



## NOTICE OF TELECONFERENCE MEETING

### Board Members

Joanne Pacheco, RDH, MAOB  
President  
Rosalinda Olague, RDA, BA,  
Vice President  
Alan Felsenfeld, MA, DDS, Secretary  
Fran Burton, MSW, Public Member  
Ross Lai, DDS  
Lilia Larin, DDS  
Meredith McKenzie, Esq., Public  
Member  
Angelita Medina, Public Member  
Mark Mendoza, Public Member  
Sonia Molina, DMD, MPH  
Alicia Montell, DDS  
Steven Morrow, DDS, MS  
Thomas Stewart, DDS  
James Yu, DDS, MS

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

**The Dental Board of California (Board) will meet by teleconference at**

**2:00 p.m., Thursday, February 25, and 9:00 a.m., Friday, February 26, 2021**

**NOTE:** Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-29-20, issued on March 17, 2020, this meeting will be held by teleconference with no physical public locations.

**Important Notice to the Public: The Dental Board of California will hold this meeting via WebEx Events meeting. Instructions to connect to the meeting can be found [HERE](#).**

To participate in the WebEx Events meeting on **Thursday, February 25, 2021**, please log on to this website the day of the meeting:

<https://dca-meetings.webex.com/dca-meetings/onstage/g.php?MTID=eb819903364b872ccac4a78d7021d7fa5>

**Event number:** 146 297 1346  
**Event password:** DBC02252021

To participate in the WebEx Events meeting on **Friday, February 26, 2021**, please log on to this website the day of the meeting:

<https://dca-meetings.webex.com/dca-meetings/onstage/g.php?MTID=ec5f3393f097bead7d97b0b3f6920df51>

**Event number:** 146 245 0942

**Event password: DBC02262021**

Due to potential technical difficulties, please consider submitting written comments by February 19, 2021, to [Dental.Board@dbc.ca.gov](mailto:Dental.Board@dbc.ca.gov) for consideration.

## **AGENDA**

### **2:00 p.m., Thursday, February 25, 2021**

1. Call to Order/Roll Call/Establishment of a Quorum
2. Recess Open Meeting

### **CLOSED SESSION**

3. Convene Closed Session
4. Pursuant to Government Code Section [11126\(c\)\(3\)](#), the Board Will Meet in Closed Session to Deliberate and Vote on the Disciplinary Matters, Including Stipulations and Proposed Decisions
5. Adjourn Closed Session

### **9:00 a.m., Friday, February 26, 2021**

### **RECONVENE OPEN SESSION**

1. Reconvene – Establishment of a Quorum
2. Public Comment on Items Not on the Agenda  
*Note: The Board may not discuss or take action on any matter raised during this Public Comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code sections 11125 and 11125.7(a).)*
3. Discussion and Possible Action on December 3, 2020 and December 4, 2020 Board Meeting Minutes **[5-18]**
4. Board President Report **[19]**
5. Executive Officer's Report **[20-28]**
  - a. COVID-19 Update
  - b. Personnel Update
  - c. Update on Director of Department of Consumer Affairs (DCA) Waiver Orders and Governor Executive Orders
  - d. Update on DCA, Office of Professional Examination Services (OPES) Policy 20-01 Relating to Use of Subject Matter Experts in Examination Validation Activities
  - e. Board Member Committee Assignments 2021

6. Update on “Attorney General’s Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies in Compliance with Business and Professions Code Section 312.2”, January 1, 2021 **[29-83]**
7. Report on DCA Activities **[84]**
8. Update Regarding California Northstate University, College of Dental Medicine Accreditation by Commission on Dental Accreditation (CODA) **[85]**
9. Budget Report **[86-90]**
10. Discussion and Possible Action on Extending Strategic Plan Through 2021 **[91-108]**
11. Dental Assisting Council Meeting Report **[109]**
12. Enforcement – Review of Statistics and Trends **[110-113]**
13. Substance Use Awareness
  - a. Diversion Program Report and Statistics **[114]**
  - b. Controlled Substance Utilization Review and Evaluation System (CURES) Report **[115-124]**
  - c. Update on Assembly Bill (AB) 528 (Low, Chapter 677, Statutes of 2019) **[125-127]**  
Controlled Substances: CURES Database – New Reporting Requirements for Dispensed Controlled Substances
  - d. Update on AB 149 (Cooper, Chapter 4, Statutes of 2019) Controlled Substances **[128-130]**  
Prescriptions – New Requirement for Controlled Substances Prescription Forms
14. Examinations
  - a. Western Regional Examination Board (WREB) Report **[131]**
  - b. American Board of Dental Examiners (ADEX) Report **[132]**
15. Licensing, Certifications, and Permits
  - a. Review of Dental Licensure and Permit Statistics **[133-142]**
  - b. General Anesthesia and Conscious Sedation Permit Evaluations Statistics **[143-147]**
  - c. Update on Implementation of Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) Dentistry: Anesthesia and Sedation: Report **[148-149]**
  - d. Update on AB 2113 (Low, Chapter 186, Statutes of 2020) Refugees, Asylees and **[150-151]**  
Special Immigrant Visa Holders: Professional Licensing: Initial Licensure Process
  - e. Update Regarding Paperless Renewals Beginning July 1, 2021 **[152-153]**
16. Legislation – Update, Discussion, and Possible Action on:
  - a. 2021 Tentative Legislative Calendar **[154-158]**
  - b. SB 102 (Melendez, 2020) COVID-19 Emergency Order Violation: License **[159-163]**  
Revocation
  - c. Board Legislative Proposals **[164]**
  - d. California Dental Association’s (CDA) Legislative Proposals for 2021 **[165-172]**
  - e. Prospective Legislative Proposals **[173]**  
*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.*

## 17. Regulations

- a. Review and Consideration of Comments Received During the 45-day Comment Period and Proposed Responses Thereto for the Board's Proposed Rulemaking to Amend California Code of Regulations, Title 16, Section 1020.4 Relating to Diversion Evaluation Committee Membership Rulemaking **[174-177]**
- b. Adoption of Proposed Amendments to California Code of Regulations, Title 16, Section 1020.4 Relating to Diversion Evaluation Committee Membership Rulemaking **[178-179]**
- c. Update on Pending Regulatory Packages **[180-186]**

## 18. Adjournment

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

The meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit [thedcapage.wordpress.com/webcasts/](http://thedcapage.wordpress.com/webcasts/). The meeting will not be cancelled if webcast is not available. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session.

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

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



**DENTAL BOARD OF CALIFORNIA  
TELECONFERENCE PUBLIC BOARD MEETING  
MEETING MINUTES  
THURSDAY, DECEMBER 3, 2020**

**Members Present:**

Thomas Stewart, DDS, President  
Joanne Pacheco, RDH, MAOB, Secretary  
Fran Burton, MSW, Public Member  
Alan Felsenfeld, DDS, MA  
Ross Lai, DDS  
Lilia Larin, DDS  
Meredith McKenzie, ESQ, Public Member  
Abigail Medina, Public Member  
Mark Mendoza, Public Member  
Sonia Molina, D.M.D., M.P.H.  
Alicia Montell, DDS  
Steven Morrow, DDS, MS,  
Rosalinda Olague, RDA, BA  
James Yu, DDS, MS

**Members Absent:**

None.

**Staff Present:**

Karen M. Fischer, MPA, Executive Officer  
Sarah Wallace, Assistant Executive Officer  
Wilbert Rumbaoa, Administrative Services Unit Manager  
Pahoua Thao, Administrative Analyst  
Cathi Norris, Associate Governmental Program Analyst  
Helen Geoffroy, Legal Counsel

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

The Board President called the meeting to order at 2:09 p.m. The Board Secretary called the roll and a quorum was established.

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

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

At 2:12 p.m. the Board recessed to convene in closed session as a full Board to discuss litigation.

At 3:26 p.m. the Board returned to open session.

Agenda Item 3: Adjournment

The Board President adjourned the meeting at 3:28 p.m.

DRAFT

**DENTAL BOARD OF CALIFORNIA**

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**DENTAL BOARD OF CALIFORNIA  
TELECONFERENCE PUBLIC BOARD MEETING  
MEETING MINUTES  
FRIDAY, DECEMBER 4, 2020**

NOTE: Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-25-20, dated March 12, 2020, neither a public location nor teleconference locations are provided.

**Members Present:**

Thomas Stewart, DDS, President  
Joanne Pacheco, RDH, MAOB, Secretary  
Fran Burton, MSW, Public Member  
Alan Felsenfeld, DDS, MA  
Ross Lai, DDS  
Lilia Larin, DDS  
Meredith McKenzie, ESQ, Public Member  
Abigail Medina, Public Member  
Mark Mendoza, Public Member  
Sonia Molina, DMD, MPH  
Alicia Montell, DDS  
Steven Morrow, DDS, MS,  
Rosalinda Olague, RDA, BA  
James Yu, DDS, MS

**Members Absent:**

None.

**Staff Present:**

Karen M. Fischer, MPA, Executive Officer  
Sarah Wallace, Assistant Executive Officer  
Carlos Alvarez, Chief of Enforcement Field Offices  
Bernal Vaba, Chief of Regulatory Compliance and Discipline  
Tina Vallery, Chief of Administration and Licensing  
Wilbert Rumbaoa, Administrative Services Unit Manager  
Jessica Olney, Anesthesia Unit Manager  
Emilia Zuloaga, Dental Assisting Program Manager  
Steve Long, Budget Analyst  
Gabriel Nevin, Legislative and Regulatory Analyst  
Pahoua Thao, Administrative Analyst  
Danielle Rogers, Legal Counsel  
Helen Geoffroy, Legal Counsel  
Tara Welch, Legal Counsel

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

The Board President called the meeting to order at 9:06 a.m. The Board Secretary called the roll and a quorum was established.

Agenda Item 2: Discussion and Possible Action Regarding July 24, 2020, August 14, 2020 and October 9, 2020, Dental Board Meeting Minutes

Motion/Second/Call (M/S/C) (Burton/Morrow) to approve the July 24, 2020, August 14, 2020 and October 9, 2020 Board meeting minutes.

Ayes: Burton, Felsenfeld, Lai, Larin, McKenzie, Medina, Mendoza, Morrow, Montell, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: Molina.

Absent: None.

Recusals: None.

The motion passed and the minutes were approved with no changes. There were no public comments.

Agenda Item 3: Public Comments on Items Not on the Agenda:

Gary Pickard, Senior Director of Government and Industry Affairs at Pacific Dental Services, requested for the Board to discuss the scope of practice for dental providers to include the administering of vaccines for Coronavirus (COVID-19) when it becomes available. Jeri Fowler, Dental Assisting Council member, commented in support of utilizing a tyodont for the Registered Dental Assistant in Extended Functions (RDAEF) practical and clinical examination.

Agenda Item 4: Board President Welcome and Report

President Stewart welcomed all attendees and acknowledged the Board's effort in moving its Board meetings to the online WebEx Teleconference format. He expressed his gratitude for the opportunity to work alongside his colleagues and the Board as Board President. He welcomed new members, Mr. Mark Mendoza and Dr. Sonia Molina to the Board. The new Board members provided a brief summary of their background. There were no public comments.

Agenda Item 5: Executive Officer's Report

Ms. Karen Fischer, Executive Officer, provided an update on the impact of the COVID-19 pandemic which included guidelines for Board staff to ensure the safety of their health and the closure of the Dental Board offices to the public beginning December 7, 2020. Additionally, she reported on personnel activities, updates regarding the reduction of paper use, upcoming plans for Board meetings in 2021, the California Dental Association meeting, update on Board committees and Board member terms. Ms. Fischer pointed out that the Board posted an alert on its webpage on November 19, 2020 regarding new requirements for controlled substance prescription forms. Ms. Fischer stated that a representative from the State University of Medicine and Pharmacy "Nicolae Testemitanu" of the Republic of Moldova's Faculty (School) of



Dentistry notified her of legislation that will move forward regarding the approval of foreign dental schools. She reminded the Board members that the Board no longer has the authority to approve foreign dental schools effective January 1, 2020. Ms. Fischer also mentioned that the California Registered Nurse Anesthetists (CRNA) reached out to the Board for permits to administer anesthesia in dental offices. Ms. Fischer stated that legislation will likely come up at a future meeting.

Dr. Steven Morrow expressed his appreciation regarding Ms. Fischer's leadership. There were no public comments.

#### Agenda Item 6: Report of the Dental Hygiene Board of California (DHBC) Staffing and Activities

Dr. Timothy Martinez, DHBC President, provided a verbal report on their activities.

Dr. Ross Lai asked how many students are scheduled for exams with the DHBC. Mr. Anthony Lum, Executive Officer of the DHBC, responded that there was a total of five (5) scheduled exams since August 2020. Dr. Lai asked if the DHBC will still administer its examinations through the Western Regional Examining Board (WREB) and the American Board of Dental Examiners (ADEX). Additionally, Dr. Lai asked if the DHBC will consider Objective Structured Clinical Examination (OSCE) for future dental hygiene exams. Mr. Lum reported that the Office of Professional Examination Services (OPES) approved the mannikin based exam and has not approved the OSCE exam. Dr. Lai reported that WREB is working on developing typodonts with calculus. Ms. Abigail Medina pointed out that she personally knows DHBC Board member Denise Davis. There were no public comments.

#### Agenda Item 7: Report of the Department of Consumer Affairs (DCA) Staffing and Activities

Ms. Carrie Holmes, Deputy Director of Board and Bureau Relations of the Department of Consumer Affairs, provided a verbal report on their activities which is available in the meeting materials. Ms. Holmes reported on COVID-19 updates and a permanent budget reduction of five percent (5%) for all boards and bureaus by 2021-22. There were no public comments.

#### Agenda Item 8: Discussion and Possible Action Regarding on the Dental Board of California's Strategic Plan

Ms. Karen Fischer, Executive Officer, provided the report, which is available in the meeting materials. Ms. Fischer pointed out that the Board's current Strategic Plan (Plan) has been delayed due to the impact of COVID-19. A report will be provided at a future meeting.

Dr. Morrow moved to extend the Plan through 2021 and Dr. Molina second the motion. Dr. Molina withdrew her second after a lengthy conversation with other Board members on whether the Plan should be extended through 2021. There were no public comments.

#### Agenda Item 9: Budget Report

Steve Long, Budget Analyst, provided a report on the funds the Board manages: the State Dentistry Fund and the State Dental Assisting Fund in the Fiscal Year (FY) 2019-20. As of June 30, 2020, the Board spent approximately \$13.2 million dollars of its total State Dentistry appropriation with a reversion of \$2.1 million dollars for FY 2019-20. Mr. Long reported the State Dental Assisting Fund spent approximately \$1.7 million dollars of its total State Dental Assisting appropriation with a reversion of \$700 thousand dollars for FY 2019-20. Additionally, Mr. Long reported on the Board's current State Dentistry Fund for the FY 2020-21. As of September 30, 2020, the Board spent approximately \$4 million dollars or 22% of its total State Dentistry appropriation for FY 2020-21.

Dr. Lai asked for updates regarding the \$5 million-dollar loan to the general fund and whether it will be paid back in time. Mr. Long responded that the table in the meeting materials displays the transfer of the loans and stated that it will be paid back in time with interest. Dr. Lilia Larin asked for clarification regarding the merging of the State Dentistry Fund and State Dental Assistant Funds. Mr. Wilbert Rumbaoa, Administrative Services Unit Manager, responded that the two funds have been merged into one; however, they are still able to track the expenditures for Dentistry and Dental Assistant separately. There were no public comments.

At 10:30 a.m. the Board recessed for a break.

At 10:45 a.m. the Board reconvened to open session.

#### Agenda Item 10: Update on Online Renewals

Jessica Olney, Anesthesia Unit Manager, provided the report, which is available in the meeting materials. Ms. Olney addressed Board member questions. There were no public comments.

#### Agenda Item 11(a): Update on New Dental Assisting Program and Course Applications

Emilia Zuloaga, Dental Assisting Program Manager, provided the report, which is available in the meeting materials. There were no public comments.

#### Agenda Item 11(b): Update on Registered Dental Assistant (RDA) Program Re-Evaluations

Emilia Zuloaga, Dental Assisting Program Manager, provided the report, which is available in the meeting materials.

Dr. Lai also pointed out that there looks to be a decline in the RDA profession. Ms. Valery responded that the Board does not track the enrollment statistics for students who are interested in the RDA profession. Ms. Rosalinda Olague responded to Dr. Lai that there was a 50% decline in the dental assisting program across the country since the COVID-19 pandemic.

Dr. Bruce Witcher, former Board member, commented that the American Dental Association (ADA) Center for Healthcare Policy by Marko Vujicic provides statistics around

the dental profession. Ms. Claudia Pohl, California Dental Assistants Association (CDAA) representative, asked if the Board will continue with the evaluation process for the remaining RDA programs. Ms. Vallery responded that an update will be provided at a future meeting. Melodi Randolph, California Association of Dental Assisting Teachers, California Dental Assistants Association and Dental Assisting Educator's Group representative, asked for the Board to send out notifications regarding the Board's future reevaluation plans. Mary McCune, California Dental Association (CDA), commented that CDA launched Smilecrew earlier in the year to recruit students for the RDA profession. Additionally, Ms. McCune reported that the CDA submitted a public comment in support of an RDA program at the Foothill College's Apprenticeship Program.

Agenda Item 11(c): Update on Dental Assisting Examination Statistics

Emilia Zuloaga, Dental Assisting Program Manager, provided the report, which is available in the meeting materials.

Dr. Stewart asked for the passing rate trends compared to historical data. Ms. Vallery responded that it will be provided at a future meeting. Dr. Felsenfeld asked if the Board knows why the fail rate is high for the orthodontic assistant students. Ms. Fischer responded that the Board is unable to determine the reasoning behind the fail rate since the OPES determined the exams are considered psychometrically sound and legally defensible. Dr. Lai asked if students would have to pay a fee to retake an exam. Ms. Vallery responded that students would have to pay another fee to retake an exam.

Dr. Bruce Witcher, former Board member, commented in response to Dr. Lai that the PSI charges a fee in addition to the Board exam fees. Cara Miyasaki, Dental Assisting Council member, commented for the Board to consider the exams be published in different languages.

Agenda Item 11(d): Update on Dental Assisting Licensing Statistics

Emilia Zuloaga, Dental Assisting Program Manager, provided the report, which is available in the meeting materials. There were no public comments.

Agenda Item 12(a): Review of Enforcement Statistics and Trends

Carlos Alvarez, Chief of Enforcement Field Offices, provided the report, which is available in the meeting materials.

Dr. Bruce Witcher, former Board member, pointed out that investigative staff and inspectors are unable to go out to the field to conduct investigations. Chief Alvarez responded that the Board's enforcement staff is adapting to the COVID-19 crisis and conducting interviews via telephone, email and Webex teleconference meetings.

Agenda Item 13(a): Diversion Program Report and Statistics

Bernal Vaba, Chief of Regulatory Compliance and Discipline, provided the report, which is available in the meeting materials. There were no public comments.

Agenda Item 13(b): Controlled Substance Utilization Review and Evaluation System (CURES) Report

Carlos Alvarez, Chief of Enforcement Field Offices, provided the report, which is available in the meeting materials.

Ms. Frances Burton commented that there is a great amount of active licensed dentists who are not registered with the Drug Enforcement Administration. Ms. Fischer responded that there are some dentists who may be licensed in California but are not currently practicing in state. There were no public comments.

Agenda Item 13(c): Update Regarding the October 22, 2020, Statewide Opioid Safety Workgroup Meeting

Carlos Alvarez, Chief of Enforcement Field Offices, provided the report, which is available in the meeting materials.

Dr. Lai asked if there were any discussions on whether Narcan has been supplied to dental offices and the dangers of it. Chief Alvarez responded that there have been previous discussions where some dental offices can obtain Narcan but not all. There were no public comments.

At 12:00 p.m. the Board recessed for lunch.

At 12:30 p.m. the Board reconvened to open session.

Agenda Item 14(a): Report on the Results of the Department of Consumer Affairs (DCA) Office of Professional Examination Services (OPES) Review of the Western Regional Examining Board (WREB) Dental Exam as Required by Business and Professions Code Section 139

Karen Fischer, Executive Officer, introduced the agenda item. Heidi Lincer, Chief of OPES, provided the report, which is available in the meeting materials.

Dr. Lai pointed that the State currently tests only three (3) out of the five (5) sections. Ms. Fischer responded that the statute states that the five (5) competencies must be tested and it does not specify which section needs to be clinical. There were no public comments.

Agenda Item 14(b): Western Regional Examination Board (WREB) Report

Dr. Bruce Horn, Director of Dental Examinations for the WREB, provided an update regarding the WREB examination and the passing rates.

Dr. Morrow requested for the WREB to provide the endodontic cumulative scores for the purpose of reviewing why it has a higher fail rate compared to the other sections. Dr. Horn addressed other Board member questions. There were not public comments

Agenda Item 14(c): American Board of Dental Examiners (ADEX) Report

Dr. William Pappas, President of the ADEX, provided an update regarding the ADEX examination and the passing rates. Dr. Pappas addressed Board member questions.

Dr. Bruce Witcher, former Board member, asked which examining agencies are offering the ADEX exams in California. Dr. Pappas responded that the Commission on Dental Competency Assessment is currently the only agency offering the exam. Dr. Bruce Horn, Director of Dental Examinations for the WREB, commented that there are a few different agencies that provides the ADEX exam and WREB is the only agency that administers and provides its own exam. Dr. Pappas responded that the ADEX examination is offered by administering partners and encouraged the Board to become a member.

Agenda Item 15(a): Review of Dental Licensure and Permit Statistics

Jessica Olney, Anesthesia Unit Manager, provided the report, which is available in the meeting materials. Ms. Olney addressed Board member questions. There were no public comments.

Agenda Item 15(b): General Anesthesia and Conscious Sedation Permit Evaluation Statistics

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

Dr. Bruce Witcher, former Board member, pointed out the reduced numbers of evaluations due to the impacts of COVID-19.

Agenda Item 16(a): 2021 Tentative Legislative Calendar

Ms. Fran Burton, Board member, provided an overview of the 2021 Tentative Legislative Calendar which is available in the meeting materials. There were no public comments.

Agenda Item 16(b): 2020 End of Year Legislative Summary Report

Ms. Fran Burton, Board member, led the discussion. Gabriel Nevin, Legislative and Regulatory Analyst, provided an overview of the bills the Board tracked throughout the 2019-2020 Legislative Session. There were no public comments.

Motion/Second/Call (M/S/C) (Burton/Stewart) to adopt the *Legislative Summary for End of Two-Year Legislative Session 2019-2020* and direct staff to post the report on the Board's web site.

Ayes: Burton, Felsenfeld, Lai, Larin, McKenzie, Medina, Mendoza, Molina, Morrow, Montell, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

Agenda Item 16(c)i: Discussion and Possible Action Regarding Legislative Proposals for 2021 – Healing Arts Omnibus Bill

Gabriel Nevin, Legislative and Regulatory Analyst, provided the report, which is available in the meeting materials. The Senate Business, Professions and Economic Development Committee (Committee) plans to introduce the bills in early 2021 and has requested the Board to submit the proposals to the Committee by early January 2021 for inclusion of the introduced version of the bill. Mr. Nevin reminded the Board that the omnibus bills are an opportunity for boards and bureaus to submit technical, non-controversial proposals and are intended to be used to clean up statute. Mr. Nevin reported that Board staff identified a gap in the statutory structure for anesthesia licenses which was last modified by Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018).

Motion/Second/Call (M/S/C) (Yu/Pacheco) to direct staff to prepare the proposal for submission to the Committee for inclusion in the 2021 Healing Arts Omnibus Bill. If the Committee will not include this proposal in the omnibus, direct staff to seek out an appropriate legislative vehicle or author to carry this proposal.

Ayes: Burton, Felsenfeld, Lai, Larin, McKenzie, Medina, Mendoza, Molina, Morrow, Montell, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

Dr. Bruce Witcher, former Board member, commented in support of the motion.

Agenda Item 16(c)ii: Discussion and Possible Action Regarding Legislative Proposal to Eliminate the Registered Dental Assistant in Extended Functions (RDAEF) Practical and Clinical Examination

Gabriel Nevin, Legislative and Regulatory Analyst, provided the report, which is available in the meeting materials. There were no public comments.

Dr. Molina asked why the exam cannot be administered with a typodont. Ms. Sarah Wallace, Assistant Executive Officer, responded that there are specific procedures listed in statute which will not give the Board the flexibility to offer the exam with a typodont because the clinical portion requires a live patient. Dr. Lai asked if the exam can be outsourced and administered by other agencies. Ms. Wallace responded that other regional exam agencies do not offer an examination equivalent to the RDAEF practical and clinical exam. Additionally, the OPES recommended that the practical and clinical portion is not necessary since it is not a supervised profession.

Motion/Second/Call (M/S/C) (Olague/Felsenfeld) to approve the proposed statutory changes eliminating the statutory authority for the RDAEF practical and clinical examinations and direct staff to find an author to carry legislation to repeal the requirements of the RDAEF clinical and practical examinations permanently.

Ayes: Burton, Felsenfeld, Larin, McKenzie, Medina, Mendoza, Molina, Morrow, Montell, Olague, Pacheco, Stewart.

Nays: Lai.

Abstentions: None.

Absent: None.

Recusals: None.

Claudia Pohl, CDAA representative, commented in opposition of the elimination of the RDAEF clinical and practical examinations and believes students should be tested. Dr. Bruce Whitcher, former Board member, pointed out that the duties are supervised by dental providers and they have the option to not delegate duties if they do not feel comfortable. Dr. Whitcher commented that the Board will have to go through a development process that has be approved by the OPES if the Board chooses to keep the examination. Joan Greenfield, RDAEF Association representative, provided a letter on behalf of the RDAEF Association and commented in support of eliminating the RDAEF clinical and practical examinations which is available in the meeting materials.

Agenda Item 16(c)iii: Discussion and Possible Action Regarding California Dental Association's (CDA) Legislative Proposals for 2021

Gabriel Nevin, Legislative and Regulatory Analyst, provided the report, which is available in the meeting materials. Mary McCune, CDA representative, addressed Board member questions. There were no public comments.

Agenda Item 17(a): Discussion and Possible Action to Initiate A Rulemaking to Amend California Code of Regulation, Title 16, Sections §§ 1067, 1068, 1070, 1070.1, 1070.2, 1070.3, 1070.4, 1070.5, 1070.6, 1070.7, 1070.8, 1071, 1076, 1077, 1077.1, 1080, 1080.2, 1080.3, 1081, 1081.2, 1083, 1085, 1087; Repeal Sections §§ 1014, 1014.1, 1069, 1071.1, 1072, 1072.1, 1080.1, 1081.1, 1086; and Add Sections §§ 1070.9, 1077.2, 1077.3, 1081.3, and All Forms Therein Incorporated by Reference Relating to the Dental Assisting Comprehensive Rulemaking

Gabriel Nevin, Legislative and Regulatory Analyst, provided a brief background regarding the comprehensive rulemaking proposal relative to dental assisting. The proposed rulemaking is based on workshops and public input since 2015.

At the February 2020 Dental Assisting Council (Council) meeting, the Council voted to direct staff to prepare the proposed language in the final format and include all forms to be incorporated by reference, delegate authority to the Executive Officer to make any technical or non-substantive changes to the proposed language, and recommended the proposal be forwarded to the Board to consider initiation of the rulemaking.

The proposal was originally anticipated to be brought before the Board during the May 2020 Board meeting. Despite invaluable assistance from stakeholders and regulatory counsel, this proposal was not completed by staff until the December 2020 meeting.

Motion/Second/Call (M/S/C) (Olague/Stewart) to approve the proposed regulatory language and all forms therein incorporated by reference relative to the dental assisting

comprehensive rulemaking, and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language and forms for 45-day public comment, setting the proposed language and forms for a public hearing, and delegating authority to the Executive Officer to make any technical or non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, delegate authority to the Executive Officer to make any technical or non-substantive changes to the proposed regulations before completing the rulemaking process and adopt the proposed language to Amend California Code of Regulation, Title 16, Sections §§ 1067, 1068, 1070, 1070.1, 1070.2, 1070.3, 1070.4, 1070.5, 1070.6, 1070.7, 1070.8, 1071, 1076, 1077, 1077.1, 1080, 1080.2, 1080.3, 1081, 1081.2, 1083, 1085, 1087; Repeal Sections §§ 1014, 1014.1, 1069, 1071.1, 1072, 1072.1, 1080.1, 1081.1, 1086; and Add Sections §§ 1070.9, 1077.2, 1077.3, 1081.3, and all forms therein incorporated by reference relating to the Dental Assisting Comprehensive Rulemaking as noticed in the proposed text.

Ayes: Burton, Felsenfeld, Lai, Larin, McKenzie, Medina, Mendoza, Morrow, Montell, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: Molina.

Absent: None.

Recusals: None.

Dr. Bruce Whitcher, former Board member, commented in support of moving the rulemaking and recognized Board staff's work. Ms. Melodi Randolph, California Association of Dental Assisting Teachers, California Dental Assistants Association and Dental Assisting Educator's Group representative, thanked the Board for their work and identified some issues that they will comment on during the 45-day public comment period.

Agenda Item 17(b): Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations, Title 16, Section 1065 Relating to Notice to Patients of Licensure by the Dental Board Rulemaking

Gabriel Nevin, Legislative and Regulatory Analyst, provided the report, which is available in the meeting materials. There were no public comments.

Motion/Second/Call (M/S/C) (Felsenfeld/Burton) to approve the proposed regulatory language related to Notice to Patients of Licensure by the Dental Board, and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and delegating authority to the Executive Officer to make any technical or non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, delegate authority to the Executive Officer to make any technical or non-substantive changes to the proposed regulations before completing the rulemaking process and adopt the proposed amendments to California Code of Regulations, Title 16, Section 1065 as noticed in the proposed text.



Ayes: Burton, Felsenfeld, Lai, Larin, McKenzie, Medina, Mendoza, Morrow, Montell, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: Molina.

Absent: None.

Recusals: None.

At 2:35 p.m. the Board recessed for break.

At 2:50 p.m. Board reconvened to open session.

Agenda Item 17(c): Update on Pending Regulatory Packages

Gabriel Nevin, Legislative and Regulatory Analyst, provided the report, which is available in the meeting materials. Ms. Burton acknowledged staff's work. There were no public comments.

Agenda Item 18: Election of 2021 Dental Board of California Officers

Ms. Karen Fischer, Executive Officer, facilitated the election. She opened the floor for nominations for the position of Secretary.

Dr. Steven Morrow nominated Dr. Alan Felsenfeld. Dr. Alan Felsenfeld accepted the nomination. There were no additional nominations.

Ayes: Felsenfeld, Lai, Larin, McKenzie, Medina, Mendoza, Molina, Morrow, Montell, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: Burton.

Absent: None.

Recusals: None.

Dr. Alan Felsenfeld was elected Secretary.

Ms. Fischer opened the floor for nominations for the position of Vice President. Dr. Thomas Stewart nominated Dr. James Yu. Dr. Yu accepted the nomination. In addition, Dr. Ross Lai nominated Ms. Rosalinda Olague. Ms. Rosalinda Olague accepted the nomination.

Vote for Dr. James Yu as Vice President:

Ayes: Burton, Morrow, Pacheco, Stewart, Yu.

Nays: Felsenfeld, Lai, Larin, Medina, Olague

Abstentions: McKenzie, Mendoza, Molina, Montell,

Absent: None.

Recusals: None.

The vote failed.

Vote for Ms. Rosalinda Olague as Vice President:

Ayes: Burton, Felsenfeld, Lai, Larin, McKenzie, Medina, Mendoza, Morrow, Olague, Pacheco, Stewart.

Nays: None.

Abstentions: Molina, Montell, Yu

Absent: None.

Recusals: None.

Ms. Rosalinda Olague was elected Vice President.

Ms. Fischer opened the floor for nominations for the position of President. Ms. Fran Burton nominated Ms. Joanne Pacheco. Ms. Joanne Pacheco accepted the nomination.

Ayes: Burton, Felsenfeld, Lai, Larin, McKenzie, Medina, Mendoza, Morrow, Montell, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: Molina.

Absent: None.

Recusals: None.

Ms. Joanne Pacheco was elected President.

Agenda Item 19: Board Member Comment on Items Not on the Agenda

Dr. James Yu thanked Dr. Thomas Stewart for serving as the President for the Dental Board.

Agenda Item 20: Adjournment

The Board President adjourned the meeting at 3:09 p.m.



## MEMORANDUM

<b>DATE</b>	January 15, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Pahoua Thao, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 4: Board President Report</b>

Background:

Joanne Pacheco, President of the Dental Board of California, will provide a verbal report.

Action Requested:

No action requested.



## MEMORANDUM

<b>DATE</b>	February 10, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Pahoua Thao, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 5: Executive Officer's Report</b>

Background:

Karen Fischer, Executive Officer of the Dental Board of California, will provide a verbal report on:

- A. COVID-19 Update
- B. Personnel Update
- C. Update Regarding the Waivers approved by the Director of the Department of Consumer Affairs; and the Governor's Executive Order(s)
- D. Update Regarding Office of Professional Examination Services Policy Relating to Participation in Examination Development Workshops
- E. Board Member Committee Assignments 2021

Action Requested:

No action requested.



## MEMORANDUM

<b>DATE</b>	December 22, 2020
<b>TO</b>	All Executive Officers, Bureau Chiefs, Division Chiefs, and Executive Staff
<b>FROM</b>	<i>Tracy Montez</i> Tracy Montez, Ph.D., Chief Division of Programs and Policy Review
<b>SUBJECT</b>	<b>Board Members and Instructors Serving as Subject Matter Experts in Examination Development Workshops</b>

Licensure examination development requires the participation of subject matter experts (SMEs). Conflict of interest among SMEs is a serious matter that can threaten the security and validity of examinations. In an effort to improve examination security and protect examination validity, the Department of Consumer Affairs (DCA) has issued policy OPES 20-01, *Participation in Examination Development Workshops*. The Office of Professional Examination Services (OPES) will assist in implementing this policy.

DCA Policy OPES 20-01 states: “Due to potential conflict of interest, undue influence, and/or security considerations, DCA recommends that board members and instructors should not serve as expert consultants for, nor participate in, any aspect of licensure examination development or administration.” In particular, these individuals should not be handling confidential examination materials or proprietary information. The policy applies to both state-specific and national examinations.

Examination subversion incidents are serious and can occur at any time. If candidates became aware of items before taking a test, examination validity would be reduced, and the public could be at risk of receiving services from unqualified licensees. Subversion may also result in the removal of examination items from examination banks or the nullification of candidate scores, with significant workload and cost impacts to DCA boards, bureaus, and committees.

Conflicts of interest may also expose examination programs to legal challenges and undermine public confidence in examinations and passing scores.

To comply with OPES 20-01, DCA boards, bureaus, and committees should refrain from allowing board members or instructors to participate in the development of any examination used for licensure in California. DCA boards, bureaus, and committees using a national examination should inform their board and committee members of OPES 20-01 and ask these members to complete the DCA Board and Committee Member Conflict of Interest Declaration, which is attached to OPES 20-01.

During the recruitment process for state-specific examinations, licensees interested in serving as SMEs should be screened for a potential conflict of interest. For the purposes of screening, OPES has prepared an OPES Subject Matter Expert (SME) Conflict of Interest Declaration, which is also attached to OPES 20-01.

Please provide this new Conflict of Interest Agreement to interested licensees during the recruitment process. The Agreement asks licensees to declare (a) that they understand DCA's conflict of interest policy and (b) that they will refrain from serving as instructors for five years. If they decline to sign the form, you should contact them to find out why. You can then work with OPES to evaluate the risk posed by their participation in examination development.

OPES recognizes that recruitment can be difficult. In some professions, many licensees are involved in the instruction of prospective examinees. Therefore, pursuant to OPES 20-01, exceptions for instructors can be considered on a case-by-case basis. See page two of the policy for more details on the factors to consider in making exceptions.

In addition, not all examination development workshops pose the same level of risk in terms of examination subversion. In considering case-by-case exceptions, the type of workshop should be considered:

- ◇ The lowest level of risk is posed by participation in occupational analysis (OA) workshops, in which SMEs analyze the profession and develop task and knowledge statements.
- ◇ A medium level of risk is posed by participation in item writing and item review workshops, in which SMEs write or review a subset of examination items.
- ◇ The highest level of risk is posed by participation in passing score workshops. In these workshops, SMEs review complete examination forms and determine passing scores.

Despite these nuances, instructors should not as a rule participate in examination development. An SME who "teaches a class here and there" has a potential

conflict of interest. It only takes one SME to compromise the security and validity of a licensure examination, potentially harming California consumers.

If you have any questions, please contact me or Heidi at [Heidi.Lincer@dca.ca.gov](mailto:Heidi.Lincer@dca.ca.gov).

Attachment:

1. DCA Policy 20-01 *Participation in Examination Development Workshops*

cc: Heidi Lincer, Ph.D., Chief, Office of Professional Examination Services



# DEPARTMENTAL POLICY

<b>TITLE</b>	<b>PARTICIPATION IN EXAMINATION DEVELOPMENT WORKSHOPS</b>		
<b>POLICY OWNER</b>	OFFICE OF PROFESSIONAL EXAMINATION SERVICES (OPES)		
<b>POLICY NUMBER</b>	OPES 20-01	<b>SUPERSEDES</b>	OPES 18-01
<b>ISSUE DATE</b>	October 2, 2020	<b>EFFECTIVE</b>	IMMEDIATELY
<b>DISTRIBUTE TO</b>	All Executive Officers, Bureau Chiefs, Division Chiefs, and Executive Staff		
<b>ORIGINAL APPROVED BY</b>	*Original Signature on File  Kimberly Kirchmeyer Department of Consumer Affairs		
<b>NUMBER OF PAGES</b>	1 of 3	<b>ATTACHMENTS</b>	A-B

## POLICY

It is the policy of the Department of Consumer Affairs (DCA) that board members, committee members, and instructors avoid serving as expert consultants in the licensure examination development process.

## APPLICABILITY

This policy applies to all employees, governmental officials, consultants, and temporary staff of DCA and any of its divisions, bureaus, boards, committees and other constituent agencies.

## PURPOSE

The purpose of this policy is to set forth recommended principles and restrictions related to participation in the licensure examination development process.

A licensure examination serves a regulatory purpose by ensuring that each candidate who successfully passes an examination for a given profession is qualified to practice in that profession.

Expert consultants are essential to the development of licensure examinations. Their participation ensures that the examinations accurately assess whether candidates possess the minimally acceptable knowledge, skills, and abilities necessary to perform tasks on the job safely and competently. Therefore, the selection of expert consultants by boards, bureaus, and committees critically affects the quality and defensibility of their licensure examinations.



## **AUTHORITY**

Business and Professions (B&P) Code sections 101.6, 123, and 139.

## **DEFINITIONS**

For purposes of this policy, the following definitions apply:

**Board members** are defined as individuals who are appointed to a regulatory board, commission, exam committee, and/or other committees serving in an advisory capacity to a board or bureau within the DCA.

**Instructor** is defined as any teacher, trainer, mentor, or other person engaged in formal or informal instruction to candidates for licensure in a profession, and who has a personal and/or financial interest in increased pass rates for their student(s) and/or the training institution for which they are employed.

**Expert Consultant** is defined as an individual whose services are retained for, among other tasks, developing, but not proctoring, professional licensing examinations. An expert consultant is a person who actively works in the target profession, has a current license in good standing by the State of California, meets established selection requirements, and is able to articulate specialized technical knowledge related to their profession. In licensure examination development work, expert consultants are referred to as Subject Matter Experts.

**Conflict of Interest** is defined as a situation in which a person, such as a public official, an employee, or a professional, has a private or personal interest sufficient to appear to influence the objective exercise of their official duties.

## **PROVISIONS**

Due to potential conflict of interest, undue influence, and/or security considerations, the DCA recommends that board members and instructors should not serve as expert consultants for, nor participate in, any aspect of licensure examination development or administration.

In consultation with the relevant board/bureau, DCA recommends licensure examination developers determine any exceptions on a case-by-case basis. For instructor participation in examination development workshops, those exceptions will be based on, but not limited to, the following factors:

- Availability of licensees for attending workshops;
- Size of the pool of qualified licensees available to attend workshops;
- Number of hours spent as a licensee relative to the number of hours spent as an instructor; and,
- Existence of a licensing/accrediting relationship between the board, bureau, or committee and training schools.

## **VIOLATIONS**

Any person who presents any personal or financial interest that poses a potential conflict of interest, as defined in this policy, will not be allowed to participate in licensure examination workshops. DCA recommends that any person participating in a license examination workshop who is found to be in violation of this policy should be dismissed from the workshop and examination development staff will notify the relevant board/bureau.

## **REVISIONS**

For questions regarding revisions to this policy, contact OPES at (916) 575-7240. Specific questions regarding the status or maintenance of this policy should be directed to the Division of Programs and Policy Review at (916) 574-7402.

## **ATTACHMENTS A-B**

A: Subject Matter Expert (SME) Conflict of Interest Declaration

B: DCA Board and Committee Member Conflict of Interest Declaration





DCA Board and Committee Member  
Conflict of Interest Declaration

Due to potential conflict of interest, members of DCA boards, committees, and bureau advisory committees should not serve as subject matter experts (SMEs) for, nor participate in, any aspect of licensure examination development or scoring, pursuant to DCA Policy OPES 20-01.

One reason for this policy is that DCA board, committee, or bureau advisory committee members frequently participate in the design, development, administration, scoring, or interpretation of a national examination used for licensure in California. This participation generates a conflict of interest. Prohibited activities include, but are not limited to, reviewing examination items, reviewing examination content outlines, helping set passing scores, or evaluating or examining candidates using rubrics, procedures, or other criteria.

A DCA board, committee, or bureau advisory committee member may apply to DCA's Office of Professional Examination Services (OPES) for an exception to this policy. The member must provide OPES with documentation to support that the conflict of interest is mitigated by procedures enforced by the national examination entity. For example, a DCA board member who is an examiner for a national examination could provide documentation that the national examination entity enforces a procedure for ensuring that the examiner will not evaluate a candidate from the same state as the examiner and no special advantage is gained by observing the examination administration.

**Conflict of interest** is defined as a situation in which a person, such as a public official, an employee, or a professional, has a private or personal interest sufficient to appear to influence the objective exercise of their official duties.

Please check one of the following boxes:

- I do NOT participate in any national examination program used for licensure in the State of California.
- I participate in a national examination program used for licensure in the State of California.
- I participate in a national examination program used for licensure in the State of California, but my participation has been approved by OPES.

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I have read the above statements and understand DCA's policy regarding conflict of interest.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name of License Held)

\_\_\_\_\_  
(License Number)

\_\_\_\_\_  
(Date)



## MEMORANDUM

<b>DATE</b>	January 15, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Pahoua Thao, Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 6:</b> Update on “Attorney General’s Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies in Compliance with Business and Professions Code Section 312.2”, January 1, 2021

Background:

Carl Sonne, Senior Assistant Deputy Attorney General, will be providing an update and presentation on the Attorney General's Annual Report. He will be available to answer questions. The Attorney General's Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies Business and Professions Code Sections 312.2 January 1, 2021 is attached. Please refer to page 22 of the attachment for the report on the Dental Board of California.

Action Requested:

None.



**Attorney General's Annual Report**  
**on**  
**Accusations Prosecuted for Department of**  
**Consumer Affairs Client Agencies**

**Business and Professions Code Section 312.2**  
**January 1, 2021**

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# **Attorney General's Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies**

**January 1, 2021**

## **EXECUTIVE SUMMARY**

This is the fourth annual report by the Office of the Attorney General pursuant to Business and Professions Code section 312.2, which became effective on January 1, 2016, requiring annual reports to be filed by January 1 each year. This report is based on data from Fiscal Year 2019–20. It provides information concerning accusation referrals received and adjudicated for each Department of Consumer Affairs client agency represented by the Licensing Section and the Health Quality Enforcement Section of the Office of the Attorney General.

In Fiscal Year 2019–20, approximately half of the legal work performed by the Licensing Section and Health Quality Enforcement Section was for the prosecution of accusations, which are the focus of this report. During the fiscal year, 3,530 accusation referrals were received from the Department of Consumer Affairs client agencies. About five percent of accusation referrals to the Office of the Attorney General were rejected, and seven percent required further investigation.

The Office of the Attorney General adjudicated 3,377 accusation referrals during the year. The accusations adjudicated were referred to this office in Fiscal Year 2019–20 or in a prior fiscal year. Multiple adjudications can occur when more than one licensee is included within one matter, each with different adjudication dates and types, or when a client agency exercises its discretion to reject an original adjudication. Approximately 57 percent of the total adjudications were by stipulated settlement, 28 percent by default, 12 percent by administrative hearing<sup>1</sup>, and three percent resulted from withdrawal of accusations by the agencies.

## **BACKGROUND**

### [Licensing Section and Health Quality Enforcement Section](#)

The Licensing Section and the Health Quality Enforcement Section of the Office of the Attorney General's Civil Law Division specialize in California professional and vocational licensing law. The two sections represent 36 Department of Consumer Affairs licensing oversight agencies that issue multiple types of professional and vocational licenses. They provide legal representation to these agencies in many kinds of licensing matters to protect California consumers and enhance the quality of the professions and vocations. Liaison deputies also regularly consult with agency staff to advise them on jurisdictional, legal, and

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<sup>1</sup> This report's information is provided against the backdrop of the COVID-19 pandemic in Quarter Four of Fiscal Year 19-20.

programmatic issues. Each section's legal staff also provide training for the Department of Consumer Affairs Division of Investigation, agency investigators, and agency staff.

Both sections prosecute licensing matters, including accusations (license discipline), which comprise about 52 percent of their combined caseload. The balance of prosecution matters consists of:

- statements of issues—appeal hearings when a license application has been denied;
- interim suspension petitions—hearings before the Office of Administrative Hearings for immediate suspension of a license;
- injunction proceedings—brought in superior court to stop unlicensed practice;
- post-discipline matters—when a licensee petitions for reduction of penalty or reinstatement of a revoked license;
- citations—appeal hearings when a citation and/or fine has been issued;
- Penal Code section 23 petitions—seeking a license restriction during the pendency of a criminal proceeding;
- subpoena enforcement actions—to obtain records needed for the investigation of complaints;
- judicial review proceedings—superior court review of final administrative decisions;
- appeals—usually from superior court review proceedings; and
- civil litigation related to license discipline—defending agencies in civil lawsuits brought in state or federal courts; and
- third-party subpoenas—to obtain records in litigation from non-party client agencies.

Business and Professions Code section 312.2 requests data only for the prosecution of accusation matters by the two sections. Accusations are the primary component of the enforcement program for each licensing agency. The legal services in other types of licensing matters handled by the sections are not included in this report, except where accusations are combined with petitions to revoke probation.

### Department of Consumer Affairs Client Agencies

The 36 Department of Consumer Affairs agencies represented by the Licensing Section and the Health Quality Enforcement Section each have different licensing laws, programs, and processes unique to their practice areas. A few agencies issue only one type of license, but most issue multiple license types. As a result, agencies differ in how they refer accusation matters to the Office of the Attorney General. Some agencies refer one matter for each licensee, while others refer multiple licensees involved in the same or related acts for which discipline will be sought in a single accusation. Nearly half of client agencies represented by the Licensing Section file a single accusation naming all licensees involved in the events underlying the disciplinary action. None of the agencies represented by the Health Quality Enforcement Section file a single accusation against multiple licensees. Instead, a separate accusation is filed against each licensee. When multiple licensees are involved in the same events, the accusations may be consolidated for hearing. Any agency may also refer additional investigations to this office for prosecution while an initial accusation matter is pending, and these subsequent investigations are counted as additional *accusation referrals* in this report.

There are also other differences in how client agencies respond to and participate in legal matters. Some agencies have higher default rates, and some have higher rates of representation by counsel in their accusation matters. The applicable burden of proof varies based on the type of professional, vocational, or business license. Generally, when there are specific educational and testing requirements to obtain a license, disciplinary charges must be proved by clear and convincing evidence to a reasonable certainty. Most accusation matters brought by Department of Consumer Affairs licensing agencies are subject to this burden of proof, but a few license types are subject to a lower burden of proof, i.e., preponderance of evidence. Generally, these are licenses that permit operation of a business at a specific location, such as an automotive repair dealership or pharmacy.

Only about a dozen Department of Consumer Affairs agencies are required to file their accusations within a prescribed statute of limitations, which generally ranges from one to five years, but may be longer in specific circumstances. Beginning on July 1, 2019, six Department of Consumer Affairs agencies were required to order disciplined licensees to provide patients a probation disclosure prior to their first visit concerning their probationary order in either all or specific circumstances. All Department of Consumer Affairs client agencies except the Medical Board of California are entitled to recover their costs of investigation and prosecution from respondents. The data included in this report are consistent with each client's licensing programs and practices to the extent possible. But as a result of variances among agencies, data are not typically comparable to each other in any meaningful way.

### Investigation Process

Agencies also differ in how they investigate their cases. Most commonly, agencies investigate using their own staff, including inspectors, sworn and unsworn investigators, investigator assistants, or analysts. Certain kinds of cases must be referred to the Department of Consumer Affairs Division of Investigation, consistent with Complaint Prioritization Guidelines developed pursuant to Business and Professions Code section 328. Medical Board cases are excluded from the requirements of section 328. All agencies strive to investigate complaints efficiently and rely on the Attorney General's staff for counsel, as needed.

### Administrative Adjudication Process

If the investigation reveals evidence that a licensee has violated the agency's practice act, the agency refers the matter to the Office of the Attorney General to initiate a legal proceeding to revoke, suspend, limit, or condition the license, which is called an *accusation*. (Gov. Code, § 11503.)

Upon receipt, a deputy attorney general reviews the transmitted evidence to determine its sufficiency to meet the requisite burden of proof and for any jurisdictional issues. If the evidence is insufficient and circumstances suggest additional avenues for evidentiary development, the deputy may request further investigation from the agency. When evidence is insufficient and further investigation is not recommended, or legal issues prevent prosecution, the Office of the Attorney General declines prosecution, and the case is rejected.

Based on sufficient evidentiary support, a deputy attorney general prepares an accusation to initiate the agency's adjudicative proceeding. In some cases, when the accusation is being prepared, a deputy attorney general may request supplemental investigation. The accusation pleading is sent to the agency for signature by the executive director, executive officer, or other

designated *complainant* for the agency. The accusation is *filed* when the complainant signs it. When charged in an accusation, a respondent has a right to an adjudicative hearing under the California Administrative Procedure Act (Gov. Code, §11500 et seq.). Once served with the accusation, the respondent must file a *notice of defense* within fifteen days, or is in default. Once the notice of defense has been received, a hearing is scheduled with the Office of Administrative Hearings. If no notice of defense is received, then a default is prepared for presentation to the client agency.

The deputy attorney general prosecutes the accusation case before the Office of Administrative Hearings. Upon conclusion of the hearing, the case is submitted to the administrative law judge who presided over the hearing. The administrative law judge prepares a proposed decision and sends it to the agency for its board or committee's voting and decision. Of course, a stipulated settlement, which can include a public reprimand, probation, stipulated license surrender, or revocation, can occur at any time and is the most common method of adjudication of accusation matters.

The agency itself, through the board or committee, makes its decision in each accusation case. The agency can accept or reject a settlement, and if rejected, the proceedings will continue. After an administrative hearing, the agency can accept the proposed decision issued by the administrative law judge, in which case it becomes final. However, the agency may opt to reduce the penalty or reject the proposed decision and order the hearing transcript. After review of the transcript and the evidence, the agency can then adopt the proposed decision or issue its own decision. Most cases are resolved when the agency accepts a stipulated settlement or proposed decision. But if not, additional proceedings ensue, which take more time.

Even after an agency's decision is issued, it may not be final. A respondent may exercise the right to petition for reconsideration and, if granted by the agency, the decision will be reconsidered. This can also happen if an agency decides a case based upon the default of a respondent for failure to file a timely notice of defense or failure to appear at a duly noticed hearing. Upon petition by the respondent, the agency can vacate the default decision and additional proceedings are conducted. Each of these types of *post-submission* events will lengthen the processing of a case and require further adjudication.

Once the agency's decision is final, it is still subject to judicial review in administrative mandamus and appellate proceedings. In very few cases, judicial review under Civil Procedure Code section 1094.5 results in remand to the agency to conduct further administrative proceedings or reconsider its decision. In these cases, the final decision of the agency may be delayed by months or even years.

## MEASURES REPORTED

The text of Business and Professions Code section 312.2 is set forth in its entirety in the attached appendix. We provide the following interpretation of terms and description of the manner in which data were gathered for each of the reporting metrics in subdivisions (a)(1)-(a)(7) and (b)(1)-(b)(6).

(a)(1) The number of accusation matters referred to the Attorney General.

*Accusation matter* means an investigation of one or more complaints that an agency has referred to the Office of the Attorney General. This office will review evidence and, if appropriate, prosecute the matter through the disciplinary process as an accusation.

Accusation matters are counted by each investigation report received that bears a distinct investigation number. Some agencies request that more than one respondent be named and prosecuted in a single accusation, in which case the investigation number is counted as an accusation matter for each respondent. Multiple investigations may be referred during the time that the Office of the Attorney General is prosecuting the agency's initial accusation referral, which can span different fiscal years. Each investigation received during the reporting period is counted for each respondent to which it pertains.

(a)(2) The number of accusation matters rejected for filing by the Attorney General.

*Rejected for filing* describes the determination, made by a deputy attorney general with a supervisor's approval, that an accusation should not be filed. An accusation can be rejected for many reasons, including: (1) the evidence submitted is insufficient to meet the burden of proof to sustain a cause for discipline under the agency's applicable practice act; (2) the events in question are not within the statute of limitations; and (3) disciplinary action is not supported by law or public policy. When prosecution is declined, the investigative file is returned to the client agency and the case is closed in the Office of the Attorney General.

A rejection for filing during the reporting period is counted once for each respondent to which the rejection pertains, without regard to the number of investigations referred to the Office of the Attorney General for consideration.

(a)(3) The number of accusation matters for which further investigation was requested by the Attorney General.

*Further investigation requested* describes an instance in which a deputy attorney general determines that the evidence in the investigation is insufficient to meet the burden of proof, but that there are avenues available to augment the evidence and support a cause for discipline under the agency's applicable practice act. With supervisory approval, the deputy may request further investigation from the agency, the Division of Investigation, or internally at the Office of the Attorney General. When further investigation is requested in a matter handled by the Licensing Section, the file remains open pending receipt of supplemental investigation and is documented accordingly. In the Health Quality Enforcement Section, the file is returned to the client agency and the matter is closed. The file is reopened if the matter is rereferred to the Office of the Attorney General with additional evidence.

Each request for further investigation made during the reporting period is counted in each matter, and is not necessarily associated with the number of referrals received in the matter, or the number of respondents to which the further investigation may pertain. There may be only one request for further investigation in a matter that contains more than one respondent or more

than one investigation. There may also be more than one further investigation request made pertaining to a single respondent in a matter with only one referral.

(a)(4) The number of accusation matters for which further investigation was received by the Attorney General.

*Further investigation received* describes the additional investigation received as a result of further investigation requested, as described above. Very rarely will an agency refer a matter back to the Office of the Attorney General with an *additional* investigation and request reconsideration of a previous decision not to prosecute (i.e., rejection). If the matter is accepted for prosecution, this is also recorded as further investigation received. Additional investigation received is distinguished from a *new* referral of an accusation matter from a client agency, which is counted in subdivision (a)(1), but is not counted in (a)(4).

Each supplemental investigation received during the reporting period is counted in each matter and is not necessarily associated with the number of referrals received in the matter or the number of respondents to which the further investigation may pertain.

(a)(5) The number of accusations filed by each constituent entity.

*Accusation* means the initial accusation filed in a matter to initiate proceedings to revoke or suspend a license against one or more respondents, and any subsequent amended accusation filed in the matter. Accusations may be amended during the pendency of a case for a variety of reasons, most commonly because the client agency refers an additional investigation of a new complaint and the accusation is amended to add new causes for discipline based on the new investigation. *Filed* means the accusation or amended accusation is signed by the agency's designee, known as the complainant, who is usually the executive officer or executive director of the agency. The accusation is filed on the date the document is signed.

Each accusation or amended accusation filed during the reporting period is counted and reported under subdivision (a)(5).

(a)(6) The number of accusations a constituent entity withdraws.

On occasion, the complainant *withdraws* the accusation after it has been filed, terminating the prosecution of the accusation matter. A common reason for an accusation to be withdrawn is the death of the respondent against whom the accusation is filed. In other cases, the evidentiary basis for the matter may change during litigation, or evidence received from a respondent in the course of discovery may lead to re-evaluation of the merits of the case.

The withdrawal of an accusation is counted separately for each respondent named in the accusation.

(a)(7) The number of accusation matters adjudicated by the Attorney General.

*Adjudication* means that the work of the Office of the Attorney General has been completed and the case will be brought before the agency's decision maker for its final decision. There are four types of adjudicative events: (1) a default decision and order is prepared and sent to the agency because a respondent did not file a notice of defense or failed to appear at a duly noticed administrative hearing; (2) a stipulated settlement is signed by a respondent and sent to the agency, which considers the acceptance of the disposition of the matter for that respondent; (3) the submission of the case at the conclusion of an administrative hearing to an administrative law judge to prepare a proposed decision, and the decision is sent to the agency for its consideration; and (4) withdrawal of an accusation by the complainant, which terminates the matter. An adjudicative event for each respondent named in an accusation is necessary before the matter is fully adjudicated. Every adjudicative event that occurs during the reporting period is counted.

Multiple adjudicative events can also occur in cases with only a single respondent. This happens when an agency does not accept a stipulated settlement, does not adopt a proposed decision submitted by an administrative law judge, grants reconsideration of its decision, or when a superior court judge remands the matter to the agency for further consideration.

(b)(1) The average number of days from the Attorney General receiving an accusation referral to when an accusation is filed by the constituent entity.

The date that each accusation referral is received in the Office of the Attorney General is documented. The calculation of the average reported for subdivision (b)(1) begins on the date of receipt of the first accusation referral in each matter and ends on the date the complainant signs the initial accusation. Amended accusations received after the client agency's initial referral are not included in the average.

(b)(2) The average number of days to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received by the Attorney General from a constituent entity or the Division of Investigation.

*Prepare an accusation* in subdivision (b)(2) is different from *filing an accusation* in subdivision (b)(1). An accusation is *prepared* (i.e., the preparation is based on a deputy attorney general's familiarization with the technical subject matter issues, thorough review of the evidence and expert reports to determine chargeable causes for discipline, then drafting, and supervisory review of the accusation) by the assigned deputy and then sent to the complainant at the agency to be reviewed, approved, and signed.

*Rereferred* means the date when supplemental investigation has been received by the Office of the Attorney General in response to a request for further investigation, or, in rare cases, following rejection of an accusation matter.

The calculation of the average reported for subdivision (b)(2) begins on the date each initial accusation referral was received in the Office of the Attorney General – including time for initial review of the matter, request for further investigation, further investigation conducted, receipt of



the supplemental investigation by the Office of the Attorney General from the agency, re-review by the deputy, and the deputy preparing the accusation – and ends on the date the deputy sends the prepared accusation to the complainant for review and filing in each matter. The average may also include the review of additional referrals received while further investigation is being conducted on the initial referral.

Notably, the matters that required further investigation before preparation of an accusation reported in subdivision (b)(2) are included in the average number of days to file accusations reported in subdivision (b)(1). As a consequence, delays in *preparing* accusations for cases that required further investigation generally will increase the average number of days to *file* the agency's accusations (reported in subdivision (b)(1)).

(b)(3) The average number of days from an agency filing an accusation to the Attorney General transmitting a stipulated settlement to the constituent entity.

Settlements are negotiated according to authorization provided by the complainant based on the agency's published disciplinary guidelines. A stipulated settlement is provided to the agency's decision maker who decides whether to accept the settlement as its disposition of the case against the respondent.

The calculation of the average reported for subdivision (b)(3) begins on the date of filing for the initial accusation in each matter, and ends on the date the stipulated settlement for each respondent is sent to the agency for its consideration.

(b)(4) The average number of days from an agency filing an accusation to the Attorney General transmitting a default decision to the constituent entity.

If a respondent fails to send a notice of defense to the assigned deputy attorney general or agency within 15 days after service of the accusation, or fails to appear at a duly noticed administrative hearing on the accusation, the respondent is in default. The agency can opt to present the case to an administrative law judge without participation by the respondent, who has defaulted. However, most often the agency requests that the deputy prepare a default decision and order for the agency's decision maker to consider issuing as its final decision against the respondent. Many agencies have delegated authority to their executive officers to adopt default decisions as a matter of course, without consideration by the board itself.

The calculation of the average reported for subdivision (b)(4) begins on the date each initial accusation in a matter is filed, and ends on the date of transmission of the default decision and order to the agency for each respondent.

(b)(5) The average number of days from an agency filing an accusation to the Attorney General requesting a hearing date from the Office of Administrative Hearings.

After a notice of defense has been received from each respondent named in an accusation, the deputy attorney general assigned to the matter is responsible for coordinating with opposing counsel, unrepresented respondents, prosecution witnesses, and the Office of Administrative Hearings to determine a hearing date when everyone is available. The deputy attorney general

prepares a request to set the hearing based on this coordination and sends it to the Office of Administrative Hearings to calendar the hearing.

The calculation of the average reported for subdivision (b)(5) begins on the date the initial accusation in each matter is filed, and ends on the date the request to set a hearing is sent to the Office of Administrative Hearings. Infrequently, a request to set a hearing is done more than once in a case, usually because a continuance has been granted. Only the first request to set a hearing in a case is included in calculating the average.

(b)(6) The average number of days from the Attorney General's receipt of a hearing date from the Office of Administrative Hearings to the commencement of a hearing.

When the Office of Administrative Hearings receives the request to set hearing sent by the deputy attorney general, the hearing date is set on its calendar and the parties are informed of the hearing date. Unless an intervening motion for a continuance is granted by an administrative law judge, the hearing will commence on that date and, depending on the length of the hearing and intervening factors, may conclude on the same day or at a later date.

The calculation of the average reported for subdivision (b)(6) begins on the date the deputy attorney general receives notice from the Office of Administrative Hearings that the hearing date has been set, and ends on the date the hearing actually commences. When motions to continue hearings are granted, the commencement of hearings are delayed, and the average number of days will increase as a consequence.

## METHODOLOGY

### Case Management System

This report is based on data entered by legal professionals in ProLaw, the case management system of the Office of the Attorney General. Each matter received from a client by the Licensing Section and the Health Quality Enforcement Section is opened in this system. Rules for data entry have been created by the sections and are managed by the Case Management Section of the Office of the Attorney General, which dictates the definitions, dating, entry, and documentation for each data point. Section-specific protocols, business processes, and uniform standards across all professionals responsible for data entry ensure the consistency, veracity, and quality of the reported data. The data entered has been verified to comply with established standards. The data markers in administrative cases have been used to generate the counts and averages in this report. Every effort has been made to report data in a transparent, accurate, and verifiable manner. The Office of the Attorney General continues to improve its technology, systems, and protocols, and to integrate these improvements into its business routines and operations.

### Data Presentation

The information required to be reported by Business and Professions Code section 312.2 has been organized separately for each constituent entity in the Department of Consumer Affairs represented by the Licensing Section and the Health Quality Enforcement Section of the Office of the Attorney General.

Each entry includes the number and types of licenses issued by the agency, which were taken from the 2019 Annual Report of the California Department of Consumer Affairs, containing data from Fiscal Year 2018–19, or otherwise verified by the licensing agency. The report can be found online at: [https://www.dca.ca.gov/publications/2019\\_annrpt.pdf](https://www.dca.ca.gov/publications/2019_annrpt.pdf).

Each client agency is unique and cannot easily be compared to others. The following Department of Consumer Affairs website contains links for further information: [http://www.dca.ca.gov/about\\_dca/entities.shtml](http://www.dca.ca.gov/about_dca/entities.shtml).

Any applicable statute of limitations has been included for each client agency's entry, as well as the frequency of agency accusations naming more than one respondent.

Table 1 on the entry for each agency provides the *counts* for various aspects of accusation matters as requested under subdivision (a) of Business and Professions Code section 312.2, such as the number of accusation referrals received and the number of accusations filed (subds. (a)(1) and (a)(5)).

Table 2 provides metrics required under Business and Professions Code subdivision (b) of section 312.2, which are based on accusation matters adjudicated during the year as reported under subdivision (a)(7). We have included the mean, median, standard deviation, and number of values in the data set. The average expresses the central or typical value in a set of data, which is most commonly known as the arithmetic mean. The central value in an ordered set of data is the median. Compared to the median, the mean is more sensitive to extreme values, or *outliers*, and the number of values, or *sample size*. When the mean and median are nearly equivalent, that is a likely indicator that there are few extreme values in the data set. However, when there is a large difference between the mean and median, it is likely that extreme values are skewing the data. The standard deviation (SD) for a data set reflects dispersion. A low SD indicates that data points tend to be close to the mean, while a high SD indicates that data points are spread out over a wider range of values.

The individual client agency entries that follow have been organized in alphabetical order for convenience.

## California Board of Accountancy

The California Board of Accountancy regulated 106,587 licensees in Fiscal Year 2018–19, with six license types. Most complaints received by the board are investigated by the board’s own investigators, who are either certified public accountants or analysts. Some investigations are assisted by the Office of Attorney General and the Board’s Enforcement Advisory Committee through the taking of testimony under oath of licensees under investigation. There were multiple respondents in about 26 percent of the board’s accusation cases prosecuted by the Office of the Attorney General in Fiscal Year 2019–20. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	49
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	2
(4) accusation matters for which further investigation was received by the Attorney General.	3
(5) accusations filed.	57
(6) accusations withdrawn.	6
(7) accusation matters adjudicated by the Attorney General.	86

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	157	117	172	67
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	443	168	395	5
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	165	123	123	74
(4) from the filing of an accusation to when a default decision is sent to the agency.	43	43	12	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	107	83	96	19
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	96	86	53	4

## California Acupuncture Board

The California Acupuncture Board regulated 12,353 licensees in Fiscal Year 2018–19, with one license type — Licensed Acupuncturist. Complaints received by the board are investigated by the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. There is no statute of limitations within which to file accusations for this agency. Effective July 1, 2019, all licensees subject to an order of probation issued on or after July 1, 2019 must provide a probation disclosure to their patients or their patients’ guardians or health care surrogates prior to their first visit.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	16
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	1
(5) accusations filed.	22
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	11

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	92	77	59	11
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	346	228	334	6
(4) from the filing of an accusation to when a default decision is sent to the agency.	85	99	26	3
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	57	54	38	5
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	198	198	24	2

## California Architects Board

The California Architects Board regulated 21,550 licensees in Fiscal Year 2018–19, with one license type — Architect. Most complaints received by the board are investigated by the Board’s own staff and architect consultants and, when appropriate, referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. The statute of limitations to file an accusation is generally five years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	3
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	3
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	5

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	88	81	18	3
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	208	208	0	1
(4) from the filing of an accusation to when a default decision is sent to the agency.	89	89	5	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	238	238	0	1
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	84	84	0	1

## California State Athletic Commission

The California State Athletic Commission regulated 3,902 licensees in Fiscal Year 2018–19 with eight license types. The commission referred one other matter to the Office of the Attorney General in Fiscal Year 2019–20, but did not refer any accusation matters. There is no statute of limitations within which to file accusations for this agency.

There were no accusation prosecution data for this agency in Fiscal Year 2019–20.

## Bureau of Automotive Repair

The Bureau of Automotive Repair regulated 75,094 licensees in Fiscal Year 2018–19, with nine license types. Complaints and other matters are investigated by the bureau’s own program representatives. There were multiple respondents in approximately 41 percent of the bureau’s accusation cases prosecuted by the Office of the Attorney General in Fiscal Year 2019–20. The statute of limitations to file an accusation is generally three years from the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	334
(2) accusation matters rejected for filing by the Attorney General.	2
(3) accusation matters for which further investigation was requested by the Attorney General.	5
(4) accusation matters for which further investigation was received by the Attorney General.	2
(5) accusations filed.	254
(6) accusations withdrawn.	13
(7) accusation matters adjudicated by the Attorney General.	491

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	177	135	141	355
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	266	295	156	8
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	278	238	180	209
(4) from the filing of an accusation to when a default decision is sent to the agency.	151	65	179	155
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	169	102	147	77
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	182	168	103	83



## Board of Barbering and Cosmetology

The Board of Barbering and Cosmetology regulated 621,742 licensees in Fiscal Year 2018–19 with 12 license types. The board receives consumer complaints and routinely inspects establishments for health and safety. The board’s cases are investigated by the board’s own inspectors or other staff, and when appropriate, may also be referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. Approximately seven percent of the board’s accusation cases prosecuted by the Office of the Attorney General in Fiscal Year 2019–20 had multiple respondents. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	77
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	2
(4) accusation matters for which further investigation was received by the Attorney General.	1
(5) accusations filed.	78
(6) accusations withdrawn.	2
(7) accusation matters adjudicated by the Attorney General.	95

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	99	89	71	85
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	123	0	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	189	159	108	53
(4) from the filing of an accusation to when a default decision is sent to the agency.	73	58	51	34
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	87	60	67	20
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	86	86	6	2

## Board of Behavioral Sciences

The Board of Behavioral Sciences regulated 116,940 licensees in Fiscal Year 2018–19 with seven license types. Most complaints received by the board are investigated by the board’s own investigators or staff, or referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit, when appropriate. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	77
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	3
(4) accusation matters for which further investigation was received by the Attorney General.	3
(5) accusations filed.	88
(6) accusations withdrawn.	4
(7) accusation matters adjudicated by the Attorney General.	84

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	88	80	67	83
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	42	42	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	165	141	112	53
(4) from the filing of an accusation to when a default decision is sent to the agency.	103	62	85	13
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	103	91	77	28
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	117	92	48	13

## Cemetery and Funeral Bureau

The Cemetery and Funeral Bureau regulated 13,418 licensees in Fiscal Year 2018–19 with 12 license types. Most complaints received by the bureau are investigated by the bureau’s field representatives or staff or referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit, when appropriate. Approximately 58 percent of the bureau’s accusation cases prosecuted by the Office of the Attorney General in Fiscal Year 2019–20 had multiple respondents. The statute of limitations to file an accusation is generally three years from the act or omission for cemetery licensees and two years for funeral licensees charged in the accusation.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	7
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	3
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	10

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	183	169	109	6
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	237	287	70	3
(4) from the filing of an accusation to when a default decision is sent to the agency.	123	123	0	1
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	133	133	0	2
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	147	142	31	4

## Board of Chiropractic Examiners

The Board of Chiropractic Examiners regulated 12,427 licensees in Fiscal Year 2018–19 with one license type — Doctor of Chiropractic. It also authorizes satellite offices, chiropractic corporations, and referral services. Most complaints received by the board are investigated by the board’s own investigators or staff, or referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit, when appropriate. There is no statute of limitations within which to file accusations for this agency. Effective July 1, 2019, all licensees subject to an order of probation issued on or after July 1, 2019 must provide a probation disclosure to their patients or their patients’ guardians or health care surrogates prior to their first visit.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	23
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	4
(4) accusation matters for which further investigation was received by the Attorney General.	1
(5) accusations filed.	18
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	18

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	97	94	65	17
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	256	256	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	275	292	122	10
(4) from the filing of an accusation to when a default decision is sent to the agency.	53	53	0	1
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	147	156	75	6
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	231	196	130	4

## Contractors State License Board

The Contractors State License Board regulated 308,018 licensees in Fiscal Year 2018–19 with two license types and many classifications, including General Contractor. Most complaints received by the board are investigated by the board’s own enforcement representatives, some of whom are sworn investigators. There were very few multiple respondents in the board’s accusation cases prosecuted by the Office of the Attorney General in Fiscal Year 2019–20. However, the number of adjudications reported in subdivision (a)(7) include licensees affiliated with respondents that are entities. The statute of limitations to file an accusation is generally four years from an act or omission charged in the accusation.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	469
(2) accusation matters rejected for filing by the Attorney General.	4
(3) accusation matters for which further investigation was requested by the Attorney General.	26
(4) accusation matters for which further investigation was received by the Attorney General.	16
(5) accusations filed.	349
(6) accusations withdrawn.	19
(7) accusation matters adjudicated by the Attorney General.	377

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	195	150	145	301
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	317	291	155	18
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	291	261	165	146
(4) from the filing of an accusation to when a default decision is sent to the agency.	102	61	99	171
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	134	101	110	79
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	156	128	167	38

## Court Reporters Board of California

The Court Reporters Board of California regulated 6,338 licensees in Fiscal Year 2018–19, with one license type — Certified Shorthand Reporter. Most complaints received by the board are investigated by the board’s own staff, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	3
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	4
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	3

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	85	91	22	3
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	0	0	0	0
(4) from the filing of an accusation to when a default decision is sent to the agency.	41	41	1	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	45	45	0	1
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	77	77	0	1

## Dental Board of California

The Dental Board of California regulated 191,146 licensees in Fiscal Year 2018–19, with 16 license types. Most complaints received by the board are investigated by the board’s own staff or investigators, some of whom are sworn investigators. They may also be referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	56
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	6
(4) accusation matters for which further investigation was received by the Attorney General.	3
(5) accusations filed.	59
(6) accusations withdrawn.	3
(7) accusation matters adjudicated by the Attorney General.	65

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	99	86	79	63
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	247	265	89	4
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	362	339	206	52
(4) from the filing of an accusation to when a default decision is sent to the agency.	190	170	196	7
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	204	189	110	26
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	266	193	162	3

## Dental Hygiene Board of California

The Dental Hygiene Board of California regulated 32,966 licensees in Fiscal Year 2018–19, with four license types. Most complaints received by the board are investigated by board staff: an enforcement analyst and a non-sworn special investigator. However, some complaints require assistance from Dental Board Investigators, who are sworn officers and have jurisdiction over a dental office. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	23
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	20
(6) accusations withdrawn.	2
(7) accusation matters adjudicated by the Attorney General.	20

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	76	59	76	19
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	122	73	106	11
(4) from the filing of an accusation to when a default decision is sent to the agency.	36	30	10	4
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	79	63	67	7
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	162	117	78	3



## Bureau of Household Goods and Services

The Bureau of Household Goods and Services regulated 44,588 licensees in Fiscal Year 2018–19 with 16 license types. Most complaints received by the bureau are investigated by the bureau's own investigators or staff, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

There were no accusation prosecution data for this agency in Fiscal Year 2019–20.

## Landscape Architects Technical Committee

The Landscape Architects Technical Committee regulated 3,868 licensees in Fiscal Year 2018–19, with one license type — Landscape Architect. Most complaints received by the committee are investigated by the committee’s own enforcement staff, and some are reviewed by the committee’s subject matter experts. When appropriate, complaints may be referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

There were no accusation prosecution data for this agency in Fiscal Year 2019–20.

## Licensed Midwives Program (Medical Board of California)

The Medical Board of California regulated 429 licensees in Fiscal Year 2018–19 for the Licensed Midwives Program, with one license type — Licensed Midwife. Complaints received by the Midwives Program are investigated by the Department of Consumer Affairs Division of Investigation, Health Quality Investigation Unit. There is no specific statute of limitations within which to file accusations for this program. However, because licensed midwives are within the jurisdiction of the Medical Board of California, accusations are filed within the same limitations period pertaining to the Medical Board, which is generally three years from the discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	3
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	3
(5) accusations filed.	4
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	1

Table 2 are based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	32	32	0	1
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	18	18	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	176	176	0	1
(4) from the filing of an accusation to when a default decision is sent to the agency.	0	0	0	0
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	31	31	0	1
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

## Medical Board of California

The Medical Board of California regulated 163,795 licenses, registrations, and permits of eight types in Fiscal Year 2018-19 (excluding Licensed Midwives, data for which is set forth on the preceding page). Data for Physicians and Surgeons, Research Psychoanalysts, and Polysomnographic Program are consolidated below. Complaints received by the board are investigated by its in-house Complaint Investigation Office or by the Department of Consumer Affairs Division of Investigation, Health Quality Investigation Unit. From July 1, 2018 to December 31, 2018, the board referred accusation matters completed in the Vertical Enforcement and Prosecution investigation model, pursuant to Government Code section 12529.6 (repealed January 1, 2019). The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation. Effective July 1, 2019, under specified circumstances, all licensees subject to an order of probation issued on or after July 1, 2019 must provide a probation disclosure to their patients or their patients' guardians or health care surrogates prior to their first visit.

The tables below show data for Fiscal Year 2019–20.

.Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	550
(2) accusation matters rejected for filing by the Attorney General.	77
(3) accusation matters for which further investigation was requested by the Attorney General.	62
(4) accusation matters for which further investigation was received by the Attorney General.	216
(5) accusations filed.	412
(6) accusations withdrawn.	14
(7) accusation matters adjudicated by the Attorney General.	337

## Medical Board of California (continued)

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	68	54	64	331
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	195	149	146	5
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	306	296	192	266
(4) from the filing of an accusation to when a default decision is sent to the agency.	122	79	103	20
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	154	88	176	110
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	221	200	137	35

## Naturopathic Medicine Committee

The Naturopathic Medicine Committee regulated 1,073 licensees in Fiscal Year 2018–19, with one type of license — Naturopathic Doctor. Complaints received by the committee are investigated by the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. The Committee did not refer any accusation matters in Fiscal Year 2019–20. There is no statute of limitations within which to file accusations for this agency. Effective July 1, 2019, all licensees subject to an order of probation issued on or after July 1, 2019 must provide a probation disclosure to their patients or their patients' guardians or health care surrogates prior to their first visit.

There were no accusation prosecution data for this agency in Fiscal Year 2019–20.

## California Board of Occupational Therapy

The Board of Occupational Therapy regulated 17,543 licensees in Fiscal Year 2018–19, with two license types. Most complaints received by the board are investigated by the board’s own investigators or staff, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	17
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	11
(6) accusations withdrawn.	2
(7) accusation matters adjudicated by the Attorney General.	16

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	142	146	73	12
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	246	246	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	297	287	148	5
(4) from the filing of an accusation to when a default decision is sent to the agency.	56	42	30	7
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	90	74	53	4
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	218	218	72	2

## California State Board of Optometry

The Board of Optometry includes the Dispensing Optician Committee. The board regulated 19,048 licensees in Fiscal Year 2018–19, with 12 types of licenses, including those for Optometrist and Registered Dispensing Optician. Most complaints received by the board are investigated by the board’s own staff, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. The board does not employ its own investigators. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	4
(2) accusation matters rejected for filing by the Attorney General.	1
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	1
(5) accusations filed.	11
(6) accusations withdrawn.	2
(7) accusation matters adjudicated by the Attorney General.	8

Table 2 are based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	134	128	85	8
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	138	138	54	2
(4) from the filing of an accusation to when a default decision is sent to the agency.	47	49	10	3
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	121	121	0	1
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	124	124	0	1



## Osteopathic Medical Board of California

The Osteopathic Medical Board of California regulated 11,120 licenses and registrations in Fiscal Year 2018–19, with one type of license — Osteopathic Physician and Surgeon. Complaints received by the board are investigated by the Department of Consumer Affairs Division of Investigation, Health Quality Investigation Unit. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation. Effective July 1, 2019, under specified circumstances, all licensees subject to an order of probation issued on or after July 1, 2019 must provide a probation disclosure to their patients or their patients’ guardians or health care surrogates prior to their first visit.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	12
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	3
(4) accusation matters for which further investigation was received by the Attorney General.	4
(5) accusations filed.	15
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	10

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	134	70	137	10
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	282	282	92	2
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	216	202	48	7
(4) from the filing of an accusation to when a default decision is sent to the agency.	77	77	0	1
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	201	201	58	2
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	112	112	0	1

## California State Board of Pharmacy

The Board of Pharmacy regulated 139,473 licensees in Fiscal Year 2018–19, with 28 license types. The board receives consumer complaints and routinely inspects pharmacies for compliance. Most complaints received by the board are investigated by the board’s own inspectors, who are licensed pharmacists themselves. There were multiple respondents in about 41 percent of the board’s accusation cases prosecuted by the Office of the Attorney General in Fiscal Year 2019–20. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	372
(2) accusation matters rejected for filing by the Attorney General.	9
(3) accusation matters for which further investigation was requested by the Attorney General.	24
(4) accusation matters for which further investigation was received by the Attorney General.	18
(5) accusations filed.	237
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	289

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	214	138	224	221
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	490	386	346	14
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	368	277	329	173
(4) from the filing of an accusation to when a default decision is sent to the agency.	117	61	135	80
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	154	106	136	60
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	146	124	152	21

## Physical Therapy Board of California

The Physical Therapy Board of California regulated 40,332 licensees in Fiscal Year 2018–19, with two license types — Physical Therapist and Physical Therapist Assistant. Complaints received by the board are investigated by the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	38
(2) accusation matters rejected for filing by the Attorney General.	3
(3) accusation matters for which further investigation was requested by the Attorney General.	5
(4) accusation matters for which further investigation was received by the Attorney General.	4
(5) accusations filed.	23
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	29

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	76	71	52	23
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	256	273	147	19
(4) from the filing of an accusation to when a default decision is sent to the agency.	78	78	32	2
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	250	329	123	10
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	120	120	0	1

## Physician Assistant Board

The Physician Assistant Board regulated 13,113 licensees in Fiscal Year 2018–19, with one license type — Physician Assistant. Complaints received by the board are investigated by the Department of Consumer Affairs Division of Investigation, Health Quality Investigation Unit. Until December 2019, the board followed the Medical Board of California’s limitations period, generally three years from discovery of the act or omission charged in the accusation. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	19
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	3
(4) accusation matters for which further investigation was received by the Attorney General.	15
(5) accusations filed.	19
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	29

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	69	38	100	25
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	318	318	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	378	286	363	23
(4) from the filing of an accusation to when a default decision is sent to the agency.	57	57	0	1
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	224	173	201	6
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	0	0	0	0

## Podiatric Medical Board

The Podiatric Medical Board regulated 2,554 licensees in Fiscal Year 2018–19 with three license types, including Doctor of Podiatric Medicine. Complaints received by the board are investigated by the Department of Consumer Affairs Division of Investigation, Health Quality Investigation Unit. The statute of limitations generally requires accusations to be filed within three years after the discovery of the act or omission charged in the accusation. Effective July 1, 2019, all licensees subject to an order of probation issued on or after July 1, 2019 must provide a probation disclosure to their patients or their patients’ guardians or health care surrogates prior to their first visit.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	9
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	2
(4) accusation matters for which further investigation was received by the Attorney General.	4
(5) accusations filed.	11
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	9

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	44	32	39	9
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	320	236	190	6
(4) from the filing of an accusation to when a default decision is sent to the agency.	0	0	0	0
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	57	48	32	5
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	192	203	53	3

## Bureau for Private Postsecondary Education

The Bureau for Private Postsecondary Education issues three types of approvals that authorize private postsecondary institutions to operate. It regulated 1,116 licensees in Fiscal Year 2018–19. The bureau does not employ investigators and most complaints are investigated by the board’s own staff or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	12
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	2
(5) accusations filed.	20
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	16

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	128	127	90	15
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	175	175	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	261	230	148	10
(4) from the filing of an accusation to when a default decision is sent to the agency.	92	44	93	4
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	119	111	72	6
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	162	162	0	1

## Board for Professional Engineers, Land Surveyors, and Geologists

The Board for Professional Engineers, Land Surveyors, and Geologists regulated 173,608 licensees in Fiscal Year 2018–19 with 28 license types. The board does not employ investigators and most complaints are investigated by the board’s own staff or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit, when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	36
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	2
(5) accusations filed.	28
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	27

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	181	137	197	27
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	355	158	293	3
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	290	255	154	18
(4) from the filing of an accusation to when a default decision is sent to the agency.	72	40	76	6
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	240	236	84	4
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	147	147	22	2

## Professional Fiduciaries Bureau

The Professional Fiduciaries Bureau regulated 756 licensees in Fiscal Year 2018–19, with one license type — Professional Fiduciary. Complaints received by the bureau are investigated by the bureau’s own staff, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	5
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	5
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	1

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	372	372	0	1
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	283	283	0	1
(4) from the filing of an accusation to when a default decision is sent to the agency.	0	0	0	0
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	0	0	0	0
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	0	0	0	0



## California Board of Psychology

The California Board of Psychology regulated 20,186 licensees in Fiscal Year 2018–19, with three license types — Psychologist, Psychological Assistant, and Registered Psychologist. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2019–20

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	55
(2) accusation matters rejected for filing by the Attorney General.	5
(3) accusation matters for which further investigation was requested by the Attorney General.	10
(4) accusation matters for which further investigation was received by the Attorney General.	9
(5) accusations filed.	46
(6) accusations withdrawn.	1
(7) accusation matters adjudicated by the Attorney General.	34

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	88	76	71	34
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	220	220	129	2
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	215	204	110	25
(4) from the filing of an accusation to when a default decision is sent to the agency.	89	90	51	4
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	99	58	107	9
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	313	274	197	4

## Bureau of Real Estate Appraisers

The Bureau of Real Estate Appraisers regulated 10,636 licensees in Fiscal Year 2018–19, with six license types. Most complaints received by the bureau involved violations of the Uniform Standards of Professional Appraisal Practice and are investigated by the bureau’s own staff of investigators who each hold a certified appraiser license. Federal law directs the resolution of administrative actions within one year after a complaint is filed with the bureau.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	14
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	0
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	10
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	10

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	46	39	36	10
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	131	127	76	5
(4) from the filing of an accusation to when a default decision is sent to the agency.	47	44	16	4
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	67	67	0	1
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	173	173	0	1

## Board of Registered Nursing

The Board of Registered Nursing regulated 559,824 licensees in Fiscal Year 2018–19, with 10 license types. Most complaints received by the board are investigated by the board’s own staff of investigators, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	855
(2) accusation matters rejected for filing by the Attorney General.	48
(3) accusation matters for which further investigation was requested by the Attorney General.	53
(4) accusation matters for which further investigation was received by the Attorney General.	48
(5) accusations filed.	930
(6) accusations withdrawn.	26
(7) accusation matters adjudicated by the Attorney General.	976

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	113	77	105	930
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	252	178	192	41
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	183	162	120	577
(4) from the filing of an accusation to when a default decision is sent to the agency.	53	37	54	261
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	109	91	78	214
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	181	147	155	92

## Respiratory Care Board of California

The Respiratory Care Board of California regulated 23,490 licensees in Fiscal Year 2018–19, with one license type — Respiratory Care Practitioner. Complaints received by the board are investigated by board staff. The statute of limitations to file an accusation is generally three years from discovery of the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	32
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	7
(5) accusations filed.	30
(6) accusations withdrawn.	2
(7) accusation matters adjudicated by the Attorney General.	30

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	71	52	51	29
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	166	167	52	2
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	159	176	57	16
(4) from the filing of an accusation to when a default decision is sent to the agency.	78	61	52	7
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	60	60	36	11
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	112	118	23	5

## Bureau of Security and Investigative Services

The Bureau of Security and Investigative Services regulated 416,485 licensees in Fiscal Year 2018–19 with 23 license types. Most complaints received by the bureau are investigated by the bureau’s own staff, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. About six percent of the bureau’s accusation cases prosecuted by the Office of the Attorney General in Fiscal Year 2019–20 had multiple respondents. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	16
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	1
(5) accusations filed.	23
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	21

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	109	87	81	19
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	91	91	13	2
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	226	281	109	9
(4) from the filing of an accusation to when a default decision is sent to the agency.	85	77	42	8
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	81	91	40	5
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	109	126	57	4

## Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board regulated 33,118 licensees in Fiscal Year 2018–19 with 11 license types, including Speech and Language Pathologist, Audiologist, Dispensing Audiologist, Speech Language Pathology Assistant, and Hearing Aid Dispenser. Complaints received by the board are investigated by the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. There is no generally applicable statute of limitations within which to file accusations for this agency, with the exception of certain kinds of violations for which an accusation must be filed within three or four years from the act or omission charged in the accusation.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	4
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	0
(5) accusations filed.	4
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	5

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	169	128	180	5
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	0	0	0	0
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	267	256	60	4
(4) from the filing of an accusation to when a default decision is sent to the agency.	63	63	0	1
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	44	44	2	2
(6) from the Attorney General's receipt of a hearing date to the commencement of a hearing.	0	0	0	0

## Structural Pest Control Board

The Structural Pest Control Board regulated 28,710 licensees in Fiscal Year 2018–19, with five license types. Most complaints received by the board are investigated by the board’s own staff of investigators, or are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There were multiple respondents in about seven percent of the board’s accusation cases prosecuted by the Office of the Attorney General in Fiscal Year 2019–20. The statute of limitations requires a complaint to be received by the board within two years from an alleged act or omission, and generally the accusation must be filed within 18 months after the board’s receipt of the complaint.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	69
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	1
(5) accusations filed.	52
(6) accusations withdrawn.	2
(7) accusation matters adjudicated by the Attorney General.	66

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	61	47	48	59
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	107	107	0	1
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	240	213	210	20
(4) from the filing of an accusation to when a default decision is sent to the agency.	110	57	133	35
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	200	107	226	15
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	129	145	44	7

## Veterinary Medical Board

The Veterinary Medical Board regulated 47,482 licensees in Fiscal Year 2018–19, with seven license types. The board receives consumer complaints and routinely inspects veterinary hospital premises for compliance. The board’s cases are investigated by the board’s own inspectors or other staff and, when appropriate, may also be referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. There were multiple respondents in about 21 percent of the board’s accusation cases prosecuted by the Office of the Attorney General in Fiscal Year 2019–20. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	21
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	1
(4) accusation matters for which further investigation was received by the Attorney General.	1
(5) accusations filed.	24
(6) accusations withdrawn.	2
(7) accusation matters adjudicated by the Attorney General.	29

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	187	178	106	22
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	228	243	70	3
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	296	288	174	20
(4) from the filing of an accusation to when a default decision is sent to the agency.	41	41	0	1
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	167	124	158	5
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	312	357	117	3



## Board of Vocational Nursing and Psychiatric Technicians

The Board of Vocational Nursing and Psychiatric Technicians regulated 135,528 licensees in Fiscal Year 2018–19 with two license types — Vocational Nurse and Psychiatric Technician. Most complaints received by the board are investigated by the board’s own staff or investigators, and are referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit when appropriate. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2019–20.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	250
(2) accusation matters rejected for filing by the Attorney General.	16
(3) accusation matters for which further investigation was requested by the Attorney General.	19
(4) accusation matters for which further investigation was received by the Attorney General.	15
(5) accusations filed.	259
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	268

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	93	71	86	263
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	230	197	171	19
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	218	212	148	108
(4) from the filing of an accusation to when a default decision is sent to the agency.	70	51	56	107
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	114	91	82	72
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	156	151	87	49

## CONCLUSION

Over time, this report will reveal trends and correlations that can be used to drive beneficial changes in business processes. The insights and value derived from these data will also provide the basis for the Office of the Attorney General to support the acquisition of additional resources and data tools as needed. We will endeavor to identify performance gaps as additional relevant data are generated and case delivery mechanisms are examined. We anticipate that this report will facilitate collaboration among the Office of the Attorney General, Office of Administrative Hearings, and Department of Consumer Affairs, all of which join in responsibility for protection of the public through efficiency in adjudicating accusation matters.

This Attorney General's Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies is also available on the Attorney General's website at:

<http://oag.ca.gov/publications>.

If you have any questions regarding this report, or if you would like additional information, please contact Sirat Attapit, Director of Legislative Affairs, at (916) 210-6192.

## APPENDIX

Business and Professions Code section 312.2 states:

- (a) The Attorney General shall submit a report to the department, the Governor, and the appropriate policy committees of the Legislature on or before January 1, 2018, and on or before January 1 of each subsequent year that includes, at a minimum, all of the following for the previous fiscal year for each constituent entity within the department represented by the Licensing Section and Health Quality Enforcement Section of the Office of the Attorney General:
  - (1) The number of accusation matters referred to the Attorney General.
  - (2) The number of accusation matters rejected for filing by the Attorney General.
  - (3) The number of accusation matters for which further investigation was requested by the Attorney General.
  - (4) The number of accusation matters for which further investigation was received by the Attorney General.
  - (5) The number of accusations filed by each constituent entity.
  - (6) The number of accusations a constituent entity withdraws.
  - (7) The number of accusation matters adjudicated by the Attorney General.
- (b) The Attorney General shall also report all of the following for accusation matters adjudicated within the previous fiscal year for each constituent entity of the department represented by the Licensing Section and Health Quality Enforcement Section:
  - (1) The average number of days from the Attorney General receiving an accusation referral to when an accusation is filed by the constituent entity.
  - (2) The average number of days to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received by the Attorney General from a constituent entity or the Division of Investigation.
  - (3) The average number of days from an agency filing an accusation to the Attorney General transmitting a stipulated settlement to the constituent entity.
  - (4) The average number of days from an agency filing an accusation to the Attorney General transmitting a default decision to the constituent entity.
  - (5) The average number of days from an agency filing an accusation to the Attorney General requesting a hearing date from the Office of Administrative Hearings.
  - (6) The average number of days from the Attorney General's receipt of a hearing date from the Office of Administrative Hearings to the commencement of a hearing.
- (c) A report to be submitted pursuant to subdivision (a) shall be submitted in compliance with Section 9795 of the Government Code.



## MEMORANDUM

<b>DATE</b>	January 26, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Pahoua Thao, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 7: Report on DCA Activities</b>

Background:

Mary Kate Cruz Jones, representative for the Department of Consumer Affairs, will provide a verbal report.

Action Requested:

No action requested.



## MEMORANDUM

<b>DATE</b>	February 10, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Karen M. Fischer, MPA – Executive Officer Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 8:</b> Update Regarding California Northstate University, College of Dental Medicine Accreditation by the Commission on Dental Accreditation (CODA)

Background:

Kevin M. Keating, DDS, MS is the Dean and Professor at California Northstate University (CNU), College of Dental Medicine (CDM) located in Elk Grove, California. CNU CDM will become California’s seventh dental school. Dr. Keating will provide the Board with an update on the school’s accreditation process with the CODA.

Dr. Keating attended Loyola University School of Dentistry in Chicago, Illinois where he received his Doctor of Dental Surgery (DDS). He went on to receive a Master of Science Degree in Biology at Marquette University School of Dentistry in Milwaukee, Wisconsin. He is board certified in Endodontics; and his Curriculum Vitae outlines his extensive education, teaching and clinical experience, and his long-standing participation in professional organizations.

Welcome Dr. Keating.

Action Requested:

No action requested.



# MEMORANDUM

<b>DATE</b>	February 9, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Steve Long, Budget and Contract Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 9: Budget Report</b>

Background:

### FY 2020-21 Expenditures

The State Dentistry Fund’s appropriation is consistent with the recently released 2021-22 Governor’s Budget. The expenditures in this report are based upon the budget report released by the Department of Consumer Affairs (DCA) in February 2021. This report reflects actual expenditures from July 1, 2020 to November 30, 2020. The Dental Board (Board) spent roughly \$5.9 million or 33% of its total Dentistry Fund appropriation for FY 2020-21. Of that amount, approximately \$3.2 million of the expenditures were for Personnel Services and \$2.7 million were for Operating Expense & Equipment (OE&E) for this time period.

FY 2020-21 Expenditures		
Fund Title	Appropriation	Total Expenditures July 1, 2020-November 30, 2020
Dentistry Fund	\$17,687,000	\$5,887,183

Expenditure Projection:

**Attachment 1** displays year-to-date expenditures for the State Dentistry Fund.

Analysis of Fund Condition:

**Attachment 1A** displays an analysis of the State Dentistry Fund’s condition.

Analysis of Fund Condition:

**Attachment 2** displays an analysis of the State Dental Assistant Fund’s condition.

## **General Fund Loan per control Section 3.92, Budget Act of 2020**

In May 2020, the governor tasked the state with achieving employee costs savings of approximately 10 percent in order to balance the state budget due to the impact of the COVID-19 recession. In July of 2020, the state reached agreements with several Bargaining Units to achieve cost savings by reducing employee pay by 9.23 percent in exchange for 16 hours of Personal Leave Program (PLP 2020) credits per month. The reduction in employee compensation amounts to a cost savings of \$984,000 for the Board in fiscal year 2020-21.

Control Section 3.92 of the Budget Act of 2020 allows the Director of Finance to transfer amounts equivalent to the employee compensation reductions achieved through Budget Letter 20-33 from each special fund as a loan to the General Fund. The \$984,000 in savings has been loaned from the State Dentistry Fund to the General Fund.

This loan is in addition to the \$5 million loan per the Budget Act of 2020. The Board has sufficient funds in reserve for economic uncertainties. The Director of Finance shall order the repayment of all or a portion of the loans if the director determines that either the fund has a need for the moneys or there is no longer a need for the moneys in the General Fund. The loans shall be repaid with interest.

### Action Requested:

No action requested.

Attachment 1

Department of Consumer Affairs

Expenditure Projection Report

Dental Board of California

Fiscal Month: 5

Fiscal Year: 2020 - 2021

**PERSONNEL SERVICES**

Fiscal Code and Line Item	PY Budget	PY FM13	CY Budget	YTD	Projections to Year End	Balance
5100 PERMANENT POSITIONS	\$6,239,000	\$4,450,743	\$5,928,000	\$1,973,670	\$4,970,367	\$957,633
5100 TEMPORARY POSITIONS	\$284,000	\$65,235	\$284,000	\$31,448	\$75,476	\$208,524
5105-5108 PER DIEM, OVERTIME, & LUMP SUM	\$130,000	\$74,746	\$130,000	\$27,498	\$56,000	\$74,000
5150 STAFF BENEFITS	\$3,770,000	\$2,935,111	\$3,367,000	\$1,163,672	\$2,931,000	\$436,000
5170 SALARY SAVINGS	\$0	\$1,166	\$0	\$0	\$0	\$0
<b>PERSONNEL SERVICES</b>	<b>\$10,423,000</b>	<b>\$7,527,001</b>	<b>\$9,709,000</b>	<b>\$3,196,289</b>	<b>\$8,032,843</b>	<b>\$1,676,157</b>

**OPERATING EXPENSES & EQUIPMENT**

Fiscal Code and Line Item	PY Budget	PY FM13	CY Budget	YTD	Projections to Year End	Balance
5301 GENERAL EXPENSE	\$167,000	\$153,433	\$172,000	\$53,203	\$155,027	\$16,973
5302 PRINTING	\$77,000	\$159,557	\$79,000	\$33,990	\$209,536	-\$130,536
5304 COMMUNICATIONS	\$47,000	\$35,388	\$49,000	\$12,298	\$33,980	\$15,020
5306 POSTAGE	\$71,000	\$505	\$72,000	\$275	\$660	\$71,340
5308 INSURANCE	\$2,000	\$8,452	\$2,000	\$0	\$2,834	-\$834
53202-204 IN STATE TRAVEL	\$156,000	\$110,292	\$159,000	\$2,193	\$5,264	\$153,736
53206-208 OUT OF STATE TRAVEL	\$0	\$1,496	\$0	\$0	\$0	\$0
5322 TRAINING	\$11,000	\$7,876	\$12,000	\$159	\$7,734	\$4,266
5324 FACILITIES	\$563,000	\$653,009	\$827,000	\$260,764	\$580,281	\$246,719
5326 UTILITIES	\$1,000	\$0	\$1,000	\$0	\$0	\$1,000
53402-53403 C/P SERVICES (INTERNAL)	\$2,555,000	\$1,412,180	\$2,564,000	\$531,854	\$1,873,583	\$690,417
53404-53405 C/P SERVICES (EXTERNAL)	\$914,000	\$1,027,038	\$869,000	\$220,140	\$1,058,964	-\$189,964
5342 DEPARTMENT PRORATA	\$3,213,000	\$3,122,317	\$2,956,000	\$1,528,000	\$2,956,000	\$0
5342 DEPARTMENTAL SERVICES	\$74,000	\$177,486	\$74,000	\$38,321	\$141,949	-\$67,949
5344 CONSOLIDATED DATA CENTERS	\$24,000	\$36,190	\$28,000	\$5,512	\$23,349	\$4,651
5346 INFORMATION TECHNOLOGY	\$32,000	\$1,010	\$32,000	\$0	\$0	\$32,000
5362-5368 EQUIPMENT	\$61,000	\$50,730	\$77,000	\$0	\$69,000	\$8,000
5390 OTHER ITEMS OF EXPENSE	\$5,000	\$43,546	\$5,000	\$4,186	\$10,045	-\$5,045
54 SPECIAL ITEMS OF EXPENSE	\$126,000	\$6,738	\$0	\$0	\$0	\$0
<b>OPERATING EXPENSES &amp; EQUIPMENT</b>	<b>\$8,099,000</b>	<b>\$7,007,244</b>	<b>\$7,978,000</b>	<b>\$2,690,895</b>	<b>\$7,128,206</b>	<b>\$849,794</b>

<b>OVERALL TOTALS</b>	<b>\$18,522,000</b>	<b>\$14,534,244</b>	<b>\$17,687,000</b>	<b>\$5,887,183</b>	<b>\$15,161,049</b>	<b>\$2,525,951</b>
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14.28%



## Attachment 1A

**State Dentistry Fund**  
**(Dollars in Thousands) Fund Condition based on FM05**

	<b>PY</b> <b>2019-20</b>	<b>CY</b> <b>2020-21</b>	<b>BY</b> <b>2021-22</b>
<b>BEGINNING BALANCE</b>	\$ 11,280	\$ 14,318	\$ 8,126
Prior Year Adjustment	\$ 111	\$ -	\$ -
Adjusted Beginning Balance	\$ 11,391	\$ 14,318	\$ 8,126
<b>REVENUES, TRANSFERS AND OTHER ADJUSTMENTS</b>			
Revenues			
4129200 - Other regulatory fees	\$173	\$195	\$197
4129400 - Other regulatory licenses and permits	\$2,495	\$2,826	\$2,827
4127400 - Renewal fees	\$13,119	\$14,774	\$14,848
4121200 - Delinquent fees	\$182	\$277	\$277
4143500 - Miscellaneous services to the public	\$12	\$48	\$48
4140000 - Sales of documents	\$0	\$0	\$0
4163000 - Income from surplus money investments	\$246	\$153	\$117
4150500 - Interest from interfund loans	\$0	\$0	\$0
4171400 - Escheat of unclaimed checks and warrants	\$15	\$15	\$15
4172500 - Miscellaneous revenues	\$2	\$2	\$2
4173500 - Settlements and Judgements	\$0	\$7	\$0
Totals, Revenues	\$16,244	\$18,297	\$18,331
General Fund Transfers and Other Adjustments	\$0	-\$5,984	\$0
<b>TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS</b>	\$16,244	\$12,313	\$18,331
<b>EXPENDITURES AND EXPENDITURE ADJUSTMENTS</b>			
Expenditures:			
1111 Program Expenditures (State Operations)	\$12,159	\$17,404	\$18,486
8880 Financial Information System for California (State Operations)	-\$2	\$0	
9892 Supplemental Pension Payments (State Operations)	\$318	\$318	\$318
9900 Statewide Pro Rata	\$842	\$783	\$1,149
<b>TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS</b>	\$13,317	\$18,505	\$19,953
<b>FUND BALANCE</b>			
Reserve for economic uncertainties	\$14,318	\$8,126	\$6,504
Months in Reserve	9.3	4.9	3.8

## Attachment 2

<b>State Dental Assistant Fund (Dollars in Thousands) Fund Condition based on FM05</b>	<b>PY 2019-20</b>	<b>CY 2020-21</b>	<b>BY 2021-22</b>
<b>BEGINNING BALANCE</b>	\$ 2,238	\$ 2,915	\$ 2,759
Prior Year Adjustment	\$ 20	\$ -	\$ -
Adjusted Beginning Balance	\$ 2,258	\$ 2,915	\$ 2,759
<b>REVENUES, TRANSFERS AND OTHER ADJUSTMENTS</b>			
Revenues			
4129200 - Other regulatory fees	\$31	\$0	\$0
4129400 - Other regulatory licenses and permits	\$506	\$0	\$0
4127400 - Renewal fees	\$1,834	\$0	\$0
4121200 - Delinquent fees	\$98	\$0	\$0
4143500 - Miscellaneous services to the public	\$11	\$0	\$0
4140000 - Sales of documents	\$0	\$0	\$0
4163000 - Income from surplus money investments	\$54	\$0	\$0
4150500 - Interest from interfund loans	\$0	\$0	\$0
4171400 - Escheat of unclaimed checks and warrants	\$1	\$0	\$0
4172500 - Miscellaneous revenues	\$1	\$0	\$0
4173500 - Settlements and Judgements	\$0	\$0	\$0
Totals, Revenues	\$2,536	\$0	\$0
General Fund Transfers and Other Adjustments	\$0	\$0	\$0
<b>TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS</b>	<b>\$2,536</b>	<b>\$0</b>	<b>\$0</b>
<b>EXPENDITURES AND EXPENDITURE ADJUSTMENTS</b>			
	<b>PY 2019-20</b>	<b>CY 2020-21</b>	<b>BY 2021-22</b>
Expenditures:			
1111 Program Expenditures (State Operations)	\$1,698	\$0	\$0
8880 Financial Information System for California (State Operations)	\$0	\$0	\$0
9892 Supplemental Pension Payments (State Operations)	\$33	\$33	\$33
9900 Statewide Pro Rata	\$148	\$123	\$0
<b>TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS</b>	<b>\$1,879</b>	<b>\$156</b>	<b>\$33</b>
<b>FUND BALANCE</b>			
Reserve for economic uncertainties	\$2,915	\$2,759	\$2,726



## MEMORANDUM

<b>DATE</b>	February 10, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Karen Fischer, Executive Officer Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 10:</b> Discussion and Possible Action On Extending Strategic Plan Through 2021

### Background:

Strategic planning is a process whereby an organization develops a roadmap for the future, typically looking out two years or more. When developing this roadmap, analyses of the organization and its environment as it currently exists combined with how it may develop in the future is important. The Dental Board of California's (Board's) current Strategic Plan (Plan) was updated in 2016 and provided a roadmap for four years.

The Board had intended to begin the process of updating its Plan in 2020. However, due to COVID-19 and the inability for members to meet in-person for workshops, this update has been delayed. The SOLID Planning Solutions team (SOLID) within the Department of Consumer Affairs will be assisting the Board with updating its current Plan when feasible. Board staff is optimistic that this process will begin in 2021.

Until the Board's Strategic Plan can be updated, I recommend that the Board consider extending the current Plan through 2021. The Board's current Plan addresses seven Goals: (1) Licensing and Examinations, (2) Consumer Protection and Enforcement, (3) Education, (4) Legislation and Regulation, (5) Communication and Customer Service, (6) Organizational Effectiveness, and (7) Dental Workforce. The Board's current Plan is provided for review. There is a note in red following each objective indicating the status of completion.

### Action Requested:

Extend the Board's Strategic Plan through 2021.



# **Strategic Plan**

## **2017-2020**

Adopted: December 1, 2016

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## MEMBERS OF THE DENTAL BOARD OF CALIFORNIA

---

Steven Morrow, DDS, MS, President

Judith Forsythe, RDA, Vice President

Steven Afriat, Secretary

Fran Burton, MSW

Steven D. Chan, DDS

Yvette Chappell-Ingram

Katie Dawson, BS, RDHAP

Kathleen King

Ross Lai, DDS

Huong Le, DDS, MA

Meredith McKenzie, ESQ.

Thomas Stewart, DDS

Bruce L. Witcher, DDS

Debra Woo, DDS, MA

Edmund G. Brown, Jr., Governor

Alexis Podesta, Acting Secretary, Business Consumer Services and Housing Agency

Awet Kidane, Director, Department of Consumer Affairs

Karen Fischer, MPA, Executive Officer, Dental Board of California

## MESSAGE FROM THE PRESIDENT

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It is with a strong sense of pride that I present the Dental Board's Strategic Plan (Plan) for 2017 – 2020. This Plan is a result of the combined efforts of members of the Dental Board, and Board staff. The process was very professionally facilitated by members of the Department of Consumer Affairs SOLID Unit.

This Strategic Plan is best viewed as a “road map” to guide the Board as it moves forward to better achieve its mission, vision, and values. It is also an important tool to ensure that the Board, its staff, and other interested and committed stakeholders are working together to accomplish common goals and outcomes, as identified in the Plan. This Strategic Plan also identifies the actions needed to achieve the Board's goals and provides for strategic performance feedback needed for decision making that will enable the plan to evolve and grow as requirements and other circumstances change.

The members of the Dental Board, individually and collectively, are dedicated to the legislative mandate that protection of the public shall be its highest priority. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public will always be paramount.

Steven G. Morrow, DDS, MS  
Dental Board of California President  
2016

## ABOUT THE BOARD

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The Dental Board of California licenses and regulates dentists, registered dental assistants, and registered dental assistants in extended functions. The Board assures the initial and continued competence of its licensees through licensure, investigation of complaints against its licensees, and discipline of those found in violation of the Dental Practice Act (Business and Professions Code Sections 1600 et seq.), monitoring licensees whose licenses have been placed on probation, and managing the Diversion Program for licensees whose practice may be impaired due to abuse of dangerous drugs or alcohol.

The Board's objective is to protect and promote the health and safety of consumers in the State of California. To accomplish this objective, the Board must ensure that only those persons possessing the necessary education, examination and experience qualifications receive licenses; all licentiates obtain the required continuing dental education training; consumers are informed of their rights and how complaints may be directed to the Board; consumer complaints against licentiates are promptly, thoroughly and fairly investigated; and appropriate action is taken against licentiates whose care or behavior is outside of acceptable standards.

The composition of the Board is defined in Business & Professions Code Section 1603 to be fifteen (15) members and includes eight dentists, one licensed Registered Dental Hygienist and one licensed Registered Dental Assistant, all appointed by the Governor; and five public members, three appointed by the Governor, one by the Speaker of the Assembly and one by the Senate President ProTempore. The Board appoints the Executive Officer who oversees a staff of 70. In 2012, the Dental Assisting Council was established as a result of the Board's 2011 Sunset Review (Senate Bill 540, Chapter 385, Statutes of 2011) The Council is comprised of seven members: the Registered Dental Assistant member of the Board, another member of the Board, and five Registered Dental Assistants.



## RECENT ACCOMPLISHMENTS

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- Appointed a New Executive Officer
- Hired a New Assistant Executive Officer
- Hired a New Enforcement Chief
- The Governor appointed six new Board members and reappointed three members
- Appointed members to the Dental Assisting Council
- Completed the “Development and Validation of a Portfolio Examination for Initial Dental Licensure” report with the assistance of an outside contractor.
- Promulgated a regulation to implement the requirements of its Portfolio examination as a new pathway to dental licensure in California.
- Promulgated a rule-making to require an Administrative Law Judge (ALJ) to order revocation of a license when issuing a proposed decision that contains any findings of fact that: (1) a license engaged in any act of sexual contact with a patient, client, or customer; or, (2) the licensee has been convicted of or committed a sex offense. This proposal would prohibit the proposed decision issued by the ALJ under such circumstances from containing an order staying the revocation of the license or placing the licensee on probation.
- Revised the Orthodontic Assistant Permit Examination
- Conducted an Occupational Analysis of the Registered Dental Assistant profession
- Conducted an Occupational Analysis of the Registered Dental Assistant in Extended Functions profession
- The Enforcement Program’s ongoing efforts to address unlicensed activity resulted in five search warrants, four felony arrests for unlicensed dentistry, and 17 criminal filings.
- Provided educational presentations of the Board’s licensing and enforcement roles to graduating dental students at six California dental schools.
- Updated and published the Dental Practice Act in 2012-2016.
- Successfully completed the Board’s Sunset Review Report and participated in the Legislative Oversight Process to extend the Board’s operating authority until January 1, 2020.
- Successfully transitioned to a new computer system BreEZe
- Conducted a fee audit
- Sponsored legislation to establish the fees for initial dental licensure and biennial renewal of dental licensure at \$525 beginning January 1, 2015.
- Updated and adopted the Board Policy and Procedure Manual

# STRATEGIC GOALS

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**1** *LICENSING AND EXAMINATIONS*

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**2** *CONSUMER PROTECTION AND ENFORCEMENT*

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**3** *EDUCATION*

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**4** *LEGISLATION AND REGULATION*

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**5** *COMMUNICATION AND CUSTOMER SERVICE*

---

**6** *ORGANIZATIONAL EFFECTIVENESS*

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**7** *DENTAL WORKFORCE*

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# Dental Board of California Mission, Vision, and Values

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## Mission

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*The Dental Board of California's mission is to protect and promote the oral health and safety of California consumers by ensuring the quality of dental health care within the State.*

## Vision

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*The Dental Board of California will be a recognized leader in public protection, promotion of oral health, and access to quality care.*

## Values

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*Consumer Protection  
Professionalism  
Accountability  
Efficiency  
Fairness  
Diversity*

# GOAL 1: LICENSING AND EXAMINATIONS

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*Provide a licensing process that permits applicants timely access to the workforce without compromising consumer protection. Administer fair, valid, timely, comprehensive, and relevant licensing examinations.*

- 1.1 Develop and maintain communication with Western Regional Examining Board (WREB) and other regional testing agencies to sustain the integrity of the examination process. (Completed/Ongoing)
- 1.2 Improve the Board's online license and permit renewal system to enhance convenience and effectiveness resulting in timely processing. (Completed/Ongoing)
- 1.3 Promote the national movement to a curriculum integrated exam concept and gain further recognition of California's portfolio licensure pathway in other states. (Not complete)
- 1.4 Support dental schools' utilization of the portfolio licensure pathway. (Not complete)
- 1.5 Continue to review and improve the Registered Dental Assisting licensure pathway including communication with stakeholders and possible modification to the existing practical exam. (Completed – Eliminated the RDA Practical Exam/Ongoing)

## **GOAL 2: CONSUMER PROTECTION AND ENFORCEMENT**

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*Ensure the Board's enforcement and diversion programs provide timely and equitable consumer protection.*

- 2.1 Research the feasibility of an anesthesia data collection plan in order to provide high quality and quantity data for future anesthesia regulations. (Not complete)
- 2.2 Research the feasibility of implementing in-house stipulations to expedite resolution, reduce costs and safeguard consumer protection. (Completed/Not feasible)
- 2.3 Enhance training for subject matter experts in order to provide a more effective representation during the investigative and disciplinary process. (In Process/Not complete)
- 2.4 Contract with a vendor to audit and provide recommendations to improve the enforcement program's workload efficiency and effectiveness. (In Process/Not complete)
- 2.5 Explore the possibility of increasing per diem compensation for expert witnesses so that the Board can recruit the most qualified professionals. (Not complete)
- 2.6 Explore the feasibility of establishing a probationary unit to improve the effectiveness of probation monitoring and relieve investigator case workload. (In Process/Not complete)

## GOAL 3: EDUCATION

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*Set standards to ensure high quality educational services and programs, particularly in relation to international dental schools, registered dental assisting programs and continuing education for licensees.*

- 3.1 Regularly update dental school educational standards consistent with Commission on Dental Accreditation standards to ensure consistency in the approval of foreign dental schools whose education is equivalent to that of the United States. (Completed/AB 1519)
- 3.2 Evaluate and improve the continuing education audit process to determine effectiveness. (Completed/Ongoing)
- 3.3 Recruit subject matter experts for the dental assisting program, including course curriculum review and site visits, to ensure compliance with the Board's educational regulations. (Not complete)
- 3.4 Explore the feasibility of augmenting the continuing education program by regulating that providers administer a competency requisite to raise the standard of continuing education. (Not complete)

## GOAL 4: LEGISLATION AND REGULATION

---

*Advocate legislation and promulgate regulations that advance the vision and mission of the Dental Board of California.*

- 4.1 Communicate with licensees and staff regarding updates to statutes and regulations to improve and maintain stakeholder awareness in a timely manner. (Completed/Ongoing)
- 4.2 Identify and prioritize emerging issues that may be suitable for legislative proposals to stay current with professional standards while maintaining public protection. (Ongoing)
- 4.3 Review and revise, if necessary, laws and regulations to ensure they align with current standard of care and emerging practices. (Ongoing)
- 4.4 Train analytical staff regarding regulatory process and then assign regulations in need of revision to each to reduce regulatory backlog. (Not complete)

## GOAL 5: COMMUNICATION AND CUSTOMER SERVICE

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*Provide the most current information and quality customer service to the Board's stakeholders.*

- 5.1 Improve, update and redesign the Dental Board website to increase user friendliness, minimize frustration, educate stakeholders and result in the creation of a cost effective communication system. **(Completed/Ongoing)**
- 5.2 Continually evaluate and monitor improvements to Versa Online BreEZe in order to maximize ease of use for applicants, licensees and consumers and consequently improve processing times and consumer protection. **(Completed/Ongoing)**
- 5.3 Identify communication weaknesses and implement necessary changes to increase customer satisfaction, eliminate repeat callers, and re-establish trust with staff. **(In Process/Ongoing)**
- 5.4 Research and evaluate various communication methods (print, website, and social media) and make determination on which method effectively communicates with licensees and consumers best. **(Ongoing)**
- 5.5 Develop consumer centered forms in different languages that comply with the American Disability Act in order to be more inclusive. **(Not complete)**
- 5.6 Develop video tutorials to educate applicants, licensees and consumers regarding the application, licensing, BreEZe, complaint, and enforcement processes. **(Not complete)**



## GOAL 6: ORGANIZATIONAL EFFECTIVENESS

---

*Build an excellent organization, with engaged employees, through effective leadership and responsible management.*

- 6.1 Establish, execute and continually evaluate the workforce engagement plan to improve morale and maintain partnership between management and staff. (Not complete)
- 6.2 Assess and streamline the process for prioritization of workload to improve efficiency. (In Process/Ongoing)
- 6.3 Establish staff training in dental terminology and internal processes so staff have a basic understanding of dental terms and processes. (Not complete)

## GOAL 7: DENTAL WORKFORCE

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*Maintain awareness of the changes and challenges within the Dental community and serve as a resource to the Dental workforce.*

- 7.1 Advertise the availability of the loan repayment program to increase access to care in underserved areas. (Completed)
- 7.2 Strengthen the relationship with California Dental Director to facilitate a needs assessment and improve access to care for vulnerable populations. (Ongoing)
- 7.3 Develop and implement program to translate the data obtained from the workforce survey required at renewal to determine licensing trends and identify gaps with regards to access to care. (Not complete)
- 7.4 Support the virtual dental home model to increase access to oral health care for the most vulnerable populations. (Not complete)
- 7.5 Develop outreach to underserved communities regarding free clinics and communicate about free health care events to support access to care for underserved communities. (Not complete)

## Strategic Planning Process

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To understand the environment in which the Board operates and identify factors that could impact the Board's success, the California Department of Consumer Affairs' SOLID unit conducted an environmental scan of the internal and external environments by collecting information through the following methods:

- ◆ Interviews conducted with 14 Board and Council members completed during the months of July and August 2016.
- ◆ Three focus groups with DBC staff, on August 9, 10, and 17, 2016 to identify the strengths and weaknesses of DBC from an internal perspective. There were 51 participants.
- ◆ One focus group with BCE managers on August 11, 2016 to identify the strengths and weaknesses of DBC from an internal perspective. Five managers participated.
- ◆ Online surveys (qualitative and quantitative) sent to DBC stakeholders in August 2016 to identify the strengths and weaknesses of DBC from an external perspective. 381 completed the surveys. The below table shows how stakeholders identified themselves in the online survey.

The most significant themes and trends identified from the environmental scan were discussed by the Board and management team during a strategic planning session facilitated by SOLID on October 13 and 14, 2016. This information guided the Board in the development of its mission, vision, and values, while directing the strategic goals and objectives outlined in this 2017 – 2020 strategic plan.

## **DENTAL BOARD OF CALIFORNIA**

2005 EVERGREEN STREET, SUITE 1550

SACRAMENTO, CA 95815

916-263-2300

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Prepared by:



Department of Consumer Affairs  
1747 N. Market Blvd., Suite 270  
Sacramento, CA 95834

*This strategic plan is based on stakeholder information and discussions facilitated by SOLID for the Dental Board of California in September and October 2016. Subsequent amendments may have been made after Board approval of this plan.*



## MEMORANDUM

<b>DATE</b>	January 15, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Pahoua Thao, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 11: Dental Assisting Council Meeting Report</b>

Background:

The Vice Chair of the Dental Assisting Council (Council) will provide a verbal report to the Board regarding the Council's February 25, 2021 meeting.

Action Requested:

The Board may take action to accept or reject the report.



# MEMORANDUM

<b>DATE</b>	February 10, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Carlos Alvarez, Enforcement Chief
<b>SUBJECT</b>	<b>Agenda Item 12: Enforcement – Review of Statistics and Trends</b>

The following are the Enforcement Division statistics:

**Complaint & Compliance Unit:**

**Number of Complaints Received between October 1, 2020 and December 31, 2020: 1016**

Between October 1, 2020 and December 31, 2020, CCU received 1016 complaints. The monthly average of complaints received was **339**.

**Number of Complaint Cases Open as of December 31, 2020: 713**

A total of 713 complaint cases are open in CCU as of December 31, 2020. A breakdown of case aging for complaints currently open in the Complaint and Compliance Unit are as follows:

Complaint Age	Complaints & Compliance Cases Open	
	# As of December 31, 2020	Percent (%)
0 – 3 Months	551	77%
3 – 6 Months	121	17%
6 – 12 Months	39	5%
1+ Years	2	<1%
<b>Total</b>	<b>713</b>	<b>100%</b>

**Number of Complaints Closed between October 1, 2020 and December 31, 2020: 579**

A total of 579 complaint cases were closed in CCU as of December 31, 2020. The monthly average of complaints closed was **190** during this time period.

**Cases at Investigation:**

**Number of SAR Cases Open as of December 31, 2020: 347**

A total of 347 SAR cases are open in IAU as of December 31, 2020. A breakdown of case aging for SAR cases currently open are as follows:

<b>Complaint Age</b>	<b>SAR Cases Open</b>	
	<b># As of December 31, 2020</b>	<b>Percent (%)</b>
0 – 3 Months	73	8%
3 – 6 Months	28	16%
6 – 12 Months	92	34%
1 – 2 Years	131	37%
2+ Years	23	5%
<b>Total</b>	<b>347</b>	<b>100%</b>

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

**Number of Investigative Cases Open with Non-Sworn in the Investigational Analysis Unit (IAU) as of December 31, 2020: 434**

A total of 434 investigative cases are open with Non-Sworn investigators in IAU as of December 31, 2020. A breakdown of case aging for investigative cases currently open in the IAU is as follows:

<b>Investigation Age</b>	<b>Investigative Analysis Unit Cases Open</b>	
	<b># As of December 31, 2020</b>	<b>Percent (%)</b>
0 – 3 Months	4	1%
3 – 6 Months	38	9%
6 – 12 Months	58	13%
1 – 2 Years	226	52%
2 – 3 Years	105	24%
3+ Years	3	1%
<b>Total</b>	<b>434</b>	<b>100%</b>

**Number of Investigative Cases Open with Sworn in the Sacramento Enforcement Unit (SEU) as of December 31, 2020: 189**

A total of 189 investigative cases are open with Sworn investigators in the SEU as of December 31, 2020. A breakdown of case aging for investigative cases currently open with Sworn at the SEU is as follows:

Investigation Age	Sworn Cases Open at Sacramento Field Office	
	# As of December 31, 2020	Percent (%)
0 – 3 Months	26	14%
3 – 6 Months	34	18%
6 – 12 Months	42	22%
1 – 2 Years	60	32%
2 – 3 Years	23	12%
3+ Years	4	2%
<b>Total</b>	<b>189</b>	<b>100%</b>

**Number of Investigative Cases Open with Sworn at the Orange Enforcement Unit (OEU) as of December 31, 2020: 356**

A total of 356 investigative cases are open with Sworn investigators in the OEU as of December 31, 2020. A breakdown of case aging for investigative cases currently open with Sworn at OEU is as follows:

Investigation Age	Sworn Cases Open at Orange Field Office	
	# As of December 31, 2020	Percent (%)
0 – 3 Months	35	10%
3 – 6 Months	48	13%
6 – 12 Months	83	23%
1 – 2 Years	139	39%
2 – 3 Years	43	12%
3+ Years	10	3%
<b>Total</b>	<b>356</b>	<b>100%</b>



**Number of Investigative Cases Open with Non-Sworn at OEU as of December 31, 2020: 61**

A total of 61 investigative cases are open with the Non-Sworn investigators in the OEU as of December 31, 2020. A breakdown of case aging for investigative cases currently open with Non-Sworn at OEU is as follows:

Investigation Age	Non-Sworn Cases Open at Orange Field Office	
	# As of December 31, 2020	Percent (%)
0 – 3 Months	2	3%
3 – 6 Months	5	8%
6 – 12 Months	11	18%
1 – 2 Years	39	64%
2 – 3 Years	4	7%
3+ Years	0	0%
<b>Total</b>	<b>61</b>	<b>100%</b>

**Number of Investigation Cases Closed Between October 31, 2020 and December 31, 2020: 324**

There were 324 total investigation cases closed in the Investigative Analysis Unit and the Sacramento and Orange Field Offices.

**Number of Inspection Cases Open in the Sacramento and Orange Field Offices as of December 31, 2020: 34 inspections (Sacramento) and 86 inspections (Orange)**

\*Inspectors are prohibited from going into the field

**Administrative and Disciplinary Action:**

A total of **6** citations were issued between October 1, 2020 and December 31, 2020.

A total of **18** accusations were filed with the Office of the Attorney General between October 1, 2020 and December 31, 2020.

A total of **33** cases were transmitted to the Office of the Attorney General between October 1, 2020 and December 31, 2020.

A total of **115** cases are pending at the Office of the Attorney General as of December 31, 2020.

Total number of probationers with the Board is **180**. There are 156 active probationers and 24 probationers tolling, as follows:

- Sacramento Enforcement Office: 26 active probationers, 17 probationers tolling
- Orange Enforcement Office: 97 active probationers, 4 probationers tolling
- Investigative Analysis Unit: 33 active probationers, 3 probationers tolling

Agenda Item 12: Enforcement – Review of Statistics and Trends  
Dental Board of California Meeting  
February 26, 2021



## MEMORANDUM

<b>DATE</b>	February 1, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Bernal Vaba, Chief of Regulatory Compliance and Discipline Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 13(a):</b> Diversion Program Report and Statistics

Background:

The Diversion Evaluation Committee (DEC) program statistics for month ending December 31, 2020, are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for informational purposes only.

These statistics were derived from reports received from MAXIMUS.

Diversion	FY 2020/2021							FY 19/20	FY 18/19
	Quarter 1			Quarter 2			YTD Totals		
	Jul	Aug	Sep	Oct	Nov	Dec			
New Participants	0	0	0	0	1	0	1	1	6
Total Participants (Close of Qtr/FY)	9	9	9	8	8	8	8	9	14
<i>Self-Referral</i>	3	3	3	3	4	4	4	3	4
<i>Enforcement Referral</i>	2	2	2	2	1	1	1	5	4
<i>Probation Referral</i>	4	4	4	3	3	3	3	7	11
Total Completed Cases	0	0	1	1	0	0	2	6	4
<i>Successful Completions</i>	0	0	0	1	0	0	1	3	2
<i>Terminations</i>	0	0	1	0	0	0	1	3	2
<i>Terminations for Public Threat</i>	0	0	0	0	0	0	0	0	0
Drug Tests Ordered	41	37	34	37	31	30	210	498	727
Positive Drug Tests	0	0	0	0	0	0	0	0	0

Of the eight (8) current participants, there are four (4) self-referrals, three (3) probation referrals, and one (1) enforcement referral.

Action Requested:

Agenda Item 13(a): Diversion Program Report and Statistics  
 Dental Board of California Meeting  
 February 26, 2021



## MEMORANDUM

<b>DATE</b>	January 21, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Carlos Alvarez, Chief of Enforcement Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 13(b):</b> Controlled Substance Utilization Review and Evaluation Systems (CURES) Report

### Background:

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

The Dental Board of California currently has 34,921 active licensed dentists.

The Drug Enforcement Administration has 24,633 California dentists licensed to prescribe.

### **Current Status:**

The CURES registration statistics for the Dental Board of California are:

November 2018: 14,229 Registered DDS/DMD  
 February 2019: 14,856 Registered DDS/DMD  
 June 2019: 15,156 Registered DDS/DMD  
 August 2019: 15,320 Registered DDS/DMD  
 September 2019: 15,385 Registered DDS/DMD  
 October 2019: 15,471 Registered DDS/DMD  
 November 2019: 15,539 Registered DDS/DMD

December 2019:	15,575	Registered DDS/DMD
January 2020	15,614	Registered DDS/DMD
February 2020:	15,660	Registered DDS/DMD
March 2020:	15,714	Registered DDS/DMD
April 2020:	15,767	Registered DDS/DMD
May 2020:	15,812	Registered DDS/ DMD
June 2020	15,839	Registered DDS/DMD
July 2020	15,874	Registered DDS/DMD
August 2020	15,905	Registered DDS/DMD
September 2020	15,949	Registered DDS/DMD
October 2020	15,999	Registered DDS/DMD
November 2020	16,062	Registered DDS/DMD
December 2020	16,129	Registered DDS/DMD

CURES usage as of December 2020:

**Number of searches:**

January:	6,052
February:	5,905
March:	4,289
April:	2,204
May:	4,135
June	2,296
July	5,961
August	5,617
September	9,678
October	13,529 (Combined with individual searches and Information Exchange Web Service)
November	14,712
December	14,376

**Times system was accessed:**

January:	6,254
February:	4,148
March:	3,486
April:	2,645
May:	3,128
June	2,645
July	4,136
August	3,657
September	3,621
October	3,545
November	3,438
December	3,511

**Times Help desk was requested:**

January: 147  
February: 111  
March: 98  
April: 89  
May: 98  
June 89  
July 85  
August 160  
September 133  
October 107  
November 110  
December 112

**Number of Prescriptions filled by Schedule:**

	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
Schedule II	1,380,798	1,294,722	1,330,830
Schedule III	253,173	226,913	248,903
Schedule IV	1,325,770	1,176,049	1,296,453
Schedule V	37,904	35,410	61,073
R	11,201	10,004	10,232
Over Counter product	67,061	57,709	64,987

R: Not classified under controlled substance act; includes all other prescriptions drugs.

Action Requested:

# Registration Statistics

October – December 2020

	October 2020	November 2020	December 2020
<b>Clinical Roles</b>			
Prescribers	173,720	174,396	174,985
Pharmacists	46,802	47,063	47,237
<b>Clinical Roles</b>	<b>220,522</b>	<b>221,459</b>	<b>222,222</b>
<b>License Type</b>			
Doctor of Dental Surgery/Dental Medicine	15,999	16,062	16,129
Doctor of Optometry	687	688	688
Doctor of Podiatric Medicine	1,532	1,538	1,543
Doctor of Veterinary Medicine	3,271	3,290	3,308
Medical Doctor	114,038	114,354	114,603
Naturopathic Doctor	406	410	414
Osteopathic Doctor	7,920	7,967	8,000
Physician Assistant	11,235	11,317	11,406
Registered Nurse Practitioner/Nurse Midwife	17,979	18,112	18,230
(Out of State) Prescribers	653	658	664
Pharmacists	46,187	46,440	46,609
(Out of State) Pharmacists	615	623	628
<b>Breakdown by license type</b>	<b>220,522</b>	<b>221,459</b>	<b>222,222</b>
<b>Other Roles</b>			
LEAs	1,529	1,538	1,543
Delegates	3,063	3,012	2,944
DOJ Admin	23	23	23
DOJ Analyst	79	80	81
Regulatory Board	180	183	185
<b>Other Roles</b>	<b>4,874</b>	<b>4,836</b>	<b>4,776</b>
<b>Total Registered Users</b>	<b>225,396</b>	<b>226,295</b>	<b>226,998</b>

Clinical Roles = Breakdown by license type

Clinical Roles + Other Roles = Total Registered Users

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

# Search Statistics

October 2020

	Web Application	IEWS	Totals
<b>Clinical Roles</b>			
Prescribers	1,017,466	2,306,580	3,324,046
Pharmacists	946,189	7,888	954,077
<b>Clinical Roles</b>	<b>1,963,655</b>	<b>2,314,468</b>	<b>4,278,123</b>
<b>License Type</b>			
Doctor of Dental Surgery/Dental Medicine	5,124	8,405	13,529
Doctor of Optometry	0	1,576	1,576
Doctor of Podiatric Medicine	4,136	12,395	16,531
Doctor of Veterinary Medicine	126	0	126
Medical Doctor	628,683	1,847,045	2,475,728
Naturopathic Doctor	753	0	753
Osteopathic Doctor	94,905	203,819	298,724
Physician Assistant	115,360	96,231	211,591
Registered Nurse Practitioner/Nurse Midwife	165,722	133,028	298,750
(Out of State) Prescribers	2,657	4,081	6,738
Pharmacists	941,512	7,888	949,400
(Out of State) Pharmacists	4,677	0	4,677
<b>License Type</b>	<b>1,963,655</b>	<b>2,314,468</b>	<b>4,278,123</b>
<b>Other Roles</b>			
LEAs	147	0	147
DOJ Administrators	31	0	31
DOJ Analysts	192	0	192
Regulatory Board	1,372	0	1,372
<b>Other Roles</b>	<b>1,742</b>	<b>0</b>	<b>1,742</b>
<b>Total Search Counts</b>			<b>4,279,865</b>
Delegate Initiated Searches	26,419	0	26,419

Note:

Search Counts is defined as searches performed in the system without generating the report.

Clinical Roles = License Type

Total Search Count = Clinical Roles + Other Roles



# Search Statistics

November 2020

	Web Application	IEWS	Totals
<b>Clinical Roles</b>			
Prescribers	928,226	3,686,369	4,614,595
Pharmacists	887,658	317,050	1,204,708
<b>Clinical Roles</b>	<b>1,815,884</b>	<b>4,003,419</b>	<b>5,819,303</b>
<b>License Type</b>			
Doctor of Dental Surgery/Dental Medicine	4,574	10,138	14,712
Doctor of Optometry	1	2,484	2,485
Doctor of Podiatric Medicine	4,425	31,383	35,808
Doctor of Veterinary Medicine	55	0	55
Medical Doctor	572,516	2,919,461	3,491,977
Naturopathic Doctor	586	4	590
Osteopathic Doctor	85,863	307,314	393,177
Physician Assistant	106,511	170,749	277,260
Registered Nurse Practitioner/Nurse Midwife	151,012	239,916	390,928
(Out of State) Prescribers	2,683	4,920	7,603
Pharmacists	881,759	317,050	1,198,809
(Out of State) Pharmacists	5,899	0	5,899
<b>License Type</b>	<b>1,815,884</b>	<b>4,003,419</b>	<b>5,819,303</b>
<b>Other Roles</b>			
LEAs	134	0	134
DOJ Administrators	129	0	129
DOJ Analysts	69	0	69
Regulatory Board	1,937	0	1,937
<b>Other Roles</b>	<b>2,269</b>	<b>0</b>	<b>2,269</b>
<b>Total Search Counts</b>			<b>5,821,572</b>
Delegate Initiated Searches	22,079	0	22,079

Note:

Search Counts is defined as searches performed in the system without generating the report.

Clinical Roles = License Type

Total Search Count = Clinical Roles + Other Roles



# Search Statistics

December 2020

		Web Application	IEWS	Totals
<b>Clinical Roles</b>				
	Prescribers	976,195	4,516,409	5,492,604
	Pharmacists	942,048	2,440,916	3,382,964
	<b>Clinical Roles</b>	<b>1,918,243</b>	<b>6,957,325</b>	<b>8,875,568</b>
<b>License Type</b>				
	Doctor of Dental Surgery/Dental Medicine	4,357	10,019	14,376
	Doctor of Optometry	1	2,464	2,465
	Doctor of Podiatric Medicine	4,414	37,684	42,098
	Doctor of Veterinary Medicine	55	0	55
	Medical Doctor	597,233	3,563,497	4,160,730
	Naturopathic Doctor	681	3	684
	Osteopathic Doctor	88,840	393,956	482,796
	Physician Assistant	117,120	210,906	328,026
	Registered Nurse Practitioner/Nurse Midwife	160,685	291,556	452,241
	(Out of State) Prescribers	2,809	6,324	9,133
	Pharmacists	935,826	2,440,915	3,376,741
	(Out of State) Pharmacists	6,222	1	6,223
	<b>License Type</b>	<b>1,918,243</b>	<b>6,957,325</b>	<b>8,875,568</b>
<b>Other Roles</b>				
	LEAs	73	0	73
	DOJ Administrators	139	0	139
	DOJ Analysts	197	0	197
	Regulatory Board	1,370	0	1,370
	<b>Other Roles</b>	<b>1,779</b>	<b>0</b>	<b>1,779</b>
<b>Total Search Counts</b>				<b>8,877,347</b>
Delegate Initiated Searches		22,264	0	<b>22,264</b>

Note:

Search Counts is defined as searches performed in the system without generating the report.

Clinical Roles = License Type

Total Search Count = Clinical Roles + Other Roles



# Times System was Accessed

October – December 2020

		October 2020	November 2020	December 2020
<b>Clinical Roles</b>				
	Prescribers	511,012	460,998	482,345
	Pharmacists	401,432	375,183	392,686
	<b>Clinical Roles</b>	<b>912,444</b>	<b>836,181</b>	<b>875,031</b>
<b>License Type</b>				
	Doctor of Dental Surgery/Dental Medicine	3,545	3,438	3,511
	Doctor of Optometry	18	44	32
	Doctor of Podiatric Medicine	1,446	1,391	1,229
	Doctor of Veterinary Medicine	195	202	234
	Medical Doctor	332,656	298,826	312,483
	Naturopathic Doctor	388	339	399
	Osteopathic Doctor	45,253	41,558	43,541
	Physician Assistant	51,622	46,041	48,057
	Registered Nurse Practitioner/Nurse Midwife	74,462	67,683	71,342
	(Out of State) Prescribers	1,427	1,476	1,517
	Pharmacists	398,848	372,367	389,607
	(Out of State) Pharmacists	2,584	2,816	3,079
	<b>License Type</b>	<b>912,444</b>	<b>836,181</b>	<b>875,031</b>
<b>Other Roles</b>				
	LEAs	335	313	313
	Delegates	10,098	8,749	9,061
	DOJ Administrators	127	149	147
	DOJ Analysts	950	786	816
	Regulatory Board	372	292	365
	<b>Other Roles</b>	<b>11,882</b>	<b>10,289</b>	<b>10,702</b>
<b>Total Times System was Accessed</b>		<b>924,326</b>	<b>846,470</b>	<b>885,733</b>

Clinical Roles = License Type

Total Times = Clinical Roles + Other Roles



# Help Desk Statistics

October – December 2020

		October 2020	November 2020	December 2020
<b>Total Emails [Note: Email requests are not included in the breakdown below]</b>		1,609	1,448	1,395
<b>Clinical Roles</b>				
Prescribers		2,766	2,245	2,316
Pharmacists		706	658	701
	<b>Clinical Roles</b>	<b>3,472</b>	<b>2,903</b>	<b>3,017</b>
<b>License Type</b>				
Doctor of Dental Surgery/Dental Medicine		107	110	112
Doctor of Optometry		2	3	1
Doctor of Podiatric Medicine		14	16	13
Doctor of Veterinary Medicine		23	41	27
Medical Doctor		1,822	1,450	1,533
Naturopathic Doctor		6	6	15
Osteopathic Doctor		123	119	118
Physician Assistant		211	149	174
Registered Nurse Practitioner/Nurse Midwife		458	351	323
Pharmacists		706	658	701
(Out of State) Pharmacists		0	0	0
	<b>License Type</b>	<b>3,472</b>	<b>2,903</b>	<b>3,017</b>
<b>Other Roles</b>				
LEAs		184	187	139
Delegates		79	78	78
DOJ Administrators		0	0	0
DOJ Analysts		0	0	0
Regulatory Board		36	26	26
	<b>Other Roles</b>	<b>299</b>	<b>291</b>	<b>243</b>
<b>Total Phone Calls</b>		<b>3,771</b>	<b>3,194</b>	<b>3,260</b>

Clinical Roles = License Type

Total Calls = Clinical Roles + Other Roles



# Prescriptions Filled by Schedule

October – December 2020

	October	November	December
<b>Number of Distinct Prescriptions</b>	<b>3,074,845</b>	<b>2,754,660</b>	
Schedule II	1,380,798	1,249,722	1,330,830
Schedule III	253,173	226,913	248,903
Schedule IV	1,325,770	1,176,049	1,296,453
Schedule V	37,904	35,410	61,073
R	11,201	10,004	10,232
Over-the-counter product	67,061	57,709	64,987
<b>TOTAL</b>	<b>3,075,907</b>	<b>2,755,807</b>	<b>3,012,478</b>

**NOTE:**

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



## MEMORANDUM

<b>DATE</b>	January 22, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Carlos Alvarez, Chief of Enforcement Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 13(c):</b> Update on Assembly Bill (AB) 528 (Low, Chapter 677, Statutes of 2019) Controlled Substances: CURES Database – New Reporting Requirements for Dispensed Controlled Substances

### Background:

(1) Existing law classifies certain controlled substances into Schedules I to V, inclusive; and 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. The law also requires a dispensing pharmacy, clinic, or other dispenser to report specified information to the department as soon as reasonably possible, but no more than 7 days after a controlled substance is dispensed.

This bill, on and after January 1, 2021, would require a dispensing pharmacy, clinic, or other dispenser to instead report the information required by the CURES database no more than one working day after a controlled substance is released to a patient or a patient's representative, except as specified. The bill would similarly require the dispensing of a controlled substance included on Schedule V to be reported to the department using the CURES database. The bill would make conforming changes to related provisions.

(2) Existing law requires a health care practitioner authorized to prescribe, order, administer, furnish, or dispense controlled substances included on Schedule II, Schedule III, or Schedule IV, and a pharmacist upon licensure, to submit an application to obtain approval to electronically access information in the CURES database.

This bill, on and after a specified date, would permit a licensed physician and surgeon who does not hold a DEA registration to submit an application to obtain approval to electronically access information in the CURES database.

Agenda Item 13(c): Update on AB 528 (Low, Chapter 677, Statutes of 2019) Controlled Substances: CURES Database – New Reporting Requirements for Dispensed Controlled Substances  
 Dental Board of California Meeting  
 February 26, 2021

(3) Existing law requires an authorized health care practitioner to consult the CURES database to review a patient's controlled substance history before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time and at least once every 4 months thereafter if the controlled substance remains part of the treatment of the patient.

This bill, on and after a specified date, would instead require the authorized health care practitioner to consult the CURES database to review the patient's controlled substance history at least once every 6 months after the first time the substance is prescribed and the prescriber renews the prescription, except as specified. The bill would also establish a review and documentation requirement, as set forth, for a health care practitioner who receives the CURES database information from another authorized user, as specified.

(4) Existing law requires the Department of Justice and other specified entities to identify necessary procedures to enable licensed health care practitioners and pharmacists with access to the CURES database to delegate their authority to order reports from the CURES database. This bill would instead require those entities to identify necessary procedures to enable those practitioners with access to the CURES database to delegate their authority to access reports from the CURES database.

In order to ensure that dentists licensed by the Dental Board of California (Board) were apprised of the new requirements that would be taking effect on January 1, 2021, the Board posted the following alerts on its website:

- Assembly Bill (AB) 528 (Low, Chapter 677, Statutes of 2019) introduced new requirements for the reporting of dispensed controlled substances to the Controlled Substance Utilization Review and Evaluation System (CURES) by a dispensing pharmacy, clinic, or other dispenser. The Department of Justice (DOJ) maintains CURES.

**Beginning January 1, 2021**, the following requirements took effect:

1. A dispensing pharmacy, clinic, or other dispenser must report the information required by Health and Safety Code (HSC) section 11165(d) to the CURES database no more than **one working day** after a controlled substance is released to the patient or the patient's representative, except as specified. However, pursuant to HSC section 11165(i), added by AB 528, veterinarians must report the information required by subdivision (d) to the CURES database as soon as reasonably possible, but not more than seven days after the date a controlled substance is dispensed.

The CURES database will reflect updated dispensation information within 24 - 72 hours from the time a dispenser reports the information.

2. A dispensing pharmacy, clinic, or other dispenser must report the information required by HSC section 11165(d) to the CURES database for **Schedule V** dispensed controlled substances (in addition to Schedules II, III, and IV).

**ADDED AN ALERT IN THE BOARD'S CURES PRESCRIBING AND REPORTING RULES ALERT TAB (Posted December 29, 2020)**

- **ALERT - EFFECTIVE JANUARY 1, 2021 - Revised Reporting Requirements for Controlled Substances** – starting January 1, 2021, the dispensing of a controlled substance must be reported to the Controlled Substance Utilization Review and Evaluation System (CURES) within one working day after the medication is released to the patient or the patient's representative. Previously, the deadline to report was seven days after dispensing. Further, this law requires reporting of Schedule V drugs, in addition to Schedules II, III, and IV. This requirement applies to pharmacists and prescribers who dispense controlled substances. For more information, please refer to the [AB 528 Joint Statement](#).
- Posted AB 528 notice: New Requirements for Reporting Dispensed Control Substances (Posted on December 29, 2020)
- In addition, an E-Blast was sent out to all Dental Board licensees (Sent on 12/31/2020)

Action Requested:

None



## MEMORANDUM

<b>DATE</b>	January 21, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Carlos Alvarez, Chief of Enforcement Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 13(d):</b> Update on AB 149 (Cooper, Chapter 4, Statutes of 2019) Controlled Substances: Prescriptions – New Requirement for Controlled Substances Prescription Forms

### Background:

Existing law classifies certain controlled substances into designated schedules and requires prescription forms for controlled substance prescriptions to be obtained from security printers approved by the Department of Justice as specified. Existing law requires those prescription forms be printed with specified features, including a uniquely serialized number to be utilizable as a barcode that may be scanned by dispensers.

Assembly Bill 149 would additionally make any prescription written on a prescription form that was otherwise valid prior to January 1, 2019, but that does not include a uniquely serialized number, or any prescription written on a form approved by the Department of Justice as of January 1, 2019, a valid prescription that may be filled, compounded, or dispensed until January 1, 2021.

In order to ensure that dentists licensed by the Dental Board of California (Board) were apprised of the new requirements that would be taking effective on January 1, 2021, the Board posted the following alerts on its website:

- DCA News Release AB 149 (Posted on December 16, 2020)

**NEW YEAR MEANS NEW REQUIREMENTS FOR PAPER PRESCRIPTION FORMS**  
*Barcode, serial number required for controlled substances prescription paper forms*

SACRAMENTO – The new year means new requirements for prescription painkillers, narcotics, sedatives, and other controlled substance prescriptions that are written on paper prescription forms. Consumers handing a noncompliant paper prescription form to their pharmacist will find they must first return to their prescriber for a newly compliant form before the pharmacist will fill the prescription.

Agenda Item 13(d): Update on AB 149 (Cooper, Chapter 4, Statutes of 2019) Controlled Substances: Prescriptions – New Requirement for Controlled Substances Prescription Forms  
 Dental Board of California Meeting  
 February 26, 2021

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Starting on January 1, 2021, the only California controlled substance prescription forms that will remain valid and acceptable by pharmacies will be those possessing a 12-character serial number and a corresponding barcode, compliant with the requirements introduced in a new state law, AB 149 (Cooper, Statutes of 2019).

The requirements do not affect prescriptions that are electronically transmitted from the prescriber to the pharmacy, or prescriptions for non-controlled substances such as antibiotics. Pharmacies have been accepting either the new or old form since the beginning of this year, but time is running out for prescribers to make the switch to the new form. The Department of Consumer Affairs is urging consumers to contact their health care providers if they are in possession of a prescription form that does not have a 12-character serial number and barcode. Although there are a few narrow exceptions,

pharmacists will not be permitted to fill any new or refill prescriptions submitted on the old noncompliant form beginning January 1.

- RE: AB 149 - NEW REQUIREMENTS FOR CONTROLLED SUBSTANCES PRESCRIPTION FORMS (Posted on December 22, 2020)

Assembly Bill (AB) 149 (Cooper, Chapter 4, Statutes of 2019) introduced new security requirements on California controlled substances prescription forms. Specifically, AB 149 imposed new format requirements on the serial number and added a barcode requirement. A transition period was included within AB 149 to support an orderly shift by prescribers to the new forms. This notice is to serve as a reminder of that transition period and the preparations that should be taken as we approach the end of the transition period (December 31, 2020).

**Beginning January 1, 2021, the only California controlled substances prescription forms that will remain valid and acceptable by pharmacies will be those possessing a twelve (12) character serial number and corresponding barcode compliant with the requirements introduced in AB 149.**

As such, the following controlled substances prescription forms will **NO LONGER** be valid and accepted by pharmacies after December 31, 2020:

- Forms valid prior to January 1, 2019, but which do not contain a uniquely serialized number in compliance with Health and Safety Code section 11162.1(a)(15).
- Forms approved by the Department of Justice as of January 1, 2019 when a fifteen (15) character serialized number format was approved by the Department of Justice.

Please keep in mind, however, there are certain limited exceptions to the requirement that a prescription form comply with the security features of Health & Safety Code section 11162.1, including the new requirements of AB 149.

As part of the transition, no later than January 1, 2020, California-approved security printers were required to exclusively print the twelve (12) character serial number and corresponding barcode on all California controlled substances prescription forms.

As such, only these approved forms are available for purchase. The length of time it may take for orders to be processed and delivered cannot be predicted, especially if the volume of orders increases as the end of the transition period approaches. Therefore, we recommend those who prescribe controlled substances, and who have not acquired forms compliant with AB 149 (as described above), order them as soon as possible.

For more information, please see the Approved List of Security Prescription Printers (<https://oag.ca.gov/security-printers/approved-list>), and the Department of Justice's California Security Printer Program webpage (<https://oag.ca.gov/security-printers>).

- **Added the following alerts in the Board's CURES Prescribing and Reporting Rules Alert tab** (Posted on December 22, 2020)

**Consumer Alert: New Controlled Substance Prescription Form Requirements Begin January 1, 2021** with Department of Consumer Affairs You Tube video.

Starting on January 1, 2021, the only controlled substance prescription forms that will remain valid and acceptable by California pharmacies will be those possessing a 12-character serial number and a corresponding barcode, compliant with the requirements introduced in a new state law, AB 149. Pharmacists will not be permitted to fill any new or refill prescriptions submitted on the old noncompliant form beginning January 1. The requirements do not affect prescriptions that are electronically transmitted from the prescriber to the pharmacy, or prescriptions for non-controlled substances such as antibiotics. If you have questions about whether your controlled substance paper prescription form is compliant, talk to your prescriber.

- Posted AB 149 notice: New Requirements for Controlled Substance Prescription Forms.
- Posted AB 149 notice: New Requirements for Controlled Substance Prescription Forms (DOJ)
- DCA News Release- AB 149
- Notice: Are your Prescriptions forms complaint?
- In addition, an E-Blast was sent out to all Dental Board licensees (December 22, 2020)

Action Requested:

None



## MEMORANDUM

<b>DATE</b>	January 15, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Pahoua Thao, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 14(a):</b> Western Regional Examination Board (WREB) Report

Background:

Dr. Mark Christensen, Assistant Director of Dental Examinations for the WREB, will be available to provide a verbal update of the WREB examination.

Action Requested:

No action requested.



## MEMORANDUM

<b>DATE</b>	January 15, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Pahoua Thao, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 14(b):</b> American Board of Dental Examiners (ADEX) Report

Background:

Dr. William Pappas and Dr. Guy Champagne, ADEX representatives, will be available to provide a verbal update of the ADEX examination.

Action Requested:

No action requested.



# MEMORANDUM

<b>DATE</b>	January 27, 2020
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Mirela Taran, Licensing Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 15(a):</b> Review of Dental Licensure and Permit Statistics

## Dental License Application Statistics

Following are monthly dental license application statistics by pathway for fiscal year 2018/19, 2019/20, and 2020/21 as of December 30, 2020.

Dental Applications Received by Month													
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 20/21	140	156	99	66	29	20	-	-	-	-	-	-	490
WREB 19/20	110	61	24	25	55	132	30	11	18	35	103	185	789
WREB 18/19	134	64	32	30	32	33	41	30	31	71	142	278	918
Residency 20/21	42	15	8	5	2	2	-	-	-	-	-	-	74
Residency 19/20	64	8	7	4	3	10	11	6	8	11	13	33	178
Residency 18/19	55	15	7	5	5	4	4	3	7	11	10	20	146
Credential 20/21	15	19	22	27	16	16	-	-	-	-	-	-	115
Credential 19/20	16	9	6	21	14	15	16	18	22	21	20	28	206
Credential 18/19	22	17	18	16	14	8	18	13	23	13	13	22	197
Portfolio 20/21	0	0	0	0	0	0	-	-	-	-	-	-	0
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 18/19	3	0	0	0	0	0	0	0	0	0	0	0	3
ADEX 20/21	22	28	9	16	4	5	-	-	-	-	-	-	84
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	1	17	19
ADEX 18/19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Dental Applications Approved by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 20/21	135	199	140	100	37	61	-	-	-	-	-	-	672
WREB 19/20	250	121	52	32	32	156	32	8	11	5	8	46	753
WREB 18/19	208	120	71	38	31	36	39	25	19	31	55	163	836

Agenda Item 15(a): Review of Dental Licensure and Permit Statistics  
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Residency 20/21	25	49	16	8	5	4	-	-	-	-	-	-	107
Residency 19/20	46	35	11	8	4	9	4	5	4	1	1	9	137
Residency 18/19	39	48	8	3	5	4	5	4	5	1	8	6	136
Credential 20/21	9	25	25	20	16	14	-	-	-	-	-	-	109
Credential 19/20	16	13	11	10	7	18	13	10	14	14	12	13	151
Credential 18/19	21	19	17	12	9	16	10	12	15	10	20	13	174
Portfolio 20/21	0	0	0	0	0	0	-	-	-	-	-	-	0
Portfolio 19/20	3	1	0	0	0	0	0	0	0	0	0	0	4
Portfolio 18/19	4	1	0	0	0	0	0	0	0	0	0	0	5
ADEX 20/21	2	24	17	19	10	6	-	-	-	-	-	-	78
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	1	0	1
ADEX 18/19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Dental Licenses Issued by Month**

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 20/21	133	190	140	90	41	59	-	-	-	-	-	-	653
WREB 19/20	246	123	52	40	31	140	39	20	12	8	13	45	769
WREB 18/19	16	12	68	5	4	13	40	33	19	28	51	155	444
Residency 20/21	27	49	16	9	6	3	-	-	-	-	-	-	110
Residency 19/20	42	39	9	8	3	5	9	2	5	0	2	9	133
Residency 18/19	9	9	10	1	0	1	8	5	6	2	8	5	64
Credential 20/21	9	22	24	22	19	11	-	-	-	-	-	-	107
Credential 19/20	15	15	11	12	7	13	16	8	11	12	17	16	153
Credential 18/19	0	0	12	0	1	0	18	13	15	11	17	14	101
Portfolio 20/21	0	0	0	0	0	0	-	-	-	-	-	-	0
Portfolio 19/20	3	1	0	0	0	0	0	0	0	0	0	0	4
Portfolio 18/19	0	0	2	0	0	0	0	0	0	0	0	0	2
ADEX 20/21	2	25	17	17	10	5	-	-	-	-	-	-	76
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	1	0	1
ADEX 18/19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Cancelled Dental Applications by Month**

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 20/21	38	31	3	2	2	0	-	-	-	-	-	-	76
WREB 19/20	23	6	1	2	2	129	4	5	1	6	22	41	242
WREB 18/19	16	12	68	5	4	13	3	2	6	5	12	7	153
Residency 20/21	8	0	0	0	2	0	-	-	-	-	-	-	10
Residency 19/20	12	3	1	1	0	17	3	1	1	4	3	5	51
Residency 18/19	9	9	10	1	0	1	0	0	0	1	0	1	32
Credential 20/21	0	2	1	1	0	0	-	-	-	-	-	-	4
Credential 19/20	1	1	2	0	0	4	1	0	0	0	0	0	9

Credential 18/19	0	0	12	0	1	0	0	2	0	0	2	0	17
Portfolio 20/21	0	0	0	0	0	0	-	-	-	-	-	-	0
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 18/19	0	0	2	0	0	0	0	0	0	0	0	0	2
ADEX 20/21	8	2	0	0	0	0	-	-	-	-	-	-	10
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	1	2	3
ADEX 18/19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Withdrawn Dental Applications by Month</b>													
	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Totals</b>
WREB 20/21	8	17	30	20	8	6	-	-	-	-	-	-	89
WREB 19/20	4	1	3	0	2	35	0	2	0	0	1	2	50
WREB 18/19	22	1	7	1	0	1	2	1	3	4	0	4	46
Residency 20/21	1	4	2	3	2	0	-	-	-	-	-	-	12
Residency 19/20	1	0	0	0	0	9	0	0	1	0	1	0	12
Residency 18/19	8	2	2	0	1	1	0	0	1	0	1	0	14
Credential 20/21	1	4	2	3	0	0	-	-	-	-	-	-	10
Credential 19/20	1	1	0	0	1	1	0	0	0	0	0	0	4
Credential 18/19	0	1	0	0	0	1	1	0	0	0	1	2	6
Portfolio 20/21	0	0	0	0	0	0	-	-	-	-	-	-	0
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 18/19	0	0	0	0	0	0	0	0	0	0	0	0	0
ADEX 20/21	2	4	5	2	0	1	-	-	-	-	-	-	14
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ADEX 18/19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Denied Dental Applications by Month</b>													
	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Totals</b>
WREB 20/21	1	0	0	0	0	0	-	-	-	-	-	-	1
WREB 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
WREB 18/19	0	0	0	0	0	0	0	0	1	0	0	0	1
Residency 20/21	0	0	0	0	0	0	-	-	-	-	-	-	0
Residency 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Residency 18/19	0	0	0	0	0	0	0	0	0	0	0	0	0
Credential 20/21	2	0	0	1	0	0	-	-	-	-	-	-	3
Credential 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Credential 18/19	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 20/21	0	0	0	0	0	0	-	-	-	-	-	-	0
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 18/19	0	0	0	0	0	0	0	0	0	0	0	0	0
ADEX 20/21	N/A	N/A	N/A	N/A	N/A	N/A	-	-	-	-	-	-	N/A

ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ADEX 18/19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Application Definitions	
<b>Received</b>	Application submitted in physical form or digitally through Breeze system.
<b>Approved</b>	Application for eligibility of licensure processed with all required documentation.
<b>License Issued</b>	Application processed with required documentation and paid prorated fee for initial license.
<b>Cancelled</b>	Board requests staff to remove application (i.e. duplicate).
<b>Withdrawn</b>	Applicant requests Board to remove application
<b>Denied</b>	Applicant fails to provide requirements for licensure (BPC 1635.5)

### Dental Law and Ethics Written Examination Statistics

License Type		DDS			
Exam Title		Dental Law and Ethics Examination			
Licensure Pathway		WREB	LBR	PORT	ADEX
2018/19	# of 1 <sup>st</sup> Time Candidates	806	135	4	N/A
	Pass %	89.33%	94.07%	100.00%	N/A
2019/20	# of 1 <sup>st</sup> Time Candidates	698	105	N/A	5
	Pass %	94.13%	95.24%	N/A	100.00%
2020/21	# of 1 <sup>st</sup> Time Candidates	510	67	N/A	77
	Pass %	94.31%	97.01%	N/A	93.51%
<b>Date of Last Occupational Analysis:</b> 2018					
<b>Name of Developer:</b> Office of Professional Examination Services					
<b>Target OA Date:</b> 2025					



## Dental License and Permits Statistics

The following table provides statistics on dental licenses issued by pathway to licensure by fiscal year 2018/19, 2019/20, and 2020/21 as of December 31, 2020.

Dental Licenses Issued via Pathway	Total Issued in 18/19	Total Issued in 19/20	Total Issued in 20/21	Total Issued to Date	Date Pathway Implemented
WREB Exam	747	769	790	13,036	January 1, 2006
Licensure by Residency	124	133	137	2,551	January 1, 2007
Licensure by Credential	120	153	187	4,275	July 1, 2002
(LBC Clinic Contract)	10	9	10	85	July 1, 2002
(LBC Faculty Contract)	7	5	5	43	July 1, 2002
Portfolio	2	4	0	84	November 5, 2014
ADEX	N/A	1	77	139	November 15, 2019
<b>Total</b>	<b>1,010</b>	<b>1,060</b>	<b>1,191</b>	<b>20, 085</b>	

The following table provides dental license and permit status statistics for fiscal year 2018/2019, 2019/2020, and 2020/2021 as of December 31, 2020.

License Type	License Status	FY 18/19	FY 19/20	FY 20/21
Dental License	Active	34,921	34,586	34,921
	Inactive	1,826	1,784	1,780
	Retired/Reduced Fee	1,682	1,274	1,320
	Disabled	108	106	106
	Delinquent	5,405	5,445	5,507
	Cancelled	16,756	17,602	18,181
License Type	License Status	FY 18/19	FY 19/20	FY 20/21
Additional Office Permit	Active	2,527	2,717	2,690
	Delinquent	870	890	970
	Cancelled	6,667	6,926	7,039
License Type	License Status	FY 18/19	FY 19/20	FY 20/21
Conscious Sedation	Active	531	535	532
	Delinquent	41	38	40
	Cancelled	515	552	570
License Type	License Status	FY 18/19	FY 19/20	FY 20/21

Continuing Education Registered Provider Permit	Active	945	901	881
	Delinquent	803	810	749
	Cancelled	2,059	2,185	2,285
<b>License Type</b>	<b>License Status</b>	<b>FY 18/19</b>	<b>FY 19/20</b>	<b>FY 20/21</b>
Elective Facial Cosmetic Surgery Permit	Active	29	29	31
	Delinquent	4	5	5
	Cancelled	1	1	1
<b>License Type</b>	<b>License Status</b>	<b>FY 18/19</b>	<b>FY 19/20</b>	<b>FY 20/21</b>
Extramural Facility Registration*	Active	182	186	187
	Delinquent	N/A	N/A	N/A
	Cancelled	N/A	N/A	N/A
<b>License Type</b>	<b>License Status</b>	<b>FY 18/19</b>	<b>FY 19/20</b>	<b>FY 20/21</b>
Fictitious Name Permit	Active	6,790	7,099	7,172
	Delinquent	1,695	1,706	1,766
	Cancelled	6,343	6,802	7,047
<b>License Type</b>	<b>License Status</b>	<b>FY 18/19</b>	<b>FY 19/20</b>	<b>FY 20/21</b>
General Anesthesia Permit	Active	881	897	914
	Delinquent	31	22	21
	Cancelled	973	1,008	1,026
<b>License Type</b>	<b>License Status</b>	<b>FY 18/19</b>	<b>FY 19/20</b>	<b>FY 20/21</b>
Mobile Dental Clinic Permit	Active	40	45	39
	Delinquent	47	43	47
	Cancelled	43	52	62
<b>License Type</b>	<b>License Status</b>	<b>FY 18/19</b>	<b>FY 19/20</b>	<b>FY 20/21</b>
Medical General Anesthesia	Active	86	111	134
	Delinquent	29	27	26
	Cancelled	189	203	206
<b>License Type</b>	<b>License Status</b>	<b>FY 18/19</b>	<b>FY 19/20</b>	<b>FY 20/21</b>
Oral Conscious Sedation Certification (Adult Only 1,206; Adult & Minors 1,222)	Active	2,420	2,402	2,428
	Delinquent	661	647	636
	Cancelled	804	930	1,016
<b>License Type</b>	<b>License Status</b>	<b>FY 18/19</b>	<b>FY 19/20</b>	<b>FY 20/21</b>
Oral and Maxillofacial Surgery Permit	Active	92	96	98
	Delinquent	5	4	4
	Cancelled	21	22	22
<b>License Type</b>	<b>License Status</b>	<b>FY 18/19</b>	<b>FY 19/20</b>	<b>FY 20/21</b>
Referral Service Registration*	Active	156	157	159
	Delinquent	N/A	N/A	N/A
	Cancelled	N/A	N/A	N/A
<b>License Type</b>	<b>License Status</b>	<b>FY 18/19</b>	<b>FY 19/20</b>	<b>FY 20/21</b>
Special Permit	Active	40	37	37
	Delinquent	11	9	9
	Cancelled	175	184	185

Agenda Item 15(a): Review of Dental Licensure and Permit Statistics  
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<b>Status Definitions</b>	
<b>Current</b>	Current and can practice without restrictions ( <i>BPC §1625</i> )
<b>Inactive</b>	Current but cannot practice, continuing education not required ( <i>CCR §1017.2</i> )
<b>Retired/Reduced Fee</b>	Current, has practiced over 20 years, eligible for Social Security and can practice with restrictions ( <i>BPC §1716.1a</i> )
<b>Disabled</b>	Current with disability but cannot practice ( <i>BPC §1716.1b</i> )
<b>Renewal in Progress</b>	Renewal fee paid with deficiency ( <i>CCR §1017</i> )
<b>Delinquent</b>	Renewal fee not paid within one month after expiration date ( <i>BPC §163.5</i> )
<b>Cancelled</b>	Renewal fee not paid 5 years after its expiration and may not be renewed ( <i>BPC §1718.3a</i> ) Total number of licenses / permits cancelled to date.
<b>Out of State</b>	License / Permit holder has reported an Address of Record which is located out of State.
<b>Out of Country</b>	License / Permit holder has reported an Address of Record which is located out of Country.



The following table provides statistics on population (Pop.), current & active dental licenses by County, and population (Pop.) per dental license by County in 2018, 2019, and 2020 as of December 31, 2020.

County	DDS per County in 2018/19	Pop. in 2018/19	Pop. per DDS in 2018/19	DDS per County in 2019/20	Pop. in 2019/20	Pop. per DDS in 2019/20	DDS per County in 2020/21	Pop. in 2020/21	Pop. per DDS in 2020/21
Alameda	1,460	1,645,359	1,126	1,458	1,645,359	1,128	1,500	1,670,834	1,113
Alpine	1	1,151	1,151	1	1,151	1,151	1	1,142	1,142
Amador	21	38,382	1,827	22	38,382	1,744	23	37,676	1,638
Butte	141	226,404	1,605	141	226,404	1,605	128	210,291	1,642
Calaveras	16	45,168	2,823	16	45,168	2,823	19	45,023	2,369
Colusa	5	22,043	4,408	5	22,043	4,408	6	21,902	3,650
Contra Costa	1,100	1,139,513	1,035	1,093	1,139,513	1,042	1,123	1,153,561	1,027
Del Norte	13	27,124	2,086	11	27,124	2,465	15	27,298	1,819
Del Norte	157	185,062	1,178	161	185,062	1,149	159	193,227	1,215
Fresno	601	995,975	1,657	597	995,975	1,668	620	1,023,358	1,650
Glenn	12	28,731	2,394	9	28,731	3,192	10	29,400	2,940
Humboldt	71	136,953	1,928	69	136,953	1,984	63	133,302	2,115
Imperial	36	188,334	5,231	39	188,334	4,829	39	188,777	4,840
Inyo	12	18,619	1,551	12	18,619	1,551	9	18,584	2,064
Kern	332	895,112	2,696	336	895,112	2,664	353	917,553	2,599
Kings	67	149,537	2,231	64	149,537	2,336	68	153,608	2,258
Lake	43	64,945	1,510	46	64,945	1,411	45	64,040	1,423
Lassen	22	30,918	1,405	24	30,918	1,288	24	28,833	1,201
Los Angeles	8,382	10,241,278	1,221	8,342	10,241,278	1,227	8,436	10,172,951	1,205
Madera	53	156,492	2,952	53	156,492	2,952	45	158,147	3,514
Marin	313	263,604	842	312	263,604	844	302	260,831	863
Mariposa	8	18,148	2,268	7	18,148	2,592	7	18,067	2,581
Mendocino	56	89,134	1,591	56	89,134	1,591	55	87,946	1,599
Merced	90	274,665	3,051	90	274,665	3,051	93	283,521	3,048
Modoc	4	9,580	2,395	4	9,580	2,395	4	9,570	2,392

County	DDS per County in 2018/19	Pop. in 2018/19	Pop. per DDS in 2018/19	DDS per County in 2019/20	Pop. in 2019/20	Pop. per DDS in 2019/20	DDS per County in 2020/21	Pop. in 2020/21	Pop. per DDS in 2020/21
Mono	5	13,713	2,742	3	13,713	4,571	3	13,464	4,488
Monterey	266	442,365	1,663	268	442,365	1,650	257	441,143	1,716
Napa	112	142,408	1,271	112	142,408	1,271	115	139,088	1,209
Nevada	89	98,828	1,110	87	98,828	1,135	76	98,114	1,290
Orange	3,888	3,194,024	821	3,890	3,194,024	821	3,947	3,194,332	809
Placer	458	382,837	835	463	382,837	826	473	403,711	853
Plumas	15	19,819	1,321	14	19,819	1,415	13	18,260	1,404
Riverside	1,063	2,384,783	2,243	1,058	2,384,783	2,254	1,111	2,442,304	2,198
Sacramento	1,107	1,514,770	1,368	1,116	1,514,770	1,431	1,145	1,555,365	1,358
San Benito	22	56,854	2,584	21	56,854	2,707	23	62,353	2,711
San Bernardino	1,350	2,160,256	1,600	1,340	2,160,256	1,612	1,385	2,180,537	1,574
San Diego	2,746	3,316,192	1,207	2,748	3,316,192	1,206	2,751	3,343,355	1,215
San Francisco	1,263	874,228	692	1,237	874,228	706	1,247	897,806	719
San Joaquin	371	746,868	2,013	373	746,868	2,002	376	773,632	2,057
San Luis Obispo	225	280,101	1,244	233	280,101	1,202	234	277,259	1,184
San Mateo	882	770,203	873	873	770,203	882	873	773,244	885
Santa Barbara	322	450,663	1,399	320	450,663	1,408	320	451,840	1,412
Santa Clara	2,286	1,938,180	847	2,273	1,938,180	852	2,277	1,961,969	861
Santa Cruz	182	276,603	1,519	180	276,603	1,536	172	271,233	1,576
Shasta	118	178,605	1,513	113	178,605	1,580	114	178,045	1,561
Sierra	1	3,207	3,207	1	3,207	3,207	1	3,201	3,201
Siskiyou	23	44,688	1,942	23	44,688	1,942	24	44,461	1,852
Solano	277	436,023	1,574	278	436,023	1,568	283	440,224	1,555
Sonoma	399	505,120	1,265	397	505,120	1,272	395	492,980	1,248
Stanislaus	282	548,057	1,943	279	548,057	1,964	273	557,709	2,042
Sutter	51	96,956	1,901	52	96,956	1,864	51	100,750	1,975
Tehama	26	63,995	2,461	28	63,995	2,285	28	65,129	2,326
Trinity	4	13,628	3,407	3	13,628	4,542	3	13,548	4,516

County	DDS per County in 2018/19	Pop. in 2018/19	Pop. per DDS in 2018/19	DDS per County in 2019/20	Pop. in 2019/20	Pop. per DDS in 2019/20	DDS per County in 2020/21	Pop. in 2020/21	Pop. per DDS in 2020/21
Tulare	212	471,842	2,225	213	471,842	2,215	228	479,977	2,105
Tuolumne	51	54,707	1,072	48	54,707	1,139	46	54,917	1,193
Ventura	658	857,386	1,303	663	857,386	1,293	667	842,886	1,263
Yolo	116	218,896	873	114	218,896	1,920	112	221,705	1,979
Yuba	51	74,577	6,214	11	74,577	6,779	7	78,887	11,269
Out of State/Country	658	N/A	N/A	2,565	N/A	N/A	2,660	N/A	N/A
<b>Total</b>	<b>32,595</b>	<b>39,523,613</b>	<b>110,414</b>	<b>34,365</b>	<b>39,523,6133</b>	<b>116,147</b>	<b>34,837</b>	<b>39,782,870</b>	<b>118,511</b>

\*Population data obtained from Department of Finance, Demographic Research Unit

*The counties with the highest Population per DDS are:	Yuba County (1:11,269)	*The counties with the lowest Population per DDS are:	San Francisco County (1:719)
	Imperial County (1:4,840)		Orange County (1:809)
	Trinity County (1:4,516)		Placer County (1:853)
	Mono County (1:4,488)		Santa Clara County (1:861)
	Colusa County (1:3,650)		Marin County (1:863)



## MEMORANDUM

<b>DATE</b>	January 28, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	John Tran, Associate Governmental Program Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 15(b):</b> General Anesthesia and Conscious Sedation Permit Evaluations Statistics

### Background

Newly approved general anesthesia and conscious sedation permit holders are subject to an on-site inspection and evaluation within one-year of the issuances of their permit. After completion of the initial on-site inspection and evaluation, permit holders are required to complete an on-site inspection and evaluation every five (5) years for general anesthesia, and six (6) years for conscious sedation permits.

During the fiscal year of 2019-2020 and 2020-2021, general anesthesia and conscious sedation evaluations have seen a decline in the total amount of permits holders who have completed the on-site inspection and evaluation. This trend is attributed to the Covid-19 State of Emergency which was issued by the Governor on March 4, 2020. Due to State of Emergency and subsequent lockdown of dental offices, Board staff cancelled all scheduled evaluations beginning on March 16, 2020 through July 1, 2020. Board staff were also unable to schedule new evaluations during that time. Permit holders and Board staff have also experienced issues with scheduling patients and finding evaluators as they are also subjected to the safety concerns during this period. Board staff are continuing to work with permit holders and evaluators to schedule and complete evaluations in a timely manner.

**2020 - 2021 Statistical Overviews of the On-Site Inspections and Evaluations  
Administered by the Board**

**General Anesthesia Evaluations**

	Passed Eval	Failed Eval	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jan 2020	19	0	0	1	0	1	1
Feb 2020	15	0	0	2	0	2	2
Mar 2020	10	0	0	2	0	1	10
April 2020	0	0	0	0	0	3	20
May 2020	1	0	0	0	0	0	19
June 2020	5	0	0	0	0	6	7
July 2020	10	0	0	2	0	2	3
Aug 2020	6	0	0	0	0	2	0
Sept 2020	25	1	1	0	0	1	4
Oct 2020	13	0	0	4	0	1	4
Nov 2020	9	1	0	1	2	4	7
Dec 2020	9	0	0	2	2	4	5
Jan 2021*	17	0	0	2	0	2	12
Feb 2021*	18	0	0	0	0	8	3
<b>Total</b>	<b>157</b>	<b>2</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>37</b>	<b>97</b>

\*Approximate number of evaluations scheduled for January and February 2021.

**General Anesthesia Evaluation Statistics for Fiscal Years 2018/19, 2019/20, and 2020/21.**

Definitions	18/19	19/20	20/21
<b>Passed Evaluation</b> – Permit holder met all required components of the on-site evaluation	<b>154</b>	<b>114</b>	<b>107</b>
<b>Failed Evaluation</b> – Permit holder failed due to multiple deficient components that were required for the on-site evaluation	<b>2</b>	<b>2</b>	<b>2</b>
<b>Failed Simulated Emergency</b> – Permit holder failed one or more simulated emergency scenarios required for the on-site evaluation	<b>1</b>	<b>1</b>	<b>1</b>
<b>Cancelled Permit by Request</b> – Permit holder no longer needed permit, retired, went with different permit, and/or Covid-19 related issues	<b>23</b>	<b>26</b>	<b>11</b>
<b>Cancelled Permit for Non-Compliance</b> – Permit holder did not complete evaluation by requested time frame	<b>13</b>	<b>10</b>	<b>0</b>
<b>Postponed (No Evaluators Available)</b> – Permit holder evaluation was postponed due to no available evaluators for their requested evaluation	<b>15</b>	<b>19</b>	<b>24</b>
<b>Postponed (By Request)</b> – Permit holder had requested postponement due to scheduling conflict, emergencies, and/or Covid-19 related issues	<b>33</b>	<b>75</b>	<b>38</b>



## Conscious Sedation Evaluations

	Passed Eval	Failed Eval	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jan 2020	4	0	0	3	0	0	4
Feb 2020	12	0	0	0	1	0	2
Mar 2020	4	0	0	1	3	1	5
April 2020	0	0	0	0	0	0	10
May 2020	0	0	0	3	0	0	11
June 2020	1	0	0	0	0	1	6
July 2020	2	1	0	0	0	1	5
Aug 2020	4	0	0	0	0	0	0
Sept 2020	9	0	0	0	0	0	2
Oct 2020	9	0	0	0	0	0	2
Nov 2020	3	0	2	3	0	2	3
Dec 2020	3	0	0	3	3	0	0
Jan 2021*	2	0	0	2	0	5	3
Feb 2021*	9	0	0	0	0	1	0
<b>Total</b>	<b>62</b>	<b>1</b>	<b>2</b>	<b>15</b>	<b>7</b>	<b>11</b>	<b>53</b>

\* Approximate number of evaluations scheduled for January and February 2021.

## Conscious Sedation Evaluation Statistics for Fiscal Years 2018/19, 2019/20, and 2020/21.

Definitions	18/19	19/20	20/21
<b>Passed Evaluation</b> – Permit holder met all required components of the on-site evaluation	<b>70</b>	<b>59</b>	<b>41</b>
<b>Failed Evaluation</b> – Permit holder failed due to multiple deficient components that were required for the on-site evaluation	<b>5</b>	<b>1</b>	<b>1</b>
<b>Failed Simulated Emergency</b> – Permit holder failed one or more simulated emergency scenarios required for the on-site evaluation	<b>2</b>	<b>1</b>	<b>2</b>
<b>Cancelled Permit by Request</b> – Permit holder no longer needed permit, retired, went with different permit, and/or Covid-19 related issues	<b>15</b>	<b>22</b>	<b>8</b>
<b>Cancelled Permit for Non-Compliance</b> – Permit holder did not complete evaluation by requested time frame	<b>18</b>	<b>16</b>	<b>3</b>
<b>Postponed (No Evaluators Available)</b> – Permit holder evaluation was postponed due to no available evaluators for their requested evaluation	<b>7</b>	<b>8</b>	<b>9</b>
<b>Postponed (By Request)</b> – Permit holder had requested postponement due to scheduling conflict, emergencies, and/or Covid-19 related issues	<b>15</b>	<b>49</b>	<b>15</b>

## Medical General Anesthesia Evaluations

	Passed Eval	Failed Eval	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jan 2020	0	0	0	0	3	0	0
Feb 2020	0	0	0	0	3	0	0
Mar 2020	0	0	0	0	1	1	0
April 2020	0	0	0	0	0	0	0
May 2020	0	0	0	0	0	0	3
June 2020	0	0	0	0	0	0	0
July 2020	0	0	0	0	0	0	0
Aug 2020	0	0	0	0	0	0	0
Sept 2020	0	0	0	0	0	0	0
Oct 2020	0	0	0	0	0	0	0
Nov 2020	0	0	0	1	0	0	0
Dec 2020	0	0	0	0	0	0	1
Jan 2021*	0	0	0	0	0	0	1
Feb 2021	0	0	0	0	0	1	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>1</b>	<b>5</b>

\* Approximate number of evaluations scheduled for January and February 2021.

## Medical General Anesthesia Evaluation Statistics for Fiscal Years 2018/19, 2019/20, and 2020/21.

Definitions	18/19	19/20	20/21
<b>Passed Evaluation</b> – Permit holder met all required components of the on-site evaluation	2	2	0
<b>Failed Evaluation</b> – Permit holder failed due to multiple deficient components that were required for the on-site evaluation	0	0	0
<b>Failed Simulated Emergency</b> – Permit holder failed one or more simulated emergency scenarios required for the on-site evaluation	0	0	0
<b>Cancelled Permit by Request</b> – Permit holder no longer needed permit, retired, went with different permit, and/or Covid-19 related issues	8	1	0
<b>Cancelled Permit for Non-Compliance</b> – Permit holder did not complete evaluation by requested time frame	16	12	0
<b>Postponed (No Evaluators Available)</b> – Permit holder evaluation was postponed due to no available evaluators for their requested evaluation	2	2	1
<b>Postponed (By Request)</b> – Permit holder had requested postponement due to scheduling conflict, emergencies, and/or Covid-19 related issue	0	5	2

**Current Evaluators per Region**

<b>Region</b>	<b>GA</b>	<b>CS</b>	<b>MGA</b>
Northern California	136	70	17
Southern California	159	97	19

Action Requested:

No action requested; data provided is informational only.



## MEMORANDUM

<b>DATE</b>	January 28, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	John Tran, Associate Governmental Program Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 15(c):</b> Update on Implementation of Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) Dentistry: Anesthesia and Sedation: Report

Background:

On September 29, 2018, Governor Brown signed Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) which will become effective January 1, 2022, which will impact General Anesthesia (GA), Conscious Sedation (CS), and Oral Conscious Sedation (OCS) for Minors permit holders in California.

The legislation made amendments and repealed portions of Business and Professions Code §1601.8, §1646-1646.10, §1647-1647.9.5, §1682, §1724, and §1750.5. As a result, the Board will need to make significant updates to the current anesthesia and sedation permit program. These changes will include the introduction of a pediatric endorsement and patient monitoring requirements when administering anesthesia or sedation to a minor patient. The legislation will also add Business and Professions Code §1647.30 which will require the Board to create a new pediatric minimal sedation (PMS) permit. The PMS permit will be required to administer or order the administration of pediatric minimal sedation on a patient under the age of 13.

The Board will need to promulgate new regulations to update current requirements to meet the updated legislation. The following is an outline of the changes that will need to be made in regulation:

- Current GA permit will become the Deep Sedation/General Anesthesia permit and changes include the following:
  - Initial application requirements
  - Renewal requirements
  - Develop training standards for equivalency in pediatric dental anesthesia related emergencies
  - Monitoring of patients under the age of seven
  - Updating application and renewal forms

Agenda Item 15(c): Update on Implementation of SB 501 (Glazer, Chapter 929, Statutes of 2018) Dentistry: Anesthesia and Sedation: Report  
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- Current Medical General Anesthesia (MGA) permit will become the Deep Sedation/Medical General Anesthesia permit and changes include the following:
  - Initial application requirements
  - Renewal requirements
  - Develop training standards for equivalency in pediatric dental anesthesia related emergencies
  - Monitoring of patients under the age of seven
  - Updating application and renewal forms
  
- Current CS permit will become the Moderate Sedation permit and changes include the following:
  - Initial application requirements
  - Renewal requirements
  - Develop training standards for equivalency in pediatric dental anesthesia related emergencies
  - Monitoring of patients under seven
  - Monitoring of patients age 7 to 13
  - Updating application and renewal forms
  
- Current OCS for Minors permit will no longer be issued. New PMS permit will be initiated, and will include the following:
  - Initial application requirements
  - Renewal requirements
  - Monitoring of patients under 13
  - Create application and renewal forms
  
- Current OCS for Adult permit will remain with no changes.

The Board will need to promulgate new regulations to update current requirements to meet the updated legislation. Staff is working with Board Legal Counsel on the development of draft language and plans to present language to the Board for consideration at the May 2021 meeting.

Additionally, SB 501 requires the Board to review all available data on: (1) all adverse events related to general anesthesia and deep sedation, moderate sedation, and minimal sedation in dentistry; and, (2) relevant professional guidelines, recommendations, or best practices for the provision of dental anesthesia and sedation care. By January 1, 2022, the Board is required to report to the Legislature any findings pursuant to this subdivision that are relevant to inform dental anesthesia and sedation standards. Board staff is in the process of researching and compiling information and a report will be provided to the Board for review and approval in the latter half of 2021.

Action Requested:

No action requested.



## MEMORANDUM

<b>DATE</b>	January 26, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Nguyet Tran, Staff Services Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 15(d):</b> Update on AB 2113 (Low, Chapter 186, Statutes of 2020) Refugees, Asylees and Special Immigrant Visa Holders: Professional Licensing: Initial Licensure Process

Background:

Governor Newsom signed Assembly Bill (AB) 2113 (Low, Chapter 186, Statutes of 2020) on September 27, 2020, to add Business and Professions Code 135.4 which requires a board within the Department of Consumer Affairs to expedite the initial licensure process for an applicant who supplies satisfactory evidence to the board that they are a refugee, have been granted asylum, or have a special immigrant visa, as specified.

Starting January 1, 2021, individuals in the following categories who apply for licensure by the Dental Board of California (Board) may seek an expedited licensure process.

1. Refugees pursuant to section 1157 of title 8 of the United States Code;
2. Those granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to section 1158 of title 8 of the United States Code; or,
3. Individuals with a special immigrant visa that have been granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8.

In order to receive the expedited licensure process, individuals must provide documentation of their refugee, asylee, or special immigrant visa status when submitting their application package. Documentation below are examples that can be used:

- Form I-94, Arrival/Departure Record, with an admission class code such as “RE” (Refugee) or “AY” (Asylee) or other information designating the person a refugee or asylee.

Agenda Item 15(d): Update on AB 2113 (Low, Chapter 186, Statutes of 2020) Refugees, Asylees and Special Immigrant Visa Holders: Professional Licensing: Initial Licensure Process  
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- Special immigrant visa that includes the classification codes of “SI” or “SQ.”
- Permanent Resident Card (Form I-551), commonly known as a “Green Card,” with a category designation indicating that the person was admitted as a refugee or asylee.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.

Failure to provide documentation may result in a delay in expediting the application review. Please note that this does not mean a license or permit must be issued, but simply that the process will be expedited.

Board staff have sent email notifications to all licensees and registered subscribers and added an alert on the Board’s website. Board staff have also sent emails to representatives of the California dental school, and dental assisting programs requesting that they share the information on their website and social media pages.

Staff have updated all initial applications available online and have worked with the BreEZe team to update the online application system to include an option for applicants to identify that they would like to request an expedite on their application.

To date, the Board has not received request to expedite an initial application for licensure pursuant to the provisions included in AB 2113.

Action Requested:

No action requested. Informational only.



## MEMORANDUM

<b>DATE</b>	January 28, 2020
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Jessica Olney, Staff Services Manager I Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 15(e):</b> Update Regarding Paperless Renewals Beginning July 1, 2021

### Background:

At the November 14-15, 2019 meeting, staff presented to the Dental Board of California (Board) a proposal to transition from the currently mailed renewal form to an online only renewal beginning in 2021 in an effort to streamline the licensing and permits renewal process. The full Board voted and approved the transition to online only renewals.

The Board Currently issues 18 different licenses and permits to dental professionals which require the maintenance of approximately 55,000 license renewals annually. Licensees are required to renew biennially and currently have the option to renew by mail or online using the BreEZe system.

Licensees who choose to renew by mail may experience delays of four to six weeks for processing of their payment and renewal form, while a licensee who renews online can be approved within minutes of completing the online transaction. In Fiscal Year (FY) 2018/19, the number of renewals submitted online was 63%. In FY 19/20, the number of online renewals has increased to 66%. The deficiency rate for renewals submitted by mail is also greater. In FY 18/19, an average of 25% of renewals submitted by mail were held for deficiencies (incomplete renewals), while renewals submitted online had a deficiency rate of 6%.

Staff also examined the cost savings in transitioning to an online only renewal. In FY 19/20, 54,217 renewal notices were mailed at a cost of \$39,483.31. Printing of the renewal notices are completed by an outside vendor who is contracted with the Department of Consumer Affairs for the BreEZe system. The cost for printing of renewal notices was \$15,844.70, and the cost of postage was \$23,638.61.

By transitioning to an online renewal, each licensee will receive a postcard directing the licensee to renew online approximately 90 days prior to their expiration date. The estimated cost for mailing of a postcard renewal notice is \$18,193.06 per fiscal year which is an estimated savings of \$21,290.25.

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Update:

Board staff have continued to work on the renewal project which will release beginning with the July 2021 renewal cycle. In an effort to notify all licensees of the changes, staff have worked with the Office of Public Affairs, Publications Design and Editing, to create a webpage that will draw the attention of our licensees. Staff have also continued to work with the BreEZe team in order to make necessary system changes.

To date staff have begun outreach efforts by releasing a new webpage which can be found at [https://www.dbc.ca.gov/licensees/paperless\\_renewal.shtml](https://www.dbc.ca.gov/licensees/paperless_renewal.shtml), and have sent an email blast to all registered subscribers. An email will be sent to various stakeholder groups requesting their assistance in posting information on the website and social media pages in an effort to notify all licensees of the upcoming changes. Board staff recommend that licensees who are not currently registered on the BreEZe system set up their account now to avoid any technological or account issues when renewing a license or permit near the expiration date. Until the transition, licensees can continue to renew online or by mail. Staff will continue to send updates to licensees as information becomes available.

Action Requested:

No action requested. Informational only.



## MEMORANDUM

<b>DATE</b>	January 15, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Pahoua Thao, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 16(a): 2021 Tentative Legislative Calendar</b>

Background:

The 2021 Tentative Legislative Calendar for both the Senate and Assembly is enclosed.

Action Requested:

No action requested.

**2021 TENTATIVE LEGISLATIVE CALENDAR**

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE  
Revised 12-18-20

**DEADLINES**

JANUARY							
	S	M	T	W	TH	F	S
						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						

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 11** Legislature reconvenes (J.R. 51(a)(1)).
- Jan. 18** Martin Luther King, Jr. Day.
- Jan. 22** Last day to submit **bill requests** to the Office of Legislative Counsel.

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

- Feb. 15** Presidents' Day.
- Feb. 19** Last day for bills to be **introduced** (J.R. 61(a)(1), J.R. 54(a)).

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

- Mar. 25** **Spring Recess** begins upon adjournment (J.R. 51(a)(2)).
- Mar. 31** Cesar Chavez Day observed.

APRIL							
	S	M	T	W	TH	F	S
Spring Recess					1	2	3
Wk. 1	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	

- Apr. 5** Legislature reconvenes from Spring Recess (J.R. 51(a)(2)).
- Apr. 30** Last day for **policy committees** to meet and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).

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

- May 7** 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 14** Last day for **policy committees** to meet prior to June 7 (J.R. 61(a)(4)).
- May 21** 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 7 (J.R. 61(a)(6)).
- May 31** Memorial Day.

\*Holiday schedule subject to final approval by Rules Committee.

JUNE							
	S	M	T	W	TH	F	S
No Hrgs.			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			

**June 1-4** **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)).

**June 4** Last day for each house to pass bills introduced in that house (J.R. 61(a)(8)).

**June 7** 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
Wk. 1	4	5	6	7	8	9	10
Wk. 2	11	12	13	14	15	16	17
Summer Recess	18	19	20	21	22	23	24
Summer Recess	25	26	27	28	29	30	31

**July 2** Independence Day observed.

**July 14** Last day for **policy committees** to meet and report bills (J.R. 61(a)(11)).

**July 16** **Summer Recess** begins upon adjournment, provided Budget Bill has been passed (J.R. 51(a)(3)).

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

**Aug. 16** Legislature reconvenes from Summer Recess (J.R. 51(a)(3)).

**Aug. 27** Last day for **fiscal committees** to meet and report bills (J.R. 61(a)(12)).

**Aug. 30-Sept. 10** **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)).

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

**Sept. 3** Last day to **amend** bills on the floor (J.R. 61(a)(14)).

**Sept. 6** Labor Day.

**Sept. 10** 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

#### 2021

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

#### 2022

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

Jan. 3 Legislature reconvenes (J.R. 51(a)(4)).

\*Holiday schedule subject to final approval by Rules Committee.

**2021 TENTATIVE LEGISLATIVE CALENDAR**  
 COMPILED BY THE OFFICES OF THE SECRETARY OF THE SENATE AND THE CHIEF CLERK  
 Revised 12-21-2020

**DEADLINES**

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

- [Jan. 1](#) Statutes take effect (Art. IV, Sec. 8(c)).
- [Jan. 10](#) Budget must be submitted by Governor (Art. IV, Sec. 12 (a)).
- [Jan. 11](#) Legislature **reconvenes** (J.R. 51(a)(1)).
- [Jan. 18](#) Martin Luther King, Jr. Day.
- [Jan. 22](#) 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	<u>15</u>	16	17	18	<u>19</u>	20
21	22	23	24	25	26	27
28						

- [Feb. 15](#) Presidents' Day
- [Feb. 19](#) 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	<u>25</u>	26	27
28	29	30	<u>31</u>			

- [Mar. 25](#) **Spring Recess** begins upon adjournment of this day's session (J.R. 51(a)(2)).
- [Mar. 31](#) Cesar Chavez Day.

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

- [Apr. 5](#) Legislature reconvenes from **Spring Recess** (J.R. 51(a)(2)).
- [Apr. 30](#) Last day for **policy committees** to hear and report to Fiscal Committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).

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

- [May 7](#) Last day for **policy committees** to hear and report to the Floor **non-fiscal** bills introduced in their house (J.R. 61(a)(3)).
- [May 14](#) Last day for **policy committees** to meet prior to June 7 (J.R. 61(a)(4)).
- [May 21](#) 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 7 (J.R. 61 (a)(6)).
- [May 31](#) Memorial Day.

\* Holiday schedule subject to final approval by Rules Committee

**2021 TENTATIVE LEGISLATIVE CALENDAR**  
 COMPILED BY THE OFFICES OF THE SECRETARY OF THE SENATE AND THE CHIEF CLERK  
 Revised 12-21-2020

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

[June 1-4](#) **Floor Session Only.** No committee, other than Conference or Rules, may meet for any purpose (J.R. 61(a)(7)).

[June 4](#) Last day for bills to be **passed out of the house of origin** (J.R. 61(a)(8)).

[June 7](#) 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
				1	<a href="#">2</a>	3
4	5	6	7	8	9	10
11	12	13	<a href="#">14</a>	15	<a href="#">16</a>	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

[July 2](#) Independence Day observed.

[July 14](#) Last day for **policy committees** to meet and report bills (J.R. 61(a)(10)).

[July 16](#) **Summer Recess** begins upon adjournment of this day's session, provided Budget Bill has been passed (J.R. 51(a)(3)).

[Aug. 16](#) Legislature reconvenes from **Summer Recess** (J.R. 51(a)(3)).

[Aug. 27](#) Last day for **fiscal committees** to meet and report bills to the Floor (J.R. 61(a)(11)).

[Aug. 30-Sept. 10](#) **Floor Session only.** No committees, other than conference committees and Rules Committee, may meet for any purpose (J.R. 61(a)(12)).

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

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

[Sept. 3](#) Last day to **amend** bills on the Floor (J.R. 61(a)(13)).

[Sept. 6](#) Labor Day.

[Sept. 10](#) Last day for **each house to pass bills** (J.R. 61(a)(14)).  
**Interim Study Recess** begins at end of this day's session (J.R. 51(a)(4)).

**IMPORTANT DATES OCCURRING DURING INTERIM STUDY RECESS**

**2021**

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

**2022**

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

[Jan. 3](#) Legislature reconvenes (J.R. 51 (a)(4)).

\*\* Holiday schedule subject to final approval by Rules Committee



## MEMORANDUM

<b>DATE</b>	February 3, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Steve Long, Budget and Contract Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 16(b):</b> Discussion and Possible Action on SB 102 (Melendez, 2020) COVID-19 Emergency Order Violation: License Revocation

### Background:

The Dental Board of California (Board) has been tracking the following bill relating to professions and vocations that impact the Board, the Department of Consumer Affairs, healing arts boards and their respective licensees, and licensing boards.

1. [SB 102](#) (Melendez) COVID-19 emergency order violation: license revocation.

This memorandum includes information regarding the bill's status, location, date of introduction, date of last amendment, and a summary. Board staff will present the bill at the meeting.

If you would like additional information on this bill, the following web sites are excellent resources for viewing proposed legislation and finding additional information:

<https://leginfo.legislature.ca.gov/>  
<https://www.senate.ca.gov/>  
<https://www.assembly.ca.gov/>

### Action Requested:

The Board may take one of the following actions regarding each bill:

Support  
 Support if Amended  
 Oppose  
 Watch  
 Neutral  
 No Action

Agenda Item 16(b): Discussion and Possible Action on SB 102 (Melendez, 2020) COVID-19  
 Emergency Order Violation: License Revocation  
 Dental Board of California Meeting  
 February 26, 2021

[SB 102](#) (Melendez) COVID-19 emergency order violation: license revocation.

**Introduced:** December 30, 2020

**Last Amended:** n/a

**Disposition:** Pending

**Location:** Senate

**Status:** January 28, 2021 Referred to Coms. on B.P. & E.D. and G.O.

**Summary:** Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs and provides for the denial, suspension, and revocation of licenses for specified conduct.

This bill would prohibit the Department of Consumer Affairs and a board within the Department of Consumer Affairs from revoking a license for failure to comply with any COVID-19 emergency orders unless the board or department can prove that lack of compliance resulted in transmission of COVID-19.

This bill would declare that it is to take effect immediately as an urgency statute.

**Board Impact:** The closest provision which would allow discipline of a licensee for failure to follow Covid orders is BPC section 1680(ad) which makes it unprofessional conduct to "knowing[ly] [fail] to protect patients by failing to follow infection control guidelines ... thereby risking transmission of bloodborne infectious diseases". 'Bloodborne infectious diseases' likely includes Covid-19, but bloodborne diseases are primarily diseases which are transmitted through contact with infectious blood or other potentially infectious materials, and the actual science on bloodborne transmission of Covid-19 appears thin. Furthermore, most of the rules around bloodborne pathogens are related to diseases like Hepatitis and HIV which are primarily transmitted by blood or other potentially infectious materials, as opposed to Covid-19 which is transmitted primarily through airborne respiratory droplets. Therefore, it is an open question if Covid-19 is a bloodborne disease for the purposes of BPC section 1680(ad), however it is found in the blood so there is a strong (but novel) case to be made that it is.

There is one possible wrinkle to this caused by Senate Bill 1159 which codifies the Covid-19 presumption created by Executive Order N-62-20 and provides two new rebuttable presumptions that an employee's COVID-19 illness is an occupational injury and therefore eligible for workers' compensation benefits if specified criteria are met. This presumption applies to healthcare workers who provide direct patient care. This means that in the case of a dentist who fails to follow a Covid-19 related emergency order, and has a dental assistant contract Covid-19, the presumption for the purposes of workers compensation would assume that the employee's covid-19 diagnosis is an occupational injury. Such a case could arguably supply the Board with grounds to revoke a license without having to prove via intensive fact finding that the transmission of Covid-19 resulted from the licensee's failure to follow the Covid-19 emergency order.

This bill would not limit the Board's existing authority to issue citations or compliance orders. If the Board were to pursue a license revocation related to COVID-19, then there could be increased costs associated with the higher burden of proof of demonstrating that the failure to comply with COVID-19 emergency orders directly resulted in the transmission

Agenda Item 16(b): Discussion and Possible Action on SB 102 (Melendez, 2020) COVID-19  
Emergency Order Violation: License Revocation  
Dental Board of California Meeting  
February 26, 2021

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of COVID-19. If this were to happen, existing budgetary resources would likely cover any additional investigative costs. Any potential costs related to license revocation for failure to comply with COVID-19 emergency orders are considered to be minor and absorbable.

**Board Position:** None Taken

**Introduced by Senator Melendez**December 30, 2020

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An act to add Sections 464.5 and 24200.8 to the Business and Professions Code, relating to business, and declaring the urgency thereof, to take effect immediately.

## LEGISLATIVE COUNSEL'S DIGEST

SB 102, as introduced, Melendez. COVID-19 emergency order violation: license revocation.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs and provides for the denial, suspension, and revocation of licenses for specified conduct.

Existing law, the Alcoholic Beverage Control Act, which is administered by the Department of Alcoholic Beverage Control, regulates the application, issuance, and suspension of alcoholic beverage licenses. The act provides the grounds upon which the department may suspend or revoke licenses.

This bill would prohibit the Department of Consumer Affairs, a board within the Department of Consumer Affairs, and the Department of Alcoholic Beverage Control from revoking a license for failure to comply with any COVID-19 emergency orders unless the board or department can prove that lack of compliance resulted in transmission of COVID-19.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote:  $\frac{2}{3}$ . Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 464.5 is added to the Business and  
2 Professions Code, to read:

3 464.5. The department and any board shall not revoke a license  
4 for failure to comply with any COVID-19 emergency orders, unless  
5 the department or board can prove that lack of compliance resulted  
6 in the transmission of COVID-19.

7 SEC. 2. Section 24200.8 is added to the Business and  
8 Professions Code, to read:

9 24200.8. The Department of Alcoholic Beverage Control shall  
10 not revoke the license of any licensee for failure to comply with  
11 any COVID-19 emergency orders unless the department can prove  
12 that lack of compliance resulted in transmission of COVID-19.

13 SEC. 3. This act is an urgency statute necessary for the  
14 immediate preservation of the public peace, health, or safety within  
15 the meaning of Article IV of the California Constitution and shall  
16 go into immediate effect. The facts constituting the necessity are:

17 In order to protect businesses, including small businesses, which  
18 continue to make significant contributions to economic security,  
19 which helps ensure public safety, during these unprecedented times  
20 caused by the COVID-19 pandemic, as soon as possible, it is  
21 necessary for this act to take effect immediately

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## MEMORANDUM

<b>DATE</b>	February 10, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Wilbert Rumbaoa, Administrative Services Manager Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 16(c):</b> Update on Board Legislative Proposals

### Background:

At its December 2020 meeting, the Dental Board of California (Board) directed staff to submit legislative proposals and seek authors for the following two issues:

1. Amend Business and Professions Code section 1724 to add a maximum fee for initial issuance and renewal of a Pediatric Minimal Sedation Permit; and,
2. Repeal the clinical and practical examination requirements for Registered Dental Assistant in Extended Functions (RDAEF) licensure.

Board staff submitted the legislative proposals to the Senate Business, Profession, and Economic Development (BP&ED) Committee in early January. Additionally, Board staff have had discussions with Senate BP&ED Committee consultants and Senate Republican Caucus consultants to present the proposals and address questions. The Senate BP&ED Committee consultants are assisting Board staff with identifying authors and appropriate legislative vehicles for both proposals.

### Action Requested:

No action requested.



## MEMORANDUM

<b>DATE</b>	February 10, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Pahoua Thao, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 16(d):</b> Discussion and Possible Action Regarding California Dental Association's (CDA) Legislative Proposals for 2021

Background:

The California Dental Association (CDA) is sponsoring Assembly Bill 526, authored by Assembly Member Wood. This bill was introduced on February 10, 2021 and a copy is attached. A CDA representative will be available at the Board meeting to speak to this item.

**ASSEMBLY BILL**

**No. 526**

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**Introduced by Assembly Member Wood**

February 10, 2021

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An act to amend Section 1209 of, and to add Sections 1625.6 and 1645.2 to, the Business and Professions Code, relating to healing arts, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 526, as introduced, Wood. Dentists: clinical laboratories: vaccines.

Existing law, the Dental Practice Act, provides for the licensure and regulation of persons engaged in the practice of dentistry by the Dental Board of California. Existing law defines dentistry as the diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures, and provides that diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation. Existing law provides that a person practices dentistry if the person performs various specified acts.

This bill would additionally authorize a dentist, if the dentist complies with specified requirements, to independently prescribe and administer influenza and COVID-19 vaccines approved or authorized by the United States Food and Drug Administration for persons 3 years of age or older, as specified. The bill would authorize the board to adopt regulations to implement these provisions, as provided. The bill would count vaccine training provided through the federal Centers for Disease

Control and Prevention toward the fulfillment of a dentist’s continuing education requirements, as specified.

Existing law provides for the licensure, registration, and regulation of clinical laboratories and various clinical laboratory personnel by the State Department of Public Health. Existing law requires a clinical laboratory test or examination classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988 to be performed under the overall operation and administration of a laboratory director, which is defined to include certain licensees.

This bill would expand the definition of “laboratory director” to include a duly licensed dentist serving as the director of a laboratory that performs only authorized clinical laboratory tests, as specified.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: 2/3. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 1209 of the Business and Professions
- 2 Code is amended to read:
- 3 1209. (a) As used in this chapter, “laboratory director” means
- 4 any person who is any of the following:
- 5 (1) A duly licensed physician and surgeon.
- 6 (2) Only for purposes of a clinical laboratory test or examination
- 7 classified as waived, is any of the following:
- 8 (A) A duly licensed clinical laboratory scientist.
- 9 (B) A duly licensed limited clinical laboratory scientist.
- 10 (C) A duly licensed naturopathic doctor.
- 11 (D) A duly licensed optometrist serving as the director of a
- 12 laboratory that only performs clinical laboratory tests authorized
- 13 in paragraph (10) of subdivision (d) of Section 3041.
- 14 (E) *A duly licensed dentist serving as the director of a laboratory*
- 15 *that performs only clinical laboratory tests authorized under*
- 16 *Section 1625.*
- 17 (3) Licensed to direct a clinical laboratory under this chapter.
- 18 (b) (1) A person defined in paragraph (1) or (3) of subdivision
- 19 (a) who is identified as the CLIA laboratory director of a laboratory
- 20 that performs clinical laboratory tests classified as moderate or
- 21 high complexity shall also meet the laboratory director

1 qualifications under CLIA for the type and complexity of tests  
2 being offered by the laboratory.

3 (2) As used in this subdivision, “CLIA laboratory director”  
4 means the person identified as the laboratory director on the CLIA  
5 certificate issued to the laboratory by the federal Centers for  
6 Medicare and Medicaid Services (CMS).

7 (c) The laboratory director, if qualified under CLIA, may  
8 perform the duties of the technical consultant, technical supervisor,  
9 clinical consultant, general supervisor, and testing personnel, or  
10 delegate these responsibilities to persons qualified under CLIA.  
11 If the laboratory director reappoints performance of those  
12 responsibilities or duties, ~~he or she~~ *they* shall remain responsible  
13 for ensuring that all those duties and responsibilities are properly  
14 performed.

15 (d) (1) The laboratory director is responsible for the overall  
16 operation and administration of the clinical laboratory, including  
17 administering the technical and scientific operation of a clinical  
18 laboratory, the selection and supervision of procedures, the  
19 reporting of results, and active participation in its operations to  
20 the extent necessary to ensure compliance with this act and CLIA.  
21 ~~He or she~~ *They* shall be responsible for the proper performance of  
22 all laboratory work of all subordinates and shall employ a sufficient  
23 number of laboratory personnel with the appropriate education  
24 and either experience or training to provide appropriate  
25 consultation, properly supervise and accurately perform tests, and  
26 report test results in accordance with the personnel qualifications,  
27 duties, and responsibilities described in CLIA and this chapter.

28 (2) Where a point-of-care laboratory testing device is utilized  
29 and provides results for more than one analyte, the testing  
30 personnel may perform and report the results of all tests ordered  
31 for each analyte for which ~~he or she has~~ *they have* been found by  
32 the laboratory director to be competent to perform and report.

33 (e) As part of the overall operation and administration, the  
34 laboratory director of a registered laboratory shall document the  
35 adequacy of the qualifications (educational background, training,  
36 and experience) of the personnel directing and supervising the  
37 laboratory and performing the laboratory test procedures and  
38 examinations. In determining the adequacy of qualifications, the  
39 laboratory director shall comply with any regulations adopted by  
40 the department that specify the minimum qualifications for



1 personnel, in addition to any CLIA requirements relative to the  
2 education or training of personnel.

3 (f) As part of the overall operation and administration, the  
4 laboratory director of a licensed laboratory shall do all of the  
5 following:

6 (1) Ensure that all personnel, prior to testing biological  
7 specimens, have the appropriate education and experience, receive  
8 the appropriate training for the type and complexity of the services  
9 offered, and have demonstrated that they can perform all testing  
10 operations reliably to provide and report accurate results. In  
11 determining the adequacy of qualifications, the laboratory director  
12 shall comply with any regulations adopted by the department that  
13 specify the minimum qualifications for, and the type of procedures  
14 that may be performed by, personnel in addition to any CLIA  
15 requirements relative to the education or training of personnel.  
16 Any regulations adopted pursuant to this section that specify the  
17 type of procedure that may be performed by testing personnel shall  
18 be based on the skills, knowledge, and tasks required to perform  
19 the type of procedure in question.

20 (2) Ensure that policies and procedures are established for  
21 monitoring individuals who conduct preanalytical, analytical, and  
22 postanalytical phases of testing to ensure that they are competent  
23 and maintain their competency to process biological specimens,  
24 perform test procedures, and report test results promptly and  
25 proficiently, and, whenever necessary, identify needs for remedial  
26 training or continuing education to improve skills.

27 (3) Specify in writing the responsibilities and duties of each  
28 individual engaged in the performance of the preanalytic, analytic,  
29 and postanalytic phases of clinical laboratory tests or examinations,  
30 including which clinical laboratory tests or examinations the  
31 individual is authorized to perform, whether supervision is required  
32 for the individual to perform specimen processing, test  
33 performance, or results reporting, and whether consultant,  
34 supervisor, or director review is required prior to the individual  
35 reporting patient test results.

36 (g) The competency and performance of staff of a licensed  
37 laboratory shall be evaluated and documented by the laboratory  
38 director, or by a person who qualifies as a technical consultant or  
39 a technical supervisor under CLIA depending on the type and  
40 complexity of tests being offered by the laboratory.

- 1 (1) The procedures for evaluating the competency of the staff  
2 shall include, but are not limited to, all of the following:
- 3 (A) Direct observations of routine patient test performance,  
4 including patient preparation, if applicable, and specimen handling,  
5 processing, and testing.
  - 6 (B) Monitoring the recording and reporting of test results.
  - 7 (C) Review of intermediate test results or worksheets, quality  
8 control records, proficiency testing results, and preventive  
9 maintenance records.
  - 10 (D) Direct observation of performance of instrument  
11 maintenance and function checks.
  - 12 (E) Assessment of test performance through testing previously  
13 analyzed specimens, internal blind testing samples, or external  
14 proficiency testing samples.
  - 15 (F) Assessment of problem solving skills.
- 16 (2) Evaluation and documentation of staff competency and  
17 performance shall occur at least semiannually during the first year  
18 an individual tests biological specimens. Thereafter, evaluations  
19 shall be performed at least annually unless test methodology or  
20 instrumentation changes, in which case, prior to reporting patient  
21 test results, the individual's performance shall be reevaluated to  
22 include the use of the new test methodology or instrumentation.
- 23 (h) The laboratory director of each clinical laboratory of an  
24 acute care hospital shall be a physician and surgeon who is a  
25 qualified pathologist, except as follows:
- 26 (1) If a qualified pathologist is not available, a physician and  
27 surgeon or a clinical laboratory bioanalyst qualified as a laboratory  
28 director under subdivision (a) may direct the laboratory. However,  
29 a qualified pathologist shall be available for consultation at suitable  
30 intervals to ensure high-quality service.
  - 31 (2) If there are two or more clinical laboratories of an acute care  
32 hospital, those additional clinical laboratories that are limited to  
33 the performance of blood gas analysis, blood electrolyte analysis,  
34 or both, may be directed by a physician and surgeon qualified as  
35 a laboratory director under subdivision (a), irrespective of whether  
36 a pathologist is available.
- 37 As used in this subdivision, a qualified pathologist is a physician  
38 and surgeon certified or eligible for certification in clinical or  
39 anatomical pathology by the American Board of Pathology or the  
40 American Osteopathic Board of Pathology.

1 (i) Subdivision (h) does not apply to any director of a clinical  
2 laboratory of an acute care hospital acting in that capacity on or  
3 before January 1, 1988.

4 (j) A laboratory director may serve as the director of up to the  
5 maximum number of laboratories stipulated by CLIA, as defined  
6 under Section 1202.5.

7 SEC. 2. Section 1625.6 is added to the Business and Professions  
8 Code, to read:

9 1625.6. (a) In addition to the actions authorized under Section  
10 1625, a dentist may independently prescribe and administer  
11 influenza and COVID-19 vaccines approved or authorized by the  
12 United States Food and Drug Administration in compliance with  
13 the individual federal Advisory Committee on Immunization  
14 Practices (ACIP) influenza and COVID-19 vaccine  
15 recommendations, and published by the federal Centers for Disease  
16 Control and Prevention (CDC) to persons 3 years of age or older.

17 (b) In order to prescribe and administer a vaccine described in  
18 subdivision (a), a dentist shall do all of the following:

19 (1) Complete an immunization training program biannually that  
20 is either offered by the federal Centers for Disease Control and  
21 Prevention or taken through a registered provider approved by the  
22 board that, at a minimum, includes vaccine administration,  
23 prevention and management of adverse reactions, and maintenance  
24 of vaccine records.

25 (2) Comply with all state and federal recordkeeping and  
26 reporting requirements, including providing documentation to the  
27 patient’s primary care provider, if applicable, and entering in the  
28 information in the appropriate immunization registry designated  
29 by the Immunization Branch of the State Department of Public  
30 Health.

31 (3) If a patient does not have a physician, the dentist shall advise  
32 the patient to consult with an appropriate health care provider.

33 (c) The board may adopt regulations to implement this section.  
34 The adoption, amendment, repeal, or readoption of a regulation  
35 authorized by this section is deemed to address an emergency, for  
36 purposes of Sections 11346.1 and 11349.6 of the Government  
37 Code, and the board is hereby exempted for this purpose from the  
38 requirements of subdivision (b) of Section 11346.1 of the  
39 Government Code. For purposes of subdivision (e) of Section  
40 11346.1 of the Government Code, the 180-day period, as applicable

1 to the effective period of an emergency regulatory action and  
2 submission of specified materials to the Office of Administrative  
3 Law, is hereby extended to 240 days.

4 SEC. 3. Section 1645.2 is added to the Business and Professions  
5 Code, to read:

6 1645.2. Any vaccine training program provided through the  
7 federal Centers for Disease Control and Prevention that was  
8 completed by a licensed dentist pursuant to the Department of  
9 Consumer Affairs public health emergency order DCA-20-104  
10 and Section 1625.6 shall count toward the fulfillment of the  
11 continuing education requirements governed by Section 1645.

12 SEC. 4. This act is an urgency statute necessary for the  
13 immediate preservation of the public peace, health, or safety within  
14 the meaning of Article IV of the California Constitution and shall  
15 go into immediate effect. The facts constituting the necessity are:

16 In order to address the public health need to provide as many  
17 points of care for the administration of testing and vaccines for  
18 influenza and COVID-19 in order to test and vaccinate the greatest  
19 amount of people at the fastest rate possible and as soon as  
20 possible, it is necessary that this act take effect immediately.

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## MEMORANDUM

<b>DATE</b>	January 15, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Pahoua Thao, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 16(e):</b> Discussion of Prospective Legislative Proposals

Background:

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.

Action Requested:

No action requested.



## MEMORANDUM

<b>DATE</b>	February 11, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Wilbert Rumbaoa, Administrative Services Manager Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 17(a):</b> Review and Consideration of Comments Received During the 45-day Comment Period and Proposed Responses Thereto for the Board’s Proposed Rulemaking to Amend California Code of Regulations, Title 16, Section 1020.4 Relating to Diversion Evaluation Committee Membership Rulemaking

### Background:

At its February 7-8, 2019, meeting, the Dental Board of California (Board) approved regulatory language to update requirements for membership to the Board’s Diversion Evaluation Committee (DEC) and the limits on terms of service for members on the DEC. Specifically the language would:

1. Amend 16 CCR section 1020.4(a) to no longer require one licensed dental auxiliary and to increase the number of public members to two instead of one; and
2. Amend section 1020.4(c) to delete the limitation for DEC members to only serve two four-year terms

### Status of the Regulation Proposal

The Board noticed the regulation proposal on November 20, 2020 and gave the public forty-five (45) days to provide public comment ending on January 5, 2021. No public hearing was requested or conducted. A public comment was received on November 22, 2020. [See Attachment a(ii)]

### Summary of Comments Received During the 45-Day Public Comment Period and Proposed Responses

Agenda Item 17(a): Review and Consideration of Comments Received During the 45-day Comment Period and Proposed Responses Thereto for the Board’s Proposed Rulemaking to Amend California Code of Regulations, Title 16, Section 1020.4 Relating to Diversion Evaluation Committee Membership Rulemaking  
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On November 22, 2020, the Board received an email from Dr. Thien Vu on the proposed amendment to 16 CCR 1020.4. Below are the Board's proposed responses to the comments made therein.

**Comment 1:**

**Comment Summary:**

This comment states disapproval of the proposed regulations because they will remove the term limits for serving on the DEC, which will result in DEC members serving for too long and not being responsive to the needs of the public interest which they serve. The commenter believes that the positions have not been adequately advertised and that such adequate advertising would negate the need for this rulemaking. The commenter asserts that having a guaranteed position on the DEC will “foster complacent [sic] and trading favors.”

**Staff Recommended Response to Comment:**

Staff have reviewed and considered the comment, and do not recommend any amendments to the language based thereon. The Board proposed the amendments to section 1020.4 because the Board has had substantial difficulty maintaining complete membership of the DEC. Removing the term limitation will allow DEC members to complete the Committee's important work without ending the members' terms when they are still willing to serve.

The Board finds the concern that DEC members who serve too long will be “complacent and trading favors” unfounded. The DEC only makes decisions regarding individual licensees who have voluntarily come to the DEC for help with substance abuse problems, and does not make decisions regarding policy or spending. DEC members are also required to file annual statements of economic interest, which is the standard transparency disclosure required of all elected officials and public employees who make or influence governmental decisions. Furthermore, the Board has the power to remove a DEC member who is failing in their duties on the DEC.

The DEC has not had complete membership in several years. There is turnover in the dentist and therapist positions and in the public member positions. However, there have been no dental auxiliary members on the DEC for multiple years. The purpose of the proposed amendments is to open up the dental auxiliary positions to the public to increase the likelihood of finding suitable candidates. This proposal will not preclude dental auxiliaries taking these positions, and the Board will continue to seek dental auxiliaries for these positions.

The manner in which the Board has advertised these positions has not been the chief impediment to filling these positions. The Board has advertised for all vacancies on the Board's website. This method has been successful in recruiting members for other DEC

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positions. The Board has experienced turnover in membership for the dentist, therapist, and public member positions, but successfully refilled those positions. The dental auxiliary positions have remained unapplied for and unfilled for multiple years. This indicates that the manner of advertising these positions is not the primary impediment to filling them.

As described in the Initial Statement of Reasons, the problem with filling these positions turns on the structural differences between the dental auxiliary position and the other positions. Individuals holding other positions may have professional reasons for experience with substance abuse and are more likely to be highly compensated professionals (as dentists and therapists, for instance) and business owners. Auxiliaries tend to have lower salaries, must coordinate their schedules with their employers, and may be concerned about their employers knowing about their experience with substance abuse. For these reasons, the DEC has had substantially more difficulty filling these positions than the other DEC positions. This is a motivating factor behind this proposed rulemaking.

**Board Action Requested:**

The Board may take action to accept, reject, or modify staff's recommended response to the comments. If staff recommendations are rejected or modified, staff requests that the Board provide a rationale for inclusion in the rulemaking's final statement of reasons.



## Diversion Evaluation Committee Membership comment

Thien Vu, DDS <dentistsanjose@gmail.com>

Sun 11/22/2020 2:35 PM

To: Nevin, Gabriel@DCA <Gabriel.Nevin@dca.ca.gov>

[EXTERNAL]: dentistsanjose@gmail.com

**CAUTION:** THIS EMAIL ORIGINATED OUTSIDE THE DEPARTMENT OF CONSUMER AFFAIRS!  
**DO NOT:** click links or open attachments unless you know the content is safe.  
**NEVER:** provide credentials on websites via a clicked link in an Email.

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Hi Gabriel,

I see your name as the person to contact regard any comments about the changes in the Diversion Evaluation Committee Membership changes.

I wanted to express my **disapproval** of having the members in this committee be unlimited, only at the discretion of the board and/or when the member steps down. I find it hard to believe that a board that regulates licensure of more than 91,600 people can have such a hard time finding new committee members for its diversion evaluation committee. The four-year term contract with an option to renewal an additional term is sufficient. People change and values change with time as well. Having a committee member be guaranteed a position foster complacent and trading favors. I don't think the board advertise enough to promote such a committee to the mass general population. There are more than thousands of therapists and psychologists who would more than qualify to be on this committee but doesn't even know its existence.

This lack of advertisement for new committee or even board members feels like it is to prevent others from applying and to promote the camaraderie of the "inner circle." When we have different people from different background enters a committee/service, s/he brings diversity to treatment, therapy and focus. I would like to see the Dental Board of CA maintain its diversity in all its committees to grow our organization to reflect its membership. Ergo, my final thought is to continue seeking members for committees regularly to bring in new experience and opinions from those that may have grown old and outdated.

Thank you,

Thien H. Vu, DDS, MAGD  
A Center for Dental Excellence  
1660 Hillsdale Ave. Ste. 170  
San Jose, CA 95124  
(408) 267-1660



## MEMORANDUM

<b>DATE</b>	January 15, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Wilbert Rumbaoa, Administrative Services Manager Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 17(b):</b> Adoption of Proposed Amendments to California Code of Regulations, Title 16, Section 1020.4 Relating to Diversion Evaluation Committee Membership Rulemaking

### Background:

The Board may consider comments received during the 45-day public comment period, hold discussion, and take action to adopt proposed amendments, if any, to California Code of Regulations, Title 16, Section 1020.4 relating to diversion evaluation committee membership rulemaking.

### Action Requested:

The Board may hold discussion regarding staff recommendations and comments received during the 45-day public comment period and may take one of the following actions:

- A. If the Board accepts the recommended response to the comments received during the 45-day public comment period, and does not vote to modify the text in response to comments, then the Board would:

Approve the recommended response to the comment, and direct staff to take all steps necessary to complete the rulemaking process, including the filing of the final rulemaking package with the Office of Administrative Law and authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed amendments to California Code of Regulations, Title 16, Section 1020.4 relating to diversion evaluation committee membership rulemaking as noticed in the proposed text.

- B. If the Board accepts any comments received during the 45-day public comment period, or modifies the text in response to comments, then the Board would:

Modify the text in response to the comments received and direct staff to take all steps necessary to complete the rulemaking process, including preparing the modified text for

Agenda Item 17(b): Adoption of Proposed Amendments to California Code of Regulations, Title 16, Section 1020.4 Relating to Diversion Evaluation Committee Membership Rulemaking  
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a 15-day public comment period, which includes the amendments accepted by the board at this meeting. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed amendments to California Code of Regulations, Title 16, Section 1020.4 relating to diversion evaluation committee membership rulemaking as noticed in the modified text.



## MEMORANDUM

<b>DATE</b>	February 1, 2021
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Wilbert Rumbaoa, Administrative Services Manager Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 17(c): Update on Pending Regulatory Packages</b>

Background:

**i. Basic Life Support Equivalency Standards (Cal. Code of Regs., Title 16, Sections 1016 and 1016.2):**

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 language will specify that all BLS courses must provide specific instruction in: 2-rescuer scenarios; instruction in foreign-body airway obstruction; instruction in relief of choking for adults, child and infant; instruction in the use of automated external defibrillation with CPR; and include a live, in-person skills practice session, a skills test, and a written examination, in order to receive certification.

Board staff have drafted the initial rulemaking documents. Board Legal Counsel has reviewed those documents and approved them. Staff sent updated fiscal materials to the Board's budget analyst on June 17, 2020. Budgets approved, the documents on August 25, 2020. At that time Regulatory Counsel recommended combining this rulemaking with the related rulemaking regarding Continuing Education regarding Opioids because the two proposed rulemakings effect the same regulations code sections. Staff are now working with Regulatory Counsel to combine the initial rulemaking documents before submittal to the Department of Consumer Affairs (the Department) for review as required prior to submitting the documents to the Office of Administrative Law (OAL) for noticing.

**ii. Citation and Fine (Cal. Code of Regs., Title 16, Sections 1023.2 and 1023.7):**

During the August 2017 meeting, the Board approved proposed regulatory language updating 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.

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The Department approved the initial package on October 16, 2019, and submitted the rulemaking to the Business, Consumer Services and Housing Agency (Agency). Agency approved the Package on February 11, 2020. The rulemaking was published by the Office of Administrative Law (OAL) on February 28, 2020, and a hearing was scheduled for April 13, 2020 at 10:00 am. However due to the declared emergency resulting from the Covid-19 pandemic, the planned hearing was cancelled. Notice was given of the cancellation on April 8, 2020, and the written comment period and period to request a public hearing were extended until April 29, 2020. The Board did not receive public comments or requests to hold a public hearing. Board Staff completed the final phase rulemaking materials and sent them to Legal Affairs on June 16, 2020. The final phase materials were approved by Legal and submitted to DCA Director Kirchmeyer on June 25, 2020. Director Kirchmeyer approved the rulemaking on July 5, 2020. Agency approved the rulemaking materials on August 25, 2020. Following approval staff filed the final phase rulemaking documents with OAL on September 4, 2020. Staff are now working with OAL to move the rulemaking package through the OAL review process.

OAL requested updates to the Notice Publication and Economic and Fiscal Impact Statement on September 16, 2020. The Department submitted the rulemaking package to the Department of Finance (DOF) on September 22, 2020.

The final approved rulemaking file was submitted to the OAL on February 10, 2021. The regulation was approved and became effective on February 10, 2021.

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

The Dental Practice Act (Act) authorizes the board, as a condition of license renewal, to require licensees to successfully complete a portion of required continuing education (CE) hours in specific areas, including patient care, health and safety, and law and ethics. SB 1109 (Bates, Chapter 693, Statutes of 2018) added 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.

During the February 2019 meeting, the Board approved proposed regulatory language for the updated the continuing education requirements at Cal. Code of Regs., Title 16, Section 1016 and 1017.

During the development of the supporting documents for this rulemaking, Regulatory Counsel found a clarity issue with this rulemaking which necessitated bringing it back before the Board. Specifically the proposed language would allow licensees to receive up to three CE credit hours for volunteer work, however the formula for calculating volunteer hours worked to CE credits received is not clear. This ambiguity required an amendment to the proposed language specifying that one hour of providing volunteer services to patients would qualify licensees to receive one continuing education credit. Staff presented this proposed language to the Board at August 2020 meeting. The Board approved the change and directed staff to initiate the formal rulemaking process. After the approval of the proposed language, Regulatory Counsel recommended that this rulemaking be combined

with the Continuing Education rulemaking related to Basic Life Support. Board staff are working with Regulatory Counsel to combine the two rulemakings and develop the formal rulemaking documents to initiate the rulemaking in 2021.

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

The Dental Assisting Council (Council) has held several stakeholder workshops to develop its comprehensive rulemaking proposal for dental assisting. As a result of each of these workshops, Board staff developed draft proposed regulatory language which will be presented to the Board at a future meeting once the draft language is ready for Board approval. This rulemaking includes educational program and course requirements, examination requirements, and licensure requirements for dental assisting.

The final stakeholder workshop took place on March 2, 2018. Based on the workshop input staff created a draft of the proposed language. Board staff presented the proposed language to a special meeting of the Dental Assisting Council on July 26, 2019. The Council received extensive comments and feedback on the proposed language from stakeholders. The Councilmembers themselves also provided extensive comments and feedback. Council and stakeholder comments required extensive staff research, drafting and editing. Staff presented the updated rulemaking at the November 2019 Council meeting. The DAC voted to accept the changes proposed by staff and moved for staff to present the rulemaking to the full Board. The Board approved final proposed language at the February 2020 Board Meeting. Staff worked with Regulatory Counsel to update and recreate the 27 forms that must be amended to as a result of the changes called for by proposed language. The proposed language and forms will be presented at the December 2020 Board meeting for approval and initiation of the formal rulemaking process.

**v. 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 allowed duties to Registered Dental Assistants in Extended Functions licensees. 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.

Board staff drafted the initial rulemaking documents and are working with Board Legal Counsel to review. Once Board Legal Counsel approves, Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

**vi. Diversion Committee Membership (Cal. Code of Regs., Title 16, Sections 1020.4):** Pursuant to the Board's regulations, membership for the DEC's is limited to specific license types and two four-year terms. It is becoming increasingly difficult to recruit qualified individuals to serve on the Board's DEC's. Therefore, Board staff proposes amendments to increase the potential to recruit and retain qualified DEC members.

During the February 2019 meeting, the Board approved proposed regulatory language updating the diversion evaluation committee membership found in Cal. Code of Regs., Title 16, Section 1020.4.

Board staff drafted the initial rulemaking documents and Board Legal Counsel has approved. Board staff submitted the initial rulemaking documents to the Department of Consumer Affairs on October 16, 2019 to review. The Department approved the rulemaking documents on September 24, 2020, before sending them to Agency for approval. Agency approval was received on October 30, 2020. Staff filed the approved documents with OAL for publication in the California Regulatory Notice Register on November 20, 2020. The Public Notice and Comment Period will run until January 4, 2021. If no comments are received the staff will then begin the final rulemaking process.

**vii. Elective Facial Cosmetic Surgery Permit Application Requirements and Renewal Requirements (Cal. Code of Regs., Title 16, Sections 1044.6, 1044.7, and 1044.8):** Under Business Professions Code (Code) Section 1638.1, the Dental Board of California (Board) is authorized to issue Elective Facial Cosmetic Surgery (EFCS) permits to qualified licensed dentists and to establish 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 for the elective facial cosmetic surgery permit application requirements and renewal and directed staff to initiate the rulemaking.

Board staff drafted the initial rulemaking documents and application forms. Board Legal Counsel has reviewed those documents and approved them. Staff developed the rulemaking's fiscal impact with the support of the Board's budget analyst. Budgets approved the Standard form 399 Fiscal and Economic impact statement on November 2, 2020. Staff are working with Regulatory Counsel to finalize the initial rulemaking documents before submitting the rulemaking to the Department of Consumer Affairs to review, as required prior to submitting the documents to the Office of Administrative Law for noticing.

**viii. Law and Ethics Exam Score (Cal. Code of Regs., Title 16, Sections 1031):** Pursuant to Business & Professions Code Section 1632, applicants for dental licensure in California are required to successfully complete an examination in California law and ethics developed and administered by the Dental Board of California (Board). Pursuant to the Board's regulations (California Code of Regulations, Title 16, Section 1031) the current passing score for the Board's Dentistry California Law and Ethics Examination is set at 75%. Board staff recommends deleting the passing score requirement in regulations to allow for OPES to use a criterion-referenced passing score to make the Board's California Dentistry Law and Ethics examination legally defensible.

During the February 2019 meeting, the Board approved proposed regulatory updating the passing score for the Dentistry Law and Ethics Examination found in Cal. Code of Regs., Title 16, Section 1031.

On October 17, 2019 Board staff submitted the initial rulemaking documents to the Department to review. Regulatory Counsel reviewed this language and found clarity issues with the current construction. Specifically, the current proposed language does not define a “passing score”, making the regulation ambiguous. As a result staff worked with Regulatory Counsel and OPES to develop language which could be accepted by OAL. This language was presented to the Board during the August 14, 2020. These updates clarified that applicants would need to achieve a “criterion referenced passing score” on the Dentistry Law and Ethics combined examination; and provided a definition of “criterion referenced passing score”. The Board voted to accept this language and directed staff to initiate the rulemaking. Staff are working with Regulatory Counsel to develop the supporting rulemaking documents to initiate the formal rulemaking process.

**ix. 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, a 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 California Dental Association (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.

Board staff has drafted the initial rulemaking documents and is working with Board Legal Counsel to review. Once Board Legal Counsel approves, Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

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

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

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Board staff have drafted the initial rulemaking documents and are working with Board Legal Counsel to review. Once Board Legal Counsel approves, Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

**xi. Substantial Relationship Criteria (Cal. Code of Regs., Title 16, Sections 1019 and 1020):**

Pursuant to Business and Professions Code sections 141 and 480, under existing law, boards may deny or discipline a license based upon discipline imposed by another state, an agency of the federal government, or another country for any act substantially related to the licensed profession. Effective July 1, 2020, Assembly Bill 2138 (Chapter 995, Statutes of 2018) will require boards to amend their existing regulations governing substantially-related crimes or acts, and rehabilitation criteria.

During the February 2019 meeting, the Board approved proposed regulatory language related to the substantial relationship criteria and criteria for evaluating rehabilitation found in Cal. Code of Regs., Title 16, Section 1019 and 1020.

On September 13, 2019 Board staff submitted the initial rulemaking documents to the Department of Consumer Affairs. The Department approved the rulemaking on January 8, 2020 and it was approved by to Agency on February 27, 2020.

Board staff noticed the proposed rulemaking on March 13, 2020, with a 45 day comment period ending on April 28, 2020. Staff received public comment on April 28, 2020.

The Board reviewed the public comments during the May 14, 2020 meeting. All comments were rejected by the Board and the proposed rulemaking was advanced.

However based on comments received from the Office of Administrative Law, Board staff also submitted a modified proposed text to the Board during the May 14, 2020 meeting. The Board accepted the modified text, and Staff noticed a 15 day comment period on May 18 ending on June 2, 2020. The public comment period was extended from June 2, 2020 to June 17, 2020. No comments were received during the public comment period. The final Phase materials for this rulemaking were delivered to Legal on June 18, 2020.

The Final Phase materials were approved by Legal and sent to Director Kirchmeyer on June 26, 2020. Director Kirchmeyer approved the package and sent it to Agency on July 9, 2020. Agency approved the rulemaking package on July 30, 2020.

The Final Phase materials were then filed with OAL on August 10, 2020. Staff have been working with OAL representatives to address questions that have been raised by OAL attorneys. This rulemaking is undergoing concurrent review by the Department of Finance. When the Department of Finance signs off on the package, OAL is expected to finish their review relatively quickly.

The final approved rulemaking file was submitted to the Office of Administrative Law (OAL) on January 19, 2021. The regulation was approved and became effective on January 22, 2021.

Action Requested:

No action is being requested at this time.