					
	Doctor of Dental Surgery/Dental Medicine	7,111	188	27,631	34,930
	Doctor of Optometry	4	0	1,656	1,660
	Doctor of Podiatric Medicine	1,298	10	28,720	30,028
	Doctor of Veterinary Medicine	81	0	0	81
	Medical Doctor/Non-DEA	612,572	48,331	6,240,414	6,901,317
	Naturopathic Doctor	1,527	443	205	2,175
	Osteopathic Doctor	95,184	5,412	620,275	720,871
	Physician Assistant	119,748	11,488	396,261	527,497
	Registered Nurse Practitioner/Nurse				
	Midwife	229,294	16,595	523,211	769,100
	(Out of State) Prescribers	3,172	47	0	3,219
	Pharmacists	1,353,554	13,525	6,443,888	7,810,967
	(Out of State) Pharmacists	11,564	930	16,455	28,949
	License Type	2,435,109	96,969	14,298,716	16,830,794
Other Roles					
	LEAs	136	N/A	N/A	136
	DOJ Administrators	125	N/A	N/A	125
	DOJ Analysts	10	N/A	N/A	10
	Regulatory Board	1459	N/A	N/A	1,459
	Other Roles	1,730			1,730
Total Search Counts					16,832,524
Note: <i>Clinical Roles = License Type</i> <i>Total Search Counts = Clinical Roles + Other Roles + Searches by Delegates</i> <i>Stats are from the 1st of the month to the last day of the month</i>					



January 2024 Statistics

Number of Outbound Interstate Searches					
				January	
				Outbound Interstate PAR Searches	Totals
				App PAR Searches	IEWS
Clinical Roles				Delegate	
	Prescribers	4,680	2,534	0	7,214
	Non-DEA Practitioner	5	0	0	5
	Pharmacists	4,845	22	6	4,873
	Clinical Roles	9,530	2,556	6	12,092
License Type					
	Doctor of Dental Surgery/Dental Medicine	27	0	0	27
	Doctor of Optometry	0	0	0	0
	Doctor of Podiatric Medicine	6	0	0	6
	Doctor of Veterinary Medicine	0	0	N/A	N/A
	Medical Doctor/Non-DEA	2,642	2,461	0	5,103
	Naturopathic Doctor	2	0	0	2
	Osteopathic Doctor	263	11	0	274
	Physician Assistant	408	33	0	441
	Midwife	1,337	29	0	1,366
	(Out of State) Prescribers	0	0	N/A	N/A
	Pharmacists	4,589	12	0	4,601
	(Out of State) Pharmacists	256	10	6	272
	License Type	9,530	2,556	6	12,092

Note: Not all CURES users will have authority to query other states/PDMPs.
Outbound Searches are searches sent by CURES users to another State/PDMP.

Number of Inbound Interstate Searches			
			January
			Oregon
			Totals
PMIX Role			
	Advanced Practice Rns		0
	Dentists		0
	Interns		0
	Naturopaths		0
	Optometrists		0
	Pharmacists		0
	Physician		0
	Physician Assistants		0
	Residents		0
	PMIX Role	0	0
Total Search Counts			0

Note:
Inbound Searches are searches originating from outside of CURES
PMIX = The Prescription Monitoring Information Exchange National Architecture
Stats are from the 1st of the month to the last day of the month



January 2024 Statistics

Number of CURES Help Desk Requests			
			January
		Phone	Email
Clinical Roles			
	Prescribers/Non-DEA	3,053	925
	Pharmacists	1410	247
	Clinical Roles	4,463	1,172
License Type			
	Doctor of Dental Surgery/Dental Medicine	87	16
	Doctor of Optometry	1	0
	Doctor of Podiatric Medicine	13	2
	Doctor of Veterinary Medicine	21	16
	Medical Doctor/Non-DEA Practitioner	2,060	636
	Naturopathic Doctor	4	0
	Osteopathic Doctor/Non-DEA Practitioner	178	55
	Physician Assistant	205	66
	Registered Nurse Practitioner/Nurse Midwife	484	134
	Pharmacists	1,410	247
	Out of State Licensed User	0	0
	License Type	4,463	1,172
Other Roles			
	LEAs	10	24
	Delegates	86	30
	DOJ Administrators	0	0
	DOJ Analysts	0	0
	Regulatory Board	4	4
	Other Roles	100	58
Totals		4,563	1,230
<i>Note:</i>			
<i>Clinical Roles = License Type</i>			
<i>Total = Clinical Roles + License Type</i>			
<i>Stats are from the 1st of the month to the last day of the month</i>			
<i>add note about licesne type</i>			



January 2024 Statistics

January	
Number of Distinct Prescriptions	2,898,239
Number of Prescriptions Filled by Schedule	
Schedule II	1,304,250
Schedule III	245,952
Schedule IV	1,099,097
Schedule V	180,153
R	1
Over-the-counter product	70,459
Total	2,899,912

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



February 2024 Statistics

Registered Users		
		February
Clinical Roles		
	Prescribers	188,745
	Non-DEA Practitioner	16,790
	Pharmacists	52,520
	Clinical Roles	258,055
License Type		
	Doctor of Dental Surgery/Dental Medicine	18,103
	Doctor of Optometry	718
	Doctor of Podiatric Medicine	1,734
	Doctor of Veterinary Medicine	4,052
	Medical Doctor/Non-DEA	129,483
	Naturopathic Doctor	560
	Osteopathic Doctor/Non-DEA	10,563
	Physician Assistant	14,724
	Registered Nurse Practitioner/Nurse Midwife	24,945
	(Out of State) Prescribers	653
	Pharmacists	51,569
	(Out of State) Pharmacists	951
	License Type	258,055
Other Roles		
	LEAs	1,748
	Delegates	5,171
	DOJ Administrators	67
	DOJ Analysts	89
	Regulatory Board	277
	Other Roles	7,352
Total Registered Users		265,407
<i>Note:</i>		
<i>Clinical Roles = License Type</i>		
<i>Total = Clinical Roles + License Type</i>		
<i>Stats are from the 1st of the month to the last day of the month</i>		



February 2024 Statistics

Number of CURES Searches					
					February
		App PAR Searches		IEWS PAR Searches	Totals
Clinical Roles		Delegate			
	Prescribers	984,711	81,854	7,336,001	8,402,566
	Non-DEA Practitioner	2,536	514	3,773	6,823
	Pharmacists	1,266,565	14,509	5,778,543	7,059,617
	Clinical Roles	2,253,812	96,877	13,118,317	15,469,006
License Type					
	Doctor of Dental Surgery/Dental Medicine	6,601	212	23,725	30,538
	Doctor of Optometry	12	0	1,878	1,890
	Doctor of Podiatric Medicine	1,279	5	26,015	27,299
	Doctor of Veterinary Medicine	80	1	0	81
	Medical Doctor/Non-DEA	556,118	48,191	5,894,032	6,498,341
	Naturopathic Doctor	1,725	370	239	2,334
	Osteopathic Doctor	88,057	5,342	557,870	651,269
	Physician Assistant	113,057	10,586	366,393	490,036
	Registered Nurse Practitioner/Nurse				
	Midwife	217,162	17,626	469,622	704,410
	(Out of State) Prescribers	3,156	35	0	3,191
	Pharmacists	1,255,517	12,891	5,766,415	7,034,823
	(Out of State) Pharmacists	11,048	1,618	12,128	24,794
	License Type	2,253,812	96,877	13,118,317	15,469,006
Other Roles					
	LEAs	128	N/A	N/A	128
	DOJ Administrators	126	N/A	N/A	126
	DOJ Analysts	0	N/A	N/A	0
	Regulatory Board	939	N/A	N/A	939
	Other Roles	1,193			1,193
Total Search Counts					15,470,199

Note:

Clinical Roles = License Type

Total Search Counts = Clinical Roles + Other Roles + Searches by Delegates

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



February 2024 Statistics

Number of Outbound Interstate Searches				
			February	
			Outbound Interstate PAR Searches	Totals
			App PAR Searches	IEWS
Clinical Roles			Delegate	
	Prescribers	4,853	2,564	7,417
	Non-DEA Practitioner	8	0	8
	Pharmacists	4,378	17	4,396
	Clinical Roles	9,239	2,581	11,821
License Type				
	Doctor of Dental Surgery/Dental Medicine	19	1	20
	Doctor of Optometry	0	0	0
	Doctor of Podiatric Medicine	6	0	6
	Doctor of Veterinary Medicine	N/A	N/A	N/A
	Medical Doctor/Non-DEA	2,561	2,454	5,015
	Naturopathic Doctor	15	1	16
	Osteopathic Doctor	235	6	241
	Physician Assistant	408	26	434
	Registered Nurse Practitioner/Nurse			
	Midwife	1,617	76	1,693
	(Out of State) Prescribers	N/A	N/A	N/A
	Pharmacists	4,206	13	4,219
	(Out of State) Pharmacists	172	4	177
	License Type	9,239	2,581	11,821

Note: Not all CURES users will have authority to query other states/PDMPs.
Outbound Searches are searches sent by CURES users to another State/PDMP.

Number of Inbound Interstate Searches		
		February
		Oregon
PMIX Role		Totals
	Advanced Practice Rns	0
	Dentists	0
	Interns	0
	Naturopaths	0
	Optometrists	0
	Pharmacists	0
	Physician	0
	Physician Assistants	0
	Residents	0
	PMIX Role	0
Total Search Counts		0

Note:
Inbound Searches are searches originating from outside of CURES
PMIX = The Prescription Monitoring Information Exchange National Architecture



February 2024 Statistics

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

Number of CURES Help Desk Requests

		February	
		Phone	Email
Clinical Roles			
	Prescribers/Non-DEA	2,022	580
	Pharmacists	797	140
	Clinical Roles	2,819	720
License Type			
	Doctor of Dental Surgery/Dental Medicine	78	24
	Doctor of Optometry	1	1
	Doctor of Podiatric Medicine	9	0
	Doctor of Veterinary Medicine	25	11
	Medical Doctor/Non-DEA Practitioner	1,301	393
	Naturopathic Doctor	5	1
	Osteopathic Doctor/Non-DEA Practitioner	122	23
	Physician Assistant	147	32
	Registered Nurse Practitioner/Nurse Midwife	334	95
	Pharmacists	797	140
	Out of State Licensed User	0	0
	License Type	2,819	720
Other Roles			
	LEAs	5	18
	Delegates	66	14
	DOJ Administrators	0	0
	DOJ Analysts	0	0
	Regulatory Board	4	6
	Other Roles	75	38
Totals		2,894	758

Note:

Clinical Roles = License Type

Total = Clinical Roles + License Type

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

add note about licesne type



February 2024 Statistics

February	
Number of Distinct Prescriptions	2,697,570
Number of Prescriptions Filled by Schedule	
Schedule II	1,226,162
Schedule III	230,627
Schedule IV	1,025,828
Schedule V	155,373
R	0
Over-the-counter product	61,045
Total	2,699,035

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



March 2024 Statistics

Registered Users		
		March
Clinical Roles		
	Prescribers	186,146
	Non-DEA Practitioner	16,828
	Pharmacists	52,590
	Clinical Roles	255,564
License Type		
	Doctor of Dental Surgery/Dental Medicine	18,147
	Doctor of Optometry	720
	Doctor of Podiatric Medicine	1,737
	Doctor of Veterinary Medicine	4,083
	Medical Doctor/Non-DEA	126,934
	Naturopathic Doctor	564
	Osteopathic Doctor/Non-DEA	10,158
	Physician Assistant	14,832
	Registered Nurse Practitioner/Nurse Midwife	25,136
	(Out of State) Prescribers	663
	Pharmacists	51,629
	(Out of State) Pharmacists	961
	License Type	255,564
Other Roles		
	LEAs	1,752
	Delegates	5,314
	DOJ Administrators	70
	DOJ Analysts	89
	Regulatory Board	279
	Other Roles	7,504
Total Registered Users		263,068
<i>Note:</i>		
<i>Clinical Roles = License Type</i>		
<i>Total = Clinical Roles + License Type</i>		
<i>Stats are from the 1st of the month to the last day of the month</i>		



March 2024 Statistics

Number of CURES Searches					
					March
		App PAR Searches		IEWS PAR Searches	Totals
Clinical Roles		Delegate			
	Prescribers	1,005,048	87,220	5,999,491	7,091,759
	Non-DEA Practitioner	2,800	0	6,315	9,115
	Pharmacists	1,330,252	16,712	6,015,995	7,362,959
	Clinical Roles	2,338,100	103,932	12,021,801	14,463,833
License Type					
	Doctor of Dental Surgery/Dental Medicine	6,526	200	26,837	33,563
	Doctor of Optometry	2	0	2,968	2,970
	Doctor of Podiatric Medicine	1,263	9	25,323	26,595
	Doctor of Veterinary Medicine	65	0	0	65
	Medical Doctor/Non-DEA	568,202	48,224	4,475,809	5,092,235
	Naturopathic Doctor	1,533	444	858	2,835
	Osteopathic Doctor	90,818	6,402	589,218	686,438
	Physician Assistant	114,110	11,417	375,016	500,543
	Registered Nurse Practitioner/Nurse				
	Midwife	222,210	20,472	509,777	752,459
	(Out of State) Prescribers	3,119	52	0	3,171
	Pharmacists	1,318,259	12,521	6,004,310	7,335,090
	(Out of State) Pharmacists	11,993	4,191	11,685	27,869
	License Type	2,338,100	103,932	12,021,801	14,463,833
Other Roles					
	LEAs	185	N/A	N/A	185
	DOJ Administrators	98	N/A	N/A	98
	DOJ Analysts	5	N/A	N/A	5
	Regulatory Board	946	N/A	N/A	946
	Other Roles	1,234			1,234
Total Search Counts					14,465,067
Note: <i>Clinical Roles = License Type</i> <i>Total Search Counts = Clinical Roles + Other Roles + Searches by Delegates</i> <i>Stats are from the 1st of the month to the last day of the month</i>					



March 2024 Statistics

Number of Outbound Interstate Searches						
			Outbound Interstate PAR Searches		March	
			App PAR Searches		IEWS	Totals
Clinical Roles			Delegate			
	Prescribers	5,316	2,792	0	8,108	
	Non-DEA Practitioner	33	0	0	33	
	Pharmacists	4,628	38	8	4,674	
	Clinical Roles	9,977	2,830	8	12,815	
License Type						
	Doctor of Dental Surgery/Dental Medicine	29	0	0	29	
	Doctor of Optometry	0	0	0	0	
	Doctor of Podiatric Medicine	10	0	0	10	
	Doctor of Veterinary Medicine	0	0	N/A	N/A	
	Medical Doctor/Non-DEA	2,624	2,627	0	5,251	
	Naturopathic Doctor	7	0	0	7	
	Osteopathic Doctor	230	21	0	251	
	Physician Assistant	444	43	0	487	
	Midwife	2,005	101	0	2,106	
	(Out of State) Prescribers	0	0	N/A	N/A	
	Pharmacists	4,457	18	0	4,475	
	(Out of State) Pharmacists	171	20	8	199	
	License Type	9,977	2,830	8	12,815	

Note: Not all CURES users will have authority to query other states/PDMPs.
Outbound Searches are searches sent by CURES users to another State/PDMP.

Number of Inbound Interstate Searches		
		March
		Oregon
		Totals
PMIX Role		
	Advanced Practice Rns	0
	Dentists	0
	Interns	0
	Naturopaths	0
	Optometrists	0
	Pharmacists	0
	Physician	0
	Physician Assistants	0
	Residents	0
	PMIX Role	0
Total Search Counts		0

Note:
Inbound Searches are searches originating from outside of CURES
PMIX = The Prescription Monitoring Information Exchange National Architecture
Stats are from the 1st of the month to the last day of the month



March 2024 Statistics

Number of CURES Help Desk Requests			
		March	
		Phone	Email
Clinical Roles			
	Prescribers/Non-DEA	1,444	413
	Pharmacists	492	80
	Clinical Roles	1,936	493
License Type			
	Doctor of Dental Surgery/Dental Medicine	59	8
	Doctor of Optometry	1	0
	Doctor of Podiatric Medicine	2	0
	Doctor of Veterinary Medicine	23	14
	Medical Doctor/Non-DEA Practitioner	961	279
	Naturopathic Doctor	5	0
	Osteopathic Doctor/Non-DEA Practitioner	86	12
	Physician Assistant	94	27
	Registered Nurse Practitioner/Nurse Midwife	213	73
	Pharmacists	492	80
	Out of State Licensed User	0	0
	License Type	1,936	493
Other Roles			
	LEAs	9	15
	Delegates	43	11
	DOJ Administrators	0	0
	DOJ Analysts	0	0
	Regulatory Board	2	5
	Other Roles	54	31
Totals		1,990	524
Note: <i>Clinical Roles = License Type</i> <i>Total = Clinical Roles + License Type</i> <i>Stats are from the 1st of the month to the last day of the month</i> <i>add note about licesne type</i>			



March 2024 Statistics

March	
Number of Distinct Prescriptions	2,831,405
Number of Prescriptions Filled by Schedule	
Schedule II	1,290,743
Schedule III	239,216
Schedule IV	1,079,495
Schedule V	160,847
R	
Over-the-counter product	62,749
Total	2,833,050

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

DENTAL BOARD OF CALIFORNIA

2005 Evergreen Street, Suite 1550, Sacramento CA 95815

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MEMORANDUM

DATE	April 4, 2024
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 2020–21, 2021–22, 2022–23 and 2023-24 as of March 31, 2024.

Dental Applications Received by Month													
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
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	38	26	31	41	48	80	527
WREB 23/24	38	32	21	14	8	7	10	9	15	-	-	-	154
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	6	3	12	57
Residency 23/24	11	2	0	0	1	1	3	0	5	-	-	-	23
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	17	30	20	28	20	250
Credential 23/24	27	26	19	19	17	16	25	17	21	-	-	-	187
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	0	0	1	2
Portfolio 23/24	0	1	1	0	0	0	0	0	0	-	-	-	2
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	30	18	55	118	137	188	740
ADEX 23/24	56	34	32	36	32	33	41	31	64	-	-	-	359

Agenda Item 11.a.: Update on Dental Licensure and Permit Statistics
Dental Board of California Meeting
May 14-15, 2024

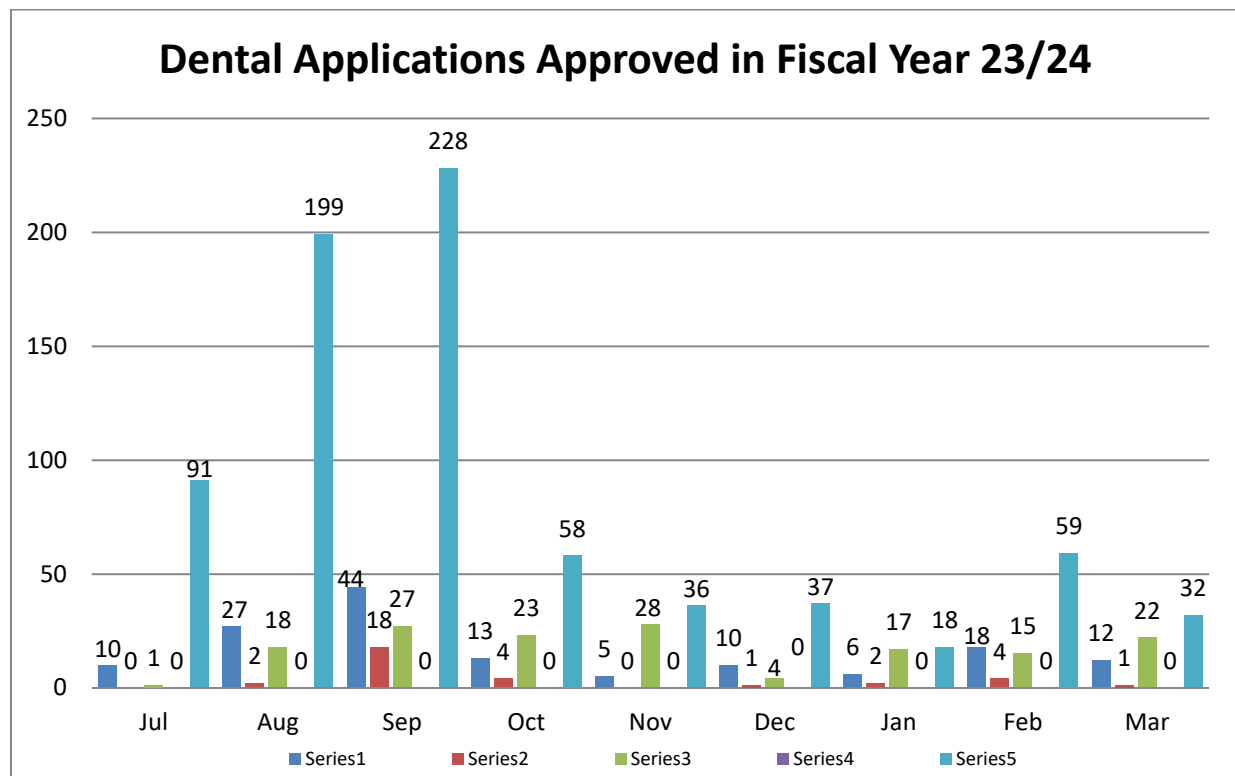
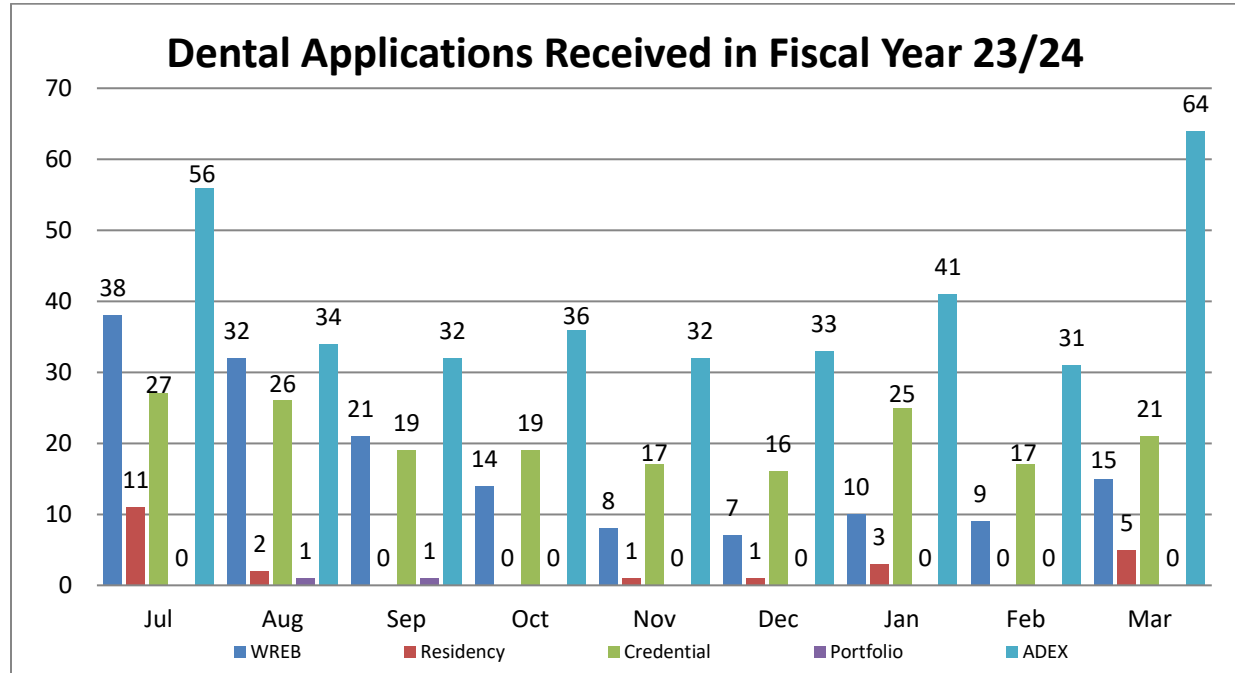
Dental Applications Approved by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 20/21	135	199	140	100	37	61	38	41	16	14	14	150	945
WREB 21/22	367	128	98	29	12	48	44	35	21	20	29	48	879
WREB 22/23	79	134	135	58	18	43	35	39	17	20	25	18	621
WREB 23/24	10	27	44	13	5	10	6	18	12	-	-	-	145
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	1	4	1	55
Residency 23/24	0	2	18	4	0	1	2	4	1	-	-	-	32
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	17	16	12	215
Credential 23/24	1	18	27	23	28	4	17	15	22	-	-	-	155
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	0	0	0
Portfolio 23/24	0	0	0	0	0	0	0	0	0	-	-	-	0
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	22	34	52	485
ADEX 23/24	91	199	228	58	36	37	18	59	32	-	-	-	758
Dental Licenses Issued by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
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	16	32	20	609
WREB 23/24	14	26	46	11	5	9	9	15	12	-	-	-	147
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	1	3	2	52
Residency 23/24	1	2	18	4	0	1	0	2	2	-	-	-	30
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	16	18	18	210
Credential 23/24	4	14	22	24	25	13	17	9	23	-	-	-	151
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

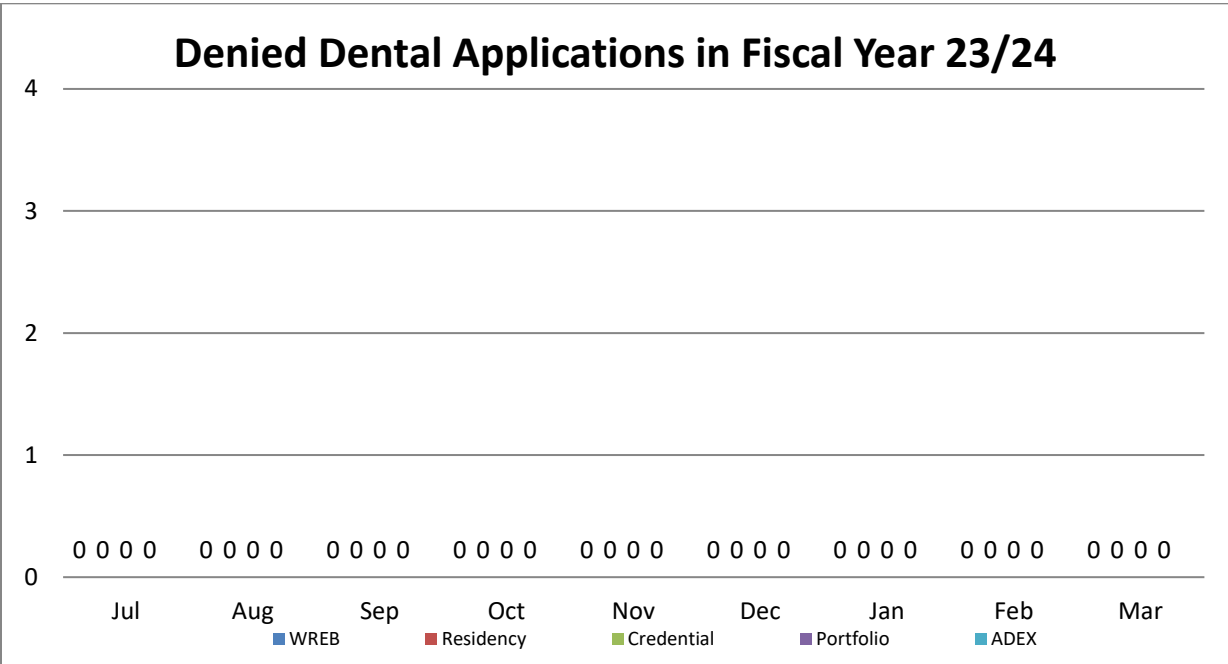
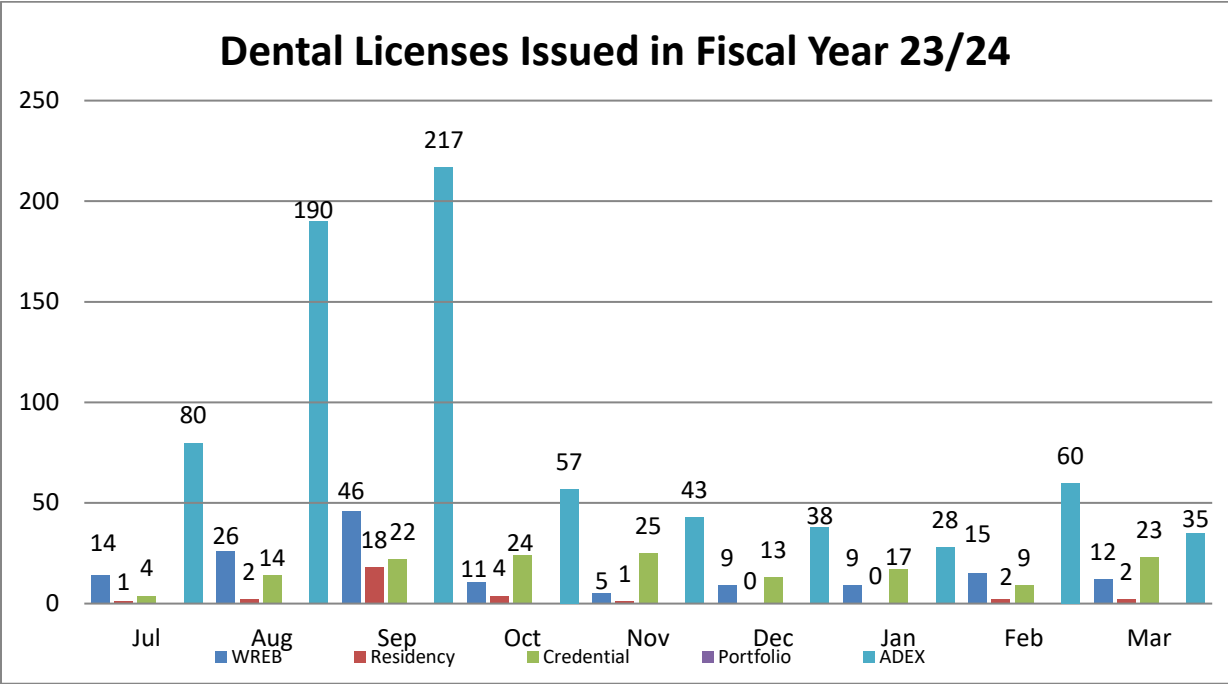
Portfolio 22/23	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 23/24	0	0	0	0	0	0	-	-	-	-	-	-	0
ADEX 20/21	2	25	17	17	10	5	4	3	4	7	11	75	180
ADEX 21/22	107	40	22	23	6	7	9	5	5	5	17	26	272
ADEX 22/23	39	94	96	40	20	22	19	24	17	23	33	53	480
ADEX 23/24	80	190	217	57	43	38	28	60	35	-	-	-	748
Denied Dental Applications by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
WREB 21/22	0	1	0	0	0	0	0	0	0	0	0	0	1
WREB 22/23	0	0	0	0	0	0	0	0	0	0	0	0	0
WREB 23/24	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	0	0	0
Residency 23/24	0	0	0	0	0	0	0	0	0	-	-	-	0
Credential 20/21	1	0	0	0	0	0	0	0	0	0	0	0	1
Credential 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
Credential 22/23	0	0	0	0	1	0	0	0	0	1	0	0	2
Credential 23/24	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	0	0	0
Portfolio 23/24	0	0	0	0	0	0	0	0	0	-	-	-	0
ADEX 20/21	0	0	0	0	0	0	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	0	0	0
ADEX 23/24	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.
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 2023-24 as of March 31, 2024.





Dental Law and Ethics Written Examination Statistics

License Type	DDS				
Exam Title	Dental Law and Ethics Examination				
Licensure Pathway		WREB	LBR	PORT	ADEX
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%
2023/24	# of 1 st Time Candidates	68	11	N/A	370
	Pass %	89.71%	100.00%	N/A	89.73%
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 2020–21, 2021–22, 2022–23 and 2023-24 as of March 31, 2024.

Dental Licenses Issued via Pathway	Total Issued in 20/21	Total Issued in 21/22	Total Issued 22/23	Total Issued 23/24	Total Issued to Date	Date Pathway Implemented
WREB Exam	905	588	609	147	12,821	January 1, 2006
Licensure by Residency	130	141	52	30	2,396	January 1, 2007
Licensure by Credential	211	155	210	151	3,795	July 1, 2002
(LBC Clinic Contract)	14	14	13	16	81	July 1, 2002
(LBC Faculty Contract)	6	1	5	3	25	July 1, 2002
Portfolio	4	0	0	0	79	November 5, 2014
ADEX	180	272	480	748	2,177	November 15, 2019
Total	1,430	1,156	1,351	1,076	21,353	

The following table provides statistics on dental license and permit status statistics by fiscal year 2020–21, 2021–22, 2022–23 and 2023-24 as of March 31, 2024.

License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Dental License	Active	34,922	34,619	34,710	34,971
	Inactive	1,751	1,727	1,691	1,676
	Retired/ReducedFee	1,297	1,251	1,168	994
	Disabled	98	95	87	96
	Delinquent	5,540	6,002	6,180	6,211
	Cancelled	18,720	19,604	20,703	21,470
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Additional Office Permit	Active	2,750	2,556	2,375	2,456
	Delinquent	992	1,204	1,390	1,335
	Cancelled	7,181	7,418	7,726	7,903
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Conscious Sedation	Active	543	554	380	184
	Delinquent	43	63	219	240
	Cancelled	586	606	625	800
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Continuing Education Registered Provider Permit	Active	854	744	746	709
	Delinquent	744	776	660	650
	Cancelled	2,344	2,471	2,663	2,753

License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Elective Facial Cosmetic Surgery Permit	Active	30	29	27	27
	Delinquent	5	6	6	6
	Cancelled	2	3	4	5
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Extramural Facility Registration*	Active	203	205	60	66
	Delinquent	N/A	N/A	N/A	N/A
	Cancelled	N/A	N/A	N/A	N/A
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Fictitious Name Permit	Active	7,250	6,782	6,485	6,735
	Delinquent	1,782	2,394	2,855	2,756
	Cancelled	7,361	7,808	8,350	8,747
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
General Anesthesia Permit	Active	918	925	949	935
	Delinquent	31	38	41	46
	Cancelled	1,042	1,067	1,095	1,122
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Mobile Dental Clinic Permit	Active	55	44	45	45
	Delinquent	29	44	39	41
	Cancelled	78	81	88	93
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Medical General Anesthesia	Active	136	156	153	142
	Delinquent	30	27	32	35
	Cancelled	211	226	242	267
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Moderate Sedation Permit	Active	N/A	N/A	192	386
	Delinquent	N/A	N/A	1	1
	Cancelled	N/A	N/A	3	17
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Oral Conscious Sedation Certification (Adult Only 1,186; Adult & Minors 389)	Active	2,391	2,352	1,971	1,573
	Delinquent	638	702	386	409
	Cancelled	1,096	1,185	1,960	2,428
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Oral and Maxillofacial Surgery Permit	Active	93	94	96	95
	Delinquent	10	10	9	10
	Cancelled	22	25	27	27
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Pediatric Minimal Sedation Permit	Active	N/A	N/A	102	265
	Delinquent	N/A	N/A	1	2
	Cancelled	N/A	N/A	0	0

License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Referral Service Registration*	Active	159	161	7	7
	Delinquent	N/A	N/A	0	0
	Cancelled	N/A	N/A	2	2
License Type	License Status	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Special Permit	Active	35	35	34	36
	Delinquent	9	7	6	9
	Cancelled	190	195	203	205
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, 2022–23 and 2023–24 as of March 31, 2024.

County	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	DDS per County in 2023/24	Pop. in 2023/24	Pop. per DDS in 2023/24
Alameda	1,492	1,651,979	1,107	1,485	1,651,979	1,112	1,486	1,651,979	1,111
Alpine	1	1,200	1,200	0	1,200	0	0	1,200	0
Amador	22	40,297	1,831	21	40,297	1,918	21	40,297	1,918
Butte	124	201,608	1,666	124	201,608	1,625	123	201,608	1,639
Calaveras	18	45,049	2,516	21	45,049	2,145	23	45,049	1,958
Colusa	6	21,807	3,639	6	21,807	3,634	4	21,807	5,451
Contra Costa	1,098	1,156,555	1,065	1,103	1,156,555	1,048	1,092	1,156,555	1,059
Del Norte	13	27,218	1,981	11	27,218	2,474	12	27,218	2,268
El Dorado	157	190,465	1,213	152	190,465	1,253	151	190,465	1,261
Fresno	613	1,011,273	1,649	620	1,011,273	1,631	625	1,011,273	1,618
Glenn	6	28,750	4,791	7	28,750	4,107	7	28,750	4,107
Humboldt	64	135,168	2,099	63	135,168	2,145	66	135,168	2,048
Imperial	38	179,329	4,719	39	179,329	4,598	40	179,329	4,483
Inyo	8	18,978	2,372	5	18,978	3,795	6	18,978	3,163
Kern	340	909,813	2,605	341	909,813	2,668	343	909,813	2,652
Kings	49	152,023	2,209	61	152,023	2,492	59	152,023	2,576
Lake	26	67,407	1,450	39	67,407	1,728	36	67,407	1,872
Lassen	23	30,274	1,363	22	30,274	1,376	21	30,274	1,441
Los Angeles	8,418	9,861,224	1,184	8,416	9,861,224	1,171	8,448	9,861,224	1,167
Madera	45	157,396	3,720	44	157,396	3,577	46	157,396	3,421
Marin	308	257,135	860	290	257,135	886	279	257,135	921
Mariposa	7	17,045	2,435	7	17,045	2,435	7	17,045	2,435
Mendocino	54	89,999	1,666	49	89,999	1,836	47	89,999	1,914
Merced	97	284,338	3,023	92	284,338	3,090	98	284,338	2,901

County	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	DDS per County in 2023/24	Pop. in 2023/24	Pop. per DDS in 2023/24
Modoc	3	8,690	1,740	3	8,690	2,896	4	8,690	2,172
Mono	5	13,379	2,675	5	13,379	2,675	5	13,379	2,675
Monterey	257	433,716	1,669	248	433,716	1,748	242	433,716	1,792
Napa	112	136,179	1,215	110	136,179	1,237	105	136,179	1,296
Nevada	77	101,242	1,294	72	101,242	1,406	70	101,242	1,446
Orange	4,059	3,162,245	788	4,073	3,162,245	776	4,165	3,162,245	759
Placer	466	409,025	879	472	409,025	866	471	409,025	868
Plumas	14	18,942	1,353	13	18,942	1,457	13	18,942	1,457
Riverside	1,122	2,435,525	2,170	1,142	2,435,525	2,132	1,163	2,435,525	2,094
Sacramento	1,175	1,576,618	1,344	1,176	1,576,618	1,340	1,210	1,576,618	1,302
San Benito	24	65,479	3,057	23	65,479	2,846	25	65,479	2,619
San Bernardino	1,370	2,187,665	1,572	1,398	2,187,665	1,564	1,410	2,187,665	1,551
San Diego	2,764	3,287,306	1,187	2,820	3,287,306	1,165	2,852	3,287,306	1,152
San Francisco	1,175	842,754	730	1,151	842,754	732	1,138	842,754	740
San Joaquin	371	784,298	2,114	376	784,298	2,085	388	784,298	2,021
San Luis Obispo	207	280,721	1,357	210	280,721	1,336	210	280,721	1,336
San Mateo	853	744,662	900	843	744,662	883	830	744,662	897
Santa Barbara	312	445,164	1,436	307	445,164	1,450	311	445,164	1,431
Santa Clara	2,284	1,894,783	848	2,289	1,894,783	827	2,296	1,894,783	825
Santa Cruz	166	255,564	1,651	168	255,564	1,586	170	255,564	1,503
Shasta	107	180,531	1,718	100	180,531	1,805	106	180,531	1,703
Sierra	0	3,229	0	0	3,229	0	0	3,229	0
Siskiyou	21	43,830	2,003	23	43,830	1,905	22	43,830	1,992
Solano	282	447,241	1,574	279	447,241	1,603	274	447,241	1,632
Sonoma	383	482,404	1,256	382	482,404	1,262	380	482,404	1,269
Stanislaus	271	549,466	2,017	274	549,466	2,005	281	549,466	1,955
Sutter	52	99,145	1,879	51	99,145	1,944	49	99,145	2,023

County	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 2021/22	DDS per County in 2023/24	Pop. in 2023/24	Pop. per DDS in 2023/24
Tehama	31	65,052	2,194	31	65,052	2,194	28	65,052	2,323
Trinity	3	16,023	5,341	3	16,023	5,341	2	16,023	8,011
Tulare	218	475,014	2,131	217	475,014	2,131	219	475,014	2,169
Tuolumne	48	55,291	1,209	47	55,291	1,209	45	55,291	1,228
Ventura	666	833,652	1,265	627	833,652	1,265	633	833,652	1,316
Yolo	118	221,165	1,874	122	221,165	1,874	125	221,165	1,769
Yuba	6	82,275	11,653	7	82,275	11,653	10	82,275	8,227
Out of State/Country	2,369	N/A	N/A	2,343	N/A	N/A	29	N/A	N/A
Total	32, 049	39,185, 605	N/A	34,168	39,185, 605	N/A	32,292	39,174,605	N/A

*Population data obtained from Department of Finance, Demographic Research Unit as of 7/1/2023.

*The counties with the highest Population per DDS are:	Yuba County (1:8,227)	*The counties with the lowest Population per DDS are:	Sierra County (No DDS)
	Trinity County (1:8,011)		Alpine County (No DDS)
	Colusa County (1:5,451)		San Francisco County (1:740)
	Imperial County (1:4,483)		Orange County (1:759)
	Glenn County (1:4,107)		Santa Clara (1:825)

Action Requested

No action is requested.

MEMORANDUM

DATE	April 15, 2024
TO	Members of the Dental Board of California
FROM	John Tran, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 12.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 may no longer conduct onsite inspections and evaluations for CS permitholders. In September 2022, Board staff stopped scheduling and conducting inspections and evaluations of 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 inspection and evaluation. As the CS permits expire, Board staff will continue to monitor and investigate grievances related to permitting for the administration of conscious sedation.

The first MS permit (MS 1) was issued on September 15, 2022. Onsite inspections and evaluations may 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 the inspection and evaluation. Between September 2022 and March 2023, Board staff contacted newly licensed MS permitholders to schedule their inspections and evaluations. The first series of MS inspections and evaluations were conducted during April 2023.

Onsite Inspection and Evaluation Statistics

This memo provides a statistical overview of onsite inspections and evaluations administered by the Board for GA, MGA, and MS permits.

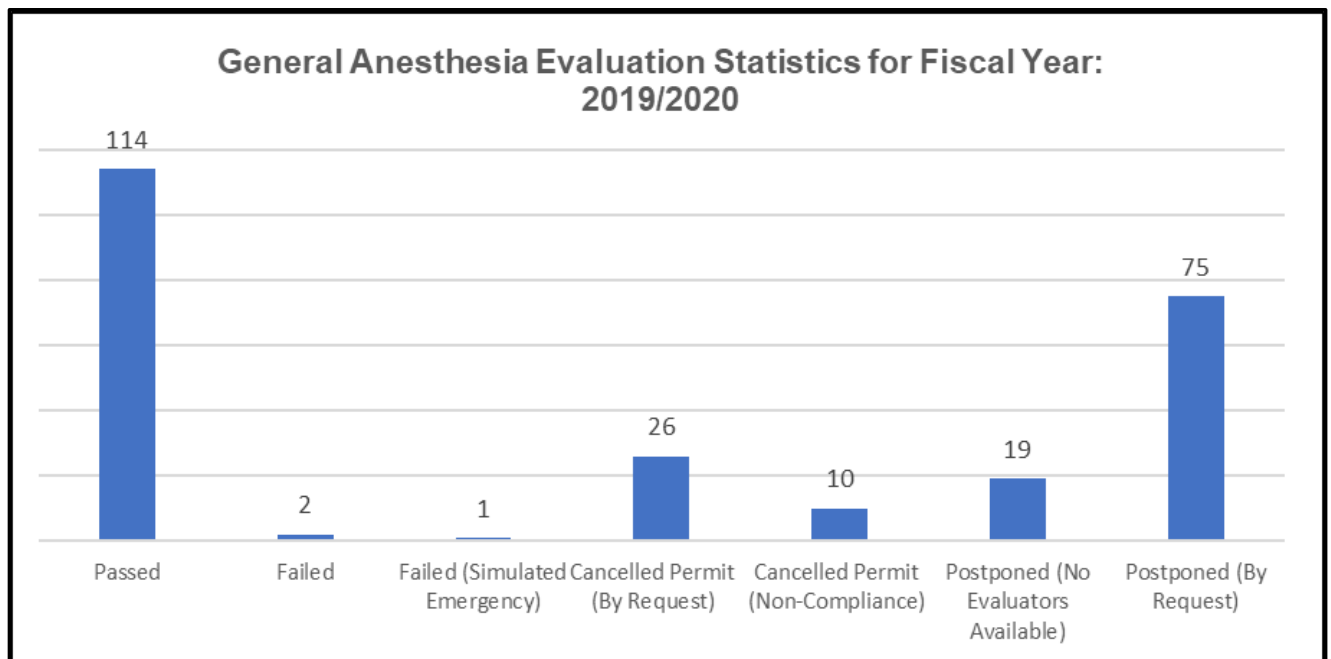
General Anesthesia Evaluation Statistics for Fiscal Year 2023–24

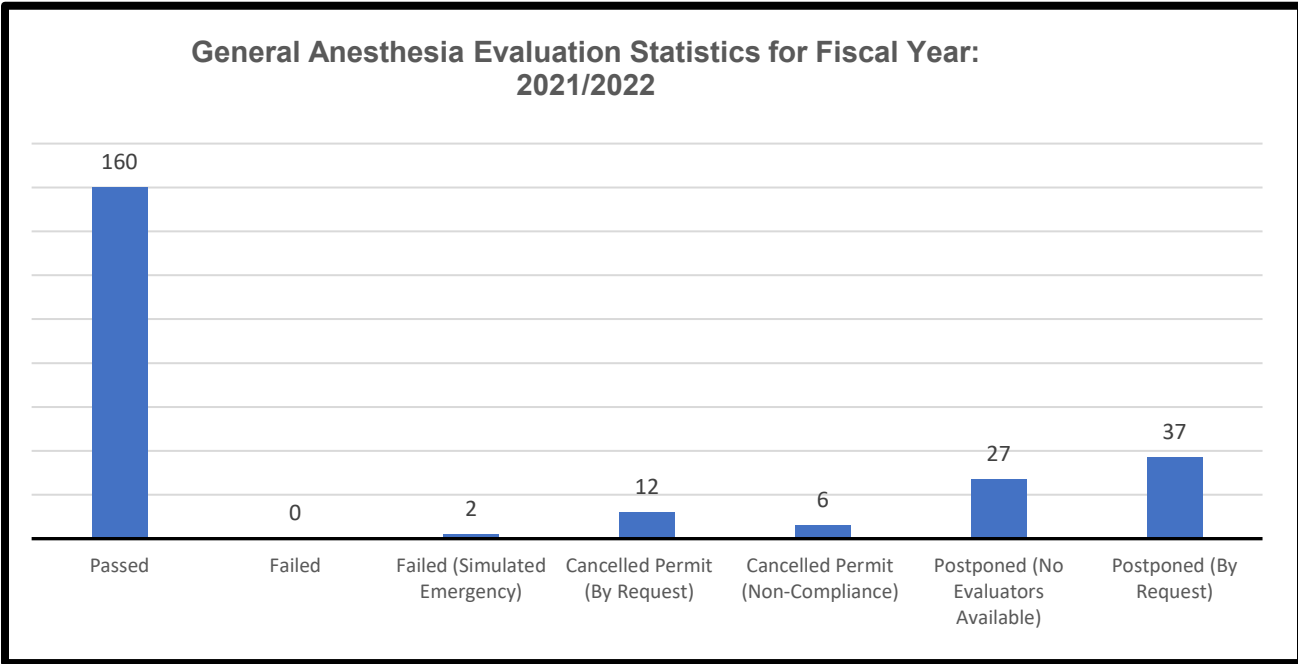
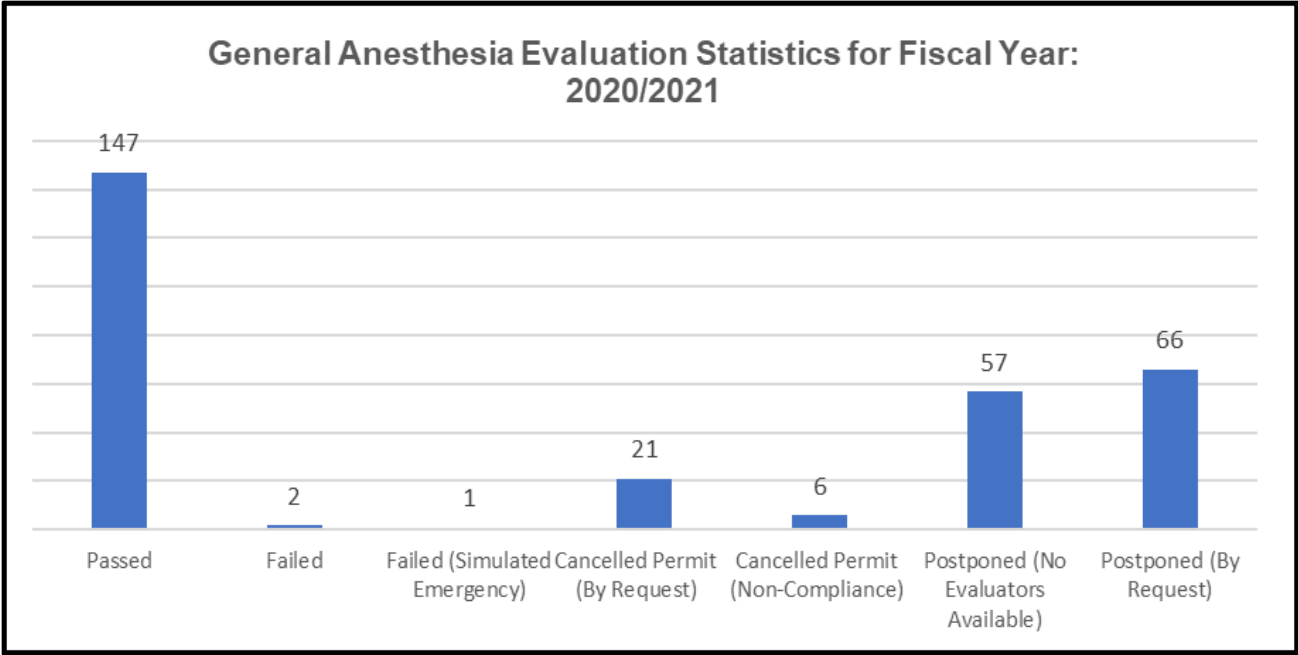
	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2023	14	0	0	1	1	4	1
Aug 2023	13	0	0	0	1	4	1
Sep 2023	21	0	0	1	1	2	1
Oct 2023	20	0	1	1	1	2	2
Nov 2023	13	0	0	1	2	2	2
Dec 2023	9	0	0	1	2	1	2
Jan 2024	17	0	0	2	2	1	2
Feb 2024	13	0	2	1	3	0	1
Mar 2024	26	0	0	2	4	0	0
Apr 2024							
May 2024							
Jun 2024							
Total	146	0	3	10	17	16	12

General Anesthesia Evaluation Statistics for Fiscal Years 2019–20, 2020–21, 2021–22, 2022–23, and 2023–24

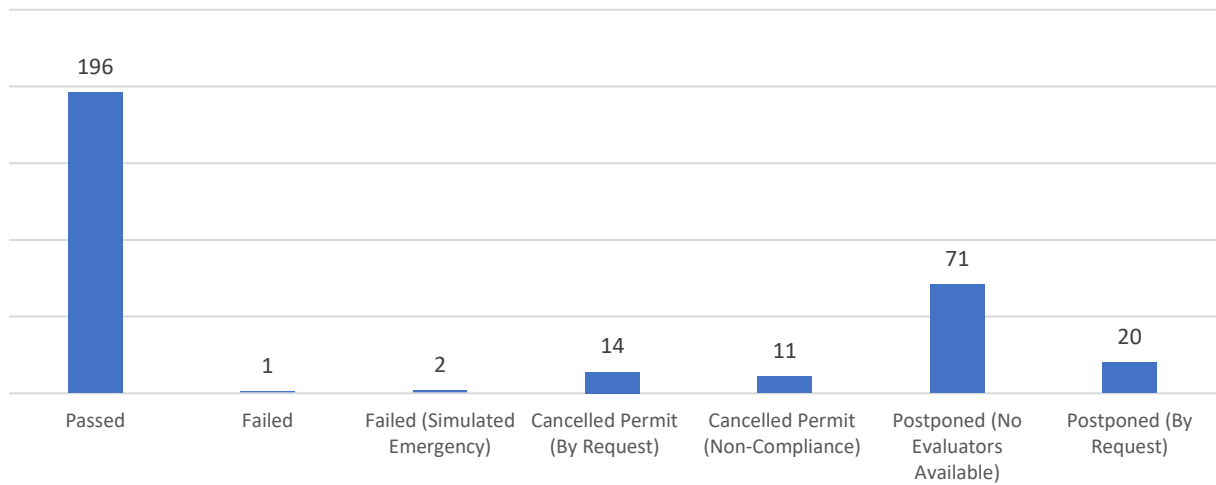
	19–20	20–21	21–22	22–23	23–24*
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	114	147	160	196	146
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	2	2	0	1	0
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	1	1	2	2	3
Cancelled Permit by Request – Permitholder no longer wanted permit.	26	21	12	14	10
Cancelled Permit for Noncompliance – Permitholder did not complete required onsite evaluation.	10	6	6	11	17
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	19	57	27	71	16
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, emergencies, or COVID-related issues.	75	66	37	20	12

* Approximate number of evaluations scheduled for 2023-24.

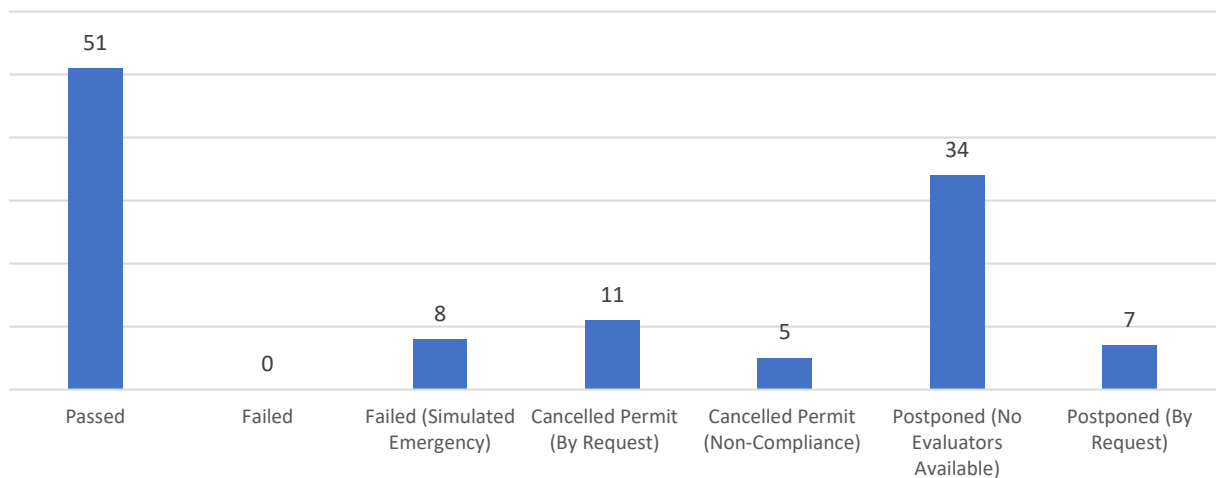




General Anesthesia Evaluation Statistics for Fiscal Year: 2022/2023



General Anesthesia Evaluation Statistics for Fiscal Year: 2023/2024



Medical General Anesthesia Evaluation Statistics for Fiscal Year 2023–24

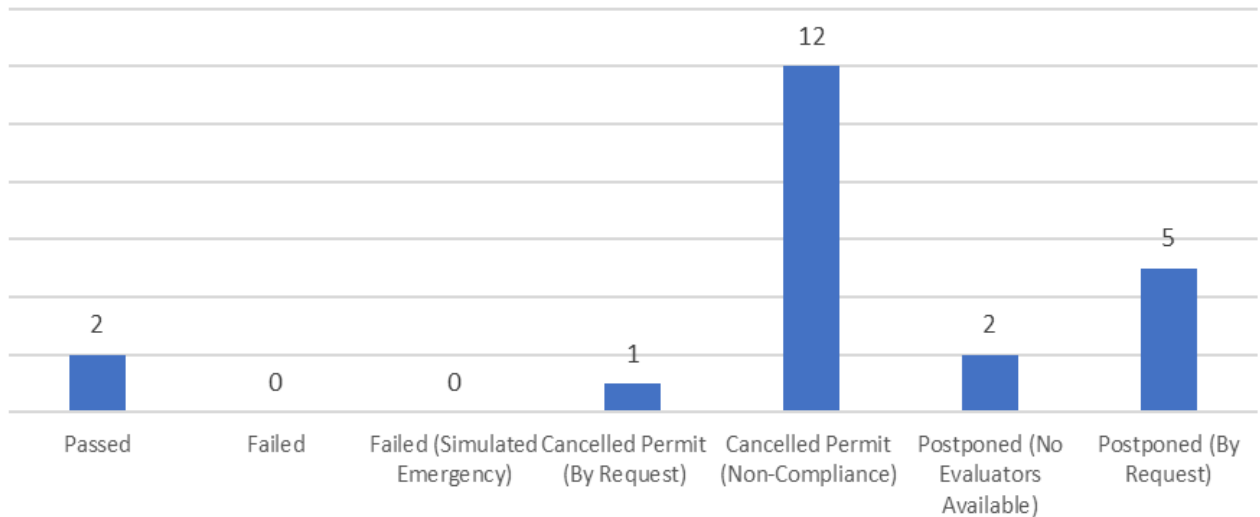
	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2023	0	1	0	0	2	0	0
Aug 2023	1	0	0	0	1	1	0
Sep 2023	0	0	0	0	3	0	0
Oct 2023	0	0	1	2	1	0	0
Nov 2023	0	0	0	0	1	2	0
Dec 2023	1	0	0	0	2	0	0
Jan 2024	1	0	0	0	3	0	0
Feb 2024	1	0	0	3	1	0	0
Mar 2024	1	0	0	1	2	0	0
Apr 2024							
May 2024							
Jun 2024							
Total	5	1	1	6	16	3	0

Medical General Anesthesia Evaluation Statistics for Fiscal Years 2019–20, 2020–21, 2021–22, 2022–23, and 2023–24

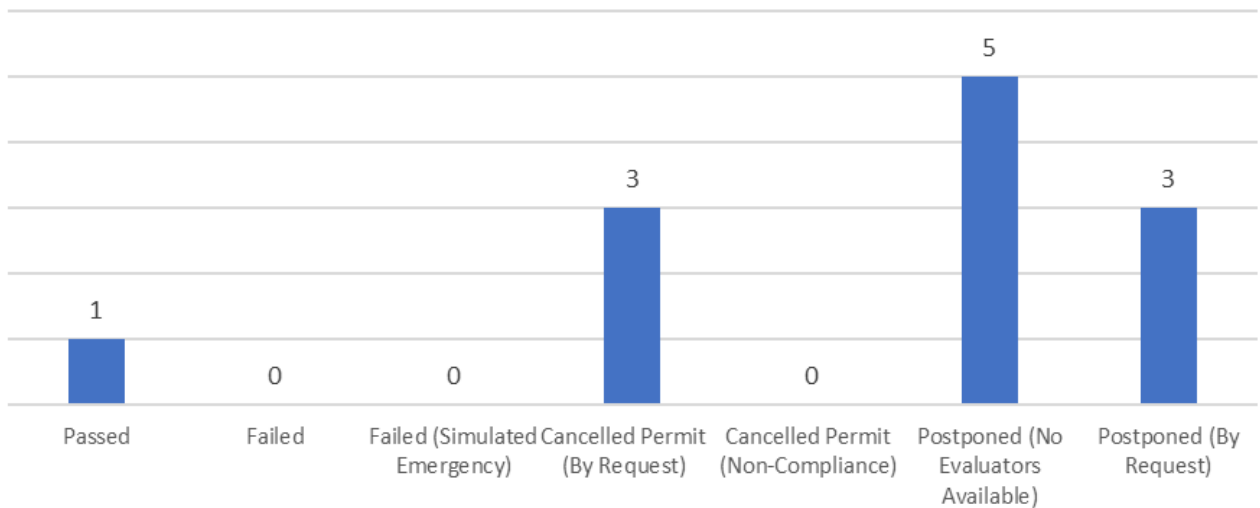
	19–20	20–21	21–22	22–23	23–24*
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	2	1	3	5	5
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	0	0	0	1	1
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	0	0	0	0	1
Cancelled Permit by Request – Permitholder no longer wanted permit.	1	3	2	11	6
Cancelled Permit for Non-Compliance – Permitholder did not complete required onsite evaluation.	12	0	15	9	16
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	2	5	11	3	3
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, emergencies, or COVID-related issues.	5	3	4	1	0

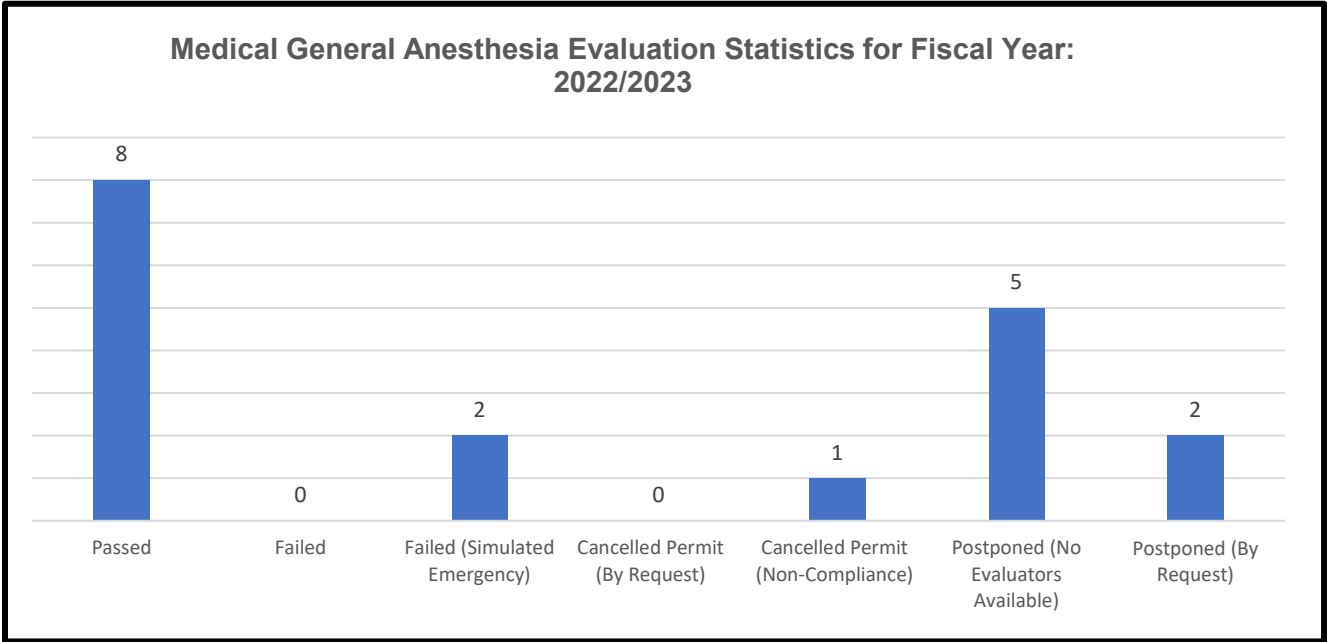
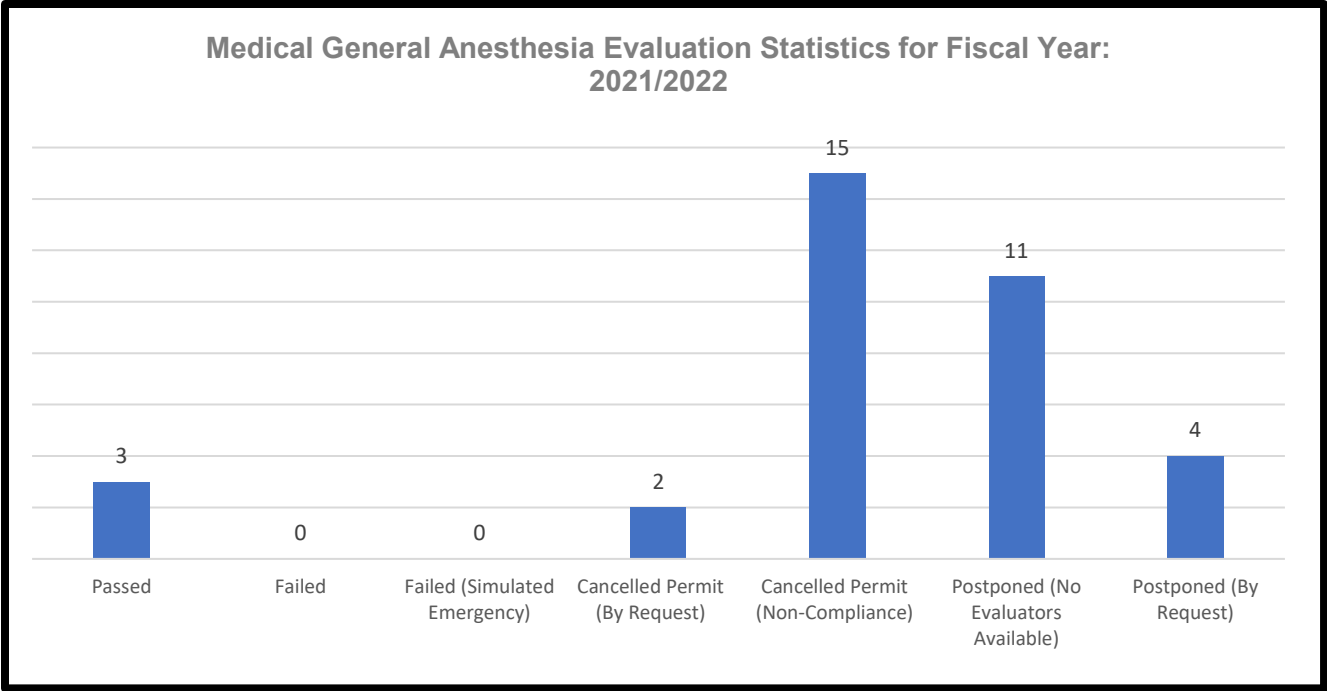
* Approximate number of MGA evaluations scheduled for 2023–24.

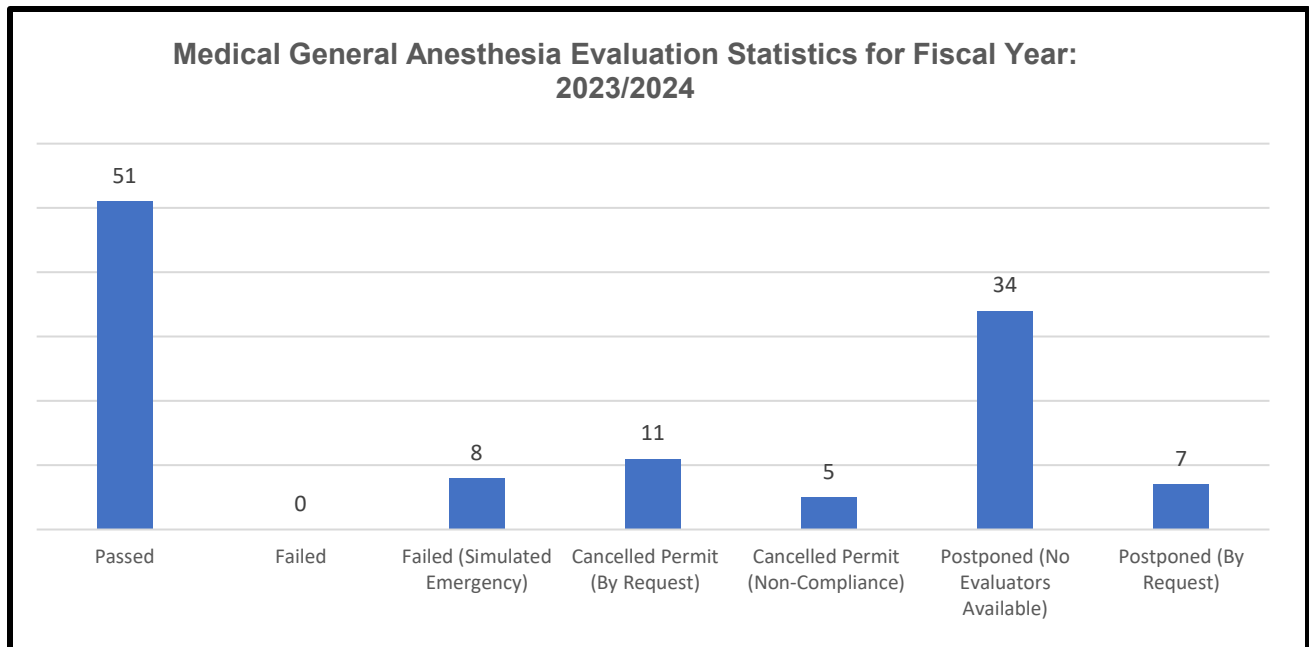
Medical General Anesthesia Evaluation Statistics for Fiscal Year: 2019/2020



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







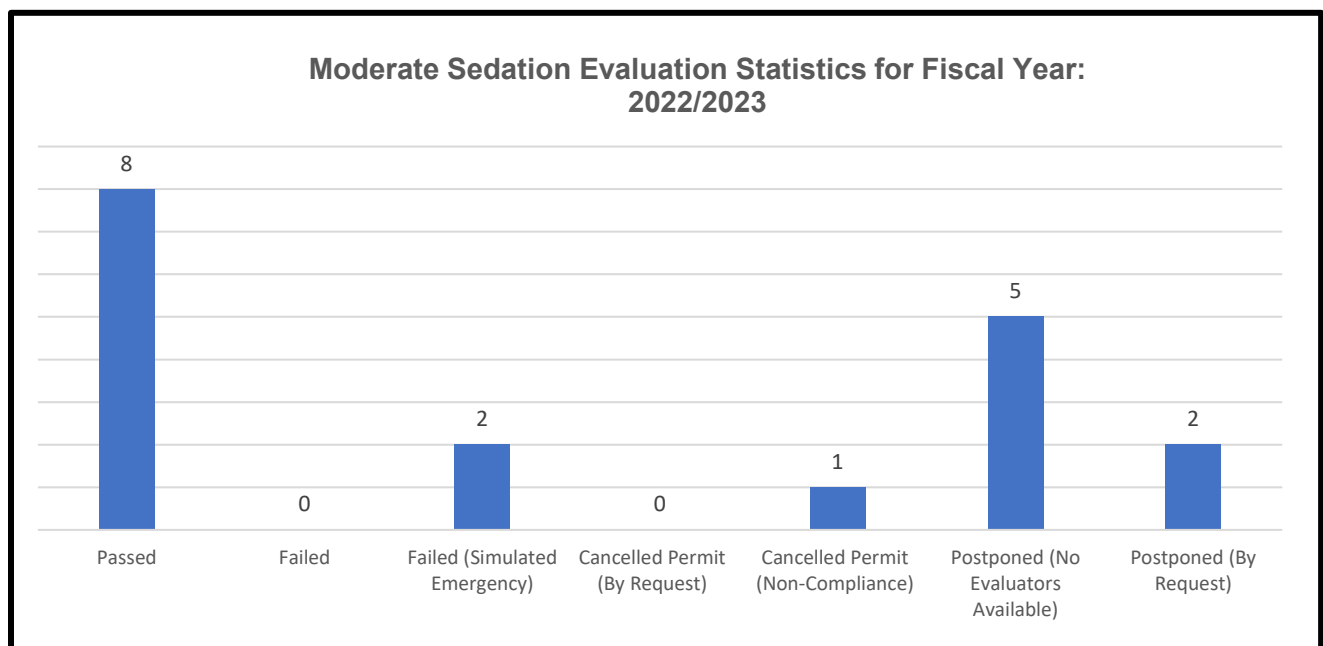
Moderate Sedation Evaluation Statistics for Fiscal Year 2023–24

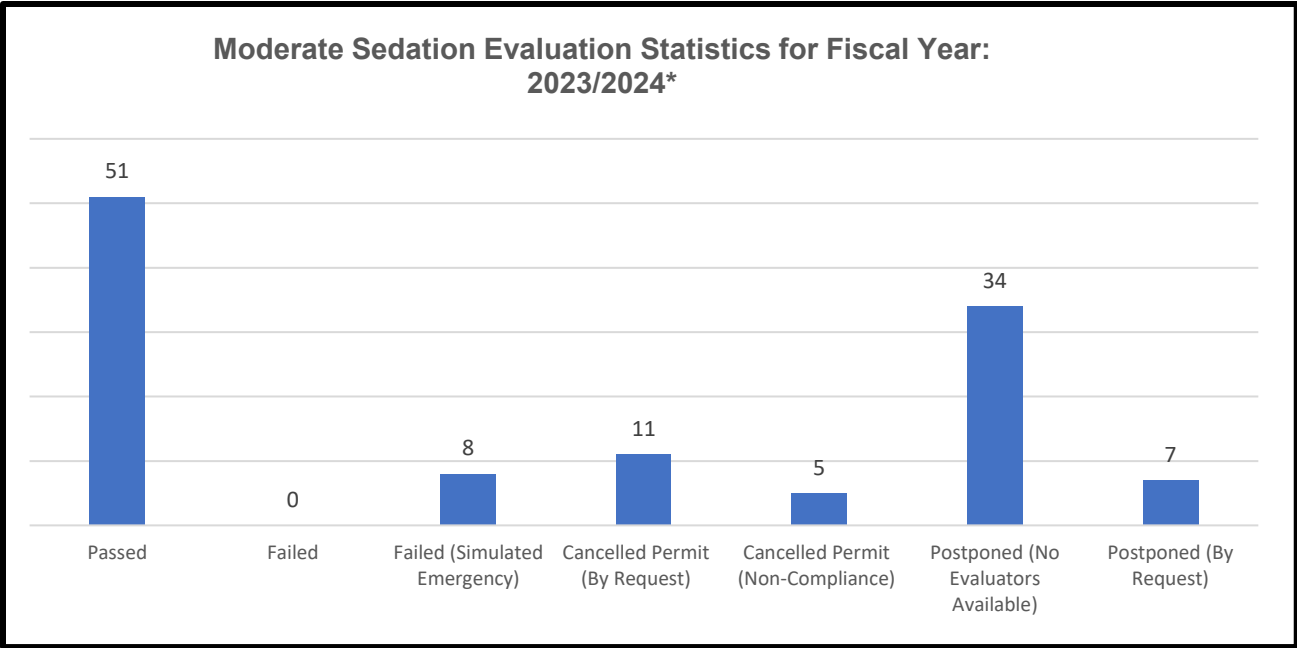
	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non- compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2023	2	0	0	2	0	4	0
Aug 2023	4	0	2	1	0	6	1
Sep 2023	5	0	1	3	1	3	1
Oct 2023	7	0	1	0	1	5	1
Nov 2023	4	0	1	1	0	6	0
Dec 2023	8	0	1	1	1	4	0
Jan 2024	7	0	0	1	0	4	2
Feb 2024	4	0	2	2	0	2	1
Mar 2024	10	0	0	0	2	0	1
Apr 2024							
May 2024							
Jun 2024							
Total	57	0	8	11	5	34	7

Moderate Sedation Evaluation Statistics for Fiscal Year 2022–23, and 2023–24

	22–23	23–24*			
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	8	51			
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	0	0			
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	2	8			
Cancelled Permit by Request – Permitholder no longer wanted permit.	0	11			
Cancelled Permit for Non-Compliance – Permitholder did not complete required onsite evaluation.	1	5			
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	5	34			
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, emergencies, or COVID-related issues.	2	7			

* Approximate number of MS evaluations scheduled for 2023-24.





Current Evaluators per Region

Region	GA	MGA	MS
Northern California	118	17	11
Southern California	157	17	13

Action Requested

No action is requested.

MEMORANDUM

DATE	April 15, 2024
TO	Members of the Dental Board of California
FROM	Jessica Olney, Staff Services Manager I Dental Board of California
SUBJECT	Agenda Item 12.b.: Update Regarding Board Implementation of Senate Bill 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 12.b.: Update Regarding Board Implementation of Senate Bill 501
(Glazer, Chapter 929, Statutes of 2018)
Dental Board of California Meeting
May 14-15, 2024

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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 12.b.: Update Regarding Board Implementation of Senate Bill 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. Configuration of online transactions to begin accepting applications online is a priority. Board staff continue to work with the Department of Consumer Affairs, Office of Information Services (OIS) staff and the vendor to achieve this.

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	3	58	61
GA Permit Application for Pediatric Endorsement	5	73	78

Permit/Application Type	Deficient Applications Received	Approved Applications Received	Total Applications Received
MGA Permit Initial Application	4	34	38
MGA Permit Application for Pediatric Endorsement	5	73	78
MS Permit Initial Application	7	412	419
MS Permit Application for Pediatric Endorsement	2	29	31
PMS Permit Initial Application	6	268	274
OCS for Adults Certificate	10	170	180

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 were presented to the Board and approved at the November 2021, August 2022, November 2022, February 2023, May 2023, and October 2023 Board meetings. The legislative proposals have been submitted to the California State Legislature in the Board's Sunset Review Report.

Expiration of Existing Permits and Impact of SB 501

To minimize the impact of SB 501, Board staff worked with OIS to allow permit changes to be applied gradually through 2023 and 2024. 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. Board staff identified 1,414 permitholders who were eligible to renew, and of those, 1,107 permitholders renewed successfully.

Existing permits will continue to expire in 2024. The table below shows the number of permits expiring each month as of April 10, 2024. Previously, expiring CS and OCS permits were automatically placed in a “delinquent” status in the BreEZe system. Permitholders expressed concerns that the “delinquent” status could reflect negatively on their license. Board staff worked with OIS to have CS and OCS permits instead placed automatically into a cancelled status upon expiration. The BreEZe system has also been configured to cancel all OCS permits that were previously placed in “delinquent” status. OIS is currently working to cancel all CS permits that were previously placed in “delinquent” status.

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
	0	0	1	3	1	1	2	0	1	2	1	4	16
	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
	2	0	7	7	21	36	40	46	48	28	29	39	303
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
	0	1	3	2	2	0	1	1	6	0	3	1	20
	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
	1	2	4	4	2	4	4	4	7	8	6	3	49
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	22	0	0	0	0	0	170
	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
	0	0	0	14	17	27	18	19	23	21	24	21	184
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
	0	0	0	0	0	0	0	0	0	0	0	0	0
	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
	0	0	0	41	37	42	43	35	60	42	45	44	389

Action Requested

No action is requested.

MEMORANDUM

DATE	April 16, 2024
TO	Members of the Dental Board of California
FROM	Jessica Olney, Staff Services Manager I Dental Board of California
SUBJECT	Agenda Item 12.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) permit holders, as well as of new Moderate Sedation (MS) permit holders. 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.

Agenda Item 12.c.: Discussion and Possible Action Regarding Appointment of General Anesthesia, Medical General Anesthesia, and Moderate Sedation Permit Evaluators
Dental Board of California Meeting
May 14-15, 2024

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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 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.

Appointment of Onsite Inspection and Evaluation Program Evaluators

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

1. Dr. David Yoonseok Ahn, Dental License No. 104284, and General Anesthesia Permit No. 1967. Dr. Ahn has held an active GA permit since August 27, 2019. Dr. Ahn practices as an oral and maxillofacial surgeon in Fairfield, CA. If approved, Dr. Ahn will conduct evaluations in northern California for GA permits.
2. Dr. Antonio Arrendando, Dental License No. 45086, and General Anesthesia Permit No. 1251. Dr. Arrendando has held an active GA permit since July 2, 2002. Dr. Arrendando practices as an oral and maxillofacial surgeon in Stockton, CA. If approved, Dr. Arrendando will conduct evaluations in northern California for GA permits.

3. Dr. David Hall, Dental License No. 42733, and General Anesthesia Permit No. 1156. Dr. Hall has held an active GA permit since June 10, 1999. Dr. Hall practices as an oral and maxillofacial surgeon in Santa Barbara, CA. If approved, Dr. Hall will conduct evaluations in southern California for GA permits.
4. Dr. Brian Huang, Dental License No. 52061, and General Anesthesia Permit No. 1409. Dr. Huang has held an active GA permit since May 24, 2004. Dr. Huang practices as a dental anesthesiologist in Manhattan Beach, CA. If approved, Dr. Huang will conduct evaluations in southern California for GA permits.
5. Dr. Jesse West Manton, Dental License No. 64852, and General Anesthesia Permit No. 1982. Dr. Manton has held an active GA permit since May 14, 2020. Dr. Manton practices as a dental anesthesiologist in San Francisco, CA. If approved, Dr. Manton will conduct evaluations in northern California for GA permits.
6. Dr. Dennis Baik, Dental License 45946, Moderate Sedation Permit No. 266. Dr. Baik has held an active MS permit since September 21, 2023, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Baik practices as a general dentist in San Jose, CA. If approved, Dr. Baik will conduct evaluations in northern California for MS permits.
7. Dr. Mark Beckstead, Dental License 35373, Moderate Sedation Permit No. 74. Dr. Beckstead has held an active MS permit since February 10, 2024, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Beckstead practices as a periodontist in Los Altos, CA. If approved, Dr. Beckstead will conduct evaluations in northern California for MS permits.
8. Dr. Arto Boyajian, Dental License 46754, Moderate Sedation Permit No. 280. Dr. Boyajian has held an active MS permit since October 5, 2023, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Boyajian practices as a general dentist in Los Angeles, CA. If approved, Dr. Boyajian will conduct evaluations in southern California for MS permits.
9. Dr. David Epstein, Dental License 44675, Moderate Sedation Permit No. 405. Dr. Epstein has held an active MS permit since March 22, 2024, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Epstein practices as a general dentist in Novato, CA. If approved, Dr. Epstein will conduct evaluations in northern California for MS permits.
10. Dr. Alon Frydman, Dental License 52055, Moderate Sedation Permit No. 394. Dr. Frydman has held an active MS permit since March 8, 2024, and previously held a Conscious Sedation (CS) permit. Dr. Frydman is a periodontist in Beverly Hills, CA. If approved, Dr. Frydman will conduct evaluations in southern California for MS permits.
11. Dr. Brian Hanratty, Dental License 56456, Moderate Sedation Permit No. 407. Dr. Hanratty has held an active MS permit since March 29, 2024, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Hanratty practices as a

general dentist in Pismo Beach, CA. If approved, Dr. Hanratty will conduct evaluations in southern California for MS permits.

12. Dr. Brian Hollander, Dental License 35614, Moderate Sedation Permit No. 318. Dr. Hollander has held an active MS permit since November 28, 2023, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Hollander practices as a periodontist in Novato, CA. If approved, Dr. Hollander will conduct evaluations in northern California for MS permits.
13. Dr. Brian LeSage, Dental License 32575, Moderate Sedation Permit No. 338. Dr. LeSage has held an active MS permit since January 4, 2024, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. LeSage practices as a general dentist in Beverly Hills, CA. If approved, Dr. LeSage will conduct evaluations in southern California for MS permits.
14. Dr. Steve Marteney, Dental License 32358, Moderate Sedation Permit No. 268. Dr. Marteney has held an active MS permit since September 28, 2023, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Marteney practices as a general dentist in San Dimas, CA. If approved, Dr. Marteney will conduct evaluations in southern California for MS permits.
15. Dr. Aaron Pitts, Dental License 60347, Moderate Sedation Permit No. 59. Dr. Pitts has held an active MS permit since January 13, 2023, and previously served as an evaluator for Conscious Sedation (CS) permits. Dr. Pitts practices as a general dentist in Poway, CA. If approved, Dr. Pitts 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 15 applicants as evaluators for the onsite inspection and evaluation program.



GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR	EVALUATION PREFERENCES	TYPE OF PRACTICE
<p>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.</p> <p><input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> General Anesthesia (GA)</p> <p><input checked="" type="checkbox"/> Deep Sedation (DS)</p> <p><input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>In which California region are you able to conduct evaluations?</p> <p><input checked="" type="checkbox"/> North</p> <p><input type="checkbox"/> South</p> <p><input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input checked="" type="checkbox"/> GA/DS</p> <p><input type="checkbox"/> MS</p> <p><input type="checkbox"/> BOTH</p>	<p><input type="checkbox"/> Dental Anesthesia</p> <p><input type="checkbox"/> Endodontics</p> <p><input type="checkbox"/> Prosthodontics</p> <p><input type="checkbox"/> Oral Pathology</p> <p><input type="checkbox"/> Orthodontics</p> <p><input type="checkbox"/> Dental Public Health</p> <p><input type="checkbox"/> Pediatric Dentistry</p> <p><input type="checkbox"/> Periodontics</p> <p><input type="checkbox"/> General Dentist</p> <p><input checked="" type="checkbox"/> OMS</p> <p><input type="checkbox"/> Other</p>

APPLICANT NAME: David Yoonseok Ahn	LICENSE NO.: 104284
PERMIT HELD: General Anesthesia	PERMIT NO.: 1967

MAILING ADDRESS:

EMAIL ADDRESS:

TELEPHONE (INCLUDING AREA CODE):

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 AHN.DAVID.Y .1381744112	Date 03/11/2024
--	--------------------

Digitally signed by
 AHN.DAVID.Y.1381744112
 Date: 2024.03.11 14:17:26
 -07'00'

**DENTAL BOARD OF CALIFORNIA**

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

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov**GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION**

QUALIFICATIONS AS AN EVALUATOR	EVALUATION PREFERENCES	TYPE OF PRACTICE
<p>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.</p> <p><input type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> General Anesthesia (GA)</p> <p><input checked="" type="checkbox"/> Deep Sedation (DS)</p> <p><input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>In which California region are you able to conduct evaluations?</p> <p><input checked="" type="checkbox"/> North</p> <p><input type="checkbox"/> South</p> <p><input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input checked="" type="checkbox"/> GA/DS</p> <p><input type="checkbox"/> MS</p> <p><input type="checkbox"/> BOTH</p>	<p><input type="checkbox"/> Dental Anesthesia</p> <p><input type="checkbox"/> Endodontics</p> <p><input type="checkbox"/> Prosthodontics</p> <p><input type="checkbox"/> Oral Pathology</p> <p><input type="checkbox"/> Orthodontics</p> <p><input type="checkbox"/> Dental Public Health</p> <p><input type="checkbox"/> Pediatric Dentistry</p> <p><input type="checkbox"/> Periodontics</p> <p><input type="checkbox"/> General Dentist</p> <p><input checked="" type="checkbox"/> OMS</p> <p><input type="checkbox"/> Other</p>
APPLICANT NAME: <u>Antonio Arredondo</u>	LICENSE NO.: <u>45086</u>	
PERMIT HELD: <u>General Anesthesia</u>	PERMIT NO.: <u>GA 1251</u>	
MAILING ADDRESS: [REDACTED]		
EMAIL ADDRESS: [REDACTED]		
TELEPHONE (INCLUDING AREA CODE): [REDACTED]		
Certification		
<p>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.</p>		
Signature of Applicant		Date: <u>4-11-2024</u>



GA MS Evaluator Application_v2.1.pdf

PDF - 1 MB

CALIFORNIA DEPARTMENT OF
**CONSUMER
AFFAIRS****DENTAL BOARD OF CALIFORNIA**2005 Evergreen St., Suite 1550, Sacramento, CA 95815
T: (916) 263-2300 F: (916) 263-2140 www.dbc.ca.gov**GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION**

QUALIFICATIONS AS AN EVALUATOR	EVALUATION PREFERENCES	TYPE OF PRACTICE
<p>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.</p> <p><input type="checkbox"/> NO <input checked="" type="checkbox"/> General Anesthesia (GA) <input type="checkbox"/> Deep Sedation (DS) <input type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>In which California region are you able to conduct evaluations?</p> <p><input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> BOTH <i>central valley</i></p> <p>What kind of cases would you like to evaluate?</p> <p><input checked="" type="checkbox"/> GA/DS <input type="checkbox"/> MS <input type="checkbox"/> BOTH</p>	<p><input checked="" type="checkbox"/> Anesthesia <input type="checkbox"/> Endodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Oral Pathology <input type="checkbox"/> Orthodontics <input type="checkbox"/> Public Health <input type="checkbox"/> Pedodontics <input type="checkbox"/> Periodontology <input type="checkbox"/> General Dentist <input checked="" type="checkbox"/> OMS <input type="checkbox"/> Other</p>
APPLICANT NAME: <i>David Hall</i>		LICENSE NO.: <i>42733</i>
PERMIT HELD: <i>GA</i>		PERMIT NO.: <i>GA1156</i>
MAILING ADDRESS: [REDACTED]		
EMAIL ADDRESS: [REDACTED]		
TELEPHONE (INCLUDING AREA CODE): [REDACTED]		
Certification		
<p>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.</p>		
Signature of Applicant: <i>David Hall</i>		Date: <i>1/31/24</i>

INFORMATION COLLECTION AND ACCESS

The Information Practices Act, Civil Code section 1798.17, requires the following notice to be provided when collecting information from individuals.

Agency Name: Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento CA 95815
Telephone: (916) 263-2300

The official responsible for information maintenance is the Executive Officer.

The official responsible for the maintenance of the information is the Dental Practice Act.

**DENTAL BOARD OF CALIFORNIA**

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

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**GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION****QUALIFICATIONS AS AN EVALUATOR**

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.

NO

☒ General Anesthesia (GA)☒ Deep Sedation (DS)☒ Moderate Sedation (MS)

☒ you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

YES

NO

☒
☐**EVALUATION PREFERENCES**

In which California region are you able to conduct evaluations?

North

☒ South☒ BOTH

What kind of cases would you like to evaluate?

GA/DS

MS

☒ BOTH☐
☐
☒**TYPE OF PRACTICE**☒ Dental Anesthesia☒ Endodontics☐ Prosthodontics☐ Oral Pathology☐ Orthodontics☐ Dental Public Health☐ Pediatric Dentistry☐ Periodontics☐ General Dentist☐ OMS☐ Other**APPLICANT NAME:**

Brian Huang

LICENSE NO.:

52061

PERMIT HELD:

General Anesthesia

PERMIT NO.:

1409

MAILING ADDRESS:**EMAIL ADDRESS:****TELEPHONE (INCLUDING AREA CODE):****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

Date

03-19-2024

**DENTAL BOARD OF CALIFORNIA**

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

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

**GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION****QUALIFICATIONS AS AN EVALUATOR**

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.

- ☐ NO
☒ General Anesthesia (GA)
☒ Deep Sedation (DS)
☒ Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- ☐ YES
☐ NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- ☒ North
☐ South
☐ BOTH

What kind of cases would you like to evaluate?

- ☒ GA/DS
☐ MS
☐ BOTH

TYPE OF PRACTICE

- ☐ Dental Anesthesia
☐ Endodontics
☐ Prosthodontics
☐ Oral Pathology
☐ Orthodontics
☐ Dental Public Health
☐ Pediatric Dentistry
☐ Periodontics
☐ General Dentist
☐ OMS
☒ Other
Dental Anesthesiology

APPLICANT NAME:

Jesse West Manton

LICENSE NO.:

64852

PERMIT HELD:

General Anesthesia Permit

PERMIT NO.:

GA1982

MAILING ADDRESS:

[REDACTED]

EMAIL ADDRESS:

[REDACTED]

TELEPHONE (INCLUDING AREA CODE):

[REDACTED]

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

Dr. Jesse

West Manton

Digitally signed by Dr.
Jesse West Manton
Date: 2024.03.27
10:50:19 -07'00'

Date

03/27/2024

DENTAL BOARD OF CALIFORNIA

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

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**GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION**

QUALIFICATIONS AS AN EVALUATOR

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.

- ☐ NO
☐ General Anesthesia (GA)
☐ Deep Sedation (DS)
☒ Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- ☒ YES
☐ NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- ☒ North
☐ South
☐ BOTH

What kind of cases would you like to evaluate?

- ☐ GA/DS
☒ MS
☐ BOTH

TYPE OF PRACTICE

- ☐ Dental Anesthesia
☐ Endodontics
☐ Prosthodontics
☐ Oral Pathology
☐ Orthodontics
☐ Dental Public Health
☐ Pediatric Dentistry
☐ Periodontics
☒ General Dentist
☐ OMS
☐ Other

APPLICANT NAME: Dennis Baik

LICENSE NO.: CA 45946 DDS

PERMIT HELD: Moderate Sedation

PERMIT NO.: MS 266

MAILING ADDRESS:

EMAIL ADDRESS:

TELEPHONE (INCLUDING AREA CODE):

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

Dennis Baik

Date

4/10/24

**GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION****QUALIFICATIONS AS AN EVALUATOR**

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.

- ☐ NO
☐ General Anesthesia (GA)
☐ Deep Sedation (DS)
☒ Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- ☒ YES
☐ NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- ☒ North
☐ South
☐ BOTH

What kind of cases would you like to evaluate?

- ☐ GA/DS
☒ MS
☐ BOTH

TYPE OF PRACTICE

- ☐ Dental Anesthesia
☐ Endodontics
☐ Prosthodontics
☐ Oral Pathology
☐ Orthodontics
☐ Dental Public Health
☐ Pediatric Dentistry
☒ Periodontics
☐ General Dentist
☐ OMS
☐ Other

APPLICANT NAME:*John Mark Beckstead***LICENSE NO.:***35373***PERMIT HELD:***Moderate Sedation***PERMIT NO.:***74***MAILING ADDRESS:****EMAIL ADDRESS:****TELEPHONE (INCLUDING AREA CODE):****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*J. Mark Beckstead***Date***4/5/2024*

GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR

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.

- ☐ NO
☐ General Anesthesia (GA)
☐ Deep Sedation (DS)
☒ Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- ☒ YES
☐ NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- ☐ North
☒ South
☐ BOTH

What kind of cases would you like to evaluate?

- ☐ GA/DS
☒ MS
☐ BOTH

TYPE OF PRACTICE

- ☐ Dental Anesthesia
☐ Endodontics
☐ Prosthodontics
☐ Oral Pathology
☐ Orthodontics
☐ Dental Public Health
☐ Pediatric Dentistry
☐ Periodontics
☒ General Dentist
☐ OMS
☐ Other

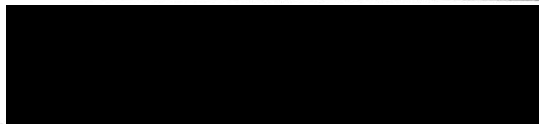
APPLICANT NAME: *ARTO J BOYAJIAN*

LICENSE NO.: *46754*

PERMIT HELD: *Moderate Sedation*

PERMIT NO.: *MS280*

MAILING ADDRESS:



EMAIL ADDRESS:



TELEPHONE (INCLUDING AREA CODE):



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

Date

2/24/24



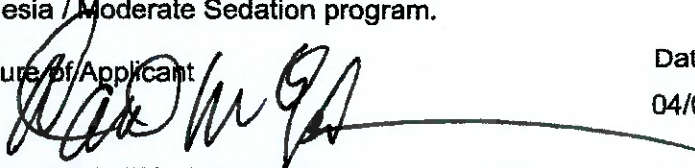
**GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION**

QUALIFICATIONS AS AN EVALUATOR	EVALUATION PREFERENCES	TYPE OF PRACTICE
<p>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.</p> <p><input type="checkbox"/> NO <input type="checkbox"/> General Anesthesia (GA) <input type="checkbox"/> Deep Sedation (DS) <input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>In which California region are you able to conduct evaluations?</p> <p><input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input type="checkbox"/> GA/DS <input type="checkbox"/> MS <input checked="" type="checkbox"/> BOTH</p>	<p><input type="checkbox"/> Anesthesia <input type="checkbox"/> Endodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Oral Pathology <input type="checkbox"/> Orthodontics <input type="checkbox"/> Public Health <input type="checkbox"/> Pedodontics <input type="checkbox"/> Periodontology <input checked="" type="checkbox"/> General Dentist <input type="checkbox"/> OMS <input type="checkbox"/> Other</p>

APPLICANT NAME: David Epstein	LICENSE NO.: 44675
PERMIT HELD: Moderate Sedation	PERMIT NO.: 405
MAILING ADDRESS: [REDACTED]	
EMAIL ADDRESS: [REDACTED]	
TELEPHONE (INCLUDING AREA CODE): [REDACTED]	

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:  Date: 04/08/2024



GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

<p>QUALIFICATIONS AS AN EVALUATOR</p> <p>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.</p> <p style="text-align: center;">NO</p> <p><input type="checkbox"/> General Anesthesia (GA)</p> <p><input type="checkbox"/> Deep Sedation (DS)</p> <p><input type="checkbox"/> Moderate Sedation (MS)</p> <p><input checked="" type="checkbox"/> you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p style="text-align: center;">YES</p> <p style="text-align: center;">NO</p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>EVALUATION PREFERENCES</p> <p>In which California region are you able to conduct evaluations?</p> <p style="text-align: center;">North</p> <p><input type="checkbox"/> South</p> <p><input checked="" type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p style="text-align: center;">GA/DS</p> <p><input type="checkbox"/> MS</p> <p><input checked="" type="checkbox"/> BOTH</p> <p><input type="checkbox"/></p>	<p>TYPE OF PRACTICE</p> <p><input type="checkbox"/> Anesthesia</p> <p><input type="checkbox"/> Endodontics</p> <p><input type="checkbox"/> Prosthodontics</p> <p><input type="checkbox"/> Oral Pathology</p> <p><input type="checkbox"/> Orthodontics</p> <p><input type="checkbox"/> Public Health</p> <p><input type="checkbox"/> Pedodontics</p> <p><input checked="" type="checkbox"/> Periodontology</p> <p><input type="checkbox"/> General Dentist</p> <p><input type="checkbox"/> OMS</p> <p><input type="checkbox"/> Other</p>
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<p>APPLICANT NAME:</p> <p style="text-align: center;">Alon Frydman</p>	<p>LICENSE NO.:</p> <p style="text-align: center;">52055</p>
--	--

<p>PERMIT HELD:</p> <p style="text-align: center;">Moderate Sedation</p>	<p>PERMIT NO.:</p> <p style="text-align: center;">MS 394</p>
--	--

MAILING ADDRESS: [REDACTED]

EMAIL ADDRESS: [REDACTED]

TELEPHONE (INCLUDING AREA CODE): [REDACTED]

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 Date **03/12/24**



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

DENTAL BOARD OF CALIFORNIA

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

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**GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION**

QUALIFICATIONS AS AN EVALUATOR	EVALUATION PREFERENCES	TYPE OF PRACTICE
<p>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.</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> General Anesthesia (GA)</p> <p><input type="checkbox"/> Deep Sedation (DS)</p> <p><input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>In which California region are you able to conduct evaluations?</p> <p>North <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> South</p> <p>BOTH <input type="checkbox"/></p> <p>What kind of cases would you like to evaluate?</p> <p>GA/DS <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> MS</p> <p>BOTH <input type="checkbox"/></p>	<p><input type="checkbox"/> Anesthesia</p> <p><input type="checkbox"/> Endodontics</p> <p><input type="checkbox"/> Prosthodontics</p> <p><input type="checkbox"/> Oral Pathology</p> <p><input type="checkbox"/> Orthodontics</p> <p><input type="checkbox"/> Public Health</p> <p><input type="checkbox"/> Pedodontics</p> <p><input type="checkbox"/> Periodontology</p> <p><input checked="" type="checkbox"/> General Dentist</p> <p><input type="checkbox"/> OMS</p> <p><input type="checkbox"/> Other</p>

APPLICANT NAME: Brian Hanratty	LICENSE NO.: DDS56456
PERMIT HELD: Moderate Sedation	PERMIT NO.: MS 407
MAILING ADDRESS: [REDACTED]	
EMAIL ADDRESS: [REDACTED]	
TELEPHONE (INCLUDING AREA CODE): [REDACTED]	
<p>Certification</p> <p>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.</p> <p>Signature of Applicant: <i>Brian Hanratty</i> Date: 04-02-2024</p>	



**GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION**

QUALIFICATIONS AS AN EVALUATOR

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.

- ☐ NO
☐ General Anesthesia (GA)
☐ Deep Sedation (DS)
☒ Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- ☒ YES
☐ NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- ☒ North
☐ South
☐ BOTH

What kind of cases would you like to evaluate?

- ☐ GA/DS
☒ MS
☐ BOTH

TYPE OF PRACTICE

- ☐ Dental Anesthesia
☐ Endodontics
☐ Prosthodontics
☐ Oral Pathology
☐ Orthodontics
☐ Dental Public Health
☐ Pediatric Dentistry
☒ Periodontics
☐ General Dentist
☐ OMS
☐ Other

APPLICANT NAME:

Brian Hollander

LICENSE NO.:

35614

PERMIT HELD:

M.S.

PERMIT NO.:

318

TELEPHONE (INCLUDING AREA CODE)

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

Date

2/24/24

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MAR 05 2024



**GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION**

QUALIFICATIONS AS AN EVALUATOR

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.

- ☐ NO
☐ General Anesthesia (GA)
☐ Deep Sedation (DS)
☒ Moderate Sedation (MS)

Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?

- ☒ YES
☐ NO

EVALUATION PREFERENCES

In which California region are you able to conduct evaluations?

- ☐ North
☒ South
☐ BOTH

What kind of cases would you like to evaluate?

- ☐ GA/DS
☒ MS
☐ BOTH

TYPE OF PRACTICE

- ☐ Dental Anesthesia
☐ Endodontics
☐ Prosthodontics
☐ Oral Pathology
☐ Orthodontics
☐ Dental Public Health
☐ Pediatric Dentistry
☐ Periodontics
☒ General Dentist
☐ OMS
☐ Other

APPLICANT NAME: BRIAN P LESAGE

LICENSE NO.: 032575

PERMIT HELD: MS

PERMIT NO.: 338

MAILING ADDRESS:

EMAIL ADDRESS:

TELEPHONE (INCLUDING AREA CODE):

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

Date

2/28/2024



DENTAL BOARD OF CALIFORNIA

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DENTAL BOARD
OF CALIFORNIAGENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR	EVALUATION PREFERENCES	TYPE OF PRACTICE
<p>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.</p> <p><input type="checkbox"/> NO <input type="checkbox"/> General Anesthesia (GA) <input type="checkbox"/> Deep Sedation (DS) <input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>In which California region are you able to conduct evaluations?</p> <p><input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input type="checkbox"/> GA/DS <input type="checkbox"/> MS <input type="checkbox"/> BOTH</p>	<p><input type="checkbox"/> Dental Anesthesia <input type="checkbox"/> Endodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Oral Pathology <input type="checkbox"/> Orthodontics <input type="checkbox"/> Dental Public Health <input type="checkbox"/> Pediatric Dentistry <input type="checkbox"/> Periodontics <input checked="" type="checkbox"/> General Dentist <input type="checkbox"/> OMS <input type="checkbox"/> Other</p>

APPLICANT NAME: <i>STACEY MARKENE</i>	LICENSE NO.: <i>032358</i>
PERMIT HELD: <i>MODERATE SEDATION</i>	PERMIT NO.: <i>268</i>
MAILING ADDRESS: [REDACTED]	
EMAIL ADDRESS: [REDACTED]	
TELEPHONE (INCLUDING AREA CODE): [REDACTED]	

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 <i>[Signature]</i>	Date <i>3/11/24</i>



DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR	EVALUATION PREFERENCES	TYPE OF PRACTICE
<p>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.</p> <p><input type="checkbox"/> NO <input type="checkbox"/> General Anesthesia (GA) <input type="checkbox"/> Deep Sedation (DS) <input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>In which California region are you able to conduct evaluations?</p> <p><input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input type="checkbox"/> GA/DS <input checked="" type="checkbox"/> MS <input type="checkbox"/> BOTH</p>	<p><input type="checkbox"/> Anesthesia <input type="checkbox"/> Endodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Oral Pathology <input type="checkbox"/> Orthodontics <input type="checkbox"/> Public Health <input type="checkbox"/> Pedodontics <input type="checkbox"/> Periodontology <input checked="" type="checkbox"/> General Dentist <input type="checkbox"/> OMS <input type="checkbox"/> Other</p>

APPLICANT NAME: <i>Avon Pitts</i>	LICENSE NO.: <i>60347</i>
PERMIT HELD: <i>Moderate Sedation</i>	PERMIT NO.: <i>59</i>
MAILING ADDRESS: [REDACTED]	
EMAIL ADDRESS: [REDACTED]	
TELEPHONE (INCLUDING AREA CODE): [REDACTED]	

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 *Pitts* Date *3/8/24*

MEMORANDUM

DATE	April 25, 2024
TO	Members of the Dental Board of California
FROM	Jessica Olney, Staff Services Manager I Dental Board of California
SUBJECT	Agenda Item 12.d.: Discussion and Possible Action on Recommendation from the Board's Anesthesia Committee Regarding Renewal of Moderate Sedation Permit Following Failure of Onsite Inspection and Evaluation

The Dental Board of California (Board), Anesthesia Committee (Committee), comprised of Chair, Dr. Alan Felsenfeld, DDS, MA, and Dr. Steven Chan, DDS, met on April 24, 2024. The Committee met to discuss the two failed onsite inspections and evaluations of permitholder Y.Y., who holds a Moderate Sedation (MS) Permit.

Background

To administer or order the administration of moderate sedation on an outpatient basis for a dental patient, a dentist must possess either a general anesthesia permit or an MS Permit issued by the Board. (Business and Professions Code (BPC), § 1647.2, subd. (a).) Prior to issuance or renewal of an MS Permit, the Board may, at its discretion, require an onsite inspection and evaluation of the licensee and the facility, equipment, personnel, and procedures utilized by the licensee. (BPC, § 1647.7, subd. (a).) The permit of any dentist who has failed an onsite inspection and evaluation shall be automatically suspended 30 days after the date on which the Board notifies the dentist of the failure unless, within that time period, the dentist has retaken and passed an onsite inspection and evaluation. (BPC, § 1647.7, subd. (a); California Code of Regulations (CCR), tit. 16, § 1043.6, subs. (c).) Every dentist issued an MS Permit is required to have an onsite inspection and evaluation at least once in every six years. (BPC, § 1647.7, subd. (a).)

Board inspections and evaluations are conducted by a team of one or more evaluators, who are contracted by the Board as subject matter experts (SMEs). At the conclusion of the evaluations, the SMEs each provide an independent evaluation and recommend a grade using the following pass-fail system pursuant to CCR, title 16, section 1043.6:

Agenda Item 12.d.: Discussion and Possible Action on Recommendation from the Board's Anesthesia Committee Regarding Renewal of Moderate Sedation Permit Following Failure of Onsite Inspection and Evaluation
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- a. Passed Evaluation. Permit holder or applicant met all required components of the onsite inspection and evaluation, as provided in CCR, title 16, sections 1043.3 and 1043.4; or
- b. Conditional Approval for failing to have appropriate equipment, proper documentation of controlled substances, or proper recordkeeping as provided in CCR, title 16, section 1043.3, subsection (b); or
- c. Failed Simulated Emergency. Permit holder or applicant failed one or more simulated emergency scenario(s) described in CCR, title 16, section 1043.4, subsection (c); or
- d. Failed Evaluation. Permit holder or applicant failed due to multiple deficient components required for the on-site inspection and evaluation or failed to comply with the conditions for issuance of a conditional approval, as provided in subsection (b)(2) of this section.

An applicant or permitholder who has failed the inspection and evaluation solely on the basis of a failure to demonstrate knowledge and ability in recognition and treatment of any or all of the simulated emergencies may be reevaluated only on the simulated emergencies provided the reevaluation is within 30 days. (CCR, tit. 16, § 1043.6, subs. (d).)

Inspection and Evaluation of Permitholder Y.Y.

Y.Y. was issued an MS Permit in 2022, which was set to renew in March 2024. An onsite inspection and evaluation of Y.Y. was conducted on October 9, 2023, and the SMEs recommended a failure in the simulated emergencies section only. A notice of the failed onsite inspection and evaluation in the simulated emergencies section was mailed to the permitholder on December 5, 2023. A second onsite inspection and evaluation of the simulated emergency section was conducted on February 26, 2024. The SMEs recommended a failure in the simulated emergencies section. A notice of the second failed onsite inspection and evaluation and suspension of the MS Permit was mailed to the permitholder on March 6, 2024, citing failure to physically demonstrate knowledge of and a method of treatment of the simulated emergencies as required by CCR, title 16, section 1043.4, subsection (c). The notice further advised the permitholder that pursuant to CCR, section 1043.6, subsection (c), the Board will decide the matter and may grant or deny a permit or request further evaluation of the appellant with a Board member or other Board-appointed representative being present.

Discussion of Permit Recommendation

Board staff met with the Committee to consider renewal of the MS Permit per CCR, section 1043.6, subsection (c), which provides:

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- If a permit holder or applicant has failed two evaluations, the Board will decide the matter and may grant or deny a permit or request further evaluation of the appellant with a Board member or other Board-appointed representative being present.
- The permit holder or applicant must successfully complete remedial education in a subject within the scope of the onsite inspection and evaluation as determined by the Board prior to being reevaluated if a third onsite inspection and evaluation is granted or prior to the issuance of a new permit.

Since permit holder Y.Y. failed to physically demonstrate knowledge of and a method of treatment of the simulated emergencies, the Committee recommended to deny renewal of the MS Permit; if the permit holder seeks to apply for a new Moderate Sedation Permit, the permit holder shall submit for prior Board approval and successfully complete, prior to applying for a new Moderate Sedation Permit, remedial education of 8 hours in recognizing and managing medical emergencies in the administration of moderate sedation to dental patients in an outpatient setting and 8 hours of patient evaluation for administration of moderate sedation to dental patients in an outpatient setting, and submit to and pass an onsite inspection and evaluation.

Action Requested:

If the Board agrees with the Committee's recommendation, the Board is asked to move to approve the Committee recommendation to deny renewal of the MS Permit.

Potential Motions:

1. Move to grant renewal of the MS Permit.
2. Move to adopt the Committee recommendation to deny renewal of the MS permit; if permit holder Y.Y. seeks to apply for a new MS Permit, the permit holder shall submit for prior Board approval and successfully complete, prior to applying for a new MS Permit, remedial education of 8 hours in recognizing and managing medical emergencies in the administration of moderate sedation to dental patients in an outpatient setting and 8 hours of patient evaluation for administration of moderate sedation to dental patients in an outpatient setting, and submit to and pass an onsite inspection and evaluation.
3. Move to further evaluate permit holder Y.Y. through a third onsite inspection and evaluation of the permit holder; prior to the third onsite inspection and evaluation, permit holder Y.Y. shall submit for prior Board approval and successfully complete remedial education of 8 hours in recognizing and managing medical emergencies in the administration of moderate sedation to dental patients in an outpatient setting and 8 hours of patient evaluation for administration of moderate sedation to dental patients in an outpatient setting prior to scheduling a third onsite inspection and evaluation.

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DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	April 22, 2024
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 13: Discussion and Possible Action Regarding Appointment of Dental Assisting Council Members

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 typically 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, § 1742, subd. (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 employed for at least the prior five years (faculty members). 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 (clinical members). 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, Council members 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 financial

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interest. Council members who have a financial interest shall 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.) All Council members are required to submit Statements of Economic Interests (Form 700) within 30 days of assuming office and annually. (Gov. Code, § 87202; CCR, tit. 2, § 18730.)

Council Member Resignations – Clinical Members

The following Council members, one who was appointed as an RDA and the other as an RDAEF, employed clinically in private dental practice or public safety net or dental health care clinics, have submitted their resignation:

1. Kandice Rae Pliss, RDA – notified the Board of her resignation in November 2023.
2. Traci Reed-Espinoza, RDAEF – notified the Board of her resignation in January 2024.

The Board received 32 applications for the RDA recruitment and 13 applications for the RDAEF recruitment.

At the February 9, 2024 Board meeting, President Felsenfeld appointed Vice President Pacheco and Board Member Rosalinda Olague to a committee to review the applications, conduct interviews, and bring recommendations to fill the Council vacancies to the Board at a future meeting.

The committee reviewed the applications and identified one individual for each vacancy for consideration by the Board at its May meeting. A brief bio for each individual follows.

RDA position – Jessica Gerlach

Ms. Gerlach has been a Board-licensed RDA since 2017 and holds an Orthodontic Assistant Permit. She is currently the lead RDA at a private practice in Roseville, where she is responsible for back-office operations. Ms. Gerlach also is an instructor at the Roseville Dental Academy, where she trains students in basic dental assistant duties, infection control, X-rays, and CPR/Basic Life Support.

RDAEF position – Carie Smith

Ms. Smith became a Board-licensed RDAEF in 1996, and an RDAEF with Orthodontic Assistant Permit in 2012. Prior to obtaining her RDAEF license, she was licensed as an RDA in 1982. She currently works as an RDAEF at a dental practice in Montecito and has served on the faculty of the Expanded Functions Dental Assistant Association since 2010. Ms. Smith teaches courses on RDAEF functions, infection control, and orthodontic assistant functions.

Council Member Reappointment

The following Council member, who was appointed as an RDA member of the Council, is seeking reappointment. Council members may serve no more than two full 4-year terms, per BPC section 1742, subdivision (c).

De'Andra Epps-Robbins, RDA – appointed to the Council on March 14, 2022, term expired December 14, 2023.

Board staff are asking the Board to consider Ms. Epps-Robbins for reappointment.

Ms. Epps-Robbins has been employed as an RDA in California for over 20 years, and currently works for a private clinical practice in San Diego, where her focus is on special needs patients and oral surgery. She has been part of the faculty at Professional Dental Enterprise College in San Diego since 2005, where she teaches dental assistant procedures and radiology.

Action Requested

The Board is asked to consider and vote on the appointment recommendations for each position separately. Sample motion language follows:

Vacant Positions

Move to appoint (Ms. Jessica Gerlach/Ms. Carie Smith) for the open (RDA/RDAEF) position on the Dental Assisting Council.

Reappointment

Move to reappoint Ms. Epps-Robbins to the Dental Assisting Council.

MEMORANDUM

DATE	April 2, 2024
TO	Members of the Dental Board of California
FROM	Access to Care Committee Lilia Larin, DDS Yogita Thakur, DDS, MS
SUBJECT	Agenda Item 14.: Update and Discussion on the Board's Access to Care Committee Report

Background

In early 2023, the Dental Board of California (Board) reestablished the Access to Care Committee (Committee). The Board President appointed Dr. Lilia Larin and Dr. Yogita Thakur to the Committee.

Recent Committee Actions

To generate ideas on improving access to dental service care across California, Drs. Larin and Thakur met with the State Dental Director on June 20, 2023. The State Dental Director, Dr. Jayanth Kumar, directs the Oral Health Program at the California Department of Public Health (CDPH), where he is responsible for the [California Oral Health Plan](#).

The Committee presented the following four recommendations to the Board at its November 8-9, 2023 meeting.

1. Explore strategies to improve licensure examination transparency. For example, add more content to candidate information bulletins to assist with examination preparation.
2. Evaluate the impact of examination administration time on candidates whose second language is English.
3. Survey candidates to determine how they study for examinations and why they are failing them.
4. Analyze the pathways to licensure for Registered Dental Assistants (RDAs) to determine if the pathways are facilitating access to practice in a fair and valid manner.

Specifically, the Committee requested that the Board move to authorize the Committee to take the four actions listed so that the Committee can work with Board staff and provide status reports at future Board meetings. The Board approved the request.

As of November 2023, Board staff have worked with the Department of Consumer Affairs, Office of Professional Examination Services (OPES) to address the Committee's items 1, 3, and 4 above.

Specifically, the Candidate Information Bulletin has been reviewed, and efforts are being taken to ensure a better understanding of their use. The new examination plan for registered dental assistant (RDA) license applicants went into effect May 1, 2024. Both the CIB and examination plan have been posted to the Board's website.

Further, the following questions will be added to the PSI computer-based testing survey offered at the end of each RDA applicant testing experience to gather feedback about applicants prepare to take examinations.

1. After completing the RDA educational or work experience requirements, how did you prepare for the RDA exam? (Select all that apply)
 - a. Self-study
 - b. Additional education course(s)
 - c. Peer study
 - d. Examination prep course
 - e. On-the-job training
 - f. Other
 - g. I did not engage in any other preparation activities.
2. How much time did you spend preparing for the RDA exam?
 - a. 2 months or less
 - b. 3 – 4 months
 - c. 5 – 6 months
 - d. 7 – 8 months
 - e. More than 8 months
3. Once approved to sit for the RDA exam, how much time passed before you scheduled your exam appointment?
 - a. 2 months or less
 - b. 3 – 4 months
 - c. 5 – 6 months
 - d. 7 – 8 months
 - e. More than 8 months

4. Do you feel the steps you took to get ready for the RDA examination helped prepare you sufficiently?
 - a. Yes
 - b. No
 - c. Somewhat

Finally, OPES generated statistics to inform pass rates for the different RDA pathways to licensure and submitted a memorandum discussing these pass rates, attached. OPES also included two recommendations regarding the RDA Written Examination.

Action Requested

Informational only. No action required.

Attachment

March 5, 2024 Memorandum from OPES Registered Dental Assistant General and Law and Ethics Written Examination Pass Rates

MEMORANDUM

DATE	March 5, 2024
TO	Tracy Montez, Ph.D., Executive Officer Dental Board of California
FROM	<i>Karen Okicich</i> Karen Okicich, Research Data Supervisor II Office of Professional Examination Services
SUBJECT	Registered Dental Assistant General and Law and Ethics Written Examination Pass Rates

In May 2018, the Office of Professional Examination Services (OPES) worked with the Dental Board of California (Board) to implement a new written licensure examination for the Registered Dental Assistant (RDA) profession. This new examination, the Registered Dental Assistant General and Law and Ethics Written Examination (RDA Written Examination), combined the previous Registered Dental Assistant General Written Examination and the Registered Dental Assistant Law and Ethics Examination. The new RDA Written Examination also incorporated clinical skills previously measured by the RDA practical examination.

Due to the significant format change of the RDA Written Examination, there was a period of adjustment during which pass rates fluctuated. This is not atypical when examination programs change. Since the new format was implemented, OPES has closely monitored examination statistics and has made data-driven changes to improve the RDA Written Examination. These improvements, along with candidate familiarity with the new format, have resulted in an increase in candidate pass rates that has remained relatively stable since May 2022.

At the Board's request, OPES performed an analysis of examination pass rates by qualification pathway between May 2022 and December 2023 to determine whether subgroup differences exist. OPES also analyzed the average percentage of candidates who answered correctly within each of the examination's content areas to determine whether candidates have difficulty with any of the examination's content.

Pass Rate by Qualification Pathway

To qualify to take the RDA Written Examination, candidates must meet the requirements associated with one of the following three pathways:

- 1) Board-Approved Education Pathway (EDU) — completion of an educational program from a Board-approved institution.
- 2) Work Experience Pathway (OTJ) — satisfactory completion of at least 15 months of work experience as a dental assistant performing the duties specified in Business and Professions Code (BPC) § 1750.1.
- 3) Blended Education/Work Experience Pathway (MEO) — completion of fewer than 15 months of work experience as a dental assistant with graduation from a dental assisting program that is not Board-approved.

Between May 2022 and December 2023, OPES performed analyses to identify differences in candidate pass rates by qualification pathway. The results showed that most candidates qualified through the EDU pathway (N=2517), followed by candidates who qualified through OTJ (N=1315). Few candidates qualified through the MEO pathway (N=262).

Candidates who qualified through the EDU pathway had the highest pass rates for all attempts and for first-time test-takers. However, the eventual pass rate of EDU, OTJ, and MEO candidates were relatively consistent. The eventual pass rate indicates the percentage of repeat candidates, across all attempts, that eventually passed the examination during the analysis period. This statistic indicates that for all qualification pathways, over 93% of candidates were eventually successful. It should be noted that this is a conservative percentage, as additional candidates may continue to take the examination and will eventually pass. Table 1 shows the overall, first-time, and eventual pass rates of EDU, OTJ, and MEO candidates by pathway for May 2022 through December 2023.

Table 1. Pass Rate by Qualification Pathway

Qualification Pathway	Overall Pass Rate	First-Time Pass Rate	Repeat Eventual Pass Rate
EDU	71.0%	76.8%	94.3%
OTJ	65.4%	73.2%	93.0%
MEO	63.9%	67.9%	93.5%

Candidate Performance by Content Area

To determine whether candidates experienced greater difficulty with any of the examination's content areas, OPES also analyzed candidate performance by content area for the same examination administration period. The results of the analysis show that all content areas performed consistently. Table 2 shows the average percentages of candidates who answered correctly by content area for examination administrations between May 2022 and December 2023.

Table 2. Average Percent of Candidates Answering Correctly by Content Area

Exam Date	Percent Content Area 1	Percent Content Area 2	Percent Content Area 3	Percent Content Area 4
May 2022	70%	73%	67%	75%
Nov 2022	71%	71%	63%	75%
May 2023	69%	71%	69%	74%
Nov 2023	71%	71%	66%	75%

Recommendations and Conclusion

OPES is making the following two recommendations:

- 1) In 2023, OPES worked with the Board to conduct an occupational analysis (OA) of the RDA profession. The results of the OA were used to update the examination content outline for the RDA Written Examination. These updates will be reflected in the examination beginning May 2024. OPES is coordinating with the test administration vendor to ensure candidates are provided with the updated examination outline when they register to take the examination. OPES recommends that the Board also announce the updated examination outline on its website and in any related publications.
- 2) At the recommendation of OPES, the Board has initiated a regulatory change to transition from a set minimum passing score for the RDA Written Examination to a criterion-referenced passing score. Once this regulation is enacted, OPES recommends that the Board reduce the number of items on the examination from 125 scorable items to 100 items. Fewer items will help reduce barriers to licensure, while maintaining the reliability of the examination.

In conclusion, OPES will continue to work with the Board to review the RDA Written Examination and to make adjustments as needed.

MEMORANDUM

DATE	April 15, 2024
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 15.a.: Status Update on Pending Regulations

Background

This memo addresses those rulemaking packages that have moved forward in the rulemaking process since the last Dental of California Board (Board) meeting. Rulemaking packages that require Board action will be presented as separate agenda items or will be presented at a future Board meeting.

Lost, Destroyed or Mutilated Licenses (California Code of Regulations Title 16 (CCR, tit. 16) §§ 1012 and 1021) and Inactive Licenses (CCR, tit. 16 § 1017.2)

Summary of Proposed Changes: This proposed rulemaking would amend CCR, tit. 16, 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 also would change how an applicant complies with the required continuing education requirements when seeking active status from providing evidence to simply self-certifying. Section 1021, subsection (i) would need to be amended to include the Pocket License in the fee for replacement certificates. 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.

Update: The package was approved by the Office of Administrative Law (OAL) and filed with the Secretary of State's Office on February 27, 2024. The regulations went into effect on April 1, 2024.

AB 107: Temporary Licenses for Military Spouses or Partners (CCR, tit. 16 § 1006)

Summary of Proposed Changes: This proposed rulemaking would adopt CCR, tit. 16, section 1006 to set the application requirements and procedures for individuals seeking temporary licensure pursuant to Business and Professions Code (BPC) section 115.6. This section of code permits spouses and domestic partners of military personnel assigned to duty stations in California to apply for temporary licensure to practice the profession for which they were authorized to practice in another U.S. jurisdiction. Such licensure would last no longer than 12 months.

Update: The package was approved by OAL and filed with the Secretary of State's Office on March 1, 2024. The regulations go into effect on July 1, 2024.

Updates to the Board's Disciplinary Guidelines (CCR, tit. 16, § 1018)

Summary of Proposed Changes: This rulemaking would update the Board's Disciplinary Guidelines document consistent with changes to the Dental Practice Act statutes and supporting regulations and would reflect changes in the current probationary environment since the Board's last update of this document in 2010. An update to the Board's Disciplinary Guidelines requires the Board to update the regulations that incorporate the Disciplinary Guidelines by reference, CCR tit. 16, section 1018.

Update: This rulemaking was noticed for a 15-day public comment period for the modified text approved by the Board at its February 9, 2024 Board meeting. That public comment period ran from February 23 through March 11, 2024. No comments, adverse or otherwise, were received during this comment period. Staff proceeded to prepare the rulemaking for final filing with OAL, and as of April 8, 2024, the package is currently under review by the Business, Consumer Services and Housing Agency. This is the final approval needed prior to filing the final rulemaking package with OAL.

Updates to the Board's Uniform Standards for Substance-Abusing Licensees (CCR, tit. 16, §§ 1018.01 and 1018.02)

Summary of Proposed Changes: This rulemaking would update the Board's Uniform Standards (Uniform Standards) for Substance-Abusing Licensees to reflect changes to the standards required to be adopted pursuant to BCP section 315 and made by the Department of Consumer Affairs' Substance Abuse Coordination Committee (SACC) since the Board's last update of this document in 2013. An update to the Board's Uniform Standards requires the Board to update the regulations that incorporate the Uniform Standards by reference. This rulemaking would also add definitions of relevant terms related to discipline for substance abusing licensees to section.1018.01. The rulemaking would adopt new section 1018.02 to describe the processes involved in the Board issuing a Cease Practice Order, and the steps for a substance-abusing licensee subject to the order to appeal the order, to petition for its removal and to be restored to full practice.

Update: The Board approved proposed text for this rulemaking at its November 2023 Board meeting. Board staff have prepared the initial rulemaking package, which is currently under review by the Business, Consumer Services and Housing Agency.

Application for Licensure by Examination (CCR, tit. 16 §§ 1021 and 1028)

Summary of Proposed Changes: This rulemaking would update the Board's application regulations for licensure by examination to reflect changes in the dentist examination landscape. It would repeal the existing application form and place the application requirements in narrative form, updating those requirements to reflect changes in law since the regulations were last updated. The proposed rulemaking also raises the fee for application for licensure by examination from \$400 to \$500.

Update: The proposed text was approved by the Board at the November 2023 Board meeting. Board staff are working on the initial rulemaking package.

Dental Assisting Exams (CCR, tit. 16, § 1080, 1080.1, 1080.2, 1080.3, 1081, 1081.1, 1081.2, 1081.3, 1081.4, 1082, 1082.1, 1082.2, 1082.3, 1083)

Summary of Proposed Changes: This rulemaking would update the Board's dental assisting examinations to reflect changes in law and exam administration, including the elimination of the clinical and practical examinations for dental assisting licensure. The proposal would incorporate by reference the examination outlines developed for the Board by the Department of Consumer Affairs Office of Professional Examination Services for the Registered Dental Assistant (RDA), Registered Dental Assistant in Extended Functions (RDAEF), Dental Sedation Assistant (DSA) and Orthodontic Assistant (OA) examinations. The rulemaking also repeals certain sections of Board regulations that have been superseded by law and regulations established by the Dental Hygiene Board of California.

Update: The proposed text was approved by the Board at the November 2023 meeting. Board staff have developed the rulemaking package, which is currently under review by the Department of Consumer Affairs Budget Office. Staff anticipate that the package will be moved for review by the Director and the Business, Consumer Services and Housing Agency by the time of this meeting. These are the final reviews that must be completed prior to filing with OAL and beginning the rulemaking process.

Action Requested

This item is informational. No action is necessary.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	April 15, 2024
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 15.b.: Update on the Progress of the Board's Infection Control Regulations Advisory Working Group

Background

Since the previously approved language to update infection control regulations was voted on at the May 2018 Dental Board of California (Board) meeting, Board staff recommended it be rescinded and that a two-person working group be appointed to work with Board staff and consult with the Dental Hygiene Board of California (DHBC) on updates to the infection control guidelines. At the February 9, 2024 Board meeting, the Board moved to rescind previously approved proposed updates to the Board's infection control guidelines. Board President Felsenfeld appointed Dental Assisting Council (Council) Chair Cara Miyasaki and Board Vice-President Joanne Pacheco to serve as the working group to develop updated language.

The infection control guidelines (guidelines) are found in California Code of Regulations Title 16, section 1005. Business and Professions Code (BPC) section 1680(ad) obligates the Board to review these guidelines on an annual basis and to confer with DHBC to establish a consensus on any updates. Section 1680(ad) also provides:

As necessary, the board shall consult with the Medical Board of California, the California Board of Podiatric Medicine, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians, to encourage appropriate consistency in the implementation of this subdivision.

The working group met on April 15, 2024 to discuss a plan for updating the guidelines, including plans for consultation with staff, subject matter experts from DHBC and possibly other boards to encourage appropriate consistency in the implementation of these guidelines. The working group plans to have additional meetings in the coming months to further develop specific recommendations for discussion at future Council and Board meetings.

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Action Requested

This item is informational only. No action is requested.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	April 15, 2024
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 15.c.: Update on the Progress of the Board's Dental Assisting Regulations Advisory Working Group

Background

At its November 8, 2023 meeting, the Dental Assisting Council (Council) moved to appoint Council Chair Cara Miyasaki and Vice Chair Jeri Fowler to a two-person working group to review proposed changes to the Board's dental assisting regulations and develop updated language for future rulemaking packages.

The first rulemaking package associated with these regulations, addressing dental assisting examinations (Article 4. "Examinations," California Code of Regulations, Title 16 (CCR 16), §§ 1080 et seq.), was approved for initiation of the rulemaking process by the Dental Board of California (Board) at the November 2023 meeting. As of this writing, staff have prepared the rulemaking package, and it is under review by the Department of Consumer Affairs Budget Office.

Vice Chair Fowler, on behalf of the working group, met with staff, the Board's Executive Officer and Regulations Counsel on January 24, 2024 to identify a strategy for revising the remaining dental assisting regulations. As a result of that meeting, the working group began preparing the following proposals for Council and Board consideration at future meetings:

- A Section 100 rulemaking package to repeal 16 CCR section 1069, and to amend sections 1076 and 1086 to remove references to section 1069 (related to permit processing times). Section 1069 concerns the implementation of requirements for minimum and maximum permit and license processing times in accordance with the Permit Reform Act of 1981, a part of the Government Code that has since been repealed. A Section 100 rulemaking package is intended to address changes without regulatory effect as authorized by Title 1, CCR section 100 (e.g., non-substantive grammatical changes, renumbering, or deleting a regulatory provision for which all statutory or constitutional authority has been repealed) and permits updating of existing regulations through a shorter procedure than what is required for a regular rulemaking. This package will be brought before the Council at its May 14, 2024 meeting, and then will be brought to the Board as a separate item.

Agenda Item 24.c.: Update on the Progress of the Board's Dental Assisting Regulations Advisory Working Group
Dental Board of California Meeting
May 14-15, 2024

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- A rulemaking package to update the Board's regulations in Article 3. "Application for Licensure" (16 CCR, §§ 1076–1079.3) of Chapter 3 of Division 10, which addresses Registered Dental Assistant, Registered Dental Assistant in Extended Functions, Registered Dental Hygienist (RDH) and Registered Dental Hygienist in Extended Functions (RDHEF) applications. The package would update the existing language; add language for Orthodontic Assistant (OA) and Dental Sedation Assistant (DSA) permit applications; and, in consultation with Dental Hygiene Board of California staff, repeal any language for RDH or RDHEF applications that have been supplanted by Dental Hygiene Board of California laws and regulations ("dental assisting licensure applications").

The working group met again on April 3, 2024, to review proposed language for the packages described above. The working group believes the Section 100 package is ready for both Council and Board consideration, and the Council is expected to review the proposal at its May 14, 2024 meeting. The working group will continue developing the dental assisting licensure applications rulemaking package for consideration at a future Council meeting before bringing the package to the Board.

Once the Section 100 and dental assisting licensure applications rulemaking packages are approved by the Board, the working group will shift focus to the remaining articles of the dental assisting regulations: Article 1. "General Provisions," Article 2. "Educational Programs," and Article 5. "Duties and Settings." The plan currently is to develop separate packages for each article.

Action Requested

This item is informational only. No action is required.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	April 18, 2024
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 15.d.: Discussion and Possible Action to Make Non-Substantive Rule Changes Per Section 100 of Title 1 of the California Code of Regulations (CCR) to Repeal CCR, Title 16, Section 1069 and its Title, and Amend CCR, Title 16, Sections 1076 and 1086 Concerning the Permit Reform Act

Background

Title 16, California Code of Regulations (CCR) section 1069 concerns the implementation of requirements for minimum and maximum permit and license processing times related to Registered Dental Assistants, Registered Dental Assistants in Extended Functions, Registered Dental Hygienists and Registered Dental Hygienists in Extended Functions in accordance with the Permit Reform Act of 1981, found in sections 15375 and 15376 of the Government Code (Gov. Code). There are also references to section 1069 in CCR sections 1076(b) and 1086(d).

Gov. Code sections 15375 and 15376 were repealed by Assembly Bill 1757 (Committee on Budget, Chapter 229, Statutes of 2003).

As explained in Attachment 2, following the creation of the Dental Hygiene Board of California (DHBC) in 2019 through Senate Bill 1482 (Hill, Chapter 858, Statutes of 2018), the regulatory oversight authority of dental hygienists was transferred from the Dental Board of California (Board) to DHBC.

A Section 100 rulemaking package is intended to address changes without regulatory effect and permits updating of existing regulations through a shorter procedure than what is required for a regular rulemaking. Because the underlying statutes for the affected regulations were repealed, and the Board no longer has regulatory authority over dental hygienists, Regulations Counsel and Board staff believe proposed changes would qualify for this abbreviated 1 CCR Section 100 rulemaking process. The plan would be to move these changes forward first to the Office of Administrative Law, then address other more substantive changes to the dental assisting regulations through the regular rulemaking process.

Agenda Item 15.d.: Discussion and Possible Action to Make Non-Substantive Rule Changes Per Section 100 of Title 1 of the California Code of Regulations (CCR) to Repeal CCR, Title 16, Section 1069 and its Title, and Amend CCR, Title 16, Sections 1076 and 1086 Concerning the Permit Reform Act

Dental Board of California Meeting

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Action Requested

Board staff requests the Board review and consider the proposed regulatory changes in Attachment 1 and the justification for those changes in Attachment 2. If the Board agrees that it should initiate the proposed Section 100 package to repeal CCR section 1069 and amend sections 1076 and 1086, it should move to make that recommendation. Suggested motion language follows:

Motion A – (To be used if the Board approves the proposed Section 100 package with no changes).

Move to approve the proposed regulatory text described in Attachment 1 and authorize the Executive Officer to take all steps necessary to pursue the rulemaking through the Title 1, CCR section 100 rulemaking process, make any non-substantive changes to the text and/or rulemaking package as needed throughout the process and to repeal CCR, title 16, section 1069, and amend sections 1076 and 1086 as described in the proposed text.

Motion B – (To be used if the Board approves the proposed rulemaking with changes. The changes would have to be described separately as part of the recommended motion.)

Move to approve the proposed regulatory text as set forth in Attachment 1 and as amended with the following changes (describe the changes here) and authorize the Executive Officer to take all steps necessary to pursue the rulemaking through the Title 1, CCR section 100 rulemaking process, make any non-substantive changes to the text and/or rulemaking package as needed throughout the process and to repeal CCR title 16, section 1069, and amend sections 1076 and 1086 as described in the proposed text as amended at this meeting.

If the Board does not wish to initiate the Section 100 package, no motion is necessary.

Attachments:

1. Section 100 Filing – Repeal of Permit Processing Times: Proposed Text to Repeal Section 1069 and its title of Article 1, amend Section 1076 of Article 3 of Chapter 3, and amend Section 1086 of Article 5 of Chapter 3 of Division 10 of Title 16 of the California Code of Regulations.

2. Written Justification for Section 100 Change Without Regulatory Effect

**TITLE 16. PROFESSIONAL AND VOCATIONAL
REGULATIONS
DIVISION 10. DENTAL BOARD OF CALIFORNIA**

**SECTION 100 FILING – REPEAL OF PERMIT PROCESSING
TIMES**

Deleted text is indicated by strikethrough.

Repeal Section 1069 and its title of Article 1, amend Section 1076 of Article 3 of Chapter 3, and amend Section 1086 of Article 5 of Chapter 3 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

~~§ 1069. Permit Reform Act.~~

~~Permit” as defined by the Permit Reform Act of 1981 means any license, certificate, registration, permit, or any other form of authorization required by a state agency to engage in a particular activity or act. Processing times for the committee's programs are set forth below. The actual processing times apply to those persons who take and pass the first available examination.~~

	<i>Maximum period of time in which the Board will notify applicant that application is complete or deficient and what specific information</i>	<i>Maximum period of time after the filing of a complete application in which the Board will notify applicant of a permit</i>	<i>Actual Processing Times Based On Prior Two Years</i>		
<i>Name of Program</i>	<i>is required</i>	<i>decision</i>	<i>Minimum</i>	<i>Median</i>	<i>Maximum</i>
RDA Licensure	90 days	180 days	75 days	114 days	358 days
RDAEF Licensure	75 days	120 days	28 days	35 days	55 days
RDH Licensure	90 days	120 days	32 days	113 days	270 days
RDHEF Licensure	75 days	120 days	32 days	113 days	270 days
<i>Education Program</i>					
<i>Review and Approval</i>					
RDA Educational	120 days	150 days	64 days	219	370 days

Programs				days	
RDA Coronal Polish and/or Ultrasonic Scaler Course	90 days	120 days	67 days	102 days	191 days
RDAEF Educational Programs	90 days	120 days	60 days	90 days	150 days
RDHEF Educational Programs	90 days	120 days	60 days	90 days	150 days
Auxiliary Licensure Renewal	30 days	90 days	20 days	39 days	60 days

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 15375 and 15376, Government Code; and Section 1614, Business and Professions Code.

§ 1076. General Application Requirements.

(a) Application for licensure as a registered dental auxiliary shall be made on a form prescribed by the board and shall be accompanied by the following:

- (1) The fees fixed by the board;
- (2) Two classifiable sets of fingerprints on forms provided by the board;
- (3) Where applicable, a record of any previous dental assisting or hygiene practice and verification of license status in another jurisdiction.

(b) Completed applications shall be filed with the board not later than the following number of days prior to the date set for the examination for which application is made:

	RDH	-- 45 days
	RDA	-- 60 days
	RDAEF and RDHEF	-- 45 days

An incomplete application shall be returned to the applicant together with a statement setting forth the reason for returning the application and indicating the amount of money, if any, which will be refunded.

An application shall not be deemed incomplete for failure to establish compliance with educational requirements if the application is accompanied by a certification from an

approved program that the applicant is expected to meet all educational requirements established for the license for which application has been made and if the approved program certifies not less than 30 days prior to examination that the applicant has in fact met such educational requirements.

~~The processing times for dental auxiliary licensure are set forth in Section 1069.(c)~~
Permission to take an examination shall be granted to those applicants who have paid the necessary fees and whose credentials have been approved by the executive officer. Nothing contained herein shall be construed to limit the board's authority to seek from an applicant such other information as may be deemed necessary to evaluate the applicant's qualifications.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614, and 1753, ~~1754, 1758 and 1759~~, Business and Professions Code; ~~and Section 15376, Government Code.~~

§ 1086. RDA Duties and Settings.

- (a) Unless specifically so provided by regulation, the prohibitions contained in section 1085 of these regulations apply to registered dental assistants.
- (b) A registered dental assistant may perform all functions which may be performed by a dental assistant.
- (c) Under general supervision, a registered dental assistant may perform the following duties:
 - (1) Mouth-mirror inspection of the oral cavity, to include charting of obvious lesions, existing restorations and missing teeth;
 - (2) Placement and removal of temporary sedative dressings.
- (d) A registered dental assistant may perform the following procedures under the direct supervision of a licensed dentist when done so pursuant to the order, control and full professional responsibility of the supervising dentist. Such procedures shall be checked and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist.
 - (1) Obtain endodontic cultures;
 - (2) Dry canals, previously opened by the supervising dentist, with absorbent points;
 - (3) Test pulp vitality;

- (4) Place bases and liners on sound dentin;
- (5) Remove excess cement from supragingival surfaces of teeth with a hand instrument or floss;
- (6) Size stainless steel crowns, temporary crowns and bands;
- (7) Fabrication of temporary crowns intra-orally;
- (8) Temporary cementation and removal of temporary crowns and removal of orthodontic bands;
- (9) Placement of orthodontic separators;
- (10) Placement and ligation of arch wires;
- (11) Placement of post-extraction and periodontal dressings;
- (12) Apply bleaching agents;
- (13) Activate bleaching agents with non-laser light-curing device;
- (14) Take bite registrations for diagnostic models for case study only;
- (15) Coronal polishing (Evidence of satisfactory completion of a board-approved course of instruction in this function must be submitted to the board prior to any performance thereof). ~~The processing times for coronal polishing course approval are set forth in section 1069.~~

This procedure shall not be intended or interpreted as a complete oral prophylaxis (a procedure which can be performed only by a licensed dentist or registered dental hygienist). A licensed dentist or registered dental hygienist shall determine that the teeth to be polished are free of calculus or other extraneous material prior to coronal polishing.

(16) Removal of excess cement from coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler. (Evidence of satisfactory completion of a board-approved course of instruction or equivalent instruction in an approved RDA program in this function must be submitted to the board prior to any performance thereof.) ~~The processing times for ultrasonic scaler course approval are set forth in section 1069.~~

(e) Settings. Registered dental assistants may undertake the duties authorized by this section in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the board.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614 and 1754, Business and Professions Code; ~~and Section 15376, Government Code.~~

**TITLE 16. PROFESSIONAL AND VOCATIONAL
REGULATIONS
DIVISION 10. DENTAL BOARD OF CALIFORNIA**

**Repeal of Title 16, California Code of Regulations (CCR), Section 1069, and
Amend CCR Sections 1076 and 1086**

SECTION 100 CHANGE WITHOUT REGULATORY EFFECT

Pursuant to Title 1, Division 1, Chapter 1, Article 2, Section 100(b)(3), of the California Code of Regulations (CCR), the Department of Consumer Affairs' Dental Board of California (Board) submits this written statement explaining why the proposed repeal of section 1069 of Article 1, and the proposed amendment of section 1076 of Article 3, and section 1086 of Article 5 of Chapter 3, Division 10 of Title 16, CCR does not materially alter any requirement, right, responsibility, condition, prescription, or other regulatory element of any CCR provision. Subject to the approval of the Office of Administrative Law, the Board would amend text in the CCR as follows:

§ 1069. Permit Reform Act.

The Board proposes to delete section 1069 and its title "Permit Reform Act" because Government Code sections 15375 and 15376, the statutes that authorized the Board to adopt regulations regarding processing times for permits, were repealed by Assembly Bill 1757 (Committee on Budget, Chapter 229, Statutes of 2003), and the Board no longer regulates hygienists.

Permit Reform Act Authority Repealed

Government Code section 15376 provided, before repeal:¹

All state agencies that issue permits shall adopt regulations regarding their procedures for considering and issuing permits, specifying the following criteria.

(a) A period dating from the receipt of a permit application within which the agency must either inform the applicant, in writing, that the application is complete and accepted for filing, or that the application is deficient and what specific information is required.

(b) A period dating from the filing of a completed application within which the agency must reach a permit decision.

¹ Section 15376 was repealed by Stats. 2003, c. 229 (A.B. 1757), §1.8

(c) The agency's median, minimum, and maximum times for processing a permit, from the receipt of the initial application to the final permit decision, based on the agency's actual performance during the two years immediately preceding the proposal of the regulation.

(d) Any new or additional permits required by any state agency after the effective date of this chapter shall be subject to the provisions of this chapter.

(e) An agency may amend its regulations to modify the agency's time periods.

(f) The rulemaking file submitted to the Office of Administrative Law shall contain a justification for time periods proposed.

(g) A state agency shall be deemed to have good cause for exceeding the maximum time period established for processing a permit under either of the following circumstances:

(1) The number of permits to be processed exceeds by 15 percent the number processed in the same calendar quarter the preceding year.

(2) The permit-issuing agency must rely on another public or private entity for all or part of the processing and the delay is caused by that other entity.

Government Code section 15376 required state agencies, including the Board, to adopt regulations regarding their procedures for considering and issuing permits.

Authority for Regulating Hygienists Repealed

On August 9, 1972, Assembly Bill 1953 (Stats. 1972; ch. 645), was enacted and created the Advisory Committee on the Utilization and Education of Dental Auxiliaries, later to be known as the Committee on Dental Auxiliaries (COMDA) under the jurisdiction of the Board, whose function was to consult with and make recommendations to the Board regarding the utilization and regulation of all dental auxiliaries. In consultation with these committees, the Board adopted regulations regarding dental auxiliaries in Chapter 3 of Division 10 of the CCR, including CCR sections 1069, 1076 and 1086.

The Board adopted section 1069 to implement Government Code section 15376 with respect to permit processing times for the following types of dental auxiliary licensees or permit holders: Registered Dental Assistants (RDA), Registered Dental Assistants in Extended Functions (RDAEF), Registered Dental Hygienists (RDH), Registered Dental Hygienists in Extended Functions (RDHEF), RDA educational courses and programs, and auxiliary license renewal.

Effective July 1, 2009, Senate Bill 853 (Peralta, Chapter 31, Statutes of 2008) (SB 853, copy attached) abolished COMDA and created the Dental Hygiene Committee of California (DHCC, Committee) under the statutory jurisdiction of the Dental Board of California (DBC), whose duties included: issuing, reviewing, and revoking licenses, developing and administering examinations, determining fees and education programs and continuing education requirements for a registered dental hygienist, a registered dental hygienist in alternative practice, and a registered dental hygienist in extended functions, and adopting regulations.

Effective January 1, 2019, Senate Bill 1482 (Hill, Chapter 858, Statutes of 2018) (SB 1482) removed the DHCC from the jurisdiction of the DBC and transferred regulatory oversight of dental hygienists from this Board to a new independent Board entitled the “Dental Hygiene Board of California” (DHBC) within the Department of Consumer Affairs

The Board requests the repeal of section 1069 because the statutory authority therefor, Government Code sections 15375 and 15376, have been repealed and the Board is no longer authorized to regulate or set processing times for either RDH or RDHEF licensees who are now regulated by the DHBC. California Code of Regulations, title 1, section 100, subd (a) states, in part:

“Changes without regulatory effect include, but are not limited to: ... (2) deleting a regulatory provision for which all statutory or constitutional authority has been repealed[.]”.

Thus, the Board’s proposed deletions for this section may be considered a change without regulatory effect.

§ 1076. General Application Requirements.

The Board proposes amending CCR section 1076 to remove the reference to section 1069 found in the second paragraph of subsection 1076(b). The Board requests this amendment because it is requesting the repeal of CCR section 1069 because the statutory authority for section 1069 has been repealed as noted in the above-referenced justification for the repeal of CCR section 1069. Additionally, eliminating the reference to CCR section 1069 would avoid confusion regarding the purpose of the reference and prevent a clarity problem if the repeal of section 1069 is approved.

In addition, as noted above in the justification for repeal of CCR section 1069, all statutory authority for the Board to regulate RDH and RDHEF licensees has been repealed. Therefore, the Board proposes to delete references in this section to “hygiene” practice in subsection (a), references to “RDH” and “RDHEF” completed application deadlines in subsection (b), and corresponding references to prior statutory

authority in the “Note” section of this regulation for RDH and RDHAEF licensees that has been repealed.

§ 1086. RDA Duties and Settings.

The Board proposes amending CCR section 1086 to remove the references to section 1069 found in subsections 1086(d)(15) and (d)(16). The Board requests these amendments because it is requesting the repeal of CCR section 1069 because the statutory authority for section 1069 has been repealed as noted in the above-referenced justification for the repeal of CCR section 1069. Additionally, eliminating the references to section 1069 would avoid confusion regarding the purpose of the reference and prevent a clarity problem if the repeal of section 1069 is approved.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	April 2, 2024
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 21.: Board 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	April 2, 2024
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 22.: Dental Assisting Council Meeting Report

Background

Ms. Cara Miyasaki, Chair of the Dental Assisting Council (Council), will provide a verbal report on the May 14, 2024 meeting of the Council.

Action Requested

No action requested.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	April 15, 2024
TO	Members of the Dental Board of California
FROM	Paige Ragali, Chief of Administration and Compliance Dental Board of California
SUBJECT	Agenda Item 23.a.: Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code (BPC) Section 1684.1 Regarding Patient Records

Background

Licensees of the Dental Board of California (Board) who fail or refuse to comply with a Board request for patient records within 15 days of receiving the request and patient authorization for release of the records to the Board are subject to a civil penalty assessed by the Board in the amount of \$250 per day for each day the documents have not been produced, as specified. (Business and Professions Code (BPC), § 1684.1, subd. (a)(1).) Health care facilities also are subject to fines for failing to comply with a Board request for the release of patient records. (BPC, § 1684, subd. (a)(2).)

Discussion

Board staff have identified areas of concern with the way the statute is currently written which does not account for certain circumstances when a patient is unable to provide authorization on their own behalf. This can pose issues with obtaining necessary records to be able to properly review and investigate complaints by not allowing Board staff to obtain documents pertinent to the consumer's complaint. Further, BPC section 1684.1 should be updated to resolve current uses of gender-neutral pronouns.

Recommended Statutory Amendments

BPC section 1684.1, subdivision (a)(1) and (2), currently requires a patient to provide written authorization to the Board to allow Board staff to request and receive records from a Board licensee or health care facility. The way the statute is written currently is limiting and does not allow for circumstances where the patient is unable to provide authorization for the release of records on their own.

Agenda Item 23.a.: a. Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code (BPC) Section 1684.1 Regarding Patient Records
Dental Board of California Meeting
May 14-15, 2024

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Board staff recommend adding clarifying language to expand on who may provide authorization for Board staff to request and receive records from licensees or health care facilities. Board staff recommend relying on the existing definition of “patient’s representative” contained in the Patient Access to Health Records law under Health and Safety Code section 123105, subdivision (e), which defines “patient’s representative” to mean: (1) a parent or guardian of a minor who is a patient; (2) the guardian or conservator of the person of an adult patient; (3) an agent as defined under the Probate Code to the extent necessary for the agent to fulfill their duties, as specified; or (4) the beneficiary or personal representative, as specified, of a deceased patient. Board staff also recommend updating references to “he or her” in the existing statute to instead refer to “the licensee’s” to conform to current gender-neutral licensee terms.

Operational/Fiscal Impact

Board staff have made an initial determination that the proposed statutory amendments would not have a significant operational impact regarding enforcement costs.

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 recommend to the California State Legislature a legislative proposal to amend Business and Professions Code section 1684.1 to clarify the authority of patient representatives to authorize release of patient records to the Board and update the statute to gender neutral terms.

Suggested Motions

Provided below are the Board’s options, with proposed motion language, regarding Board staff proposed legislative amendments to BPC section 1684.1.

Option 1 (approve the legislative proposal): Move to recommend to the California State Legislature inclusion in the Board’s Sunset bill a legislative proposal to amend BPC section 1684.1.

Option 2 No motion: If the Board does not agree with the legislative proposal to amend BPC section 1684.1, the Board will not need to take any action or make any motion.

Attachment:

Legislative Proposal to Amend Business and Professions Code Section 1684.1
Regarding Patient Records

Agenda Item 23.a.: Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code (BPC) Section 1684.1 Regarding Patient Records
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DENTAL BOARD OF CALIFORNIA
LEGISLATIVE PROPOSAL
TO AMEND BUSINESS AND PROFESSIONS CODE
REGARDING PATIENT DENTAL RECORDS

Proposed amendments adding text are in underlined text and proposed amendments deleting text are in ~~striketrough text~~.

Amend Section 1684.1 of Article 4 of Chapter 4 of Division 2 of the Business and Professions Code as follows:

1684.1. (a)(1) A licensee who fails or refuses to comply with a request for the dental records of a patient, that is accompanied by ~~that patient's~~ written authorization of the patient or the patient's representative, as defined in subdivision (e) of Section 123105 of the Health and Safety Code, for release of records to the board, within 15 days of receiving the request and authorization, shall pay to the board a civil penalty of two hundred fifty dollars (\$250) per day for each day that the documents have not been produced after the 15th day, up to a maximum of five thousand dollars (\$5,000) unless the licensee is unable to provide the documents within this time period for good cause.

(2) A health care facility shall comply with a request for the dental records of a patient that is accompanied by ~~that patient's~~ written authorization of the patient or the patient's representative, as defined in subdivision (e) of Section 123105 of the Health and Safety Code, for release of records to the board together with a notice citing this section and describing the penalties for failure to comply with this section. Failure to provide the ~~authorizing~~ patient's dental records to the board within 30 days of receiving this request, authorization, and notice shall subject the health care facility to a civil penalty, payable to the board, of up to two hundred fifty dollars (\$250) per day for each day that the documents have not been produced after the 30th day, up to a maximum of five thousand dollars (\$5,000), unless the health care facility is unable to provide the documents within this time period for good cause. This paragraph shall not require health care facilities to assist the board in obtaining the patient's authorization. The board shall pay the reasonable cost of copying the dental records.

(b)(1) A licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board shall pay to the board a civil penalty of one thousand dollars (\$1,000) per day for each day that the documents have not been produced after the date by which the court order requires the documents to be produced, unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(2) Any licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board is guilty of

a misdemeanor punishable by a fine payable to the board not to exceed five thousand dollars (\$5,000). The fine shall be added to the licensee's renewal fee if it is not paid by the next succeeding renewal date. Any statute of limitations applicable to the filing of an accusation by the board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(3) A health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of patient records to the board, that is accompanied by a notice citing this section and describing the penalties for failure to comply with this section, shall pay to the board a civil penalty of up to one thousand dollars (\$1,000) per day for each day that the documents have not been produced, up to ten thousand dollars (\$10,000), after the date by which the court order requires the documents to be produced, unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals.

(4) Any health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board is guilty of a misdemeanor punishable by a fine payable to the board not to exceed five thousand dollars (\$5,000). Any statute of limitations applicable to the filing of an accusation by the board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals.

(c) Multiple acts by a licensee in violation of subdivision (b) shall be punishable by a fine not to exceed five thousand dollars (\$5,000) or by imprisonment in a county jail not exceeding six months, or by both that fine and imprisonment. Multiple acts by a health care facility in violation of subdivision (b) shall be punishable by a fine not to exceed five thousand dollars (\$5,000) and shall be reported to the State Department of Health Services and shall be considered as grounds for disciplinary action with respect to licensure, including suspension or revocation of the license or certificate.

(d) A failure or refusal to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board constitutes unprofessional conduct and is grounds for suspension or revocation of ~~his or her~~ the licensee's license.

(e) Imposition of the civil penalties authorized by this section shall be in accordance with the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Division 3 of Title 2 of the Government Code).

(f) For the purposes of this section, a "health care facility" means a clinic or health care facility licensed or exempt from licensure pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	February 26, 2024
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 23.b.: Discussion and Possible Action on Legislative Proposal to Amend BPC Section 1601.1 Regarding Board Composition

Background

The Dental Board of California (Board) is comprised of 15 members consisting of the following: eight practicing dentists, one registered dental hygienist (RDH), one registered dental assistant (RDA), and five public members. (Business and Professions Code (BPC), § 1601.1, subd. (a).) To consider matters relating to dental assistants and make recommendations to the Board, the California State Legislature created the Dental Assisting Council (Council), comprised of the 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, § 1742, subds. (a), (b).) The Board appoints the Council members and considers in those appointments recommendations submitted by any incorporated, nonprofit professional society, association, or entity whose membership is comprised of RDAs within the state. (BPC, § 1742, subd. (b).)

The Dental Hygiene Board of California (DHBC) was established in 2018, replacing the Dental Hygiene Committee of California (Committee), which was a committee of the Board.

Discussion

As the Committee is no longer under the Board's jurisdiction, and the Board no longer regulates any category of RDHs, the presence of a Registered Dental Hygienist (RDH) on the Board does not have the direct benefit it once did.

Agenda Item 23.b.: Discussion and Possible Action on Legislative Proposal to Amend BPC Section 1601.1 Regarding Board Composition
Dental Board of California Meeting
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Board staff are recommending that the Board consider a legislative proposal to change the composition to the Board to replace the RDH member of the Board with a second RDA.

Adding a second RDA position to the Board would increase the number of dental assistants on the Board, giving the dental assisting profession a greater voice and increased engagement in the profession. Further, it would facilitate increased interaction between the Board and the Council, as well as between the Board and dental assisting stakeholders.

Recommendation

Given the discussion above and the history of advocating for additional RDA members on the Board by stakeholder associations, Board staff recommend that the Board support the proposed legislative proposal.

Action Requested

The Board is asked to discuss the information presented in this memo and consider Board staff's recommendation. If the Board agrees, suggested motions are listed below.

Suggested Motions

Option 1 (support the proposed recommendation): Move to approve for submission to the California State Legislature the legislative proposal to amend Business and Professions Code section 1601.1.

Option 2 (support proposed recommendation as revised during this meeting): Move to approve for submission to the California State Legislature the legislative proposal to amend Business and Professions Code section 1601.1, as revised during this meeting [insert specific revisions].

Option 3 (no motion): If the Board does not wish to act on the recommendation, no motion is necessary.

Attachment:

Legislative Proposal to Amend Business and Professions Code Section 1601.1
Regarding Board Composition

**DENTAL BOARD OF CALIFORNIA
LEGISLATIVE PROPOSAL TO AMEND BUSINESS AND PROFESSIONS CODE
SECTION 1601.1 REGARDING BOARD COMPOSITION**

Additions are indicated in underline text.

Deletions are indicated in ~~strike through text~~.

An act to amend Business and Professions Code 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 practicing dentists, ~~one registered dental hygienist, one~~ two registered dental assistants, and five public members. Of the eight 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~~2029, 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.

MEMORANDUM

DATE	April 10, 2024
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 23.c.: Discussion and Possible Action on Legislative Proposal to Amend BPC Section 1645 Regarding Continuing Education Requirements for License Renewal

Background

Together with the California State Legislature, local officials, labor leaders, and community organizations, Governor Gavin Newsom proposed a modernization of the Mental Health Services Act for the March 2024 ballot. The goal of this effort is to expand access to care for those with severe mental health needs and substance use disorders. The proposal, identified as Proposition 1 on the March 2024 ballot, renamed the Mental Health Services Act to be the Behavioral Health Services Act and was approved by California voters.

Also, Governor Newsom issued Executive Order N-16-22 to support a state workforce that reflects the diversity of the people of California to serve and respond to the needs of a diverse California population, among other actions.

To support the Governor's initiative on mental health and to acknowledge the importance of California's diversity, state boards are moving to accept continuing education (CE) credits in licensee mental health wellness and competence and recognition and elimination of bias in professional industries. For dental professionals and patients, the Dental Board of California (Board) staff recommend the Board consider a legislative proposal to accept CE units in licensee mental health and wellness and diversity, equity, and inclusion to satisfy CE requirements for license renewal. Such courses would include material on how these subjects affect the delivery of dental services.

Discussion

Board licensees are required to complete CE credits for license renewal consistent with regulations established by the Board. (Business and Professions Code (BPC), § 1645, subd. (a).) The number of CE credits that must be completed for each type of license upon renewal is specified in California Code of Regulations (CCR), title 16, section 1017, subsection (c). CE courses that are recognized for satisfaction of CE credits are described in CCR, title 16, section 1016. Currently, CCR, title 16, section 1016, subsection (b)(2),

Agenda Item 23.c.: Discussion and Possible Action on Legislative Proposal to Amend BPC Section 1645 Regarding Continuing Education Requirements for License Renewal
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recognizes CE credit for courses relating to the actual delivery of dental services to the patient or the community, such as “(I) courses in dependency issues and substance abuse such as alcohol and drug use as it relates to patient safety, professional misconduct, ethical considerations or malpractice,” “(J) courses in behavioral sciences, behavior guidance, and patient management and the delivery of care to all populations including special needs, pediatric and sedation patients when oriented specifically to the clinical care of the patient,” and “(L) courses in cultural competencies such as bilingual dental terminology, cross-cultural communication, provision of public health dentistry, and the dental professional's role in provision of care in non-traditional settings when oriented specifically to the needs of the dental patient and will serve to enhance the patient experience.” However, CCR, title 16, section 1016, subsection (b)(4), prohibits recognition for CE credit courses considered to be of direct benefit to the licensee, including courses in the licensee’s personal health, or outside the scope of dental practice in California.

To clarify the ability of Board licensees to take courses in licensee mental health and wellness and diversity, equity, and inclusion to satisfy CE requirements for license renewal, Board staff propose amending the CE statute to specifically authorize licensees to take these types of courses, as CE courses in the actual delivery of dental services to the patient or the community, to satisfy CE requirements. Board staff anticipate this proposal would expand recognition of the effect of personal mental health on the practice and delivery of care to patients, support progress made toward attaining shared goals to eliminate bias impacting both dental patients and dental professionals, and address disparities in access to care.

Action Requested

The Board is asked to discuss the legislative proposal. If the Board agrees with the legislative proposal, the Board is asked to move a recommendation to the California State Legislature to include the attached legislative proposal in the Board’s Sunset bill.

Suggested Motions

Provided below are the Board’s options, with proposed motion language, regarding Board staff proposed legislative amendments to BPC section 1645.

Option 1 (approve the legislative proposal): Move to recommend to the California State Legislature inclusion in the Board’s Sunset bill a legislative proposal to amend BPC section 1645.

Option 2 (approve the legislative proposal as revised during this meeting): Move to recommend to the California State Legislature inclusion in the Board’s sunset bill a legislative proposal to amend BPC section 1645, as revised during this meeting.

Option 3 No motion: If the Board does not agree with the legislative proposal to amend BPC section 1645, the Board will not need to take any action or make any motion.

Attachment:

Legislative Proposal to Amend Business and Professions Code Section 1645 Regarding Continuing Education Requirements for License Renewal

DENTAL BOARD OF CALIFORNIA
LEGISLATIVE PROPOSAL TO AMEND
BUSINESS AND PROFESSIONS CODE SECTION 1645
REGARDING CONTINUING EDUCATION REQUIREMENTS FOR LICENSE
RENEWAL

Additions are indicated in single underline.

Amend section 1645 of the Business and Professions Code as follows:

1645. (a) (1) All holders of licenses under this chapter shall continue their education after receiving a license as a condition to the renewal thereof, and shall obtain evidence satisfactory to the board that they have, during the preceding two-year period, obtained continuing education relevant to developments in the practice of dentistry and dental assisting consistent with regulations established by the board.

(2) The board shall adopt regulations providing for the suspension of the licenses at the end of the two-year period until compliance with this section is accomplished.

(b) The board may also, as a condition of license renewal, require licensees to successfully complete a portion of the required continuing education hours in specific areas adopted in regulations by the board. The board may prescribe this mandatory coursework within the general areas of patient care, health and safety, law and ethics, and the risks of addiction associated with the use of Schedule II drugs. The mandatory coursework prescribed by the board shall not exceed 15 hours per renewal period for dentists, and 7.5 hours per renewal period for dental auxiliaries. Any mandatory coursework required by the board shall be credited toward the continuing education requirements established by the board pursuant to subdivision (a).

(c) For a retired dentist who provides only uncompensated care, the board shall not require more than 60 percent of the hours of continuing education that are required of other licensed dentists. Notwithstanding subdivision (b), all of the hours of continuing education as described in this subdivision shall be gained through courses related to the actual delivery of dental services to the patient or the community, as determined by the board. Nothing in this subdivision shall be construed to reduce any requirements imposed by the board pursuant to subdivision (b).

(d) Satisfactory completion of Board-approved courses in the following subjects shall count as continuing education in courses in the actual delivery of dental services to the patient or the community:

(1) Licensee mental health and wellness and its impact on the delivery of dental services.

(2) Diversity, equity, and inclusion and its impact on the delivery of dental services.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	April 22, 2024
TO	Members of the Dental Board of California
FROM	Jessica Olney, Staff Services Manager I Dental Board of California
SUBJECT	Agenda Item 23.d.: Discussion and Possible Action on Legislative Proposal to Amend BPC Sections 1646.1, 1646.2, and 1682 Regarding General Anesthesia and Sedation Permits

Background

Since the enactment of Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018), Dental Board of California (Board) staff have identified additional 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 May 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 previously approved legislative proposal addressed the following issues:

- 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.

Agenda Item 23.d.: Discussion and Possible Action on Legislative Proposal to Amend BPC Sections 1646.1, 1646.2, and 1682 Regarding General Anesthesia and Sedation Permits
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- The definition of “good standing” and moving the good standing requirement to the sections on permit applications.
- Which kind of permit (and endorsement, if applicable) a permit holder should have, if not already specified.
- Make the medical recordkeeping requirements consistent with similar requirements in Board regulations.
- Ensure patient safety and compliance with MS administration requirements by requiring that all MS procedures, including those performed to obtain an MS permit, in a private dental office meet MS Permit and/or pediatric endorsement office, facility, and staff requirements for MS permit holders. These procedures also would need to be performed under the supervision of a California-licensed dentist who holds either a GA or MS permit, with a pediatric endorsement (as applicable), and the one-to-one patient ratio required by BPC section 1682, subdivision (a), would need to be maintained. The proposal also would require that the case information submitted for MS permits be subject to the same confidentiality provisions as the case information submitted for pediatric endorsements.

These proposed legislative amendments were submitted to the California State Legislature in the Board’s 2024 Sunset Review Report for potential inclusion in the Board sunset review bill.

In reviewing the legislative proposals, Board staff have identified additional areas in current law that would benefit from legislative amendments. As some of the additional proposed changes are substantive, Board approval is required to proceed.

The attached legislative proposal shows these additional proposed amendments, as well as the proposed amendments previously approved by the Board in the larger consolidated amendment package for general anesthesia and sedation permits. The legislative proposal only shows additional amendments to three statutes rather than including the previously approved amendments to the larger consolidated package.

Additional Recommended Changes

Business and Professions Code (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. To obtain a general anesthesia and deep sedation permit, a dentist is required to submit an application, application fee, and evidence showing successful completion of advanced training, as specified. (BPC, § 1646.2.) To obtain a pediatric endorsement

for the general anesthesia to administer general anesthesia or deep sedation to patients under seven years of age, the dentist must apply for the pediatric endorsement and, among other things, submit proof of current certification in Advanced Cardiac Life Support (ACLS). (BPC, § 1646.1, subd. (c)(3).) Notably, ACLS certification currently is not required to be maintained after the pediatric endorsement is issued by the Board, and is not required for general anesthesia or deep sedation administered to patients older than seven years of age.

In a continued effort to promote patient safety for both adult and pediatric patients while under the effects of deep sedation or general anesthesia, Board staff recommend amending BPC section 1646.1 to add new subdivision (b) to require a dentist who administers or orders the administration of deep sedation or general anesthesia to any patient (regardless of age) to maintain current certification in ACLS. The legislative proposal also would amend BPC section 1646.2, subdivision (a), to require current ACLS certification to be submitted when applying for a general anesthesia and deep sedation permit. Since the proposal would require current ACLS certification to administer general anesthesia and deep sedation to patients of any age, the proposal would strike that provision from BPC section 1646.2, subdivision (c)(3).

The amendments would require renumbering of existing BPC section 1646.1, subdivisions (b), (c), (d), and (e), and other non-substantive changes.

BPC section 1682

BPC section 1682 defines additional acts constituting unprofessional conduct as they relate to the administration of moderate sedation, deep sedation, and general anesthesia to dental patients. Subdivision (e)(3) clarifies that the subdivision shall not be construed to establish the reasonable standard of care for administering or monitoring oral moderate sedation, moderate sedation, deep sedation, or general anesthesia. As no “oral moderation sedation” permit exists, it appears there was a drafting error in SB 501. To correct this error and provide for the pediatric minimal sedation permit created by SB 501, Board staff recommend amending subdivision (e)(3) to delete “moderate” and replace it with “conscious” to correctly identify the administration of oral conscious sedation and insert “pediatric minimal sedation.”

Action Requested

The Board is asked to discuss and consider the above-described 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)

If the Board approves of the legislative proposal, the Board is asked to recommend to the California State Legislature for inclusion in the Board's sunset bill a revised legislative proposal to amend Business and Professions Code sections 1646.1, 1646.2, and 1682.

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

If the Board approves of the legislative proposal, the Board is asked to recommend to the California State Legislature for inclusion in the Board's sunset bill a revised legislative proposal to amend Business and Professions Code sections 1646.1, 1646.2, and 1682, as amended in this meeting.

Attachment

Legislative Proposal to Revise Previously Proposed Amendments to Business and Professions Code Sections 1646.1, 1646.2, and 1682 Regarding General Anesthesia and Sedation Permits

DENTAL BOARD OF CALIFORNIA
LEGISLATIVE PROPOSAL TO REVISE PREVIOUSLY PROPOSED AMENDMENTS
TO BUSINESS AND PROFESSIONS CODE SECTIONS 1646.1, 1646.2, AND 1682
REGARDING GENERAL ANESTHESIA AND SEDATION PERMITS

Proposed amendments previously approved by the Board adding text are shown in underlined text, and proposed amendments deleting text are shown in ~~striketrough text~~.

Additional proposed amendments adding text are shown in underlined, yellow highlighted text and proposed amendments deleting text are shown in ~~striketrough, yellow highlighted text~~.

Amend Sections 1646.1 and 1646.2 of Article 2.75 and Section 1682 of Article 4 of Chapter 4 of Division 2 of the Business and Professions Code as follows:

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 maintain current certification in Advanced Cardiac Life Support (ACLS).

(bc) 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.

(ed) 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.

(de) 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 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, and current certification in Advanced Cardiac Life Support (ACLS).

(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

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.

1682. In addition to other acts constituting unprofessional conduct under this chapter, it is unprofessional conduct for:

(a) Any dentist performing dental procedures to have more than one patient undergoing moderate sedation, deep sedation, or general anesthesia on an outpatient basis at any given time unless each patient is being continuously monitored on a one-to-one ratio while sedated by either the dentist or another licensed health professional authorized by law to administer moderate sedation, deep sedation, or general anesthesia.

(b) Any dentist with patients recovering from moderate sedation, deep sedation, or general anesthesia to fail to have the patients closely monitored by licensed health professionals experienced in the care and resuscitation of patients recovering from moderate sedation, deep sedation, or general anesthesia. If one licensed professional is responsible for the recovery care of more than one patient at a time, all of the patients shall be physically in the same room to allow continuous visual contact with all patients and the patient to recovery staff ratio should not exceed three to one.

(c) Any dentist with patients who are undergoing deep sedation, general anesthesia, or moderate sedation to fail to have these patients continuously monitored during the dental procedure with a pulse oximeter or similar or superior monitoring equipment and ventilation continuously monitored using at least two of the three following methods:

(1) Auscultation of breath sounds using a precordial stethoscope.

(2) Monitoring for the presence of exhaled carbon dioxide with capnography.

(3) Verbal communication with a patient under moderate sedation. This method shall not be used for a patient under deep sedation or general anesthesia.

(d) Any dentist with patients who are undergoing moderate sedation to have dental office personnel directly involved with the care of those patients who are not certified in basic cardiac life support (CPR) and recertified biennially.

(e) (1) Any dentist to fail to obtain the written informed consent of a patient prior to administering moderate sedation, deep sedation, or general anesthesia. In the case of a minor, the consent shall be obtained from the child's parent or guardian.

(2) The written informed consent for general anesthesia, in the case of a minor, shall include, but not be limited to, the following information:

"The administration and monitoring of deep sedation or general anesthesia may the patient, and the setting in which anesthesia is provided. Risks may vary with each specific situation. You are encouraged to explore all the options available for your child's anesthesia for their dental treatment, and consult with your dentist, family physician, or pediatrician as needed."

(3) Nothing in this subdivision shall be construed to establish the reasonable standard of care for administering or monitoring oral moderateconscious sedation, pediatric minimal sedation, moderate sedation, deep sedation, or general anesthesia.

(f) This section shall become operative on January 1, 2022.

MEMORANDUM

DATE	April 23, 2024
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 23.e.: Discussion and Possible Action on Legislative Proposal to Amend BPC Section 1701.1 Regarding Website Posting of Citations for Unlicensed Practice

Identification of Issue

The Dental Board of California (Board) staff have noted that while the Board is required to post on its website enforcement actions against licensees (Business and Professions Code (BPC), § 27, subd. (a)), it is not clear that the Board has the authority to post on its website citations issued by the Board for unlicensed practice.

Discussion

As noted in the Board's 2024 Sunset Review Report, from 2018-2023, the average annual number of reports of unlicensed activity received by the Board was 78, representing 2% of complaints. By comparison, 150 cases were reported in the 2018 Sunset Review Report, covering 2014-2018.

Unlicensed practice cases generally in into two categories:

1. Reports of dental staff performing duties that their license does not permit them to perform (i.e., working out of scope) in the office of a licensed dental professional.
2. Dental procedures performed by unlicensed persons in facilities where no licensed dental professional operates.

Unlicensed practice of dentistry is a violation of BPC section 1701.1, subdivision (a), and punishable by fine, imprisonment, or both. The Board does not prosecute criminal cases but can issue administrative citations for unlicensed practice. BPC section 148 authorizes boards and bureaus in the Department of Consumer Affairs to issue administrative citations to unlicensed individuals for acting in the capacity of a licensee or registrant under the jurisdiction of the relevant board or bureau. Board regulations, California Code of Regulations (CCR), title 16, section 1023.7 specifies how the Board's Executive Officer

may issue those citations, which do not prevent the Board from pursuing other remedies for unlicensed practice.

BPC section 27 requires the Board to post on its website certain information concerning the licenses that it issues. This information shall include suspensions and revocations of licenses and other enforcement actions, such as accusations and citations, taken against licensees.

Because individuals cited for unlicensed practice may not be Board licensees, it is unclear from existing statutes that the Board is either required or authorized to post information on its website about citations for unlicensed practice. Board staff believe it would be important to post such information on the Board's website to support the Board's public protection mission.

The legislative proposal included with this memo would add a new subdivision (d) to BPC section 1701.1. This proposed subdivision would grant the Board authority to post information on its website about citations issued for unlicensed practice.

Action Requested

The Board is asked to discuss the legislative proposal. If the Board agrees with the proposed amendments, staff request the Board move a recommendation to the California State Legislature to include the attached legislative proposal in the Board's Sunset bill.

Suggested Motions

Provided below are the Board's options, with proposed motion language, regarding Board staff proposed legislative amendments to BPC section 1701.1.

Option 1 (approve the legislative proposal): Move recommend to the California State Legislature for inclusion in the Board's Sunset bill a legislative proposal to amend BPC section 1701.1 to authorize the Board to post on its website citations for unlicensed practice.

Option 2 (approve the legislative proposal as revised during this meeting): Move to a recommend to the California State Legislature for inclusion in the Board's Sunset bill a legislative proposal to amend BPC section 1701.1, as revised during this meeting to [insert specific revisions], to authorize the Board to post on its website citations for unlicensed practice.

Option 3 No motion: If the Board does not agree with the proposed amendments to BPC section 1701.1, the Board will not need to take any action or make any motion.

Attachment

Legislative Proposal to Amend Business and Professions Code Section 1701.1 Regarding Website Posting of Citations for Unlicensed Practice

DENTAL BOARD OF CALIFORNIA
LEGISLATIVE PROPOSAL TO AMEND
BUSINESS AND PROFESSIONS CODE SECTION 1701.1
REGARDING WEBSITE POSTING OF CITATIONS FOR UNLICENSED PRACTICE

Additions are indicated in single underline.

Amend section 1701.1 of the Business and Professions Code as follows:

1701.1. (a) Notwithstanding Sections 1700 and 1701, a person who willfully, under circumstances or conditions that cause or create risk of bodily harm, serious physical or mental illness, or death, practices or attempts to practice, or advertises or holds himself or herself out as practicing dentistry without having at the time of so doing a valid, unrevoked, and unsuspended certificate, license, registration, or permit as provided in this chapter, or without being authorized to perform that act pursuant to a certificate, license, registration, or permit obtained in accordance with some other provision of law, is guilty of a public offense, punishable by a fine not exceeding ten thousand dollars (\$10,000), by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code, by imprisonment in a county jail not exceeding one year, or by both the fine and either imprisonment.

(b) A person who conspires with or aids and abets another to commit any act described in subdivision (a) is guilty of a public offense and subject to the punishment described in subdivision (a).

(c) The remedy provided in this section shall not preclude any other remedy provided by law.

(d) An administrative citation issued pursuant to Section 148 may be posted on the board's Internet Website.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	April 15, 2024
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 24.a.: 2024 Tentative Legislative Calendar – Information Only

Background

The 2024 tentative Legislative Calendars for the Assembly and Senate are attached.

Action Requested

This item is informational only, no action is requested.

DEADLINES

JANUARY						
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	30	31			

- [Jan. 1](#) Statutes take effect (Art. IV, Sec. 8(c)).
- [Jan. 3](#) **Legislature Reconvenes** (J.R. 51(a)(4)).
- [Jan. 10](#) Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- [Jan. 12](#) Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house in the **odd-numbered year** (J.R. 61(b)(1)).
- [Jan. 15](#) Martin Luther King, Jr. Day.
- [Jan. 19](#) Last day for any committee to hear and report to the **floor** bills introduced in that house in the odd-numbered year (J.R. 61(b)(2)).
- Last day to **submit bill requests** to the Office of Legislative Counsel.
- [Jan. 31](#) Last day for each house to **pass bills introduced** in that house in the odd-numbered year (J.R. 61(b)(3), (Art. IV, Sec. 10(c)).

FEBRUARY						
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		

- [Feb. 16](#) Last day for bills to be **introduced** (J.R. 61(b)(4), (J.R. 54(a)).
- [Feb. 19](#) 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	30
31						

- [Mar. 21](#) **Spring Recess** begins upon adjournment of this day’s session (J.R. 51(b)(1)).
- [Mar. 29](#) Cesar Chavez Day observed.

APRIL						
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	30				

- [Apr. 1](#) Legislature Reconvenes from **Spring Recess** (J.R. 51(b)(1)).
- [Apr. 26](#) Last day for **policy committees** to hear and report to **fiscal committees** **fiscal bills** introduced in their house (J.R. 61(b)(5)).

MAY						
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	30	31	

- [May 3](#) Last day for **policy committees** to hear and report to the floor **non-fiscal** bills introduced in their house (J.R. 61(b)(6)).
- [May 10](#) Last day for **policy committees** to meet prior to May 28 (J.R. 61(b)(7)).
- [May 17](#) Last day for **fiscal committees** to hear and report to the floor bills introduced in their house (J.R. 61(b)(8)).
- Last day for **fiscal committees** to meet prior to May 28 (J.R. 61(b)(9)).
- [May 20- 24](#) **Floor Session only.** No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61 (b)(10)).
- [May 24](#) Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).
- [May 27](#) Memorial Day.
- [May 28](#) Committee meetings may resume (J.R. 61(b)(12)).

*Holiday schedule subject to Senate Rules committee approval

JUNE						
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
30						

[June 15](#) Budget Bill must be passed by **midnight** (Art. IV, Sec. 12(c)(3)).

[June 27](#) Last day for a legislative measure to qualify for the Nov. 5 General Election ballot (Elections Code Sec. 9040).

JULY						
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	30	31			

[July 3](#) Last day for **policy committees** to meet and report bills (J.R. 61(b)(13)).

Summer Recess begins upon adjournment provided Budget Bill has been passed (J.R. 51(b)(2)).

[July 4](#) Independence Day.

AUGUST						
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	30	31

[Aug. 5](#) Legislature Reconvenes from **Summer Recess** (J.R. 51(b)(2)).

[Aug. 16](#) Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(14)).

[Aug. 19-31](#) **Floor Session only.** No committees, other than conference and Rules committees, may meet for any purpose (J.R. 61(b)(15)).

[Aug. 23](#) Last day to **amend** on the floor (J.R. 61(b)(16)).

[Aug. 31](#) Last day for **each house to pass bills.** (Art. IV, Sec. 10(c), (J.R. 61(b)(17)).

Final Recess begins upon adjournment (J.R. 51(b)(3)).

*Holiday schedule subject to Senate Rules committee approval

IMPORTANT DATES OCCURRING DURING FINAL STUDY RECESS

- 2024

[Sept. 30](#)

Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor’s possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).
- [Nov. 5](#)

General Election
- [Nov. 30](#)

Adjournment *Sine Die* at midnight (Art. IV, Sec. 3(a)).
- [Dec. 2](#)

12 Noon convening of the 2025-26 Regular Session (Art. IV, Sec. 3(a)).
- 2025

[Jan. 1](#)

Statutes take effect (Art. IV, Sec. 8(c)).

JANUARY							
	S	M	T	W	TH	F	S
Wk. 1		1	2	3	4	5	6
Wk. 2	7	8	9	10	11	12	13
Wk. 3	14	15	16	17	18	19	20
Wk. 4	21	22	23	24	25	26	27
Wk. 1	28	29	30	31			

FEBRUARY							
	S	M	T	W	TH	F	S
Wk. 1					1	2	3
Wk. 2	4	5	6	7	8	9	10
Wk. 3	11	12	13	14	15	16	17
Wk. 4	18	19	20	21	22	23	24
Wk. 1	25	26	27	28	29		

MARCH							
	S	M	T	W	TH	F	S
Wk. 1						1	2
Wk. 2	3	4	5	6	7	8	9
Wk. 3	10	11	12	13	14	15	16
Wk. 4	17	18	19	20	21	22	23
Spring Recess	24	25	26	27	28	29	30
Wk. 1	31						

APRIL							
	S	M	T	W	TH	F	S
Wk. 1		1	2	3	4	5	6
Wk. 2	7	8	9	10	11	12	13
Wk. 3	14	15	16	17	18	19	20
Wk. 4	21	22	23	24	25	26	27
Wk. 1	28	29	30				

MAY							
	S	M	T	W	TH	F	S
Wk. 1				1	2	3	4
Wk. 2	5	6	7	8	9	10	11
Wk. 3	12	13	14	15	16	17	18
No Hrgs.	19	20	21	22	23	24	25
Wk. 4	26	27	28	29	30	31	

- DEADLINES
- Jan. 1

Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 3

Legislature reconvenes (J.R. 51(a)(4)).
- Jan. 10

Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 12

Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house in the odd-numbered year (J.R. 61(b)(1)).
- Jan. 15

Martin Luther King, Jr. Day.
- Jan. 19

Last day for any committee to hear and report to the **Floor** bills introduced in that house in the odd-numbered year. (J.R. 61(b)(2)).

Last day to submit **bill requests** to the Office of Legislative Counsel.
- Jan. 31

Last day for each house to pass bills introduced in that house in the odd-numbered year (J.R. 61(b)(3)) (Art. IV, Sec. 10(c)).
- Feb. 16

Last day for bills to be **introduced** (J.R. 61(b)(4), J.R. 54(a)).
- Feb. 19

Presidents' Day.
- Mar. 21

Spring Recess begins upon adjournment (J.R. 51(b)(1)).
- Mar. 29

Cesar Chavez Day observed.
- Apr. 1

Legislature reconvenes from **Spring Recess** (J.R. 51(b)(1)).
- Apr. 26

Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(b)(5)).
- May 3

Last day for **policy committees** to hear and report to the Floor **nonfiscal** bills introduced in their house (J.R. 61(b)(6)).
- May 10

Last day for **policy committees** to meet prior to May 28 (J.R. 61(b)(7)).
- May 17

Last day for **fiscal committees** to hear and report to the **Floor** bills introduced in their house (J.R. 61 (b)(8)).

Last day for **fiscal committees** to meet prior to May 28 (J.R. 61 (b)(9)).
- May 20-24

Floor session only. No committee may meet for any purpose except for Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(10)).
- May 24

Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).
- May 27

Memorial Day.
- May 28

Committee meetings may resume (J.R. 61(b)(12)).

JUNE							
	S	M	T	W	TH	F	S
Wk. 4							1
Wk. 1	2	3	4	5	6	7	8
Wk. 2	9	10	11	12	13	14	15
Wk. 3	16	17	18	19	20	21	22
Wk. 4	23	24	25	26	27	28	29
Wk. 1	30						

June 15 Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)).

June 27 Last day for a legislative measure to qualify for the Nov. 5 General Election ballot (Elections Code Sec. 9040).

JULY							
	S	M	T	W	TH	F	S
Wk. 1		1	2	3	4	5	6
Summer Recess	7	8	9	10	11	12	13
Summer Recess	14	15	16	17	18	19	20
Summer Recess	21	22	23	24	25	26	27
Summer Recess	28	29	30	31			

July 3 Last day for **policy committees** to meet and report bills (J.R. 61(b)(13)).

Summer Recess begins upon adjournment, provided Budget Bill has been passed (J.R. 51(b)(2)).

July 4 Independence Day.

AUGUST							
	S	M	T	W	TH	F	S
Summer Recess					1	2	3
Wk. 2	4	5	6	7	8	9	10
Wk. 3	11	12	13	14	15	16	17
No Hrgs.	18	19	20	21	22	23	24
No Hrgs.	25	26	27	28	29	30	31

Aug. 5 Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).

Aug. 16 Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(14)).

Aug. 19 – 31 Floor session only. No committee may meet for any purpose except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(15)).

Aug. 23 Last day to **amend** bills on the Floor (J.R. 61(b)(16)).

Aug. 31 Last day for each house to pass bills (Art. IV, Sec 10(c), J.R. 61(b)(17)).

Final Recess begins upon adjournment (J.R. 51(b)(3)).

IMPORTANT DATES OCCURRING DURING FINAL RECESS

2024

Sept. 30	Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).
Oct. 2	Bills enacted on or before this date take effect January 1, 2025. (Art. IV, Sec. 8(c)).
Nov. 5	General Election.
Nov. 30	Adjournment <i>sine die</i> at midnight (Art. IV, Sec. 3(a)).
Dec. 2	2025-26 Regular Session convenes for Organizational Session at 12 noon. (Art. IV, Sec. 3(a)).

2025

Jan. 1	Statutes take effect (Art. IV, Sec. 8(c)).
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*Holiday schedule subject to final approval by Rules Committee.

DENTAL BOARD OF CALIFORNIA

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

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MEMORANDUM

DATE	April 15, 2024
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 24.b.: Update Regarding the Board's 2024 Sunset Review

Background

Every few years, each board and bureau within the Department of Consumer Affairs (DCA) is statutorily repealed, also known as sunset, rendering each board subject to review by the appropriate policy committees of the California State Legislature. The Board currently will be repealed as of January 1, 2025 (Business and Professions Code (BPC), § 1601.1, subd. (d)), pending its sunset review by the California Assembly Committee on Business and Professions and Senate Committee on Business, Professions and Economic Development (Committees).

As part of the sunset review process, the Board submitted its Sunset Review Report to the Committees on December 28, 2023, which describes the Board, indicates Board activity since the last sunset review, and presents new issues affecting the Board's regulation and enforcement of the practice of dentistry. The Board's Sunset Review Report included many legislative proposals, including proposed amendments to the dental assisting statutes reviewed by the Council. The Board's Sunset Review Report is available through the Reports section of the Board's website at <https://dbc.ca.gov/formspubs/index.shtml>.

Sunset Review Update

The Committees held the Sunset Review Oversight Hearing (Hearing) for the Board on March 12, 2024. Board President Alan L. Felsenfeld and Executive Officer Tracy A. Montez, Ph.D., appeared on behalf of the Board. Archived video of the hearing is available at: <https://www.assembly.ca.gov/media/joint-hearing-assembly-business-and-professions-and-senate-business-professions-and-economic-development-20240312>.

Members of the public may remark on the hearing by submitting comments in writing via the Position Letter Portal at <https://calegislation.lc.ca.gov/Advocates/faces/index.xhtml>.

Prior to the Hearing, the Committees issued a Background Paper, which was informed by the Board's Sunset Review Report and comments from stakeholders. The Background Paper is available at <https://sbp.senate.ca.gov/sunsetreviewhearings>. The Board was required to submit a formal response to the issues identified 30 days after the Hearing, which it did on April 5, 2024.

These materials, including public comments, will inform the Board's sunset bill, potentially extending the Board's regulatory authority beyond the current January 1, 2025, expiration date, and amending the Dental Practice Act. The Board's sunset bill is available at https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1453.

Following introduction of the bill, it will be assigned to legislative policy and appropriations committees for review and vote by the members of the Legislature. The Board will continue to work with the Committees to resolve any issues that may arise as the bill moves through the legislative process.

Action Requested

This item is informational only. No action is requested.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	April 15, 2024
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 24.c.: Legislation of Interest

Background

The Dental 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).

Discussion

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:

[AB 1964](#) (Vince Fong, 2024) State agencies: budgeting.

[AB 1991](#) (Bonta, 2024) Licensee and registrant records.

[AB 2242](#) (Wendy Carrillo, 2024) Dentistry: dental assistants.

[AB 2496](#) (Low, 2024) Dentistry: oral conscious sedation.

[AB 2526](#) (Gipson, 2024) Nurse anesthetists: general anesthesia or deep sedation.

[AB 2860](#) (Garcia, 2024) Licensed Physicians and Dentists from Mexico programs.

[AB 2862](#) (Gipson, 2024) Licenses: African-American applicants

[AB 2920](#) (Reyes, 2024) Dentistry: dental schools.

[SB 1067](#) (Smallwood-Cuevas, 2024). Healing arts: expedited licensure process: medically underserved area or population.

[SB 1453](#) (Ashby, 2024) Dentistry: board meetings.

[SB 1468](#) (Ochoa Bogh, 2024) Healing arts boards: informational and educational materials for prescribers of narcotics: federal "Three Day Rule."

[SB 1526](#) (Committee on Business, Professions and Economic Development, 2024) Consumer affairs.

Agenda Item 24.c.: Legislation of Interest
Dental Board of California Meeting
May 14-15, 2024

Page 1 of 2

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 2028](#) (Ortega, 2024) Medical loss ratios.

[AB 2198](#) (Flora, 2024) Health information.

[AB 2269](#) (Flora, 2024) Board membership qualifications: public members.

[AB 2510](#) (Arambula, 2024) Dental care for people with developmental disabilities.

[AB 2630](#) (Bonta, 2024) Pupil health: oral health assessment.

[AB 3175](#) (Villapudua, 2024) Health care coverage: dental services.

[SB 607](#) (Portantino, 2023) Controlled substances.

[SB 782](#) (Limón, 2023) Gubernatorial appointments: report.

[SB 908](#) (Cortese, 2024) Public records: legislative records: electronic messages. **Gutted and amended March 20 to no longer be of interest.**

[SB 980](#) (Wahab, 2024) Medi-Cal: dental crowns and implants.

[SB 1369](#) (Limón, 2024) Dental providers: fee-based payments.

[SB 1451](#) (Ashby, 2024) Professions and vocations.

Action Requested

If desired, 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 Dental Board of California (Board) Staff – 2023-2024
Legislative Session
2024 Legislative Year**

[AB 1964](#) (Vince Fong, 2024) State agencies: budgeting.

Introduced: January 29, 2024

Last Amended: N/A

Location: Assembly Budget Committee

Status: February 12, 2024, referred to Committee

Summary: The bill would set up a system where, beginning January 1, 2027, one-fifth of state agencies (which would include the Board) would have to prepare their budget through a zero-based budgeting method described in the bill. When preparing this budget, the agency would be working with the Department of Finance to prepare a report for submission to designated legislative committees and for posting on the Board's website. Additionally, the agency would have to submit a Budget Change Proposal or alternative methodology for the Legislature to assess the expenditures for each agency. The agency would only make the budget through the zero-based budgetary process once every five years.

Board Impact: The bill would require the Board to conduct the special budgetary process once every five years, beginning on a year to be designated if the bill becomes law.

Recommended Board Position: None

[AB 1991](#) (Bonta, 2024) Licensee and registrant records.

Introduced: January 30, 2024

Last Amended: April 17, 2024

Location: Assembly Appropriations Committee

Status: April 16, 2024, Assembly Business and Professions Committee passed the bill and referred it to Assembly Appropriations

Summary: The bill was gutted on March 11 from a bill that amended a section of the Health and Safety Code.

As amended, this bill would revise Business and Professions Code (BPC) section 502, which concerns data requested from licensees at the time of license renewal. The bill would make such data collection no longer optional. It would also remove the language prohibiting licensees from being disciplined for not providing this information.

Amendments on April 17 added language barring denial of license application or renewal based solely on failure to provide workforce information.

Board Impact: As the bill would apply to all Department of Consumer Affairs (DCA) boards and bureaus, Board staff would only need to make minor changes to its processes.

Recommended Board Position: Watch

[AB 2028](#) (Ortega, 2024) Medical loss ratios.

Introduced: February 7, 2024

Last Amended: N/A

Location: Assembly Health Committee

Status: February 12, 2024, Referred to Committee

Summary: The bill would require health care service plan providers and insurance plan providers that provide dental coverage to issue rebates to their enrollees or insured if the medical loss ratio is less than 85 percent. Medical loss ratio is defined as the ratio of the amount of premium revenue spent on reimbursement to enrollees or insured plus revenue spent on the improvement of dental care quality divided by the total amount of premium revenue.

Board Impact: No impact on the Board, but licensees may be affected by the bill.

Recommended Board Position: None

[AB 2198](#) (Flora, 2024) Health information.

Introduced: February 7, 2024

Last Amended: N/A

Location: Assembly Health Committee

Status: April 23, 2024, Hearing with Assembly Health Committee

Summary: Current law requires, effective January 1, 2024, that health care service plans and health insurers establish and maintain specified application programming interfaces (API) to facilitate patient and provider access to health information. Under this bill, dental or vision benefits would be excluded from this requirement.

Board Impact: No impact on the Board, but licensees may be affected by the bill.

Recommended Board Position: None

[AB 2242](#) (Wendy Carrillo, 2024) Dentistry: dental assistants.

Introduced: February 8, 2024

Last Amended: N/A

Location: Assembly Business and Professions Committee

Status: February 26, 2024 - Hearing with Assembly Business and Professions Committee

Summary: This bill would significantly alter the dental assisting statutes under the Dental Practice Act, mostly duplicating the final version of [AB 481](#) (Wendy Carrillo, 2023), which was referred to the Senate Appropriations Committee suspense file and held under

submission last year. AB 2242 expands the number of dental assisting licensure pathways to five (Board-approved registered dental assistant (RDA) program, alternative dental assisting program, preceptorship, Certified Dental Assistant Certificate issued by the Dental Assisting National Board, or 1,280 hours of work experience) and revises the duties for RDA, Registered Dental Assistant in Extended Functions (RDAEF), Orthodontic Assistant (OA) and Dental Sedation Assistant (DSA) credentials. The bill also amends statutes concerning Board approval of Interim Therapeutic Restoration and Radiographic Decision-Making courses and revises application procedures for OA and DSA permits. It does not include the Board-approved legislative proposals concerning dental auxiliaries.

Board Impact: Much like AB 481, this bill, if enacted, would require the development of new applications and the revision of others, development and process of regulatory amendments, and Board staff will be challenged to meet the stated compliance dates for certain provisions.

Recommended Board Position: Watch

[AB 2269](#) (Flora, 2024) Board membership qualifications: public members.

Introduced: February 8, 2024

Last Amended: N/A

Location: Assembly

Status: April 16, 2024, Assembly Appropriations Committee passed the bill with a recommendation for the consent calendar

Summary: The bill would revise BPC section 450 to amend the restrictions on permissible relationships for public or lay members of Boards. These relationships concern public members:

- Being or having been as an employer or an officer, director, of substantially full-time representative of an employer or group of employers of any Board licensee,
- Maintaining or having maintained a contractual relationship with a licensee of a Board, or
- Being or having been an employee of a Board licensee or a representative of the employee.

The bill would reduce the timeframe for barring these relationships from five years prior to appointment to three years prior to appointment. It also removes the language providing exceptions for relationships that would represent more than 2 percent of the practice or business of the licensee or the Board member, depending on the relationship. It would add language indicating that these relationships would be for services provided pursuant to that license for the relationships to be barred.

Board Impact: Of possible impact to future Board appointees and Board members seeking reappointment after January 1, 2025.

Recommended Board Position: None

[AB 2496](#) (Low, 2024) Dentistry: oral conscious sedation.

Introduced: February 13, 2024

Last Amended: March 18, 2024

Location: Assembly Appropriations Committee

Status: April 24, 2024 – hearing before Assembly Appropriations Committee

Summary: The bill was amended on March 18 to focus on oral conscious sedation for adults rather than deep sedation and general anesthesia.

The bill revises BPC section 1647.20 to use gender neutral terms and to add pediatric dental residency to the list of residencies that a dentist could complete to qualify for the oral conscious sedation permit.

The bill does not include the Board's legislative proposal for SB 501 related cleanup.

Board Impact: Board staff would need to update its forms and procedures to reflect the proposed change in the law.

Recommended Board Position: Support

[AB 2510](#) (Arambula, 2024) Dental care for people with developmental disabilities.

Introduced: February 13, 2024

Last Amended: April 9., 2024

Location: Assembly Higher Education and Human Services Committees

Status: April 23, 2024 - Hearing before Assembly Higher Education Committee

Summary: The bill would add a new Article to the Welfare and Institutions Code establishing a program to improve the provision of dental services for people with developmental disabilities. The Department of Developmental Services would be required to contract with California Northstate University (CNU) to establish this program, which would be established in a center located at CNU and administered through the state's regional centers.

Amendments on April 9 require the Department of Developmental Services to enter into a contract with a Board-approved or CODA-approved dental college in California to provide the specified services, rather than specify California Northstate University as the party the Department must contract with.

Board Impact: None, though licensees would be interested in the proposed program to provide dental services to an underserved population with unique requirements.

Recommended Board Position: None

[AB 2526](#) (Gipson, 2024) Nurse anesthetists: general anesthesia or deep sedation.

Introduced: February 13, 2024

Last Amended: April 17, 2024

Location: Assembly Appropriations Committee

Status: April 18, 2024 – Re-referred to Assembly Appropriations Committee

Summary: The bill was amended on March 18 to amend some of the Dental Practice Act provisions concerning the deep sedation and general anesthesia permit. However, amendments on April 8 amended the bill to establish a new permit type for certified registered nurse anesthetists (CRNA) seeking to administer general anesthesia or deep sedation for dental patients. The summary focuses on those amendments.

The bill would add section 1646.14 to the BPC, which establishes a permit and pediatric endorsement of that permit for CRNA to administer general anesthesia or deep sedation to dental patients in the office of a licensed dentist, regardless of whether the dentist holds a general anesthesia permit or not.

The CRNA seeking to administer anesthesia under this permit must meet the requirements of BPC section 1646.1(d), if applicable, which sets out requirements for administering general anesthesia or deep sedation to patients under 13 years of age.

Applicants for this permit must pay the Board the relevant application fee (which is not currently stated in this bill), submit evidence satisfactory to the Board and to the Board of Registered Nursing (BRN) that the applicant has completed an accredited nurse anesthetist program approved by the BRN, and that documentation demonstrating all equipment and drugs required by the Board are on the premises for use in any dental office where the CRNA administers general anesthesia or deep sedation.

Proposed BPC section 1646.14 sets up onsite inspection and evaluation procedures and consequences comparable to those established under section 1646.9 for physicians and surgeons who hold a Board permit to administer general anesthesia or deep sedation.

Section 1646.14 also permits CRNAs to seek a pediatric endorsement for administering to patients under seven years of age. As currently allowed for permitted physicians and surgeons under section 1646.9, CRNAs seeking a pediatric endorsement must comply with subdivision 1646.2(c)(2) and (c)(3).

The bill also amends portions of the Nursing Practice Act to conform with the amendments to the Dental Practice Act and require that CRNAs administering in a dental office shall comply with Dental Practice Act Article 2.75 addressing general anesthesia.

Amendments on April 17 revised the proposed changes to the Nursing Act describing requirements for CRNA administering general anesthesia or deep sedation in a dental office and requires compliance with BPC section 2827(b) to qualify for a permit under section 1646.14.

The bill does not adopt any of the proposed language in the Board's SB 501 cleanup legislative proposal.

Board Impact: The bill would require Board staff to prepare regulations and update its forms and procedures to reflect the provisions of the bill. This bill would also require additional onsite inspections and evaluations. This bill would require additional personnel resources and similar changes to sedation and anesthesia laws which prompted significant stakeholder comment and input.

Recommended Board Position: Watch

[AB 2630](#) (Bonta, 2024) Pupil health: oral health assessment.

Introduced: February 14, 2024

Last Amended: N/A

Location: Senate Rules Committee

Status: April 18, 2024 – Passed Assembly

Summary: The bill would amend section 49452.8 of the Education Code, which requires proof of oral health assessments for kindergarten students in public schools (or first grade students in public schools that were not enrolled in kindergarten in public schools). The bill would include transitional kindergarten in the definition of kindergarten for the purposes of this section. It would only require the proof once during a two-year kindergarten program.

Board Impact: No impact to the Board, but the expansion of assessments may be of interest to licensees.

Recommended Board Position: None

[AB 2701](#) (Villapudua, 2024) Medi-Cal: dental cleanings and examinations.

Introduced: February 14, 2024

Last Amended: N/A

Location: Assembly Health Committee

Status: April 9, 2024 - Assembly Health Committee passed the bill and referred it to Assembly Appropriations

Summary: The bill would expand coverage of dental cleanings and examinations. Current law covers one cleaning per year and one initial examination for beneficiaries 21 years or older and two cleanings and two examinations per year for beneficiaries per year for beneficiaries under 21 years of age. The bill would change the coverage to two cleanings and two examinations per year for all beneficiaries.

Board Impact: No impact on the Board, but the expansion of coverage may be of interest to licensees.

Recommended Board Position: None

[AB 2860](#) (Garcia, 2024) Licensed Physicians and Dentists from Mexico programs

Introduced: February 15, 2024

Last Amended: April 2, 2024

Location: Assembly

Status: April 17, 2024 – Passed by Assembly Appropriations Committee

Summary: The bill would take the Licensed Physicians and Dentists from Mexico program, currently established in BPC section 853, and split it into two programs, one for physicians and surgeons and one for dentists. BPC section 853 would be repealed, and each program would have their own new section in the Code (section 1645.4 for the Licensed Dentists from Mexico Pilot program). The program for physicians and surgeons would lose its designation as a pilot program.

The text of new BPC section 1645.4 is effectively identical to current BPC section 853(d). The program would be limited to 30 dentists who graduated from the National Autonomous University of Mexico School of Faculty Dentistry or from a foreign dental school that received provisional approval or certification by the Board prior to November 2003, and meet other specified criteria depending on their dental education. Each participating dentist would be eligible to work for a nonprofit community health center within the structure of an extramural dental program for no more than three years. Participants would hold a three-year nonrenewable permit from the Board.

The current program requires outside funding from philanthropic entities to handle implementation and other costs. The Medical Board of California was able to initiate the pilot program for physicians and surgeons after obtaining the required outside funding. The Board has not been able to initiate the pilot program.

Amendments to the bill on April 2 affected only the medical portion of the legislation.

Board Impact: As the program remains effectively the same as it is now, dependent on outside funding from philanthropic sources for costs and implementation, the impact on the Board appears to be unchanged compared to current law.

Recommended Board Position: Watch

[AB 2862](#) (Gipson, 2024) Licenses: African-American applicants.

Introduced: February 15, 2024

Last Amended: April 17, 2024

Location: Assembly Judiciary Committee

Status: April 16, 2024 – Passed Assembly Business and Professions Committee and referred to Assembly Judiciary Committee

Summary: The bill would require all Department of Consumer Affairs boards and bureaus to prioritize African-American applicants for licensure, especially if they are descended from a person enslaved in the United States.

Amendments to the bill on April 17 set a sunset date on the bill's provisions of January 1, 2029.

Board Impact: The Board would need to establish procedures for demonstrating that an applicant would qualify for prioritization under the bill.

Recommended Board Position: None

[AB 2920](#) (Reyes, 2024) Dentistry: dental schools.

Introduced: February 15, 2024

Last Amended: N/A

Location: Assembly Business and Professions Committee

Status: March 4, 2024 – Referred to Assembly Business and Professions Committee

Summary: The bill would restore the Board's authority to approve foreign dental schools it had until January 1, 2020. The process established in the bill to approve foreign dental schools is consistent with the process set up in law prior to January 1, 2020, with some differences. Foreign dental schools could be approved by the Board, by the Commission on Dental Accreditation (CODA) (the sole option for approval under current law), or another national accreditation body approved by the Board.

Another difference is that any graduate of a foreign dental school who seeks licensure in California through BPC section 1634.1 (which permits licensure for applicants who complete a specified advanced dental education program within two years of applying for licensure) would have to practice dentistry full time for at least two years in a clinic or federally qualified health center as described in the legislation.

The bill would also permit applicants for licensure if they graduated from any foreign or domestic dental school approved by a national accrediting body approved by the Board (in addition to those schools approved by CODA or by the Board).

Board Impact: Much as with AB 1552 from 2023, this legislation would impose a significant cost burden on the Board to administer the approval process for foreign dental schools. Additionally, there would be costs associated with verifying compliance with the employment requirement imposed on foreign dental school graduates seeking licensure through Code section 1634.1.

Recommended Board Position: Oppose

[AB 3175](#) (Villapudua, 2024) Health care coverage: dental services.

Introduced: February 16, 2024

Last Amended: N/A

Location: Assembly Rules Committee

Status: Pending assignment

Summary: This bill makes technical and non-substantive changes to Health and Safety Code section 1374.194, which bars health care service plans, after January 1 2025, from imposing a dental waiting period provision in a large group plan, or from imposing a pre-existing condition provision in any plan.

Board Impact: None, though licensees may be interested in the possible changes to health care service plans.

Recommended Board Position: None

[SB 607](#) (Portantino, 2023) Controlled substances.

Introduced: February 15, 2023

Last Amended: January 4, 2024

Location: Assembly (awaiting assignment)

Status: January 22, 2024, passed Senate

Summary: The bill was gutted and amended on January 3, 2024, and now would revise the requirements of controlled substance prescribers disclosures to patients.

Existing law, with certain exceptions, before directly dispensing or issuing for a minor patient a first prescription in a single course of treatment for a controlled substance containing an opioid, requires the prescriber to discuss information, as specified, with the minor, the minor's parent or guardian, or another adult authorized to consent to the minor's treatment. The bill would expand those disclosure requirements to all patients.

Board Impact: None but would be of interest to licensees.

Recommended Board Position: None

[SB 782](#) (Limón, 2023) Gubernatorial appointments: report.

Introduced: February 17, 2023

Last Amended: January 3, 2024

Location: Assembly (awaiting assignment)

Status: January 29, 2024, passed Senate

Summary: The bill was gutted and amended on January 3, 2024, and now would add new website posting requirements regarding gubernatorial appointments to state boards and commissions.

The bill would require the Governor's Office to maintain on its website, beginning January 1, 2026, a list of each state board or commission, and details, including membership lists and vacancies, for each board or commission.

The bill also would require, beginning January 1, 2027, and annually thereafter, the Governor's Office to create and publish on its website a report containing aggregate demographic information, as defined, of appointments made by the Office for the previous calendar year.

Board Impact: The Board membership list and vacancies would be published on the Governor's Office website. Board members could voluntarily self-report ethnicity, gender, disability status, region, party affiliation, and veteran status for inclusion in the aggregate demographic information collected by the Governor's Office under the bill.

Recommended Board Position: None

[SB 908](#) (Cortese, 2024) Public records: legislative records: electronic messages.

Introduced: January 8, 2024

Last Amended: March 20, 2024

Location: Senate Rules Committee

Status: Amended to no longer be of interest to the Board

Summary: The Bill was amended on March 20 to focus on an entirely different topic not of interest to the Board.

As introduced, the bill would amend the California Public Records Act and Legislative Open Records Act to prohibit any elected or appointed official, employees of a public agency, Members of the California State Legislature, and employees of the Legislature from creating or sending a public or legislative record using a nonofficial electronic messaging system (e.g., email or text message) unless the official, public employee, legislative member, or legislative employee sends a copy of the public record to an official electronic messaging system, as defined, within 20 days of creation or sending of the public record.

A public record, as defined by Government Code 7920.530, includes "any writing containing information relating to the conduct of the public's business prepared, owned, used, or retained by any state or local agency regardless of physical form or characteristics."

Board Impact: The bill would apply to Board members and Board staff.

Recommended Board Position: None

[SB 980](#) (Wahab, 2024) Medi-Cal: dental crowns and implants.

Introduced: January 29, 2024

Last Amended: March 20, 2024

Location: Senate Appropriations Committee

Status: April 8, 2024, Placed on the Senate Appropriations Committee suspense file

Summary: The bill would amend current Medi-Cal law to modify the requirements for a dental crown to be covered and would permit coverage for dental implants if specified conditions are met.

Dental crowns would be covered for patients 13 or older (rather than 21) and would no longer be limited to posterior teeth.

Dental implants would be covered for patients of any age if removal of the corresponding tooth is medically necessary, or if the corresponding tooth is missing.

On March 20, the bill was amended to specify that Medi-Cal coverage for laboratory-processed crowns would not be excluded if they were required by early and periodic screening, diagnostic and treatment services under the law.

Board Impact: The bill would not affect the Board, but licensees may be interested in the changes to dental coverage under Medi-Cal.

Recommended Board Position: None

[SB 1067](#) (Smallwood-Cuevas, 2024) Healing arts: expedited licensure process: medically underserved area or population.

Introduced: February 12, 2024

Last Amended: N/A

Location: Senate Appropriations Committee

Status: April 22, 2024 – Hearing before Senate Appropriations Committee

Summary: The bill would require all healing arts boards to establish a process for expedited processing of license applications for applicants that demonstrate they will be serving a medically underserved area or a medically underserved population, as defined in the Health and Safety Code.

Board Impact: The Board would need to establish procedures for demonstrating that an applicant qualifies for expedited processing under this bill.

Recommended Board Position: None

[SB 1369](#) (Limón, 2024) Dental providers: fee-based payments.

Introduced: February 16, 2024

Last Amended: N/A

Location: Senate Health Committee
Status: April 24, 2024 –Hearing before Senate Health Committee

Summary: The bill adds sections to the Insurance Code and the Health and Safety Code to require that insurance plans and health care service plans that make payments to a dental provider (either directly or through a contracted vendor) have a non-fee-based default method of payment. The dental provider is not required to use a fee-based payment system unless they opt into that system. The bill also requires there be provisions for a dental provider to later opt out of that fee-based payment system.

Board Impact: No direct impact to the Board, but licensees may be interested in the proposed changes to methods of payments.

Recommended Board Position: None

[SB 1451](#) (Ashby, 2024) Professions and vocations.

Introduced: February 16, 2024

Last Amended: April 17, 2024

Location: Senate Business, Professions and Economic Development Committee

Status: April 22, 2024 – Hearing before Senate Business, Professions and Economic Development Committee

Summary: The bill affects several licensing boards, including the Dental Hygiene Board of California. The provisions related to the Dental Hygiene Board of California would amend BPC section 1926 concerning the ability of Registered Dental Hygienists in Alternative Practice (RDHAP) to practice in dental health professional shortage areas. The bill would permit RDHAP to continue practicing in an area after the shortage designation is removed.

Amendments on April 17 did not affect the proposed changes to Code section 1926.

Board Impact: No direct impact to the Board, but licensees may be interested in the proposed changes to RDHAP practicing in dental health professional shortage areas.

Recommended Board Position: None

[SB 1453](#) (Ashby, 2024) Dentistry: board meetings.

Introduced: February 16, 2024

Last Amended: April 22, 2024

Location: Senate Appropriations Committee

Status: April 22, 2024 –Senate Business, Professions and Economic Development Committee passed the bill as amended and referred it to Senate Appropriations.

Summary: The bill would repeal BPC section 1607 which requires the Board to meet once each year in the San Francisco Bay Area and once each year in Southern California. This

would change the Board's geographic meeting requirements to once each year in Northern California and once each year in Southern California, per Code section 101.7.

The bill was amended on April 22 to incorporate the other legislative proposals adopted by the Board and included in the Sunset review report. Also added to the bill was the language found in AB 2242 revising the Dental Assisting chapter of the Dental Practice Act.

Board Impact: The bill would adopt the Board's 12 legislative proposals approved through October 2023. It would also significantly revise the Board's statutes for dental assistants, requiring staff to amend its regulations and forms, and to create new forms and processes for the new pathways established for licensure as a registered dental assistant.

Recommended Board Position: Support.

[SB 1468](#) (Ochoa Bogh, 2024) Healing arts boards: informational and educational materials for prescribers of narcotics: federal "Three Day Rule."

Introduced: February 16, 2024

Last Amended: March 20, 2024

Location: Senate Business, Professions and Economic Development Committee

Status: April 29, 2024 - Hearing before Senate Business, Professions and Economic Development Committee

Summary: The bill was amended on March 20 to address healing arts licensees who are also prescribers.

The bill would require boards that license healing arts practitioners that are prescribers to disseminate information to licensees biennially about the federal "Three Day Rule." This rule limits what narcotics a prescriber who is not specifically registered to conduct a narcotics treatment program can dispense to an individual.

Board Impact: The bill would require the Board to disseminate information biennially to licensees who are prescribers.

Recommended Board Position: Watch

[SB 1526](#) (Senate Committee on Business, Professions and Economic Development, 2024) Consumer affairs.

Introduced: March 18, 2024

Last Amended: April 17, 2024

Location: Senate Business, Professions and Economic Development Committee

Status: April 22, 2024 – Hearing before Senate Business, Professions and Economic Development Committee

Summary: The bill would amend several sections of the BPC, including sections of the Dental Hygiene Board statutes. The changes to sections 1903, 1905.2, 1910.5(c), and 1944 clarify which Board is meant where the statute currently says “board.”

Proposed changes to sections 1903 (Dental Hygiene Board composition) and 1944 (Dental Hygiene Board fees) replace references to “board” or “hygiene board” with “dental hygiene board.”

Proposed changes to sections 1905.2 (scope of practice recommendations) and 1910.5(c) (Interim Therapeutic Restoration curriculum) replace references to “board” with “dental board.”

Amendments on April 17 did not address the provisions concerning the Dental Hygiene Board of California statutes.

Board Impact: The bill would clarify the Board’s responsibilities with respect to specified interactions with the Dental Hygiene Board of California on scope of practice recommendations and Interim Therapeutic Restoration curriculum.

Recommended Board Position: Watch

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	April 2, 2024
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 25.: Public Comment on Future Agenda Items

Background

Stakeholders are encouraged to submit comments on future agenda items, including 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.