



**DENTAL BOARD OF CALIFORNIA MEETING AGENDA
NOVEMBER 30, 2018**

Sacramento Marriott of Rancho Cordova
11211 Point East Drive, Rancho Cordova Room
Rancho Cordova, CA 95742
(844) 203-4954 (Reservations) or (916) 263-2300 (Board Office)

Members of the Board:

Thomas Stewart, DDS, President
Fran Burton, MSW, Public Member, Vice President
Yvette Chappell-Ingram, Public Member, Secretary

Steven Chan, DDS
Ross Lai, DDS
Lilia Larin, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Abigail Medina, Public Member

Steven Morrow, DDS, MS
Rosalinda Olague, RDA
Joanne Pacheco, RDH, MA
James Yu, DDS
Bruce Whitcher, DDS

During this two-day meeting, the Dental Board of California will consider and may take action on any of the agenda items, unless listed as informational only. It is anticipated that the items of business before the Board on the first day of this meeting will be fully completed on that date. However, should an item not be completed, it may be carried over and heard beginning at 8:30 a.m. on the following day. Anyone wishing to be present when the Board takes action on any item on this agenda must be prepared to attend the two-day meeting in its entirety.

Public comments will be taken on agenda items at the time the specific item is raised. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the President. For verification of the meeting, call (916) 263-2300 or access the Board's website at www.dbc.ca.gov. This Board meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources or technical difficulties that may arise. To view the Webcast, please visit <https://thedcapage.wordpress.com/webcasts/>.

Friday, November 30, 2018

8:00 A.M. CLOSED SESSION – FULL BOARD (IF NECESSARY)

Deliberate and Take Action on Disciplinary Matters

If the Board was unable to deliberate and take action on all disciplinary matters due to time constraints on Thursday, November 29, 2018, it will also meet in closed session on November 30, 2018 as authorized by Government Code §11126(c)(3).

RETURN TO OPEN SESSION – FULL BOARD

9:00 A.M. FULL BOARD MEETING – OPEN SESSION

10. Call to Order/Roll Call/Establishment of Quorum
11. Executive Officer's Report
12. Report of Department of Consumer Affairs (DCA) Staffing and Activities
13. Report of Dental Hygiene Committee of California (DHCC) Activities
14. Discussion and Possible Action Regarding the DHCC's Proposed Draft Educational Regulatory Language for California Code of Regulations, Title 16, Section 1109 Relating to Radiographic Decision Making and Interim Therapeutic Restoration Courses for the Registered Dental Hygienist (RDH), Registered Dental Hygienists in Alternative Practice (RDHAP), and Registered Dental Hygienists in Extended Functions (RDHEF) – Approval; Curriculum Requirements; Issuance of Approval
15. Examinations
 - A. Update on the Portfolio Pathway to Licensure
 - B. Western Regional Examination Board (WREB) Report
16. Enforcement
 - A. Review of Enforcement Statistics and Trends
17. Presentation regarding the Diversion Program
18. Legislation and Regulations
 - A. 2019 Tentative Legislative Calendar – Information Only
 - B. 2018 End of Year Legislative Summary Report
 - C. Update on Pending Regulatory Packages

- i. Basic Life Support Equivalency Standards (Cal. Code of Regs., Title 16, Sections 1016 and 1017)
- ii. Continuing Education Requirements (Cal. Code of Regs., Title 16, Sections 1016 and 1017)
- iii. Dental Assisting Comprehensive Rulemaking (Cal. Code of Regs., Title 16, Division 10, Chapter 3)
- iv. Determination of Radiographs and Placement of Interim Therapeutic Restorations (Cal. Code of Regs., Title 16, Section 1071.1)
- v. Elective Facial Cosmetic Surgery Permit Application Requirements and Renewal Requirements (Cal. Code of Regs., Title 16, Sections 1044.6, 1044.7, and 1044.8)
- vi. Mobile Dental Clinic and Portable Dental Unit Registration Requirements (Cal. Code of Regs., Title 16, Section 1049)
- vii. Citation and Fine (Cal. Code of Regs., Title 16, Sections 1023.2 and 1023.7)
- viii. Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005)

D. Discussion and Possible Action Regarding Legislative Proposals for 2019

- i. Healing Arts Omnibus Bill

E. Discussion of Prospective Legislative Proposals
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

- 19. Anesthesia
 - A. Update on Implementation of SB 501 (Glazer) Dentistry: Anesthesia and Sedation
 - B. General Anesthesia and Conscious Sedation Evaluation Statistics
- 20. Licensing, Certifications, and Permits Committee Report on Closed Session
The Board may take action on recommendations regarding applications for issuance of new license(s) to replace cancelled license(s) and whether or not to grant, deny, or request further evaluation for a Conscious Sedation Permit as it relates to an onsite inspection and evaluation failure.
- 21. Licensure, Certification, and Permits Committee Report
The Board may take action on any items listed on the attached Licensure, Certification, and Permits Committee meeting agenda.
- 22. Substance Use Awareness Committee Report
The Board may take action on any items listed on the attached Substance Use Awareness Committee meeting agenda.
- 23. Election of 2019 Dental Board of California Officers

24. Public Comment on Items Not on the Agenda
The Board may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
25. Board Member Comments on Items Not on the Agenda
The Board may not discuss or take action on any matter raised during the Board Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
26. Adjournment



MEMORANDUM

DATE	November 9, 2018
TO	Members of the Dental Board of California
FROM	Jeri Westerfeld, Executive Assistant Dental Board of California
SUBJECT	Agenda Item 11: Executive Officer's Report

Background:

Karen Fischer, Executive Officer, will provide a verbal report.

Action Requested:

No Board action requested.



MEMORANDUM

DATE	November 9, 2018
TO	Members of the Dental Board of California
FROM	Jeri Westerfeld, Executive Assistant Dental Board of California
SUBJECT	Agenda Item 12: Report of Department of Consumer Affairs (DCA) Staffing and Activities

Background:

Patrick Le, Assistant Deputy Director of the Office of Board and Bureau Services within the Department of Consumer Affairs, will provide a verbal report.

Action Requested:

No Board Action requested



MEMORANDUM

DATE	November 5, 2018
TO	Members of the Dental Board of California
FROM	Jeri Westerfeld, Executive Assistant Dental Board of California
SUBJECT	Agenda Item 13: Report of Dental Hygiene Committee of California (DHCC) Activities

Background:

Susan Good, President of the Dental Hygiene Committee of California, will provide a verbal report.

Action Requested:

None.



MEMORANDUM

DATE	November 1, 2018
TO	Dental Board of California (DBC)
FROM	Anthony Lum Executive Officer Dental Hygiene Committee of California (DHCC)
SUBJECT	Discussion, Possible Action, and Agreement to the Dental Board of California on Proposed Draft Educational Regulatory Language for 16 CCR §1109. Radiographic Decision-Making and Interim Therapeutic Restoration Courses for the Registered Dental Hygienist (RDH), Registered Dental Hygienists in Alternative Practice (RDHAP), and Registered Dental Hygienists in Extended Functions (RDHEF) – Approval; Curriculum Requirements; Issuance of Approval.

Background

Assembly Bill 1174 (Bocanegra, Chapter 662, Statutes of 2014) required the Dental Hygiene Committee of California (Committee) to propose regulatory language in Additional Authorized Duties of Registered Dental Hygienists (RDH), Registered Dental Hygienists in Alternative Practice (RDHAP), and Registered Dental Hygienists in Extended Functions (RDHEF) and adopt regulations to establish requirements for courses of instruction Radiographic Decision-Making and Interim Therapeutic Restoration (RDM/ITR) for RDHs, RDHAP, and RDHEF, using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Office of Health Planning and Development.

Committee staff has developed the attached draft regulatory language in collaboration with the RDM/ITR creator, Dr. Paul Glassman, as a starting point to implement the provisions of AB 1174. The DHCC will discuss, review and hopefully approve the draft language at its November 16-17, 2018 meetings to proceed with the rulemaking process. The newly approved regulatory language will then be presented to the DBC at its November 29–30, 2018 meetings for agreement.

DBC Action Requested:

Pursuant to Business and Professions Code section 1910.5(c), the DHCC requests the consideration and agreement upon the proposed regulatory language relative to the implementation of RDM/ITR for RDHs, RDHAPs, and RDHEFs,

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

PROPOSED LANGUAGE

Adopt Section 1109 of Title 16 of the California Code of Regulations (CCR) to read as follows:

§ 1109. Radiographic Decision-Making and Interim Therapeutic Restoration Courses for the Registered Dental Hygienist (RDH), Registered Dental Hygienists in Alternative Practice (RDHAP), and Registered Dental Hygienists in Extended Functions (RDHEF) – Approval; Curriculum Requirements; Issuance of Approval.

The Dental Hygiene Board of California (Board) shall approve only those educational courses in Radiographic Decision-Making (RDM) and Interim Therapeutic Restorations (ITR) for the Registered Dental Hygienist (RDH), Registered Dental Hygienists in Alternative Practice (RDHAP), and Registered Dental Hygienists in Extended Functions (RDHEF) pursuant to Business and Professions Code (BPC) §§1910.5 and 1921, that continuously meet all course requirements, in addition to the requirements set forth by 16 CCR §§1104 through 1108, and all laws and regulations pertaining to the practice of dental hygiene.

Each approved course shall be subject to review of requirements and content by the Board at any time. Continuation of approval will be contingent upon compliance with these requirements. Course providers shall be responsible for informing the Board of any changes to the course content, physical facilities, and faculty within ten (10) days of such changes.

(a) Approval of a Radiographic Decision-Making and Interim Therapeutic Restoration Educational Course for the Student in a Dental Hygiene Educational Program.

In accordance with BPC §1910.5, a Registered Dental Hygienist (RDH), is authorized to 1) determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist, following the protocols established by the dentist, herein referred to Radiographic Decision-Making (RDM) and, 2) place protective restorations, herein referred to as Interim Therapeutic Restorations (ITR), consisting of removal of soft material from the tooth using only hand instrumentation and subsequent placement of an adhesive restorative material. The functions described herein may only be performed by a Registered Dental Hygienist (RDH), upon completion of a Board-approved California dental hygiene educational program that has additionally obtained Board approval to educate dental hygiene students in the performance of these functions.

(1) Radiographic Decision-Making and Interim Therapeutic Restorations Course Requirements.

(A) A California dental hygiene educational program shall submit an “Application for Approval of a Course for Radiographic Decision-Making and Interim Therapeutic Restorations in a Dental Hygiene Educational Program” DHCC ITR-03 (9/2018), hereby incorporated by reference; and

(B) Submit application fee to the Board pursuant to BPC §1944 (a)(11); and

- (C) The course shall be sufficient in length for the students to develop competency in making decisions regarding which radiographs to expose to facilitate diagnosis and treatment planning by a dentist but shall be, at a minimum, four (4) hours in length and include didactic, laboratory and simulated clinical experiences; and
- (D) The course shall be sufficient in length for the students to develop competency in placement of protective restorations but shall be, at a minimum, 16 hours in length, including four (4) hours of didactic training, four (4) hours of laboratory training, and eight (8) hours of clinical training.

(2) New or existing Dental Hygiene Educational Programs seeking to incorporate or offer stand-alone permit courses in RDM and/or ITR shall submit applications and all related fees to the Board prior to instruction.

(3) In addition to the instructional components described in this subdivision, a program or course shall be established at the postsecondary educational level.

(b) Approval of Radiographic Decision-Making and Interim Therapeutic Restoration Educational Courses for the RDH, RDHAP, and RDHEF.

In accordance with Business and Professions Code (BPC) §§1910.5 and 1921, a Registered Dental Hygienist (RDH), Registered Dental Hygienists in Alternative Practice (RDHAP), and Registered Dental Hygienists in Extended Functions (RDHEF) is authorized to 1) determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist, following the protocols established by the dentist, herein referred to Radiographic Decision-Making (RDM) and, 2) place protective restorations, herein referred to as Interim Therapeutic Restorations (ITR), consisting of removal of soft material from the tooth using only hand instrumentation and subsequent placement of an adhesive restorative material. The functions described herein may only be performed by a Registered Dental Hygienist (RDH), Registered Dental Hygienists in Alternative Practice (RDHAP), and Registered Dental Hygienists in Extended Functions (RDHEF) after having provided evidence, satisfactory to the Board, of having completed both Board-approved continuing educational courses in RDM and ITR.

(1) Radiographic Decision-Making Course Requirements.

- (A) An applicant course provider shall submit an “Application for Approval of a Continuing Educational Course in Radiographic Decision-Making for the RDH, RDHAP, and RDHEF” DHCC RDM-01 (9/2018), hereby incorporated by reference; and
- (B) Submit application fee to the Board pursuant to BPC §1944 (a)(11); and
- (C) The course shall be sufficient in length for the students to develop competency in making decisions regarding which radiographs to expose to facilitate diagnosis and treatment planning by a dentist but shall be, at a minimum, four (4) hours in length and include didactic, laboratory and simulated clinical experiences.

(2) Interim Therapeutic Restorations Course Requirements.

- (A) An applicant course provider shall submit an "Application for Approval of a Continuing Educational Course in Placement of Interim Therapeutic Restorations for the RDH, RDHAP, and RDHEF" DHCC ITR-04 (9/2018), hereby incorporated by reference; and
- (B) Submit application fee to the Board pursuant to BPC §1944 (a)(11); and
- (C) The course shall be sufficient in length for the students to develop competency in placement of protective restorations but shall be, at a minimum, 16 hours in length, including four (4) hours of didactic training, four (4) hours of laboratory training, and eight (8) hours of clinical training.

(3) In addition to the instructional components described in this subdivision, a program or course shall be established at a post-graduate educational level.

(c) Requirements for Approval of Radiographic Decision-Making and Interim Therapeutic Restoration Courses.

(1) Administration.

In order to be approved, each course shall provide the resources necessary to accomplish education as specified in this section. Course providers shall be responsible for informing the Board of any changes to the course content, physical facilities, and faculty within ten (10) business days of such changes.

(2) Admission.

(A) In order to be eligible for admission to a course in "Radiographic Decision-Making and Interim Therapeutic Restoration Educational Course for the Student in a Dental Hygiene Educational Program", students shall:

- (i) Be a student in good standing in a Dental Hygiene Education Program, and
- (ii) Possess current certification in Basic Life Support and Cardiopulmonary Resuscitation (BLS/CPR) from the American Heart Association or the American Red Cross.

(B) In order to be eligible for admission to a "Continuing Educational Course in Radiographic Decision-Making for the RDH, RDHAP, and RDHEF" and/or a "Continuing Educational Course in Placement of Interim Therapeutic Restorations for the RDH, RDHAP, and RDHEF", participants shall:

- (i) Possess a current, active license as a Registered Dental Hygienist (RDH) Registered Dental Hygienists in Alternative Practice (RDHAP), or Registered Dental Hygienists in Extended Functions (RDHEF), and

- (ii) Possess current certification in Basic Life Support and Cardiopulmonary Resuscitation (BLS/CPR) from the American Heart Association or the American Red Cross.

(3) Faculty.

Didactic, laboratory, preclinical, and clinical faculty, including the program or course director and supervising dentist(s) shall:

- (A) Possess a valid, active California RDH, RDHAP, RDHEF or Doctor of Dental Surgery (DDS)/Doctor of Dental Medicine (DMD) license with no disciplinary action at any time in any jurisdiction to practice dental hygiene or dentistry;
- (B) Possess current certification in Basic Life Support and Cardiopulmonary Resuscitation (BLS/CPR) from the American Heart Association or the American Red Cross;
- (C) Maintain currency in evaluation protocols for RDM and ITR placement;
- (D) Completed a minimum of a one-hour methodology course in evaluation for RDM and ITR placement prior to instruction;
- (E) Have experience and expertise teaching the subject areas relevant to RDM and ITR; and
- (F) Be calibrated in instruction and grading of RDM and ITR.

(4) Facilities and Equipment.

- (A) Radiographic Decision-Making and Interim Therapeutic Restoration Educational Course for the Student in a Dental Hygiene Educational Program.

Didactic instruction may take place in an in-person or an online environment. Each course shall have access to adequate equipment and facilities for lecture and/or testing.

Laboratory and clinical instruction shall be held at a physical facility. Physical facilities and equipment shall be maintained and replaced in a manner designed to provide students with a course designed to meet the educational objectives set forth in this section. A physical facility shall have all of the following:

- (i) A patient clinic area, laboratory, and a radiology area;
- (ii) Access to equipment necessary to develop dental hygiene skills in RDM/ITR duties; and
- (iii) Infection control equipment shall be provided as described in CCR, title 16, Division 10, Chapter 1, Article 1, section 1005.

(B) Radiographic Decision-Making Educational Courses for the RDH RDHAP, and RDHEF.

Didactic instruction may take place in an in-person or an online environment. Each course shall have access to adequate equipment and facilities for lecture and/or testing and shall be maintained and replaced in a manner designed to provide participants with a course designed to meet the educational objectives set forth in this section.

(C) Interim Therapeutic Restoration Educational Courses for the RDH, RDHAP, and RDHEF.

Didactic instruction may take place in an in-person or an online environment. Each course shall have access to adequate equipment and facilities for lecture and/or testing.

Laboratory and clinical instruction shall be held at a physical facility. Physical facilities and equipment shall be maintained and replaced in a manner designed to provide participants with a course designed to meet the educational objectives set forth in this section. A physical facility shall have all of the following:

- (i) A patient clinic area, laboratory, and a radiology area;
- (ii) Access to equipment necessary to develop dental hygiene skills in ITR duties; and
- (iii) Infection control equipment shall be provided as described in CCR, title 16, Division 10, Chapter 1, Article 1, section 1005.

(5) Health and Safety.

A course provider shall comply with all local, state, and federal health and safety laws and regulations.

(A) All students/participants shall have access to the course's hazardous waste management plan for the disposal of needles, cartridges, medical waste and storage of oxygen and nitrous oxide tanks.

(B) All students/participants shall have access to the course's clinic and radiation hazardous communication plan.

(C) All students/participants shall receive a copy of the course's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information. Faculty shall review with each student/participant the information listed in (A) - (C).

(6) Curriculum and Learning Resources.

(A) RDM didactic instruction shall include:

- (i) CAMBRA "Caries Management by Risk Assessment" concept;
- (ii) Guidelines for RDM to include, but not limited to, the following concepts of:

(a) The American Dental Association's *Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation* (revised 2012); and

(b) The American Academy of Pediatric Dentistry's *Guidelines on Prescribing Dental Radiographs*.

(iii) The guidelines developed by Pacific Center for Special Care at the University of the Pacific Arthur A. Dugoni School of Dentistry (Pacific) for use in training for Health Workforce Pilot Project (HWPP) #172 including:

(a) Instruction on specific decision-making guidelines that incorporate information about the patient's health, radiographic history, time span since previous radiographs were taken, and availability of previous radiographs; and

(b) Instruction pertaining to the general condition of the mouth including extent of dental restorations present, visible signs of abnormalities, including broken teeth, dark stain within the tooth, and visible holes in teeth.

(B) RDM laboratory instruction shall include a review of clinical cases with instructor-led discussion about radiographic decision-making in clinical situations.

(C) RDM simulated-clinical instruction shall include case-based examination with various clinical situations where trainees make decisions about which radiographs to expose and demonstrate competency to faculty based on these case studies.

(D) ITR placement. Didactic, laboratory, and clinical instruction shall include:

(i) Review of pulpal anatomy.

(ii) Theory of adhesive restorative materials used in the placement of adhesive protective restorations including mechanisms of bonding to tooth structure, handling characteristics of the materials, preparation of the tooth prior to material placement, and placement techniques.

(iii) Criteria used in clinical dentistry pertaining to the use and placement of adhesive protective restorations; Criteria shall include, but not limited to:

(a) Patient factors:

(1) The patient's American Society of Anesthesiologists Physical Status Classification is Class III or less;

(2) The patient is cooperative enough to have the restoration placed without the need for special protocols, including sedation or physical support;

(3) The patient, or responsible party, has provided consent for the procedure; and

(4) The patient reports that the tooth is asymptomatic, or if there is mild sensitivity which stops within a few seconds of the removal of the offending stimulus.

(b) Tooth Factors:

(1) The lesion is accessible without the need for creating access using a dental handpiece;

(2) The margins of the lesion are accessible so that clean, non-involved margins can be obtained around the entire periphery of the lesion with the use of hand instrumentation;

(3) The depth of the lesion is more than two millimeters from the pulp on radiographic examination or is judged by the DDS/DMD to be a shallow lesion such that the treatment does not endanger the pulp or require the use of local anesthetic; and

(4) The tooth is restorable and does not have other significant pathology.

(iv) Theory of protocols to deal with adverse outcomes used in the placement of adhesive protective restorations including mechanisms of bonding to tooth structure, handling characteristics of the materials, preparation of the tooth prior to material placement, and placement techniques;

(v) Criteria for evaluating successful completion of adhesive protective restorations including, but not limited to, restorative material not in hyper occlusion, no marginal voids, and minimal excess material;

(vi) Protocols for adverse outcomes after ITR placement including, but not limited to; exposed pulp, tooth fracture, gingival tissue injury, high occlusion, open margins, tooth sensitivity, rough surface, complications, or unsuccessful completion of adhesive protective restorations including situations requiring immediate referral to a dentist; and

(vii) Protocols for follow-up of adhesive protective restorations, including, but not limited to follow-up examination of the ITR at one (1) week, three (3) months, six (6) months, and one (1) year.

(E) Minimum ITR Requirements.

(i) Laboratory instruction shall include placement of ten (10) adhesive protective restorations where students/participants demonstrate competency in this technique on typodont teeth.

(ii) Clinical instruction shall include experiences where students/participants demonstrate, at a minimum, the placement of five (5) interim therapeutic restorations that shall be evaluated by the program faculty to criteria-referenced standards.

(F) Curriculum shall require adherence to infection control standards as provided in section 16 CCR §1005.

(G) Curriculum shall prepare the student/participant to assess, plan, implement and evaluate procedures as provided in subdivision (c)(6) of this section to perform with competence and judgment.

(H) Students/participants shall be provided a course syllabus that contains:

(i) Course learning outcomes;

(ii) Titles of references used for course materials;

(iii) Content objectives; and

(iv) Grading criteria which includes competency evaluations and laboratory, preclinical, and clinical rubrics to include problem solving and critical thinking skills that reflect course learning outcomes.

(I) Successful completion shall require students/participants to achieve competency at a minimum of 75% in each of the skill competencies.

(7) Recordkeeping.

A course provider shall possess and maintain the following for a period of not less than 5 years:

(A) Individual student/participant records, including those necessary to establish satisfactory completion of the course;

(B) Copies of lab and clinical competency documents;

(C) Copies of faculty calibration plans, faculty credentials, licenses, and certifications including documented background in educational methodology within previous two years;

(E) Copies of student/participant course evaluations and a summation thereof; and

(F) Copies of curriculum, including course syllabi, exams, sample test questions and clinic rubrics.

(d) Satisfactory completion of courses in RDM and ITR placement is determined using criteria-referenced completion standards, where the instructor determines when the student/participant has achieved competency based on these standards, but students/participants take varying amounts of time to achieve competency. Any student/participant who does not achieve competency in these duties in the specified period of instruction may receive additional education and evaluation. In cases where, in the judgment of the faculty, students/participants are not making adequate progress, they would be discontinued from the RDM and/or ITR courses.

(e) Certificates of Completion.

- (1) Dental Hygiene Educational Programs shall issue and provide the student with an original "Certification of Completion of a Course in Radiographic Decision-Making and Interim Therapeutic Restorations for the RDH, RDHAP, and RDHEF" pursuant to the regulations of requirements set forth by 16 CCR §1016 (h)(1), only after a student has successfully completed the requirements of his or her course in RDM and ITR.
- (2) Educational Courses for the RDH, RDHAP, and RDHEF.
 - (A) A course provider shall issue and provide the participant with an original "Certification of Completion of a Course in Radiographic Decision-Making for the RDH, RDHAP, and RDHEF" pursuant to the regulations of requirements set forth by 16 CCR §1016 (h)(1), only after a participant has successfully completed the requirements of his or her course in RDM.
 - (B) A course provider shall issue and provide the participant with an original "Certification of Completion of a Course in Interim Therapeutic Restoration for the RDH, RDHAP, and RDHEF", pursuant to the regulations of requirements set forth by 16 CCR §1016 (h)(1), only after a participant has successfully completed the requirements of his or her course in ITR.

(f) Appeals.

- (1) The Board may deny or withdraw its approval of a course. If the Board denies or withdraws approval of a course, the reasons for withdrawal or denial will be provided in writing within ninety (90) days.
- (2) Any course provider or applicant whose approval is denied or withdrawn shall be granted an informal conference before the Executive Officer or his or her designee prior to the effective date of such action. The applicant or course provider shall be given at least fifteen (15) business days' notice of the time and place of such informal conference and the specific grounds for the proposed action.
- (3) The applicant or course provider may contest the denial or withdrawal of approval by either:

(A) Appearing at the informal conference. The Executive Officer shall notify the course provider of the final decision of the Executive Officer within fifteen (15) business days of the informal conference. Based on the outcome of the informal conference, the course provider may then request a hearing to contest the Executive Officer's final decision. A course provider shall request a hearing by written notice to the Board within thirty (30) business days of the postmark date of the letter of the Executive Officer's final decision after informal conference. Hearings shall be held pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code; or

(B) Notifying the Board in writing the course provider's election to forego the informal conference and to proceed with a hearing pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. Such notification shall be made to the Board before the date of the informal conference.



MEMORANDUM

DATE	October 30, 2018
TO	Members of the Dental Board of California
FROM	Daniel Yoon Licensing Analyst
SUBJECT	Agenda Item 15A: Update on the Portfolio Pathway to Licensure

At its August 2013 meeting, the Dental Board of California (Board) approved proposed regulatory language relative to the Portfolio Examination Requirements and directed staff to initiate the rulemaking. Board staff filed the initial rulemaking documents with the Office of Administrative Law (OAL) on Tuesday, October 29th and the proposal was published in the California Regulatory Notice Register on Friday, November 8, 2013. The 45-day public comment period began on Friday, November 8, 2013 and ended on Monday, December 23, 2013. The Board held a regulatory hearing in Sacramento on Monday, January 6, 2014.

The Board received notification that the regulatory package was signed by the Secretary of State on November 5, 2014 and became effective immediately.

The Board-approved dental schools located in California were notified in December 2014 that they could begin the implementation of the Portfolio pathway to licensure and the calibration of the examiners at their schools. The schools received a reference binder that included a copy of the applicable legislation, the Candidate and Examiner Handbooks, the regulatory requirements, and all applicable forms. Also included was a compact disk, which contained soft copies of all materials provided in the reference binder as well as the Board-approved calibration courses.

In June 2015, the Board received its first applications from candidates that had completed the requirements to obtain their license through the Portfolio Examination pathway.

In 2016, thirty-five (35) applicants applied for a license through the portfolio pathway. One (1) application was received from the University of California, Los Angeles. Twelve (12) applications were received from the University of California, San Francisco. Nineteen (19) applications were received from the University of the Pacific. Three (3) applications were received from the University of Southern California.

In 2017, twenty-one (21) applicants applied for a license through the portfolio pathway. Ten (10) applications were submitted by the University of California, San Francisco, seven (7) applications were submitted by the University of the Pacific, three (3) applications were submitted by Loma Linda University, and one (1) application was submitted by the University of Southern California.

In 2018, eight (8) applicants applied for a license through the portfolio pathway. Two (2) applications were submitted by Loma Linda University, three (3) applications were submitted by University of California, San Francisco, one (1) application was submitted by the University of the Pacific, and two (2) were submitted by the University of Southern California.

The table below illustrates the number of applications submitted to the Board since 2015. It also indicates how many were received from each participating dental school.

Application Status	2015	2016	2017	2018
Total Applications Received	7	35	22	8
Loma Linda University	0	0	4	2
University of California, Los Angeles	0	1	0	0
University of California, San Francisco	1	12	10	3
University of the Pacific	6	19	7	1
University of Southern California	0	3	1	2
Western University of Health Sciences	0	0	0	0

In 2016, thirty-four (34) licenses were issued to applicants applying through the Board's Portfolio Examination pathway to licensure. One (1) license was issued to a graduate of the University of California, Los Angeles. Twelve (12) licenses were issued to graduates of the University of California, San Francisco. Eighteen (18) licenses were issued to graduates of the University of the Pacific. Three (3) licenses were issued to graduates of the University of Southern California.

In 2017, twenty-one (21) portfolio applicants were issued to applicants applying through the Board's Portfolio Examination pathway to licensure. Four (4) licenses were issued to graduates of Loma Linda University. Nine (9) licenses were issued to graduates of the University of California, San Francisco. Seven (7) licenses were issued to graduates of the University of the Pacific. One (1) license was issued to a graduate of the University of Southern California.

One (1) portfolio applicant from the University of California, San Francisco did not complete the licensure process.

In 2018, eight (8) portfolio applicants were issued to applicants applying through the Board's Portfolio Examination pathway to licensure. Three (3) licenses were issued to graduates of the University of California, San Francisco. One (1) license was issued to a graduate of the University of the Pacific. Two (2) licenses were issued to graduates of the University of Southern California. Two (2) licenses were issued to graduates of Loma Linda University.

The table below illustrates the number of licenses issued by the Board to applicants that applied through the Portfolio Examination pathway.

Total Number of Licenses Issued	7	34	6	8
Loma Linda University	0	0	3	2
University of California, Los Angeles	0	1	0	0
University of California, San Francisco	1	12	0	3
University of the Pacific	6	18	2	1
University of Southern California	0	3	1	2
Western University of Health Sciences	0	0	0	0

At the February 2018 meeting, Board staff gave an update on four short-term goals that were outlined at the November 2017 Board meeting. The four short-term goals were as follows:

1. Clarifying Patient Criteria Regarding Each Competency Exam;
2. Researching Reciprocity Requirements in Other States;
3. Informing the Public and Interested Parties About the Portfolio Pathway; and,
4. Digitizing the Portfolio Rubrics and Grading Sheets

The first three short-term goals were completed and were presented at the February 2018 Board meeting. First, a matrix was created using research from the Portfolio rulemaking files and the California Code of Regulations to clarify the patient criteria for each Portfolio competency exam. Similarly, a matrix was created to present which states would accept a Portfolio-licensed dentist through reciprocity. Finally, Board staff has updated the Board's website to include information regarding the Portfolio pathway to licensure, including the requirements, forms, and publications.

Board staff is currently working on completing the fourth short-term goal. In March 2018, Board staff sent sample digital Portfolio forms to each California dental school for review and feedback. Once feedback is received from each school, Board staff will review the forms and make any necessary changes. Board staff will continue to research how a Portfolio application may be submitted electronically. Board staff anticipates this short-term goal to be completed in time to be used by the California dental schools for the 2018-19 Portfolio candidates.

In addition, in 2019, the Board will implement the use of a cloud system, where dental schools can upload digital portfolios. The Portfolio Liaison at the Board will provide a link to the dental school where they are able to access the cloud system.

The Portfolio contact at the dental school will be able to upload a digital portfolio, or any other relevant documentation, to the cloud for the Dental Board to review. The cloud system is secure and only the Board and the dental school will have access. This will help reduce paperwork and alleviate security concerns. There will be more information on this in the future.

The Board is planning to send a letter to all dental schools in California to inform and update the dental schools on the Portfolio pathway to licensure. The letter will address the four short-term goals identified at the February 2018 Board Meeting and how Board staff have addressed each goal. Statistics for the 2018 school year regarding the Portfolio pathway to licensure will also be provided.

Board staff is planning to offer informational workshops to help 1st-year, 2nd-year, and any interested dental students become more aware of the unique opportunity available to them through the Portfolio pathway to licensure. Board staff are preparing a presentation that will inform students and encourage them to keep the Portfolio pathway to licensure as a viable licensure option in California. Board staff will contact each dental school and set appointments for these visits. Board staff plan to start these visits in 2019.

Action Requested:

No action requested, informational only.



MEMORANDUM

DATE	November 9, 2018
TO	Members of the Dental Board of California
FROM	Jeri Westerfeld, Executive Assistant Dental Board of California
SUBJECT	Agenda Item 15(B): Western Regional Examination Board (WREB) Report

Background:

Dr. Huong Le, DDS, MA will provide a verbal report.

Action Requested:

No action requested.



MEMORANDUM

DATE	October 31, 2018
TO	Members of the Dental Board of California
FROM	Carlos Alvarez Enforcement Chief
SUBJECT	Agenda Item 16A: Enforcement Statistics and Trends

The following are the Enforcement Division statistics for the first quarter (July 1, 2018 to September 30, 2018) of Fiscal Year 2018-2019. Trends over the last four fiscal years and the last three quarters are included, along with Charts 1-3 for reference.

Complaints & Compliance

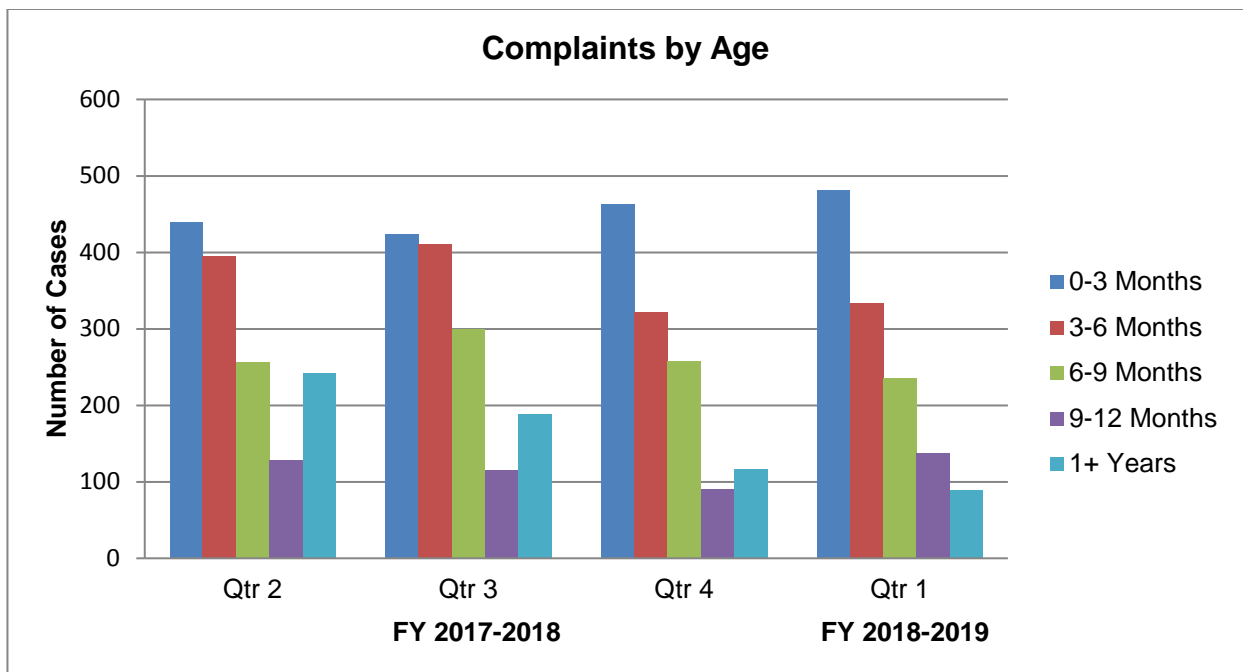
Complaints Received: 951

During quarter one, a total of 951 complaints were received. Complaints received have increased by approximately **58** cases from the last quarter. The monthly average of complaints received for quarter one was **317**.

Complaint Cases Open: 1279

A total of 1279 complaint cases are pending. The Complaint cases open have significantly decreased by **181** from second quarter of FY 2017-2018 to first quarter of FY 2018-2019. The average caseload per Consumer Services Analyst (CSA) during the first quarter of FY 2018-2019 was **277**.

Complaint Age	FY 2017-2018			FY 2018-2019	
	Q2 Cases	Q3 Cases	Q4 Cases	Q1 Cases	Q1%
0 – 3 Months	439	424	463	482	38%
3 – 6 Months	395	411	321	334	26%
6 – 9 Months	256	300	257	236	18%
9 – 12 Months	128	115	90	138	11%
1+ Years	242	188	117	89	7%
Total	1460	1438	1248	1279	100%



Complaint Cases Closed: 884

During quarter one, there were 884 total complaint cases closed. The average cases closed per month was **295**. A complaint took an average of **301** days to close which is approximately thirty-six days faster than during the previous quarter.

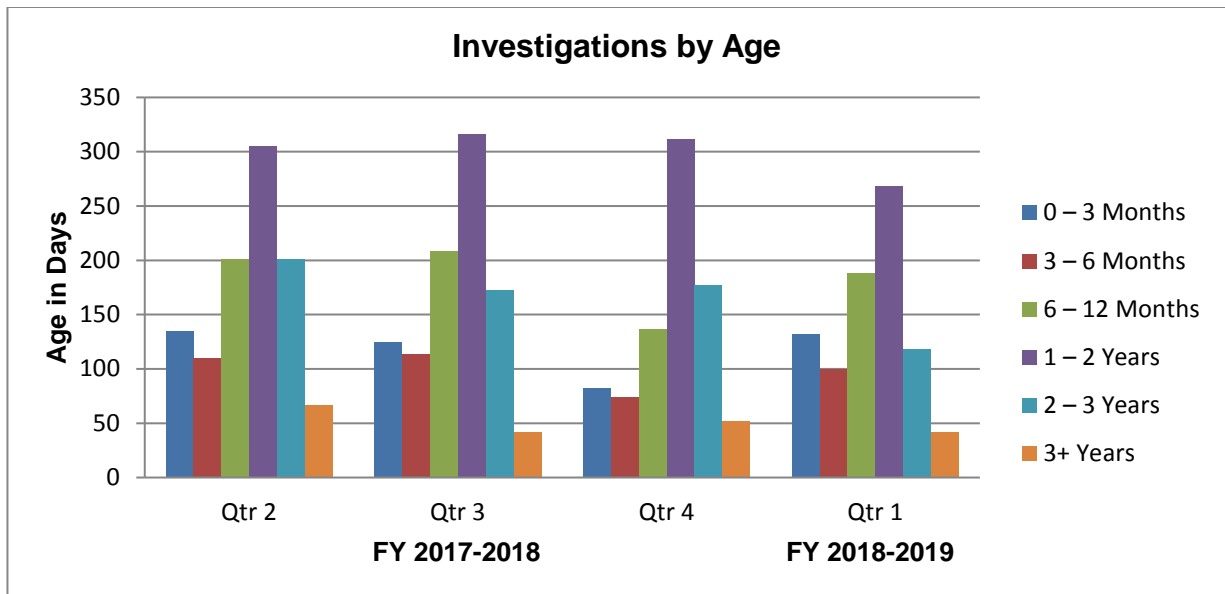
Chart 1 displays the average complaint closure age over the previous four fiscal years through the current quarter.

Investigations

Investigation Cases Open: 848

At the end of quarter one, there were approximately 848 open investigative cases and **42** open inspection cases.

Investigation Age	FY 2017-2018			FY 2018-2019	
	Q2 Cases	Q3 Cases	Q4 Cases	Q1 Cases	Q1 %
0 – 3 Months	135	125	82	132	16%
3 – 6 Months	110	114	74	100	12%
6 – 12 Months	201	208	137	188	22%
1 – 2 Years	305	316	312	268	32%
2 – 3 Years	201	173	177	118	14%
3+ Years	67	42	52	42	4%
Total	985	978	834	848	100%



Comparing this quarter to the last, there has been a 2% increase in open investigation cases.

Investigation Cases Closed: 423

During quarter one, there were 423 total investigation cases closed. The average cases closed per month was **141**. The total number of investigation cases closed, filed with the Office of the Attorney General (OAG), or filed with the District/City Attorney during the first quarter was **46** (an average of **15** per month).

The average number of days to complete an investigation during the first quarter was **419** days (see [Chart 1](#)). This is sixty-six days faster than during the previous quarter.

Administrative and Disciplinary Action:

A total of **11 citations** were issued during the first quarter, an increase from the total of 8 that were issued in the previous quarter.

A total of **22 accusations** were filed during the first quarter, an increase from the total of 18 that were filed during the previous quarter.

A total of **46 cases were referred to the OAG** with a total of **163** cases pending as of October 30, 2018.

There were approximately **160 open probation cases** at the end of the first quarter. The three-month average for a disciplinary case to be completed was **960** days. This is sixty-two days faster than the previous quarter.

Chart 1 below displays the average closure age over the last four fiscal years through the second and third quarter for complaint, investigation, and disciplinary cases.

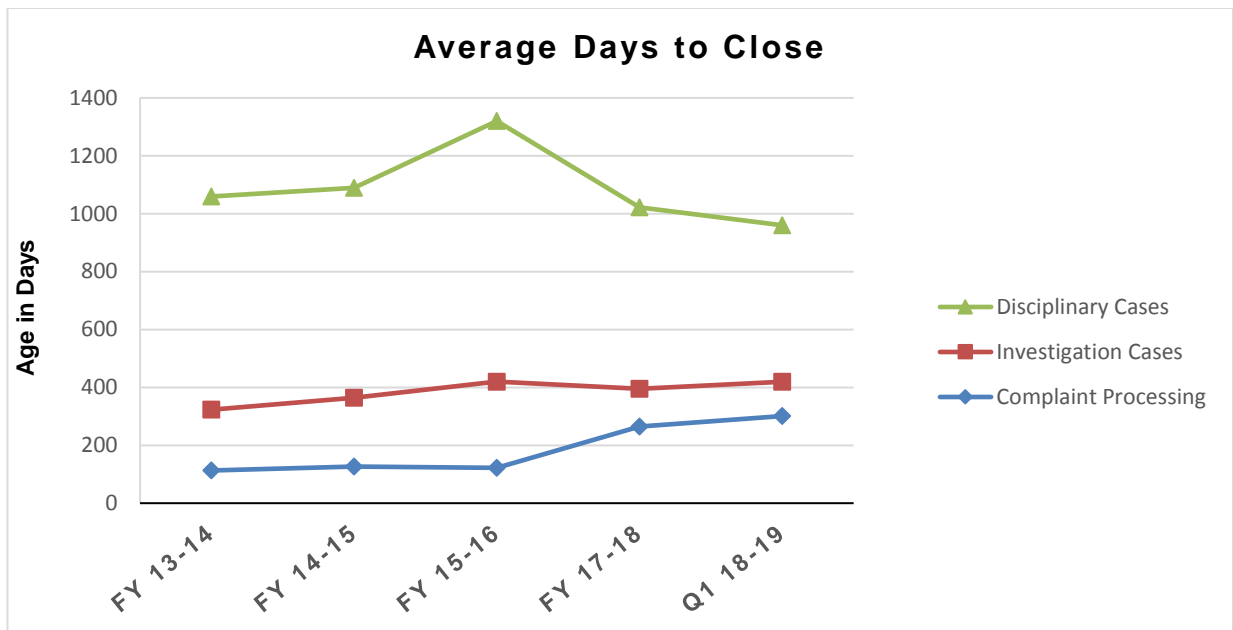


Chart 1:

Average Days to Close	FY 14-15	FY 15-16	FY 16-17	FY 17-18	Q1 FY 18-19
Complaint Processing	113	128	150	265	301
Investigation Cases	323	364	324	395	419
Disciplinary Cases	1059	1089	1320	1022	960

Chart 2:

ENFORCEMENT STATISTICS	FY 14-15	FY 15-16	FY 16-17	FY 17-18	FY 18-19
					Q1
COMPLAINTS					
Total Intake Received	4180	3562*	3591	3552	951
<i>Complaints Received</i>	3557	3103*	3283	3068	764
<i>Convictions/Arrests Received</i>	623	459*	308	484	75
Total Complaints Closed	2762	2675*	2625	2642	884
Pending at end of period	989	804	1375	1248	1279
INVESTIGATIONS					
Cases Opened	1426	908*	828	1006	199
Cases Closed	1195	806*	830	932	423
Referred to AG	188	170*	173	197	46
Referred for Criminal	20	47*	20	14	4
Pending at end of period	1082	855	985	834	848
Citations Issued	48	47*	56	64	11
Office of the Attorney General					
Cases Pending at AG	189	210	152	158	163
Administrative Actions:					
Accusation	70	76	94	75	22
Statement of Issues	4	10	7	12	1
Petition to Revoke Probation	3	1	4	5	1
Licensee Disciplinary Actions:					
Revocation	21	19	17	16	3
Probation	38	11	62	71	7
Suspension/Probation	0	2	2	3	0
License Surrendered	9	11	11	12	1
Public Reprimand	11	14	34	21	5
Other Action (e.g. exam required, education course, etc.)	11	1	28	2	0
Accusation Withdrawn	3	2	10	12	0
Accusation Declined	2	1	4	0	0
Accusation Dismissed	0	1	2	2	2
Total, Licensee Discipline	95	24	160	139	18
Other Legal Actions:					
Interim Suspension Order Issued	0	0	3	0	0
PC 23 Order Issued	3	0	3	0	1

*FY15-16 Numbers updated due to system transition to Breeze.

Complaint Allegations

Charts 3a and 3b below list the types of allegations made for all complaints received for the current quarter, along with their corresponding percentages.

Chart 3a:

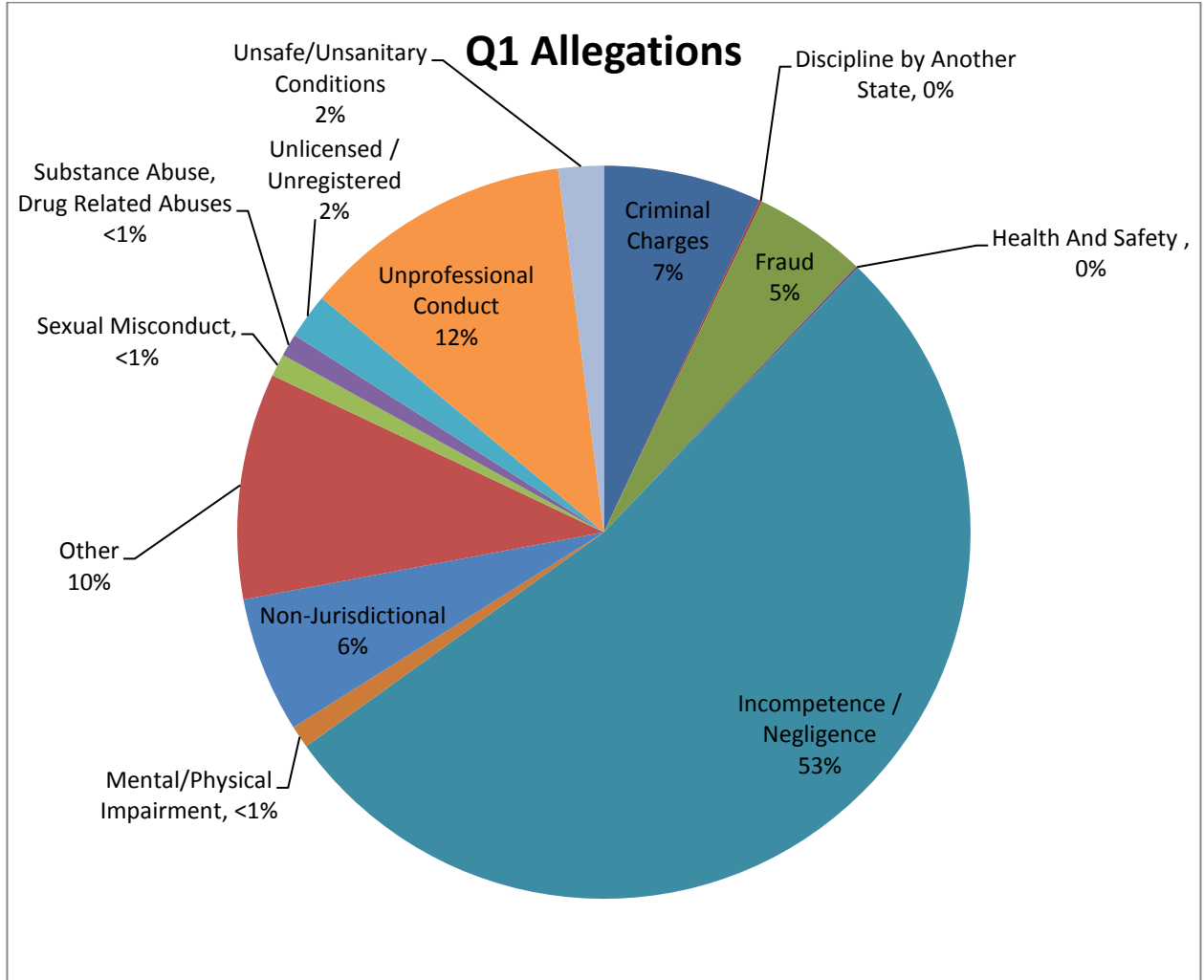


Chart 3b:

	FISCAL YEAR COUNTS				2018-2019	
Discipline by Another State	11	15	3	5	0	0%
Health And Safety	0	4	9	1	0	0%
Mental/Physical Impairment	0	3	6	1	2	<1%
Other	332	180	241	252	98	10%
Substance Abuse, Drug Related Abuses	0	26	40	3	5	<1%
Unprofessional Conduct	250	187	181	398	115	12%
Total	4492	3562	3591	3552	951	100%



MEMORANDUM

DATE	November 13, 2018
TO	Substance Use Awareness Committee
FROM	Chrystal Williams, Diversion Program Manager
SUBJECT	SUA Agenda Item 17: Diversion Program

A. OVERVIEW

Board's Authority

The Dental Board of California (Board) is the only state agency authorized to issue dental licenses and to enforce standards to protect California's dental consumers from incompetent dental practitioners. To help meet these responsibilities, the Board has a legislative mandate (Business and Professions Code section 1695) to establish a Diversion Program.

Program Goals

The program's goal is the early detection and rehabilitation of licensees whose competency may be impaired due to substance abuse of alcohol or dangerous drugs so they may return to the practice of dentistry in a manner that will not endanger the health and safety of the public.

The Diversion Program is a confidential program that permits those licensed dentists and allied dental health professionals who meet eligibility criteria the opportunity to recover without the loss of a license to practice.

By implementing a Diversion Program, the Board can closely monitor the recovery progress of known chemically impaired licensees, thereby enhancing the Board's mission to provide consumer protection.

Applicant Eligibility

Any California licensed dentist or allied dental health professional experiencing an alcohol and/or drug abuse problem may apply for admission in the Diversion Program, except for licensees that have been convicted of the sale of narcotics or other dangerous drugs. Licensees may apply as a self-referral, or at the request of Board investigators, or in compliance with Board orders of probation.

Diversion Evaluation Committee

The Board is authorized to establish Diversion Evaluation Committees (DEC's) comprised of members with "experience or knowledge in the evaluation or management of persons who are impaired due to alcohol or drug abuse." (CCR section 1020.4). The Board currently has established two such committees; a Northern DEC and a Southern DEC. Each committee consists of six members: three licensed dentists, one licensed dental auxiliary, one public member, and one licensed physician or psychologist. These committees assist the Board in the evaluation of licensees who may be impaired due to the abuse of alcohol or dangerous drugs. Each DEC meets for a one-day session on a quarterly basis and are compensated by the Board pursuant to Business and Professions Code section 103 at \$100 dollars for each day worked. Additionally, travel, lodging and meal expenses are also provided by the Board.

Mission Statement

The mission of the DEC is to implement the intent of the legislature, and seek ways to identify and assist in the rehabilitation of licensees whose competency may be impaired due to the abuse of alcohol and dangerous drugs.

Diversion Program Manager

The Diversion Program Manager (DPM) is employed by the Board to provide management oversight for the Diversion Program in a manner that assures public safety and encourages the rehabilitation of California dental professionals. The DPM provides ongoing direction to program staff, the DEC's and the service provider.

Service Provider (Currently MAXIMUS, Inc.)

Prior to being awarded a contract as a service provider for the Board, the service provider must have demonstrated expertise and knowledge in the following areas: confidential assessments, chemical dependency, treatment of impaired health care professionals, professional preventative health care service, referrals, and participant monitoring.

MAXIMUS, Inc. PRESENTATION

The Department of Consumer Affairs has contracted with MAXIMUS, Inc. to provide confidential intervention, assessment, referral, and monitoring services. Founded in 1975 with the single mission of "Helping Government Serve the People", MAXIMUS has served thousands of local, state, and federal government clients with unwavering integrity, and an unmatched commitment to quality. MAXIMUS is a team of dedicated, talented, and conscientious professions, who through their daily efforts in the support of the government improve the lives of individuals and families across the country.

Virginia (Ginny) L. Matthews, RN, BSN, MBA, Project Manager from MAXIMUS will provide an overview of MAXIMUS, Inc.

B. CALIFORNIA DENTAL ASSOCIATION (CDA) WELLBEING PRESENTATION

The CDA Well-Being Program exists to assist dental professionals who suffer from alcohol and/or chemical dependency. It's also a referral source for other disorders such as Bi-Polar, depression, diabetes, glaucoma, Parkinson's, sexual addiction, sexual boundary issues and more.

Assistance is offered through component and regional well-being committees who encourage an individual to seek treatment to preserve their life, privilege to practice dentistry and maintain public safety.

Curtis Vixie, DDS, serves as a volunteer on the Northern California wellbeing committee as well as the Board's Southern California DEC. Dr. Vixie will provide an overview of CDA's wellbeing program and discuss the similarities/differences between the Board's DEC and CDA's wellbeing program.

Attachments: Business and Professions Code Sections 1695-1699
California Code of Regulations Sections 1020.1.-1020.7.

C. DIVERSION STATISTICS JULY - SEPTEMBER 2018

JULY

- Intakes into Program: 0
- Closed: 0
- Active Participants: 12

AUGUST

- Intakes into Program: One (1) self-referral
- Closed: 0
- Active Participants: 13

SEPTEMBER

- Intakes into Program: One (1) self-referral
- Closed: 0
- Active Participants: 14

The next DEC meeting is scheduled for January 9, 2019, in Southern CA.

ACTION REQUESTED

None

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WESTLAW California Code of Regulations[Home Table of Contents](#)**§ 1020.1. Criteria for Admission.**

16 CA ADC § 1020.1

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONSBarclays Official California Code of Regulations Currentness

Title 16. Professional and Vocational Regulations

Division 10. Dental Board of California

Chapter 1. General Provisions Applicable to All Licensees

Article 5.5. Impaired Licentiates Program

16 CCR § 1020.1

§ 1020.1. Criteria for Admission.

An applicant shall meet the following criteria for admission to the Impaired Licentiate Program.

- (a) Is a California licensed dentist or dental auxiliary.
- (b) Resides in California.
- (c) Is found to abuse narcotics, dangerous drugs or alcohol in a manner which may affect the licentiate's ability to practice safely or competently.
- (d) Has voluntarily requested admission to the program.
- (e) Agrees to undertake any medical and/or psychiatric examinations ordered to evaluate the application for participation in the program.
- (f) Cooperates with the program by providing medical information, disclosure authorizations and releases of liability as may be necessary for participation in the program.
- (g) Agrees in writing to cooperate and comply with all elements of the treatment program designed by a diversion evaluation committee and to bear all the costs of such program.
- (h) Has not been convicted of a crime involving the sale of narcotics or dangerous drugs.

Note: Authority cited: Sections 1614 and 1695.5, Business and Professions Code. Reference: Sections 1695.5 and 1697, Business and Professions Code.

HISTORY

1. New Article 5.5 (Sections 1020.1-1020.8) filed 10-11-85; effective thirtieth day thereafter (Register 85, No. 41).
2. Repealer of subsection (i) filed 9-10-98; operative 10-10-98 (Register 98, No. 37).

This database is current through 11/2/18 Register 2018, No. 44

16 CCR § 1020.1, 16 CA ADC § 1020.1

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WESTLAW California Code of Regulations[Home Table of Contents](#)**§ 1020.2. Causes for Denial of Admission.**

16 CA ADC § 1020.2

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONSBarclays Official California Code of Regulations Currentness

Title 16. Professional and Vocational Regulations

Division 10. Dental Board of California

Chapter 1. General Provisions Applicable to All Licensees

Article 5.5. Impaired Licentiates Program

16 CCR § 1020.2

§ 1020.2. Causes for Denial of Admission.

A diversion evaluation committee may deny an applicant admission to the program for any of the following reasons:

(a) The applicant does not meet the requirements set forth in Section 1020.1.

(b) The committee determines that the applicant will not substantially benefit from participation in the program or that the applicant's participation in the program creates too great a risk to the public health, safety or welfare.

Note: Authority cited: Sections 1614 and 1695.5, Business and Professions Code. Reference: Section 1695.5, Business and Professions Code.

HISTORY

1. Repealer of subsections (b) and (c) and subsection relettering filed 9-10-98; operative 10-10-98 (Register 98, No. 37).

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16 CCR § 1020.2, 16 CA ADC § 1020.2

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WESTLAW California Code of Regulations[Home Table of Contents](#)**§ 1020.3. Termination from the Program.**

16 CA ADC § 1020.3

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONSBarclays Official California Code of Regulations Currentness

Title 16. Professional and Vocational Regulations

Division 10. Dental Board of California

Chapter 1. General Provisions Applicable to All Licensees

Article 5.5. Impaired Licentiates Program

16 CCR § 1020.3

§ 1020.3. Termination from the Program.

(a) A diversion evaluation committee may terminate a licentiate's participation in the program for any of the following reasons:

(1) The licentiate has successfully completed the treatment program prescribed by the committee.

(2) The committee votes to terminate participation for one of the following causes:

(A) The licentiate has failed to comply with the treatment program designated by the committee.

(B) The licentiate has failed to comply with any of the requirements set forth in Section 1020.1.

(C) Any cause for denial of an applicant set forth in Section 1020.2.

(D) The committee determines that the licentiate has not substantially benefited from participation in the program or that the licentiate's continued participation in the program creates too great a risk to the public health, safety or welfare.

(b) The committee shall determine, based upon the recommendation of both the program manager and a consultant, whether to terminate participation in the program. The committee's decision on termination shall be final.

Note: Authority cited: Sections 1614 and 1695.5, Business and Professions Code. Reference: Sections 1695.5 and 1697, Business and Professions Code.

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16 CCR § 1020.3, 16 CA ADC § 1020.3

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WESTLAW California Code of Regulations[Home Table of Contents](#)**§ 1020.4. Diversion Evaluation Committee Membership.**

16 CA ADC § 1020.4

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

Barclays Official California Code of Regulations Currentness

Title 16. Professional and Vocational Regulations

Division 10. Dental Board of California

Chapter 1. General Provisions Applicable to All Licensees

Article 5.5. Impaired Licentiates Program

16 CCR § 1020.4

§ 1020.4. Diversion Evaluation Committee Membership.

(a) A diversion evaluation committee shall consist of six members: three licensed dentists, one licensed dental auxiliary, one public member, and one licensed physician or psychologist.

(b) Each committee member shall have experience or knowledge in the evaluation or management of persons who are impaired due to alcohol or drug abuse.

(c) Each member of the committee shall be appointed by the board and shall serve at the board's pleasure. Members of a committee shall be appointed for a term of four years, and each member shall hold office until the appointment and qualification of his or her successor or until one year shall have elapsed since the expiration of the term for which he or she was appointed, whichever first occurs. No person shall serve as a member of the committee for more than two terms.

Note: Authority cited: Sections 1614 and 1695.2, Business and Professions Code. Reference: Section 1695.2, Business and Professions Code.

HISTORY

1. Amendment of subsection (c) filed 9-10-98; operative 10-10-98 (Register 98, No. 37).

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16 CCR § 1020.4, 16 CA ADC § 1020.4

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WESTLAW California Code of Regulations[Home Table of Contents](#)**§ 1020.5. Diversion Evaluation Committee Duties and Responsibilities.**

16 CA ADC § 1020.5

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

Barclays Official California Code of Regulations Currentness

Title 16. Professional and Vocational Regulations

Division 10. Dental Board of California

Chapter 1. General Provisions Applicable to All Licensees

Article 5.5. Impaired Licentiates Program

16 CCR § 1020.5

§ 1020.5. Diversion Evaluation Committee Duties and Responsibilities.

A diversion evaluation committee shall have the following duties and responsibilities in addition to those set forth in Section 1695.6 of the Code:

- (a) To consider recommendations of the program manager and any consultant to the committee;
- (b) To set forth in writing for each licensee in a program a treatment and rehabilitation program established for that licensee with the requirements for supervision and surveillance.

Note: Authority cited: Sections 1614 and 1695.6, Business and Professions Code. Reference: Section 1695.6, Business and Professions Code.

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16 CCR § 1020.5, 16 CA ADC § 1020.5

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WESTLAW California Code of Regulations[Home Table of Contents](#)**§ 1020.6. Committee Consultants.**

16 CA ADC § 1020.6

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

Barclays Official California Code of Regulations Currentness

Title 16. Professional and Vocational Regulations

Division 10. Dental Board of California

Chapter 1. General Provisions Applicable to All Licensees

Article 5.5. Impaired Licentiates Program

16 CCR § 1020.6

§ 1020.6. Committee Consultants.

A Diversion Evaluation Committee (DEC) may utilize one or more chemical dependency treatment service providers or licensed physicians or psychologists who are competent in their field or specialty and who have demonstrated expertise in the diagnosis and treatment of substance abuse.

Note: Authority cited: Sections 1614 and 1695.4, Business and Professions Code. Reference: Sections 1695.4 and 1695.6, Business and Professions Code.

HISTORY

1. Amendment filed 9-10-98; operative 10-10-98 (Register 98, No. 37).

This database is current through 11/2/18 Register 2018, No. 44

16 CCR § 1020.6, 16 CA ADC § 1020.6

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WESTLAW California Code of Regulations[Home Table of Contents](#)**§ 1020.7. Procedure for Review of Applicants.**

16 CA ADC § 1020.7

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

Barclays Official California Code of Regulations Currentness

Title 16. Professional and Vocational Regulations

Division 10. Dental Board of California

Chapter 1. General Provisions Applicable to All Licensees

Article 5.5. Impaired Licentiates Program

16 CCR § 1020.7

§ 1020.7. Procedure for Review of Applicants.

(a) A diversion evaluation committee consultant and/or program manager shall interview each applicant who requests admission to the program.

(b) The consultant shall interview the applicant and initiate such clinical assessments as necessary to determine applicant eligibility to participate in the program. The program manager may request such other information, authorizations, and releases necessary for participation in the program.

(c) The program manager and the consultant who interview and assess the applicant shall each make a recommendation to the committee whether the applicant should be admitted to the program.

(d) The committee's decision on admission to the program shall be final.

Note: Authority cited: Sections 1614 and 1695.4, Business and Professions Code. Reference: Section 1695.6, Business and Professions Code.

HISTORY

1. Amendment filed 9-10-98; operative 10-10-98 (Register 98, No. 37).

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16 CCR § 1020.7, 16 CA ADC § 1020.7

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BUSINESS AND PROFESSIONS CODE - BPC

DIVISION 2. HEALING ARTS [500 - 4999.129] (*Division 2 enacted by Stats. 1937, Ch. 399.*)

CHAPTER 4. Dentistry [1600 - 1976] (*Chapter 4 added by Stats. 1937, Ch. 415.*)

ARTICLE 4.7. Diversion Program [1695 - 1699]

 (*Article 4.7 added by Stats. 1982, Ch. 1261, Sec. 1.*)

1695. It is the intent of the Legislature that the Dental Board of California seek ways and means to identify and rehabilitate licentiates whose competency may be impaired due to abuse of dangerous drugs or alcohol, so that licentiates so afflicted may be treated and returned to the practice of dentistry in a manner that will not endanger the public health and safety. It is also the intent of the Legislature that the Dental Board of California shall implement this legislation in part by establishing a diversion program as a voluntary alternative approach to traditional disciplinary actions.

(Amended by Stats. 2015, Ch. 426, Sec. 11. (SB 800) Effective January 1, 2016.)

1695.1. As used in this article:

(a) "Board" means the Dental Board of California.

(b) "Committee" means a diversion evaluation committee created by this article.

(c) "Program manager" means the staff manager of the diversion program, as designated by the executive officer of the board. The program manager shall have background experience in dealing with substance abuse issues.

(Amended by Stats. 2015, Ch. 426, Sec. 12. (SB 800) Effective January 1, 2016.)

1695.2. One or more diversion evaluation committees is hereby created in the state to be established by the board. The board shall establish criteria for the selection of the committee. No board member shall serve on any committee.

(Added by Stats. 1982, Ch. 1261, Sec. 1.)

1695.3. Each member of a committee shall receive per diem and expenses as provided in Section 103.

(Added by Stats. 1982, Ch. 1261, Sec. 1.)

1695.4. The board shall administer the provisions of this article.

(Added by Stats. 1982, Ch. 1261, Sec. 1.)

1695.5. (a) The board shall establish criteria for the acceptance, denial, or termination of licentiates in a diversion program. Unless ordered by the board as a condition of licentiate disciplinary probation, only those licentiates who have voluntarily requested diversion treatment and supervision by a committee shall participate in a diversion program.

(b) A licentiate who is not the subject of a current investigation may self-refer to the diversion program on a confidential basis, except as provided in subdivision (f):

(c) A licentiate under current investigation by the board may also request entry into the diversion program by contacting the board's Diversion Program Manager. The Diversion Program Manager may refer the licentiate requesting participation in the program to a diversion evaluation committee for evaluation of eligibility. Prior to authorizing a licentiate to enter into the diversion program, the Diversion Program Manager may require the licentiate, while under current investigation for any violations of the Dental Practice Act or other violations, to execute a statement of understanding that states that the licentiate understands that his or her violations of the

Dental Practice Act or other statutes that would otherwise be the basis for discipline, may still be investigated and the subject of disciplinary action.

(d) If the reasons for a current investigation of a licentiate are based primarily on the self-administration of any controlled substance or dangerous drugs or alcohol under Section 1681, or the illegal possession, prescription, or nonviolent procurement of any controlled substance or dangerous drugs for self-administration that does not involve actual, direct harm to the public, the board shall close the investigation without further action if the licentiate is accepted into the board's diversion program and successfully completes the requirements of the program. If the licentiate withdraws or is terminated from the program by a diversion evaluation committee, and the termination is approved by the program manager, the investigation shall be reopened and disciplinary action imposed, if warranted, as determined by the board.

(e) Neither acceptance nor participation in the diversion program shall preclude the board from investigating or continuing to investigate, or taking disciplinary action or continuing to take disciplinary action against, any licentiate for any unprofessional conduct committed before, during, or after participation in the diversion program.

(f) If a licentiate withdraws or is terminated from the diversion program for failure to comply or is determined to be a threat to the public or his or her own health and safety, all diversion records for that licentiate shall be provided to the board's enforcement program and may be used in any disciplinary proceeding. If a licentiate in a diversion program tests positive for any banned substance, the board's diversion program manager shall immediately notify the board's enforcement program and provide the documentation evidencing the positive test result to the enforcement program. This documentation may be used in a disciplinary proceeding.

(g) Any licentiate terminated from the diversion program for failure to comply with program requirements is subject to disciplinary action by the board for acts committed before, during, and after participation in the diversion program. A licentiate who has been under investigation by the board and has been terminated from the diversion program by a diversion evaluation committee shall be reported by the diversion evaluation committee to the board.

(Amended by Stats. 2011, Ch. 385, Sec. 11. (SB 540) Effective January 1, 2012.)

1695.6. A committee created under this article operates under the direction of the program manager. The program manager has the primary responsibility to review and evaluate recommendations of the committee. Each committee shall have the following duties and responsibilities:

(a) To evaluate those licentiates who request to participate in the diversion program according to the guidelines prescribed by the board and to make recommendations. In making the recommendations, a committee shall consider the recommendations of any licentiates designated by the board to serve as consultants on the admission of the licentiate to the diversion program.

(b) To review and designate those treatment facilities to which licentiates in a diversion program may be referred.

(c) To receive and review information concerning a licentiate participating in the program.

(d) To consider in the case of each licentiate participating in a program whether he or she may with safety continue or resume the practice of dentistry.

(e) To perform such other related duties, under the direction of the board or program manager, as the board may by regulation require.

(Amended by Stats. 2008, Ch. 548, Sec. 6. Effective January 1, 2009.)

1696. Notwithstanding the provisions of Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code, relating to public meetings, a committee may convene in closed session to consider reports pertaining to any licentiate requesting or participating in a diversion program. A committee shall only convene in closed session to the extent that it is necessary to protect the privacy of such a licentiate.

(Amended by Stats. 1993, Ch. 589, Sec. 2. Effective January 1, 1994.)

1697. Each licentiate who requests participation in a diversion program shall agree to cooperate with the treatment program designed by the committee and approved by the program manager and to bear all costs related to the program, unless the cost is waived by the board. Any failure to comply with the provisions of a treatment program may result in termination of the licentiate's participation in a program.

(Amended by Stats. 2008, Ch. 548, Sec. 7. Effective January 1, 2009.)

1698. (a) After the committee and the program manager in their discretion have determined that a licentiate has been rehabilitated and the diversion program is completed, the committee shall purge and destroy all records

pertaining to the licentiate's participation in a diversion program.

(b) Except as authorized by subdivision (f) of Section 1695.5, all board and committee records and records of proceedings pertaining to the treatment of a licentiate in a program shall be kept confidential and are not subject to discovery or subpoena.

(Amended by Stats. 2008, Ch. 548, Sec. 8. Effective January 1, 2009.)

1699. The board shall provide for the representation of any person making reports to a committee or the board under this article in any action for defamation for reports or information given to the committee or the board regarding a licentiate's participation in the diversion program.

(Added by Stats. 1982, Ch. 1261, Sec. 1.)



MEMORANDUM

DATE	November 9, 2018
TO	Members of the Dental Board of California
FROM	Michael Chen, Legislative and Regulatory Analyst; David McClain, Legislative and Regulatory Analyst; Dental Board of California
SUBJECT	Agenda Item 18A: 2019 Tentative Legislative Calendar – Information Only

The 2019 Tentative Legislative Calendars for both the Senate and Assembly are enclosed.

Action Requested:

No action necessary.

2019 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE CHIEF CLERK
October 31, 2018 (revised)

DEADLINES

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

- [Jan. 1](#) Statutes take effect (Art. IV, Sec. 8(c)).
- [Jan. 7](#) Legislature **reconvenes** (J.R. 51(a)(1)).
- [Jan. 10](#) Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- [Jan. 21](#) Martin Luther King, Jr. Day.
- [Jan. 25](#) Last day to submit **bill requests** to the Office of Legislative Counsel

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

- [Feb. 18](#) Presidents' Day.
- [Feb. 22](#) Last day for **bills to be introduced** (J.R. 61(a)(1)), (J.R. 54(a)).

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	<u>29</u>	30
31						

- [Mar. 29](#) Cesar Chavez Day observed.

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

- [Apr. 11](#) **Spring recess** begins upon adjournment of this day's session (J.R. 51(a)(2)).
- [Apr. 22](#) Legislature **reconvenes** from Spring recess (J.R. 51(a)(2)).
- [Apr. 26](#) Last day for **policy committees** to hear and report to **fiscal committees** **fiscal bills** introduced in their house (J.R. 61(a)(2)).

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

- [May 3](#) Last day for **policy committees** to hear and report to the Floor **nonfiscal bills** introduced in their house (J.R. 61(a)(3)).
- [May 10](#) Last day for **policy committees** to meet prior to June 3 (J.R. 61(a)(4)).
- [May 17](#) Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61(a)(5)). Last day for **fiscal committees** to meet prior to June 3 (J.R. 61(a)(6)).
- [May 27](#) Memorial Day.
- [May 28-31](#) **Floor Session Only.**
No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(a)(7)).

- [May 31](#) Last day for bills to be **passed out of the house of origin** (J.R. 61(a)(8)).

*Holiday schedule subject to Rules committee approval.

2019 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE CHIEF CLERK
October 31, 2018 (revised)

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						

Jun. 3 Committee meetings may resume (J.R. 61(a)(9)).

Jun. 15 **Budget Bill** must be **passed by midnight** (Art. IV, Sec. 12(c)(3)).

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			

Jul. 4 Independence Day.

Jul. 10 Last day for **policy committees** to hear and report **fiscal bills** to **fiscal committees** (J.R. 61(a)(10)).

Jul. 12 Last day for **policy committees** to meet and report bills (J.R. 61(a)(11)). **Summer recess** begins upon adjournment of this day's session, provided Budget Bill has been passed (J.R. 51(a)(3)).

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

Aug. 12 **Legislature reconvenes** from Summer recess (J.R. 51(a)(3)).

Aug. 30 Last day for **fiscal committees** to meet and report bills to Floor (J.R. 61(a)(12)).

SEPTEMBER						
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					

Sep. 2 Labor Day.

Sep. 3-13 **Floor Session Only.** No committees, other than conference and Rules committees, may meet for any purpose (J.R. 61(a)(13)).

Sep. 6 Last day to **amend bills on the floor** (J.R. 61(a)(14)).

Sep. 13 Last day for **each house to pass bills** (J.R. 61(a)(15)). **Interim Study Recess** begins upon adjournment of this day's session (J.R. 51(a)(4)).

*Holiday schedule subject to Senate Rules committee approval.

IMPORTANT DATES OCCURRING DURING INTERIM STUDY RECESS

2019

Oct. 13

Last day for Governor to sign or veto bills passed by the Legislature on or before Sep. 13 and in the Governor's possession after Sep. 13 (Art. IV, Sec.10(b)(1)).

2020

Jan. 1

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

Jan. 6

Legislature reconvenes (J.R. 51 (a)(4)).

2019 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 10-31-18

DEADLINES

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

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

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

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

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 7** Legislature reconvenes (J.R. 51(a)(1)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 21** Martin Luther King, Jr. Day.
- Jan. 25** Last day to submit **bill requests** to the Office of Legislative Counsel.

- Feb. 18** Presidents' Day.
- Feb. 22** Last day for bills to be **introduced** (J.R. 61(a)(1), J.R. 54(a)).

Mar. 29 Cesar Chavez Day observed.

- Apr. 11** **Spring Recess** begins upon adjournment (J.R. 51(a)(2)).
- Apr. 22** Legislature reconvenes from Spring Recess (J.R. 51(a)(2)).
- Apr. 26** Last day for **policy committees** to meet and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).

- May 3** Last day for **policy committees** to meet and report to the floor **non-fiscal bills** introduced in their house (J.R. 61(a)(3)).
- May 10** Last day for **policy committees** to meet prior to June 3 (J.R. 61(a)(4)).
- May 17** Last day for **fiscal committees** to meet and report to the floor bills introduced in their house (J.R. 61(a)(5)). Last day for **fiscal committees** to meet prior to June 3 (J.R. 61(a)(6)).
- May 27** Memorial Day.
- May 28-31** **Floor session only.** No committee may meet for any purpose except Rules Committee, bills referred pursuant to A.R. 77.2, and Conference Committees (J.R. 61(a)(7)).
- May 31** Last day for each house to pass bills introduced in that house (J.R. 61(a)(8)).

*Holiday schedule subject to final approval by Rules Committee.

2019 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 10-31-18

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

June 3 Committee meetings may resume (J.R. 61(a)(9)).

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

JULY							
	S	M	T	W	TH	F	S
Wk. 4		1	2	3	4	5	6
Wk. 1	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 4 Independence Day.

July 10 Last day for **policy committees** to hear and report **fiscal bills** to fiscal committees (J.R. 61(a)(10)).

July 12 Last day for **policy committees** to meet and report bills (J.R. 61(a)(11)).

Summer Recess begins upon adjournment, provided Budget Bill has been passed (J.R. 51(a)(3)).

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

Aug. 12 Legislature reconvenes from Summer Recess (J.R. 51(a)(3)).

Aug. 30 Last day for **fiscal committees** to meet and report bills (J.R. 61(a)(12)).

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

Sept. 2 Labor Day.

Sept. 3-13 Floor session only. No committees may meet for any purpose, except Rules Committee, bills referred pursuant to A.R. 77.2, and Conference Committees (J.R. 61(a)(13)).

Sept. 6 Last day to **amend** bills on the floor (J.R. 61(a)(14)).

Sept. 13 Last day for any bill to be passed (J.R. 61(a)(15)). **Interim Recess** begins upon adjournment (J.R. 51(a)(4)).

IMPORTANT DATES OCCURRING DURING INTERIM RECESS

2019

Oct. 13 Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 13 and in the Governor's possession after Sept. 13 (Art. IV, Sec. 10(b)(1)).

2020

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 6 Legislature reconvenes (J.R. 51(a)(4)).

*Holiday schedule subject to final approval by Rules Committee.



MEMORANDUM

DATE	November 14, 2018
TO	Members of the Dental Board of California
FROM	Michael Chen, Legislative and Regulatory Analyst; David McClain, Legislative and Regulatory Analyst; Dental Board of California
SUBJECT	Agenda Item 18B: 2017-2018 End-of-Session Legislative Summary Report

Throughout the 2017-2018 Legislative Session, the Board tracked several bills that would impact the Dental Board of California (Board) and healing arts boards in general. Board members and staff have actively partaken in this Legislative Session by communicating with Legislators and their staff and taking positions on proposed bills. The bills that the Board has followed during the 2017-2018 legislative session include:

- AB 12 (Cooley) State Government Administrative Regulations: Review
- AB 18 (E. Garcia) Healing arts: Licensed Physicians and Dentists from Mexico Pilot Program
- AB 40 (Santiago) CURES Database: Health Information Technology System
- AB 224 (Thurmond) Dentistry: Anesthesia and Sedation
- AB 703 (Flora) Professions and Vocations: Licenses: Fee Waivers
- AB 710 (Wood) Department of Consumer Affairs: Boards: Meetings
- AB 1277 (Daly) Dentistry: Dental Board of California: Regulations
- AB 1707 (Low) Registered Dental Assistants: Practical Examination
- AB 2086 (Gallagher) Controlled substances: CURES database
- AB 2138 (Chiu) Licensing boards: denial of application: revocation or suspension of licensure: criminal conviction
- AB 2789 (Wood) Health care practitioners: prescriptions: electronic data transmission
- AB 2958 (Quirk) State bodies: meetings: teleconference
- SB 27 (Morrell) Professions and Vocations: Licenses: Military Service
- SB 392 (Bates) Dentistry: Report: Access to Care: Pediatric Dental Patients
- SB 501 (Glazer) Dentistry: Anesthesia and Sedation Report
- SB 641 (Lara) Controlled Substance Utilization Review and Evaluation System: privacy
- SB 1109 (Bates) Controlled substances: Schedule II drugs: opioids
- SB 1148 (Pan) Medi-Cal: restorative dental services

- SB 1480 (Hill) Professions and vocations
- SB 1482 (Hill) Dental hygienists
- SB 1491 (Committee on Business, Professions, and Economic Development) Healing Arts

A summary of the bills that were enrolled that the Board took a tracked and took positions on have been compiled into a report for the Board's consideration.

Board Action Requested:

Consider and possibly adopt the attached *Legislative Summary for End of Two-Year Legislative Session 2017-2018* and direct staff to post the report on the Board's web site.

LEGISLATIVE SUMMARY FOR END OF TWO-YEAR LEGISLATIVE SESSION 2017-2018



DEPARTMENT OF CONSUMER AFFAIRS DENTAL BOARD OF CALIFORNIA

**Legislative Summary for
End of Two-Year
Legislative Session 2017-2018**

Compiled by
The Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, California 95815-3831
(916) 263-2300

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Assistant Executive Officer

Sarah E. Wallace

**LEGISLATIVE SUMMARY FOR
END OF TWO-YEAR
LEGISLATIVE SESSION 2017-2018**

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IN NUMERIC ORDER

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<u>BILL NUMBER</u>	<u>SUBJECT</u>	<u>PAGE NUMBER</u>
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AB 1277	Dentistry: Dental Board of California: Regulations	7
AB 1707	Registered Dental Assistants: Practical Examination	7
AB 2086	Controlled substances: CURES database	8
AB 2138	Licensing boards: denial of application: revocation or suspension of licensure: criminal conviction	8
AB 2789	Health care practitioners: prescriptions: electronic data transmission	9
AB 2958	State bodies: meetings: teleconference	9
<u>SENATE BILLS</u>		
<u>BILL NUMBER</u>	<u>SUBJECT</u>	<u>PAGE NUMBER</u>
SB 501	Dentistry: Anesthesia and Sedation Report	9
SB 1109	Healing Arts	10
SB 1480	Professions and vocations	10
SB 1482	Dental hygienists	11
SB 1491	Healing Arts	11

BILL SUMMARY

AB 40

Santiago (Chapter 607, Statutes of 2017)

CURES DATABASE: HEALTH INFORMATION TECHNOLOGY SYSTEM

Existing law requires the Department of Justice (DOJ) to maintain the Controlled Substances Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, III, and IV controlled substances by a health care practitioner authorized to prescribe, order, dispense, or furnish these substances.

This bill would require the DOJ to make the CURES (a DOJ managed database) more readily available to prescribing health care practitioners, through a Web site or software system. Additionally, this bill would authorize entities that operate a Health Information Technology System (Health IT System) to submit queries to CURES if they can certify their system complies with patient privacy and information security requirements of law (state and federal) and pay a reasonable system maintenance fee. The DOJ would be prohibited from accessing patient-identifiable information in an entity's Health IT System. However, if the entity or their system does not comply with the provisions of this bill, the DOJ has the authority to prohibit integration or terminate the Health IT System's ability to retrieve information from the CURES database.

AB 1277

Daly (Chapter 413, Statutes of 2017) (Urgency Legislation)

DENTISTRY: DENTAL BOARD OF CALIFORNIA: REGULATIONS

AB 1277 (Daly, Chapter 413, Statute of 2017) required the Board to amend regulation on the minimum standards for infection control to require water or other methods use for irrigation to be sterile or contain recognized disinfecting or antibacterial properties when performing dental procedures that expose dental pulp. This bill requires the Board to adopt emergency regulations and prepare an emergency rulemaking for the Office of Administrative Law (OAL) to meet the December 31, 2018 deadline for the final regulations. This legislation, AB 1277, authored by Assembly Member Daly was signed by Governor Brown and became effective October 2, 2017. (The rulemaking required by this bill was superseded by SB 1491, which was signed in 2018).

AB 1707

Low (Chapter 174, Statutes of 2017) (Urgency Legislation)

REGISTERED DENTAL ASSISTANTS: PRACTICAL EXAMINATION

The Dental Practice Act (Act) provides for the licensure and regulation of Registered Dental Assistants (RDA) by the Board.

On April 6, 2017, the Board held a special meeting to discuss the findings of the review of the RDA practical examination conducted by the Office of Professional Examination Services (OPES) of the Department of Consumer Affairs (DCA). After reviewing the findings of the report, the Board voted to suspend the administration of the RDA practical

examination effective immediately and until July 1, 2017. Pursuant to the Business and Professions Code Section 1752.1 at that time, the suspension of the practical examination could only remain in effect until July 1, 2017. After this date, the exam would have been reinstated as a requirement for RDA licensure.

This bill extends the suspension date until January 1, 2020, or until the Board determines an alternative way to measure competency, whichever occurs first. This bill would also require the Board to post an updated suspension date notice.

[AB 2086](#)

Gallagher (Chapter 274, Statutes of 2018)

CURES DATABASE: HEALTH INFORMATION TECHNOLOGY SYSTEM

Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by a health care practitioner authorized to prescribe, order, administer, furnish, or dispense a Schedule II, Schedule III, or Schedule IV controlled substance.

This bill would allow prescribers to access the CURES database for a list of patients for whom that prescriber is listed as a prescriber in the CURES database.

[AB 2138](#)

Chiu (Chapter 995, Statutes of 2018)

LICENSING BOARDS: DENIAL OF APPLICATION: REVOCATION OR SUSPENSION OF LICENSURE: CRIMINAL CONVICTION.

Existing law authorizes a board to deny a professional license issued under its jurisdiction if the applicant has been convicted of any crime and has not received a certificate of rehabilitation. A board may also deny a license on the grounds the applicant knowingly made false statements on his/her application for licensure.

This bill will only allow a board to deny a license based upon (1) the applicant being convicted of a crime within the preceding seven years from the date of application, or (2) the applicant has been formally disciplined by a licensing board for professional misconduct relating to the specific profession, in or out of California, within the last seven years from the date of application. It would also permit denial if it was a serious felony or a financial crime considered a felony.

This bill will require boards to not deny an applicant's licensure if they have obtained a certificate of rehabilitation or have been pardoned, had a dismissed conviction, an arrest that resulted in anything but a conviction, a conviction that does not relate to the qualifications, functions, or duties of the

applicant's profession, or solely on applicant presenting false criminal information on their application.

The Board must develop criteria to assist in the determination of a denial, suspension, or revocation of a license to determine if the crime is substantially related to the qualifications, functions, or duties of the profession. The Board must also report to the Legislature and post the report on its website containing information regarding actions taken by the Board on an applicant's or licensee's criminal history.

[AB 2789](#)

Wood (Chapter 438, Statutes of 2018)

PRESCRIPTIONS: ELECTRONIC DATA TRANSMISSION

Existing law provides for the regulation of health care practitioners and requires prescription drugs to be ordered and dispensed in accordance with the Pharmacy Law. The Pharmacy Law provides that a prescription is an oral, written, or electronic data transmission order and requires electronic data transmission prescriptions to be transmitted and processed in accordance with specified requirements.

This bill, on and after January 1, 2022, would require health care practitioners authorized to issue prescriptions to have the capability to transmit electronic data transmission prescriptions, and would require pharmacies to have the capability to receive those transmissions. The bill would require those health care practitioners to issue prescriptions as an electronic data transmission prescription, unless specified exceptions are met.

[AB 2958](#)

Quirk (Chapter 881, Statutes of 2018)

STATE BODIES TLECONFERENCE MEETINGS

Existing law requires that all meetings of a state body be open and public, and all person be permitted to attend any meeting of a state body, except as provided.

This bill would allow for the Board's committees to meet via teleconference, only if the meeting complies with other applicable requirements of the Bagley-Keene Open Meeting Act. This bill would require a physical quorum to be established for teleconferencing to occur. Additionally, the public must be notified of the meeting and location at least 24 hours before the meeting begins.

[SB 501](#)

Glazer (Chapter 929, Statutes of 2018)

DENTISTRY: ANESTHESIA AND SEDATION: REPORT

Existing law prohibits a dentist from administering or ordering the administration of conscious sedation, as defined on an outpatient basis unless the dentist meets certain licensing criteria.

This bill would require the board to review available data on all adverse events related to general anesthesia and deep sedation, moderate sedation, and minimal sedation in dentistry and relevant professional guidelines, recommendations, or best practices for the provision of dental anesthesia and sedation care in dentistry. By January 1, 2022, the bill would require the board to provide a report to the Legislature regarding any findings relevant to inform standards of dental anesthesia and sedation. The bill would also require the board to retain available data on all adverse events related to general anesthesia and deep sedation, moderate sedation, and minimal sedation in dentistry for not less than 15 years.

This bill establishes new provisions for deep sedation and general anesthesia for dental patients. This bill would require the board to establish the following permits:

- Deep sedation/general anesthesia
- Deep sedation/general anesthesia for ages under 7
- Medical general anesthesia/deep sedation
- Medical general anesthesia/deep sedation for ages under 7
- Moderate sedation
- Moderate sedation for ages under 13
- Moderate sedation for ages under 7
- Pediatric minimal sedation

[SB 1109](#)

Bates (Chapter 693, Statutes of 2018)

CONTROLLED SUBSTANCES: SCHEDULE II DRUGS: OPIOIDS

The Dental Practice Act provides for the licensure and regulation of persons engaged in the practice of dentistry by the Dental Board of California, which is within the Department of Consumer Affairs. The act authorizes the board, as a condition of license renewal, to require licentiates to successfully complete a portion of required continuing education hours in specific areas, including patient care, health and safety, and law and ethics.

This bill authorizes the Board to adopt regulations, as a condition of license renewal, completion of a continuing education course relating to the risks associated with the use of Schedule II drugs.

[SB 1480](#)

Hill (Chapter 571, Statutes of 2018)

BOARD MEETING REQUIREMENTS

Existing law establishes the Department of Consumer Affairs, specifies the various boards that comprise the department, and requires the boards to meet at least 3 times a year.

This bill will instead require the Board to meet at least 2 times a year. Additionally, this bill also updates the Complaint Prioritization guidelines for the Board and requires “allegations of serious harm to a minor” to be moved under the “urgent” or “highest priority” level.

[SB 1482](#)

Hill (Chapter 858, Statutes of 2018)

DENTAL HYGIENISTS

Existing law, the Dental Practice Act, provides for the licensure and regulation of the practice of dental hygienists by the Dental Hygiene Committee of California.

This bill will establish the Dental Hygiene Committee as the Dental Hygiene Board of California within the Department of Consumer Affairs.

[SB 1491](#)

B&P Committee (Chapter 703, Statutes of 2018)

HEALING ARTS.

Omnibus bill that makes several amendments to provisions affecting various boards and bureaus.

This bill would repeal that provision and would instead make using water, or other methods used for irrigation, that are not sterile or that do not contain recognized disinfecting or antibacterial properties when performing dental procedures on exposed dental pulp unprofessional conduct by a person licensed pursuant to the Dental Practice Act.

2017-2018 ENROLLED BILLS

<u>BILL NUMBER</u>	<u>AUTHOR</u>	<u>FINAL STATUS</u>	<u>CHAPTER NUMBER</u>	<u>STATUTE YEAR</u>
AB 40	Santiago	Chaptered	607	2017
AB 1277	Daly	Chaptered	413	2017
AB 1707	Low	Chaptered	174	2017
AB 2086	Gallagher	Chaptered	274	2018
AB 2138	Chiu	Chaptered	995	2018
AB 2789	Wood	Chaptered	438	2018
AB 2958	Quirk	Chaptered	881	2018
SB 501	Glazer	Chaptered	929	2018
SB 1109	Bates	Chaptered	693	2018
SB 1480	Hill	Chaptered	571	2018
SB 1482	Hill	Chaptered	858	2018
SB 1491	B&P Committee	Chaptered	703	2018



MEMORANDUM

DATE	November 30, 2018
TO	Members of the Dental Board of California
FROM	David McClain, Legislative and Regulatory Analyst, DBC Michael Chen, Legislative and Regulatory Analyst, DBC
SUBJECT	Agenda Item 18(C): Update on Pending Regulatory Packages

i. Basic Life Support Equivalency Standards (Cal. Code of Regs., Title 16, Sections 1016 and 1017):

At the November 2017 Board meeting, proposed language for sections 1016 and 1017 was unanimously approved to allow the American Safety and Health Institute (ASHI) to also offer a Basic Life Support course that would meet the continuing education requirements. This is in addition to the American heart Association, the American Red Cross, the Continuing Education Recognition Program (CERP) and the Program Approval for Continuing Education (PACE). Additionally, this proposed regulation will specify what specific requirements must be met to receive full credit for BLS certification.

The initial rulemaking documents are being prepared by Board staff.

ii. Continuing Education Requirements (Cal. Code of Regs., Title 16, Sections 1016 and 1017):

SB 1109 (Bates, Chapter 693, Statutes of 2018) adds a provision allowing the Board to mandate the risks of addiction associated with the use of Schedule II drugs into the CE requirements for any dental professional seeking initial or renewal licensure.

Board staff are requesting direction from the Board, or permission to work with the subcommittee on Substance Abuse Awareness, to develop regulatory language for Board approval at a future meeting.

iii. Dental Assisting Comprehensive Rulemaking (Cal. Code of Regs., Title 16, Division Chapter 3):

The Dental Assisting Council has held several stakeholder workshops to develop its comprehensive rulemaking proposal relative to dental assisting. As a result of each of these workshops, Board staff have been able to develop proposed regulatory language which will be presented to the Board at a future meeting once these workshops are concluded. Once completed, this rulemaking will include educational program and

course requirements, examination requirements, and licensure requirements relating to dental assisting. The final workshop took place on March 2, 2018.

Board staff continue to work on the development of final proposed language and will present it to the Board for consideration at a future meeting.

iv. Determination of Radiographs and Placement of Interim Therapeutic Restorations (Cal. Code of Regs., Title 16, Section 1071.1):

AB 1174 (Bocanegra, Chapter 662, Statutes of 2014) added specified duties to registered dental assistants in extended functions. The Bill requires the Board to adopt regulations to establish requirements for courses of instruction for procedures authorized to be performed by a registered dental assistant in extended functions. Additionally, the bill requires the Board to propose regulatory language for the Interim Therapeutic Restoration (ITR) for registered dental hygienists and registered dental hygienists in alternative practice. The proposed ITR regulatory language must mirror the curriculum requirements for the registered dental assistant in extended functions.

During the December 2016 Board meeting, staff presented the proposed regulatory language to the Board for comments to further develop the language. At its August 2017 meeting, the Board approved proposed regulatory language and directed staff to initiate the rulemaking.

The initial rulemaking documents are being prepared by Board staff.

v. Elective Facial Cosmetic Surgery Permit Application Requirements and Renewal Requirements (Cal. Code of Regs., Title 16, Sections 1044.6, 1044.7, and 1044.8):

Senate Bill 438 (Migden, Chapter 909, Statutes of 2006) was signed by the Governor that enacted Business Professions Code (Code) Section 1638.1, to take effect on January 1, 2007. This statute authorizes the Dental Board of California (Board) to issue Elective Facial Cosmetic Surgery (EFCS) permits to qualified licensed dentists and establishes the EFCS Credentialing Committee (Committee) to review the qualifications of each applicant for a permit. At its December 2016 meeting, the Board approved proposed regulatory language relative to the elective facial cosmetic surgery permit application requirements and renewal and directed staff to initiate the rulemaking.

The initial rulemaking documents are being prepared by Board staff.

vi. Mobile Dental Clinic and Portable Dental Unit Registration Requirements (Cal. Code of Regs., Title 16, Section 1049):

Senate Bill 562 (Galgiani Chapter 562, Statute of 2013) eliminated the one mobile dental clinic or unit limit and required a mobile dental unit or a dental practice that routinely uses portable dental units, as defined, to be registered and operated in accordance with the regulations of the Board. At its November 2014 meeting, the Board directed staff to add Mobile and Portable Dental Units to its list of regulatory priorities in order to interpret and specify the provisions relating to the registration requirements for the issuance of a mobile and portable dental unit. In December 2015, staff met and worked with the CDA to further develop regulatory language that was presented to the Board for consideration during the March 2016 meeting.

At its March 2016 meeting, the Board approved proposed regulatory language for the Mobile Dental Clinic and Portable Dental Unit Registration Requirements, however while drafting the initial rulemaking documents it was determined that the proposed language needed to be further developed. Staff presented revised language at the August 2017 meeting for the Board's consideration which was approved unanimously. However, after receiving feedback from the California Dental Hygienists' Association (CDHA) and the Dental Hygiene Committee of California (DHCC), Board staff revised the proposed language and presented it to the Board for consideration. The language was approved at the February 2018 Board Meeting which allowed Board staff to continue the rulemaking.

The initial rulemaking documents are being prepared by Board staff.

vii. Citation and Fine (Cal. Code of Regs., Title 16, Section 1023.2 and 1023.7):

During the August 2017 meeting, the Board approved proposed regulatory language relative to the citation and fine requirements found in the Cal. Code of Regs., Title 16, Section 1023.2 and 1023.7 to remain consistent with Business and Professions Code Section 125.9.

The Board directed staff to initiate the rulemaking and Board staff have drafted the initial rulemaking file documents. They have been reviewed by Board Legal Counsel and are pending revisions by Board staff.

viii. Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005):

During the May 2018 meeting, the Board approved regulatory language relative to the Minimum Standards for Infection Control found in Cal. Code of Regs., Title 16, Section 1005 and directed staff to initiate rulemaking.

The Board staff have drafted the initial rulemaking file documents and it is currently pending management review.

Action Requested:

No action is being requested at this time.



MEMORANDUM

DATE	November 14, 2018
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 18D: Discussion and Possible Action Regarding Legislative Proposals for 2019 – Healing Arts Omnibus Bill

Background:

The Senate Business, Professions, and Economic Development Committee (Committee) will be introducing two omnibus bills for 2019; one bill will be designated for health care board and bureau legislation and the other will be for non-health care Board and Bureau legislation. The Committee plans to introduce the bills for introduction in early 2019 and has requested that Board and Bureau proposals be submitted to the Committee by early January 2019 for inclusion in the introduced version of the bill. Omnibus bill proposals should be non-controversial and are intended to be used for clean-up.

Committee staff will review the proposals and consult with the Republican caucus and their staff, as well as Committee member offices to determine if the proposals are suitable for inclusion in the omnibus bills. Boards and Bureaus anticipate being notified by late January of the Committee’s decision to include proposals.

2018 Omnibus Bill Proposal:

At the December 2016 meeting, the Dental Board of California (Board) and the Dental Assisting Council (Council) agreed to combine both the Registered Dental Assistant (RDA) Written and the RDA Law and Ethics examinations into one examination. The Board worked with the Department of Consumer Affairs’ (DCA) Office of Professional Examination Services (OPES) to implement the combined test plan based on the results of the 2016 RDA Occupational Analysis (OA) to ensure that the combined examination is legally defensible and meets the requirements of Business and Professions Code Section 139. The combined RDA General Written and Law and Ethics (RDAC) Examination was launched on May 24, 2018 and consists of one-hundred-fifty (150) questions.

Board staff recommends the Board consider directing staff to submit technical amendments to the Dental Practice Act (Business and Professions Code Sections 1600 et seq.) to change any individual references to the RDA “written examination” or the

RDA “law and ethics examination” to the “RDA General Written and Law and Ethics Examination” as part of the 2019 Healing Arts Omnibus bill.

Board Action Requested:

After consideration of the staff recommendation, staff requests the Board accept, reject, or modify the recommendations. If the Board approves a proposal, direct staff to prepare the proposal for submission to the Committee for inclusion in the 2019 Healing Arts Omnibus Bill.



MEMORANDUM

DATE	November 9, 2018
TO	Members of the Dental Board of California
FROM	Jeri Westerfeld, Executive Assistant Dental Board of California
SUBJECT	Agenda Item 18E: Discussion of Prospective Legislative Proposals

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 Board meeting.



MEMORANDUM

DATE	November 7, 2018
TO	Members of the Dental Board of California
FROM	Jessica Olney, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 19A: Implementation of Senate Bill 501

This information item is still in the development at the time of the meeting materials being published. This item will be hand-carried to the meeting.



MEMORANDUM

DATE	November 2, 2018
TO	Members of the Anesthesia Committee, Dental Board of California
FROM	Jessica Olney, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 19B: General Anesthesia and Conscious Sedation Evaluation Statistics

2017-2018 Statistical Overviews of the On-Site Inspections and Evaluations Administered by the Board

General Anesthesia Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non- Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
Nov 2017	18	0	1	0	4	2
Dec 2017	12	0	1	1	2	1
Jan 2018	14	0	1	1	2	3
Feb 2018	15	0	1	1	2	6
Mar 2018	16	0	2	0	1	3
April 2018	12	1	1	1	3	1
May 2018	18	0	0	0	1	6
June 2018	13	1	1	1	0	1
July 2018	13	0	0	0	3	0
Aug 2018	9	0	0	2	5	3
Sept 2018	13	0	1	1	3	3
Oct 2018*	16	0	0	0	2	2
Nov 2018*	13	0	0	0	1	3
Dec 2018*	14	0	0	0	0	0
Total	196	2	9	8	29	34

*Approximate schedule for October, November and December 2018.

Conscious Sedation Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
Nov 2017	3	1	3	1	2	1
Dec 2017	3	1	1	2	2	1
Jan 2018	7	1	1	1	2	1
Feb 2018	5	0	0	0	2	4
Mar 2018	5	1	1	1	1	3
April 2018	0	0	4	0	1	6
May 2018	7	1	0	0	2	3
June 2018	4	0	1	0	2	2
July 2018	5	2	0	1	0	2
Aug 2018	5	0	1	1	2	1
Sept 2018	5	0	2	1	0	2
Oct 2018*	10	0	0	0	1	1
Nov 2018*	13	0	0	1	0	0
Dec 2018*	6	0	0	0	0	0
Total	78	7	14	9	17	27

*Approximate schedule for October, November and December 2018.

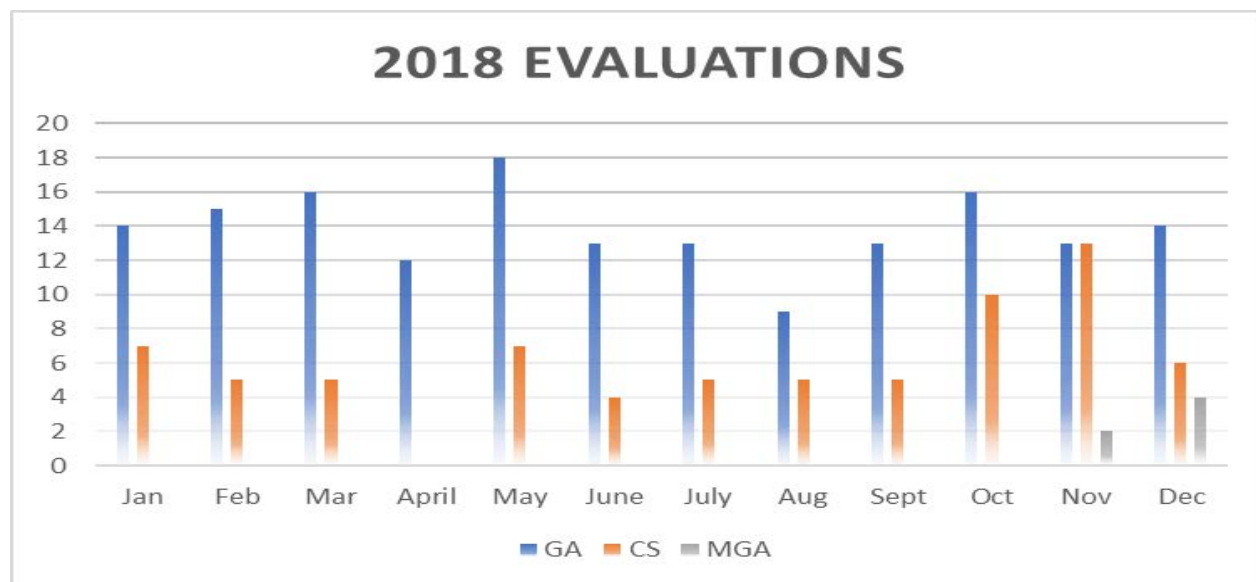
There is a great need for conscious sedation evaluators throughout California. Several evaluations have been postponed recently due to a lack of available evaluators. The Board is actively recruiting for the evaluation program.

Medical General Anesthesia Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
Nov 2017	0	0	0	1	0	0
Dec 2017	0	0	0	0	1	0
Jan 2018	0	0	0	0	1	0
Feb 2018	0	0	0	0	1	0
Mar 2018	0	0	2	0	1	0
April 2018	0	0	0	0	0	1
May 2018	0	0	0	0	1	1
June 2018	0	0	0	0	0	0
July 2018	0	0	0	0	0	0
Aug 2018	0	0	0	0	0	1
Sept 2018	0	0	0	0	0	1
Oct 2018*	0	0	0	0	0	2
Nov 2018*	2	0	0	0	0	0
Dec 2018*	4	0	0	0	0	0
Total	6	0	2	1	5	6

*Approximate schedule for October, November and December 2018.

Completed evaluations per month



Current Evaluators per Region

Region	GA	CS	MGA
Northern California	123	62	7
Southern California	158	90	9

Action Requested:
No action requested.



MEMORANDUM

DATE	November 6, 2018
TO	Dental Board of California Members
FROM	Karen Fischer, Executive Officer
SUBJECT	Agenda Item 23: Election of Board Officers for 2019

Background:

Pursuant to Business and Professions Code Section 1606, the Dental Board of California (Board) is required to elect a president, vice president, and a secretary from its membership.

Pursuant to the Board's *Policy and Procedure Manual, Adopted August 2016*, it is the Board's policy to elect officers at the final meeting of the calendar year for service during the next calendar year, unless otherwise decided by the Board. The newly elected officers shall assume the duties of their respective offices on January 1st of the New Year.

Roles and Responsibilities of Board Officers and Committee Chairs:

President:

- Acts as spokesperson for the Board (attends legislative hearings and testifies on behalf of the Board, attends meetings with stakeholders and Legislators on behalf of Board, talks to the media on behalf of the Board, and signs letters on behalf of the Board).
- Meets and/or communicates with the Executive Officer (EO) on a regular basis.
- Provides oversight to the Executive Officer in performance of the EO duties.
- Approves leave requests, verifies accuracy and approves timesheets, approves travel and signs travel expense claims for the EO.
- Coordinates the EO annual evaluation process including contacting DCA Office of Human Resources to obtain a copy of the Executive Officer Performance Evaluation Form, distributes the evaluation form to members, and collates the ratings and comments for discussion.
- Communicates with other Board Members for Board business.

- Approves Board Meeting agendas.
- Chairs and facilitates Board Meetings.
- Chairs the Executive Committee.
- Signs specified full board enforcement approval orders.
- Establishes Committees and appoints Chairs and members.
- Establishes 2-Person subcommittees to research policy questions when necessary.

Vice President:

- Is the Back-up for the duties above in the President's absence.
- Is a member of Executive Committee.
- Coordinates the revision of the Board's Strategic Plan.

Secretary:

- Calls the roll at each Board meeting and reports that a quorum has been established.
- Calls the roll for each action item.
- Is a member of Executive Committee.

Committee Chair:

- Reviews agenda items with EO and Board President prior to Committee meetings.
- Approves the Committee agendas.
- Chairs and facilitates Committee meetings.
- Reports the activities of the Committee to the full Board.

The following members have expressed an interest in serving in 2019:

Fran Burton and Thomas Stewart, DDS – President

Steve Morrow, DDS – Vice President

Steve Chan, DDS and Joanne Pacheco - Secretary