STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
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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
Steven Chan, 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:

1:30 p.m., Thursday, August 19, and 9:00 a.m., Friday, August 20, 2021

NOTE: Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-08-21, issued on June 11, 2021, this meeting will be held by teleconference with no physical public locations.

Important Notice to the Public: The Board will hold this meeting via WebEx Events. Instructions to connect to the meeting can be found HERE.

To participate in the WebEx Events meeting on **Thursday, August 19, 2021**, please log on to this website the day of the meeting:

https://dca-meetings.webex.com/dca-meetings/j.php?MTID=ma933ac1b89b60f3a58165493d792ea99

Event Number: 146 684 4743
Event Password: DBC08192021 (32208192 from phones)

To participate in the WebEx Events meeting on **Friday, August 20, 2021**, please log on to this website the day of the meeting:

https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m035a003edcd1f056c985efa3b317cb94

Event Number: 146 586 7143
Event Password: DBC08202021 (32208202 from phones)

Due to potential technical difficulties, please consider submitting written comments by August 13, 2021, to dentalboard@dca.ca.gov for consideration.

AGENDA

1:30 p.m., Thursday, August 19, 2021

1. Call to Order/Roll Call/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 May 13, 2021, May 14, 2021, and June 14, 2021 Board Meeting Minutes **[6-20]**

4. Board President Report **[21]**

5. Executive Officer Report **[22]**

6. Report on Department of Consumer Affairs (DCA) Activities **[23]**

7. Budget Report **[24-28]**

8. Discussion and Possible Action Regarding the American Dental Association (ADA) Dental Licensure Objective Structured Clinical Examination (DLOSCE) as a Pathway to Licensure **[29]**

9. Report Regarding May 25, 2021 California Department of Public Health Statewide Partnership for Oral Health Meeting **[30]**

10. Recess Open Session

CLOSED SESSION

11. Convene Closed Session

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

13. Adjourn Closed Session

RECONVENE OPEN SESSION

14. Reconvene Open Session

15. Recess Until Friday, August 20, 2021

9:00 a.m., Friday, August 20, 2021

16. Reconvene – Call to Order/Roll Call/Establishment of a Quorum

17. Dental Assisting Council Meeting Report **[31]**

18. Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code (BPC) Section 1750, Infection Control Course Requirements for Unlicensed Dental Assistants **[32-51]**

19. Discussion Regarding RDAEF Administering Local Anesthesia and Nitrous Oxide and Merging RDAEF Scope of Practice **[52-148]**

20. Licensing, Certification, and Permits Committee (Committee) Meeting Report
    a. Discussion and Possible Action on Committee Recommendation Regarding an Application for Conscious Sedation Permit **[149]**

21. Enforcement – Review of Statistics and Trends **[150-158]**

22. Substance Use Awareness
    a. Diversion Program Report and Statistics **[159-160]**
    b. Controlled Substance Utilization Review and Evaluation System (CURES) Report **[161-170]**
23. Examinations
    a. Update Regarding Merger of Commission on Dental Competency Assessment (CDCA) and the Western Regional Examining Board (WREB) **[171-173]**
    b. WREB Report **[174]**
    c. American Board of Dental Examiners (ADEX) Report **[175]**

24. Licensing, Certifications, and Permits
    a. Review of Dental Licensure and Permit Statistics **[176-188]**
    b. General Anesthesia and Conscious Sedation Permit Evaluations Statistics **[189-196]**

25. Legislation – Update, Discussion, and Possible Action on:
    a. 2021 Tentative Legislative Calendar **[197-201]**
    b. Pending Legislation: **[202-348]**
        i. Assembly Bill (AB) 2 (Fong, 2020) Regulations: legislative review: regulatory reform
        ii. AB 29 (Cooper, 2020) State bodies: meetings
        iii. AB 107 (Salas, 2021) Licensure: veterans and military spouses
        iv. AB 526 (Wood, 2021) Dentists and podiatrists: clinical laboratories and vaccines
        v. AB 646 (Low, 2021) Department of Consumer Affairs: boards: expunged convictions
        vi. AB 885 (Quirk, 2021) Bagley-Keene Open Meeting Act: teleconferencing
        vii. AB 1026 (Smith, 2021) Business licenses: veterans
        viii. AB 1236 (Ting, 2021) Healing arts: licensees: data collection

ix. AB 1273 (Rodriguez) Interagency Advisory Committee on Apprenticeship: the Director of Consumer Affairs and the State Public Health Officer
x. AB 1386 (Cunningham, 2021) License fees: military partners and spouses
xi. AB 1552 (Garcia, 2021) Dentistry: foreign dental schools: applications
xii. Senate Bill (SB) 534 (Jones, 2021) Dental hygienists
xiii. SB 607 (Min, 2021) Professions and vocations
xiv. SB 652 (Bates) Dentistry: use of sedation: training
xv. SB 731 (Durazo, 2021) Criminal records: relief
xvi. SB 772 (Ochoa Bogh, 2021) Professions and vocations: citations: minor violations

c. Prospective Legislative Proposals **[349]**
Stakeholders are encouraged to submit proposals in writing to the Board before or during the meeting for possible consideration by the Board at a future meeting.

26. Regulations
a. Update on Pending Regulatory Packages **[350-353]**

27. Discussion and Possible Action Regarding 2022 Meeting Dates **[354-360]**

28. Future Agenda Items
Stakeholders are encouraged to propose items for possible consideration by the Board at a future meeting.

29. Adjournment

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

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

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)).

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 MEETING
MEETING MINUTES
May 13-14, 2021

NOTE: Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-29-20, dated March 17, 2020, the Dental Board of California (Board) met on May 13-14, 2021, via teleconference/WebEx Events, and no public locations nor teleconference locations were provided.

Members Present:
Joanne Pacheco, RDH, MAOB, President
Rosalinda Olague, RDA, BA, Vice President
Alan Felsenfeld, DDS, MA, Secretary
Fran Burton, MSW, Public Member
Steven Chan, DDS
Lilia Larin, DDS
Meredith McKenzie, Esq., Public Member
Angelita Medina, Public Member
Mark Mendoza, Public Member **(Present May 13, 2021)**
Sonia Molina, D.M.D., M.P.H.
Alicia Montell, DDS
Steven Morrow, DDS, MS
Thomas Stewart, DDS
James Yu, DDS, MS

Members Absent:
Mark Mendoza, Public Member **(Absent May 14, 2021)**

Staff Present:
Karen M. Fischer, MPA, Executive Officer
Sarah Wallace, Assistant Executive Officer
Carlos Alvarez, Chief of Enforcement Field Offices
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
Pahoua Thao, Administrative Analyst
Tara Welch, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)
Danielle Rogers, Regulatory Counsel, Attorney III, DCA

2:00 p.m., Thursday, May 13, 2021

Agenda Item 1: Establishment of a Quorum
The Board President, Ms. Joanne Pacheco, called the meeting to order at 2:17 p.m. The Board Secretary, Dr. Alan Felsenfeld, called the roll; fourteen (14) Board members were present, and a quorum was established.

Agenda Item 2: Discussion and Possible Action on February 25, 2021 and February 26, 2021 Board Meeting Minutes
Motion/Second/Call (M/S/C) (Yu/Medina) to approve the minutes with no changes.

Ayes: Felsenfeld, Larin, McKenzie, Medina, Mendoza, Molina, Montell, Morrow, Olague, Pacheco, Stewart, Yu.
Nays: None.
Abstentions: Chan.
Absent: Burton.
Recusals: None.

The motion passed and the minutes were approved with no changes. There were no public comments made on this item.

Agenda Item 3: Board President Report
President Pacheco welcomed all attendees and reminded the Board of its mission to protect the public. She acknowledged Board staff for maintaining Board operations during the Coronavirus (COVID-19) pandemic. She congratulated Dr. Steven Chan, Dr. Lilia Larin, Vice President Rosalinda Olague, and herself on their reappointment to continue serving on the Board. President Pacheco reported that she continues to attend weekly meetings with the Board's Executive Officer, attended the Dental Hygiene Board of California's March 6, 2021 and March 20, 2021 Quarterly Board Meeting and the Dental Assisting Council Meeting on April 30, 2021. There were no public comments made on this item.

Agenda Item 4: Executive Officer's Report
Ms. Karen Fischer, Executive Officer, acknowledged and congratulated the reappointed members to the Board. She provided an update on the Board's 2017-2021 Strategic Plan and the pandemic restrictions. Ms. Fischer reported that the 2022 and 2023 Board meeting dates will be established at the August meeting. Ms. Fischer indicated that all Board members should have received the 2021 edition of the Dental Practice Act, which is comprised of the Business and Professions Code (BPC) and supporting California Code of Regulations. There were no public comments made on this item.

Agenda Item 5: Recess Full Board Open Session
President Pacheco recessed the full Board open session at 2:30 p.m.

Agenda Item 6: Convene Examination Committee Meeting
See Examination Committee Meeting Minutes.

Agenda Item 7: Reconvene Full Board Open Session
President Pacheco reconvened the full Board open session at 4:15 p.m.

Agenda Item 8: Budget Report
Mr. Steve Long, DCA Budget Analyst, provided a report on the State Dentistry Fund the Board manages for FY 2020-21. Since the posting of the meeting materials, Mr. Long reported that revisions were made to the agenda item, which was updated on the Board's website. As of February 28, 2021, the Board spent approximately $10 million of its total State Dentistry appropriation. Of that amount, approximately $5.1 million of the expenditures were for Personnel Services and $4.9 million were for Operating Expense and Equipment. There were no public comments made on this item.

Agenda Item 9: Discussion and Possible Action on Board Policy and Procedure Manual
Vice President Olague and Ms. Fischer provided an overview of the agenda item. Since the posting of the meeting materials, Vice President Olague reported that revisions were made to the agenda item, which was updated on the Board's website. Ms. Fischer mentioned that the table of contents would be updated after the changes were applied to the manual. Vice President Olague reviewed each page with the Board members for an opportunity to comment.

Dr. Steven Morrow requested a revision to page 3 of the Policy and Procedure Manual, second paragraph, under Overview, line 2, to add "1602" after "1601." Dr. Morrow requested an additional revision to page 3 of the Policy and Procedure Manual, under Overview, second paragraph, line 4, to strike out "one must" and replace it with "only one can." In addition, Dr. Morrow pointed out that on page 3 under Overview, second paragraph, lines 13-14 state that Board members serve without a salary; therefore, the word "salary" under Chapter 3, Travel and Salary Policies and Procedures will need to be replaced with "compensation" or "compensated." Ms. Fran Burton requested a revision to page 16, under Communications with Other Organizations and Individuals, fifth paragraph, after line 3, add "Board members shall not speak or act for the Board without proper authorization" to . Dr. Larin requested a revision to page 18, under Mandatory Training, fifth paragraph, lines 2-3, to strike "conflict of interest laws."

(M/S/C) (Larin/Burton) to adopt the revised Administrative Policy and Procedure Manual.

Ayes: Burton, Chan, Felsenfeld, Larin, McKenzie, Medina, Mendoza, Molina, Montell, Morrow, Olague, Pacheco, Stewart, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed and the Administrative Policy and Procedure Manual was adopted as amended. There were no public comments made on this item.

Agenda Item 10: Recess until Friday, May 14, 2021, at 9:00 a.m.
President Pacheco recessed the May 13, 2021 meeting at 4:56 p.m.

9:00 a.m. Friday, May 14, 2021

Agenda Item 11: Reconvene – Establishment of a Quorum
President Pacheco, called the meeting to order at 9:10 a.m. Dr. Felsenfeld, called the roll; 13 Board members were present, and a quorum was established. Mr. Mark Mendoza was absent.

Agenda Item 12: Public Comments on Items Not on the Agenda
There were no public comments made on items not on the agenda.

Agenda Item 13: Report on Dental Hygiene Board of California (DHBC) Activities
Dr. Timothy Martinez, DHBC President, provided a verbal report on their activities. There were no public comments made on this item.

Agenda Item 14: Report on DCA Activities
Ms. Brianna Miller, Board and Bureau Services Manager at DCA, provided a verbal report on their activities. There were no public comments made on this item.

Agenda Item 15: Update Regarding California Northstate University, College of Dental Medicine Accreditation by Commission on Dental Accreditation (CODA)
Dr. Kevin Keating, Dean and Professor at California Northstate University, College of Dental Medicine, provided a presentation on the update regarding California Northstate University by CODA. Dr. Keating addressed Board member questions. There were no public comments made on this item.

At 10:07 a.m., the Board recessed for a break.

At 10:25 a.m., the Board reconvened to open session.

Agenda Item 16: Dental Assisting Council (DAC) Meeting Report
Ms. Melinda Cazares, Chair of the DAC, provided a verbal report of the meeting which occurred on May 13, 2021. She reported on the approval of the February 25, 2021 DAC meeting minutes, presentation regarding the Orthodontic Assistant (OA) Permit Occupational Analysis and Examination Modifications by Ms. Karen Okicich, Research Data Supervisor at OPES, update on dental assisting programs and courses, update on dental assisting examination statistics, update on dental assisting licensing statistics, update regarding the registered dental assistant in extended functions (RDAEF) written examination, and the Council's action to recommend to the Board for its consideration a

legislative proposal to amend BPC section 1750, Infection Control Course Requirements for Unlicensed Dental Assistants.

Based on the results of the Occupational Analysis, OPES recommended the Orthodontic Assistant Permit written examination be modified to adjust exam content by increasing the number of items from 65 scoreable and no pretest questions, to 75 scoreable and 25 pretest questions, and increasing the time candidates have to take the exam from 90 minutes to 120 minutes. Additionally, since the number of candidates taking the Orthodontic Assistant Permit written examination has substantially increased over the last 10 years, OPES recommended increasing the frequency of updating the test item bank. The DAC recommended the Board to take action to approve the recommended changes to the Orthodontic Assistant Permit written examination following the DAC report.

(M/S/C) (McKenzie/Burton) to approve the modifications to the Orthodontic Assistant Permit written examination and accept the OPES Occupational Analysis.

Ayes: Burton, Chan, Felsenfeld, Larin, McKenzie, Medina, Morrow, Molina, Montell, Olague, Pacheco, Stewart, Yu.
Nays: None.
Abstentions: None.
Absent: Mendoza.
Recusals: None.

The motion passed. There were no public comments made on this item.

Agenda Item 17: Examination Committee Meeting Report
Dr. Morrow, Chair of the Examination Committee, provided a verbal report of the meeting, which occurred on May 13, 2021. He reported on the approval of the February 23, 2017 meeting minutes and a presentation regarding the American Dental Association (ADA) Dental Licensure Objective Structured Clinical Examination (DLOSCE) by Dr. Michael Sanders, Vice Chair of the Joint Commission on National Dental Examinations (JCDNE), Dr. David Carsten, member of the Steering Committee for the DLOSCE, and Dr. David Waldschmidt, Director of the Testing Services Department from the JCDNE. After the ADA DLOSCE presentation, the Committee took action to recommend that the full Board consider the ADA DLOSCE as a pathway to licensure at a future meeting.

The Board received public comment. Dr. Waldschmidt clarified that the JCDNE reports on candidate's performance based on educational background from an institution that adheres to CODA's standards and explained that JCDNE has policies to evaluate the candidates' knowledge on diagnostic images.

Agenda Item 18: Enforcement – Review of Statistics and Trends
Mr. Carlos Alvarez, Chief of Enforcement Field Offices, provided the report, which is available in the meeting materials.

Dr. Chan asked if there is any data to see how much time is necessary for the probationary cases. Mr. Alvarez and Ms. Fischer responded that a workload analysis is still being conducted. Dr. Chan asked if there will be any data showing historical trends and the impacts from COVID-19. Mr. Alvarez responded that a report of historical trends will be provided at a future meeting.

The Board received public comment. Dr. Bruce Whitcher commented that historical data can be found in previous meeting materials and that complaints went down overall in 2020.

Agenda Item 19: Substance Use Awareness
Agenda Item 19(a): Diversion Program Report and Statistics
Mr. Bernal Vaba, Chief of Regulatory and Compliance and Discipline, provided the report, which is available in the meeting materials.

Dr. Chan commented that he would like for a diversion program member to provide insight on the program. Ms. Fischer responded that a meeting with one of the members will occur in the future. There were no public comments made on this item.

Agenda Item 19(b): Controlled Substance Utilization Review and Evaluation System (CURES) Report
Mr. Alvarez provided the report, which is available in the meeting materials.

Dr. Larin asked if e-scripts get reported to CURES automatically and if dentists can use e-scripts to prescribe a controlled substance. Mr. Alvarez responded that he could provide more information at a future meeting. Dr. Chan inquired about data for retired drug enforcement administration certificates. Mr. Alvarez responded that a meeting with DCA and the Department of Justice will have to occur to discuss requested data from the CURES database. Dr. Felsenfeld requested data on prescriptions written by dentists. There were no public comments made on this item

Agenda Item 20: Examinations
Agenda Item 20(a): Western Regional Examination Board (WREB) Report
Dr. Bruce Horn, Director of the WREB, and Dr. Sharon Popp, WREB Testing Specialist, provided an update regarding the WREB examination and passing rates. Dr. Horn addressed Board member questions.

The Board received public comment. Dr. Waldschmidt commented in response to the WREB's presentation that the DLOSCE is a multiple-choice exam designed to mirror a high-fidelity prototype.

Agenda Item 20(b): American Board of Dental Examiners (ADEX) Report
Dr. William Pappas, President of ADEX, and Dr. Guy Shampaine, former Chief Executive Officer of ADEX, provided an update and presentation regarding the ADEX examination and passing rates.

The Board received public comment. Dr. Waldschmidt commented in response to the ADEX presentation that the DLOSCE exam has evidence to support clinical performance.

At 12:20 p.m., the Board recessed for lunch.

At 12:57 p.m., Board reconvened to open session.

Agenda Item 21: Licensing, Certifications, and Permits
Agenda Item 21(a): Review of Dental Licensure and Permit Statistics
Ms. Jessica Olney, Anesthesia Unit Manager, provided the report, which is available in the meeting materials. There were no public comments made on this item.

Agenda Item 21(b): General Anesthesia and Conscious Sedation Permit Evaluation Statistics
Ms. Olney provided the report, which is available in the meeting materials.

The Board received public comment. Dr. Whitcher pointed out that there is no data available for April through June.

Agenda Item 22: Legislation – Update, Discussion, and Possible Action on:
Agenda Item 22(a): 2021 Tentative Legislative Calendar
Ms. Burton provided an overview of the 2021 Tentative Legislative Calendar, which is available in the meeting materials. There were no public comments made on this item.

Agenda Item 22(b): Update on Pending Legislation
Ms. Fischer provided the report, which is available in the meeting materials. Board staff identified nine (9) bills, Assembly Bill (AB) 2, AB 29, AB 107, AB 646, AB 1026, AB 1236, AB 1273, AB 1386, and Senate Bill (SB) 731 that did not require discussion from the Board as staff will continue to watch. An updated report on the bills will be provided at a future meeting. Since the posting of the meeting materials, Ms. Fischer reported that some amendments were made to the legislative bills, which are updated on the Board's website. Ms. Fischer presented the following seven (7) bills that may have direct impact on the Board for review and consideration.

(M/S/C) (Burton/Chan) to take a "support" position on AB 526 and send a letter to the author. The Board supports the action in the bill as it would allow dentists with the necessary training to administer influenza and COVID-19 vaccines approved by the Federal Drug Administration, as specified.

Ayes: Burton, Chan, Felsenfeld, Larin, McKenzie, Medina, Morrow, Molina, Montell, Olague, Pacheco, Stewart, Yu.
Nays: None.
Abstentions: None.
Absent: Mendoza.

Recusals: None.

The motion passed. Dr. Chan commented in support of AB 526 and pointed out the complex obstacles in order for dentists to administer influenza and COVID-19 vaccines.

The Board received public comment. Dr. Robert Hattis, representing California Academy of Preventive Medicine, California's Specialty Society for Public Health Physicians, commented on the proposed amendments to the bill made by their Board of Directors that include reimbursement from insurance for vaccine costs and administration fees, not requiring continuing education hours, allowing the Board to determine which other vaccines to administer for dental practice, encouraging dentists to test for COVID-19, use of California Disease Control vaccine information statements, observing temperature infection control requirements, documenting immunizations for home records, and preparation of protocols for occasional emergencies for immediate reactions. Ms. Mary McCune, Director of Community Programs and Regulatory Affairs at California Dental Association (CDA), thanked the Board for the support position. She commented CDA is currently not proposing any amendments to the bill and is actively working with California Department of Public Health and conducting outreach to third party administrator, Blue Shield of California, on resources regarding in-office vaccinations.

(M/S/C) (Burton/Yu) to take a "support" position on AB 885.

Ayes: Burton, Chan, Felsenfeld, Larin, McKenzie, Medina, Morrow, Molina, Montell, Olague, Pacheco, Stewart, Yu.
Nays: None.
Abstentions: None.
Absent: Mendoza.
Recusals: None.

The motion passed. There were no public comments made on this bill.

Ms. Fischer reported that since the posting of the meeting materials, AB 1552 died in the Assembly Business and Professions Committee, and there was no action required from the Board.

The Board received public comment. Mr. Francisco Leal, representative of the State University of Medicine and Pharmacy "Nicolae Testemitanu" of the Republic of Moldova, commented that the reason for the bill was to address the shortage in dental providers in California and intended to extend the CODA accreditation to January 1, 2030. Mr. Leal referenced that AB 1519 (Low, Chapter 865, Statutes of 2019) transferred the Board's responsibility of accreditation to CODA which is an eight (8) to ten (10) year process making it impossible for the State University of Medicine and Pharmacy "Nicolae Testemitanu" of the Republic of Moldova and the University of De La Sallee Bajio in Mexico to complete the accreditation process by January 1, 2024.

(M/S/C) (Burton/Stewart) to take a “support” position on AB 534 and send a letter to the author. The Board has had a collaborative relationship with DHBC since its creation in 2009 and supports the actions in the bill.

Ayes: Burton, Chan, Felsenfeld, Larin, McKenzie, Medina, Morrow, Molina, Montell, Olague, Pacheco, Stewart, Yu.
Nays: None.
Abstentions: None.
Absent: Mendoza.
Recusals: None.

The motion passed. The Board received public comment. Mr. Anthony Lum, Executive Officer of DHBC, thanked the Board staff and Ms. Burton for the recommendation to support AB 534.

(M/S/C) (Burton/Yu) to take a “support” position on SB 607 and send a letter to the author. The Board believes in the recent amendment to the bill which indicates that a foreign dental school that was approved prior to January 1, 2020, through a date between January 1, 2024 and December 31, 2026, maintains that approval through that date. The bill further provides that upon the expiration of that board approval, the foreign dental school is required to comply with the CODA or comparable accreditation process.

Ayes: Burton, Chan Felsenfeld, Larin, McKenzie, Medina, Morrow, Molina, Montell, Olague, Pacheco, Stewart, Yu.
Nays: None.
Abstentions: None.
Absent: Mendoza.
Recusals: None.

The motion passed. There were no public comments made on this bill.

(M/S/C) (Burton/Felsenfeld) to take a “support” position on SB 652 and send a letter to the author. The Board believes in the action of the bill for creating further protection to patients 13 years of age or older by requiring that the operating dentist and at least 2 additional personnel be present throughout the procedure when deep sedation or general anesthesia is used; and that the dentist and one additional personnel maintain current certification in Advanced Cardiac Life Support (ACLS).

Ayes: Burton, Larin, McKenzie, Medina, Morrow , Montell, Olague, Pacheco, Stewart, Yu.
Nays: Chan, Felsenfeld, Molina.
Abstentions: None.
Absent: Mendoza.
Recusals: None.

The motion passed. Dr. Chan pointed out that the bill requires the operator and the administrating anesthesia provider to have an ACLS permit.

The Board received public comment. Ms. McCune commented that CDA had a "support if amended" position but is now in an "oppose" position. CDA's proposed amendments were not approved which included allowing an ACLS alternative, extending the due date for the Board and Office of Oral Health report to 2023 and eliminating a second person to be trained in ACLS if there is a dedicated anesthesia provider present. Mr. Gary Cooper, Legislative Advocate for California Association of Oral and Maxillofacial Surgeons, provided a brief history and the intent of the bill. He commented that the bill would not conflict with SB 501 (Glazer, Chapter 929, Statutes of 2018) and asked the Board for a "support" position.

(M/S/C) (Burton/Stewart) to take an "oppose" position on SB 772.

Ayes: Burton, Chan, Felsenfeld, Larin, McKenzie, Medina, Morrow, Molina, Montell, Olague, Pacheco, Stewart, Yu.
Nays: None.
Abstentions: None.
Absent: Mendoza.
Recusals: None.

The motion passed. There were no public comments made on this bill.

Agenda Item 22(c): Prospective Legislative Proposals
There were no stakeholder proposals presented to the Board and no public comments made on this item.

At 2:18 p.m., the Board recessed for a break.

At 2:32 p.m., the Board reconvened to open session.

Agenda Item 23: Regulations
Agenda Item 23(a): Review, Discussion, and Possible Action to Initiate a Rulemaking to Implement Senate Bill 501 (Glazer, Chapter 929, Statutes of 2018) and Adopt the Following Changes Related to Anesthesia, Sedation, and the Care of Pediatric Patients in Division 10 of Title 16 of the California Code of Regulations:

- Amend Section 1017 of Article 4 of Chapter 1 (Continuing Education);
- Amend Section 1021 of Article 6 of Chapter 1 (Fees);
- Amend Sections 1043, 1043.1, 1043.2, 1043.3, 1043.4, 1043.5, 1043.6, 1043.7, and 1043.8 of Article 5 of Chapter 2 (General Anesthesia and Moderate Sedation);
- Amend Sections 1044, 1044.1, 1044.2, 1044.3, 1044.5, and repeal Section 1044.4 of Article 5.5 of Chapter 2 (Oral Conscious Sedation);
- Amend Section 1070.8 of Article 2 of Chapter 3 (Dental Auxiliaries Education Programs);

- Adopt New Section 1043.8.1 of Article 5 of Chapter 2 (Application for Pediatric Endorsement – General Anesthesia or Moderate Sedation); and,
- Adopt New Sections 1043.9, 1043.9.1, and 1043.9.2, and New Article 5.1 of Chapter 2 (Pediatric Minimal Sedation)

Ms. Sarah Wallace, Assistant Executive Officer, and Ms. Olney provided background information and reported on the agenda item, which is available in the meeting materials. Ms. Wallace reported that Governor Edmund Brown signed SB 501 on September 29, 2018, which will become effective January 1, 2022. SB 501 will impact current General Anesthesia (GA), Conscious Sedation (CS), and Oral Conscious Sedation (OCS) for Minors permit holders in California. Ms. Wallace went through each section of the proposed regulatory language with the Board members.

Ms. Wallace indicated that SB 501 amended, added, and repealed portions of BPC sections 1601.8, 1646-1646.10, 1647-1647.9.5, 1682, 1724, and 1750.5. As a result, the Board needed to make significant regulatory updates to the current anesthesia and sedation permit program. These changes would include pediatric endorsement and patient monitoring requirements when administering anesthesia or sedation to a minor patient. SB 501 also added BPC section 1647.30, which requires the Board to create a new pediatric minimal sedation (PMS) permit. The PMS permit would be required to administer or order the administration of pediatric minimal sedation on a patient under the age of 13.

Board staff worked with the Board's Regulatory Counsel to develop the proposed regulatory language and forms incorporated by reference necessary to update current regulations to meet the requirements of SB 501. The following is an outline of the changes proposed in the regulatory text and forms incorporated by reference:

- Current GA permit would be updated to include the following:
  - Initial application requirements
  - Renewal requirements
  - Monitoring of patients under the age of seven
  - Updating application and renewal forms

- Current Medical General Anesthesia (MGA) permit would be updated to include the following:

  - Renewal requirements
  - Monitoring of patients under the age of seven
  - Updating application and renewal forms

- Current CS permit would no longer be issued. New Moderate Sedation permit would be initiated and include the following:
  - Initial application requirements
  - Renewal requirements
  - Monitoring of patients under 13
  - Updating application and renewal forms

- Current OCS for Minors permit would no longer be issued. New PMS permit would be initiated and include the following:
  - Initial application requirements
  - Renewal requirements
  - Monitoring of patients under 13
  - Create application and renewal forms

- Current OCS for Adult permit would remain with no changes.

Since the posting of the meeting materials, Board staff had identified additional modifications to the proposed language and forms incorporated by reference. These modifications were posted on the Board's website.

(M/S/C) (Burton/Chan) to approve the proposed regulatory text for Sections 1017, 1021, 1043, 1043.1, 1043.2, 1043.3, 1043.4, 1043.5, 1043.6, 1043.7,1043.8, 1044, 1044.1, 1044.2, 1044.3, 1044.5, 1070.8, 1043.8.1, 1043.9, 1043.9.1, 1043.9.2, New Article 5.1, and repeal of Section 1044.4 of Article 5.5 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations, and all forms therein incorporated by reference, as noticed in the proposed text. In addition, the motion directed staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorized the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing, if requested.

Ayes: Burton, Chan, Felsenfeld, Larin, McKenzie, Medina, Morrow, Molina, Montell, Olague, Pacheco, Stewart, Yu.
Nays: None.
Abstentions: None.
Absent: Mendoza.
Recusals: None.

The motion passed. The Board received public comment. Dr. Whitcher, on behalf of CDA, thanked Board staff on their work on the regulatory language.

<u>Agenda Item 23(b): Review, Discussion, and Possible Action to Authorize Consolidation of Proposed Amendments to California Code of Regulations, Title 16, Section 1017 (Continuing Education) Relating to Senate Bill 501 With Previously Board- Approved Proposed Amendments to Sections 1016, 1016.2, and 1017 (Continuing Education), Into a Single Rulemaking Package</u>
Ms. Wallace provided the report, which is available in the meeting materials.

To implement the provisions of SB 501, the Board took action in the previous agenda item to initiate a rulemaking to update the application and renewal requirements for the Board's anesthesia and sedation permit program. Part of this rulemaking includes

amendments to the Board's continuing education requirements contained in California Code of Regulations, title 16, section 1017 relating to the renewal requirements for anesthesia and sedation permits.

The Board previously initiated two other rulemakings to amend California Code of Regulations, title 16, sections 1016, 1016.2, and 1017 relating to continuing education. The first rulemaking was initiated at the Board's November 2017 meeting and included amendments to establish Basic Life Support (BLS) equivalency standards. The second rulemaking was initiated at the Board's February 2019 meeting and included amendments to require a mandatory course on the responsibilities and requirements of prescribing Schedule II opioids as a condition of licensure renewal for dentists and made other clarifying amendments.

Since the initiation of these previous two rulemakings, Board staff worked with the Board's Regulatory Counsel to develop and obtain approval of the initial rulemaking documents required to accompany proposed language for submission to the Office of Administrative Law (OAL) for publication and 45-day public comment. Because the two previously approved rulemakings relating to continuing education have not been published with OAL, and the proposed rulemaking to implement the provisions of SB 501 also contains amendments to the continuing education requirements, Board Regulatory Counsel has advised it would be most appropriate and expeditious to consolidate the three rulemakings that contain amendments to the Board's continuing education requirements into a single rulemaking package.

The consolidated proposed language to amend California Code of Regulations, title 16, sections 1016, 1016.2, and 1017 into one rulemaking is available in the meeting materials.

(M/S/C) (Burton/Stewart) to authorize the consolidation of previously approved and initiated amendments to California Code of Regulations, title 16, section 1017 relating to Senate Bill 501 with previously Board-approved and initiated proposed amendments to sections 1016, 1016.2, and 1017 into a single rulemaking package.

Ayes: Burton, Chan, Felsenfeld, Larin, McKenzie, Medina, Morrow, Molina, Montell, Olague, Pacheco, Stewart, Yu.
Nays: None.
Abstentions: None.
Absent: Mendoza.
Recusals: None.

The motion passed. There were no public comments made on this item.

Agenda Item 24: Adjournment
President Pacheco adjourned the meeting at 3:00 p.m.

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DENTAL BOARD OF CALIFORNIA
TELECONFERENCE MEETING
MEETING MINUTES
June 14, 2021

NOTE: Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-29-20, dated March 17, 2020, the Dental Board of California (Board) met on June 14, 2021, via teleconference/WebEx Events, and no public locations nor teleconference locations were provided.

Members Present:
Joanne Pacheco, RDH, MAOB, President
Rosalinda Olague, RDA, BA, Vice President
Alan Felsenfeld, DDS, MA, Secretary
Fran Burton, MSW, Public Member
Steven Chan, DDS
Lilia Larin, DDS
Meredith McKenzie, Esq., Public Member
Angelita Medina, Public Member
Mark Mendoza, Public Member
Sonia Molina, DMD, M.P.H.
Steven Morrow, DDS, MS
Thomas Stewart, DDS
James Yu, DDS, MS

Members Absent:
Alicia Montell, DDS

Staff Present:
Wilbert Rumbaoa, Administrative Services Unit Manager
Pahoua Thao, Administrative Analyst
Tara Welch, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)

Agenda Item 1: Call to Order/Roll Call/Establishment of a Quorum
The Board President, Ms. Joanne Pacheco, called the meeting to order at 12:05 p.m. The Board Secretary, Dr. Alan Felsenfeld, called the roll; thirteen (13) Board members were present, and a quorum was established.

Agenda Item 2: Public Comment on Items Not on the Agenda
There were no public comments made on items not on the agenda.

Agenda Item 3: Recess Open Meeting
At 12:08 p.m., the Board recessed to convene in closed session as a full Board to deliberate and vote on disciplinary matters.

Agenda Item 4: Convene Closed Session
At 12:09 p.m., the Board convened Closed Session.

Agenda Item 5: Pursuant to Government Code Section 11126(c)(3), the Board met in Closed Session to Deliberate and Vote on Disciplinary Matters, Including Stipulations and Proposed Decisions
The Board convened in closed session to discuss disciplinary matters.

Agenda Item 6: Adjourn Closed Session
The Board adjourned Closed Session at 1:05 p.m.

Agenda Item 7: Reconvene
The Board reconvened in Open Session 1:05 p.m.

Agenda Item 8: Adjournment
President Pacheco adjourned the meeting at 1:06 p.m.

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MEMORANDUM

DATE	July 22, 2021
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 4:** Board President Report

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

Action Requested:
No action requested.

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MEMORANDUM

DATE	July 22, 2021
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 5:** Executive Officer Report

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

Action Requested:
No action requested.

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MEMORANDUM

DATE	July 22, 2021
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 6:** Report on Department of Consumer Affairs (DCA) Activities

Background:
Ms. Carrie Holmes, Deputy Director of Board and Bureau Relations of the Department of Consumer Affairs, will provide a verbal report.

Action Requested:
No action requested.

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MEMORANDUM

DATE	July 16, 2021
TO	Members of the Dental Board of California
FROM	Steve Long, Budget and Contract Analyst Dental Board of California
SUBJECT	**Agenda Item 7:** Budget Report

Background:

FY 2020-21 Expenditures

The State Dentistry Fund's appropriation is consistent with the Current Year Revised Budget for Fiscal Year 2020-21. The expenditures in this report are based upon the budget report released by the Department of Consumer Affairs (DCA) in July 2021. This report reflects actual expenditures from July 1, 2020 to May 31, 2021. The Dental Board (Board) spent roughly $13.4 million or 76% of its total Dentistry Fund appropriation for FY 2020-21. Of that amount, approximately $7 million of the expenditures were for Personal Services and $6.4 million were for Operating Expense & Equipment (OE&E) for this time period.

FY 2020-21 Expenditures		
Fund Title	**Appropriation**	**Total Expenditures July 1, 2020-May 31, 2021**
Dentistry Fund	$17,686,000	$13,365,534

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.

2021 Budget Act

The Budget Act of 2021 was signed by Governor Gavin Newsom on July 13, 2021.This law outlines the State's budget for July 1, 2021 to June 30, 2022. The fund condition statements for FY 2021-22 were not yet available at the time this memo was created. The updated fund conditions will be provided at the next board meeting.

Fund Title	Appropriation
Dentistry Fund	$18,488,000

Action Requested:
No action requested.

Department of Consumer Affairs

Expenditure Projection Report

Dental Board of California
Fiscal Month: 11
Fiscal Year: 2020 - 2021

PERSONAL SERVICES

Fiscal Code	PY Budget	PY FM13	Budget	YTD	Projections to Year End	Balance
5100 PERMANENT POSITIONS	$6,239,000	$4,450,743	$5,928,000	$4,290,840	$4,744,427	$1,183,573
5100 TEMPORARY POSITIONS	$284,000	$65,235	$284,000	$48,134	$52,510	$231,490
5105-5108 PER DIEM, OVERTIME, & LUMP SUM	$130,000	$74,746	$130,000	$120,482	$131,435	-$1,435
5150 STAFF BENEFITS	$3,770,000	$2,935,111	$3,367,000	$2,492,297	$2,761,700	$605,300
5170 SALARY SAVINGS	$0	$1,166	$0	$0	$0	$0
PERSONAL SERVICES	$10,423,000	$7,527,001	$9,709,000	$6,951,753	$7,690,072	$2,018,928

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	PY Budget	PY FM13	Budget	YTD	Projections to Year End	Balance
5301 GENERAL EXPENSE	$167,000	$153,433	$172,000	$98,025	$107,605	$64,395
5302 PRINTING	$77,000	$159,557	$79,000	$99,605	$176,737	-$97,737
5304 COMMUNICATIONS	$47,000	$35,388	$49,000	$36,556	$43,867	$5,133
5306 POSTAGE	$71,000	$505	$72,000	$18,575	$18,575	$53,425
5308 INSURANCE	$2,000	$8,452	$2,000	$8,426	$43,594	-$41,594
53202-204 IN STATE TRAVEL	$156,000	$110,292	$159,000	$4,016	$4,041	$154,959
53206-208 OUT OF STATE TRAVEL	$0	$1,496	$0	$0	$0	$0
5322 TRAINING	$11,000	$7,876	$12,000	$11,372	$20,633	-$8,633
5324 FACILITIES	$563,000	$653,009	$827,000	$628,705	$686,490	$140,510
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	$1,923,673	$2,207,269	$356,731
53404-53405 C/P SERVICES (EXTERNAL)	$914,000	$1,027,038	$869,000	$560,364	$727,202	$141,798
5342 DEPARTMENT PRORATA	$3,213,000	$3,122,317	$2,955,000	$2,801,334	$2,955,000	$0
5342 DEPARTMENTAL SERVICES	$74,000	$177,486	$74,000	$164,474	$239,789	-$165,789
5344 CONSOLIDATED DATA CENTERS	$24,000	$36,190	$28,000	$14,731	$56,298	-$28,298
5346 INFORMATION TECHNOLOGY	$32,000	$1,010	$32,000	$4,058	$4,058	$27,942
5362-5368 EQUIPMENT	$61,000	$50,730	$77,000	$23,439	$69,000	$8,000
5390 OTHER ITEMS OF EXPENSE	$5,000	$43,546	$5,000	$16,428	$20,880	-$15,880
54 SPECIAL ITEMS OF EXPENSE	$0	$6,738	$0	$0	$0	$0
OPERATING EXPENSES & EQUIPMENT	$7,973,000	$7,007,244	$7,977,000	$6,413,781	$7,381,038	$595,962

OVERALL TOTALS	$18,396,000	$14,534,244	$17,686,000	$13,365,534	$15,071,109	$2,614,891
						14.79%

State Dentistry Fund (Dollars in Thousands) Fund Condition based on Governor's Budget	PY 2019-20	CY 2020-21	BY 2021-22
BEGINNING BALANCE	$ 11,280	$ 14,318	$ 8,126
Prior Year Adjustment	$ 111	$ -	$ -
Adjusted Beginning Balance	$ 11,391	$ 14,318	$ 8,126
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS			
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
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	$16,244	$12,313	$18,331

EXPENDITURES AND EXPENDITURE ADJUSTMENTS	PY 2019-20	CY 2020-21	BY 2021-22
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
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	$13,317	$18,505	$19,953
FUND BALANCE			
Reserve for economic uncertainties	$14,318	$8,126	$6,504
Months in Reserve	9.3	4.9	3.8

State Dental Assistant Fund (Dollars in Thousands) Fund Condition based on Governor's Budget	PY 2019-20	CY 2020-21	BY 2021-22
BEGINNING BALANCE	$ 2,238	$ 2,915	$ 2,759
Prior Year Adjustment	$ 20	$ -	$ -
Adjusted Beginning Balance	$ 2,258	$ 2,915	$ 2,759
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS			
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
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	$2,536	$0	$0

EXPENDITURES AND EXPENDITURE ADJUSTMENTS	PY 2019-20	CY 2020-21	BY 2021-22
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
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	$1,879	$156	$33
FUND BALANCE			
Reserve for economic uncertainties	$2,915	$2,759	$2,726

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MEMORANDUM

DATE	July 29, 2021
TO	Members of the Dental Board of California
FROM	Karen Fischer, Executive Officer Dental Board of California
SUBJECT	**Agenda Item 8:** Discussion and Possible Action Regarding the American Dental Association (ADA) Dental Licensure Objective Structured Clinical Examination (DLOSCE) as a Pathway to Licensure

Background:
On May 13, 2021, the Examination Committee (Committee) met to consider whether or not to recommend that the Board accept the ADA DLOSCE as a possible pathway to dental licensure in California.

Dr. Michael Sanders, Vice Chair of the Joint Commission on National Dental Examinations, Dr. David Carsten, member of the Steering Committee for the Dental Licensure Objective Structured Clinical Examination, and Dr. David Waldschmidt, Director of the Testing Services Department from the Joint Commission on National Dental Examinations provided a power point presentation to the Committee. A copy of the 2020 DLOSCE Technical Report was provided to Committee and Board members in the meeting material. Board members were asked to listen to the presentation on May 13th; and were provided the opportunity to comment on the presentation on May 14, 2021 when Dr. Morrow, Committee Chair, provided his Committee report and recommendation to the Board. Members had no additional comments at that time.

The Committee took action to recommend that the full Board consider the ADA DLOSCE as a pathway to dental licensure at a future meeting. In order for this examination to be accepted in California, the Department of Consumer Affairs, Office of Professional Examination Services (OPES) would need to conduct a review of the ADA DLOSCE for compliance with California state examination requirements. Additionally, a statutory change would be required, which would likely be considered during the Board's sunset review hearings in 2023.

Action Requested:

Staff recommends the Board request OPES review the ADA DLOSCE for compliance with California state examination requirements and report back to the Board at a future meeting.

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MEMORANDUM

DATE	July 22, 2021
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 9:** Report Regarding May 25, 2021 California Department of Public Health Statewide Partnership for Oral Health Meeting

Background:
Fran Burton, Board Member, will provide a verbal report regarding the May 25, 2021 meeting of the California Department of Public Health Statewide Partnership for Oral Health.

Action Requested:
No action requested.

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MEMORANDUM

DATE	July 22, 2021
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 17:** Dental Assisting Council Meeting Report

Background:
Ms. Melinda Cazares, Chair of the Dental Assisting Council (Council) will provide a verbal report to the Board regarding the Council's August 19, 2021 meeting.

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

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MEMORANDUM

DATE	July 22, 2021
TO	Members of the Dental Board of California
FROM	Emilia Zuloaga, Dental Assisting Program Manager Dental Board of California
SUBJECT	**Agenda Item 18:** Discussion and Possible Action on Potential Amendments to Business and Professions Code Section 1750, Infection Control Course Requirements for Unlicensed Dental Assistants

Background:

At its April 30, 2021 meeting, the Council discussed whether the infection control course requirements for unlicensed dental assistants should be amended to increase consumer protection. Board staff presented four options to amend the statute to change the timeframe of when the employer of a dental assistant must ensure the dental assistant successfully completes a Board-approved eight-hour infection control course: 1) prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials; 2) within 30 days of employment; 3) within 90 days of employment; or 4) within six months of employment.

After reviewing and discussing the four options, the Council took action to recommend the Board consider a legislative proposal to amend Business and Professions Code Section 1750, subdivision (c), to specify the employer is responsible for ensuring a dental assistant has successfully completed a Board-approved eight-hour course in infection control prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials. The proposed language is attached for the Board's consideration.

Letters of support for this legislative proposal are enclosed.

Action Requested:

Discuss and possibly approve the Council's legislative proposal to amend Business and Professions Section 1750 relating to infection control course requirements for unlicensed dental assistants. If the Board approves the legislative proposal, direct staff to either:

1. Submit the legislative proposal to the California State Legislature for inclusion in a future healing arts omnibus bill, or

2. Direct staff to include the legislative proposal as part of the Board's next Sunset Review report to be submitted to the Legislature in 2023.

DENTAL ASSISTING COUNCIL RECOMMENDED LEGISLATIVE PROPOSAL TO AMEND BUSINESS AND PROFESSIONS CODE SECTION 1750 RELATING TO INFECTION CONTROL COURSE REQUIREMENTS FOR UNLICENSED DENTAL ASSISTANTS

Purpose:
This proposal is intended to be the least restrictive to the dental assistant while providing appropriate consumer protection. This option would require a dental assistant to successfully complete the eight-hour infection control course before performing basic supportive dental procedures involving potential exposure to infectious materials. This option would allow a dental assistant to perform non-infectious supporting dental procedures, so as not to unduly burden the dental assistant with education requirements before being hired, but would protect the public by requiring the infection control course to be successfully completed by the dental assistant before performing supporting dental procedures involving exposure to infectious materials.

Proposed Language:
1750. (a) A dental assistant is an individual who, without a license, may perform basic supportive dental procedures, as authorized by Section 1750.1 and by regulations adopted by the board, under the supervision of a licensed dentist. "Basic supportive dental procedures" are those procedures that have technically elementary characteristics, are completely reversible, and are unlikely to precipitate potentially hazardous conditions for the patient being treated.

(b) The supervising licensed dentist shall be responsible for determining the competency of the dental assistant to perform the basic supportive dental procedures, as authorized by Section 1750.1.

(c) The employer of a dental assistant shall be responsible for ensuring that the dental assistant has successfully completed a board-approved eight-hour course in infection control prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials.

(~~c~~d) The employer of a dental assistant shall be responsible for ensuring that the dental assistant, who has been in continuous employment for 120 days or more, has already successfully completed, or successfully completes, all of the following within a year of the date of employment:

(1) A board-approved two-hour course in the Dental Practice Act.

~~(2) A board-approved eight-hour course in infection control.~~

(~~3~~2) A course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course

approved by the board as equivalent and that provides the student the opportunity to engage in hands-on simulated clinical scenarios.

(~~d~~e) The employer of a dental assistant shall be responsible for ensuring that the dental assistant maintains certification in basic life support.

Dental Assisting National Board, Inc.

Measuring Dental Assisting Excellence®

June 4, 2021

Dental Board of California
Attention: Karen Fischer, MPA, Executive Officer
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815
karen.fischer@dca.ca.gov

Dear Distinguished Members of the Dental Board of California:

I am writing to you on behalf of the Dental Assisting National Board, Inc. (DANB), to provide information related to the recent recommendation of California's Dental Assisting Council to require dental assistants to complete an eight-hour course in infection prevention and control prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious material.

About DANB

DANB is the American Dental Association-recognized national certification board for dental assistants. DANB's mission is to promote the public good by providing credentialing services to the dental community. Our longstanding commitment to public protection has consistently led us into the dental infection prevention and control arena:

- We developed the first standardized national exam in infection prevention and control for dental assistants in 1990, and incorporated this exam – the Infection Control exam (ICE®) – into our flagship Certified Dental Assistant (CDA®) certification program in 1993.
- In 2014, we were instrumental in forming an Infection Control Consortium, consisting of representatives of seven national oral healthcare organizations and the CDC's Division of Oral Health, which identified master curriculum elements for use in development of infection prevention and control education for oral health professionals.
- In 2017, we began a multi-year collaboration with the Organization for Safety, Asepsis and Prevention (OSAP), which will culminate in the launch of two new dental infection prevention and control certifications for allied dental personnel and other oral health professionals in early 2022. DANB's affiliate, the Dental Advancement through Learning and Education Foundation (the DALE Foundation) is also a partner in the collaboration – charged with administration of the collaboration and co-development of education – and has developed, jointly with OSAP, an assessment-based certificate program in dental infection prevention and control for oral health professionals.

The 2020 coronavirus pandemic reinforced and amplified our ardent concern for public protection, as the grave consequences of failing to prevent infection played out around the globe. In accordance with our public protection mission, we support the American Dental Assistants Association, the California Dental Assistants Association and other dental assisting organizations across the country in their efforts to address heightened public concern about disease transmission by promoting enhanced education, training and examination requirements for the member of the dental team who most often performs infection prevention and control procedures – the dental assistant.

What are the consequences of improperly performed infection prevention and control duties?

In recent years, there have been several high-profile breaches of infection prevention and control protocols reported in the media, including the following:

- In 2014, New Jersey public health officials discovered 15 cases of endocarditis linked to improper infection prevention and control procedures at one oral surgery office; of the 15 confirmed endocarditis patients, **12 underwent cardiac surgery and one died** from complications of endocarditis and subsequent cardiac surgery.[i]

- In a highly publicized incident in Oklahoma in 2013, **more than 4,200 dental patients required testing** for infectious diseases after receiving treatment in the office of an oral surgeon whose staff was found to be using improper sterilization practices. Of those tested, 89 were positive for **hepatitis C**, with at least one of these cases confirmed through genetic testing as **a patient-to-patient transmission** of the disease.[ii]

  At the time of the incident, Oklahoma did not have any laws or regulations requiring dental assistants to receive any specific education, training or examination in infection prevention and control or to hold independent certification in dental assisting from DANB or any other entity. The supervising dentist, in a statement to investigators, indicated that he delegated all sterilization responsibilities to his dental assisting staff, yet the errors made by these assistants demonstrated that they **lacked even a basic knowledge of infection prevention and control principles**.

- The Oklahoma incident described above followed a series of significant but less well publicized infection prevention and control breaches, including an occurrence in 2011 in which more than **500 veterans were notified that they might have been exposed to hepatitis B, hepatitis C and HIV** after having procedures performed in a VA dental clinic in Dayton, Ohio, where proper infection prevention and control protocols were not followed[iii] and another occurrence in 2010 in which **more than 1,800 veterans were potentially exposed to hepatitis B and HIV** over a 13-month period at a VA facility in St. Louis, Missouri.[iv]

- In 2016, **mycobacterium abscessus infections** caused by improperly maintained dental unit water lines at a pediatric dental practice in Anaheim, California, led to the **hospitalization of 70 children**.[v]

The list above contains some of the more highly publicized and dramatic infection prevention and control breaches in recent years, in which large numbers of patients were affected. We also know anecdotally and through news reports that dental boards across the country, including in California, have cited dental offices for infection prevention and control violations, such as failure to do spore testing or to keep records of spore testing, not wrapping instruments and equipment properly to maintain sterility, not using the right type of disinfectant, and others.[vi] Though it is impossible to know whether these deficiencies led to transmission of diseases, these citations reveal a pervasive lack of adherence to infection prevention and control standards that is indicative of insufficient knowledge. And it is unclear whose knowledge is deficient: Is it the on-the-job trained dental assistant who has not yet taken the required infection control course? Or is it the more senior or licensed team members who are supervising and providing on-the-job training to the new assistants?

Now is the Time

The 2020 global coronavirus pandemic impressed the critical importance of infection prevention and control upon every single person in our country and around the world. As we emerge from this pandemic, oral healthcare professionals will be providing care to patients who are acutely aware of the risks posed by pathogens and who will ask questions they may have never asked before about the safety of dental treatment and the aseptic conditions of dental offices. Now is the time for regulators and policy makers to give serious consideration to all measures that will reduce the risk of infection for dental patients and dental office personnel. We believe requiring dental assistants to complete infection prevention and control education and examination prior to undertaking tasks that require knowledge of infection prevention and control principles will help to close the gaps in infection prevention and control knowledge in dental offices and will be a step in the right direction for protection of the public in California.

Thank you for your time and consideration of these comments.

Sincerely,

Katherine Landsberg
Director, Government Relations

Cc: Sarah Wallace, Assistant Executive Officer, Dental Board of California
Cynthia C. Durley, M.Ed., MBA, Executive Director, DANB and the DALE Foundation
Johnna Gueorguieva, Ph.D., Chief Credentialing and Research Officer, DANB and the DALE Foundation

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CALIFORNIA
DENTAL ASSISTANTS
ASSOCIATION

June 5, 2021

Dental Board of California
Karen Fischer, MPA, Executive Officer
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

Dear Members of the Dental Board of California:

The health and safety of dental patients must be a shared priority for all dental health care workers. In addition to being advocates for the health and safety of our patients who entrust us with their care, we must also be committed to the health and safety of all employees. The proposed amendment to the Business and Professions Code 1750 will improve infection control standards and practices, enhance the health and safety for patients and employees while ensuring compliance with regulatory standards.

Individuals may enter the dental assisting workforce in one of two ways: 1) graduation from a board approved dental assisting program where they have received training and education in infection control standards and practices, or 2) "on-the-job training" with no requisite formal education or training. The Dental Board currently requires an unlicensed, on-the-job- trained dental assistant to complete an eight-hour infection control course, however, the Business and Professions Code 1750 currently allows up to twelve months for completion of this course. Of significant concern is that during those twelve months in which dental assistants have potentially not completed the requisite training, they are responsible for workspace disinfection, instrument cleaning/packaging, sterilization, handling of hazardous waste, waterline maintenance as well as direct patient care. Allowing dental assistants to perform these duties without the requisite formal education and training in infection control places the patient's health and safety, as well as all the dental health care workers in the office, at risk.

Allowing 12 months to take the required infection control course does not align with the *Cal OSHA (CCR Title 8 Section 5193 Bloodborne Pathogens. 2.Information and Training B1), which requires that employees receive training "at the time of the initial assignment to tasks where occupational exposure may take place".*

Additionally, as published in the CA Dept of Public Health statement of May 7, 2020:

> *"According to the Occupational Safety and Health Administration's (OSHA) Guidance on Preparing Workplaces for COVID-19, dental health care personnel (DHCP) are in the very high-risk category for exposure to SARS-CoV-2 virus that causes COVID-19 when they are performing certain aerosol generating procedures. This risk requires a level of heightened awareness, training, preparation, and adherence to a combination of standard and transmission-based precautions as appropriate to ensure the safe provision of care."*

Of additional concern is that Business and Professions Code 1750 currently lacks any requirement for tracking the completion of the approved Dental Board Infection Control Course. Employers are not required or accountable to demonstrate proof to the Dental Board when the unlicensed dental assistant has completed this required course.

Dental employers have previously opined that providing the time and cost of the Dental Board Infection Control course early in employment is overly burdensome to the employer and that in-office training is sufficient, at least during the first 12 months. However, training by other employees does not meet the safety standards we should be striving to meet and improve. In February 2021 a small sampling of on-the-job-trained, unlicensed dental assistants showed that:

- 40% have less than 6 hours of training in the office
- 15% of them were not taught about hand washing, PPE, waterline maintenance or handling hazardous waste and impressions in the office
- 100% did not receive the office training prior to exposure to blood, saliva or OPIM

For the reasons noted above, we believe the current Business and Professions Code 1750 does not adequately reflect the present-day risks and standards of infection control education and training for the unlicensed dental assistant. We are advocating and recommending that unlicensed dental assistants be required to complete the approved Dental Board Infection Control Course prior to performing any job duties that provide exposure to blood, saliva or other potentially infection material (OPIM). There are currently 78 approved infection control courses throughout California with an average cost of $350 for the 8-hr course. This 8-hr time commitment and training cost (which represents an average composite filling or a 'deep cleaning' (scaling & root planing), presents minimal burden to the employer, particularly in contrast to the duty to minimally meet health and safety standards for patients and dental health care workers. In addition, that a revised Business and Professions Code 1750 include a required mechanism for employer accountability to track and report employee compliance with infection control training.

The need for updating BPC 1750 is amplified by the number of dental assistants who have not returned to the field following reopening since COVID-19 closures and fewer graduates able to complete their requirements this past year. Both trends have led to an increased influx of health care workers with no background or education in dentistry. Given the increased need for knowledge about infection control, it is more important than ever that there be education and training for any healthcare worker *prior to exposure to blood, saliva or OPIM*. This increases the protection to not only the patient but the dental healthcare workers for whom the proper handling of infection control procedures is vital. It also alleviates the need for the dental office to take time away from patient care to provide the initial training. Additionally, this would be more in line with what is required of students in Dental Board approved dental assisting programs who are required to prove their competence at each step of their learning and must do so *before ever working on a patient*.

So, is this really a consumer protection issue? Is there documentation of infection control breaches? Because the Dental Board is complaint driven, the data that is available are those cases that have been reported but does not capture all breaches. A case that received some attention is the Orange County dental unit waterline case of 2016. Here is some of that data from that case which involved children who contracted mycobacterial infections as a result of contaminated waterlines:

> "Of 1,089 patients at risk, 71 cases (22 (31%) confirmed and 49 (69%) probable) had been identified as of March 19, 2018. Pain and/or swelling on admission were reported in 79%; 21% were asymptomatic. CT findings included 49/70 with abnormalities of the mandible or maxilla, 13/70 with lymphadenopathy, and 19/68 with pulmonary nodules.
>
> Of 71 cases, 70 were hospitalized and underwent surgical debridement, for an average of 8.5 inpatient days (range 1–60 days); 23 had >1 hospitalization and 26 required >1 inpatient surgery. Permanent teeth were lost in 45/65 (range of 1–6 teeth lost)." (Singh, et al). *Open Forum Infectious Diseases*, Volume 5,

Loss of teeth, lymph nodes, and jawbone is traumatic for anyone, but especially for these children, who will have lifelong ramifications from this infection control breach. That, in and of itself, is enough to give one pause.

In response to this breach, Peggy Spitzer, a dental hygienist and clinical education manager for Certol International (leading developer of infection prevention, instrument cleaning and sterile reprocessing products for medical offices, hospitals and surgery centers) says ***"All these***

incidents that come up in the news are illustrations of problems with inappropriate procedures," Spitzer says. ***"The dental staff may be trained on the job, don't know the scope of practice or law in their state, and they are only going by what their dentist boss tells them. So, the dentist boss hasn't kept up on the newest requirements and advances, and then they don't properly train their staff. There's no oversight, no monitoring, so these bad, bad things happen."***

In reference to the Oklahoma 2013 case of willful neglect relative to sterilization procedures over a six year period, Spitzer goes on to say, ***"It certainly speaks to the need for having certifications and training for all people who are involved in healthcare and not just the people who are the licensees."***

The dentist's response to the query about the sterilization procedures in his office was *"My staff takes care of that; I don't."*

So, while the dentist is ultimately responsible for what happens in the office, there is no accountability for either the quality or the timing of the training that takes place. In comparison, is dentistry providing the same level of quality control and consumer protection as medicine? For decades, medical facilities have been held accountable to a high level of infection control practices through stringent oversight by multiple regulatory agencies.

Dental consumers trust that all staff have had proper training, yet we know that to not be true. As a mother of one of the children infected from the Orange County infection control breach said, "I trusted the dentist to do the right thing". We trust that the Dental Board will do the right thing and move forward in protecting the public and maintaining their trust.

Given the mission of this Board to protect the public from potential harm, we request that the Board support the recommendation of the Dental Assisting Council to change the minimum qualifications in BPC 1750 to require the infection control course prior to exposure to blood, saliva or OPIM. We believe that the dental patient would expect no less.

Sincerely,

Kelly Thomas, CDA, RDA, CDPMA, MADAA

Kelly Thomas
CDAA President

May 15, 2021

Subject: Change of Required Training Time

To whom it may concern,

My name is Eloise Reed. I have been a working Registered Dental Assistant since 1977. In addition, I taught at 4 different dental assisting programs, worked as a dental office consultant, and co-owned a business that assisted dental assistants in becoming Registered Dental Assistants by offering required courses for RDA licensure application. Currently, I am a DBC approved provider of the 8-Hour Infection Control course for the Unlicensed Dental Assistant, and a DBC Approved provider of continuing education courses for dental professionals. I wish to share my insight and observations in hopes to encourage the Dental Board of California to align its requirements of the 8-Hour Infection Control course for the Unlicensed Dental Assistant with Cal-OSHA and Federal OSHA standards requiring "training prior to exposure".

I believe the Dental Board of California should change their existing policy of "The employer of a dental assistant shall be responsible for ensuring that the dental assistant who has been in continuous employment for 120 days or more, has already successfully completed, or successfully completes, all of the following within a year of the date of employment" to be consistent with Cal-OSHA and Federal OSHA's "training prior to exposure". OSHA and the DBC receive the same information from the same advisory agencies, such as the CDC, NIOSH, WHO, NIH, etc. The advisory agencies encourage training prior to exposure or hazard or harm to oneself or to a patient. Although the DBC and OSHA have different "parties" they aim to protect, the individual agency standards are very similar. The DBC requires we follow the Minimum Standards for Infection Control for patient safety, and OSHA requires we follow the Bloodborne Pathogen Standard and the Aerosol Transmissible Disease Standard to keep the worker safe. These standards similar documents with the same safety measures. Why aren't the required training times the same? Aren't the patients just as important to protect as the worker?

During my 35 plus years of teaching dental assisting, including infection control, I personally inspected over 200 dental offices in the South San Francisco Bay Area. These inspections were necessary to be certain my students would be performing their internship duties in safe and compliant dental practices. While visiting offices, I noted that some dental office staff members did not understand the need for proper infection control, nor did some staff members **know** there were standards they needed to follow. Often, I witnessed existing staff training new staff incorrectly with outdated techniques and improper cleaning agents, sterilization procedures, improper PPE, etc.. And, sadly, there were a few dentists who did not seem to care, and, at times they stated they did not see a need to train. Often, they expressed the lack of time to train properly. These offices were unclean, and patient's health could be harmed. I could not allow my students to be accomplices to unsafe practices. In those situations, I removed my students for those offices.

Unfortunately, those offices were placed on my "black list". I refused to allow my students to participate in any breach of infection control, both for the safety of the student (leading to OSHA violations) and for the contributory neglect of the patient (leading to DBC Minimum Standards for Infection Control violations). Some of the breaches I noted were: the office did not provide heavy duty utility gloves for the tasks of processing instruments or for treatment room decontamination, staff did not properly clean instruments prior to sterilizing, staff did not place instruments in the proper sterilization pouches, and some offices did not sterilize instruments at all. More common was the failure to decontaminate a

treatment room properly, they reused exam gloves or “misused” exam gloves (keeping contaminated gloves on while walking about the office touching items that were to be used on a different patient), the misuse of chemicals, the lack of PPE or improper PPE, and the extensive cross- contamination of all surfaces. These breaches of infection control could have led to harm to both the patient and the staff. These are just few examples of what I personally witnessed.

As mentioned, I teach the DBC approved 8-Hour Course in Infection Control for the Unlicensed Dental Assistant. Almost always, unlicensed dental assistants in class share their personal experiences from their offices. Sadly, many express and demonstrate the lack of training or improper or incompetent training, confusion with requirements, lack of confidence in their office training, inadequate PPE, minimal time allotment for infection control protocol, and the inability to properly decontaminate a room or properly process instruments for reuse. Some students inform me they are watched by the “front office manager” with a stopwatch as they are given 3 minutes to turn a room around. Some students shared stories of injuries such as poking themselves with contaminated needles while recapping a syringe, poking themselves with a contaminated instrument during instrument processing, exposure to chemicals while treatment room decontamination, the misuse of PPE, and other safety violations.

Sadly, the confessions I hear from several of the unlicensed dental assistants, are the same. For the safety of my students in the dental assisting programs, I removed them from the offices that were negligent. For the assistants I am currently instructing that come from private practices, not an educational program, I have no way to help them keep their patients or themselves safe other than to instruct them in the proper techniques according to the standards that are created to keep the patient and the worker safe (OSHA standards and DBC standards) and do my best to help them break bad habits.

When I ask the unlicensed dental assistants in class why they didn’t tell their employer that what they were doing was incorrect or against the standards, their replies were (and are almost always) the same: 1. They do not want to get in trouble, 2. They do not want to lose their job, 3. They did not know for certain it was wrong, but they thought it was and no one else in the office knew any better, 4. They were simply afraid to tell cause the rest of the staff is supposed to know better. It was often during classroom instruction that the unlicensed dental assisting student learned the things they were taught in their office were incorrect. Now they have bad habits to break and now have to convince the office to change.

I strongly believe dental assistants should be trained in the DBC’s Minimum Standards for Infection Control **PRIOR** to the potential exposure to blood, saliva, chemicals, and OPIM, just as they are required to do so to meet OSHA standards. The need for proper infection control training for unlicensed dental assistants prior to handling patient care items and performing patient care activities, including basic infection control, is critical to keep both the patient and the worker safe. Having training time requirements consistent with the two agencies, DBC and OSHA, will reinforce the policies and strengthen the potential for safety for all.

Thank you,

Eloise Reed, CDA, RDA, CDPMA, CPFDA, BS

American Dental Assistants Association
180 Admiral Cochrane Drive, Suite 370
Annapolis, MD 21401
P: 877-874-3785
F: 630-351-8490
www.adaausa.org

April 15, 2021

California State Board of Dental Examiners
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

Dear Board Members,

The American Dental Assistants Association (ADAA) is in support of the California Dental Assistants Association (CDAA) request to have dental assistants have 8 hours in infection control and the handling of other potential infectious materials (OPIM) prior to seeing patients in the dental office.

The CDAA understands and respects the need for dentists to hire dental assistants that may not have this knowledge or skill at the beginning of employment. As an Association, they are concerned not only with the health and safety of ALL dental assistants but also the patients and staff that they will be working with. Thus, the reason for this proposal of having 8 hours in infection control prior to patient care.

The ADAA believes that an educated dental assistant is an asset to the public first and foremost and then the practice. The ADAA offers course work for dental assistants that cover these areas that the CDAA is requesting to be covered by this proposal and can be found on our website at: adaausa.org.

If you should need additional information please feel free to contact the ADAA.

Sincerely,

Betty Fox
President
American Dental Assistants Association

California Association of Dental Assisting Teachers
710 South Myrtle Avenue, #16
Monrovia, CA 91016

June 3, 2021

Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

Dear Dental Board of California,

Members of CADAT are troubled with the current law Business and Profession Code 1750, the on-the-job-trained dental assistant. As educators, we have to find offices that will allow our students to extern in their practices, and an inspection is made to insure that they are in compliance with the Dental Boards infection control and OSHA regulations. We frequently have conversations with unlicensed dental assistants who have worked at the same location for more than two years. These unlicensed dental assistants have never had an 8-hour infection control course, OSHA course, or a BLS CPR course through the interviewing process. We frequently see infection control violations, unlicensed staff working beyond the scope of practice; by placing temporaries and packing cord, just to mention a few. Before you say, why don't you report this, I must tell you; we don't want to get blackballed from the dental community and have nowhere for our students to do their externship. This can become a vicious circle.

Our concern is that the law should be re-written to have formal training before handling any bioburden. This can be tracked when the dentist renews their license. Their renewal can have all of their staff listed with license numbers, and unlicensed staff with current training documentation. This way, the required courses will be completed.

Business and Professions Code 1750 currently allows an on-the-job trained dental assistant up to 12 months to complete the Dental Board's 8-hr infection control course. During that 12 months, that dental assistant will be doing disinfection, instrument cleaning/packaging, sterilization, handling hazardous waste, waterline maintenance – and direct patient care. Without formal education and training in infection control, the patient's health and safety are at risk, as well as all the dental health care workers in the office.

Allowing 12 months to take the required infection control course does not align with the *Cal OSHA (CCR Title 8 Section 5193 Bloodborne Pathogens. 2.Information and Training B1), which requires that employees receive training "at the time of the initial assignment to tasks where occupational exposure may take place."*

Additionally, as published in the CA Dept of Public Health statement of May 7, 2020:

"According to the Occupational Safety and Health Administration's (OSHA) Guidance on Preparing Workplaces for COVID-19, dental health care personnel (DHCP) are in the very high-risk category for exposure to SARS-CoV-2 virus that causes COVID-19 when they are performing certain aerosol-generating procedures. <u>This risk requires a level of heightened awareness, training, preparation, and adherence to a combination of standard and transmission-based precautions as appropriate to ensure the safe provision of care</u>." As educators who inspect dental offices, this law is not being taken seriously by the dentist because there are no random inspections conducted to hold them accountable.

We would like to have the Dental Boards support to change this law to state “All unlicensed dental assistants must have upon entry into the dental office, must have an 8-hour infection control course before handling instruments with bloodborne pathogens, hazardous materials, sharps and direct patient care. With required infection control update courses annually.

Thank you,

Susan Dahn, RDA
CADAT President

DAEGRS

Dental Assisting Educators Group of California

June 4, 2021

Dental Board of California
Attention: Karen Fischer, MPA, Executive Officer
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815
Karen.fischer@dca.ca.gov

Dear Members of the Dental Board of California:

Dental assisting educators in California are greatly encouraged by the unanimous vote of the Dental Assisting Counsel to support the change in the timing requirement for the mandatory 8-Hour Infection Control course for the unlicensed dental assistant.

As the recent pandemic has wreaked havoc on our society and the health and wellbeing of millions of people, we as health care professionals are obligated to learn, grow, and change from the challenges we have faced in the past 18 months. We have all been reminded of the importance of disease transmission prevention and the role we all play in keeping not only ourselves safe and healthy, but our coworkers, friends, family, and therefore all residents of California. **Knowledge and performance of proper infection control procedures is critical to ensuring a safe and thriving society for everyone.**

Requiring completion of the 8-Hour Infection Control Course *prior to* exposure to saliva, blood, and OPIM is the responsible course of action and is in direct alignment with the DBC mission to "protect and promote the health and safety of consumers of the State of California."

We sincerely hope and pray that you will keep your mission in the forefront of the conversations surrounding this initiative. The complications/challenges of making this change to the regulation (and the statute) is nothing when we consider that lives are truly at stake.

Sincerely,

Melodi Randolph

Melodi Randolph, RDAEF2, CDA, OAP, BS, MEd
DAEGRs Co-Chair

California Dental Hygienists' Association
The Voice of Dental Hygiene

June 16, 2021

Dental Board of California
Joanne Pacheco RDH, MAOB
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

Ms. Pacheco,

This letter is being sent on behalf of the California Dental Hygienists' Association (CDHA) requesting the Dental Board of California (DBC) support amended language to Section 1750 of the Business and Professions Code being proposed by the Dental Assisting Council (DAC). The amended language would require dental assistants to take an eight-hour infection control course prior to being exposed to bloodborne pathogens or other potentially infectious materials (OPIM).

As members of the dental team, dental hygienists often depend on the assisting members of the dental team to assist with infection control. Dental hygienists, as well as dentists, are required to take mandatory infection control courses every two years. Having unlicensed dental assistants working in the dental environment with no formal training poses a risk to patients, staff and all of the other members of the dental team.

CDHA supports DAC's position that mandatory laws and regulation promulgated by both the DBC and the DHBC, along with training, should be provided upon employment. Failure to do so places the dental assistant, patients, staff, dental hygienists and dentists at risk for exposure. Allowing offices to postpone this training for twelve months endangers the health and safety of all those seeking care and/or working in dental offices.

CDHA further supports the language from the Office of Health and Safety Administration (OSHA) requiring training of all employees upon employment. Specifically, Cal/OSHA (CCR Title 8 Section 5193 Bloodborne Pathogens. 2.Information and Training B1), requires that employees receive training "at the time of the initial assignment to tasks where occupational exposure may take place."

Protection of the consumers is the primary charge of the DBC. CDHA supports the need for all dental personnel to be trained in infection control through mandatory course work upon employment as opposed to on-the-job training for up to twelve months. Without formal training, protocols and procedures may not be adequately covered putting both consumers, staff and dental team members at risk for exposure.

CDHA appreciates all the work of the DBC on behalf of consumers.

Sincerely,

Heidi Coggan, RDHAP, BS
President
California Dental Hygienists' Association

CC: Karen Fisher
Jennifer Tannehill

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
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MEMORANDUM

DATE	July 22, 2021
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 19:** Discussion Regarding RDAEF Administering Local Anesthesia and Nitrous Oxide and Reviewing Merging RDAEF Scope of Practice

Background:
At its November 2018 meeting, the Dental Board of California's (Board) Dental Assisting Council (Council) heard a presentation from Joan Greenfield, RDAEF, MS, regarding a proposal to add the administration of local anesthesia and nitrous oxide to the scope of practice of registered dental assistants in extended functions (RDAEF) licensed on or after January 1, 2010 as an optional post-licensure permit with conditions determined by the Board.

In response to the materials provided by Ms. Greenfield, Board staff requested the Department of Consumer Affairs' Office of Professional Examination Services (OPES) review the results of Ms. Greenfield's survey launched on August 25, 2018 by the EF Association. Board staff also asked OPES to evaluate the EF Association proposal based on the survey, and to make preliminary recommendations. The EF Association proposed that the Board add local anesthesia and nitrous oxide administration to the scope of practice for the RDAEF licensed on or after January 1, 2010 as an optional post-licensure permit with conditions. The proposal suggested a 50-hour competency course of instruction to obtain certification for administering local anesthesia and nitrous oxide. The EF Association reported that its survey requested information about the functions and practices of the RDAEF, including how often patients need additional local anesthesia during composite, amalgam, and traditional impression procedures.

OPES reviewed the results of the survey and believed it was informative regarding the perspective of one group of RDAEFs. However, even though the proposal concerned administration of both local anesthesia and nitrous oxide, the survey only focused on local anesthesia. OPES was also concerned that the RDAEFs were aware of the purpose of the survey, which may have influenced their responses.

During this meeting, the Council discussed the necessity of adding the administration of local anesthesia and nitrous oxide to the scope of practice for RDAEFs and expressed

concern for public protection. OPES made the following recommendations if the Council and the Board decided to pursue expanding the RDAEF scope of practice,

1. First, the Board should carefully consider the following factors:
   - The nature of the problem to be solved;
   - To what extent the public's health and safety has been affected by the current situation;
   - To what extent implementing the change would impact consumers;
   - How other states are regulating this profession;
   - Whether the benefit to the public would be significant enough to outweigh the cost to implement regulations for a relatively small group of licensees;
   - How applicants would be qualified;
   - What type of examination would be required; and,
   - What education and training would be required.

2. Second, the Board should conduct more in-depth surveys of both dentists and a larger sample of RDAEFs to assess their opinions on adding the administration of local anesthesia and nitrous oxide to the RDAEF scope of practice. Additional information will need to be collected for a more comprehensive evaluation. A focus group of RDAEFs might be necessary to thoroughly evaluate the implications of this proposal.

3. Third, the Board should form a working group consisting of dentists, hygienists, RDAEFs, and other interested stakeholders to research and evaluate this proposal.

The Board already has multiple certifications and permits. If the Board ultimately decides to pursue this proposal, OPES recommended that it do so with a broader goal of streamlining the scope for RDAEFs. In conjunction with additional surveys and a working group, OPES suggested that the Board explore the possibility of eliminating the multiple layers of RDAEF certifications by incorporating all of them under one general RDAEF license and that the Board should also consider external approval (e.g., DANB, CODA) for schools.

As a result of the discussion and OPES recommendations heard at its November 2018 meeting, the Council directed staff to conduct more in-depth surveys of both dentists and a larger sample of RDAEFs to assess their opinions on adding the administration of local anesthesia and nitrous oxide to the RDAEF scope of practice; to form a working group consisting of dentists, hygienists, RDAEFs, and other interested stakeholders to research and evaluate the proposal; and, to recommend that the Board consider exploring the possibility of eliminating the multiple layers of RDAEF certifications by incorporating all of them under one general RDAEF license.

Board staff have researched to determine how best to facilitate such a survey and working group to assess opinions to bring back to the Council for consideration. Due to limited staff resources, the work associated with carrying out day-to-day responsibilities in the dental assisting unit, and that the development of surveys and facilitation of working groups to evaluate scope of practice issues is not within the expertise of staff, there has been no

progress in fulfilling the direction of the Council in regards to this issue. After further evaluation, Board staff have determined that in order to move forward with meeting the direction of the Council, a Board member would be needed to assist staff with the facilitation of the surveys and working groups to determine if a recommendation should be made to the Board to add the administration of local anesthesia and nitrous oxide to the RDAEF scope of practice.

A copy of the meeting materials from the November 2018 Council meeting is included for the Board's reference.

Action Requested:

1. Determine whether the Board wants to conduct more in-depth surveys of both dentists and a larger sample of RDAEFs to assess their opinions on adding the administration of local anesthesia and nitrous oxide to the RDAEF scope of practice; to form a working group consisting of dentists, hygienists, RDAEFs, and other interested stakeholders to research and evaluate the proposal; and, to recommend that the Board consider exploring the possibility of eliminating the multiple layers of RDAEF certifications by incorporating all of them under one general RDAEF license.

2. And, if the Board determines it wants to move forward, Board staff requests a Board member be appointed to assist staff with the facilitation of such surveys and working groups.

AGENDA ITEM 19 ATTACHMENT

MEETING MATERIALS FROM NOVEMBER 2018

DENTAL ASSISTING COUNCIL MEETING

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	November 14, 2018
TO	Members of the Dental Assisting Council, Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer, Dental Board of California
SUBJECT	**Agenda Item 9:** Discussion and Possible Action Regarding the Scope of Practice for the RDAEF2 as Submitted by Joan Greenfield, Representative of RDAEF Association and J Productions Dental Seminar's Inc.

Background:
At its August 2018 meeting, the Dental Board of California's (Board) Dental Assisting Council (Council) heard a presentation from Joan Greenfield, RDAEF, MS, regarding a proposal to add the administration of local anesthesia and nitrous oxide to the scope of practice of registered dental assistants in extended functions (RDAEF). At the end of the presentation, the Council tabled the item and requested additional information.

Ms. Greenfield has prepared the attached meeting materials for the Council's consideration in response to the information requested at the August meeting and will present this information to the Council at the meeting.

OPES Recommendations:
In response to the materials provided by Ms. Greenfield, Board staff requested the Department of Consumer Affairs' Office of Professional Examination Services (OPES) review the results of the survey launched on August 25, 2018 by the EF Association. The Board also asked OPES to evaluate the EF Association proposal based on the survey, and to make preliminary recommendations.

The EF Association proposed that the Board add local anesthesia and nitrous oxide administration to the scope of practice for the Registered Dental Assistant in Extended Functions (RDAEF). The proposal suggests a 150-hour competency course of instruction to obtain certification for administering local anesthesia and nitrous oxide. The EF Association reported that its survey requested information about the functions and practices of the RDAEF, including how often RDAEF patients need additional local anesthesia during composite, amalgam, and traditional impression procedures.

OPES reviewed the results of the survey and believes it is informative regarding the perspective of one group of RDAEFs. However, even though the proposal concerns

administration of both local anesthesia and nitrous oxide, the survey only focused on local anesthesia. OPES also has concerns that the RDAEFs were aware of the purpose of the survey, which may have influenced their responses.

If the Council and the Board decides to pursue expanding the RDAEF scope of practice, OPES has the following recommendations:

First, the Board should carefully consider the following factors:

- The nature of the problem to be solved;
- To what extent the public's health and safety has been affected by the current situation;
- To what extent implementing the change would impact consumers;
- How other states are regulating this profession;
- Whether the benefit to the public would be significant enough to outweigh the cost to implement regulations for a relatively small group of licensees;
- How applicants would be qualified;
- What type of examination would be required; and,
- What education and training would be required.

Second, the Board should conduct more in-depth surveys of both dentists and a larger sample of RDAEFs to assess their opinions on adding the administration of local anesthesia and nitrous oxide to the RDAEF scope of practice. Additional information will need to be collected for a more comprehensive evaluation. A focus group of RDAEFs might be necessary to thoroughly evaluate the implications of this proposal. Third, the Board should form a working group consisting of dentists, hygienists, RDAEFs, and other interested stakeholders to research and evaluate this proposal.

The Board already has multiple certifications and permits. If the Board pursues this proposal, OPES recommends that it do so with a broader goal of streamlining the scope for RDAEFs. In conjunction with additional surveys and a working group, OPES suggests that the Board explore the possibility of eliminating the multiple layers of RDAEF certifications by incorporating all of them under one general RDAEF license. The Board should also consider external approval (e.g., DANB, CODA) for schools.

Support & Opposition:
In response to this proposal, the Board has received letters of support and opposition. The Board has received two (2) letters of support and six (6) letters of opposition. Those letters are included with this agenda item for the Council's review.

Dear DAC Members:

At the August 23rd DAC meeting several of you had questions about the EF Association's proposal to add local anesthesia and nitrous oxide to the scope of practice for the RDAEF2. At your request, we have spent the past two month putting together answers or explanations to some of your concerns.

Ms. Ovard seemed concerned about the proposed course content. She asked for curriculum. I explained to her that regulatory language was developed first, and it would be up to the individual potential educator applying to provide a course in local anesthesia to create curriculum that met the standards of the regulatory language. Once an application is submitted, the Board a hires subject matter expert to evaluate the content of any program and also conducts a site visit to the program facility as part of an approval process.

As an educator, Ms. Contreras also indicated concerns about the educational process.

Education Content

To answer their concerns, even though this is not part of the proposed regulatory package, I thought it might help Ms. Ovard, and Ms. Contreras, and all DAC members, if we provided them with a very small section of the curriculum that might be submitted by a potential course provider for the general anatomy/physiology course that must be part of the course content. As listed on the proposed regulatory language for local anesthesia, a course in general anatomy and physiology is part of the required curriculum. For this particular course subject matter, there would be at least 15 different specific topics, which we have listed. Please keep in mind that this is only one small sample on one subject area of course content for an entire basic anatomy and physiology course. You can review the proposed regulatory language attached in Appendix C for required program content, and see that anatomy/physiology is only one of many subjects required for local anesthesia. Refer to lines 174-191 for content. A copy of the Regulatory language is included in Appendix C. I have listed all topics for anatomy/physiology and then chose one of the topics, *the cardiovascular system*, to use, as an example of what content should be included for that specific subject. I have included terminal goals and specific lesson content for the cardiovascular system as an example in Appendix A.

Procedures The EF2 Is Performing And Types of Practice

Ms. Olague requested additional information on the types of procedures that are actually being performed by the EF2, and what types of practices employ the EF2.

On August 25th, the EF Association launched a survey on Survey Monkey requesting information on EF2 functions; actually being performed, types of practices that employ an EF2, et cetera. We announced the survey on various social media platforms and also contacted the directors of the major EF2 programs, asking them to contact their graduates and inform them of the survey and ask them to complete it. We closed the survey on September 28, 2018.

According to the DBC staff, there are 705 currently licensed RDAEF2s in California. We had 275 individuals respond to the survey. That means we had a 39% response to the survey. On a statistical basis, that is an extremely high response ratio. The full results are attached in Appendix B, but in general the survey validates information we have brought before the Board on multiple occasions. What follows is a short synopsis of the results of the survey.

- 68% are working in a single private practice or single practice that also employ an associate (s).
- 42% place composites all day long, 52% 1-8 times daily.
- 28% needed additional anesthesia for composites for almost every patient. An additional 25% said multiple times daily
- 77% do not place amalgams... however those that do place amalgams, most needed additional anesthesia.
- 75% are doing traditional cord/impressions and 71% require additional anesthesia either multiple times daily or almost every patient.
- 51% are doing some CAD crowns and 30% needed more anesthesia
- Does your dentist want you to be able to give local anesthesia yourself ?
  94.53% said YES
- How long have you been an EF2
  19.34% Less than a year
  27.01% 1-2 years
  18.98% 3-4 years
  19.71% 5-6 years
  14.96% 7-8.5 years
- What program did you attend?
  50.73% J Productions
  27.47% EFDAA
  5.7% The FADE
  8.39% UCLA

1.82% Loma Linda
4.38% UOP
1.46% Other

The Survey Questions

- Your primary employment as an EF2 is in which of the following categories?
- How frequently do you place and finish composite restorations?
- How often do you need additional local anesthesia during composite procedures?
- How frequently do you place and finish amalgam restorations?
- How often do you need additional local anesthesia during amalgam procedures?
- How frequently do you place retraction devices and obtain traditional final impressions for crown and bridge?
- How often do you need additional local anesthesia during traditional impression procedures?
- How frequently do you obtain (CAD-milled) digital impressions, design crowns and adjust and bond/cement them

See complete results in Appendix B

Faculty Qualifications

Several DAC members had questions about the qualifications of faculty that could teach Local Anesthesia for the Dental Assistant in Extended Functions (RDAEF). I apologize that the copy of the regulatory language that was handed out at the August 23, 2018 meeting was not the latest working version of the language. Unfortunately I had printed an earlier version of the document by mistake. The correct current version is included in Appendix C.

When developing these regulations we wanted to deal with an issue in regard to faculty qualifications that has always been questionable to us. Most current regulations for courses for the RDH, RDA, and RDAEF require that a faculty be licensed for a minimum of two years prior to teaching a subject. What is most important for the clinical faculty is that they are current in the actual procedure(s) themselves. If an individual becomes licensed to perform a procedure two or more years prior to teaching that subject, but has never performed the procedure again since their licenseit makes little sense to have that requirement. To us, either that requirement should be dropped all together or more specific language added to the requirement. Because of this concern we have made this requirement more specific. You will find included in the proposed regulatory language, the most comprehensive requirements found in any regulatory language for a dental subject for auxillaries in California. For your convenience we have included them below. If you prefer to read them in the context of the full regulatory language, the specific requirements are also listed in Appendix C, lines 66-87. We have highlighted the section in yellow.

See Appendix C.

Excerpts From The Suggested Regulatory Language

8) Faculty Requirements. In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical evaluation shall have completed a two (2) hour course in educational methodology related to the administration of local anesthesia. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this requirement.

(9) In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical teaching and evaluation shall not instruct more than 6 individuals in a laboratory session, and 3 individuals in a pre-clinical and clinical session and shall be directly at chairside during all injections.

(10) In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical teaching and evaluation shall meet one of the following criteria.

(a) Are licensed to administer local anesthesia and have actively administerd local anesthesia to patients on a regular basis for a minimum of two years, including all of the injections listed in this regulation.

(b) Are licensed to administer local anesthesia and have been clinically teaching and evaluating students in a post-secondary program in the administration of local anesthesia for a minimum of 2 years on a routine basis, including all of the injections listed in this regulation. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met one of these requirements.

I am sure there will be additional questions in the future, but hopefully the information we have included has answered the questions you asked at the August meeting.

Joan Greenfield, RDAEF2, MS

Appendix A

Basic Anatomy and Physiology Couse Subjects

- Overview of anatomy and cell biology
- Human respiratory system
- Cardiovascular system
- Blood vessels
- Digestive system
- Urinary system
- Endocrine system
- The brain
- Nervous system
- The fives senses
- Muscle physiology
- Gross anatomy of the muscular system
- Connective Tissue
- Skeletal system
- Reproductive system

Cardiovascular System – Terminal Objectives

At the completion of the section on the Cardiovascular System the student shall be able to:

1. List the structures of the heart
2. Describe how blood is pumped through the body
3. Describe the makeup of the human heart
4. List what happens during a cardiac cycle
5. Define systole, diastole, end-systolic volume and end-diastolic volume
6. Describe the intrinsic conduction system
7. Explain how an impulse travels through the heart
8. Describe types of arrhythmias
9. Define how each arrhythmias would appear on an electrocardiogram
10. Define heart rate, stroke volume and cardiac output
11. Demonstrate the equation for cardiac output
12. Explain the importance of heart rate and stroke volume
13. List factors that regulate blood flow
14. Define the difference between vasoconstriction and vasodilation
15. Define Poiseuille's Law
16. Describe blood flow regulation in terms of its flow to individual organs and in terms of the total circulatory system
17. Explain the importance of adequate blood pressure
18. Define cardiac cycle, blood pressure, diastole, systole, and mean arterial pressure
19. List the three factors that affect mean arterial pressure
20. Describe how baroreceptors function in the regulation of blood pressure
21. Explain the roles of the sympathetic and parasympathetic nervous systems in regulating blood pressure
22. Summarize the baroreceptor reflex, including what happens when there is a problem with this mechanism
23. Explain how blood types are classified in the ABO blood group system

24. Identify which blood type is the universal donor and which is the universal recipient
25. Describe what happens when a person receives the wrong type of blood through a transfusion
26. Understand what makes a blood type Rh positive or negative
27. Explain what happens when an Rh negative person is first exposed to Rh positive blood.

Circulatory System Chapter Content

Lesson 1

Circulatory system overview

1. Function
    i. supply oxygen and nutrients to body
    ii. remove waste
2. Parts
    i. Blood vessels
        1. 62,000 mile of vessels
        2. pumps 6 quarts to body 1000 times per day
    ii. Circulatory system (a closed system)
    iii. Pulmonary Circuit
        1. Right side
        2. Deoxygenated
        3. Transport blood to lungs
        4. Releases carbon dioxide
        5. Picks up oxygen
        6. Returns blood to heart
    iv. Systemic Circuit
        1. Left side
        2. Main pumping mechanism
        3. Distributes oxygenated blood to body
        4. Picks up waste

Lesson 2

1. Heart Anatomy
    a. Chambers

i. Atria
    1. Upper half of heart
    2. Right/left sides
    3. Receives blood returning to heart
    4. Not true pump
    5. Passively drain to ventricles
ii. Ventricles
    1. Lower chambers of heart
    2. Right/left sides
    3. Contract to actually pump blood

a. Heart valves
    i. Atrioventricular valves (AV valves)
        1. One way valve
        2. Prevent backflow to atria
        3. Open when heart relaxes
        4. Close when ventricles contract
        5. Produces “lub” sound of heart as valves close
    ii. Semilunar Valves
        1. Prevent backflow between ventricles and atria
        2. Produces “dub” sound
b. Heartbeat Circuit
        1. Blood enters heart on right atrium
        2. Flows through AV valve (tricuspid valve) to right ventricle
        3. 3 flaps
        4. attached to ventricle walls by cordae tendineae (heart strings)
        5. blood flow through semilunar valves to lungs
    ii. carbon dioxide/oxygen exchanges
    iii. returns to heart through bicuspid valve (Mitral valve) to left atrium
    iv. passes through Aortic semilunar valve and carried to body

<u>Lesson 3</u>

1. Layers of the Heart Wall
    a. Pericardium
        i. encases, protects and secures the heart.
    b. Epicardium
        i. Three layers (pericardial cavity)
            1. fibrous pericardium,
            2. parietal pericardium
            3. produces serous fluid for lung movement
            4. epicardium (visceral pericardium)

ii. Anchored to sternum and diaphragm to protect heart from movement

c. Myocardium
    i. Actual heart muscle
    ii. Varies in thickness
d. Endocardium
    i. Thin cells lining inner chamber of heart
    ii. Direct contact with blood

Lessons 4

1. Cardiac Cycle
    a. Diastole
        i. Right/left ventricles relaxed
        ii. Passive flow from atria to ventricles
        iii. AV valves are open
        iv. Semilunar valves are closed
        v. End- diastolic volume
        vi. Increased volume
        vii. More pressure
        viii. Increased contraction strength
    b. Systole
        i. Under high pressure
        ii. Heart contracts (shorter contractions than diastolic)
        iii. AV valves snap shut
        iv. Semilunar valves open
        v. Blood flows out of ventricles through large arteries
        vi. End-systolic volume
            1. Blood remaining in ventricles after contraction
            2. Force of continuous pressure in vessels leaving the heart

Lesson 5

1.Factors that control heartbeat
    c. Intrinsic conduction system
        i. Rhythmic contractions

ii. Nerves and muscles

d. Sinoatrial node (SA Nodes)
    i. Sets heart pace (pacemaker)
    ii. Depolarize on their own
    iii. Only found in right atrium
    iv. Send signal to left to contract at the same time
e. Atrioventricular node (AV node) traffic cop of the heart electrical system
    i. Causes slight delay between contraction of atria and ventricle
    ii. Delay allows for atria to expel all blood
    iii. Moves blood in a coordinated way
f. Bundles of His (Hiss) AV bundle
    i. Cardiac muscle fibers that transmits electrical impulses from AV node
    ii. Located in the inner ventricular walls between right/left chambers
    iii. Possible injury to bundle
        1. Heart disease
        2. Heart attack
        3. surgery
    iv. Heart will not pump correctly
g. Purkinje Fibers
    i. Conducting
    ii. Relay electrical impulses
    iii. Cause ventricles to contract simultaneously
    iv. Takes just one second

<u>Lesson 6</u>

1. Arrhythmias of the heart
    a. Electrocardiogram
        i. P wave
            1. Spread of electrical impulse through the atria (atria depolarization)
            2. Causes contraction of atria
        ii. QRS wave
            1. QRS Complex
            2. Spread of electrical complex through the ventricles
            3. Ventricular depolarization
            4. Ventricles contract
        iii. T wave
            1. Period of recovery or relaxation (ventricular repolarization)

b. Common abnormalities
    i. Heart blockage
        1. Increased P-R interval
        2. Increased distance and time
    ii. Bradycardia
        1. More spaces between beats
        2. Heart beat below 60 beats per minute
        3. Damaged or slow heart electrical system
        4. Medication
    iii. Tachycardia
        1. Faster than 100 beats per minute
        2. are closer together
        3. Drugs
        4. Damage to heart
    iv. Fibrillation
        1. Rapid uncoordinated flutter
        2. Useless as a pump
        3. ECG waves look like a jumbled mass

<u>Lesson 7</u>

Cardiac rate, output and stroke volume

1. Cardiac output (CO)
    a. Amount of blood pumped per minute
    b. Volume x beats ex. 75 times x75 millimeters of volume= average output (5.6liters)
    c. Approx. 5 liters per minute
    d. Heart rate and stroke volume
    e. CO=HR x SV (cardiac out= heart rate x stroke volume
    f. cardiac output is an important part of monitoring heart health

<u>Lesson 8</u>

1. Regulation of heart rate and stroke volume
    i. Cardiac output changes due to physical and emotional needs
    ii. Autonomic, sympathetic, para–sympathetic
    iii. Sympathetic nervous system increases heart rate by stimulating the SA node during physical or emotional stress
    iv. para–sympathetic nervous system readjusts and lowers the heart rate decreasing cardiac output
    v. Regulation of stroke volume and preload

1. Preload-amount of blood left in the ventricles at end-diastolic volume causing more volume

b. Frank-Sterling Law
    i. Preload results in an increase in stroke volume and the amount of blood being pumped out of the heart
c. Afterload
    i. How much pressure exists in the arteries leaving the heart (amount of resistance) increased afterload = increased end-systolic volume
    ii. Less blood leaving the heart
    iii. Decreased stroke volume

Lesson 9

1. Blood flow
    i. Continuous movement of blood through circulatory system
2. Resistance to blood flow
    a. Thickness (viscosity) of blood
    b. Length of blood vessel
    c. Difference in pressure from beginning to end of vessel
    d. Radius or size of blood vessel
    e. Muscular arteries
        i. Vasoconstriction
        ii. Vasodilation
    f. Poiseuille”s Law
        i. Distance from the center of a circle to the outside edge
        ii. Blood flow through a vessel is proportional to the fourth power of the vessel’s internal radius
        iii. If vasodialation causes a vessel to double in radius the flow of blood will increase 16 fold
        iv. If vasoconstriction occurs the vessel will decrease flow by 16 fold
    g. Bloodflow resistence
        i. Individual organs can regulate bloodflow to appropriate levels
    h. Total peripheral resistance
    i. Resistance in the systemic system
    j. Arterioles offer the most resistance

Lesson 10

1. Regulation of blood pressure and Baroreceptors
    a. Mean arterial pressure (MAP)
        i. Average arterial pressure during a single cardiac cycle
            1. Arterial pressure
            2. Cardiac output
            3. Total peripheral resistance
            4. Blood volume
            5. Resistance increases+ blood pressure increases
2. Baroreceptors found within the vessel walls
    a. Detect changes in blood pressure
    b. Aorta and carotid sinuses contain barorecptors that monitor pressure fluctuations and
    c. Send data to cardio regulatory system in the Medulla Oblongata
    d. Decreases symphatic input to blood vessels causing vasodialation
    e. Decreases resistance and bloodpressure
3. Baroreceptor reflex
    a. Homeostatic mechanism to maintain bloodpressure
    b. Corrects postural or orthostatic hypotension
    c. Low blood pressure caused by standing or sitting upright

<u>Lesson 11</u>

1. Lymphatic System
    a. Without this system, the cardiovascular system would stop working
        i. system of vessels
        ii. picks up fluids leaked from blood vessels
        iii. returns them to the blood
2. Edema
    a. Excessive fluid in tissues
    b. Swelling of arms and legs/feet
    c. super-thin walls of the blood capillaries are a little bit leaky.
        i. up to about three liters of fluid per day
        ii. leaked fluid and blood proteins must be returned to the to maintain volume
3. Lymphatic capillaries
    a. more permeable
    b. bacteria and viruses, or even cancer cells, can enter the lymphatic system
4. lymph nodes
    a. small, bean-shaped organs that act as filters of disease-causing agents
    b. lymph,
        i. the fluid contained within the lymphatic system.
        ii. composition similar to that of blood plasma

iii. contains disease-fighting white blood cells

5. lymphatic vessels.
    a. channels that carry lymph from the body to the blood stream
6. right lymphatic duct
    a. short vessel that drains lymph from the right arm and the right side of the head
7. thoracic duct
    a. drains lymph from all other areas of the body and empties the lymph into the left sub-clavian vein at the opposite shoulder.

Lesson 12

1. Red Blood Cells
    a. Quarter of all cells in the body
    b. Transport oxygen and carbon dioxide
2. Anatomy of red blood cell
    a. Most Numerous and smallest human cells
    b. Can flow through small areas
    c. Increases surface to volume area
    d. Increases speed to release and absorb gases
    e. Biconcave shape increases surface area
    f. Flexible to move through tiny capillaries
    g. Each red blood cell is packed with about 250 million molecules of hemoglobin
    h. iron-containing protein that can bind to either oxygen or carbon dioxide
    i. red blood cells do not have a nucleus or mitochondria
3. Bone marrow
    a. Inside bone
    b. Generagte 6-7 million new red blood cells per month
    c. Once full of hemoglobin lose nucleus, mitochondria, and other organelles
        i. broken down into nucleic acids, amino acids, carbohydrates, and lipids that are recycled.
    d. Mature red blood cells don't grow, divide, or make any new proteins

4. Sickle Cell Anemia
    a. cells are very stiff and crescent-shaped with pointed ends

b. more likely to get stuck in the blood vessels and cause blockages
c. causes anemia

Lesson 13

1. Hemoglobin
    a. iron-containing protein - bind to either oxygen or carbon dioxide
    b. class of proteins known as respiratory pigments,
    c. metal-containing proteins that are used to bind and transport oxygen and carbon dioxide through the circulatory system
    d. oxygen binds to Hemoglobin to transport more gases to the cells

2. Tetramer
    a. four nearly identical subunits, each contains an iron atom at a specific site called the heme group
        I. *part of the hemoglobin protein that can bind an oxygen molecule*.
        II. hemoglobin subunit is capable of changing its shape, or conformation
        III. between two basic forms,
            i. depending on a variety of factors
            ii. relaxed conformation, or R-structure - one conformation, oxygen has easy access to the binds to heme group and bright red in color
            iii. tense conformation, or T-structure - oxygen cannot easily bind to the heme group and darker or more purplish

3. Oxygen Release

    a. Cooperativity
        i. one subunit of a protein positively influence the activity of another subunit of the same protein
        ii. *works in reverse when oxygen-poor situations*

Lesson 14

1. Red Blood Cell Antigens

1. Erythrocytes
    a. Special proteins or antigens

b. Body tolerates its own antigens
c. Different types

2. Agglutination
    a. Body does not tolerate antigens transfusion from another person
    b. Cell clump interfere with circulation

3. ABO blood group system
    a. Type A, B, AB and O
    b. Depends on presence or absence of type A or B antigens
        i. Inherited from parents
        ii. Form before antibodies
        iii. A antigens produce B antibodies
            I. blood have no antigens so only O type blood can be used for a O person
            II. type can donate to all (ubiversal donors)
        iv. AB blood has both A and B antigens so they can have A, B. or AB (universal recipents)

<u>Lesson 15</u>

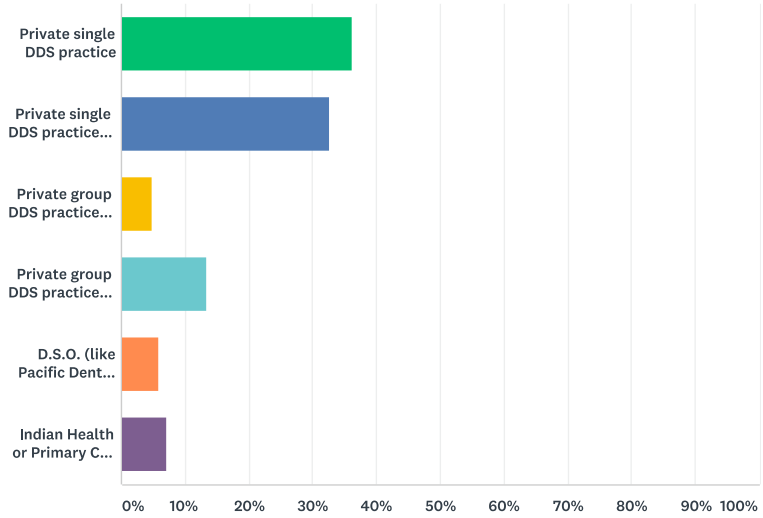
1. Blood Coagulation/ Would Healing
2. Hemostasis -stoppage of bleeding.
    a. clotting factors, substances in blood that act in sequence to stop bleeding by forming a clot.
    b. Vitamin K is required for the synthesis of clotting factors.

    c. Damaged vessel walls vasoconstriction occurs
    d. Slowed blood flow
    e. Platelets become sticky
        i. Fibrogen
            1. Binds platelets
            2. Thromboxane A2
    f. Coagulation cascade
        i. Prothrombin to Thrombin to Fibrin

Appendix B

Q1 Your primary employment as an EF2 is in which of the following categories?

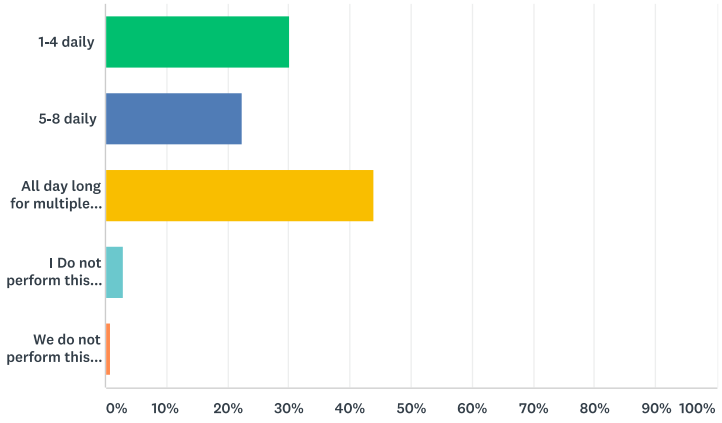
Answered: 270 Skipped: 4



ANSWER CHOICES	RESPONSES	
Private single DDS practice	36.30%	98
Private single DDS practice that also employees associate or other DDS employees	32.59%	88
Private group DDS practice, with only DDS owners practicing	4.81%	13
Private group DDS practice that also employ associates or other DDS employees	13.33%	36
D.S.O. (like Pacific Dental Care type organizations)	5.93%	16
Indian Health or Primary Care Facility	7.04%	19
TOTAL		270

Q2 How frequently do you place and finish composite restorations?

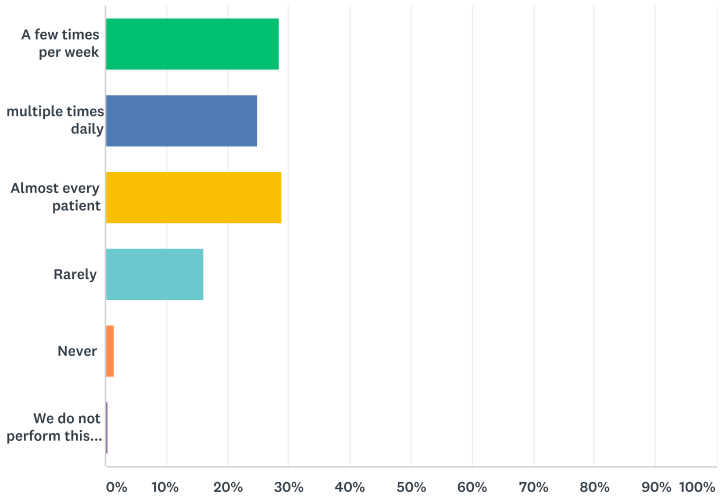
Answered: 273 Skipped: 1



ANSWER CHOICES	RESPONSES	
1-4 daily	30.04%	82
5-8 daily	22.34%	61
All day long for multiple patients	43.96%	120
I Do not perform this procedure	2.93%	8
We do not perform this procedure in the office	0.73%	2
TOTAL		273

Q3 How often do you need additional local anesthesia during composite procedures?

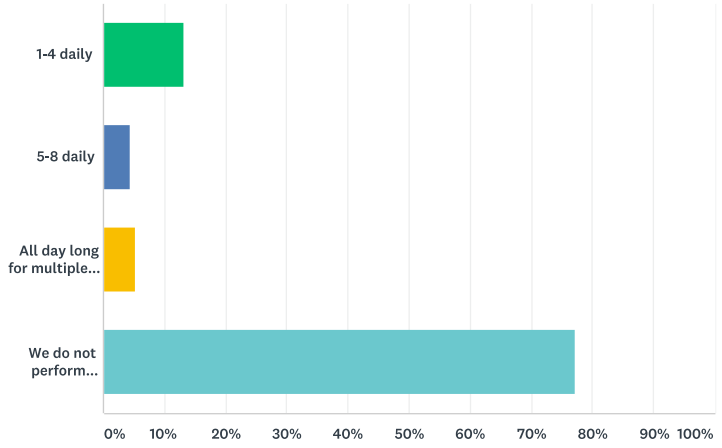
Answered: 274 Skipped: 0



ANSWER CHOICES	RESPONSES	
A few times per week	28.47%	78
multiple times daily	24.82%	68
Almost every patient	28.83%	79
Rarely	16.06%	44
Never	1.46%	4
We do not perform this procedure in the office	0.36%	1
TOTAL		274

Q4 How frequently do you place and finish amalgam restorations?

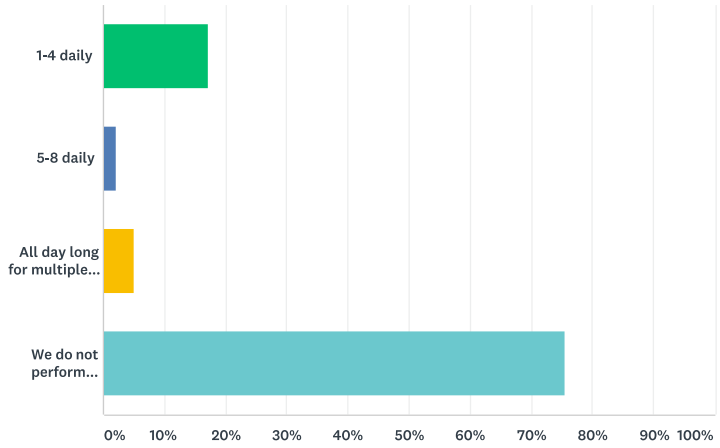
Answered: 273 Skipped: 1



ANSWER CHOICES	RESPONSES	
1-4 daily	13.19%	36
5-8 daily	4.40%	12
All day long for multiple patients	5.13%	14
We do not perform amalgams in the office	77.29%	211
TOTAL		273

Q5 How often do you need additional local anesthesia during amalgam procedures?

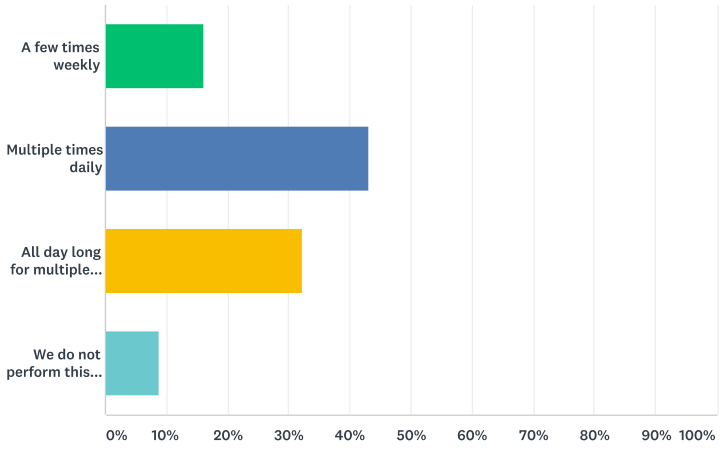
Answered: 274 Skipped: 0



ANSWER CHOICES	RESPONSES	
1-4 daily	17.15%	47
5-8 daily	2.19%	6
All day long for multiple patients	5.11%	14
We do not perform amalgams in the office	75.55%	207
TOTAL		274

Q6 How frequently do you place retraction devices and obtain traditional final impressions for crown and bridge?

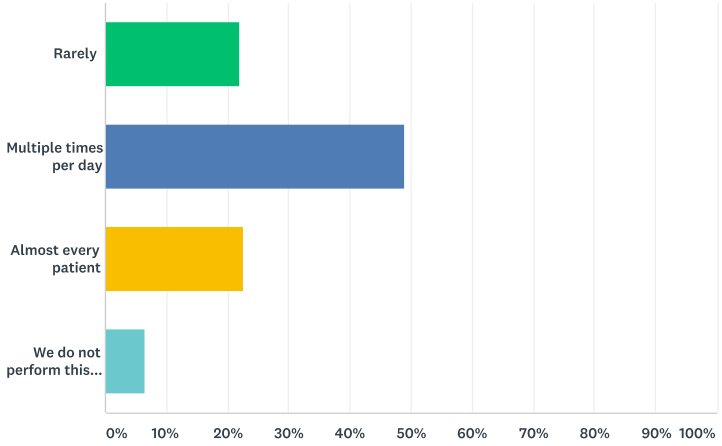
Answered: 274 Skipped: 0



ANSWER CHOICES	RESPONSES	
A few times weekly	16.06%	44
Multiple times daily	43.07%	118
All day long for multiple patients	32.12%	88
We do not perform this procedure in the office	8.76%	24
TOTAL		274

Q7 How often do you need additional local anesthesia during traditional impression procedures?

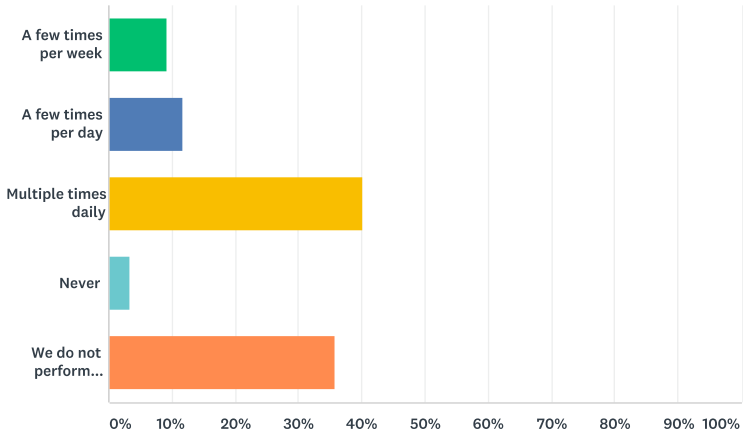
Answered: 274 Skipped: 0



ANSWER CHOICES	RESPONSES	
Rarely	21.90%	60
Multiple times per day	48.91%	134
Almost every patient	22.63%	62
We do not perform this type of impression	6.57%	18
TOTAL		274

Q8 How frequently do you obtain (CAD-milled) digital impressions, design crowns and adjust and bond/cement them?

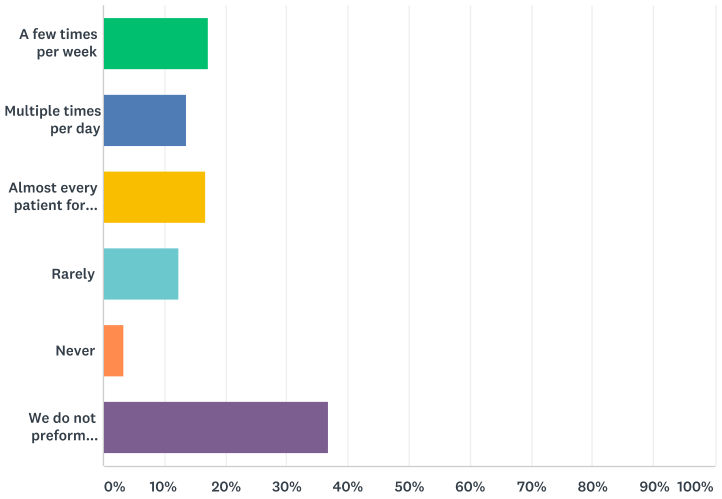
Answered: 274 Skipped: 0



ANSWER CHOICES	RESPONSES	
A few times per week	9.12%	25
A few times per day	11.68%	32
Multiple times daily	40.15%	110
Never	3.28%	9
We do not perform CAD-milled impressions in this office/clinic	35.77%	98
TOTAL		274

Q9 How often do you need additional local anesthesia during CAD-milled crown procedures?

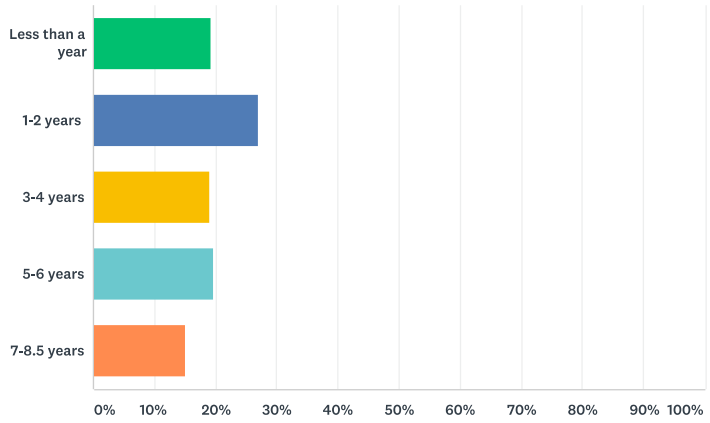
Answered: 274 Skipped: 0



ANSWER CHOICES	RESPONSES	
A few times per week	17.15%	47
Multiple times per day	13.50%	37
Almost every patient for this procedure	16.79%	46
Rarely	12.41%	34
Never	3.28%	9
We do not preform CAD-milled restorations in this office/clinic	36.86%	101
TOTAL		274

Q10 How long have you been licensed to performed advanced EF2 procedures?

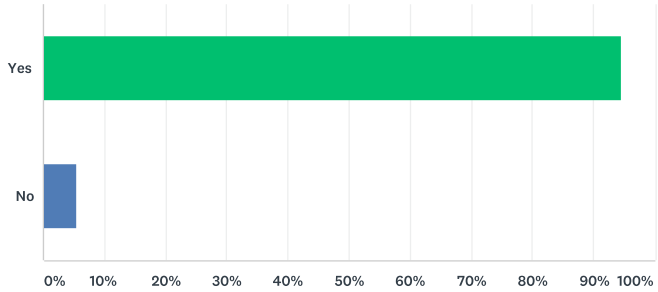
Answered: 274 Skipped: 0



ANSWER CHOICES	RESPONSES	
Less than a year	19.34%	53
1-2 years	27.01%	74
3-4 years	18.98%	52
5-6 years	19.71%	54
7-8.5 years	14.96%	41
TOTAL		274

Q11 Does your DDS prefer that you obtain the ability to provide local anesthesia yourself, with of course education to make you competent to do so?

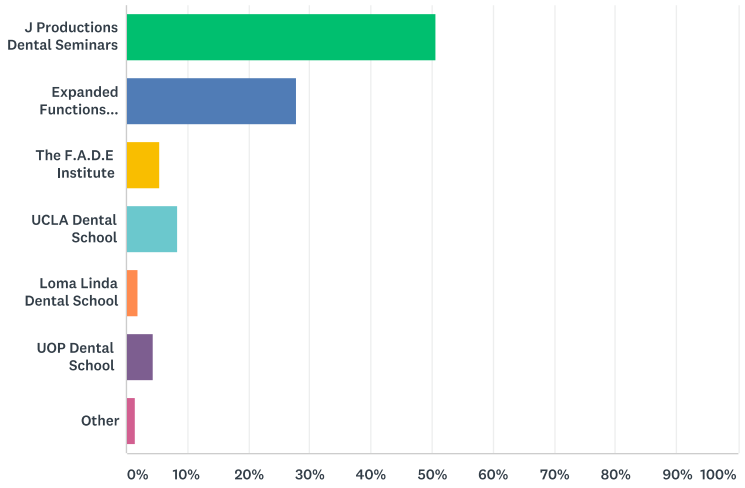
Answered: 274 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	94.53%	259
No	5.47%	15
TOTAL		274

Q12 At which EF2 program did you obtain your education?

Answered: 274 Skipped: 0



ANSWER CHOICES	RESPONSES	
J Productions Dental Seminars	50.73%	139
Expanded Functions Dental Assistant Association (EFDAA)	27.74%	76
The F.A.D.E Institute	5.47%	15
UCLA Dental School	8.39%	23
Loma Linda Dental School	1.82%	5
UOP Dental School	4.38%	12
Other	1.46%	4
TOTAL		274

Appendix C

Proposed Local Anesthesia for the RDAEF Permit Regulations

Working Document 10/9/18

§__ Approval of Local Anesthesia Limited to the Oral Cavity For the Registered Dental Assistant in Extended Functions Permit

(a) In addition to the requirements of Cal. Code Regs., Title 16, Sections 1070 and 1070.1, the following criteria shall be met by a permit course in Local Anesthesia for the Registered Dental Assistant in Extended Functions (RDAEF) to secure and maintain approval by the Board.

(1) All permit courses in Local Anesthesia for the Dental Assistant in Extended Functions (RDAEF) in California shall apply for and receive Board approval prior to operation.

(2) All permit courses in Local Anesthesia for the Dental Assistant in Extended Functions (RDAEF) shall be at a postsecondary educational level.

(3) All permit courses in Local Anesthesia for the Dental Assistant in Extended Functions (RDAEF) shall have previously been approved as a Registered Dental Assistant in Functions program for education in accordance with B&P Section 1753.55, a Registered Dental Assistant in Extended Functions, licensed on or after January 1, 2010; and shall maintain continued student overall passing scores on the clinical and restorative state examinations at a minimum of 75%.

(4) A permit course in Local Anesthesia for the Dental Assistant in Extended Functions (RDAEF) provider applying for approval shall submit to the Board a completed “Local Anesthesia for the Dental Assistant in Extended Functions (RDAEF) (New INSERT DATE)”, which is hereby incorporated by reference, accompanied by a non-refundable processing fee of $___.

~~(5) The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accrediting agency approved by the Board and adopt those findings as its own as it relates to any evaluation or re-evaluation required by this article. Acceptance of any accrediting agencies' findings is at the discretion of the Board and does not prohibit the Board from exercising its right to site-evaluate a program.~~ No other agencies exist for such approval

~~(6) If the permit course is granted the status of “Approved with Reporting Requirements” from accrediting agency, the program shall submit to the Board copies of any and all correspondence received from or submitted to the accrediting agency until such time as the status of “Approval without Reporting Requirements” is granted. Additionally, if the permit course’s accrediting status changes in any way with the accrediting agency, the program shall notify the Board, in writing, of such status within 30 days.~~ No other agencies exist for such approval

(7) Approval may be granted after evaluations of all components of the permit course have been performed and the report of such evaluation indicates that the permit course meets the Board's requirements.

(b) The board may withdraw its approval of a permit course at any time, after giving the permit course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond within 30 calendar days. Approval may be withdrawn for failure to comply with the provisions of the Dental Practice Act or the Boards regulations.

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

(d) Notice of Compliance. To maintain approval, permit courses approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for permit courses in Local Anesthesia for the Dental Assistant in Extended Functions (RDAEF) (*insert date*)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(e) Student Prerequisites. In order to be admitted to a permit course in Local Anesthesia for the Dental Assistant in Extended Functions (RDAEF), each student shall possess a valid, active, and current license as a Registered Dental Assistant in Extended Functions issued by the Board In accordance with B&P Section 1753.55, a Registered Dental Assistant in Extended Functions, licensed on or after January 1, 2010; and

(f) Possess current certification in Basic Life Support (CPR) from the American Heart Association or the American Red Cross.

(8) Faculty Requirements. In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical evaluation shall have completed a two (2) hour course in educational methodology related to the administration of local anesthesia. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this requirement.

(9) In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical teaching and evaluation shall not instruct more than 6 individuals in a laboratory session, and 3 individuals in a pre-clinical and clinical session and shall be directly at chairside during all injections.

(10) In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical teaching and evaluation shall meet one of the following criteria.

(a) Are licensed to administer local anesthesia and have actively administerd local anesthesia to patients on a regular basis for a miniumum of two years, including all of the injections listed in this document.

(b) Are licensed to administer local anesthesia and have been clinically teaching and evaluating students in a post-secondary program in the administration of local anesthesia for a minimum of 2 years on a routine basis, including all of the injections listed in this document. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met one of these requirements.

(10) A program applying for approval to teach all of the duties specified in Business and Professions Code Section _____ shall comply with all of the requirements of this Section.

(g) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop competency in Local Anesthesia for the Registered Dental Assistant in Extended Functions (RDAEF) . The following requirements are in addition to those contained in Sections 1070 and 1070.1:

(9) There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms (unless lectures are conducted online) and operatories in compliance with the requirements of Section 1070 (f)(A)(B). Adequate cleaning and disinfecting of facilities shall be provided and all disinfection and sterilization procedures specified in the Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005) shall be incorporated in instruction and followed during all pre-clinical and clinical experiences.

(10) Provision shall be made for reasonable access to current and diverse dental and medical reference texts, current journals, audiovisual materials, and other necessary resources. Library holdings, which may include, in total or in part, access through the Internet, shall include materials relating to all subject areas of the permit in local Anesthesia for the Registered Dental Assistant in Extended Functions (RDAEF) .

(11) Length of Program. The program shall be of sufficient duration for the student to develop competence in the administration of Local Anesthesia, but in no event less than 150 hours, including at least 118 hours of didactic instruction, at least 16 hours of pre-clinical instruction, and at least 16 hours of clinical instruction. Included in these hours are a minimum of 28 hours of didactic

instruction in head and neck anatomy and an additional 4 hours of laboratory instruction in head and neck anatomy. All pre-clinical and clinical instruction shall be provided under the direct supervision of program faculty and under the direct supervision of a licensed dentist.

(i) The following requirements are in addition to the requirements of Sections 1070 and 1070.1:

(12) Minimum requirements for equipment and armamentaria:

(a) Clinical facilities that provide a dental chair in a dental operatory including air/water, hand piece connections, suction and all items necessary to provide dental treatment.

(b) Notwithstanding Section 1070, there shall be at least one operatory for every three students who are simultaneously engaged in clinical instruction.

(c) A selection of instruments and adjunct materials needed for the administration of local anesthesia.

(d) One (1) human skull or replica with articulated mandible that can be separated, for each six (6) students enrolled in the program.

(e) One (1) human skull or replica of muscle anatomy of the head and neck with articulated mandible that can be separated, for each six (6) students enrolled in the program.

(f) One (1) local anesthesia simulator manikin equipped with sensors for each six (6) students enrolled in the program

(13) As it relates to Dental Science didactic instruction shall include:

a. A complete post-secondary level course in head and neck anatomy
b. Dental, oral and histology overview
c. oral pathology review
d. pharmacology
e. an overview of chemistry as it relates to local anesthesia

(A) As it relates to head and neck anatomy didactic instruction shall include:

a. Surface anatomy
b. Overview of skeletal system
c. Terminology,
d. Review of the bones of the head and neck
e. Muscular system
f. Review of TMJ

g. Vascular system
h. Glandular tissues
i. Nervous system including the branches of the trigeminal nerve
j. Review of the lymphatic system
k. Fasciae and spaces with specific considerations for local anesthesia

(B) As it relates to head and neck anatomy general laboratory instruction shall include:

a. Identification of bones, and foramen, on a human skull or replicia of the maxilla, palatine bone and mandible for PSA, MSA, ASA, AMSA, IA, Buccal, Mental and Incisive, Itraseptal, PDL injections.
b. Identification the muscles, on a human skull or replicia of the maxilla, palatine bone and mandible for PSA, MSA, ASA, AMSA, IA, Buccal, Mental and Incisive, Itraseptal, PDL injections.
c. The identification of target and injection sites on a skull or replica of the maxilla, palatine bone and mandible for PSA, MSA, ASA, AMSA, IA, Buccal, Mental and Incisive, Itraseptal, PDL injections.

(C) As it relates to Pharmacology didactic instruction shall include:

I. Pharmacological drug classifications and their effects
II. Types of drugs, classifications and effects
III. Brand and generic drugs
IV. Mechanism of actions
V. Specific drugs used in dentistry
VI. Common drugs taken by patients and how to use a PDR or reference source

(D) As it relates to Anatomy and Physiology didactic instruction shall include instruction in the following systems:

I. Overview of anatomy and physiology and their interactions
II. Respiratory
III. Cardiovascular
IV. Blood vessels
V. Digestive
VI. Urinary
VII. Endocrine
VIII. Brain
IX. Nervous system
X. The five senses
XI. Digestive
XII. Urinary

XIII. Muscle
XIV. Connective Tissues
XV. Skeletal
XVI. Reproductive system

(E) As it relates to an overview of Chemistry didactic instruction shall include:

I. element and periodic table organization
II. atomic structure
III. electrons
IV. Lewis dot structures
V. valance shells
VI. bonds
VII. basic chemical structures

(F) As it relates to local anesthesia didactic instruction shall include:

a. Instruction in local infiltrations, nerve blocks and field blocks limited to the oral cavity, and limited to those injections that are included in the scope of practice for the Registered Dental Assistant in Extended Functions Permit.
b. Patient health history and assessment
c. Medical emergency prevention, procedures and drugs
d. Patient education
e. Theory of pain and anxiety control
f. Effects of local anesthesia on body systems
g. Local anesthetic drugs, including reversal agents
h. Dose calculations for anesthetic solutions
i. AAPD guidelines and Specific techniques and concerns for local anesthesia for the pediatric patient, including:

I. Paiget's stages of childhood development
II. Goals and guidelines for pediatric local anesthesia patients
III. Focused anesthesia dosage by child's weight
IV. Continued monitoring
V. Careful pre-anesthesia evaluation for underlying medical conditions
VI. Careful pre-anesthesia evaluation for anxiety reduction procedures

j. Legal requirements
k. Indications and contraindications
l. Problem solving techniques
m. Local anesthetic delivery devices
n. Clinical decision-making skills
o. Fundamental of the administration
p. Laboratory, preclinical, and clinical criteria and evaluation
q. Infection control protocol implementation

(G) As it relates to local anesthesia, laboratory instruction shall include;

a. On a local anesthesia simulator manikin equipped with conduction sensors, the student shall perform each injection to a minimum total of 2 times to criteria-referenced completion standards for PSA, MSA, ASA, AMSA, IA, Buccal, Mental and Incisive, Itraseptal, PDL injections
b. The intraoral identification on a student partner of target and injection sites for PSA, MSA, ASA, AMSA, IA, Buccal, Mental and Incisive, Itraseptal, PDL

(H) As it relates to local anesthesia pre-clinical instruction shall include:

a. The intraoral identification and injection of local anesthesia on multiple student partners for PSA, MSA, ASA, AMSA, Greater Palatine, Nasopalatine, IA; Buccal, Mental and Incisive blocks.
b. During multiple pre-clinical sessions the student shall perform each injection to a minimum total of 4 times to criteria-referenced completion standards. One of each injection shall be utilized as a pre-clinical examination. No more than 3 different injection locations shall be taught in any one clinical session.

(I) As it relates to local anesthesia clinical instruction shall include:

a. The intraoral identification and injection of local anesthesia on patients for PSA, MSA, ASA, AMSA, IA, Buccal, Mental and Incisive, Itraseptal, PDL injections
b. During multiple clinical sessions the student shall perform each injection to a minimum total of 4 times to criteria-referenced completion standards. One of each injection shall be utilized as a clinical examination

(14) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(15) Course Completion Criteria
Satisfactory completion of a course in Local Anesthesia for the Dental Assistant in Extended Functions (RDAEF) is determined using criteria-referenced completion standards, where the instructor determines when the trainee has achieved competency based on these standards. Any student who had not achieved competency in this duty in the specified period of instruction could receive additional training and evaluation. In cases where, in the judgment of the

faculty, students are not making adequate progress, they would be discontinued from the program.

Dental Assisting Committee and Dental Board of California Members:

Many years ago when the RDA category of dental assisting was first introduced in California, specific duties were divided between the DA (dental assistant) and RDA (Registered Dental Assistant). One of the duties that was placed into the DA category was “Assisting in the administration of nitrous oxide when used as an analgesia or sedation, but shall not adjust the flow of gases unless instructed to do so by a dentist who shall be present at chairside at the implantation of these instructions”……..

At the time there was a rather cavalier attitude toward nitrous oxide utilization. Since the nitrous oxide machine was often to the side or behind the view of the DDS during patient treatment, it was felt that a dental assistant could “monitor” the machine and change gas flows at the direction of the dentist. This duty continues today and remains in the DA category.

The use of nitrous oxide in the dental practice as ebbed and flowed over the years for various reasons, but many dental practices continue to offer it as a “patient comfort and anxiety reduction option”. The issue for the RDAEF2 is that they are providing restorative services to patients for long periods of time. If the patient they are providing those restorative services for wishes to have nitrous oxide EF2 has now shifted into a nitrous oxide provider status. By that we mean that the DDS treated the patient using nitrous oxide initially to prepare the teeth, but is now no longer in the operatory. The patient is being solely treated by the EF2 for prolonged periods and the DDS is often with additional patients in another location in the office. Often, especially over longer treatment times, changes in patient comfort and/or response can occur very rapidly while under nitrous oxide/oxygen. It is critical that the patient be returned to a comfortable and safe status to avoid a significant negative experience. It is imperative that the EF2 recognize both appropriate and inappropriate levels of sedation, and understand how to correctly administer nitrous oxide/oxygen.

In 2007, the American Dental Association developed guidelines for teaching pain control and sedation. Nitrous oxide/oxygen was included in those guidelines. In addition the American Academy of Pediatric Dentistry also developed guidelines for nitrous oxide and the pediatric patient which were revised in 2013.

The RDAEF Association urges the Dental Assisting Committee and Dental Board of California to add an optional permit in Nitrous Oxide/Oxygen Minimal Sedation for the Dental Assistant in Extended Functions (RDAEF) to the scope of practice for the RDAEF2. We have attached proposed regulatory language in Appendix A of this document that meets and exceeds the ADA guidelines for Nitrous oxide education. To make it easier for DAC and DBC members we have highlighted the most important content of the course in yellow. Much of the other content is standard language found in all dental assisting regulatory language. We have also attached a comparison chart for hygiene programs on a national basis and specifically in California. You will note that most programs do not meet ADA standards including California. You will find that document in Appendix B.

Joan Greenfield, RDAEF2, MS
RDAEF Association

Appendix A

Proposed Nitrous Oxide/Oxygen Minimal Sedation for the RDAEF Permit Regulation **Working Document**

§__ Approval of Nitrous Oxide/ Oxygen For the Registered Dental Assistant in Extended Functions Permit

(a) In addition to the requirements of Cal. Code Regs., Title 16, Sections 1070 and 1070.1, the following criteria shall be met by a permit course in Nitrous Oxide/Oxygen for the Registered Dental Assistant in Extended Functions (RDAEF) to secure and maintain approval by the Board.

(1) All permit courses in Nitrous Oxide/Oxygen Minimal Sedation for the Dental Assistant in Extended Functions (RDAEF) in California shall apply for and receive Board approval prior to operation.

(2) All permit courses in Nitrous Oxide/Oxygen Minimal Sedation for the Dental Assistant in Extended Functions (RDAEF) shall be at a postsecondary educational level.

(3) All permit courses in Nitrous Oxide/Oxygen Minimal Sedation for the Dental Assistant in Extended Functions (RDAEF) shall have previously been approved as a Registered Dental Assistant in Extended Functions program for education in accordance with B&P Section 1753.55, a Registered Dental Assistant in Extended Functions, licensed on or after January 1, 2010; and shall maintain continued student overall passing scores on the clinical and restorative state examinations at a minimum of 75%.

(4) A permit course in Nitrous Oxide/Oxygen Minimal Sedation for the Dental Assistant in Extended Functions (RDAEF) provider applying for approval shall submit to the Board a completed "Nitrous Oxide/Oxygen for the Dental Assistant in Extended Functions (RDAEF) (New INSERT DATE)", which is hereby incorporated by reference, accompanied by a non-refundable processing fee of $___.

~~(5) The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accrediting agency approved by the Board and adopt those findings as its own as it relates to any evaluation or re-evaluation required by this article. Acceptance of any accrediting agencies' findings is at the discretion of the Board and does not prohibit the Board from exercising its right to site-evaluate a program.~~ No other agencies exist for such approval

~~(6) If the permit course is granted the status of "Approved with Reporting Requirements" from accrediting agency, the program shall submit to the Board copies of any and all correspondence received from or submitted to the accrediting agency until such time as the status of "Approval without Reporting Requirements" is granted. Additionally, if the permit course's accrediting status changes in any way with the accrediting agency, the program shall notify the Board, in writing, of such status within 30 days.~~ No other agencies exist for such approval

(7) Approval may be granted after evaluations of all components of the permit course have been performed and the report of such evaluation indicates that the permit course meets the Board's requirements.

(b) The board may withdraw its approval of a permit course at any time, after giving the permit course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond within 30 calendar days. Approval may be withdrawn for failure to comply with the provisions of the Dental Practice Act or the Boards regulations.

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

(d) Notice of Compliance. To maintain approval, permit courses approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for permit courses in Nitrous Oxide/Oxygen Minimal Sedation for the Dental Assistant in Extended Functions (RDAEF) (*insert date*)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(e) Student Prerequisites. In order to be admitted to a permit course in Nitrous Oxide/Oxygen Minimal Sedation for the Dental Assistant in Extended Functions (RDAEF), each student shall possess a valid,

active, and current license as a Registered Dental Assistant in Extended Functions issued by the Board In accordance with B&P Section 1753.55, a Registered Dental Assistant in Extended Functions, licensed on or after January 1, 2010; and

(f) Possess current certification in Basic Life Support (CPR) from the American Heart Association or the American Red Cross.

(8) Faculty Requirements. In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical evaluation shall have completed a two (2) hour course in educational methodology related to the administration of Nitrous Oxide/Oxygen Minimal Sedation. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this requirement.

(9) In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical teaching and evaluation shall not instruct more than 6 individuals in a pre-clinical session and 3 individuals in a clinical session and shall be directly at chairside during the administration of nitrous oxide until completion and return to oxygen only recovery status.

(10) In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical teaching and evaluation shall meet one of the following criteria.

(a) Are licensed to administer local anesthesia and have actively administerd Nitrous Oxide/Oxygen Minimal Sedation to patients on a regular basis for a miniumum of two years, utilizing ADA recommended titration techniques.

(b) Are licensed to administer Nitrous Oxide/Oxygen Minimal Sedation and have been clinically teaching and evaluating students in a post-secondary program in the administration of Nitrous Oxide/Oxygen Minimal Sedation for a minimum of 2 years on a routine basis, utilizing ADA recommended titration techniques. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met one of these requirements.

(1) A program applying for approval to teach all of the duties specified in Business and Professions Code Section _____ shall comply with all of the requirements of this Section.

(g) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop competency in Nitrous Oxide/Oxygen Minimal Sedation for the Registered Dental Assistant in Extended Functions (RDAEF) . The following requirements are in addition to those contained in Sections 1070 and 1070.1:

(1) There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms (unless lectures are conducted online) and operatories in compliance with the requirements of Section 1070 (f)(A)(B). Adequate cleaning and disinfecting of facilities shall be provided and all disinfection and sterilization procedures specified in the Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005) shall be incorporated in instruction and followed during all pre-clinical and clinical experiences.

(2) Provision shall be made for reasonable access to current and diverse dental and medical reference texts, current journals, audiovisual materials, and other necessary resources. Library holdings, which may include, in total or in part, access through the Internet, shall include materials relating to all subject areas of the permit in Nitrous Oxide/Oxygen for the Registered Dental Assistant in Extended Functions (RDAEF) .

(h) Length of Program. The program shall be of sufficient duration for the student to develop competency in the administration of Nitrous Oxide/Oxygen Minimal Sedation, but in no event less than eighteen (18) hours, including at least seven (7) hours of didactic instruction, at least five (5) hours of pre-clinical instruction, and at least six (6) hours of clinical instruction. All pre-clinical and clinical instruction shall be provided under the direct supervision of program faculty who shall be directly at chairside during the administration of nitrous oxide until completion and return to an oxygen only recovery status. As defined minimal sedation means a drug-induced state in which a patient responds to normal verbal commands and respiratory and cardiovascular functions are normal and that the patient receives **less** than a 50% concentration of nitrous oxide. In addition, a margin of safety at lower levels wide enough never to render unintended loss of consciousness shall be maintained at all times.

(i) The following requirements are in addition to the requirements of Sections 1070 and 1070.1:
(1) Minimum requirements for equipment and armamentaria:
(A) Clinical facilities that provide a dental chair in a dental operatory including air/water, hand piece connections, suction and all items necessary to provide dental treatment.
(B) Notwithstanding Section 1070, there shall be at least one operatory for three (3) students who are simultaneously engaged in clinical instruction.
(C) A selection of instruments and adjunct materials needed for the administration of nitrous oxide/oxygen to include; At least one complete nitrous oxide-oxygen unit for each three (3) students enrolled in the course and shall include a fail-safe flowmeter, functional scavenger system and disposable or sterilizable nasal hoods for each laboratory partner or patient. All tubing, hoses and reservoir bags shall be maintained and replaced at regular intervals to prevent leakage of gases. When not attached to a nitrous oxide-oxygen unit, all gas cylinders shall be maintained in an upright position, secured with a chain or in a cart designed for storage of gas cylinders.
(j) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (K) to (L), inclusive, and the following didactic instruction:
(1) As it relates to the administration of Nitrous Oxide/Oxygen Minimal Sedation, didactic instruction shall include:

a. Patient health history including informed consent for nitrous oxide;
b. Anxiety evaluation and assessment;
c. ASA status;
d. Use of a pulse oximeter;
e. Theory of pain and anxiety control;
f. AAPD guidelines and Specific techniques and concerns for nitrous oxide sedation of the pediatric patient, including:

I. Paiget's stages of childhood development
II. Goals and guidelines for pediatric nitrous oxide patients
III. Focused airway examination
IV. Continued monitoring
V. Careful pre-sedation evaluation for underlying medical conditions

g. Legal requirements;
h. Indications and contraindications;
i. Problem solving techniques;
j. Dental science, including;

I. Respiratory system and gas exchange,
II. Anatomy and physiology of respiration and management of the airway
III. Circulatory physiology and related anatomy.
IV. Pharmacology,
V. Neurophysiology,

k. Patient monitoring using observation and monitoring equipment, with particular attention to vital signs and reflexes related to pharmacology of nitrous oxide.
l. Physical properties and pharmacokinetics/pharmacodynamics of nitrous oxide
m. Medical emergencies
n. Normal or abnormal anatomical features
o. The history of nitrous oxide/oxygen
p. Manufacturing of nitrous oxide/oxygen

q. Delivery systems and related equipment for nitrous oxide/oxygen including functions of each component
r. Gas titration; signs and symptoms of sedation, administration techniques, and assessment of recovery.
s. Preclinical, and clinical criteria and evaluation
t. Patient documentation that meets the standard of care, including, but not limited to peak percentage, liter flow per minute (L/min.), duration of administration of nitrous oxide/oxygen, and post nitrous oxide oxygen.
u. Basic microbiology relating to infection control
v. Infection control protocol implementation
w. Potential biohazards to dental health care personnel; abuse; and legal and ethical concerns related to the administration of nitrous oxide/oxygen.

(K) As it relates to administration of Nitrous Oxide/Oxygen Minimal Sedation general pre-clinical instruction shall include:

a. (1) The administration of nitrous oxide/oxygen to four (4) different student partners to criteria-referenced completion standards. If a student is unable to have nitrous oxide/oxygen an additional human subject may be utilized. The third and fourth pre- clinical experience shall include the performance of a short dental procedure while administering at least twenty (20) minutes of nitrous oxide/oxygen. During the pre-clinical session the student shall demonstrate competence in ;

I. Obtaining Patient health history including informed consent for nitrous oxide;
II. Determining Anxiety evaluation and assessment;
III. Obtaining ASA status;
IV. Utilizing a pulse oximeter
V. Identifying nitrous oxide/oxygen equipment and their functions
VI. Obtaining peak percentage, Liter flow per minute (L/min.)
VII. The careful titration of gases to minimal base-line sedation levels;
VIII. The performance of a dental procedure while monitoring the patient
IX. The safe return of the patient to pre-sedation status
X. Patient documentation that meets the standard of care, including, but not limited to peak percentage, liter flow per minute (L/min.), duration of administration of nitrous oxide/oxygen, and post nitrous oxide oxygen.

(L) As it relates to nitrous oxide/oxygen clinical instruction shall include:

b. (1) The administration of nitrous oxide/oxygen to 4 separate patients to criteria-referenced completion standards. All clinical experience shall include the performance of a dental procedure while administering at least twenty (20) minutes of nitrous oxide/oxygen. During the pre-clinical session the student shall demonstrate competence in ;

XI. Obtaining Patient health history including informed consent for nitrous oxide;
XII. Determining Anxiety evaluation and assessment;
XIII. Obtaining ASA status;
XIV. Utilizing a pulse oximeter
XV. Identifying nitrous oxide/oxygen equipment and their functions
XVI. Obtaining peak percentage, Liter flow per minute (L/min.)
XVII. The careful titration of gases to minimal base-line sedation levels;
XVIII. The performance of a dental procedure while monitoring the patient

XIX. The safe return of the patient to pre-sedation status

XX. Patient documentation that meets the standard of care, including, but not limited to peak percentage, liter flow per minute (L/min.), duration of administration of nitrous oxide/oxygen, and post nitrous oxide oxygen

(M) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

Course Completion Criteria

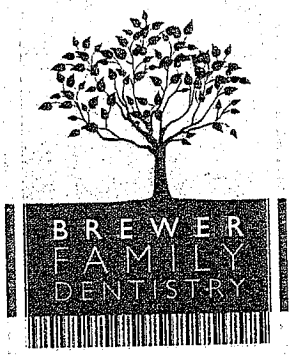
Satisfactory completion of a course in Nitrous Oxide/Oxygen Minimal Sedation for the Dental Assistant in Extended Functions (RDAEF) is determined using criteria-referenced completion standards, where the instructor determines when the trainee has achieved competency based on these standards. Any student who had not achieved competency in this duty in the specified period of instruction could receive additional training and evaluation. In cases where, in the judgment of the faculty, students are not making adequate progress, they would be discontinued from the program.

Appendix B

Nitrous Oxide Comparison Chart

Nitrous Oxide	Didactic	Pre-clinical	Clinical	Number of experiences
Dental Hygiene Nationally Information from ADHA	2-32hrs. *Most courses do not meet ADA standards*	None listed	3hrs. -12 hrs.	None specified
DHCC 8 Hrs. Total *Does not meet ADA standards*	4 hrs. divided at providers discretion between didactic and pre-clinical	Included in didactic requirements	4 hrs.	**5 Total** 2 lab. partners 3 patients
EF2 Proposed Total 18	4 hours lecture if taken with Local anesthesia. Additional 5 hours of lecture if taken as stand alone course. Additional lectures include med. emergencies, vital signs, I.C., patient history assessment, etc.	6 hrs.	8hrs.	**8 Total** 4 pre-clinical 4 clinical

ADA Guidelines for Nitrous Oxide courses.
Inhalation Sedation *(Nitrous Oxide/Oxygen)* Course Duration: While length of a course is only one of the many factors to be considered in determining the quality of an educational program, the course should be a minimum of *14 hours*, including a clinical component during which competency in inhalation sedation technique is achieved….. ttps://www.ada.org/.../anxiety_**guidelines**.a.



Thomas Stewart, DDS
President of the Dental Board of California
Karen Fischer
Executive Officer of the Dental Board of California
karen.fischer@dca.ca.gov

Dear Dr. Stewart and Ms. Fischer:

I understand the RDAEF Association has brought forward to the Dental Board of California, a proposal to allow the RDAEF2 to administer local anesthesia and nitrous oxide/oxygen minimal sedation. The proposal includes courses of study at a post-secondary level, and would be offered as two separate, post-licensure, optional permits.

Since the addition of an RDAEF2 to my practice/clinic, access to patient care has increased and made my dental practice more effective and efficient for all patients. The missing link however is the inability of the RDAEF2 to directly provide pain and anxiety management protocols. As a dentist that fully utilizes the skills and knowledge of the EF2 in my practice, I can attest to the importance of correcting this issue.

Anxiety and pain control during dental treatment is imperative and should become part of the services the Registered Dental Assistant in Extended Functions can provide for my patients.

I am requesting that the Dental Assisting Committee and the Dental Board of California support this important change to the scope of practice for the Registered Dental Assistant in Extended Functions.

ARB

Amanda R. Brewer, DDS
Stanislaus Dental Society Member

209.578.0707 • 209.578.1016 • 1213 Coffee Road • Suite H • Modesto, CA • 95355

Dear Dr. Stewart and Ms. Fischer:

I understand that the RDAEF Association has brought forward to the Dental Board of California a proposal to allow the RDAEF2 to administer local anesthesia and nitrous oxide/oxygen minimal sedation. The proposal includes courses of study at a post-secondary level and would be offered as two separate, post-licensure, optional permits.

Since the addition of an RDAEF2 to my practice, access to patient care has increased and made my dental practice more effective and efficient for all patients. This is of particular interest to me, since I had established a practice with my now ex-husband, who has since left the practice, and with my RDAEF2, I have been able to keep up the same volume and quality of patient care without a second dentist present. The missing link, however, is the inability of the RDAEF2 to directly provide pain and anxiety management protocols. As a dentist that fully utilizes the skills and knowledge of the EF2 in my practice, I can attest to the importance of correcting this issue.

Anxiety and pain control during dental treatment is imperative and should become part of the services the Registered Dental Assistant in Extended Functions can provide for my patients.

I am requesting that the California Dental Association publicly support this important change to the scope of practice for the Registered Dental Assistant in Extended Functions.

Kristin Simkins DDS

cdha®

California Dental Hygienists' Association
The Voice of Dental Hygiene

July 24, 2018

Dental Board of California (DBC)
ATTN: Karen Fischer, Executive Officer
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

Dear Dental Board of California,

The California Dental Hygienists' Association (CDHA) is writing in opposition to a proposal brought before the Dental Board of California (DBC) to allow Registered Dental Assistant in Expanded Functions 2s (RDAEF2s) to administer local anesthesia and nitrous oxide/oxygen sedation.

This would require a statutory scope of practice change in the Dental Practice Act by the California Legislature. It is not clear to CDHA how this would benefit the dental consumers in California and improve either the delivery of care or the healthcare outcomes.

CDHA has concerns for the health and safety of California dental consumers, both children and adults, with this proposal.

The education and clinical experience of RDAEF2s does not adequately prepare RDAEF2s for the skills necessary and required by California for these new duties. One must be a Registered Dental Assistant (RDA) prior to becoming a RDAEF. However, the On-the-Job trained (OTJ) pathway to become a RDA only requires working for a Dentist for 15 months and passage of the 150-question written RDA exam. No science education is required, nor is a high school diploma required to become a RDA. The 410 hours required in the RDAEF2 program at University of the Pacific Dental School (UOP) is less than three months of dental assisting curriculum and significantly less than that required of a Registered Dental Hygienist (RDH) for the safe and effective administration of anesthesia.

Ms. Greenfield, author of the proposal, references the local anesthesia/nitrous oxide curriculum she offers for the out-of-state dental hygienist seeking licensure in California.

All hygienists in the United States graduating from a Commission on Dental Accreditation (CODA) accredited Dental Hygiene Program, as California RDH must do, have completed

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extensive didactic coursework prior to completing the additional technical training for out-of-state hygienists referenced by Ms. Greenfield in order to meet California's stringent requirements.

We have attached a brief outline of the prerequisites and curriculum content for RDHs compared to the RDAEF2 program, along with California Code of Regulations (CCR) Section 1107 covering the local anesthesia and nitrous oxide requirements for both in state and out-of-state hygienists.

Without substantial additional scientific coursework and clinical training, administration of local anesthesia and nitrous oxide sedation by the RDAEF2 raises serious concerns for the health and safety of dental consumers in California, with no apparent improvement to the healthcare provided. We respectfully request the DBC does not agree to a lesser degree of education and clinical skill than that required of an RDH for this proposed scope of practice change.

We also request this letter, as well as the attached comparison of RDH-RDA-RDAEF2 education and CCR Section 1107, be included in the August DBC Board meeting materials packet.

Thank you for your consideration of CDHAs concerns for the well-being of children and adults during dental procedures involving administration of local anesthesia and nitrous oxide.

Respectfully submitted,

Beth Wilson

Beth Wilson. RDH BS
President, California Dental Hygienists' Association

Attachments:
- 2018 RDH-RDA-RDAEF2 Education Comparison
- CCR Section 1107

cc: Tom Stewart, DDS, President DBC

RDH AND RDAEF 2
Educational Prerequisites and Course Requirements

DENTAL HYGIENE PROGRAM PREREQUISITES

A. A high school diploma or the recognized equivalent which will permit entrance to a college or university.

B. College-level general education courses in the topic areas of:
(i) Oral and Written Communication
(ii) Psychology
(iii) Sociology
(iv) Mathematics
(v) Cultural Diversity*
(vi) Nutrition*

*This course is required prior to graduation and may be waived as an admission requirement if included within the dental hygiene program curriculum.

C. College-level biomedical science courses each of which must include a wet laboratory component in:
(i) Anatomy
(ii) Physiology
(iii) Chemistry
(iv) Biochemistry
(iv) Microbiology

DENTAL HYGIENE CURRICULUM CONTENT

NUMBER OF HOURS REQUIRED=1600

(1) Biomedical and Dental Sciences Content
(A) Cariology
(B) Dental Materials
(C) General Pathology and/or Pathophysiology
(D) Head, Neck and Oral Anatomy
(E) Immunology
(F) Oral Embryology and Histology
(G) Oral Pathology
(H) Pain management
(I) Periodontology
(J) Pharmacology
(K) Radiography
(L) Dental Anatomy and Morphology

(2) Dental Hygiene Sciences and Practice Content

(A) Community Dental Health
(B) Dental Hygiene Leadership
(C) Evidence-based Decision Making and Evidence-based Practice
(D) Health Informatics
(E) Health Promotion
(F) Infection and Hazard Control Management
(G) Legal and Ethical Aspects of Dental Hygiene Practice
(H) Medical and Dental Emergencies
(I) Oral Health Education and Preventive Counseling
(J) Patient Management
(K) Preclinical and Clinical Dental Hygiene
(L) Provision of Services for and Management of Patients with Special Needs
(M) Research

(3) Approved educational programs shall, at a minimum, specifically include instruction in local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage.

(4) General Curriculum Content. Areas of didactic, preclinical and clinical instruction shall include:

(i) Indications and contraindications for all patients of:
1. periodontal soft tissue curettage;
2. administration and reversal of local anesthetic agents;
3. nitrous oxide-oxygen analgesia agents

(ii) Head and neck anatomy;
(iii) Physical and psychological evaluation procedures;
(iv) Review of body systems related to course topics;
(v) Theory and psychological aspects of pain and anxiety control;
(vi) Selection of pain control modalities;
(vii) Pharmacological considerations such as action of anesthetics and vasoconstrictors, local anesthetic reversal agents and nitrous oxide-oxygen analgesia;
(viii) Recovery from and post-procedure evaluation of periodontal soft tissue curettage, local anesthesia and nitrous oxide/oxygen analgesia;
(ix) Complications and management of periodontal soft tissue curettage, local anesthesia and nitrous oxide-oxygen analgesia emergencies;
(x) Armamentarium required and current technology available for local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage;
(xi) Techniques of administration of maxillary and mandibular local infiltrations, field blocks and nerve blocks, nitrous oxide-oxygen analgesia and performance of periodontal soft tissue curettage;
(xii) Proper infection control procedures according to the provisions of Title 16, Division 10, Chapter 1, Article 1, section 1005 of the California Code of Regulations;
(xiii) Patient documentation that meets the standard of care, including, but not limited to, computation of maximum recommended dosages for local anesthetics and the

tidal volume, percentage and amount of the gases and duration of administration of nitrous oxide-oxygen analgesia;
(xiv) Medical and legal considerations including patient consent, standard of care, and patient privacy.

REGISTERED DENTAL ASSISTANT IN EXPANDED FUNCTIONS PREREQUISITES:

A. RDA license: On The Job Trained (OJT):

1. For individuals applying prior to January 1, 2010, evidence of completion of satisfactory work experience of at least 12 months as a dental assistant in California or another state and satisfactory performance on a written and practical examination administered by the board.
2. For individuals applying on or after January 1, 2010, evidence of completion of satisfactory work experience of at least 15 months as a dental assistant in California or another state and satisfactory performance on a written and practical examination administered by the board.

B. RDA License: Graduate of an RDA Educational program

(1) Graduation from an educational program in registered dental assisting approved by the board, and satisfactory performance on a written and practical examination administered by the board. **(See examples of RDA curriculum after RDAEF)
(2) RDA license

As of 2018 the RDA Practical Exam was eliminated

RDAEF PROGRAM REQUIREMENTS:

NUMBER OF HOURS REQUIRED=410

*Curriculum:

- Dental anatomy
- Oral health assessment, gingival structures
- Occlusion principles, TMJ and head and neck anatomy
- Primary and secondary dentition
- Beginning of bases and liners for amalgams, composites and glass ionomers
- Placement, polishing and anatomy for amalgams, composites and glass ionomers
- Oral isolation
- Dental materials and techniques for making impressions for removable partial dentures
- Dental materials for interocclusal registration, vasoconstrictors, fixed partial dentures, dental cements

- Fitting, adjusting and cementing of ceramic, all metal and ceramo-metal fixed partial dentures (crowns)
- Indirect restoration technique*
- Hemorrhage control, cord packing, vasoconstrictor use and final impressions
- Dental ergonomics
- Oral health assessment exercise with the dentl school
- Endodontics
- Pulp vitality testing, cone fitting and cementation
- Restorations in supervising dentist's office

RDAs successfully completing this program will be able to perform all the *new* procedures in extended functions which include:

- Performing patient oral health evaluations, charting and evaluating of soft tissue, classifying occlusion and myofunctional evaluation
- Performing oral health assessments in community and school-based settings under the direction of a dentist, RDH or RDHAP
- Sizing and fitting endodontic master points and accessory points
- Taking final impressions for tooth-borne removable prostheses
- Polishing and contouring existing amalgam restorations
- Placing, contouring, finishing and adjusting all direct restorations
- Adjusting and cementing permanent indirect restorations

Additionally, participants will be trained to perform:

- Cord retraction of gingiva for impressions procedures
- Cementing endodontic master points and accessory points
- Taking final impressions for permanent indirect restorations
- All other procedures authorized and adopted by the dental board*

*University of the Pacific Dental School RDAEF curriculum

RDA EDUCATIONAL PROGRAM COMMUNITY COLLEGE

**(Diablo Valley College)
Required courses:

Dental Radiography
Transitioning from Student to Dental Professional
Oral Facial Anatomy and Body Systems
Dental Operative Procedures
Dental Materials and Laboratory Procedures
Infection Control and Theories of Dental Assisting
Dental Office Management
Dental Emergencies, Pharmacology and Oral Pathology
Topics in Dental Assisting
Clinical Experience

English 1A, 1B
Psychology
College Reading Development
Freshman English: Composition
Public Speaking

RDA EDUCATIONAL PROGRAM REGIONAL OCCUPATIONAL PROGRAM (ROP)

** Butte County ROP

Curriculum:

Dental anatomy
Dental radiology
Coronal polish
Pit and fissure sealants
Dental instruments and equipment
CPR
Clinical training which includes instruction in a dental office working side by side with the dentist and staff.

§ 1107. RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tis...
16 CA ADC § 1107
BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

Barclays Official California Code of Regulations Currentness
Title 16. Professional and Vocational Regulations
Division 11. Dental Hygiene Committee of California
Article 3. Educational Programs

16 CCR § 1107

§ 1107. RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage.

(a) Approval of Course. The Committee shall approve only those educational courses of instruction in local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage that continuously meet all course requirements. Continuation of approval will be contingent upon compliance with these requirements.

(1) A course in local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage is a course that provides instruction in the following duties:

(A) Administration of local anesthetic agents, infiltration and conductive, limited to the oral cavity;

(B) Administration of nitrous oxide and oxygen when used as an analgesic; utilizing fail-safe machines with scavenger systems containing no other general anesthetic agents; and

(C) Periodontal soft tissue curettage.

(2) An applicant course provider shall submit an "Application for Approval of a Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage" (DHCC SLN-01 12/2013) hereby incorporated by reference, accompanied by the appropriate fee, and shall receive approval prior to enrollment of students.

(3) All courses shall be at the postsecondary educational level.

(4) Each approved course shall be subject to review by the Committee at any time.

(5) Each approved course shall submit a biennial report "Report of a Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage" (DHCC SLN-03 09/2013) hereby incorporated by reference.

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

(1) Administration. The course provider shall require course applicants to possess current certification in Basic Life Support for health care providers as required by Title 16, Division 10, Chapter 1, Article 4, Section 1016 (b)(1)(C) of the California Code of Regulations in order to be eligible for admission to the course, and one of the following:

(A) Possess a valid active license to practice dental hygiene issued by the Committee; or,

(B) Have graduated from an educational program for dental hygienists approved by the Commission on Dental Accreditation or an equivalent accrediting body approved by the Committee; or

(C) Provide a letter of certification from the dean or program director of an educational program accredited by the Commission on Dental Accreditation that the course applicant is in his or her final academic term and is expected to meet all educational requirements for graduation. The school seal must be affixed to the letter with the name of the program.

(2) Faculty. Pre-clinical and clinical faculty, including course director and supervising dentistry), shall:

(A) Possess a valid, active California license to practice dentistry or dental hygiene for at least two (2) years immediately preceding any provision of course instruction;

(B) Provide pre-clinical and clinical instruction only in procedures within the scope of practice of their respective licenses.

(C) Complete an educational methodology course immediately preceding any provision of course instruction and every two years thereafter; and,

(D) Be calibrated in instruction and grading by the course provider.

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

(A) A lecture classroom, a patient clinic area, a sterilization facility and a radiology area for use by the students.

(B) Access for all students to equipment necessary to develop dental hygiene skills in these duties.

(C) Infection control equipment shall be provided according to the requirements of CCR Title 16, Division 10, Chapter 1, Article 1, Section 1005.

(D) At least one complete nitrous oxide-oxygen unit shall be provided for each six (6) students enrolled in the course and shall include a fail-safe flowmeter, functional scavenger system and disposable or sterilizable nasal hoods for each laboratory partner or patient. All tubing, hoses and reservoir bags shall be maintained and replaced at regular intervals to prevent leakage of gases. When not attached to a nitrous oxide-oxygen unit, all gas cylinders shall be maintained in an upright position, secured with a chain or in a cart designed for storage of gas cylinders.

(4) Health and Safety. A course provider shall comply with local, state, and federal health and safety laws and regulations.

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

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

(C) All students shall receive a copy of the course's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.

(5) Clinical Education. As of January 1, 2016, each course's clinical training shall be given at a dental or dental hygiene school or facility approved by the Committee, which has a written contract for such training. Such written contract shall include a description of the settings in which the clinical training may be received and shall provide for direct supervision of such training by faculty designated by the course provider. A facility shall not include a dental office unless such office is an extramural facility of an educational program approved by the Committee.

(6) Recordkeeping. A course provider shall possess and maintain the following for a period of not less than 5 years:

(A) A copy of each approved curriculum, containing a course syllabus.

(B) A copy of completed written examinations, clinic rubrics, and completed competency evaluations.

(C) A copy of faculty calibration plan, faculty credentials, licenses, and certifications including documented background in educational methodology immediately preceding any provision of course instruction and every two years thereafter.

(D) Individual student records, including those necessary to establish satisfactory completion of the course.

(E) A copy of student course evaluations and a summation thereof.

(7) Curriculum Organization and Learning Resources.

(A) The organization of the curriculum for the course shall be flexible, creating opportunities for adjustments to and research of advances in the administration of local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage as provided in the section of this article on Requirements for RDH Programs.

(B) Curriculum shall provide students with an understanding of these procedures as provided in the section of this article on Requirements for RDH Programs and an ability to perform each procedure with competence and judgment.

(C) Curriculum shall prepare the student to assess, plan, implement, and evaluate these procedures as provided and in accordance with the section of this article on Requirements for RDH Programs.

(D) Curriculum shall include a remediation policy, and procedures outlining course guidelines for students who fail to successfully complete the course.

(E) Students shall be provided a course syllabus that contains:

(i) Course learning outcomes,

(ii) Titles of references used for course materials,

(iii) Content objectives,

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

(v) A remediation policy and procedures.

(F) Students shall have reasonable access to dental and medical reference textbooks, current scientific journals, audio visual materials and other relevant resources.

(8) General Curriculum Content. Areas of didactic, preclinical and clinical instruction shall include:
(A)Indications and contraindications for all patients of:

(i) periodontal soft tissue curettage;

(ii) administration and reversal of local anesthetic agents;

(iii) nitrous oxide-oxygen analgesia agents

(B) Head and neck anatomy;

(C) Physical and psychological evaluation procedures;

(D) Review of body systems related to course topics;

(E) Theory and psychological aspects of pain and anxiety control;

(F) Selection of pain control modalities;

(G) Pharmacological considerations such as action of anesthetics and vasoconstrictors, local anesthetic reversal agents and nitrous oxide-oxygen analgesia;

(H) Recovery from and post-procedure evaluation of periodontal soft tissue curettage, local anesthesia and nitrous oxide/oxygen analgesia;

(I) Complications and management of periodontal soft tissue curettage, local anesthesia and nitrous oxide-oxygen analgesia emergencies;

(J) Armamentarium required and current technology available for local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage;

(K) Techniques of administration of maxillary and mandibular local infiltrations, field blocks and nerve blocks, nitrous oxide-oxygen analgesia and performance of periodontal soft tissue curettage;

(L) Proper infection control procedures according to the provisions of Title 16, Division 10, Chapter 1, Article 4, Section 1005 of the California Code of Regulations;

(M) Patient documentation that meets the standard of care, including, but not limited to, computation of maximum recommended dosages for local anesthetics and the tidal volume, percentage and amount of the gases and duration of administration of nitrous oxide-oxygen analgesia;

(N) Medical and legal considerations including patient consent, standard of care, and patient privacy;

(O) Student course evaluation mechanism.

(9) Specific Curriculum Content.

(A) Local anesthetic agents curriculum must include at least thirty (30) hours of instruction, including at least fifteen (15) hours of didactic and preclinical instruction and at least fifteen (15) hours of clinical instruction. Preclinical instruction shall include a minimum of two (2) experiences per injection, which may be on another student. Clinical instruction shall include at least four (4) clinical experiences per injection on four different patients, of which only one may be on another student. Curriculum must include maxillary and mandibular anesthesia techniques for local infiltration, field block and nerve block to include anterior superior alveolar (ASA) nerve block (infraorbital), middle superior alveolar nerve block (MSA), anterior middle superior alveolar nerve block (AMSA), posterior superior alveolar nerve block (PSA), greater palatine nerve block, nasopalatine (P-ASA) nerve block, supraperiosteal, inferior alveolar nerve block (to include Gow-Gates technique), lingual nerve block, buccal nerve block, mental nerve block, incisive nerve block and intraseptal injections. One clinical experience per injection shall be used to determine clinical competency in the course. The competency evaluation for each injection and technique must be achieved at a minimum of 75%.

 Image 1 within § 1107. RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage.

(B) Nitrous oxide-oxygen analgesia curriculum must include at least eight (8) hours of instruction, including at least four (4) hours of didactic and preclinical instruction and at least four (4) hours of clinical instruction. This includes at least two (2) preclinical experiences on patients, both of which may be on another student, and at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course. Each

clinical experience shall include the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia. The competency evaluation must be achieved at a minimum of 75%.

Image 2 within § 1107. RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage.

(C) Periodontal soft tissue curettage curriculum must include at least six (6) hours of instruction, including at least three (3) hours of didactic and preclinical instruction and at least three (3) hours of clinical instruction. Education may include use of a laser approved for soft tissue curettage. This includes at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course. The competency evaluation for this procedure must be achieved at a minimum of 75%.

(10) Certificate of Completion. A course provider shall issue a certificate of completion "Certification in Administration of Local Anesthesia, Nitrous Oxide-Oxygen Analgesia, and Periodontal Soft Tissue Curettage (DHCC SLN-02 09/2013), hereby incorporated by reference, only after a student has achieved clinical competency of the three procedures.

(c) Appeals.

(1) The Committee may deny or withdraw its approval of a course. If the Committee denies or withdraws approval of a course, the reasons for withdrawal or denial will be provided in writing within ninety (90) days.

(2) Any course provider whose approval is denied or withdrawn shall be granted an informal conference before the Executive Officer or his or her designee prior to the effective date of such action. The course provider shall be given at least ten days' notice of the time and place of such informal conference and the specific grounds for the proposed action.

(3) The course provider may contest the denial or withdrawal of approval by either:

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

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

Note: Authority cited: Sections 1905, 1906, 1909 and 1944, Business and Professions Code. Reference: Sections 1905 1909, 1917 and 1944, Business and Professions Code.

HISTORY

1. New section filed 8-4-2014; operative 8-4-2014 pursuant to Government Code section 11343.4(b)(3) (Register 2014, No. 32).

2. Change without regulatory effect amending subsections (b)(9)(A)-(B) filed 8-30-2017 pursuant to section 100, title 1, California Code of Regulations (Register 2017, No. 35).

This database is current through 7/6/18 Register 2018, No. 27

16 CCR § 1107, 16 CA ADC § 1107

END OF DOCUMENT

August 18, 2018

Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

RE: The new proposal of RDAEF expanded duties

Dear DBC Board Members:

We are writing this letter in opposition of the new proposal for the RDAEF to be able to administer local anesthesia and nitrous oxide sedation.

We believe training of local anesthesia and nitrous oxide sedation requires higher education and critical thinking skills.
Both dental hygienists and dentists in California are required to receive extensive education at accredited programs prior to receiving licenses. All are required to complete at least two years of prerequisite courses such as Anatomy, Physiology, and Biochemistry with laboratory before entering programs. These educated individuals are also required and trained to administer local anesthesia and nitrous oxide sedation in the accredited programs to obtain DDS or RDH licenses.

Our program's current prerequisite courses are listed below to demonstrate the candidate who will be administering local anesthesia and nitrous oxide sedation are well educated in multiple disciplines.

- Anatomy
- Physiology
- Psychology
- Biochemistry
- Chemistry
- Sociology
- Critical Thinking
- Microbiology
- Statistics
- Anthropology
- Public Speaking

Currently the Dental Hygiene Committee of California (DHCC) requires extensive training requirements during the program for local anesthesia and nitrous oxide sedation administration certification.

West LA College

To: Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

Supporting Signature for WLAC Dental Hygiene position for opposing RDAEF to expand duties for local anesthesia and nitrous oxide - oxygen sedation

Faculty Member Name	License Number	Signature
Natalie Ferrigno	RDH 21493 / HAP 293	
Sandra Schneiderman	RDH 2311	
Joy Ogami Avila	21998 RDH.	
Jennifer Nguyen	64965 DDS	DDS
Sandy Levy	27090 RDH 576 AP	

OXNARD COLLEGE
4000 South Rose Avenue • Oxnard, CA 93033-6699
805-678-5800 • Fax 805-678-5806

August 20, 2018

Anthony Lum, Executive Officer
Dental Hygiene Committee of California
2005 Evergreen Street, Suite 2050
Sacramento, CA 95815

We the faculty of Oxnard College are reaching out to you because of our extreme concern over the proposal for the Dental Assisting Council (DAC) to review a proposal that if approved would allow the Registered Dental Assistants in Extended Functions (RDAEF) to administer Local Anesthesia and Nitrous Oxide-Oxygen Analgesia, whether it be supervised or unsupervised, to patients.

It is our firm belief that the training for administering local anesthesia and nitrous oxide sedation requires a much higher level of education and critical thinking skills than is currently required in the training of the RDAEF. Both dental hygienists and dentists who attend accredited programs in the state of California are required to receive an extensive education prior to graduation and receiving licensure to practice. In addition, both are required to complete at least two years' worth of prerequisite courses including Anatomy, Physiology, and Biochemistry with laboratories prior to admission into a program. After admission into a program, they are required again to take courses in head and neck lecture and lab, and pharmacology, patient assessment, managing medical emergencies in addition to a separate local anesthesia course in order for them to obtain proper training to administer local anesthesia and nitrous oxide sedation.

We are very concerned about this new proposal due to of the insufficient level of education required for individual to become an RDAEF. We believe this would pose huge threat to patient safety. Even if additional education were included in the proposal under review, it is impossible that it would be equal to the education that is required of dental hygienists and dentists.

Respectfully,

Janice Locke, RDH
Christina Cayco RDH
Susan McDonald RDH, MEd
DDS
RDH, MDH

Armine Tierdiaman, DDS
Coordinator, Dental Programs
RDH, BSS
RDH, MPH
Margaret Reynolds, RDH, MA/C&I
RDH, BA
DDS

SANTA ROSA JUNIOR COLLEGE

Department of Health Sciences

August 20, 2018

To: Dental Board of California
Re: Administration of Local Anesthesia and Nitrous Oxide-Oxygen Analgesia by Registered Dental Assistants in Extended Functions (RDAEF)

The Santa Rosa Junior College dental hygiene program faculty responding as educators and dental healthcare professionals are opposed to the addition of local anesthesia and nitrous oxide-oxygen analgesia to the scope of practice of the RDAEF.

Both dental hygienists and dentists in California are required to receive extensive education in Commission on Dental Accreditation programs in the delivery of local anesthesia and nitrous oxide-oxygen analgesia. These accredited programs require both prerequisite and program courses in Anatomy, Physiology, Biochemistry and Pharmacology and Management of Medical Emergencies. The education in the delivery of both local anesthesia and N2O2 analgesia is more than the attainment of competency in a clinical skill. The required education includes the critical thinking and judgment abilities to make professional decisions and patient safety evaluations.

We are very concerned about this proposal. Individuals delivering this type of treatment must be sufficiently educated to determine not just how to deliver these drugs but when and why as well as how to handle any unforeseen circumstance. This is a threat for patient safety.

Respectfully

Faculty Name (please print clearly)	Professional Title	Signature
Carol Hatrick	Director Dental Programs RDA | RDH	
Karen McGinn	Adjunct Faculty RDH	
Teresa Guthman	Adj. faculty RDA, RDH	
Wendy D. Hageman	Adj. faculty CDA RDA RDH	
PAMELA CAMP	ADJ. faculty RDH BS.	
David O Cates	Adjunct Faculty DDS	
Jennifer Jacobs	Kids 2nd yr. Clin Coor.	

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SANTA ROSA JUNIOR COLLEGE

Department of Health Sciences

Deborah Chigaylo, RDHAP — Deborah Chigaylo

Jennifer Bovey, RDA, CDA, RDHAP Full Time Faculty DAE DH

Dawn Talkington RDH

Deanna Diaz RDA

TRALE BROUDY RDH

Lucinda Fleckner, RDH, MS. 1st yr Coordinator — Lucinda Fleckner

Susan Hellums, RDH — Susan Hellums

Michael J. Dalfora, DDS

[redacted]

SJVC
A PRIVATE JUNIOR COLLEGE

August 21, 2018

To Whom it may Concern –

The SJVC Dental Hygiene program would like to ask that the DBC oppose the proposal to permit RDAEFs the ability to administer local anesthesia and nitrous oxide sedation.

The dental hygiene programs have a comprehensive curriculum to achieve the status of an RDH. The curriculum is at the appropriate depth in knowledge and includes the supportive experiences to perform the Process of Care safely and effectively on patients. Many courses serve as a foundation to which others build upon throughout the program. We firmly believe the level of education to earn the privilege of providing pain control utilizing local anesthetics and or nitrous oxide is imperative.

Therefore, we again urge the opposition of allowing RDAEFs the ability to perform this duty.

Sincerely,

The Dental Hygiene Program Faculty

Angela Bacon
Katie Munsar

Stanley F. Malamed, DDS
Dentist Anesthesiologist
Emeritus Professor of Dentistry
Ostrow School of Dentistry of USC
Los Angeles, California

Mail to: 23765 Harwich Place, West Hills, California 91307, USA

21 August 2018

Dr. Thomas Stewart, President
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

RDAEF - Local Anesthesia & Inhalation Sedation
With Nitrous Oxide & Oxygen

Dear Dr. Stewart and Members of the Dental Board of California:

I have been informed that at the Dental Board of California's (DBCs) upcoming meeting (23 – 24 August 2018) one agenda item to be discussed is a proposal by Ms. Joan Greenfield of 'J Productions Dental Seminars, Inc.' that, if passed, would permit expanded function registered dental assistants to administer local anesthesia and/or inhalation sedation with nitrous oxide (N_2O) and oxygen (O_2) to dental patients.

I cannot begin to tell you just how wrong – just plain wrong – this proposal is, but I will endeavor to do so.

I am a dentist anesthesiologist and emeritus professor of dentistry from the Herman Ostrow School of Dentistry of U.S.C. (formerly the USC School of Dentistry), where I taught physical evaluation, emergency medicine, sedation and local anesthesia for 40 years (1973 – 2013) to predoctoral dental students, dental hygiene students, and all post-doctoral students enrolled in specialty programs. I am also author of three textbooks that are used in most dental training programs (dentistry, dental hygiene and some dental assisting). They are the Handbook of Local Anesthesia; Medical Emergencies in the Dental Practice; and Sedation: a guide to patient management.

A brief biographical sketch is attached to this letter.

I have been an avid proponent of expanded functions for dental hygienists and assistants throughout my career and have testified before numerous state dental boards in favor of permitting dental hygienists to administer both local anesthesia and inhalation sedation ($N_2O - O_2$)

The proposed program for RDAEF students will teach the functions of local anesthetic administration and the administration of inhalation sedation over a short period of time (weekend or series of weekends) and deem the student completing this program to be able to perform these functions at the same level of competency as dental hygienists and dentists.

Dental students and dental hygiene students receive intensive courses in local anesthesia and inhalation sedation. Curricula for these two programs are dictated by the American Dental Association. The most recent document: 'Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students" was passed by the ADA House of Delegates in October 2016. A copy of this document is attached.

The curriculum in pain control (local anesthesia) on pages 6, 7, and 8 of the Guideline delineates the subjects included in the training of the dental and dental hygiene student. The inhalation sedation (N_2O-O_2) curriculum is detailed in pages 8 through 11.

RDAEF practitioners – at this time – are permitted to perform duties which are entirely reversible. These functions are described in the California Code, Business and Professions Code - BPC § 1753.5 and include: *"(b) A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform the following additional procedures under direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:*

(1) Conduct preliminary evaluation of the patient's oral health, including, but not limited to, charting, intraoral and extra-oral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation.
(2) Perform oral health assessments in school-based, community health project settings under the direction of a dentist, registered dental hygienist, or registered dental hygienist in alternative practice.
(3) Cord retraction of gingiva for impression procedures.
(4) Size and fit endodontic master points and accessory points.
(5) Cement endodontic master points and accessory points.
(6) Take final impressions for permanent indirect restorations.
(7) Take final impressions for tooth-borne removable prosthesis.
(8) Polish and contour existing amalgam restorations.
(9) Place, contour, finish, and adjust all direct restorations.
(10) Adjust and cement permanent indirect restorations.
(11) Other procedures authorized by regulations adopted by the board.
(c) All procedures required to be performed under direct supervision shall be checked and approved by the supervising licensed dentist prior to the patient's dismissal from the office."

Local anesthesia

The administration of local anesthetic drugs by injection to dental patients can by no means be considered a reversible procedure. Though safe and effective drugs when administered properly, the DBC is all-too-aware of the potential serious – life-threating, or life-altering – complications associated with the administration of injected local anesthetics by highly qualified and experienced dentists. Overdose of local anesthetic has led to the death or serious permanent brain injury of too many dental patients over the years. Local complications, including paresthesia (permanent nerve damage) is an oftentimes irreversible risk associated with needle insertion into tissues of the oral cavity. The legal profession (plaintiff attorneys) will be salivating, chomping at the bit, waiting for the first significant adverse event to occur when a local anesthetic is administered to a dental patient by an RDAEF.

Dental and dental hygiene students receive many other intensive prerequisite courses prior to their enrollment in the course in local anesthesia. These prerequisites include: anatomy (gross and dental), emergency medicine, pharmacology, physiology, and physical evaluation. Will an RDAEF student achieve the same level of competency in an abbreviated program as either the dental or dental hygiene student enrolled in an immersive training program spanning several years, including a significant clinical portion in which students administer local anesthetic injections under supervision to patients they are to treat?

I think not!

55% of all medical emergencies occurring in USA dental practices occur either during or immediately following administration of local anesthesia to the patient.[1] Trypanophobia (fear of needles/injections) is the number one cause of these emergent situations. Is the RDAEF going to be trained to (1) prevent; (2) rapidly recognize; and (3) promptly and effectively manage those emergencies associated with dental fear: syncope, angina, bronchospasm, seizures, hyperventilation, and the 'epinephrine' reaction (the so-called 'stress-related' emergencies?

I think not!

Inhalation sedation

Training in the safe and effective administration of N_2O-O_2 requires not just a short didactic program with clinical demonstrations, but, as with local anesthesia, it requires a sound educational background in not only the basic sciences but more advanced emersion into physiology, chemistry, psychology, and anesthesiology. Use of the technique on many actual dental patients is a requirement of these training programs. Dental and dental hygiene students have minimally 1.5 to 2.5 years to acquire this clinical expertise. The RDAEF will not.

As of April 2018, thirty-three state permitted Registered Dental Hygienist's to administer inhalation sedation.[2] I feel it is entirely inappropriate morally, as well as ethically, to allow a person (RDAEF) with sub-optimal training to administer CNS-depressant drugs that are entirely capable of producing significant untoward events (examples: nausea, vomiting, delirium, overly deep sedation and, although rarely – unconsciousness) to a dental patient.

Can these students be trained in a short program to prevent, recognize and manage those adverse events that might arise during a sedation with N_2O-O_2?

I think not!

Only if, and when, these training programs evolve to provide RDAEF students with the same training as both dentists and dental hygienists – including prerequisites (as per ADA guidelines), would I be comfortable even considering allowing RDAEFs these privileges.

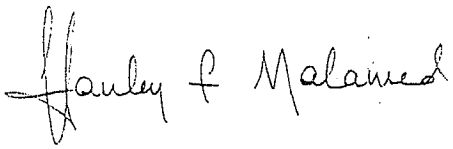
In conclusion, it is my strong belief that the proposal to the DBC to permit RDAEF practitioners to administer local anesthetics by injection and administer inhalation sedation to dental patients is fraught with danger. For an RDAEF student to become proficient in these two areas in which irreversible changes can occur, they would require the same training as the dental and dental hygiene student, including prerequisite programs. This is not a possibility.

PLEASE, for the sake of the safety of dental patients in the great state of California, do NOT enact this proposal.

Should you have any questions or require additional information of me, please do not hesitate to contact me at: malamed@usc.edu

I regret I am unable to attend the DBC meeting on 23-24 August in person to verbally present by feeling on this subject, but I am previously engaged on those dates.

Yours,



Stanley F. Malamed, D.D.S.
Dentist Anesthesiologist
Emeritus Professor of Dentistry
Herman Ostrow School of Dentistry of USC
Los Angeles, CA
Telephone: 818.822.7951

References

1. Malamed SF. Managing medical emergencies. J Amer Dent Assoc 124:40-53, 1993
2. https://www.adha.org/resources-docs/7522_Nitrous_Oxide_by_State.pdf (accessed 21 August 2018)

Attachments

1. Biographical sketch
2. ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students (2016)

STANLEY F. MALAMED, D.D.S.

Doctor Malamed, a dentist anesthesiologist, graduated from the New York University College of Dentistry in 1969 and then completed a residency in anesthesiology at Montefiore Hospital and Medical Center in the Bronx, New York before serving for 2 years in the U.S. Army Dental Corps at Ft. Knox, Kentucky. In 1973, he joined the faculty of the University of Southern California School of Dentistry (now the Herman Ostrow School of Dentistry of U.S.C), in Los Angeles, retiring from full-time teaching in 2013. Dr. Malamed is an Emeritus Professor of Dentistry Herman Ostrow School of Dentistry of U.S.C.

Dr. Malamed is a Diplomate of the American Dental Board of Anesthesiology, as well as a recipient of the *Heidebrink Award* [1996] from the American Dental Society of Anesthesiology and the *Horace Wells* Award from the International Federation of Dental Anesthesia Societies, 1997 (IFDAS).

Doctor Malamed has authored more than 160 scientific papers and 17 chapters in various medical and dental journals and textbooks in the areas of physical evaluation, emergency medicine, local anesthesia, sedation and general anesthesia.

In addition, Dr. Malamed is the author of three widely used textbooks, published by CV Mosby: ***Handbook of Medical Emergencies in the Dental Office*** (7th edition 2015); ***Handbook of Local Anesthesia*** (6th edition 2012); and ***Sedation - a guide to patient management*** (6th edition 2017) and two interactive DVD's: ***Emergency Medicine*** (2nd edition, 2008) and ***Malamed's Local Anesthetic Technique DVD*** (2004) (edition 2 - 2012)

In his spare time, Doctor Malamed is an avid runner, exercise enthusiast, and admits an addiction to the New York Times crossword puzzle, which he has done daily since his freshman year in dental school

ADA American Dental Association®

Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students

Adopted by the ADA House of Delegates, October 2016

I. Introduction

The administration of local anesthesia, sedation and general anesthesia is an integral part of the practice of dentistry. The American Dental Association is committed to the safe and effective use of these modalities by appropriately educated and trained dentists.

Anxiety and pain control can be defined as the application of various physical, chemical and psychological modalities to the prevention and treatment of preoperative, operative and postoperative patient anxiety and pain to allow dental treatment to occur in a safe and effective manner. It involves all disciplines of dentistry and, as such, is one of the most important aspects of dental education. The intent of these *Guidelines* is to provide direction for the teaching of pain control and sedation to dentists and can be applied at all levels of dental education from predoctoral through continuing education. They are designed to teach initial competency in pain control and minimal and moderate sedation techniques.

These *Guidelines* recognize that many dentists have acquired a high degree of competency in the use of anxiety and pain control techniques through a combination of instruction and experience. It is assumed that this has enabled these teachers and practitioners to meet the educational criteria described in this document.

It is not the intent of the *Guidelines* to fit every program into the same rigid educational mold. This is neither possible nor desirable. There must always be room for innovation and improvement. They do, however, provide a reasonable measure of program acceptability, applicable to all institutions and agencies engaged in predoctoral and continuing education.

The curriculum in anxiety and pain control is a continuum of educational experiences that will extend over several years of the predoctoral program. It should provide the dental student with the knowledge and skills necessary to provide minimal sedation to alleviate anxiety and control pain without inducing detrimental physiological or psychological side effects. Dental schools whose goal is to have predoctoral students achieve competency in techniques such as local anesthesia and nitrous oxide inhalation and minimal sedation must meet all of the goals, prerequisites, didactic content, clinical experiences, faculty and facilities, as described in these *Guidelines.*

Techniques for the control of anxiety and pain in dentistry should include both psychological and pharmacological modalities. Psychological strategies should include simple relaxation techniques for the anxious patient and more comprehensive behavioral techniques to control pain. Pharmacological strategies should include not only local anesthetics but also sedatives, analgesics and other useful agents. Dentists should learn indications and techniques for administering these drugs enterally, parenterally and by inhalation as supplements to local anesthesia.

The predoctoral curriculum should provide instruction, exposure and/or experience in anxiety and pain control, including minimal and moderate sedation. The predoctoral program must also provide the knowledge and skill to enable students to recognize and manage any emergencies that might arise as a consequence of treatment. Predoctoral dental students must complete a course in Basic Life Support for the Healthcare Provider. Though Basic Life Support courses are available online, any course taken online should be followed up with a hands-on component and be approved by the American Heart Association or the American Red Cross.

Local anesthesia is the foundation of pain control in dentistry. Although the use of local anesthetics in dentistry has a long record of safety, dentists must be aware of the maximum safe dosage limit for each patient, since large doses of local anesthetics may increase the level of central nervous system depression with sedation. The use of minimal and moderate sedation requires an understanding of local anesthesia and the physiologic and pharmacologic implications of the local anesthetic agents when combined with the sedative agents.

Level of sedation is entirely independent of the route of administration. Moderate and deep sedation or general anesthesia may be achieved via any route of administration and thus an appropriately consistent level of training must be established.

For children, the American Dental Association supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentistry Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.

The knowledge, skill and clinical experience required for the safe administration of deep sedation and/or general anesthesia are beyond the scope of predoctoral and continuing education programs. Advanced education programs that teach deep sedation and/or general anesthesia to competency have specific teaching requirements described in the Commission on Dental Accreditation requirements for those advanced programs and represent the educational and clinical requirements for teaching deep sedation and/or general anesthesia in dentistry.

The objective of educating dentists to utilize pain control, sedation and general anesthesia is to enhance their ability to provide oral health care. The American Dental Association urges dentists to participate regularly in continuing education update courses in these modalities in order to remain current.

All areas in which local anesthesia and sedation are being used must be properly equipped with suction, physiologic monitoring equipment, a positive pressure oxygen delivery system suitable for the patient being treated and emergency drugs. Protocols for the management of emergencies must be developed and training programs held at frequent intervals.

II. Definitions

Methods of Anxiety and Pain Control

minimal sedation (previously known as anxiolysis) - a minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient's ability to independently and continuously maintain an airway and respond *normally* to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.[1]

Patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of minimal sedation.

The following definitions apply to administration of minimal sedation:

maximum recommended dose (MRD) - maximum FDA-recommended dose of a drug, as printed in FDA-approved labeling for unmonitored home use.

dosing for minimal sedation via the enteral route – minimal sedation may be achieved by the administration of a drug, either singly or in divided doses, by the enteral route to achieve the desired clinical effect, not to exceed the maximum recommended dose (MRD).

The administration of enteral drugs exceeding the maximum recommended dose during a single appointment is considered to be moderate sedation and the moderate sedation guidelines apply.

Nitrous oxide/oxygen when used in combination with sedative agent(s) may produce minimal, moderate, deep sedation or general anesthesia.

If more than one enteral drug is administered to achieve the desired sedation effect, with or without the concomitant use of nitrous oxide, the guidelines for moderate sedation must apply.

Note: In accord with this particular definition, the drug(s) and/or techniques used should carry a margin of safety wide enough never to render unintended loss of consciousness. The use of the MRD to guide dosing for minimal sedation is intended to create this margin of safety.

moderate sedation - a drug-induced depression of consciousness during which patients respond *purposefully* to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.[1]

> *Note*: In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Repeated dosing of an agent before the effects of previous dosing can be fully appreciated may result in a greater alteration of the state of consciousness than is the intent of the dentist. Further, a patient whose only response is reflex withdrawal from a painful stimulus is not considered to be in a state of moderate sedation.

The following definition applies to administration of moderate and deeper levels of sedation:

> *titration* - administration of incremental doses of an intravenous or inhalation drug until a desired effect is reached. Knowledge of each drug's time of onset, peak response and duration of action is essential to avoid over sedation. Although the concept of titration of a drug to effect is critical for patient safety, when the intent is moderate sedation one must know whether the previous dose has taken full effect before administering an additional drug increment.

deep sedation - a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.[1]

general anesthesia – a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.[1]

Because sedation and general anesthesia are a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation becomes deeper than initially intended.[1]

For all levels of sedation, the qualified dentist must have the training, skills, drugs and equipment to identify and manage such an occurrence until either assistance arrives (emergency medical service) or the patient returns to the intended level of sedation without airway or cardiovascular complications.

Routes of Administration

> *enteral* - any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa [i.e., oral, rectal, sublingual].

parenteral - a technique of administration in which the drug bypasses the gastrointestinal (GI) tract [i.e., intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), intraosseous (IO)].

transdermal - a technique of administration in which the drug is administered by patch or iontophoresis through skin.

transmucosal – a technique of administration in which the drug is administered across mucosa such as intranasal, sublingual, or rectal.

inhalation - a technique of administration in which a gaseous or volatile agent is introduced into the lungs and whose primary effect is due to absorption through the gas/blood interface.

Terms

analgesia – the diminution or elimination of pain.

local anesthesia - the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.
Note: Although the use of local anesthetics is the foundation of pain control in dentistry and has a long record of safety, dentists must always be aware of the maximum, safe dosage limits for each patient. Large doses of local anesthetics in themselves may result in central nervous system depression especially in combination with sedative agents.

qualified dentist – a dentist providing sedation and anesthesia in compliance with their state rules and/or regulations.

must/shall - indicates an imperative need and/or duty; an essential or indispensable item; mandatory.

should -indicates the recommended manner to obtain the standard; highly desirable.

may - indicates freedom or liberty to follow a reasonable alternative.

continual - repeated regularly and frequently in a steady succession.

continuous - prolonged without any interruption at any time.

time-oriented anesthesia record - documentation at appropriate time intervals of drugs, doses and physiologic data obtained during patient monitoring.

immediately available – on site in the facility and available for immediate use.

Levels of Knowledge

familiarity - a simplified knowledge for the purpose of orientation and recognition of general principles.

in-depth - a thorough knowledge of concepts and theories for the purpose of critical analysis and the synthesis of more complete understanding (highest level of knowledge).

Levels of Skill

exposed - the level of skill attained by observation of or participation in a particular activity.

competent - displaying special skill or knowledge derived from training and experience.

American Society of Anesthesiologists (ASA) Patient Physical Status Classification[2]

Classification	Definition	Examples, including but not limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 < BMI < 40), well-controlled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, *ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Examples include (but not limited to): recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction; severe reduction of ejection fraction, sepsis, DIC, ARD or *ESRD not undergoing regularly scheduled dialysis
ASA V	A moribund patient who is not expected to survive without the operation	Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction
ASA VI	A declared brain-dead patient whose organs are being removed for donor purposes	
*The addition of "E" denotes Emergency surgery: (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)		

American Society of Anesthesiologists' Fasting Guidelines[3]

Ingested Material	Minimum Fasting Period
Clear liquids	2 hours
Breast milk	4 hours
Infant formula	6 hours
Nonhuman milk	6 hours
Light meal	6 hours
Fatty meal	8 hours

Education Courses

Education may be offered at different levels (competency, update, survey courses and advanced education programs). A description of these different levels follows:

1. **Competency Courses** are designed to meet the needs of dentists who wish to become competent in the safe and effective administration of local anesthesia, minimal and moderate sedation. They consist of lectures, demonstrations and sufficient clinical participation to assure the faculty that the dentist understands the procedures taught and can

safely and effectively apply them so that mastery of the subject is achieved. Faculty must assess and document the dentist's competency upon successful completion of such training. To maintain competency, periodic update courses must be completed.

2. **Update Courses** are designed for persons with previous training. They are intended to provide a review of the subject and an introduction to recent advances in the field. They should be designed didactically and clinically to meet the specific needs of the participants. Participants must have completed previous competency training (equivalent, at a minimum, to the competency course described in this document) and have current experience to be eligible for enrollment in an update course.

3. **Survey Courses** are designed to provide general information about subjects related to pain control and sedation. Such courses should be didactic and not clinical in nature, since they are not intended to develop clinical competency.

4. **Advanced Education Courses** are a component of an advanced dental education program, accredited by the Commission on Dental Accreditation in accord with the *Accreditation Standards* for advanced dental education programs. These courses are designed to prepare the graduate dentist or postdoctoral student in the most comprehensive manner to be competent in the safe and effective administration of minimal, moderate and deep sedation and general anesthesia.

III. Teaching Pain Control

These *Guidelines* present a basic overview of the recommendations for teaching pain control.

A. General Objectives: Upon completion of a predoctoral curriculum in pain control the dentist must:

1. have an in-depth knowledge of those aspects of anatomy, physiology, pharmacology and psychology involved in the use of various anxiety and pain control methods;
2. be competent in evaluating the psychological and physical status of the patient, as well as the magnitude of the operative procedure, in order to select the proper regimen;
3. be competent in monitoring vital functions;
4. be competent in prevention, recognition and management of related complications;
5. have in-depth knowledge of the appropriateness of and the indications for medical consultation or referral;
6. be competent in the maintenance of proper records with accurate chart entries recording medical history, physical examination, vital signs, drugs administered and patient response.

B. Pain Control Curriculum Content:

1. Philosophy of anxiety and pain control and patient management, including the nature and purpose of pain
2. Review of physiologic and psychologic aspects of anxiety and pain
3. Review of airway anatomy and physiology
4. Physiologic monitoring

a. Observation

(1) Central nervous system

(2) Respiratory system

a. Oxygenation
b. Ventilation

(3) Cardiovascular system

b. Monitoring equipment

5. Pharmacologic aspects of anxiety and pain control
a. Routes of drug administration
b. Sedatives and anxiolytics
c. Local anesthetics
d. Analgesics and antagonists
e. Adverse side effects
f Drug interactions
g. Drug abuse

6. Control of preoperative and operative anxiety and pain
a. Patient evaluation
(1) Psychological status
(2) ASA physical status
(3) Type and extent of operative procedure
b. Nonpharmacologic methods
(1) Psychological and behavioral methods
(a) Anxiety management
(b) Relaxation techniques
(c) Systematic desensitization
(2) Interpersonal strategies of patient management
(3) Hypnosis
(4) Electronic dental anesthesia
(5) Acupuncture/Acupressure
(6) Other
c. Local anesthesia
(1) Review of related anatomy, and physiology
(2) Pharmacology
(i) Dosing
(ii) Toxicity
(iii) Selection of agents
(3) Techniques of administration
(i) Topical
(ii) Infiltration (supraperiosteal)
(iii) Nerve block – maxilla-to include:
(aa) Posterior superior alveolar
(bb) Infraorbital
(cc) Nasopalatine
(dd) Greater palatine

(ee) Maxillary (2nd division)

(ff) Other blocks
(iv) Nerve block – mandible-to include:
(aa) Inferior alveolar-lingual
(bb) Mental-incisive
(cc) Buccal
(dd) Gow-Gates
(ee) Closed mouth
(v) Alternative injections-to include:

(aa) Periodontal ligament
(bb) Intraosseous

d. Prevention, recognition and management of complications and emergencies

C: Sequence of Pain Control Didactic and Clinical Instruction: Beyond the basic didactic instruction in local anesthesia, additional time should be provided for demonstrations and clinical practice of the injection techniques. The teaching of other methods of anxiety and pain control, such as the use of analgesics and enteral, inhalation and parenteral sedation, should be coordinated with a course in pharmacology. By this time the student also will have developed a better understanding of patient evaluation and the problems related to prior patient care. As part of this instruction, the student should be taught the techniques of venipuncture and physiologic monitoring. Time should be included for demonstration of minimal and moderate sedation techniques.

Following didactic instruction in minimal and moderate sedation, the student must receive sufficient clinical experience to demonstrate competency in those techniques in which the student is to be certified. It is understood that not all institutions may be able to provide instruction to the level of clinical competence in pharmacologic sedation modalities to all students. The amount of clinical experience required to achieve competency will vary according to student ability, teaching methods and the anxiety and pain control modality taught.

Clinical experience in minimal and moderate sedation techniques should be related to various disciplines of dentistry and not solely limited to surgical cases. Typically, such experience will be provided in managing healthy adult patients.

Throughout both didactic and clinical instruction in anxiety and pain control, psychological management of the patient should also be stressed. Instruction should emphasize that the need for sedative techniques is directly related to the patient's level of anxiety, cooperation, medical condition and the planned procedures.

D. Faculty: Instruction must be provided by qualified faculty for whom anxiety and pain control are areas of major proficiency, interest and concern.

E. Facilities: Competency courses must be presented where adequate facilities are available for proper patient care, including drugs and equipment for the management of emergencies.

IV. Teaching Administration of Minimal Sedation

The faculty responsible for curriculum in minimal sedation techniques must be familiar with the ADA Policy Statement: *Guidelines for the Use of Sedation and General Anesthesia by Dentists*, and the Commission on Dental Accreditation's *Accreditation Standards* for dental education programs.

These *Guidelines* present a basic overview of the recommendations for teaching minimal sedation. These include courses in nitrous oxide/oxygen sedation, enteral sedation, and combined inhalation/enteral techniques.

General Objectives: Upon completion of a competency course in minimal sedation, the dentist must be able to:

1. Describe the adult anatomy and physiology of the respiratory, cardiovascular and central nervous systems, as they relate to the above techniques.
2. Describe the pharmacological effects of drugs.
3. Describe the methods of obtaining a medical history and conduct an appropriate physical examination.
4. Apply these methods clinically in order to obtain an accurate evaluation.
5. Use this information clinically for ASA classification risk assessment and pre-procedure fasting instructions.
6. Choose the most appropriate technique for the individual patient.

7. Use appropriate physiologic monitoring equipment.
8. Describe the physiologic responses that are consistent with minimal sedation.
9. Understand the sedation/general anesthesia continuum.
10. Demonstrate the ability to diagnose and treat emergencies related to the next deeper level of anesthesia than intended.

Inhalation Sedation (Nitrous Oxide/Oxygen)

A. Inhalation Sedation Course Objectives: Upon completion of a competency course in inhalation sedation techniques, the dentist must be able to:

1. Describe the basic components of inhalation sedation equipment.
2. Discuss the function of each of these components.
3. List and discuss the advantages and disadvantages of inhalation sedation.
4. List and discuss the indications and contraindications of inhalation sedation.
5. List the complications associated with inhalation sedation.
6. Discuss the prevention, recognition and management of these complications.
7. Administer inhalation sedation to patients in a clinical setting in a safe and effective manner.
8. Discuss the abuse potential, occupational hazards and other untoward effects of inhalation agents.

B. Inhalation Sedation Course Content:

1. Historical, philosophical and psychological aspects of anxiety and pain control.
2. Patient evaluation and selection through review of medical history taking, physical diagnosis and psychological considerations.
3. Definitions and descriptions of physiological and psychological aspects of anxiety and pain.
4. Description of the stages of drug-induced central nervous system depression through all levels of consciousness and unconsciousness, with special emphasis on the distinction between the conscious and the unconscious state.
5. Review of adult respiratory and circulatory physiology and related anatomy.
6. Pharmacology of agents used in inhalation sedation, including drug interactions and incompatibilities.
7. Indications and contraindications for use of inhalation sedation.
8. Review of dental procedures possible under inhalation sedation.
9. Patient monitoring using observation and monitoring equipment (i.e., pulse oximetry), with particular attention to vital signs and reflexes related to pharmacology of nitrous oxide.
10. Importance of maintaining proper records with accurate chart entries recording medical history, physical examination, vital signs, drugs and doses administered and patient response.

11. Prevention, recognition and management of complications and life-threatening situations.

12. Administration of local anesthesia in conjunction with inhalation sedation techniques.

13. Description, maintenance and use of inhalation sedation equipment.

14. Introduction to potential health hazards of trace anesthetics and proposed techniques for limiting occupational exposure.

15. Discussion of abuse potential.

C. Inhalation Sedation Course Duration: While length of a course is only one of the many factors to be considered in determining the quality of an educational program, the course should be a minimum of *14 hours* plus management of clinical dental cases, during which clinical competency in inhalation sedation technique is achieved. The inhalation sedation course most often is completed as a part of the predoctoral dental education program. However, the course may be completed in a postdoctoral continuing education competency course.

D. Participant Evaluation and Documentation of Inhalation Sedation Instruction: Competency courses in inhalation sedation techniques must afford participants with sufficient clinical experience to enable them to achieve competency. This experience must be provided under the supervision of qualified faculty and must be evaluated. The course director must certify the competency of participants upon satisfactory completion of training. Records of the didactic instruction and clinical experience, including the number of patients treated by each participant must be maintained and available.

E. Faculty: The course should be directed by a dentist or physician qualified by experience and training. This individual should possess an active permit or license to administer moderate sedation in at least one state, have had at least three years of experience, including the individual's formal postdoctoral training in anxiety and pain control. In addition, the participation of highly qualified individuals in related fields, such as anesthesiologists, pharmacologists, internists, and cardiologists and psychologists, should be encouraged.

A participant-faculty ratio of not more than ten-to-one when inhalation sedation is being used allows for adequate supervision during the clinical phase of instruction; a one-to-one ratio is recommended during the early state of participation.

The faculty should provide a mechanism whereby the participant can evaluate the performance of those individuals who present the course material.

F. Facilities: Competency courses must be presented where adequate facilities are available for proper patient care, including drugs and equipment for the management of emergencies.

Enteral and/or Combination Inhalation-Enteral Minimal Sedation

A. Enteral and/or Combination Inhalation-Enteral Minimal Sedation Course Objectives: Upon completion of a competency course in enteral and/or combination inhalation-enteral minimal sedation techniques, the dentist must be able to:

1. Describe the basic components of inhalation sedation equipment.

2. Discuss the function of each of these components.

3. List and discuss the advantages and disadvantages of enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation).

4. List and discuss the indications and contraindications for the use of enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation).

5. List the complications associated with enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation).

6. Discuss the prevention, recognition and management of these complications.

7. Administer enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation) to patients in a clinical setting in a safe and effective manner.

8. Discuss the abuse potential, occupational hazards and other effects of enteral and inhalation agents.

9. Discuss the pharmacology of the enteral and inhalation drugs selected for administration.

10. Discuss the precautions, contraindications and adverse reactions associated with the enteral and inhalation drugs selected.

11. Describe a protocol for management of emergencies in the dental office and list and discuss the emergency drugs and equipment required for management of life-threatening situations.

12. Demonstrate the ability to manage life-threatening emergency situations, including current certification in Basic Life Support for Healthcare Providers.

13. Discuss the pharmacological effects of combined drug therapy, their implications and their management. Nitrous oxide/oxygen when used in combination with sedative agent(s) may produce minimal, moderate, deep sedation or general anesthesia.

B. Enteral and/or Combination Inhalation-Enteral Minimal Sedation Course Content:

1. Historical, philosophical and psychological aspects of anxiety and pain control.

2. Patient evaluation and selection through review of medical history taking, physical diagnosis and psychological profiling.

3. Definitions and descriptions of physiological and psychological aspects of anxiety and pain.

4. Description of the stages of drug-induced central nervous system depression through all levels of consciousness and unconsciousness, with special emphasis on the distinction between the conscious and the unconscious state.

5. Review of adult respiratory and circulatory physiology and related anatomy.

6. Pharmacology of agents used in enteral and/or combination inhalation-enteral minimal sedation, including drug interactions and incompatibilities.

7. Indications and contraindications for use of enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation).

8. Review of dental procedures possible under enteral and/or combination inhalation-enteral minimal sedation).

9. Patient monitoring using observation, monitoring equipment, with particular attention to vital signs and reflexes related to consciousness.

10. Maintaining proper records with accurate chart entries recording medical history, physical examination, informed consent, time-oriented anesthesia record, including the names of all drugs administered including local anesthetics, doses, and monitored physiological parameters.

11. Prevention, recognition and management of complications and life-threatening situations.

12. Administration of local anesthesia in conjunction with enteral and/or combination inhalation-enteral minimal sedation techniques.

13. Description, maintenance and use of inhalation sedation equipment.

14. Introduction to potential health hazards of trace anesthetics and proposed techniques for limiting occupational exposure.

15. Discussion of abuse potential.

C. Enteral and/or Combination Inhalation-Enteral Minimal Sedation Course Duration: Participants must be able to document current certification in Basic Life Support for Healthcare Providers and have completed a nitrous oxide competency course to be eligible for enrollment in this course. While length of a course is only one of the many factors to be considered in determining the quality of an educational program, the course should include a minimum of *16 hours*, plus clinically-oriented experiences during which competency in enteral and/or combined inhalation-enteral minimal sedation techniques is demonstrated. Clinically-oriented experiences may include group observations on patients undergoing enteral and/or combination inhalation-enteral minimal sedation. Clinical experience in managing a compromised airway is critical to the prevention of life-threatening emergencies. The faculty should schedule participants to return for additional clinical experience if competency has not been achieved in the time allotted. The educational course may be completed in a predoctoral dental education curriculum or a postdoctoral continuing education competency course.

D. Participant Evaluation and Documentation of Instruction: Competency courses in combination inhalation-enteral minimal sedation techniques must afford participants with sufficient clinical understanding to enable them to achieve competency. The course director must certify the competency of participants upon satisfactory completion of the course. Records of the course instruction must be maintained and available.

E. Faculty: The course should be directed by a dentist or physician qualified by experience and training. This individual should possess a current permit or license to administer moderate sedation in at least one state, have had at least three years of experience, including the individual's formal postdoctoral training in anxiety and pain control. Dental faculty with broad clinical experience in the particular aspect of the subject under consideration should participate. In addition, the participation of highly qualified individuals in related fields, such as anesthesiologists, pharmacologists, internists, and cardiologists and psychologists, should be encouraged. The faculty should provide a mechanism whereby the participant can evaluate the performance of those individuals who present the course material.

F. Facilities: Competency courses must be presented where adequate facilities are available for proper patient care, including drugs and equipment for the management of emergencies.

V. Teaching Administration of Moderate Sedation

These *Guidelines* present a basic overview of the requirements for a competency course in moderate sedation. These include courses in enteral and parenteral moderate sedation. The teaching guidelines contained in this section on moderate sedation differ slightly from documents in medicine to reflect the differences in delivery methodologies and practice environment in dentistry.

Completion of a pre-requisite nitrous oxide-oxygen competency course is required for participants combining moderate sedation with nitrous oxide-oxygen.

A. Course Objectives: Upon completion of a course in moderate sedation, the dentist must be able to:

1. List and discuss the advantages and disadvantages of moderate sedation.
2. Discuss the prevention, recognition and management of complications associated with moderate sedation.
3. Administer moderate sedation to patients in a clinical setting in a safe and effective manner.
4. Discuss the abuse potential, occupational hazards and other untoward effects of the agents utilized to achieve moderate sedation.
5. Describe and demonstrate the technique of intravenous access, intramuscular injection and other parenteral techniques.
6. Discuss the pharmacology of the drug(s) selected for administration.
7. Discuss the precautions, indications, contraindications and adverse reactions associated with the drug(s) selected.
8. Administer the selected drug(s) to dental patients in a clinical setting in a safe and effective manner.
9. List the complications associated with techniques of moderate sedation.
10. Describe a protocol for management of emergencies in the dental office and list and discuss the emergency drugs and equipment required for the prevention and management of emergency situations.
11. Discuss principles of advanced cardiac life support or an appropriate dental sedation/anesthesia emergency course equivalent.
12. Demonstrate the ability to manage emergency situations.
13. Demonstrate the ability to diagnose and treat emergencies related to the next deeper level of anesthesia than intended.

B. Moderate Sedation Course Content:

1. Historical, philosophical and psychological aspects of anxiety and pain control.
2. Patient evaluation and selection through review of medical history taking, physical diagnosis and psychological considerations.
3. Use of patient history and examination for ASA classification, risk assessment and pre-procedure fasting instructions.
4. Definitions and descriptions of physiological and psychological aspects of anxiety and pain.
5. Description of the sedation anesthesia continuum, with special emphasis on the distinction between the conscious and the unconscious state.
6. Review of adult respiratory and circulatory physiology and related anatomy.

7. Pharmacology of local anesthetics and agents used in moderate sedation, including drug interactions and contraindications.

8. Indications and contraindications for use of moderate sedation.

9. Review of dental procedures possible under moderate sedation.

10. Patient monitoring using observation and monitoring equipment, with particular attention to vital signs, ventilation/breathing and reflexes related to consciousness.

11. Maintaining proper records with accurate chart entries recording medical history, physical examination, informed consent, time-oriented anesthesia record, including the names of all drugs administered including local anesthetics, doses, and monitored physiological parameters.

12. Prevention, recognition and management of complications and emergencies.

13. Description, maintenance and use of moderate sedation monitors and equipment.

14. Discussion of abuse potential.

15. Intravenous access: anatomy, equipment and technique.

16. Prevention, recognition and management of complications of venipuncture and other parenteral techniques.

17. Description and rationale for the technique to be employed.

18. Prevention, recognition and management of systemic complications of moderate sedation, with particular attention to airway maintenance and support of the respiratory and cardiovascular systems.

Moderate Sedation Course Duration and Documentation:
The Course must include:

- A minimum of 60 hours of instruction plus administration of sedation for at least 20 individually managed patients.
- Certification of competence in moderate sedation technique(s).
- Certification of competence in rescuing patients from a deeper level of sedation than intended including managing the airway, intravascular or intraosseous access, and reversal medications.
- Provision by course director or faculty of additional clinical experience if participant competency has not been achieved in time allotted.
- Records of instruction and clinical experiences (i.e., number of patients managed by each participant in each modality/route) that are maintained and available for participant review.

D. Documentation of Instruction: The course director must certify the competency of participants upon satisfactory completion of training in each moderate sedation technique, including instruction, clinical experience, managing the airway, intravascular/intraosseous access, and reversal medications.

E. Faculty: The course should be directed by a dentist or physician qualified by experience and training. This individual should possess a current permit or license to administer moderate or deep sedation and general anesthesia in at least one state, have had at least three years of experience, including formal postdoctoral training in anxiety and pain control. Dental faculty with broad clinical experience in the particular aspect of the subject under consideration should participate. In addition, the participation of highly qualified individuals in related fields, such as anesthesiologists, pharmacologists, internists, cardiologists and psychologists, should be encouraged.

A participant-faculty ratio of not more than four-to-one when moderate sedation is being taught allows for adequate supervision during the clinical phase of instruction. A one-to-one ratio is recommended during the early stage of participation.

The faculty should provide a mechanism whereby the participant can evaluate the performance of those individuals who present the course material.

F. Facilities: Competency courses in moderate sedation must be presented where adequate facilities are available for proper patient care, including drugs and equipment for the management of emergencies. These facilities may include dental and medical schools/offices, hospitals and surgical centers.

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1 Excerpted from Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia, 2014, of the American Society of Anesthesiologists (ASA)

2 ASA Physical Status Classification System is reprinted with permission of the American Society of Anesthesiologists, Updated by ASA House of Delegates, October 15, 2014.

3 American Society of Anesthesiologists: Practice Guidelines for preoperative fasting and the use of pharmacologic agents to reduce the risk of pulmonary aspiration: application to healthy patients undergoing elective procedures. Anesthesiology 114:495. 2011. Reprinted with permission.

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Myth busters for dental assistants: Nitrous oxide

October 17, 2018

By Tija Hunter, CDA, EFDA, CDIA, MADA

"Any dental assistant can begin the flow of nitrous oxide and monitor a patient while alone in the operatory."

Wrong!

Although all states are different regarding their laws on nitrous oxide, only a handful allow dental assistants who have not been formally trained and certified to monitor or administer nitrous oxide. Yes, you read that correctly! A few states *do* allow dental assistants to administer nitrous oxide with absolutely no training whatsoever.

What's up with that?

Each state dental board has adopted its own dental practice act. When it comes to regulating dental assistants, states are all over the place regarding what they allow. Most do require dental assistants to have formal training and be certified to monitor or administer nitrous oxide. While a few states allow dental assistants to administer, most states allow dental assistants only to monitor patients while under the effects of nitrous oxide. These states will not allow assistants to begin the flow, adjust the flow, or shut down nitrous oxide. All states work under the "direct supervision" rule, meaning that dental assistants cannot work without a dentist on the premises.

What does your state require?

Don't know the laws regarding nitrous oxide in your state? Never fear, the folks at the Dental Assisting National Board Inc. (DANB) have that covered for you. Visit their website and choose the "search by state" tab. From there, choose your state, and you will get a full rundown on what the practice acts for each state allow. DANB takes pride in keeping this information up-to-date and accurate. You can also visit your state dental board website, most of which make the practice act available for readers, often in PDF format.

I am certified in one state, so it transfers to another state.

Wrong!

In this instance, it depends. No state has to honor another state's certification. Again, all states have different requirements, so just because you meet the requirements in one state does not mean this will transfer to another state.

I once heard California referred to as the "brat" state. When I asked what that meant, I was told that California laws are so tough that being certified there means that the certification is good anywhere in the country. *Not true!* There is so much

misinformation out there that when you come across hearsay, take the time to find the correct answer for yourself. Correct information can be found with your dental board, your dental practice act, or on the DANB website.

Here's an example. Say you live in a state that requires six hours of training to become certified in nitrous oxide monitoring, and you just moved to a state that requires eight hours of training Your new state will usually not recognize your certification because the requirements aren't the same.

This is especially true if you were certified in a state to administer and you move to a state that allows you only to monitor. Your administering certification is not good in your new state and you must take a course for monitoring.

The same is true for any of your expanded functions certifications. Remember, not all states allow you to preform expanded functions, so if you move, be proactive and look up the laws in your new home state. For that matter, look up the laws where you live now. You might be surprised that what you thought was allowable, really is not.

I'll stress this one more time. The misinformation out there is crazy! Everyone has heard from someone that something is OK. I'm sorry to say that even most doctors don't know their state laws pertaining to dental assistants. If you have questions, it's up to you to find the correct answers.

Then you'll be able to confidently answer, "What does your state allow?"

ALSO BY TIJA HUNTER

Myth busters: Waterline contamination in dental offices

Myth busters: Cold sterile–glutaraldehyde

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MEMORANDUM

DATE	July 22, 2021
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 20:** Licensing, Certification, and Permits Committee Meeting Report

Background:
The Chair of the Board's Licensing, Certification, and Permits Committee (Committee) will provide a verbal report to the Board regarding the Committee's August 19, 2021 meeting in closed session.

Action Requested:
After review and discussion, the Board may take a motion to accept or reject the Committee's report

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MEMORANDUM

DATE	July 22, 2021
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Enforcement Chief Dental Board of California
SUBJECT	**Agenda Item 21:** Enforcement – Review of Statistics and Trends

The following are the Enforcement Division statistics:

Complaint & Compliance Unit:

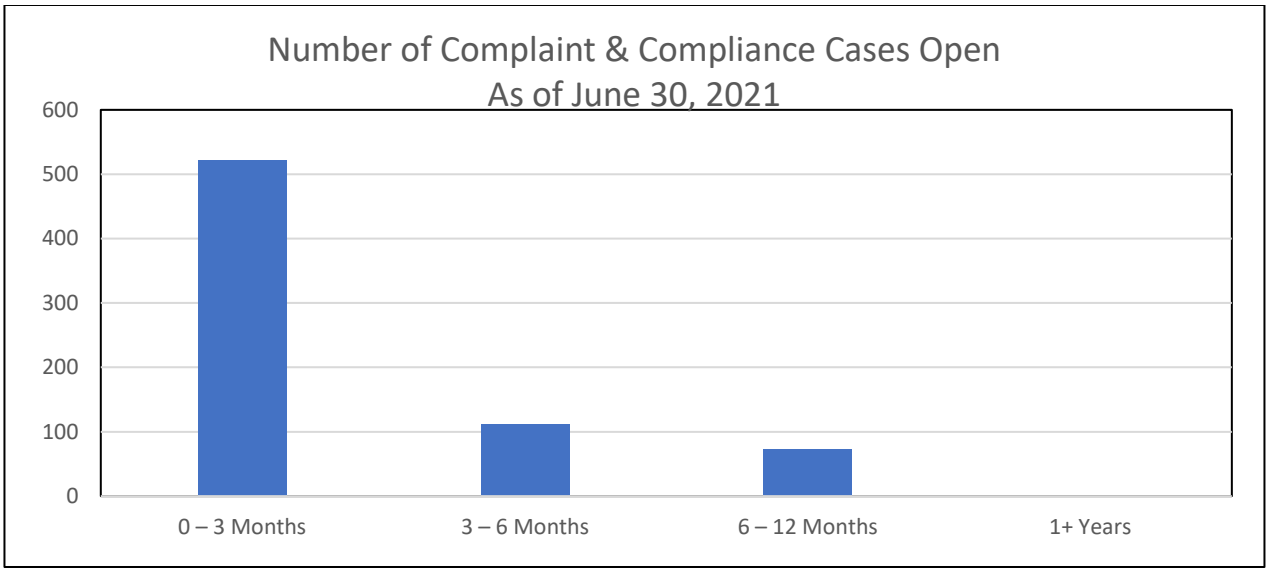
Number of Complaint Cases Received between April 1, 2021 and June 30, 2021:

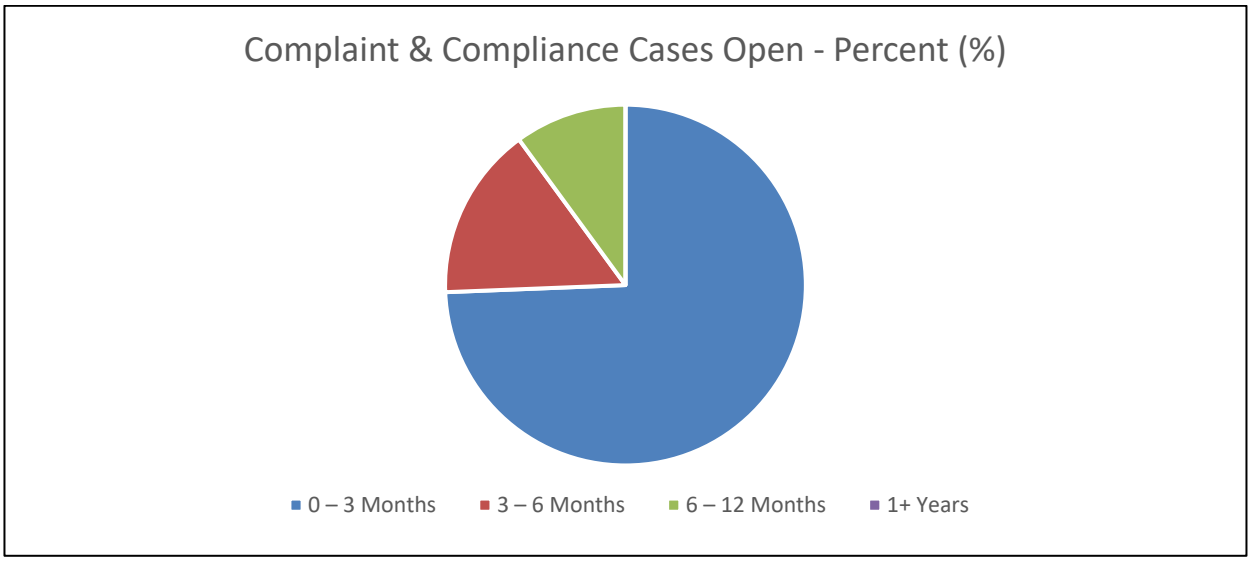
Between April 1, 2021 and June 30, 2021, the Complaint and Compliance Unit received **1,145** complaints. During this time. the monthly average of complaints received was **381**.

Number of Complaint Cases Open:

As of June 30, 2021, there are **706** complaint cases open in the Complaint and Compliance Unit. A breakdown of the case aging is as follows:

Complaint Age	Complaint & Compliance Cases Open	
	# As of June 30, 2021	Percent (%)
0 – 3 Months	522	74%
3 – 6 Months	111	15.5%
6 – 12 Months	72	10%
1+ Years	1	<.5%
Total	**706**	**100%**





Number of Complaint Cases Closed:

Between April 1, 2021 and June 30, 2021, a total of **732** complaint cases were closed in the Complaint and Compliance Unit. During this time, the monthly average of complaints closed was **244.**

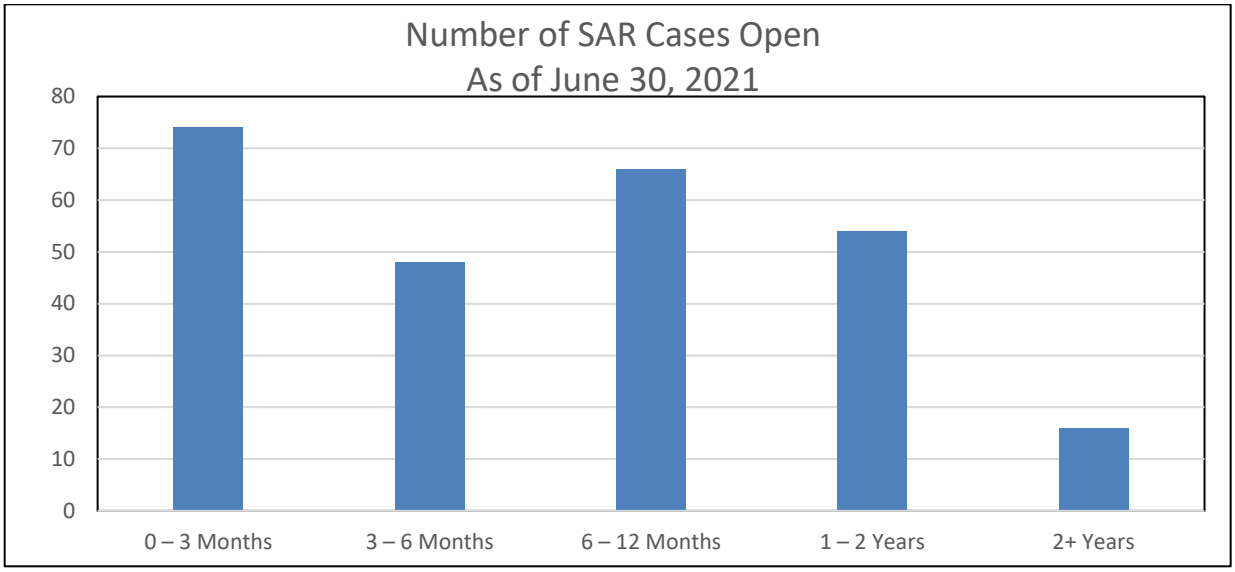
Cases at Investigation:

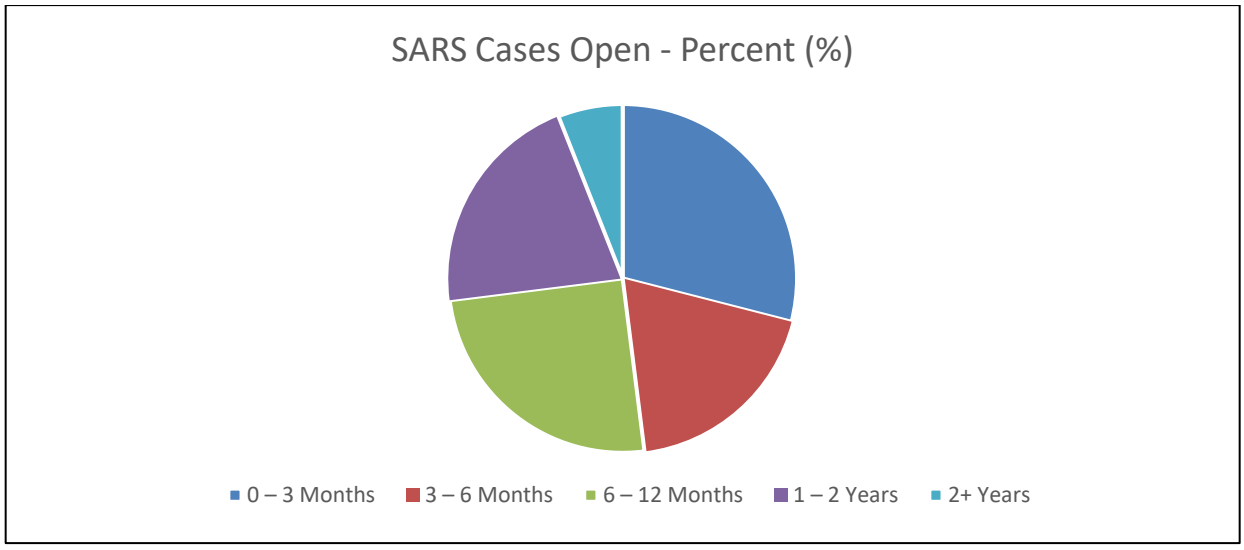
Number of Subsequent Arrest Report (SAR) Cases Open in the Investigative Analysis Unit (IAU):

As of June,30 2021, there are **258** SAR cases are open in the IAU. A breakdown of the case aging is as follows:

SAR Age	SARS Cases Open	
	# As of June 30, 2021	Percent (%)
0 – 3 Months	74	29%
3 – 6 Months	48	19%
6 – 12 Months	66	25%
1 – 2 Years	54	21%
2+ Years	16	6%
Total	**250**	**100%**

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





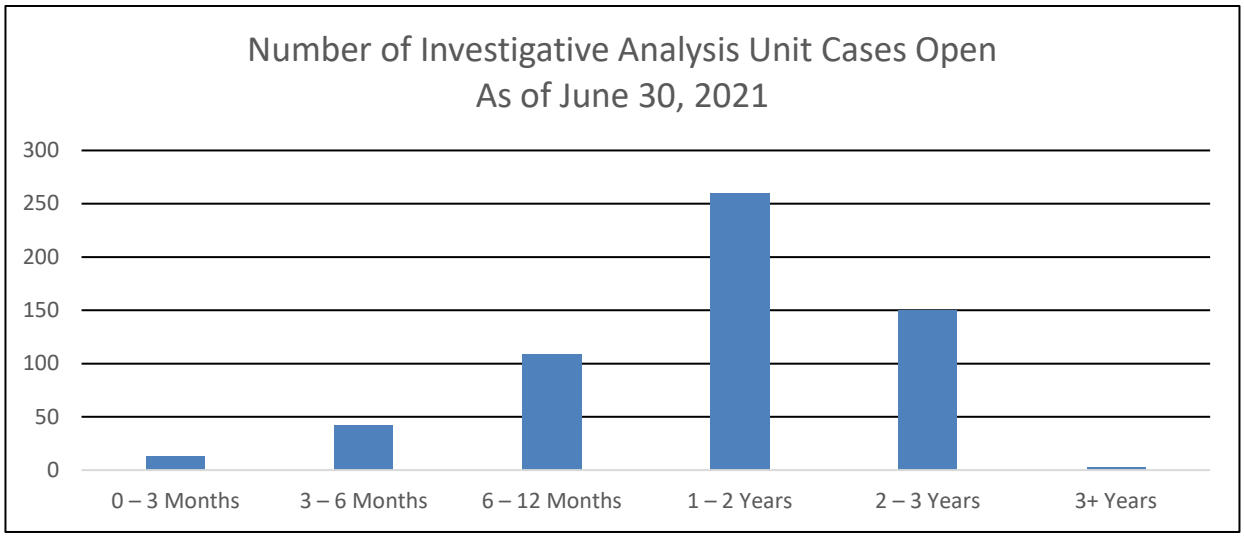
Number of SAR Cases Closed:

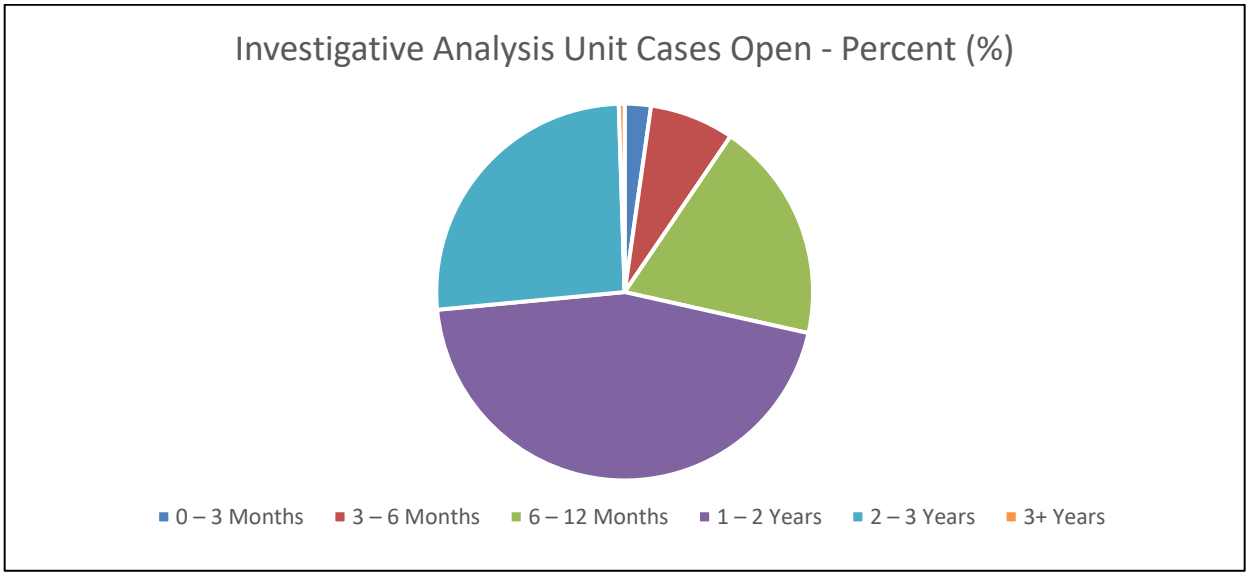
Between April 1, 2021 and June 30, 2021, a total of **87 SAR** cases were closed in the Investigative Analysis Unit.

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

As of June 30, 2021, there are **577 investigative** cases open in IAU. A breakdown of the case aging is as follows:

Investigation Age	Investigative Analysis Unit Cases Open	
	# As of June 30, 2021	**Percent (%)**
0 – 3 Months	13	2.25%
3 – 6 Months	42	7.25%
6 – 12 Months	109	19%
1 – 2 Years	260	45%
2 – 3 Years	150	26%
3+ Years	3	.5%
Total	**577**	**100%**

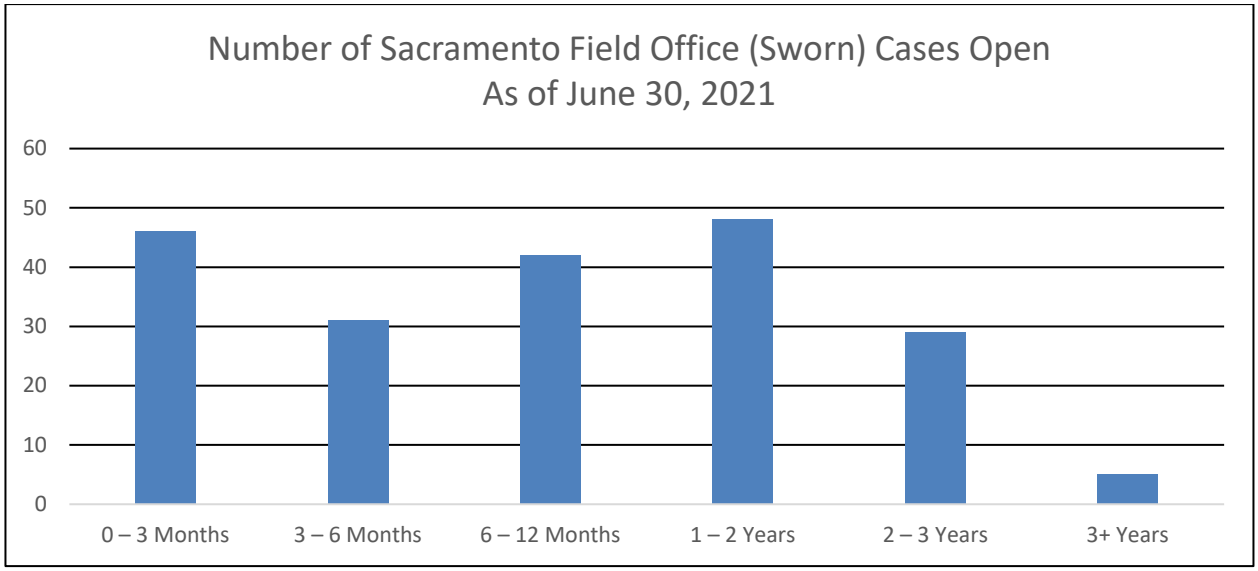


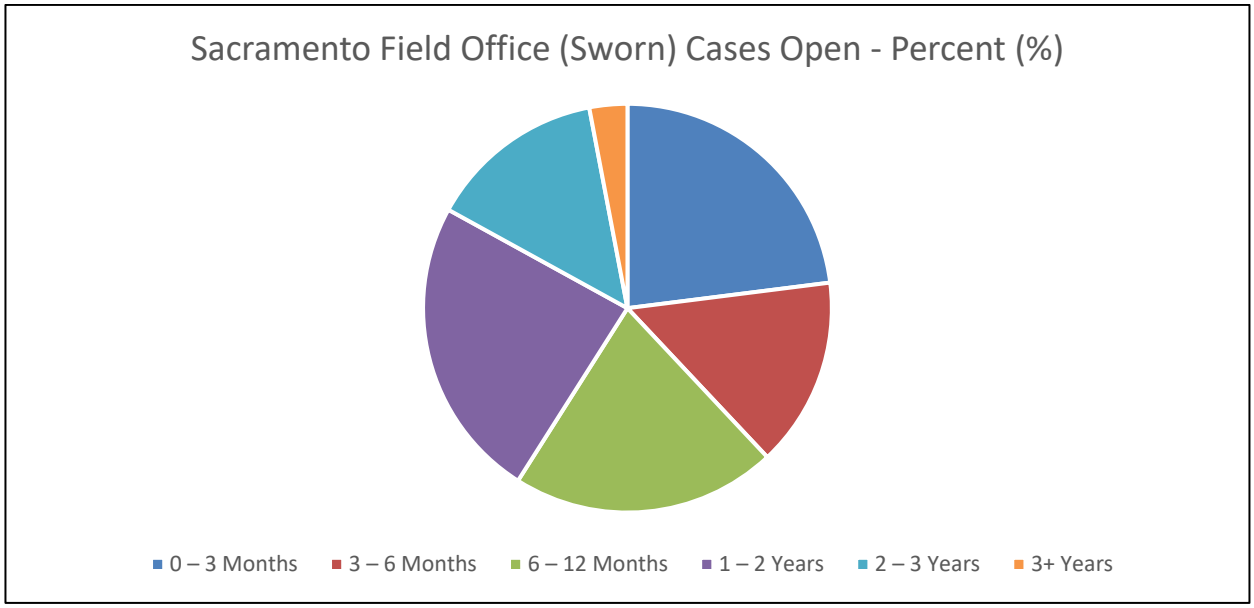


Number of Investigative Cases Open in the Sacramento Field Office (Sworn):

As of June 30, 2021, there are **201** investigative cases open in the Sacramento Field Office. A breakdown of the case aging is as follows:

Investigation Age	Sacramento Field Office (Sworn) Cases Open	
	# As of June 30, 2021	Percent (%)
- 3 Months	46	23%
- 6 Months	31	15%
- 12 Months	42	21%
- 2 Years	48	24%
- 3 Years	29	14%
Years	5	3%
Total	**201**	**100%**

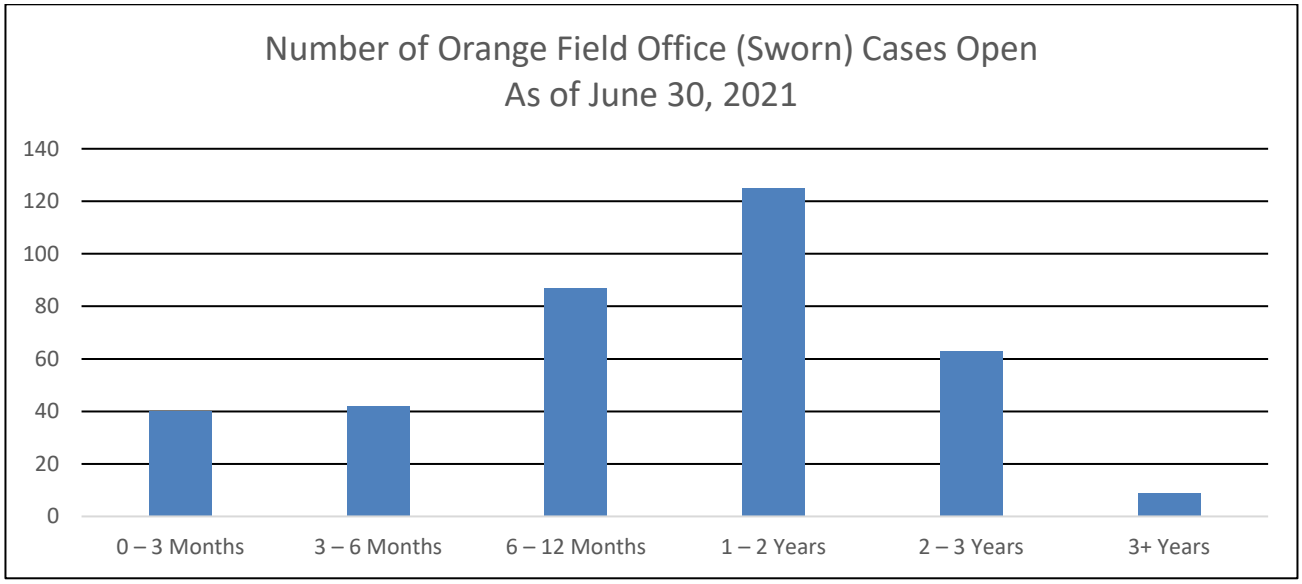


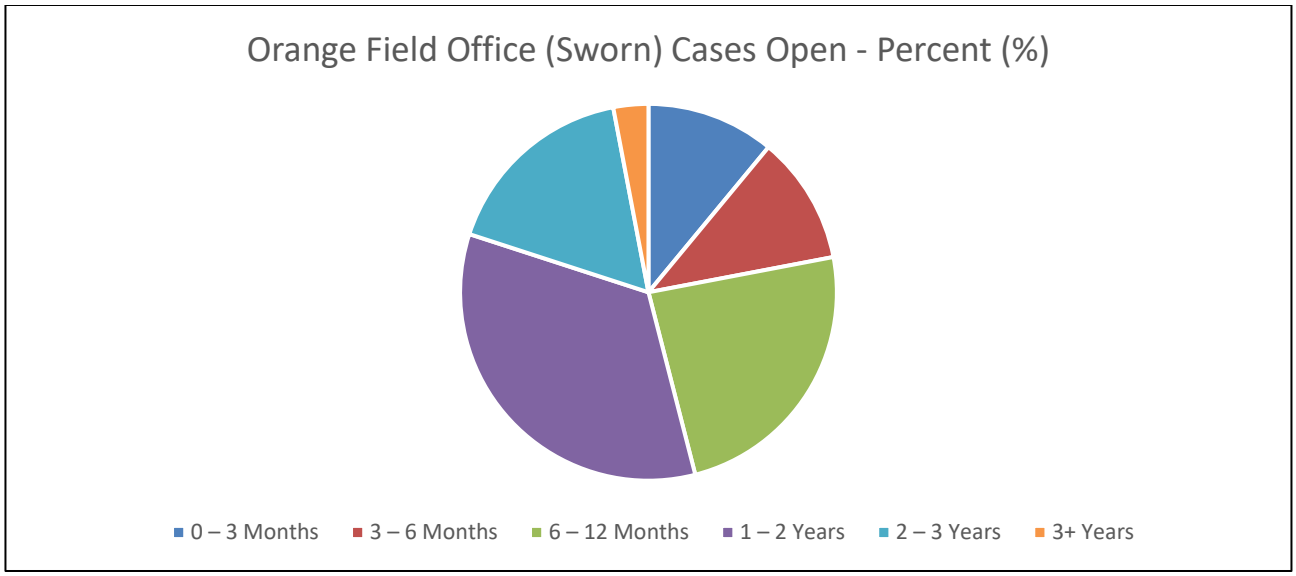


Number of Investigative Cases Open in the Orange Field Office (Sworn):

As of June 30, 2021, there are **366** investigative cases open with the Sworn investigators, in the Orange Field Office. A breakdown of the case aging is as follows:

Investigation Age	Orange Field Office (Sworn) Cases Open	
	# As of June 30, 2021	Percent (%)
0 – 3 Months	40	11%
3 – 6 Months	42	11%
6 – 12 Months	87	24%
1 – 2 Years	125	34%
2 – 3 Years	63	17%
3+ Years	9	3%
Total	**366**	**100%**

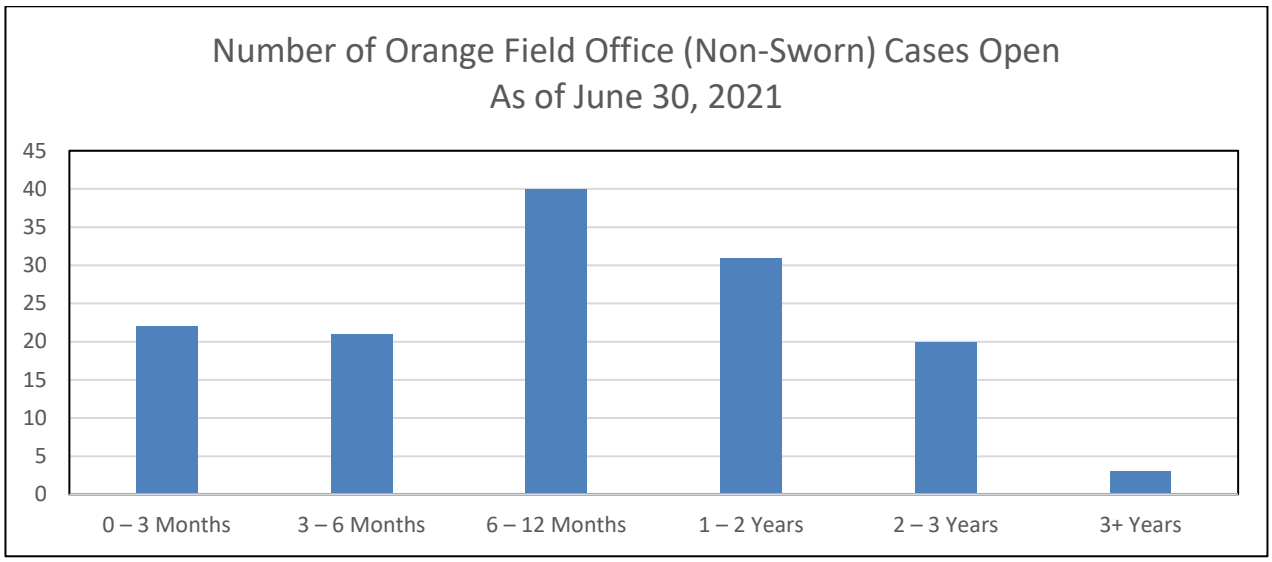


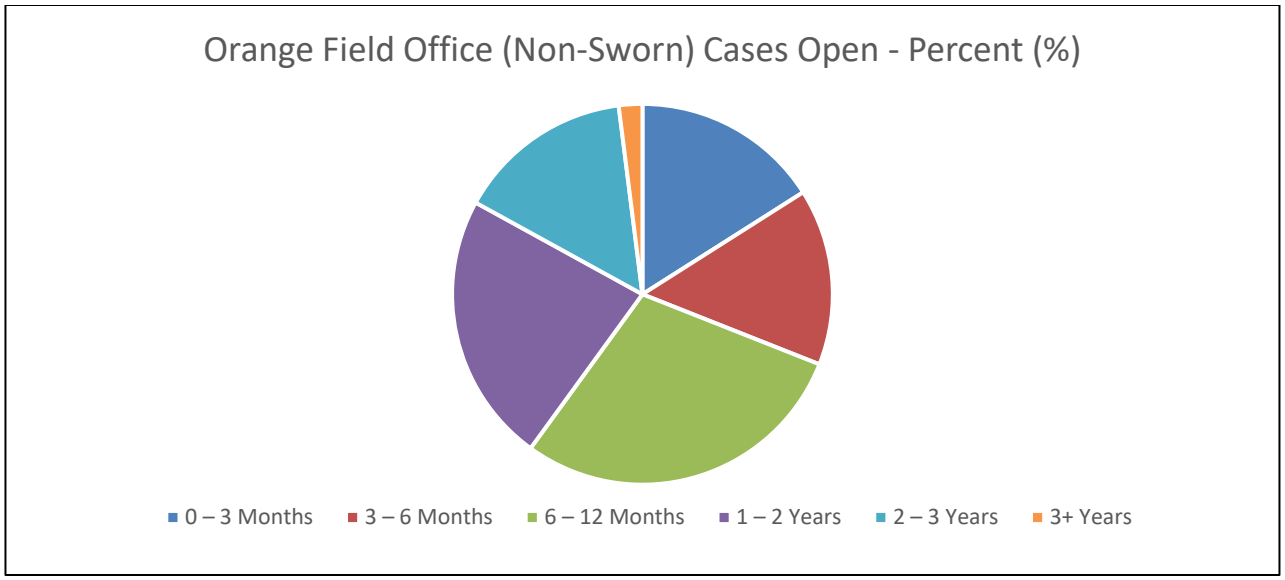


Number of Investigative Cases Open in the Orange Field Office (Non-Sworn):

As of June 30, 2021, there are **137** investigative cases open with Non-Sworn investigators, in the Orange Field Office. A breakdown of the case aging is as follows:

Investigation Age	Orange Field Office (Non-Sworn) Cases Open	
	# As of June 30, 2021	Percent (%)
0 – 3 Months	22	16%
3 – 6 Months	21	15%
6 – 12 Months	40	29%
1 – 2 Years	31	23%
2 – 3 Years	20	15%
3+ Years	3	2%
Total	**137**	**100%**





Number of Investigation Cases Closed:

Between April 1,2021 and June 30, 2021, a total of **179** investigative cases were closed in IAU, the Sacramento Field Office and the Orange Field Office.

Number of Inspection Cases Open:

As of June 30, 2021, there are **139** Inspection Cases open in the Sacramento and Orange Field Offices. A breakdown is as follows:

Field Office	Number of Cases
Sacramento Field Office	30
Orange Field Office	109
Total	**139**

Administrative and Disciplinary Action:

Number of Probation Cases Open:

As of June 30, 2021, there are **171** probationer cases being monitored. Of those, 155 are active probationers and 16 are tolling. A breakdown of the probation cases is as follows:

Field Office	Active Probationers	Tolling Probationers
Investigative Analysis Unit	21	3
Sacramento Field Office	24	8
Orange Field Office	110	5
Total	**155**	**16**

Citations:

Between April 1, 2021 and June 30, 2021, there were **14** citations issued.

Accusations:

Between April 1, 2021 and June 30, 2021, there were **33** accusations filed with the Office of the Attorney General.

Cases Assigned to the Office of the Attorney General:

Between April 1, 2021 and June 30, 2021, there were **40** cases transmitted to the Office of the Attorney General.

As of June 30, 2021, there are **115** cases pending at the Office of the Attorney General.

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MEMORANDUM

DATE	July 27, 2021
TO	Members of the Dental Board of California
FROM	Bernal Vaba, Chief of Regulatory Compliance and Discipline Dental Board of California
SUBJECT	**Agenda Item 22(a):** Diversion Program Report and Statistics

Background:
The Diversion Evaluation Committee (DEC) program statistics for the ending quarter of June 30, 2021, 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												
	Quarter 1			Quarter 2			Quarter 3			Quarter 4			YTD
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
New Participants	0	0	0	0	1	0	0	0	0	0	1	1	3
Total Participants (Close of Qtr/FY)	9	9	9	8	8	8	8	8	8	7	8	9	12
Self-Referral	3	3	3	3	4	4	4	4	4	3	3	4	5
Enforcement Referral	2	2	2	2	1	1	1	1	1	1	1	1	2
Probation Referral	4	4	4	3	3	3	3	3	3	3	4	4	5
Total Completed Cases	0	0	1	1	0	0	0	0	0	1	0	0	3
Successful Completions	0	0	0	1	0	0	0	0	0	1	0	0	2
Terminations	0	0	1	0	0	0	0	0	0	0	0	0	1
Terminations for Public Threat	0	0	0	0	0	0	0	0	0	0	0	0	0
Drug Tests Ordered	41	37	34	37	31	30	37	38	34	37	31	36	423
Positive Drug Tests	0	0	0	0	0	0	0	0	0	0	0	0	0

Diversion	FY 20/21	FY 19/20	FY 18/19
New Participants	3	1	6
Total Participants (Close of Qtr/FY)	12	15	18
Self-Referral	5	3	4
Enforcement Referral	2	5	0
Probation Referral	5	7	14
Total Completed Cases	3	6	4
Successful Completions	2	3	2
Terminations	1	3	2
Terminations for Public Threat	0	0	0
Drug Tests Ordered	423	498	727
Positive Drug Tests	0	0	0

Of the nine (9) current participants, there are four (4) self-referrals, four (4) probation referrals, and one (1) enforcement referral.

Action Requested:
No action requested.

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MEMORANDUM

DATE	July 14, 2021
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Chief of Enforcement Dental Board of California
SUBJECT	**Agenda Item 22(b):** Controlled Substance Utilization Review and Evaluation System (CURES) Report

Background:

The Controlled Substance Utilization Review and Evaluation System (CURES) is a database of Schedule II, III, and IV controlled substance and prescriptions dispensed in California. CURES is committed to the reduction of prescription drug abuse and diversion without affecting legitimate medical practice or patient care. California law (Health and Safety Code Section 11165.1) requires all California licensed health care practitioners authorized to prescribe Schedule II, Schedule III, Schedule IV and Schedule V controlled substances to register for access to CURES upon issuance of a Drug Enforcement Administration Controlled Substance Registration Certificate.

The Dental Board of California currently has 34,992 active licensed dentists as of June 30, 2021.

The CURES registration statistics for the Dental Board of California as of June 2021 are:

Month:	***Year:***	***Number of Registered DDS/DMD Users:***
November	2018	14,229
February	2019	14,856
June	2019	15,156
August	2019	15,320
September	2019	15,385
October	2019	15,471
November	2019	15,539
December	2019	15,575
January	2020	15,614

Month:	*Year:*	*Number of Registered DDS/DMD Users:*
February	2020	15,660
March	2020	15,714
April	2020	15,767
May	2020	15,812
June	2020	15,839
July	2020	15,874
August	2020	15,905
September	2020	15,949
October	2020	15,999
November	2020	16,062
December	2020	16,129
January	2021	16,209
February	2021	16,253
March	2021	16,294
April	2021	16,332
May	2021	16,338
June	2021	16,422

The CURES usage statistics for the Dental Board of California as of June 2021 are:

Search Statistics*:

October	2020	13,529
November	2020	14,712
December	2020	14,376
January	2021	15,225
February	2021	15,878
March	2021	16,322
April	2021	15,542
May	2021	17,402
June	2021	18,993

Statistics indicate the combined total number of Web Application and Information Exchange Web Services.

Times System was Accessed:

October	2020	3,545
November	2020	3,438
December	2020	3,511
January	2021	3,734
February	2021	3,656
March	2021	4,407
April	2021	4,000
May	2021	3,639
June	2021	3,896

Help Desk Statistics:

October	2020	107
November	2020	110
December	2020	112
January	2021	241*
February	2021	162*
March	2021	127*
April	2021	173*
May	2021	152*
June	2021	168*

*Statistics indicate the combined total number of phone and email help desk inquiries.

The number of prescriptions filled by schedule for the months of January, February, and March 2021 are:

Number of Prescriptions Filled by Schedule – April - June 2021

	April	May	June
Schedule II	1,369,639	1,309,201	1,278,579
Schedule III	254,461	240,950	239,345
Schedule IV	1,277,040	1,204,624	1,182,199
Schedule V	125,878	121,011	121,411
R*	3,218	3,024	3,013
Over-the-Counter Product	82,661	78,051	78,419
Total:	**3,112,897***	**2,956,861***	**2,902,966***

*R=Not classified under the Controlled Substances Act; includes all other prescription drugs.
*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.

Action Requested:
No action requested.

Registration Statistics

April – June 2021

		April 2021	May 2021	June 2021
Clinical Roles				
	Prescribers	177,413	178,040	178,667
	Pharmacists	47,550	47,635	47,736
	Clinical Roles	**224,963**	**225,675**	**226,403**
License Type				
	Doctor of Dental Surgery/Dental Medicine	16,332	16,388	16,422
	Doctor of Optometry	689	692	693
	Doctor of Podiatric Medicine	1,553	1,556	1,559
	Doctor of Veterinary Medicine	3,370	3,376	3,389
	Medical Doctor	115,696	116,008	116,325
	Naturopathic Doctor	433	437	441
	Osteopathic Doctor	8,137	8,174	8,222
	Physician Assistant	11,712	11,779	11,862
	Registered Nurse Practitioner/Nurse Midwife	18,799	18,934	19,056
	(Out of State) Prescribers	692	696	698
	Pharmacists	46,894	46,972	47,065
	(Out of State) Pharmacists	656	663	671
	Breakdown by license type	**224,963**	**225,675**	**226,403**
Other Roles				
	LEAs	1,554	1,562	1,566
	Delegates	2,802	2,782	2,737
	DOJ Admin	26	26	25
	DOJ Analyst	83	85	85
	Regulatory Board	197	198	199
	Other Roles	**4,662**	**4,653**	**4,612**
Total Registered Users		**229,625**	**230,328**	**231,015**

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

April 2021

		Web Application	IEWS	Totals
Clinical Roles				
	Prescribers	1,018,808	4,828,181	5,846,989
	Pharmacists	953,417	3,022,975	3,976,392
	Clinical Roles	**1,972,225**	**7,851,156**	**9,823,381**
License Type				
	Doctor of Dental Surgery/Dental Medicine	5,523	10,019	15,542
	Doctor of Optometry	2	2,301	2,303
	Doctor of Podiatric Medicine	3,773	31,950	35,723
	Doctor of Veterinary Medicine	104	0	104
	Medical Doctor	617,361	3,929,318	4,546,679
	Naturopathic Doctor	831	37	868
	Osteopathic Doctor	90,319	397,004	487,323
	Physician Assistant	115,029	188,568	303,597
	Registered Nurse Practitioner/Nurse Midwife	182 ,579	264,179	446,758
	(Out of State) Prescribers	3,287	4,805	8,092
	Pharmacists	948,713	3,015,818	3,964,531
	(Out of State) Pharmacists	4,704	7,157	11,861
	License Type	**1,972,225**	**7,851,156**	**9,823,381**
Other Roles				
	LEAs	178	0	178
	DOJ Administrators	112	0	112
	DOJ Analysts	100	0	100
	Regulatory Board	1,746	0	1,746
	Other Roles	**2,136**	**0**	**2,136**
Total Search Counts				**9,825,517**
Delegate Initiated Searches		25,826	0	**25,826**

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

May 2021

		Web Application	IEWS	Totals
Clinical Roles				
	Prescribers	941,638	4,573,374	5,515,012
	Pharmacists	923,954	3,062,074	3,986,028
	Clinical Roles	**1,865,592**	**7,635,448**	**9,501,040**
License Type				
	Doctor of Dental Surgery/Dental Medicine	5,162	12,240	17,402
	Doctor of Optometry	0	1,615	1,615
	Doctor of Podiatric Medicine	3,460	25,484	28,944
	Doctor of Veterinary Medicine	108	0	108
	Medical Doctor	571,290	3,762,885	4,334,175
	Naturopathic Doctor	765	48	813
	Osteopathic Doctor	83,329	351,523	434,852
	Physician Assistant	107,851	170,237	278,088
	Registered Nurse Practitioner/Nurse Midwife	166,542	244,982	411,524
	(Out of State) Prescribers	3,131	4,360	7,491
	Pharmacists	919,200	3,054,681	3,973,881
	(Out of State) Pharmacists	4,754	7,393	12,147
	License Type	**1,865,592**	**7,635,448**	**9,501,040**
Other Roles				
	LEAs	146	0	146
	DOJ Administrators	80	0	80
	DOJ Analysts	91	0	91
	Regulatory Board	718	0	718
	Other Roles	**1,035**	**0**	**1,035**
Total Search Counts				**9,502,075**
Delegate Initiated Searches		22,950	0	**22,950**

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

June 2021

		Web Application	IEWS	Totals
Clinical Roles				
	Prescribers	1,028,995	4,996,109	6,025,104
	Pharmacists	1,001,284	2,060,000	3,061,284
	Clinical Roles	**2,030,279**	**7,056,109**	**9,086,388**
License Type				
	Doctor of Dental Surgery/Dental Medicine	5,270	13,723	18,993
	Doctor of Optometry	1	2,473	2,474
	Doctor of Podiatric Medicine	4,226	29,503	33,729
	Doctor of Veterinary Medicine	112	0	112
	Medical Doctor	624,085	4,121,073	4,745,158
	Naturopathic Doctor	856	33	889
	Osteopathic Doctor	97,393	355,865	453,258
	Physician Assistant	118,971	195,540	314,511
	Registered Nurse Practitioner/Nurse Midwife	174,586	272,827	447,413
	(Out of State) Prescribers	3,495	5,072	8,567
	Pharmacists	995,782	2,051,265	3,047,047
	(Out of State) Pharmacists	5,502	8,735	14,237
	License Type	**2,030,279**	**7,056,109**	**9,086,388**
Other Roles				
	LEAs	263	0	263
	DOJ Administrators	28	0	28
	DOJ Analysts	96	0	96
	Regulatory Board	830	0	830
	Other Roles	**1,217**	**0**	**1,217**
Total Search Counts				**9,087,605**
Delegate Initiated Searches		24,793	0	**24,793**

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 April – June 2021

			April 2021	May 2021	June 2021
Clinical Roles					
	Prescribers		492,361	454,403	495,755
	Pharmacists		393,084	378,944	403,301
		Clinical Roles	**885,445**	**833,347**	**899,056**
License Type					
	Doctor of Dental Surgery/Dental Medicine		4,000	3,639	3,896
	Doctor of Optometry		23	30	24
	Doctor of Podiatric Medicine		1,281	1,138	1,300
	Doctor of Veterinary Medicine		319	263	264
	Medical Doctor		311,878	288,030	312,726
	Naturopathic Doctor		435	391	436
	Osteopathic Doctor		43,923	40,028	45,016
	Physician Assistant		50,255	47,539	52,157
	Registered Nurse Practitioner/Nurse Midwife		78,509	71,661	78,102
	(Out of State) Prescribers		1,738	1,684	1,834
	Pharmacists		390,237	376,158	400,594
	(Out of State) Pharmacists		2,847	2,786	2,707
		License Type	**885,445**	**833,347**	**899,056**
Other Roles					
	LEAs		357	290	308
	Delegates		9,546	8,525	9,272
	DOJ Administrators		181	236	219
	DOJ Analysts		1,075	1,033	1,042
	Regulatory Board		417	293	371
		Other Roles	**11,576**	**10,377**	**11,212**
Total Times System was Accessed			**897,021**	**843,724**	**910,268**

The total Times System was Accessed is in reference to the Web Application
Clinical Roles = License Type
Total Times = Clinical Roles + Other Roles

		April		May		June	
Clinical Roles		Phone	E-mail	Phone	E-mail	Phone	E-mail
	Prescribers	2,731	1,456	2,179	1,092	2,629	1,425
	Pharmacists	809	328	620	302	849	352
	Clinical Roles	**3,540**	**1,784**	**2,799**	**1,394**	**3,478**	**1,777**
License Type							
	Doctor of Dental Surgery/Dental Medicine	97	76	82	70	97	71
	Doctor of Optometry	3	1	2	2	3	2
	Doctor of Podiatric Medicine	10	5	8	12	19	9
	Doctor of Veterinary Medicine	36	26	37	10	35	10
	Medical Doctor	1,798	970	1,439	720	1,696	939
	Naturopathic Doctor	12	4	3	5	5	1
	Osteopathic Doctor	139	71	109	51	156	91
	Physician Assistant	229	86	172	75	237	118
	Registered Nurse Practitioner/Nurse Midwife	407	217	327	147	381	184
	Pharmacists	809	328	620	302	849	352
	(Out of State) Pharmacists	0	0	0	0	0	0
	License Type	**3,540**	**1,784**	**2,799**	**1,394**	**3,478**	**1,777**
Other Roles							
	LEAs	111	15	92	8	183	16
	Delegates	78	30	39	20	54	19
	DOJ Administrators	0	0	0	0	0	0
	DOJ Analysts	0	0	0	0	0	0
	Regulatory Board	265	0	172	1	150	1
	Other Roles	**454**	**45**	**303**	**29**	**387**	**36**
Totals		**3,994**	**1,829**	**3,102**	**1,423**	**3,865**	**1,813**

Clinical Roles = License Type

Total Calls = Clinical Roles + Other Roles

Prescriptions Filled by Schedule April – June 2021

Prescription Counts	April 2021	May 2021	June 2021
Number of Distinct Prescriptions	**3,111,604**	**2,955,602**	**2,901,667**
Schedule II	1,369,639	1,309,201	1,278,579
Schedule III	254,461	240,950	239,345
Schedule IV	1,277,040	1,204,624	1,182,199
Schedule V	125,878	121,011	121,411
R	3,218	3,024	3,013
Over-the-counter product	82,661	78,051	78,419
TOTAL	**3,112,897[1,2]**	**2,956,861[1,2]**	**2,902,966[1,2]**

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

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	July 22, 2021
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 23(a):** Update Regarding Merger of Commission on Dental Competency Assessment (CDCA) and the Western Regional Examining Board (WREB)

Background:
On June 17, 2021, the Dental Board (Board) of California received the attached notification from the Western Regional Examining Board (WREB) announcing that the Commission on Dental Competency Assessment and the WREB intent to combine into one organization.

The new entity will be known as CDCA-WREB. Together, the merged entity will administer the ADEX exams which are accepted in 49 states, the District of Columbia, Jamaica, and Puerto Rico as the basis for initial licensure for dentists and dental hygienists. The existing Boards of Directors of CDCA and WREB will combine to provide governance oversight to the combined entity with equal representation from both Boards.

The transition to fully operationalize the merger is expected to be ongoing throughout 2022. The combined organization intends to administer both the ADEX exam and the current WREB exam throughout 2022 and will begin to administer only the ADEX exam at all locations for the Class of 2023. Exams will be administered in manikin, patient and computer based OSCE formats that satisfy state board requirements.

In California, applicants may apply for licensure as a dentist by taking:

1. A clinical and written examination administered by the WREB within five years prior to the date of their application for a license (Business and Professions Code section 1632(c)(2)(A); or
2. The clinical and written examination administered by the American Board of Dental Examiners, Inc., within five years prior to the date of their application for a license (Business and Professions Code section 1632(c)(2)(B).

Board staff are consulting with the Department of Consumer Affairs' Office of Professional Examination Services (OPES) and Board Legal Counsel to determine if any changes to statute or administrative procedure for application processing are necessary. At this time, staff have made the preliminary determination that no changes to statute or process are required. Staff will provide updates to the Board as more information becomes available regarding the merger.

Steven G. Morrow, DS, MS, Board Member, attended the July 21, 2021 WREB Dental Exam Review Board (DERB) meeting and will provide a verbal report.

Action Requested:
No action requested.

The Commission on Dental Competency Assessment and the Western Regional Examining Board, the two leading dental competency assessment organizations in the United States, are pleased to announce their intention to combine into one organization to further serve the oral health professions. A Memorandum of Understanding was signed on June 15, 2021**,** outlining the intent of the merger.

The new entity will be known as CDCA-WREB. Together, the merged entity will administer the ADEX exams which are accepted in 49 states, the District of Columbia, Jamaica, and Puerto Rico as the basis for initial licensure for dentists and dental hygienists. The existing Boards of Directors of CDCA and WREB will combine to provide governance oversight to the combined entity with equal representation from both Boards.

The transition to fully operationalize the merger is expected to be ongoing throughout 2022. During this year, the combined organization will implement best practices from both organizations to create new processes to better serve all key constituencies. The combined organization intends to administer both the ADEX exam and the current WREB exam throughout 2022 and will begin to administer only the ADEX exam at all locations for the Class of 2023. CDCA-WREB will maintain two offices to best serve schools and candidates throughout North America. Exams will be administered in manikin, patient and computer based OSCE formats that satisfy state board requirements.

Dr. Rob Lauf, President of WREB states: “Members of the Boards of Directors of both organizations enthusiastically and unanimously support this plan and recognize the need to administer a single national psychomotor performance exam to simplify the process for obtaining licensure for dental and hygiene candidates and provide maximum portability.”

There is already considerable overlap. Many states by law recognize both the WREB and CDCA-administered examinations as the basis for licensure and many examiners serve both organizations. Combination is a logical next step for both agencies. In reflecting on the merger, Dr. Harvey Weingarten, CDCA Chair, commented that “the pandemic highlighted the complexity of the licensure process for candidates, state boards, and for both our agencies and expedited innovation across the industry, making this collaboration more important than ever before. This is a long-awaited defining moment in the history of the dental profession. We are the only remaining health profession that has not defined a single, national pathway to licensure.”

Together CDCA-WREB will become one of the largest organizations providing initial dental licensure testing and will have the most experienced staff in the industry. Together the two agencies have provided independent third party, mission-driven services to state dental boards for a combined 100 years. The merged entity will be able to further devote its time, effort, and resources to the continued development of the exams it administers. Having a single exam will simplify the licensure process for candidates, for state boards and for dental education programs.

For questions contact Alex Vandiver at avandiver@cdcaexams.org or Beth Cole at bcole@wreb.org.

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MEMORANDUM

DATE	July 22, 2021
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 23(b):** Western Regional Examination Board (WREB) Report

Background:
Dr. Bruce Horn, Director of Dental Examinations for the WREB, will be available to provide a verbal update of the WREB examination.

Action Requested:
No action requested.

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MEMORANDUM

DATE	July 22, 2021
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 23(c):** American Board of Dental Examiners (ADEX) Report

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

Action Requested:
No action requested.

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MEMORANDUM

DATE	July 19, 2021
TO	Members of the Dental Board of California
FROM	Mirela Taran, Licensing Analyst Dental Board of California
SUBJECT	**Agenda Item 24(a):** 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 June 30, 2021.

Dental Applications Received by Month													
	July	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
WREB 18/19	134	64	32	30	32	33	41	30	31	71	142	278	**918**
WREB 19/20	110	61	24	25	55	132	30	11	18	35	103	185	**789**
WREB 20/21	140	156	99	66	29	20	28	27	26	78	158	217	**1,044**
Residency 18/19	55	15	7	5	5	4	4	3	7	11	10	20	**146**
Residency 19/20	64	8	7	4	3	10	11	6	8	11	13	33	**178**
Residency 20/21	42	15	8	5	2	2	5	7	4	8	20	29	**147**
Credential 18/19	22	17	18	16	14	8	18	13	23	13	13	22	**197**
Credential 19/20	16	9	6	21	14	15	16	18	22	21	20	28	**206**
Credential 20/21	15	19	22	27	16	16	18	13	16	19	20	22	**223**
Portfolio 18/19	3	0	0	0	0	0	0	0	0	0	0	4	**7**
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	3	1	**4**
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**
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	1	17	**19**
ADEX 20/21	22	28	9	16	4	5	9	3	17	41	112	87	**353**
Dental Applications Approved by Month													
	Jul	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
WREB 18/19	208	120	71	38	31	36	39	25	19	31	55	163	**836**
WREB 19/20	250	121	52	32	32	156	32	8	11	5	8	46	**753**

WREB 20/21	135	199	140	100	37	61	38	41	16	14	14	150	**945**
Residency 18/19	39	48	8	3	5	4	5	4	5	1	8	6	**136**
Residency 19/20	46	35	11	8	4	9	4	5	4	1	1	9	**137**
Residency 20/21	25	49	16	8	5	4	3	4	1	3	2	5	**125**
Credential 18/19	21	19	17	12	9	16	10	12	15	10	20	13	**174**
Credential 19/20	16	13	11	10	7	18	13	10	14	14	12	13	**151**
Credential 20/21	9	25	25	20	16	14	24	10	23	22	16	16	**220**
Portfolio 18/19	4	1	0	0	0	0	0	0	0	0	0	0	**5**
Portfolio 19/20	3	1	0	0	0	0	0	0	0	0	0	0	**4**
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	4	**4**
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**
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	1	0	**1**
ADEX 20/21	2	24	17	19	10	6	6	4	2	7	10	93	**200**

Dental Licenses Issued by Month

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 18/19	222	146	80	43	30	41	40	33	19	28	51	155	**888**
WREB 19/20	246	123	52	40	31	140	39	20	12	8	13	45	**769**
WREB 20/21	133	190	140	90	41	59	39	38	23	21	16	115	**905**
Residency 18/19	38	55	8	4	5	4	8	5	6	2	8	5	**148**
Residency 19/20	42	39	9	8	3	5	9	2	5	0	2	9	**133**
Residency 20/21	27	49	16	9	6	3	3	2	2	5	1	7	**130**
Credential 18/19	22	16	19	9	10	12	18	13	15	11	17	14	**176**
Credential 19/20	15	15	11	12	7	13	16	8	11	12	17	16	**153**
Credential 20/21	9	22	24	22	19	11	20	11	20	20	17	16	**211**
Portfolio 18/19	3	2	0	0	0	0	0	0	0	0	0	0	**5**
Portfolio 19/20	3	1	0	0	0	0	0	0	0	0	0	0	**4**
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	4	**4**
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**
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	1	0	**1**
ADEX 20/21	2	25	17	17	10	5	4	3	4	7	11	75	**180**

Cancelled Dental Applications by Month

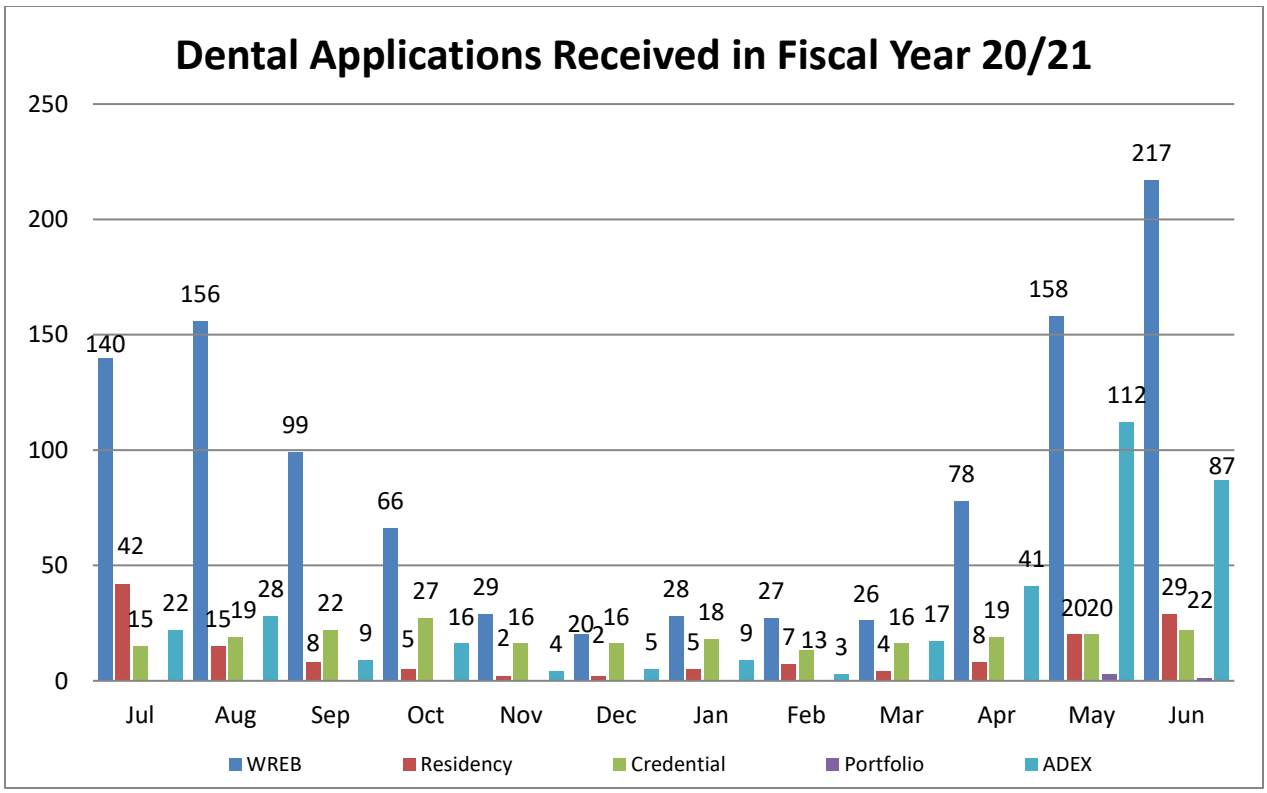
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 18/19	16	12	68	5	4	13	3	2	6	5	12	7	**153**
WREB 19/20	23	6	1	2	2	129	4	5	1	6	22	41	**242**
WREB 20/21	38	31	3	2	2	0	1	1	0	1	3	0	**82**
Residency 18/19	9	9	10	1	0	1	0	0	0	1	0	1	**32**
Residency 19/20	12	3	1	1	0	17	3	1	1	4	3	5	**51**
Residency 20/21	8	0	0	0	2	0	1	0	0	0	1	1	**13**

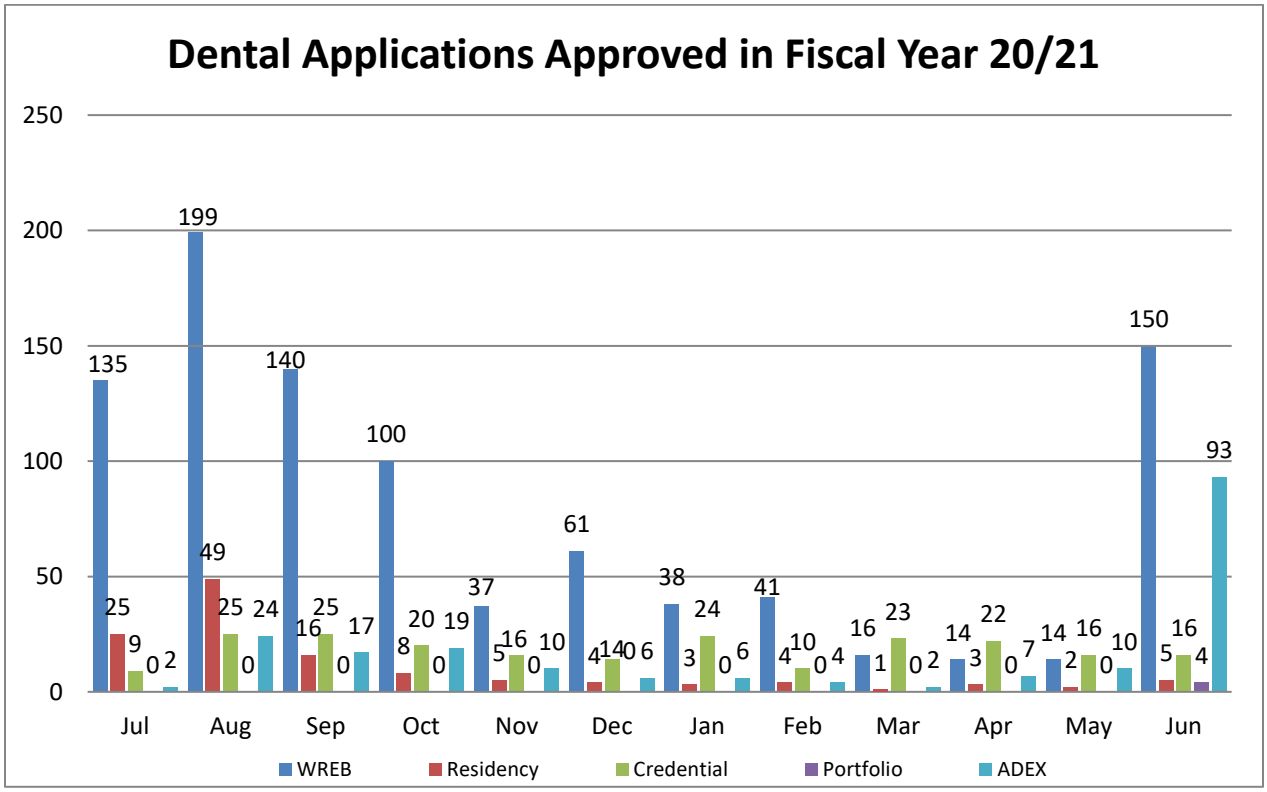
Credential 18/19	0	0	12	0	1	0	0	2	0	0	2	0	**17**
Credential 19/20	1	1	2	0	0	4	1	0	0	0	0	0	**9**
Credential 20/21	0	2	1	1	0	0	1	0	0	0	1	0	**6**
Portfolio 18/19	0	0	2	0	0	0	0	0	0	0	0	0	**2**
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	0	**0**
ADEX 18/19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	1	2	**3**
ADEX 20/21	8	2	0	0	0	0	0	0	1	0	0	1	**12**
Withdrawn Dental Applications by Month													
	Jul	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
WREB 18/19	22	1	7	1	0	1	2	1	3	4	0	4	**46**
WREB 19/20	4	1	3	0	2	35	0	2	0	0	1	2	**50**
WREB 20/21	8	17	30	20	8	6	6	13	8	35	28	45	**224**
Residency 18/19	8	2	2	0	1	1	0	0	1	0	1	0	**16**
Residency 19/20	1	0	0	0	0	9	0	0	1	0	1	0	**12**
Residency 20/21	1	4	2	3	2	0	2	1	1	0	5	7	**28**
Credential 18/19	0	1	0	0	0	1	1	0	0	0	1	2	**6**
Credential 19/20	1	1	0	0	1	1	0	0	0	0	0	0	**4**
Credential 20/21	1	4	2	3	0	0	0	0	3	0	0	5	**18**
Portfolio 18/19	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	1	**1**
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**
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**
ADEX 20/21	2	4	5	2	0	1	0	4	2	10	23	26	**79**
Denied Dental Applications by Month													
	Jul	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
WREB 18/19	0	0	0	0	0	0	0	0	1	0	0	0	**1**
WREB 19/20	0	0	0	0	0	0	0	0	0	0	0	0	**0**
WREB 20/21	1	0	0	0	0	0	0	2	0	0	0	0	**3**
Residency 18/19	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Residency 19/20	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Residency 20/21	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Credential 18/19	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Credential 19/20	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Credential 20/21	2	0	0	1	0	0	1	0	0	0	0	0	**4**
Portfolio 18/19	0	0	0	0	0	0	0	0	0	0	0	0	**0**

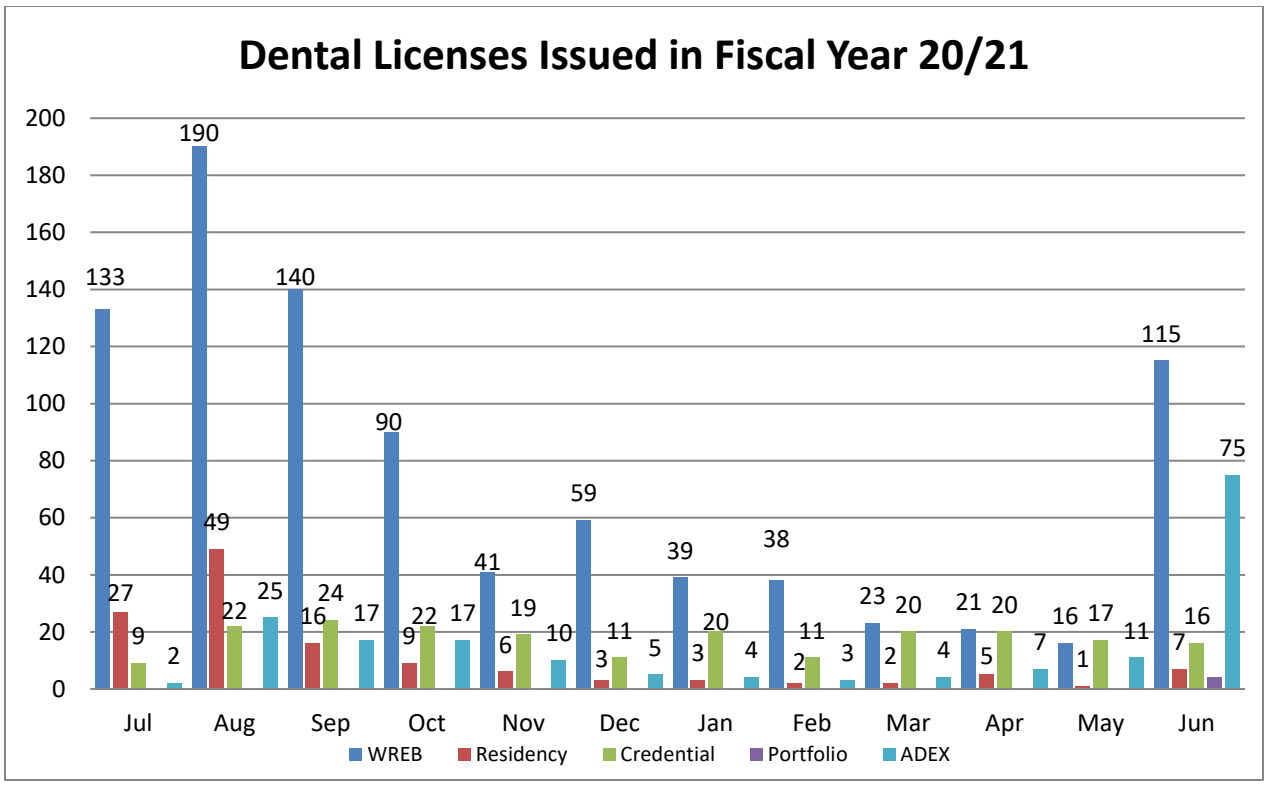
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	0	**0**
ADEX 18/19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**
ADEX 20/21	N/A	N/A	N/A	N/A	N/A	N/A	0	0	0	0	0	0	**0**

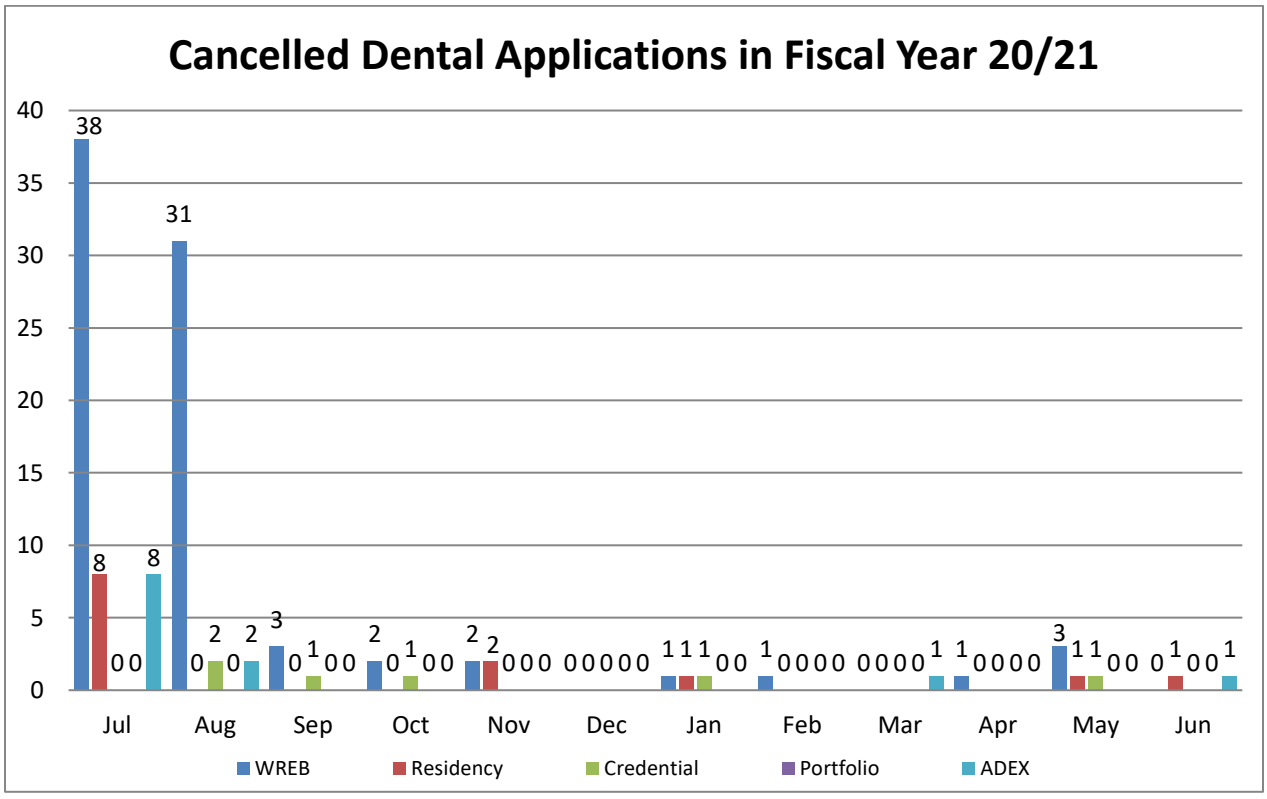
Application Definitions	
Received	Application submitted in physical form or digitally through Breeze system.
Approved	Application for eligibility of licensure processed with all required documentation.
License Issued	Application processed with required documentation and paid prorated fee for initial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

C. Following are graphs of monthly Dental statistics as of June 30, 2021.


Dental Applications Received in Fiscal Year 20/21
250
200
150
100
50
0
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
WREB
Residency
Credential
Portfolio
ADEX


Dental Applications Approved in Fiscal Year 20/21
250
200
150
100
50
0
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
WREB
Residency
Credential
Portfolio
ADEX


Dental Licenses Issued in Fiscal Year 20/21
200
180
160
140
120
100
80
60
40
20
0
133 27 9
2
190 49 22
25
140 16 24
17
90 9 22
17
41 6 19
10
59 3 11
5
39 3 20
4
38 2 11
3
23 2 20
4
21 5 20
7
16 1 17
11
115 7 16
75
Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun
WREB Residency Credential Portfolio ADEX


Cancelled Dental Applications in Fiscal Year 20/21
40
35
30
25
20
15
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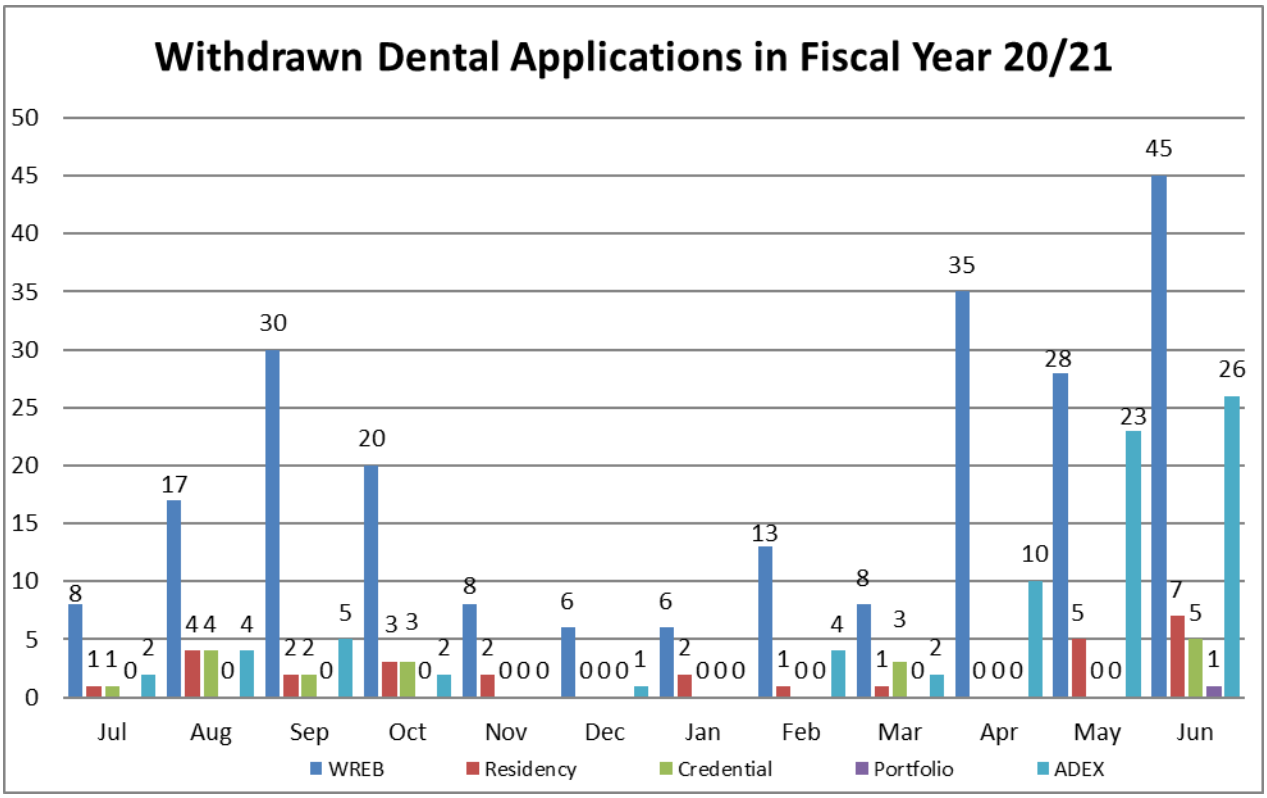
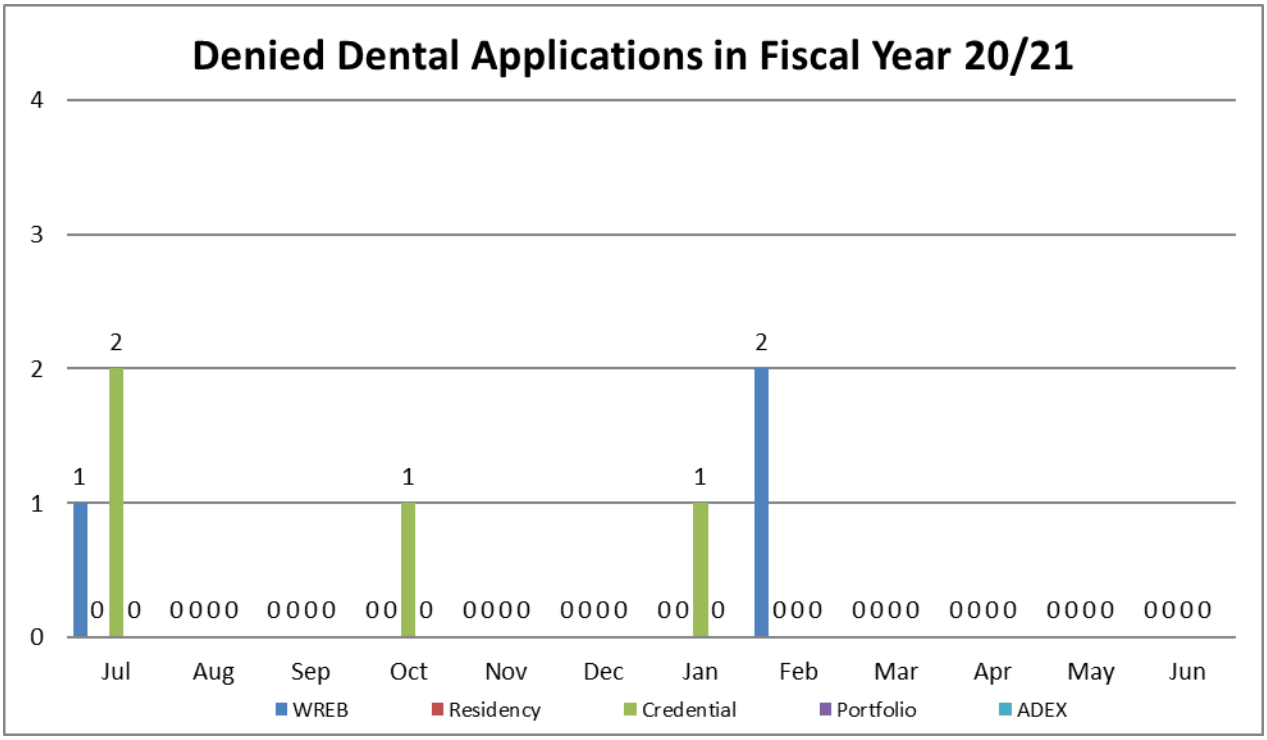
1
Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun
WREB Residency Credential Portfolio ADEX





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 1st Time Candidates	806	135	4	N/A
	Pass %	89.33%	94.07%	100.00%	N/A
2019/20	# of 1st Time Candidates	698	105	N/A	5
	Pass %	94.13%	95.24%	N/A	100.00%
2020/21	# of 1st Time Candidates	824	89	4	232
	Pass %	86.89%	91.01%	50.00%	82.33%
Date of Last Occupational Analysis: 2018					
Name of Developer: Office of Professional Examination Services					
Target OA Date: 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 June 30, 2021.

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	888	769	905	11,462	January 1, 2006
Licensure by Residency	148	133	130	1,298	January 1, 2007
Licensure by Credential	176	153	211	1,647	July 1, 2002
(LBC Clinic Contract)	10	9	14	27	July 1, 2002
(LBC Faculty Contract)	7	5	6	17	July 1, 2002
Portfolio	5	4	4	79	November 5, 2014
ADEX	N/A	1	180	181	November 15, 2019
Total	**1,217**	**1,060**	**1,430**	**14,667**	

The following table provides dental license and permit status statistics for fiscal year 2018/2019, 2019/2020, and 2020/2021 as of June 30, 2021.

License Type	License Status	FY 18/19	FY 19/20	FY 20/21
Dental License	Active	34,921	34,586	34,922
	Inactive	1,826	1,784	1,751
	Retired/Reduced Fee	1,682	1,274	1,297
	Disabled	108	106	98
	Delinquent	5,405	5,445	5,540
	Cancelled	16,756	17,602	18,720
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**
Additional Office Permit	Active	2,527	2,717	2,750
	Delinquent	870	890	992
	Cancelled	6,667	6,926	7,181
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**
Conscious Sedation	Active	531	535	543
	Delinquent	41	38	43
	Cancelled	515	552	586
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**
Continuing Education Registered Provider Permit	Active	945	901	854
	Delinquent	803	810	744
	Cancelled	2,059	2,185	2,344
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**
Elective Facial Cosmetic Surgery Permit	Active	29	29	30
	Delinquent	4	5	5
	Cancelled	1	1	2
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**
Extramural Facility Registration*	Active	182	186	203
	Delinquent	N/A	N/A	N/A
	Cancelled	N/A	N/A	N/A
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**
Fictitious Name Permit	Active	6,790	7,099	7,250
	Delinquent	1,695	1,706	1,782
	Cancelled	6,343	6,802	7,361
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**
General Anesthesia Permit	Active	881	897	918
	Delinquent	31	22	31
	Cancelled	973	1,008	1,042
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**
Mobile Dental Clinic Permit	Active	40	45	55
	Delinquent	47	43	29

	Cancelled	43	52	78
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**
Medical General Anesthesia	Active	86	111	136
	Delinquent	29	27	30
	Cancelled	189	203	211
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**
Oral Conscious Sedation Certification (Adult Only 1,198; Adult & Minors 1,193)	Active	2,420	2,402	2,391
	Delinquent	661	647	638
	Cancelled	804	930	1,096
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**
Oral and Maxillofacial Surgery Permit	Active	92	96	93
	Delinquent	5	4	10
	Cancelled	21	22	22
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**
Referral Service Registration*	Active	156	157	159
	Delinquent	N/A	N/A	N/A
	Cancelled	N/A	N/A	1
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**
Special Permit	Active	40	37	35
	Delinquent	11	9	9
	Cancelled	175	184	190

Status Definitions	
Active	Current and can practice without restrictions *(BPC §1625)*
Inactive	Current but cannot practice, continuing education not required (*CCR §1017.2)*
Retired/Reduced Fee	Current, has practiced over 20 years, eligible for Social Security and can practice with restrictions *(BPC §1716.1a)*
Disabled	Current with disability but cannot practice *(BPC §1716.1b)*
Delinquent	Renewal fee not paid within one month after expiration date *(BPC §163.5)*
Cancelled	Renewal fee not paid 5 years after its expiration and may not be renewed *(BPC §1718.3a)* Total number of licenses / permits cancelled to date.

The following table provides statistics on population (Pop.), current & active dental licenses by County, and population (Pop.) per dental license by County in 2018, 2019, and 2020 as of June 30, 2021.

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	1,497	1,670,834	1,116
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	126	210,291	1,668
Calaveras	16	45,168	2,823	16	45,168	2,823	18	45,023	2,501
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
El Dorado	157	185,062	1,178	161	185,062	1,149	161	193,227	1,200
Fresno	601	995,975	1,657	597	995,975	1,668	622	1,023,358	1,645
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	68	133,302	1,960
Imperial	36	188,334	5,231	39	188,334	4,829	38	188,777	4,967
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	350	917,553	2,621
Kings	67	149,537	2,231	64	149,537	2,336	64	153,608	2,400
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	8,502	10,172,951	1,196
Madera	53	156,492	2,952	53	156,492	2,952	43	158,147	3,677
Marin	313	263,604	842	312	263,604	844	304	260,831	857
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	52	87,946	1,691
Merced	90	274,665	3,051	90	274,665	3,051	91	283,521	3,115
Modoc	4	9,580	2,395	4	9,580	2,395	5	9,570	1,914

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	259	441,143	1,703
Napa	112	142,408	1,271	112	142,408	1,271	113	139,088	1,230
Nevada	89	98,828	1,110	87	98,828	1,135	77	98,114	1,274
Orange	3,888	3,194,024	821	3,890	3,194,024	821	4,005	3,194,332	797
Placer	458	382,837	835	463	382,837	826	471	403,711	857
Plumas	15	19,819	1,321	14	19,819	1415	15	18,260	1,217
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	1,159	1,555,365	1,341
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	1,381	2,180,537	1,578
San Diego	2,746	3,316,192	1,207	2,748	3,316,192	1,206	2,779	3,343,355	1,203
San Francisco	1,263	874,228	692	1,237	874,228	706	1,225	897,806	732
San Joaquin	371	746,868	2,013	373	746,868	2,002	371	773,632	2,085
San Luis Obispo	225	280,101	1,244	233	280,101	1,202	225	277,259	1,232
San Mateo	882	770,203	873	873	770,203	882	858	773,244	901
Santa Barbara	322	450,663	1,399	320	450,663	1,408	324	451,840	1,394
Santa Clara	2,286	1,938,180	847	2,273	1,938,180	852	2,292	1,961,969	856
Santa Cruz	182	276,603	1,519	180	276,603	1,536	170	271,233	1,595
Shasta	118	178,605	1,513	113	178,605	1,580	115	178,045	1,548
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	287	440,224	1,533
Sonoma	399	505,120	1,265	397	505,120	1,272	393	492,980	1,254
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	56	100,750	1,799
Tehama	26	63,995	2,461	28	63,995	2,285	29	65,129	2,245

Trinity	4	13,628	3,407	3	13,628	4,542	4	13,548	3,387
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	227	479,977	2,114
Tuolumne	51	54,707	1,072	48	54,707	1,139	47	54,917	1,168
Ventura	658	857,386	1,303	663	857,386	1,293	666	842,886	1,265
Yolo	116	218,896	873	114	218,896	1,920	114	221,705	1,944
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	2,614	N/A	N/A
Total	**32,595**	**39,523,613**	**110,414**	**34,365**	**39,523,613**	**116,147**	**34,922**	**39,782,870**	**118,026**

*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 (1:732)
	Imperial County (1:4,967)		Orange County (1:797)
	Mono County (1:4,488)		Santa Clara County (1:856)
	Madera County (1:3,677)		Marin County (1:857)
	Colusa County (1:3,650)		Placer County (1:857)

Action Requested:
No action requested

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
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MEMORANDUM

DATE	July 13, 2021
TO	Members of the Dental Board of California
FROM	John Tran, Associate Governmental Program Analyst Dental Board of California
SUBJECT	**Agenda Item 24(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. New permit holders must schedule and conduct their on-site inspection and evaluation within one-year issuances of their permit. If the permit holder passes their initial on-site inspection and evaluation, they will not have to schedule another one until five years later which is required for the continual active status and good standing of their permit.

The following statistical overview is provided for Fiscal Year 2020-2021 for on-site inspections and evaluations administered by the Board:

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

General Anesthesia Evaluations

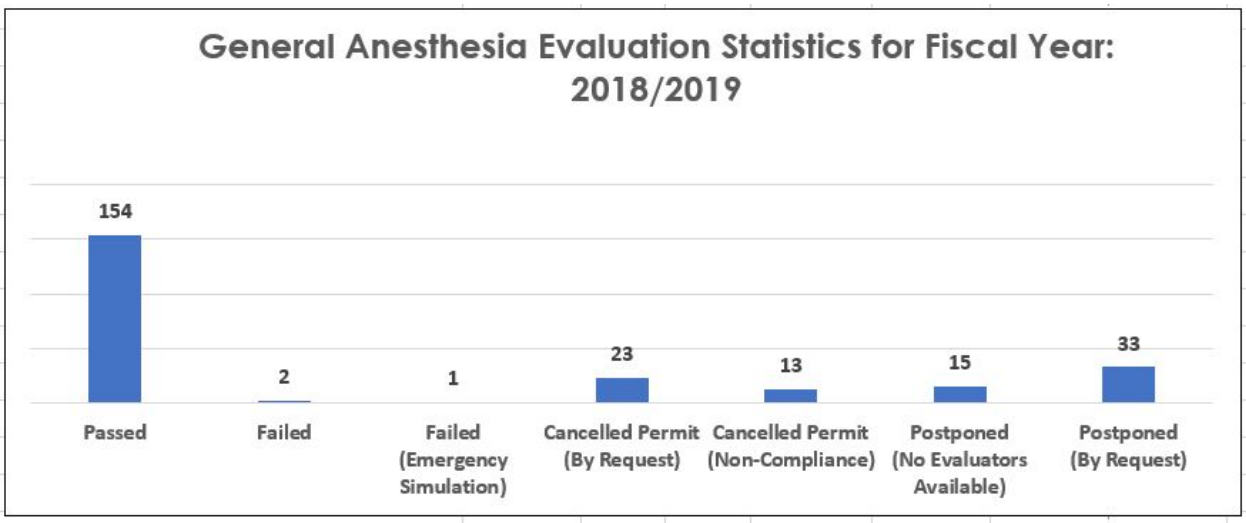
	Passed Eval	Failed Eval	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
July 2020	10	0	0	2	0	2	3
Aug 2020	6	0	0	0	0	2	0
Sept 2020	25	1	1	0	0	1	4
Oct 2020	13	0	0	4	0	1	4
Nov 2020	9	1	0	1	2	4	7
Dec 2020	9	0	0	2	2	4	5
Jan 2021	16	0	0	2	0	3	13
Feb 2021	9	0	0	0	0	7	15
Mar 2021	10	0	0	1	2	5	7
April 2021	13	0	0	5	0	8	6
May 2021	17	0	0	1	0	9	1
June 2021*	9	0	0	3	0	11	1
Total	**147**	**2**	**1**	**21**	**6**	**57**	**66**

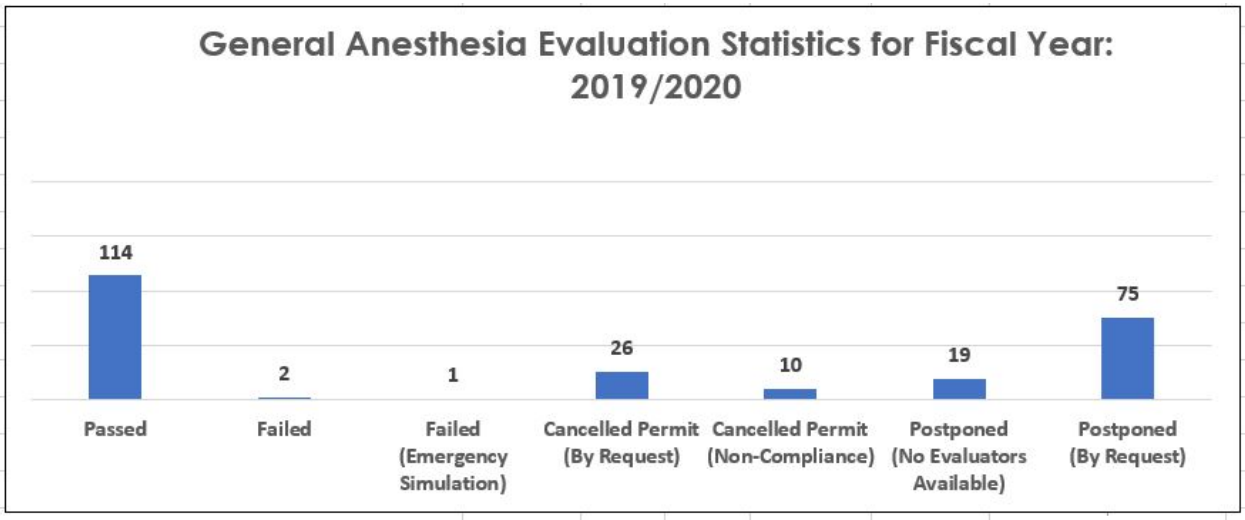
*Approximate number of evaluations scheduled for June 2021.

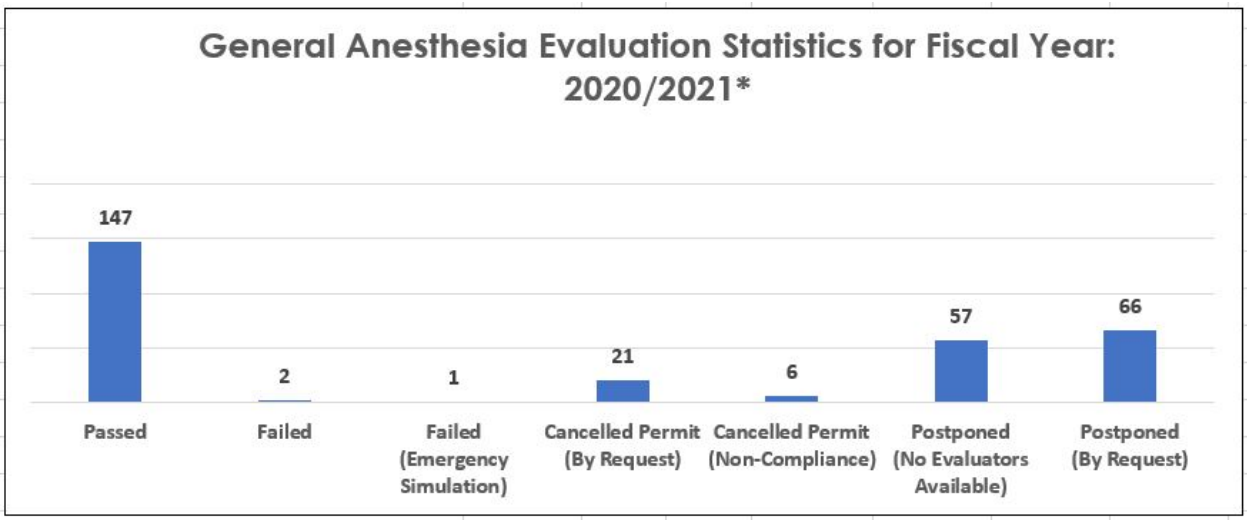
General Anesthesia Evaluation Statistics for Fiscal Years 18/19, 19/20, and 20/21.

	18/19	19/20	20/21*
Passed Evaluation – Permit holder met all required components of the on-site evaluation	**154**	**114**	**147**
Failed Evaluation – Permit holder failed due to multiple deficient components that were required for the on-site evaluation	**2**	**2**	**2**
Failed Simulated Emergency – Permit holder failed one or more simulated emergency scenarios required for the on-site evaluation	**1**	**1**	**1**
Cancelled Permit by Request – Permit holder no longer needed permit, retired, went with different permit, and/or Covid-19 related issues	**23**	**26**	**21**
Cancelled Permit for Non-Compliance – Permit holder did not complete evaluation by requested time frame	**13**	**10**	**6**
Postponed (No Evaluators Available) – Permit holder evaluation was postponed due to no available evaluators for their requested evaluation	**15**	**19**	**57**
Postponed (By Request) – Permit holder had requested postponement due to scheduling conflict, emergencies, and/or Covid-19 related issues	**33**	**75**	**66**

* Approximate number of evaluations scheduled for fiscal year 20/21.







* Approximate number of evaluations scheduled for fiscal year 20/21.

Conscious Sedation Evaluations

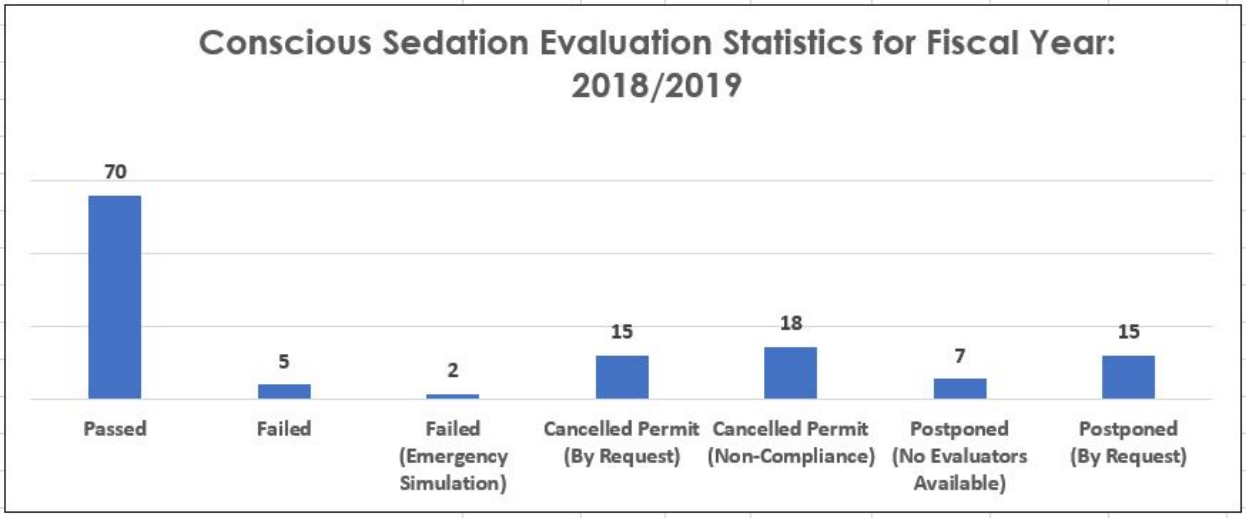
	Passed Eval	Failed Eval	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
July 2020	2	1	0	0	0	1	5
Aug 2020	4	0	0	0	0	0	0
Sept 2020	9	0	0	0	0	0	2
Oct 2020	9	0	0	0	0	0	2
Nov 2020	3	0	2	3	0	2	3
Dec 2020	3	0	0	3	3	0	0
Jan 2021	1	0	0	3	0	5	3
Feb 2021	1	1	1	0	0	6	2
Mar 2021	6	1	0	4	1	1	3
April 2021	9	0	0	2	0	4	2
May 2021	7	0	0	3	0	2	5
June 2021*	3	0	0	2	0	5	4
Total	**57**	**3**	**3**	**20**	**4**	**26**	**31**

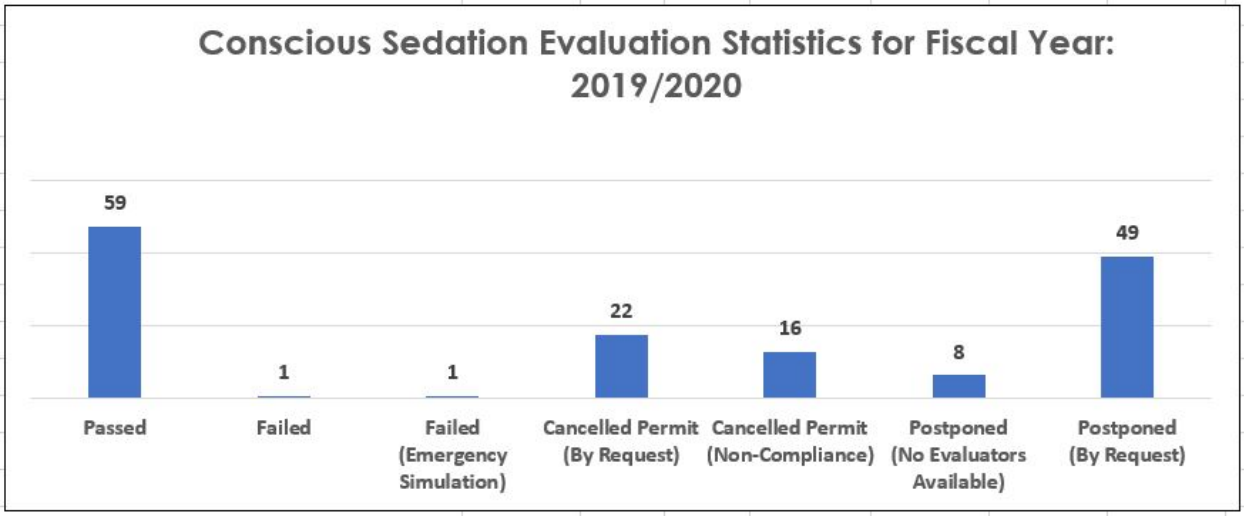
* Approximate number of evaluations scheduled for June 2021.

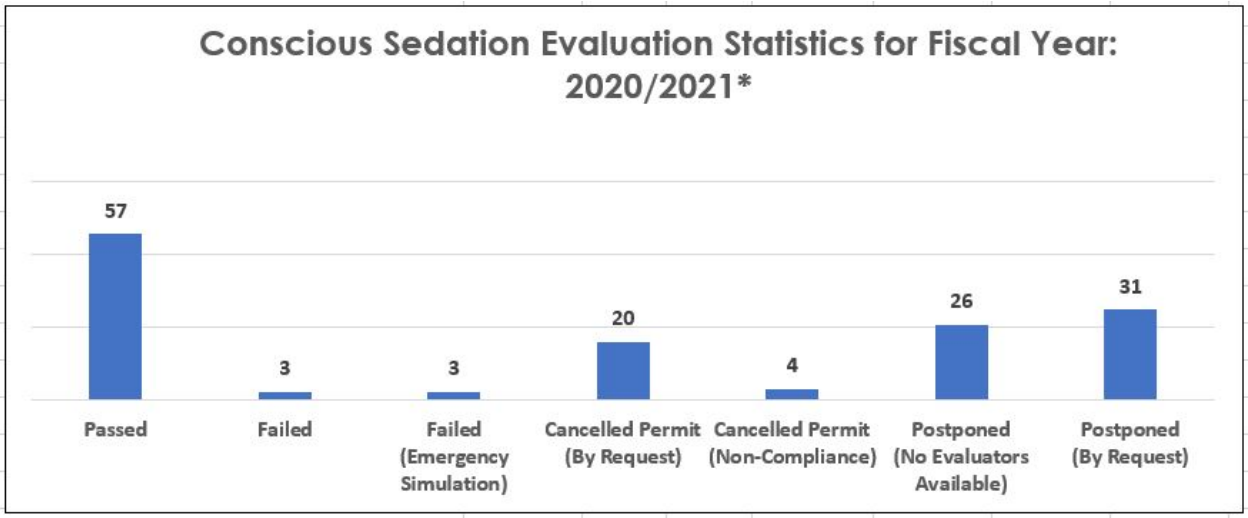
Conscious Sedation Evaluation Statistics for Fiscal Years 18/19, 19/20, and 20/21.

	18/19	19/20	20/21*
Passed Evaluation – Permit holder met all required components of the on-site evaluation	**70**	**59**	**57**
Failed Evaluation – Permit holder failed due to multiple deficient components that were required for the on-site evaluation	**5**	**1**	**3**
Failed Simulated Emergency – Permit holder failed one or more simulated emergency scenarios required for the on-site evaluation	**2**	**1**	**3**
Cancelled Permit by Request – Permit holder no longer needed permit, retired, went with different permit, and/or Covid-19 related issues	**15**	**22**	**20**
Cancelled Permit for Non-Compliance – Permit holder did not complete evaluation by requested time frame	**18**	**16**	**4**
Postponed (No Evaluators Available) – Permit holder evaluation was postponed due to no available evaluators for their requested evaluation	**7**	**8**	**26**
Postponed (By Request) – Permit holder had requested postponement due to scheduling conflict, emergencies, and/or Covid-19 related issues	**15**	**49**	**31**

* Approximate number of evaluations scheduled for fiscal year 20/21.







* Approximate number of evaluations scheduled for fiscal year 20/21

Medical General Anesthesia Evaluations

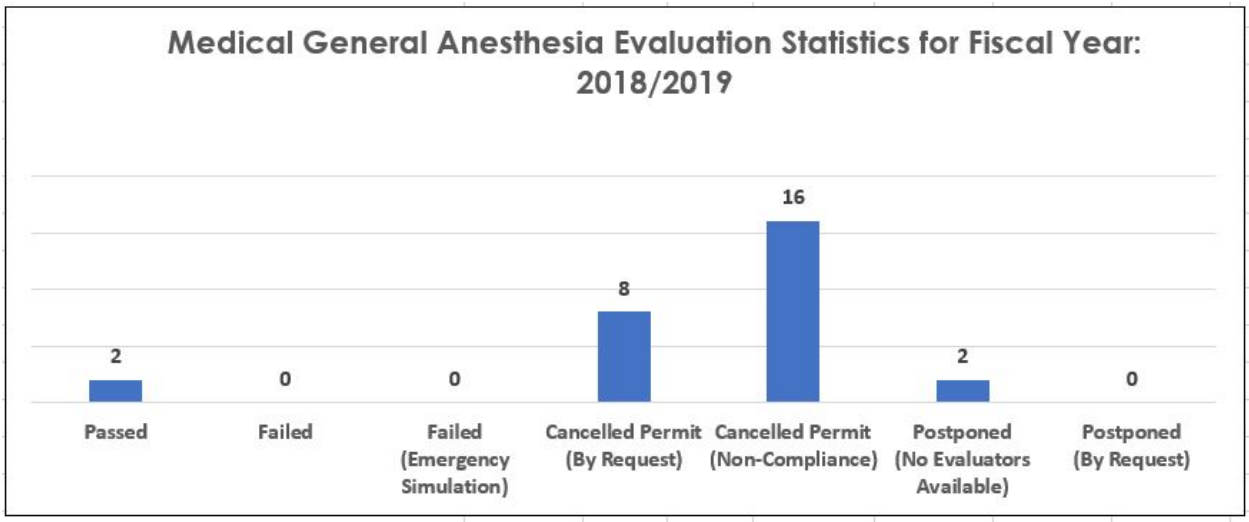
	Passed Eval	Failed Eval	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
July 2020	0	0	0	0	0	0	0
Aug 2020	0	0	0	0	0	0	0
Sept 2020	0	0	0	0	0	0	0
Oct 2020	0	0	0	0	0	0	0
Nov 2020	0	0	0	1	0	0	0
Dec 2020	0	0	0	0	0	0	1
Jan 2021	0	0	0	0	0	0	1
Feb 2021	0	0	0	0	0	2	0
Mar 2021	0	0	0	0	0	0	0
April 2021	0	0	0	0	0	0	0
May 2021	0	0	0	0	0	3	0
June 2021*	1	0	0	2	0	0	1
Total	**1**	**0**	**0**	**3**	**0**	**5**	**3**

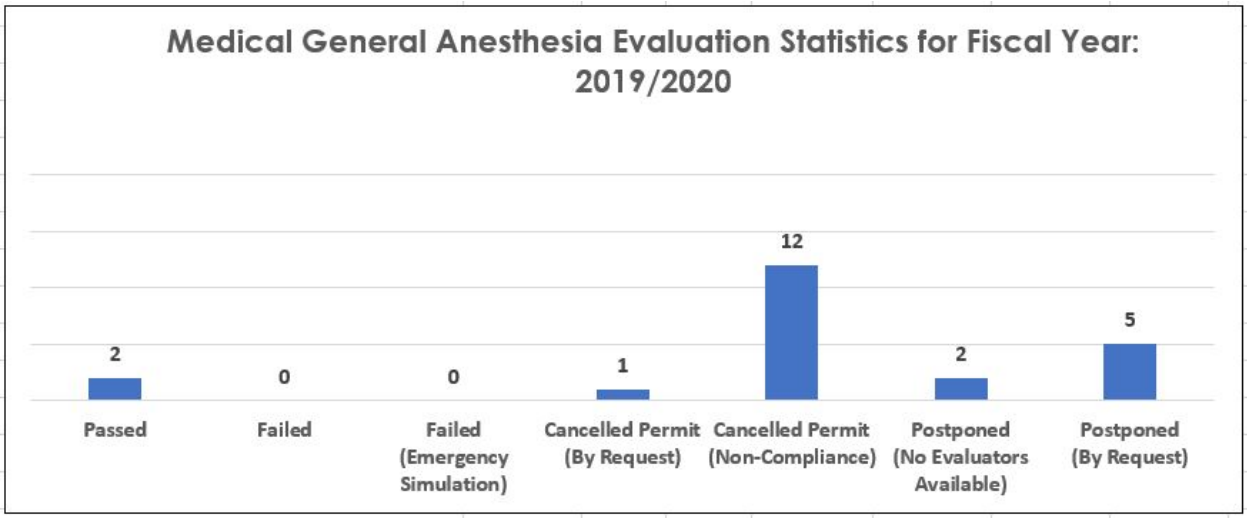
***** Approximate number of evaluations scheduled for June 2021.

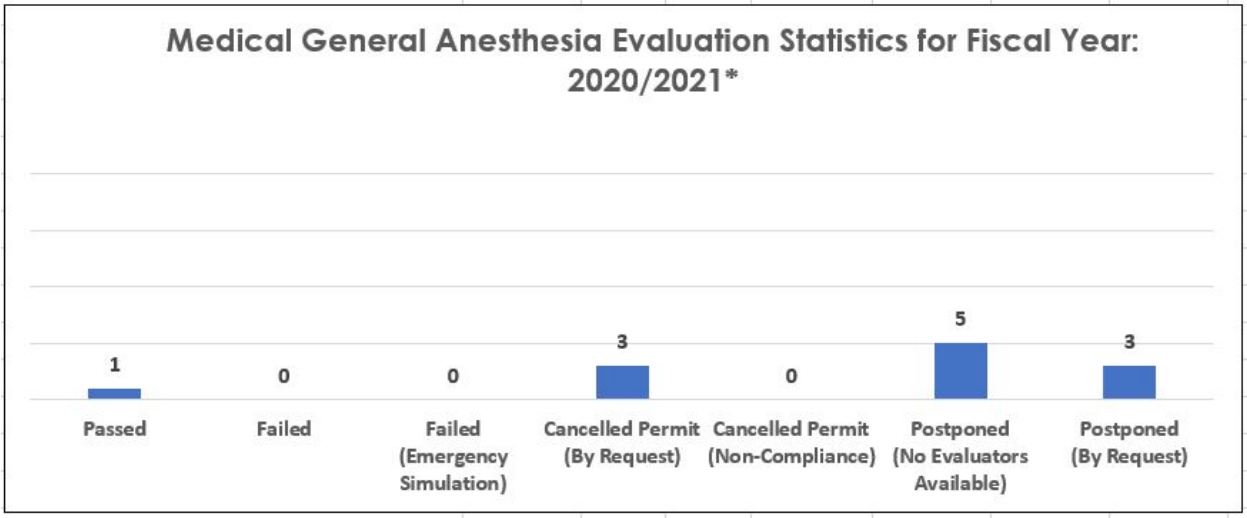
Medical General Anesthesia Evaluation Statistics for Fiscal Years 18/19, 19/20, and 20/21.

	18/19	19/20	20/21*
Passed Evaluation – Permit holder met all required components of the on-site evaluation	**2**	**2**	**1**
Failed Evaluation – Permit holder failed due to multiple deficient components that were required for the on-site evaluation	**0**	**0**	**0**
Failed Simulated Emergency – Permit holder failed one or more simulated emergency scenarios required for the on-site evaluation	**0**	**0**	**0**
Cancelled Permit by Request – Permit holder no longer needed permit, retired, went with different permit, and/or Covid-19 related issues	**8**	**1**	**3**
Cancelled Permit for Non-Compliance – Permit holder did not complete evaluation by requested time frame	**16**	**12**	**0**
Postponed (No Evaluators Available) – Permit holder evaluation was postponed due to no available evaluators for their requested evaluation	**2**	**2**	**5**
Postponed (By Request) – Permit holder had requested postponement due to scheduling conflict, emergencies, and/or Covid-19 related issue	**0**	**5**	**3**

***** Approximate number of evaluations scheduled for fiscal year 20/21.







* Approximate number of evaluations scheduled for fiscal year 20/21.

Current Evaluators per Region

Region	GA	CS	MGA
Northern California	128	66	18
Southern California	155	92	15

Action Requested:
No action requested; data provided is informational only.

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MEMORANDUM

DATE	July 22, 2021
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 25(a):** 2021 Tentative Legislative Calendar

Background:
The 2021 Tentative Legislative Calendars for both the Senate and Assembly are enclosed.

Action Requested:
No action requested.

2021 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICES OF THE SECRETARY OF THE SENATE AND THE CHIEF CLERK
Revised 12-21-2020

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

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

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

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

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

* Holiday schedule subject to final approval by Rules Committee

DEADLINES

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.

Feb. 15 Presidents' Day

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

Mar. 25 **Spring Recess** begins upon adjournment of this day's session (J.R. 51(a)(2)).

Mar. 31 Cesar Chavez Day.

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 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.

2021 Revised Agreed Regular
bcm

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
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

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

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

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

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 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)).

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

2021 Revised Agreed Regular
bcm

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

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						

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						

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			

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	

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					

*Holiday schedule subject to final approval by Rules Committee.

DEADLINES

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.

Feb. 15 Presidents' Day.

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

Mar. 25 **Spring Recess** begins upon adjournment (J.R. 51(a)(2)).

Mar. 31 Cesar Chavez Day observed.

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 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.

OVER

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.

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MEMORANDUM

DATE	July 16, 2021
TO	Members of the Dental Board of California
FROM	Steve Long, Budget and Contract Analyst Dental Board of California
SUBJECT	**Agenda Item 25(b):** Discussion and Possible Action on Pending Legislation

Background:

The Dental Board of California (Board) has been tracking bills that impact the Board, the Department of Consumer Affairs, healing arts boards and their respective licensees, and all licensing boards. Staff will be presenting the following seven (7) bills that may have a direct impact on the Board for review and consideration at the August meeting:

1. AB 526 (Wood) Dentists and podiatrists: clinical laboratories and vaccines.
2. AB 885 (Quirk) Bagley-Keene Open Meeting Act: teleconferencing
3. AB 1552 (Garcia) Dentistry: foreign dental schools: applications.
4. SB 534 (Jones) Dental hygienists.
5. SB 607 (Min and Roth) Professions and vocations.
6. SB 652 (Bates) Dentistry: use of sedation: training.
7. SB 772 (Bogh; Coauthor: Borgeas) Professions and vocations: citations: minor violations.

This memorandum includes information regarding each bill's status, location, date of introduction, date of last amendment, and a summary. Board staff will present the seven (7) bills previously listed and provide information regarding the impact each one has on the Board.

The following nine (9) bills have been identified by staff as being of potential interest to Board but do not require discussion at this time as staff will continue to watch these bills and report on their progression at a future Board meeting. Information regarding each of these bill's status, location, date of introduction, date of last amendment, and a summary has been included in the meeting materials. Please note staff will not be presenting these bills; should a Board member desire to discuss one of these bills they may present the bill at the meeting and provide arguments for the Board to take a position. Public comment on these bills will be taken as a group.

1. AB 2 (Fong) Regulations: legislative review: regulatory reform.
2. AB 29 (Cooper; Coauthor: Rubio) State bodies: meetings.
3. AB 107 (Salas and Coauthors) Licensure: veterans and military spouses.
4. AB 646 (Low, Cunningham, Gipson, and Coauthor: Roth) Department of Consumer Affairs: boards: expunged convictions.
5. AB 1026 (Smith) Business licenses: veterans.
6. AB 1236 (Ting) Healing arts: licensees: data collection.
7. AB 1273 (Rodriguez) Interagency Advisory Committee on Apprenticeship: the Director of Consumer Affairs and the State Public Health Officer
8. AB 1386 (Cunningham) License fees: military partners and spouses.
9. SB 731 (Durazo, Bradford, and Coauthors) Criminal records: relief.

If you would like additional information on any of these bills, the following web sites are excellent resources for viewing proposed legislation and finding additional information:

https://leginfo.legislature.ca.gov/
https://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

AB 2 (Fong) Regulations: legislative review: regulatory reform.
Introduced: December 7, 2020
Last Amended: n/a
Disposition: Pending
Location: Assembly
Status: May 20, 2021: In committee: Held under submission.

Summary:
This bill would require the Office of Administrative Law to submit to each house of the Legislature for review a copy of each major regulation that it submits to the Secretary of State. The bill would add another exception to those currently provided that specifies that a regulation does not become effective if the Legislature enacts a statute to override the regulation.

The Administrative Procedure Act requires the Office of Administrative Law and a state agency proposing to adopt, amend, or repeal a regulation to review the proposed changes for, among other things, consistency with existing state regulations.

This bill would require each state agency to, on or before January 1, 2023, review that agency's regulations, identify any regulations that are duplicative, overlapping, inconsistent, or out of date, to revise those identified regulations, as provided, and report to the Legislature and Governor, as specified. The bill would repeal these provisions on January 1, 2024.

Board Impact: The Dental Board does not have major regulations, which are defined as regulations having an economic impact on California business enterprises exceeding $50,000,000.

This bill would however require the Board to identify duplicative, overlapping, inconsistent, or out-of-date regulations, draft revised regulations, and provide a report to the Legislature.

Recommended Board Position: Watch

AB 29 (Cooper; Coauthor: Rubio) State bodies: meetings
Introduced: December 7, 2020
Last Amended: n/a
Disposition: Pending
Location: Assembly
Status: May 20, 2021: In committee: Held under submission.

Summary:
Existing law requires the state body to provide notice of its meeting, including specified information and a specific agenda of the meeting, as provided, to any person who requests that notice in writing and to make that notice available on the internet at least 10 days in advance of the meeting.

The bill would require materials to be made available on the state body's internet website, and to any person who requests the writings or materials in writing, on the same day as the dissemination of the writings and materials to members of the state body or at least 72 hours in advance of the meeting, whichever is earlier.

Board Impact: The Board currently posts the agenda and meeting materials on our website about two weeks prior to the meeting.

This bill would require the agenda and all meeting materials be provided to the public and posted on our website the same day the materials are provided to board members or at least 72 hours before the meeting and prohibit the board from discussing or taking action on those materials unless these provisions were followed.

Recommended Board Position: Watch

AB 107 (Salas and Coauthors) Licensure: veterans and military spouses
Introduced: December 16, 2020
Last Amended: July 15, 2021
Disposition: Pending
Location: Senate
Status: July 15, 2021: Read second time and amended. Re-referred to Committee on Appropriations.

Summary: AB 107 would require the Board to issue temporary licenses to military spouses who have a corresponding license in another state. The bill would require a board to issue a temporary license after investigation and within 30 days of receiving the required documentation. The bill would further specify that an applicant seeking a temporary license must submit a signed affidavit attesting to the fact that the applicant meets all of the requirements for a temporary license in the same area and scope of practice for which the applicant holds a license in another state, district, or territory of the United States. The board may conduct an investigation of an applicant for purposes of denying or revoking a temporary license. A temporary license shall be expired 12 months after issuance. The bill would require a board to submit to the department for approval draft regulations necessary to administer these provisions by June 15, 2022

The bill would also require an annual report to the Legislature containing specified information relating to the professional licensure of veterans, service members, and their spouses.

Board Impact: This is a bill affecting boards at the Department of Consumer Affairs. Issuing CA licenses to persons holding out of state licensure will require a state by state analysis to determine whether or not the practitioner is qualified for licensure in CA. There will be instances where applicants will have to accept a lower level licensure than they had in their home state, and there will be cases where states have to be denied outright, creating a patchwork response that does not meet the author's intent. For instance, Florida and Wisconsin do not offer any kind of license for dental assistants. Because applicants from these states will not have a license, they will not benefit from this legislation.

In addition to the uncertainty of implementing this bill across the board, this bill would require creating a new licensure pathway. The new pathway will require implementing new office and online processes. It will require additions to the website and to Breeze. This will include creating 17 new license types, each with at least 11 transaction codes. It will also require staff to create Business Rules that would cancel the temporary license automatically if a new license is not issued within 12 months, or if the applicant does not qualify. It will also require creating an interface with DOJ/FBI in order to receive fingerprint clearance for the initial application transaction; and creating no longer interested (NLI) interface with DOJ/FBI for applicants who do not qualify or pursue an application for licensure.

This bill will also require a rulemaking and accompanying forms be drafted. The Board has received a total of 34 applications from military spouses requesting an expedited processing. The Board has no data on military spouses not licensed in California and licensed in other states who could potentially receive military transfer orders to California.

Recommended Board Position: Watch

AB 526 (Wood) Dentists and podiatrists: clinical laboratories and vaccines.
Introduced: February 10, 2021
Last Amended: May 25, 2021
Disposition: Pending
Location: Senate
Status: July 12, 2021: Re-referred to Committee on Appropriations.

Summary: This bill would authorize a dentist or podiatrist, if the dentist or podiatrist 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 (FDA) for persons 3 years of age or older, as specified. The bill would authorize the board to adopt regulations to implement these provisions. 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.

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.

Board Impact: AB 526 would allow dentists with the necessary training to administer influenza and COVID-19 vaccines approved by the FDA. This bill would also add dentists to the list of persons qualified to be a laboratory director for purposes of the federal Clinical Laboratory Improvement Amendments (CLIA) program which would authorize dentists to perform waived tests such as rapid point-of-care tests for COVID-19.

The Board would need to draft regulations and a violation code would need to be added in BreEZe as a result of this bill.

Recommended Board Position: Support

AB 646 (Low, Cunningham, Gipson, and Coauthor: Roth) Department of Consumer Affairs: boards: expunged convictions.
Introduced: February 12, 2021
Last Amended: April 14, 2021
Disposition: Pending
Location: Assembly
Status: May 20, 2021: In committee: Hearing postponed by committee.

Summary: Existing law establishes the Department of Consumer Affairs, which is composed of various boards, and authorizes a board to suspend or revoke a license on the ground that the licensee has been convicted of a crime substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued. Existing law, the Medical Practice Act, provides for the licensure and regulation of the practice of medicine by the Medical Board of California and requires the board to post certain historical information on current and former licensees, including felony and certain misdemeanor convictions. Existing law also requires the Medical Board of California, upon receipt of a certified copy of an expungement order from a current or former licensee, to post notification of the expungement order and the date thereof on its internet website.

This bill would require a board within the department that has posted on its internet website that a person's license was revoked because the person was convicted of a crime, within 90 days of receiving an expungement order for the underlying offense from the person, if the person reapplies for licensure or is relicensed, to post notification of the expungement order and the date thereof on the board's internet website. The bill would require the board, on receiving an expungement order, if the person is not currently licensed and does not reapply for licensure, to remove within the same period the initial posting on its internet website that the person's license was revoked, and information previously posted regarding arrests, charges, and convictions. The bill would authorize the board to charge a fee to the person, not to exceed the cost of administering the bill's provisions. The bill would require the fee to be deposited by the board into the appropriate fund and would make the fee available only upon appropriation by the Legislature.

Board Impact: This is a bill affecting boards at the Department of Consumer Affairs. The DCA License Search tool lists information about licensees which includes information about licenses revoked due to criminal convictions. AB 646 would require the Board to update or remove information about the revoked license and the criminal history if the Board receives an expungement order related to the conviction. If the individual does not currently have a license and does not apply for a license, the Board would need to remove the information about the license revocation within 90 days of receiving an expungement order. If the individual reapplies for a license or has been granted a new license, the Board would need to post notification of the expungement order and the date it was granted within 90 days of receiving an expungement order.

This bill would require changes to the DCA License Search tool as well changes to license modifiers and business rules in BreEZe.

Recommended Board Position: Watch

AB 885 (Quirk) Bagley-Keene Open Meeting Act: teleconferencing
Introduced: February 17, 2021
Last Amended: March 24, 2021
Disposition: Pending
Location: Assembly
Status: March 25, 2021: Re-referred to Committee on Governmental Organization

Summary: The Bagley-Keene Open Meeting Act (Bagley-Keene Act), requires, with specified exceptions, that all meetings of a state body, as defined, be open and public, and all persons be permitted to attend any meeting of a state body, except as provided. The Bagley-Keene Act, among other things, requires a state body that elects to conduct a meeting or proceeding by teleconference to make the portion of the meeting that is required to be open to the public audible to the public at the location specified in the notice of the meeting. The Bagley-Keene Act requires a state body that elects to conduct a meeting or proceeding by teleconference to post agendas at all teleconference locations, identify each teleconference location in the notice and agenda of the meeting or proceeding, and requires each teleconference location to be accessible to the public.

This bill would require a state body that elects to conduct a meeting or proceeding by teleconference to make the portion that is required to be open to the public both audibly and visually observable. The bill would require a state body that elects to conduct a meeting or proceeding by teleconference to post an agenda at the designated primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting and participate. The bill would extend the above requirements of meetings of multimember advisory bodies that are held by teleconference to meetings of all multimember state bodies. The bill would require a multimember state body to provide a means by which the public may both audibly and visually remotely observe a meeting if a member of that body participates remotely. The bill would further require any body that is to adjourn and reconvene a meeting on the same day to communicate how a member of the public may both audibly and visually observe the meeting. The bill would also make non-substantive changes to those provisions.

Board Impact: This bill would require the Board to designate one primary physical meeting location when conducting teleconferences and post an agenda at that location. The location must also have the ability for a member of the public to view and listen to the teleconference as well as make public comments if they choose to do so. At least one member of the state body will need to be present at the location specified.

With the requirement of designating one physical meeting location as proposed in AB 885, the Board may still need to rotate this physical location throughout California to accommodate the various geographic regions of the stakeholders.

Recommended Board Position: Support

AB 1026 (Smith) Business licenses: veterans.
Introduced: February 18, 2021
Last Amended: n/a
Disposition: Pending
Location: Assembly
Status: May 20, 2021: In committee: Held under submission.

Summary: This bill would require the department and any board within the department to grant a 50% fee reduction for an initial license to an applicant who provides satisfactory evidence the applicant has served as an active duty member of the United States Armed Forces or the California National Guard and was honorably discharged. This bill would authorize a board to adopt regulations necessary to administer these provisions.

Board Impact: This is a bill affecting boards at the Department of Consumer Affairs. AB 1026 would require the Board to grant a 50% fee reduction for initial licensure to honorably discharged veterans. The Board has received an average of 14 applications per year from honorably discharged veterans.

AB 1026 would require the Board to make changes to BreEZe including the application system, adding a modifier, and adding new fee codes. The Board's website would also need to be updated to inform veteran applicants about the fee reduction. Regulations would need to be drafted and submitted for this bill.

Recommended Board Position: Watch

AB 1236 (Ting) Healing arts: data collection.
Introduced: February 19, 2021
Last Amended: April 29, 2021
Disposition: Pending
Location: Assembly
Status: June 1, 2021: Ordered to inactive file at the request of Assembly Member Ting.

Summary: Existing law requires certain Boards to collect and report specific demographic data relating to their licensees in aggregate form to the Office of Statewide Health Planning and Development (OSHPD).

This bill would repeal those provisions and would, instead, require all boards that oversee healing arts licensees to request at the time of electronic application for a license and license renewal, or at least biennially, specified demographic information from its licensees

and, if designated by the board, its registrants and to post the information on the internet websites that they each maintain. The bill would specify that licensees and registrants shall not be required to provide the requested information.

This bill would, commencing July 1, 2022, require each board, or the Department of Consumer Affairs on its behalf, to provide the information annually to the Office of Statewide Health Planning and Development. The bill would require these boards to maintain the confidentiality of the information they receive from licensees and registrants and to release information only in deidentified aggregate from, as specified.

Board Impact: This bill affects healing arts boards at the Department of Consumer Affairs. The Board currently requests certain demographic information in a biennial voluntary workforce survey at the time a licensee renews their license. AB 1236 proposes additional demographic information be requested including questions about a licensee's type of employer, titles of positions held, time spent in direct patient care, gender identity, future work intentions, job satisfaction ratings, and sexual orientation. The bill specifies that the demographic information must be requested, but that a licensee shall not be required to provide the information.

This bill would require updates to BreEZe and the board's website. An aggregate report would need to be compiled and published annually.

Recommended Board Position: Watch

AB 1273 (Rodriguez) Interagency Advisory Committee on Apprenticeship: the Director of Consumer Affairs and the State Public Health Officer
Introduced: February 19, 2021
Last Amended: June 28, 2021
Disposition: Pending
Location: Senate
Status: July 15, 2021: From committee: Be ordered to second reading pursuant to Senate Rule 28.8.

Summary: This bill would make the State Public Health Officer and the Director of Consumer Affairs ex officio members of the Interagency Advisory Committee on Apprenticeship.

Existing law requires the California Workforce Development Board, in consultation with the Division of Apprenticeship Standards, to identify opportunities for "earn and learn" job training opportunities that meet the industry's workforce demands and that are in high-wage, high-demand jobs. Existing law defines "earn and learn" to include programs that combine applied learning in a workplace setting with compensation allowing workers or students to gain work experience and secure a wage as they develop skills and competencies directly relevant to the occupation or career for which they are preparing, and programs that bring together classroom instruction with on-the-job training to combine both formal instruction and actual paid work experience.

This bill would prohibit the Department of Consumer Affairs and its various boards from prohibiting or approving an accrediting program that prohibits earn and learn programs for training in a profession licensed or certified by the board. The bill would prohibit the State Department of Public Health from prohibiting earn and learn programs for training of personnel. The bill would require boards of the Department of Consumer Affairs and the State Department of Public Health to use licensing or certification standards that authorize the use of earn and learn trainings.

Board Impact: This bill affects boards at the Department of Consumer Affairs. AB 1273 would not allow the Board to prohibit, or approve an accrediting program that prohibits, "earn and learn programs" for training in a profession licensed or certified by the board. A board shall use licensing or certification standards that authorize the use of earn and learn trainings.

"Earn and learn" programs are defined as programs that combine applied learning in a workplace setting with compensation allowing workers or students to gain work experience and secure a wage as they develop skills and competencies directly relevant to the occupation or career for which they are preparing, and programs that bring together classroom instruction with on-the-job training to combine both formal instruction and actual paid work experience.

Recommended Board Position: Watch

AB 1386 (Cunningham) License fees: military partners and spouses
Introduced: February 19, 2021
Last Amended: April 28, 2021
Disposition: Pending
Location: Assembly
Status: May 20, 2021: In committee: Held under submission.

Summary: Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law requires a board to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and provides evidence that they are married to or in a domestic partnership or other legal union with an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.

This bill would prohibit a board from charging an initial application fee or an initial license issuance fee to an applicant who meets these expedited licensing requirements. The bill would also prohibit a board from charging an initial examination fee to an applicant who meets the expedited licensing requirements if the examination is administered by the board.

Board Impact: This bill affects boards at the Department of Consumer Affairs. AB 1386 would prohibit the Board from charging an initial license fee for future applications received

from military spouses. The Board has received an average of four applications for initial licensure per year from military spouses.

AB 1386 would also require a change to a license modifier in BreEZe.

Recommended Board Position: Watch

AB 1552 (Garcia) Dentistry: foreign dental schools: applications.
Introduced: February 19, 2021
Last Amended: n/a
Disposition: Failed
Location: Assembly
Status: May 25, 2021: From committee: Without further action pursuant to Joint Rule 62(a).

Summary: Existing law, beginning January 1, 2020, prohibits the board from accepting new applications for approval of foreign dental schools and instead requires foreign dental schools seeking approval to complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association (CODA) or a comparable accrediting body approved by the board. Existing law requires previously approved foreign dental schools to complete the CODA accreditation by January 1, 2024, to remain approved.

This bill would instead require previously approved foreign dental schools to complete the CODA accreditation by January 1, 2030, to remain approved.

Board Impact: This bill is now dead. The impact to the Board is provided as a reference. Before the passage of AB 1519, the board approved two foreign dental schools. The State University of Medicine and Pharmacy in the Republic of Moldova (Moldova) was Board approved until December 2023 and De La Salle University was board approved until May 2026. Beginning January 1, 2020, the board is prohibited from accepting new applications for approval of foreign dental schools.

AB 1552 proposes an extension of the time period to January 1, 2030 during which previously approved foreign dental schools do not have to submit a renewal application and must also obtain CODA accreditation to remain an approved foreign dental school. The bill's author suggests the international CODA approval is an 8 to 10-year process. If previously approved foreign dental schools were not required to submit a renewal application or become CODA approved until January 2030, it is unclear the extent to which site evaluations would occur or to what level of continued compliance the school would be required to submit.

The board has the statutory authority to withdraw the approval of a foreign dental school after notification of deficiencies and review if it is determined the institution no longer meets the requirements.

Board Position: None Taken

SB 534 (Jones) Dental hygienists.
Introduced: February 17, 2021
Last Amended: April 29, 2021
Disposition: Pending
Location: Assembly
Status: June 30, 2021: June 30 set for first hearing. Placed on suspense file.

Summary: Existing law, the Dental Practice Act, provides for the licensure and regulation of the practice of dental hygienists by the Dental Hygiene Board of California within the Department of Consumer Affairs.

This bill would set a term limit of 3 years for board members beginning January 1, 2022. A member who is appointed to fill an unexpired term is eligible to serve 2 complete consecutive terms.

Existing law permits a Registered Dental Hygienist (RDH) licensed in another state to teach in a dental hygiene college without being licensed in this state if the dental hygienist satisfies various eligibility requirements. This bill would require a special permit to remain valid for 4 years and would thereafter prohibit the board from renewing it. This bill would require the applicant for a special permit to submit fingerprints. It would also require an applicant for a special permit to provide evidence of additional courses if teaching during clinical practice sessions.

This bill would require an applicant for an RDH who has not taken a clinical examination before the board to additionally submit satisfactory evidence of having successfully completed a course or education and training in local anesthesia, nitrous oxide-oxygen analgesia, and periodontal soft-tissue curettage approved by the board.

This bill would require a new education program for Registered Dental Hygienists in Alternative Practice (RDHAP) to submit a study and apply for approval from the Dental Hygiene Board before seeking approval from the Commission on Dental Accreditation (CODA).

This bill would make it unprofessional conduct for a licensee to knowingly make a statement or sign a certificate or other document that falsely represents the existence or nonexistence of a fact directly or indirectly related to the practice of dental hygiene.

This bill specifies when a licensee is disciplined and required to complete additional training that the training must be approved by the Dental Hygiene Board.

This bill would authorize a RDHAP to operate a mobile dental hygiene clinic in specified settings, if they register the mobile dental hygiene clinic with the board. The bill would authorize the board to conduct announced and unannounced reviews and inspections of a mobile dental hygiene clinic. This bill would define unprofessional conduct related to mobile clinics and authorizes the Board to issue citations that contain fines and orders of abatement for a violation of these provisions.

This bill would impose registration requirements on the physical facilities of a RDHAP. A RDHAP who uses portable equipment would be required to register the physical facility where the equipment is maintained. The bill would authorize the board to conduct announced and unannounced reviews and inspections of the physical facilities and equipment of a RDHAP. This bill would define unprofessional conduct in related to facility registration and authorizes the Board to issue citations that contain fines and orders of abatement for a violation of these provisions.

Board Impact: This bill makes several revisions and changes to the operations of RDHs, RDHAPs, and the Dental Hygiene Board of California (DHB). This bill does not directly impact the Dental Board of California.

Recommended Board Position: Support

SB 607 (Roth) Professions and vocations.
Introduced: February 18, 2021
Last Amended: July 13, 2021
Disposition: Pending
Location: Assembly
Status: July 14, 2021: Re-referred to Committee on Appropriations

Summary: This bill would require a board to waive all fees associated with the application and initial license for an applicant who meets expedited licensing requirements for military spouses.

Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists and dental auxiliaries, including registered dental assistants in extended functions, by the Dental Board of California. Existing law requires a person who applies to the board for a license as a registered dental assistant in extended functions on and after January 1, 2010, to successfully complete a clinical or practical examination administered by the board. Existing law authorizes a registered dental assistant in extended functions who was licensed before January 1, 2010, to perform certain additional duties only if they pass the clinical or practical examination.

This bill would delete the clinical or practical examination requirement for registered dental assistants in extended functions and make related technical amendments.

The Dental Practice Act authorizes a dentist to administer or order the administration of minimal sedation on pediatric patients under 13 years of age if the dentist possesses specified licensing credentials, including holding a pediatric minimal sedation permit, and follows certain procedures. Existing law requires a dentist who desires to administer or order the administration of minimal sedation to apply to the board, as specified, and to submit an application fee.

This bill would specify that the application fee for a pediatric minimal sedation permit cannot exceed $1,000, and the renewal fee cannot exceed $600.

This bill also makes several changes affecting other boards and bureaus within the DCA.

Board Impact: This an omnibus bill affecting the Dental Board and other boards and bureaus with the DCA. SB 607 would waive application fees for military spouses, eliminate the clinical and practical examination requirement for registered dental assistants in extended functions (RDAEF), and set the maximum applicant and renewal fees for a pediatric minimal sedation permit.

SB 501 created the Pediatric Minimal Sedation Permit. SB 607 specifies the maximum fee for initial issuance cannot exceed $1,000 and the renewal fee cannot exceed $600.

SB 607 would require the Board to issue a one-time refund to the applicants who have paid the RDAEF clinical and practical examination fee but have not been able to schedule the examination due to the fact that there are no available testing sites from concerns surrounding COVID-19. There is also a trend that dental licensure examinations are moving away from patient-based assessments due to ethical and practical considerations.

Board Position: Letter of support sent to Senate Committee on Business, Professions, and Economic Development on April 12, 2021.

SB 652 (Bates) Dentistry: use of sedation: training.
Introduced: February 19, 2021
Last Amended: May 11, 2021
Disposition: Pending
Location: Senate
Status: June 3, 2021: Ordered to inactive file on request of Senator Bates.

Summary: Existing law, prescribes requirements for dentists and assisting personnel who administer or order the administration of general anesthesia, deep sedation, or moderate sedation. Additional requirements are specified if the patient is under 13 years of age.

This bill would require, if the patient is 13 years of age or older, that the operating dentist and at least 2 additional personnel be present throughout the procedure and that the dentist and one additional personnel maintain current certification in Advanced Cardiac Life Support (ACLS).

Existing law, commencing on January 1, 2022, requires a dentist who desires to administer or to order the administration of moderate sedation to apply to the board for a permit and produce evidence showing that they have successfully completed training in moderate sedation that meets specified requirements.

This bill would require a permitholder to maintain current and continuous certification in ACLS and airway management.

Board Impact: SB 652 would extend the current requirements for dental patients under 13 years of age, specifically that an operating dentist and at least two additional personnel be present throughout a procedure involving deep sedation or general anesthesia, and that the dentist and one additional personnel maintain current certification in Advanced Cardiac Life Support (ACLS), to all patients regardless of age.

The provisions on deep sedation and general anesthesia for pediatric patients outlined in SB 501 have not become operative, but will on January 1, 2022. The Board is in the process of promulgating regulations to implement that measure.

SB 652 would require the Board to draft minor changes to regulations. It is possible this bill could be applicable to enforcement violations and continuing education audits.

Recommended Board Position: Request amendment of effective date from January 1, 2022 to January 1, 2023 due to impact on current regulation development relating to Senate Bill 501 (Glazer, Chapter 929, Statutes of 2018)

SB 731 (Durazo, Bradford, and Coauthors) Criminal records: relief.
Introduced: February 19, 2021
Last Amended: June 23, 2021
Disposition: Pending
Location: Assembly
Status: June 30, 2021: Re-referred to Committee on Appropriations.

Summary: Existing law authorizes a defendant who was sentenced to a county jail for the commission of a felony and who has met specified criteria to petition to withdraw their plea of guilty or nolo contendere and enter a plea of not guilty after the completion of their sentence, as specified. Existing law requires the court to dismiss the accusations or information against the defendant and release them from all penalties and disabilities resulting from the offense, except as specified.

This bill would make this relief available to a defendant who has been convicted of any felony.

Commencing July 1, 2022, existing law requires the Department of Justice, on a monthly basis, to review the records in the statewide criminal justice databases and identify persons who are eligible for specified automatic conviction and records of arrest relief without requiring the filing of a petition or motion. Under existing law, a person is eligible for arrest record relief if they were arrested on or after January 1, 2021, and the arrest was for a misdemeanor and the charge was dismissed or criminal proceedings have not been initiated within one year after the arrest, or the arrest was for a felony punishable in the county jail and criminal proceedings have not been initiated within 3 years after the date of the arrest. Under existing law, a person is eligible for automatic conviction record relief if, on or after January 1, 2021, they were sentenced to probation, and completed it without revocation, or if they were convicted of an infraction or a misdemeanor, and other criteria are met, as specified.

This bill would generally make this arrest record relief available to a person who has been arrested for a felony, including a felony punishable in the state prison, as specified. The bill would additionally make this conviction record relief available for a defendant convicted of a felony for which they did not complete probation without revocation if the defendant appears to have completed all terms of incarceration, probation, mandatory supervision, post release supervision, and parole.

Board Impact: This bill affects boards at the Department of Consumer Affairs. SB 731 would allow a person convicted of a felony to petition to withdraw their guilty plea after the completion of their sentence and permit additional relief by way of deleting arrest records for the purpose of most criminal background checks. Some of the records that the Department of Justice (DOJ) would be prohibited from disclosing to the Board may be relevant to professional licensure.

Recommended Board Position: Watch

SB 772 (Bogh; Coauthor: Borgeas) Professions and vocations: citations: minor violations.
Introduced: February 19, 2021
Last Amended: n/a
Disposition: Pending
Location: Senate
Status: April 19, 2021: April 19 set for second hearing canceled at the request of author.

Summary: Existing law authorizes the State Board of Chiropractic Examiners, the Osteopathic Medical Board of California, and any board within the Department of Consumer Affairs to issue a citation to a licensee, which may contain an order of abatement or an order to pay an administrative fine assessed by the board.

This bill would prohibit the assessment of an administrative fine for a minor violation, and would specify that a violation shall be considered minor if it meets specified conditions, including that the violation did not pose a serious health or safety threat and there is no evidence that the violation was willful.

Board Impact: The Board issues administrative citations and fines for certain violations as outlined in California Code of Regulations 1023 through 1023.7.

The administrative citations are issued to ensure licensees comply with applicable statutes and regulations. Existing regulations allow for factors such as the nature and severity of the violation to be considered in a citation decision. A licensee can also contest a citation and request a hearing within 30 days of the issuance of a citation or assessment.

If administrative fines were prohibited as proposed in SB 772, it would minimize the incentive for licensees to comply with statutes and regulations relating to the practice of dentistry.

Recommended Board Position: Oppose

ASSEMBLY BILL No. 2

Introduced by Assembly Member Fong

December 7, 2020

An act to amend Sections 11343.4 and 11349.3 of, and to add and repeal Chapter 3.6 (commencing with Section 11366) of Part 1 of Division 3 of Title 2 of, the Government Code, relating to state government.

LEGISLATIVE COUNSEL'S DIGEST

AB 2, as introduced, Fong. Regulations: legislative review: regulatory reform.

The Administrative Procedure Act governs the procedure for the adoption, amendment, or repeal of regulations by state agencies and for the review of those regulatory actions by the Office of Administrative Law. That act requires an agency, prior to submitting a proposal to adopt, amend, or repeal an administrative regulation, to determine the economic impact of that regulation, in accordance with certain procedures. The act defines a major regulation as a regulation, as specified, that will have an economic impact on California business enterprises and individuals in an amount exceeding $50,000,000, as estimated by the agency. The act requires the office to transmit a copy of a regulation to the Secretary of State for filing if the office approves the regulation or fails to act on it within 30 days. The act provides that a regulation or an order of repeal of a regulation becomes effective on a quarterly basis, as prescribed, except in specified instances.

This bill would require the office to submit to each house of the Legislature for review a copy of each major regulation that it submits to the Secretary of State. The bill would add another exception to those

currently provided that specifies that a regulation does not become effective if the Legislature enacts a statute to override the regulation.

The Administrative Procedure Act requires the Office of Administrative Law and a state agency proposing to adopt, amend, or repeal a regulation to review the proposed changes for, among other things, consistency with existing state regulations.

This bill would require each state agency to, on or before January 1, 2023, review that agency's regulations, identify any regulations that are duplicative, overlapping, inconsistent, or out of date, to revise those identified regulations, as provided, and report to the Legislature and Governor, as specified. The bill would repeal these provisions on January 1, 2024.

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~ *yes*. State-mandated local program: no.

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

SECTION 1. Section 11343.4 of the Government Code is amended to read:

11343.4. (a) Except as otherwise provided in subdivision (b), a regulation or an order of repeal required to be filed with the Secretary of State shall become effective on a quarterly basis as follows:

(1) January 1 if the regulation or order of repeal is filed on September 1 to November 30, inclusive.

(2) April 1 if the regulation or order of repeal is filed on December 1 to February 29, inclusive.

(3) July 1 if the regulation or order of repeal is filed on March 1 to May 31, inclusive.

(4) October 1 if the regulation or order of repeal is filed on June 1 to August 31, inclusive.

(b) The effective dates in subdivision (a) shall not apply in all of the following:

(1) The effective date is specifically provided by the statute pursuant to which the regulation or order of repeal was adopted, in which event it becomes effective on the day prescribed by the statute.

(2) A later date is prescribed by the state agency in a written instrument filed with, or as part of, the regulation or order of repeal.

(3) The agency makes a written request to the office demonstrating good cause for an earlier effective date, in which case the office may prescribe an earlier date.

(4) (A) A regulation adopted by the Fish and Game Commission that is governed by Article 2 (commencing with Section 250) of Chapter 2 of Division 1 of the Fish and Game Code.

(B) A regulation adopted by the Fish and Game Commission that requires a different effective date in order to conform to a federal regulation.

(5) When the Legislature enacts a statute to override the regulation.

SEC. 2. Section 11349.3 of the Government Code is amended to read:

11349.3. (a) *(1)* The office shall either approve a regulation submitted to it for review and transmit it to the Secretary of State for filing or disapprove a regulation within 30 working days after the regulation has been submitted to the office for review. If the office fails to act within 30 days, the regulation shall be deemed to have been approved and the office shall transmit it to the Secretary of State for filing.

(2) The office shall submit a copy of each major regulation submitted to the Secretary of State pursuant to paragraph (1) to each house of the Legislature for review.

(b) If the office disapproves a regulation, it shall return it to the adopting agency within the 30-day period specified in subdivision (a) accompanied by a notice specifying the reasons for disapproval. Within seven calendar days of the issuance of the notice, the office shall provide the adopting agency with a written decision detailing the reasons for disapproval. A regulation shall not be disapproved except for failure to comply with the standards set forth in Section 11349.1 or for failure to comply with this chapter.

(c) If an agency determines, on its own initiative, that a regulation submitted pursuant to subdivision (a) should be returned by the office prior to completion of the office's review, it may request the return of the regulation. All requests for the return of a regulation shall be memorialized in writing by the submitting agency no later than one week following the request. Any regulation returned pursuant to this subdivision shall be resubmitted to the office for review within the one-year period specified in

subdivision (b) of Section 11346.4 or shall comply with Article 5 (commencing with Section 11346) prior to resubmission.

(d) The office shall not initiate the return of a regulation pursuant to subdivision (c) as an alternative to disapproval pursuant to subdivision (b).

SEC. 3. Chapter 3.6 (commencing with Section 11366) is added to Part 1 of Division 3 of Title 2 of the Government Code, to read:

Chapter 3.6. Regulatory Reform

Article 1. Findings and Declarations

11366. The Legislature finds and declares all of the following:

(a) The Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340), Chapter 4 (commencing with Section 11370), Chapter 4.5 (commencing with Section 11400), and Chapter 5 (commencing with Section 11500)) requires agencies and the Office of Administrative Law to review regulations to ensure their consistency with law and to consider impacts on the state's economy and businesses, including small businesses.

(b) However, the act does not require agencies to individually review their regulations to identify overlapping, inconsistent, duplicative, or out-of-date regulations that may exist.

(c) At a time when the state's economy is slowly recovering, unemployment and underemployment continue to affect all Californians, especially older workers and younger workers who received college degrees in the last seven years but are still awaiting their first great job, and with state government improving but in need of continued fiscal discipline, it is important that state agencies systematically identify, publicly review, and eliminate overlapping, inconsistent, duplicative, or out-of-date regulations, both to ensure laws are more efficiently implemented and enforced and to reduce unnecessary and outdated rules and regulations.

Article 2. Definitions

11366.1. For the purposes of this chapter, the following definitions shall apply:

(a) "State agency" means a state agency, as defined in Section 11000, except those state agencies or activities described in Section 11340.9.

(b) "Regulation" has the same meaning as provided in Section 11342.600.

Article 3. State Agency Duties

11366.2. On or before January 1, 2023, each state agency shall do all of the following:

(a) Review all provisions of the California Code of Regulations adopted by that state agency.

(b) Identify any regulations that are duplicative, overlapping, inconsistent, or out of date.

(c) Adopt, amend, or repeal regulations to reconcile or eliminate any duplication, overlap, inconsistencies, or out-of-date provisions, and shall comply with the process specified in Article 5 (commencing with Section 11346) of Chapter 3.5, unless the addition, revision, or deletion is without regulatory effect and may be done pursuant to Section 100 of Title 1 of the California Code of Regulations.

(d) Hold at least one noticed public hearing, which shall be noticed on the internet website of the state agency, for the purposes of accepting public comment on proposed revisions to its regulations.

(e) Notify the appropriate policy and fiscal committees of each house of the Legislature of the revisions to regulations that the state agency proposes to make at least 30 days prior to initiating the process under Article 5 (commencing with Section 11346) of Chapter 3.5 or Section 100 of Title 1 of the California Code of Regulations.

(g) (1) Report to the Governor and the Legislature on the state agency's compliance with this chapter, including the number and content of regulations the state agency identifies as duplicative, overlapping, inconsistent, or out of date, and the state agency's actions to address those regulations.

(2) The report shall be submitted in compliance with Section 9795 of the Government Code.

11366.3. (a) On or before January 1, 2023, each agency listed in Section 12800 shall notify a department, board, or other unit

within that agency of any existing regulations adopted by that department, board, or other unit that the agency has determined may be duplicative, overlapping, or inconsistent with a regulation adopted by another department, board, or other unit within that agency.

(b) A department, board, or other unit within an agency shall notify that agency of revisions to regulations that it proposes to make at least 90 days prior to a noticed public hearing pursuant to subdivision (d) of Section 11366.2 and at least 90 days prior to adoption, amendment, or repeal of the regulations pursuant to subdivision (c) of Section 11366.2. The agency shall review the proposed regulations and make recommendations to the department, board, or other unit within 30 days of receiving the notification regarding any duplicative, overlapping, or inconsistent regulation of another department, board, or other unit within the agency.

11366.4. An agency listed in Section 12800 shall notify a state agency of any existing regulations adopted by that agency that may duplicate, overlap, or be inconsistent with the state agency's regulations.

11366.45. This chapter shall not be construed to weaken or undermine in any manner any human health, public or worker rights, public welfare, environmental, or other protection established under statute. This chapter shall not be construed to affect the authority or requirement for an agency to adopt regulations as provided by statute. Rather, it is the intent of the Legislature to ensure that state agencies focus more efficiently and directly on their duties as prescribed by law so as to use scarce public dollars more efficiently to implement the law, while achieving equal or improved economic and public benefits.

Article 4. Chapter Repeal

11366.5. This chapter shall remain in effect only until January 1, 2024, and as of that date is repealed.

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ASSEMBLY BILL No. 29

Introduced by Assembly Member Cooper
(Coauthor: Assembly Member Blanca Rubio)

December 7, 2020

An act to amend Section 11125 of the Government Code, relating to public meetings.

LEGISLATIVE COUNSEL'S DIGEST

AB 29, as introduced, Cooper. State bodies: meetings.

Existing law, the Bagley-Keene Open Meeting Act, requires that all meetings of a state body, as defined, be open and public, and that all persons be permitted to attend any meeting of a state body, except as otherwise provided in that act. Existing law requires the state body to provide notice of its meeting, including specified information and a specific agenda of the meeting, as provided, to any person who requests that notice in writing and to make that notice available on the internet at least 10 days in advance of the meeting.

This bill would require that notice to include all writings or materials provided for the noticed meeting to a member of the state body by the staff of a state agency, board, or commission, or another member of the state body that are in connection with a matter subject to discussion or consideration at the meeting. The bill would require those writings or materials to be made available on the state body's internet website, and to any person who requests the writings or materials in writing, on the same day as the dissemination of the writings and materials to members of the state body or at least 72 hours in advance of the meeting, whichever is earlier. The bill would prohibit a state body from discussing those writings or materials, or from taking action on an item to which

those writings or materials pertain, at a meeting of the state body unless the state body has complied with these provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. Section 11125 of the Government Code is amended to read:

11125. (a) The state body shall provide notice of its meeting to any person who requests that notice in writing. Notice shall be given and also made available on the ~~Internet~~ *state body's internet website* at least 10 days in advance of the ~~meeting,~~ *meeting* and shall include the name, address, and telephone number of any person who can provide further information ~~prior to~~ *before* the ~~meeting,~~ *meeting* but need not include a list of witnesses expected to appear at the meeting. The written notice shall additionally include the address of the ~~Internet site~~ *internet website* where notices required by this article are made available.

(b) The notice of a meeting of a body that is a state body shall include a specific agenda for the meeting, containing a brief description of the items of business to be transacted or discussed in either open or closed session. A brief general description of an item generally need not exceed 20 words. A description of an item to be transacted or discussed in closed session shall include a citation of the specific statutory authority under which a closed session is being held. No item shall be added to the agenda subsequent to the provision of this notice, unless otherwise permitted by this article.

(c) (1) A notice provided pursuant to subdivision (a) shall include all writings or materials provided for the noticed meeting to a member of the state body by the staff of a state agency, board, or commission, or another member of the state body that are in connection with a matter subject to discussion or consideration at the meeting.

(2) The writings or materials described in paragraph (1) shall be made available on the state body's internet website, and to any person who requests the writings or materials in writing, on the same day as the dissemination of the writings and materials to

members of the state body or at least 72 hours in advance of the meeting, whichever is earlier.

(3) A state body may not distribute or discuss writings or materials described in paragraph (1), or take action on an item to which those writings or materials pertain, at a meeting of the state body unless the state body has complied with this subdivision.

~~(c)~~

(d) Notice of a meeting of a state body that complies with this section shall also constitute notice of a meeting of an advisory body of that state body, provided that the business to be discussed by the advisory body is covered by the notice of the meeting of the state body, provided that the specific time and place of the advisory body's meeting is announced during the open and public state body's meeting, and provided that the advisory body's meeting is conducted within a reasonable time of, and nearby, the meeting of the state body.

~~(d)~~

(e) A person may request, and shall be provided, notice pursuant to subdivision (a) for all meetings of a state body or for a specific meeting or meetings. In addition, at the state body's discretion, a person may request, and may be provided, notice of only those meetings of a state body at which a particular subject or subjects specified in the request will be discussed.

~~(e)~~

(f) A request for notice of more than one meeting of a state body shall be subject to the provisions of Section 14911.

~~(f)~~

(g) The notice shall be made available in appropriate alternative formats, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof, upon request by any person with a disability. The notice shall include information regarding how, to whom, and by when a request for any disability-related modification or accommodation, including auxiliary aids or services may be made by a person with a disability who requires these aids or services in order to participate in the public meeting.

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AMENDED IN SENATE JULY 15, 2021

AMENDED IN SENATE JUNE 21, 2021

AMENDED IN ASSEMBLY APRIL 20, 2021

AMENDED IN ASSEMBLY MARCH 24, 2021

AMENDED IN ASSEMBLY FEBRUARY 25, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL No. 107

Introduced by Assembly Member Salas
(Coauthors: Assembly Members Bauer-Kahan, *Gabriel*, Gallagher, Muratsuchi, and Smith)
~~(Coauthor: Senator Dodd)~~
(Coauthors: Senators Dodd and Jones)

December 16, 2020

An act to amend Sections 115.6, 2946, and 5132 of, and to add ~~Section~~ *Sections* 115.8 *and 115.9* to, the Business and Professions Code, relating to licensure, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 107, as amended, Salas. Licensure: veterans and military spouses.

Under existing law, the Department of Consumer Affairs (department), under the control of the Director of Consumer Affairs, is comprised of various boards that license and regulate various professions and vocations. Existing law requires an applicant seeking a license from a board within the department to meet specified requirements and to pay certain licensing fees. Existing law requires a board within the department to issue, after appropriate investigation, certain types of

temporary licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders and the applicant submits an application to the board that includes a signed affidavit attesting to the fact that the applicant meets all of the requirements for a temporary license and that the information submitted in the application is accurate, to the best of the applicant's knowledge. Under existing law, some of the funds within the jurisdiction of a board consist of revenue from fees that are continuously appropriated. Existing law authorizes a board to adopt regulations necessary to administer these provisions.

This bill would expand the requirement to issue temporary licenses to practice a profession or vocation to include licenses issued by any board within the department, except as provided. The bill would require an applicant for a temporary license to provide to the board documentation that the applicant has passed a California law and ethics examination if otherwise required by the board for the profession or vocation for which the applicant seeks licensure. The bill would require a board to issue a temporary license within 30 days of receiving the required documentation if the results of a criminal background check do not show grounds for ~~denial.~~ *denial and would require a board to request the Department of Justice to conduct the criminal background check and to furnish the criminal background information in accordance with specified requirements.* The bill would specifically direct revenues from fees for temporary licenses issued by the California Board of Accountancy to be credited to the Accountancy Fund, a continuously appropriated fund. The bill would require, if necessary to implement the bill's provisions, a board to submit to the department for approval draft regulations necessary to administer these provisions by June 15, 2022. The bill would exempt from these provisions a board that has a process in place by which an out-of-state licensed applicant in good standing who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States is able to receive expedited, temporary authorization to practice while meeting state-specific requirements for a period of at least one year or is able to receive an expedited license by endorsement with no additional requirements superseding those for a temporary license, as described above. The bill would make conforming changes. By

expanding the scope of the crime of perjury, the bill would impose a state-mandated local program. The bill's expansion of the requirement to issue temporary licenses would result in revenues from fees for certain licenses being deposited into continuously appropriated funds. By establishing a new source of revenue for those continuously appropriated funds, the bill would make an appropriation.

Existing law provides that these temporary licenses shall expire 12 months after issuance, upon issuance of an expedited license, or upon denial of the application for expedited licensure by the board, whichever occurs first.

This bill would instead provide that these temporary licenses shall expire 12 months after issuance, upon issuance of a standard license, upon issuance of a license by endorsement, or upon issuance of an expedited license, whichever occurs first.

This bill would ~~also~~ require *the Department of Consumer Affairs, the Department of Real Estate, and the Commission on Teacher Credentialing to compile* an annual report to the Legislature containing specified information relating to the professional licensure of veterans, servicemembers, and their spouses. *The bill would also require the Department of Consumer Affairs and each board within the department to post specified information on their internet websites relating to licensure for military spouses, the availability of temporary licenses, and permanent licensure by endorsement or credential for out-of-state applicants.*

Existing law, the Psychology Licensing Law, provides for the licensure and regulation of psychologists by the Board of Psychology. Existing law authorizes a psychologist certified or licensed in another state or Canadian province who has applied to the board for licensure to provide activities and services of a psychological nature without a valid license for a period not to exceed 180 days from the time of submitting their application or from the commencement of residency in the state, whichever occurs first, subject to specified conditions and requirements.

This bill would also authorize a psychologist certified or licensed in another state or Canadian province who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States and who has applied to the board for licensure to perform activities and services of a psychological nature without a valid license for a period not to exceed 12 months.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: yes. Fiscal committee: yes. State-mandated local program: yes.

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

SECTION 1. Section 115.6 of the Business and Professions Code is amended to read:

115.6. (a) (1) Except as provided in subdivision (i), a board within the department shall, after appropriate investigation, issue a temporary license to practice a profession or vocation to an applicant who meets the requirements set forth in subdivisions (c) and (d).

(2) Revenues from fees for temporary licenses issued by the California Board of Accountancy shall be credited to the Accountancy Fund in accordance with Section 5132.

(b) The board may conduct an investigation of an applicant for purposes of denying or revoking a temporary license issued pursuant to this section. This investigation may include a criminal background check.

(c) An applicant seeking a temporary license pursuant to this section shall meet the following requirements:

(1) The applicant shall supply evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.

(2) The applicant shall hold a current, active, and unrestricted license that confers upon the applicant the authority to practice, in another state, district, or territory of the United States, the profession or vocation for which the applicant seeks a temporary license from the board.

(3) The applicant shall submit an application to the board that shall include a signed affidavit attesting to the fact that the applicant meets all of the requirements for the temporary license, and that the information submitted in the application is accurate,

to the best of the applicant's knowledge. The application shall also include written verification from the applicant's original licensing jurisdiction stating that the applicant's license is in good standing in that jurisdiction.

(4) The applicant shall not have committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license under this code at the time the act was committed. A violation of this paragraph may be grounds for the denial or revocation of a temporary license issued by the board.

(5) The applicant shall not have been disciplined by a licensing entity in another jurisdiction and shall not be the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction.

(6) *(A)* The applicant shall, upon request by a board, furnish a full set of fingerprints for purposes of conducting a criminal background check.

(B) The board shall request a fingerprint-based criminal history information check from the Department of Justice in accordance with subdivision (u) of Section 11105 of the Penal Code and the Department of Justice shall furnish state or federal criminal history information in accordance with subdivision (p) of Section 11105 of the Penal Code.

(d) The applicant shall pass a California law and ethics examination if otherwise required by the board for the profession or vocation for which the applicant seeks licensure.

(e) A board shall issue a temporary license pursuant to this section within 30 days of receiving documentation that the applicant has met the requirements specified in subdivisions (c) and (d) if the results of the criminal background check do not show grounds for denial.

(f) A temporary license issued pursuant to this section may be immediately terminated upon a finding that the temporary licenseholder failed to meet any of the requirements described in subdivision (c) or (d) or provided substantively inaccurate information that would affect the person's eligibility for temporary licensure. Upon termination of the temporary license, the board shall issue a notice of termination that shall require the temporary licenseholder to immediately cease the practice of the licensed profession upon receipt.

(g) An applicant seeking a temporary license as a civil engineer, geotechnical engineer, structural engineer, land surveyor, professional geologist, professional geophysicist, certified engineering geologist, or certified hydrogeologist pursuant to this section shall successfully pass the appropriate California-specific examination or examinations required for licensure in those respective professions by the Board for Professional Engineers, Land Surveyors, and Geologists.

(h) A temporary license issued pursuant to this section shall expire 12 months after issuance, upon issuance of a standard license, upon issuance of a license by endorsement, or upon issuance of an expedited license pursuant to Section 115.5, whichever occurs first.

(i) A board shall submit to the department for approval, if necessary to implement this section, draft regulations necessary to administer this section by June 15, 2022. These regulations shall be adopted pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(j) (A) This section shall not apply to a board that has a process in place by which an out-of-state licensed applicant in good standing who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States is able to receive expedited, temporary authorization to practice while meeting state-specific requirements for a period of at least one year or is able to receive an expedited license by endorsement with no additional requirements superseding those described in subdivisions (c) and (d).

(B) This section shall apply only to the extent that it does not amend an initiative or violate constitutional requirements.

SEC. 2. Section 115.8 is added to the Business and Professions Code, to read:

115.8. The Department of Consumer Affairs, the Commission on Teacher Credentialing, *and* the Department of Real ~~Estate, and the State Department of Public Health~~ *Estate* shall compile information on military, veteran, and spouse licensure into an annual report for the Legislature, which shall be submitted in conformance with Section 9795 of the Government Code. The report shall include all of the following:

(a) The number of applications for a temporary license submitted by active duty servicemembers, veterans, or military spouses per calendar year, pursuant to Section 115.6.

(b) The number of applications for expedited licenses submitted by veterans and active duty spouses pursuant to Sections 115.4 and 115.5.

(c) The number of licenses issued and denied per calendar year pursuant to Sections 115.4, 115.5, and 115.6.

(d) The number of licenses issued pursuant to Section 115.6 that were suspended or revoked per calendar year.

(e) The number of applications for waived renewal fees received and granted pursuant to Section 114.3 per calendar year.

(f) The average length of time between application and issuance of licenses pursuant to Sections 115.4, 115.5, and 115.6 per board and occupation.

SEC. 3. Section 115.9 is added to the Business and Professions Code, to read:

115.9. The department and each board within the department shall publish information pertinent to all licensing options available to military spouses on the home page of the internet website of the department or board, as applicable, including, but not limited to, the following:

(a) The process for expediting applications for military spouses.

(b) The availability of temporary licensure, the requirements for obtaining a temporary license, and length of time a temporary license is active.

(c) The requirements for full, permanent licensure by endorsement or credential for out-of-state applicants.

~~SEC. 3.~~

SEC. 4. Section 2946 of the Business and Professions Code is amended to read:

2946. (a) The board shall grant a license to any person who passes the board's supplemental licensing examination and, at the time of application, has been licensed for at least five years by a psychology licensing authority in another state or Canadian province if the requirements for obtaining a certificate or license in that state or province were substantially equivalent to the requirements of this chapter.

(b) A psychologist certified or licensed in another state or province and who has made application to the board for a license

in this state may perform activities and services of a psychological nature without a valid license for a period not to exceed 180 calendar days from the time of submitting their application or from the commencement of residency in this state, whichever first occurs.

(c) A psychologist certified or licensed in another state or province who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States and who has made application to the board for a license in this state may perform activities and services of a psychological nature without a valid license for a period not to exceed twelve months from the time of submitting their application or from the commencement of residency in this state, whichever first occurs.

(d) The board at its discretion may waive the examinations when in the judgment of the board the applicant has already demonstrated competence in areas covered by the examinations. The board at its discretion may waive the examinations for diplomates of the American Board of Professional Psychology.

~~SEC. 4.~~

SEC. 5. Section 5132 of the Business and Professions Code is amended to read:

5132. (a) All moneys received by the board under this chapter from any source and for any purpose and from a temporary license issued under Section 115.6 shall be accounted for and reported monthly by the board to the Controller and at the same time the moneys shall be remitted to the State Treasury to the credit of the Accountancy Fund.

(b) The secretary-treasurer of the board shall, from time to time, but not less than once each fiscal year, prepare or have prepared on their behalf, a financial report of the Accountancy Fund that contains information that the board determines is necessary for the purposes for which the board was established.

(c) The report of the Accountancy Fund, which shall be published pursuant to Section 5008, shall include the revenues and the related costs from examination, initial licensing, license renewal, citation and fine authority, and cost recovery from enforcement actions and case settlements.

~~SEC. 5.~~

SEC. 6. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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AMENDED IN SENATE MAY 25, 2021

AMENDED IN ASSEMBLY APRIL 6, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL No. 526

Introduced by Assembly Member Wood

February 10, 2021

An act to amend Section 1209 of, and to add Sections 1625.6, 1645.2, 2473, and 2496.5 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 amended, Wood. Dentists and podiatrists: clinical laboratories and vaccines.

Existing law provides for the certification and regulation of podiatrists by the Podiatric Medical Board of California within the Department of Consumer Affairs. Under existing law, the certificate to practice podiatric medicine authorizes the holder to practice podiatric medicine and defines "podiatric medicine" to mean the diagnosis, medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot.

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. Existing law also provides for the registration and regulation of registered dental hygienists by the Dental Hygiene Board of California within the Department of Consumer Affairs.

This bill would additionally authorize a dentist or podiatrist, if the dentist or podiatrist 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, dental hygienist's, or~~ podiatrist's continuing education requirements, *and would count vaccine training provided through the federal Centers for Disease Control and Prevention or the California Pharmacists Association toward the fulfillment of a dentist's or dental hygienist'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: ⅔. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. Section 1209 of the Business and Professions Code is amended to read:

1209. (a) As used in this chapter, "laboratory director" means any person who is any of the following:

(1) A duly licensed physician and surgeon.

(2) Only for purposes of a clinical laboratory test or examination classified as waived, is any of the following:

(A) A duly licensed clinical laboratory scientist.

(B) A duly licensed limited clinical laboratory scientist.

(C) A duly licensed naturopathic doctor.

(D) A duly licensed optometrist serving as the director of a laboratory that only performs clinical laboratory tests authorized in paragraph (10) of subdivision (d) of Section 3041.

(E) A duly licensed dentist serving as the director of a laboratory that performs only clinical laboratory tests authorized within the scope of practice of dentistry as delineated under Section 1625.

(3) Licensed to direct a clinical laboratory under this chapter.

(b) (1) A person defined in paragraph (1) or (3) of subdivision (a) who is identified as the CLIA laboratory director of a laboratory that performs clinical laboratory tests classified as moderate or high complexity shall also meet the laboratory director qualifications under CLIA for the type and complexity of tests being offered by the laboratory.

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

(c) The laboratory director, if qualified under CLIA, may perform the duties of the technical consultant, technical supervisor, clinical consultant, general supervisor, and testing personnel, or delegate these responsibilities to persons qualified under CLIA. If the laboratory director reapportions performance of those responsibilities or duties, they shall remain responsible for ensuring that all those duties and responsibilities are properly performed.

(d) (1) The laboratory director is responsible for the overall operation and administration of the clinical laboratory, including administering the technical and scientific operation of a clinical laboratory, the selection and supervision of procedures, the reporting of results, and active participation in its operations to the extent necessary to ensure compliance with this act and CLIA. They shall be responsible for the proper performance of all laboratory work of all subordinates and shall employ a sufficient

number of laboratory personnel with the appropriate education and either experience or training to provide appropriate consultation, properly supervise and accurately perform tests, and report test results in accordance with the personnel qualifications, duties, and responsibilities described in CLIA and this chapter.

(2) Where a point-of-care laboratory testing device is utilized and provides results for more than one analyte, the testing personnel may perform and report the results of all tests ordered for each analyte for which they have been found by the laboratory director to be competent to perform and report.

(e) As part of the overall operation and administration, the laboratory director of a registered laboratory shall document the adequacy of the qualifications (educational background, training, and experience) of the personnel directing and supervising the laboratory and performing the laboratory test procedures and examinations. In determining the adequacy of qualifications, the laboratory director shall comply with any regulations adopted by the department that specify the minimum qualifications for personnel, in addition to any CLIA requirements relative to the education or training of personnel.

(f) As part of the overall operation and administration, the laboratory director of a licensed laboratory shall do all of the following:

(1) Ensure that all personnel, prior to testing biological specimens, have the appropriate education and experience, receive the appropriate training for the type and complexity of the services offered, and have demonstrated that they can perform all testing operations reliably to provide and report accurate results. In determining the adequacy of qualifications, the laboratory director shall comply with any regulations adopted by the department that specify the minimum qualifications for, and the type of procedures that may be performed by, personnel in addition to any CLIA requirements relative to the education or training of personnel. Any regulations adopted pursuant to this section that specify the type of procedure that may be performed by testing personnel shall be based on the skills, knowledge, and tasks required to perform the type of procedure in question.

(2) Ensure that policies and procedures are established for monitoring individuals who conduct preanalytical, analytical, and postanalytical phases of testing to ensure that they are competent

and maintain their competency to process biological specimens, perform test procedures, and report test results promptly and proficiently, and, whenever necessary, identify needs for remedial training or continuing education to improve skills.

(3) Specify in writing the responsibilities and duties of each individual engaged in the performance of the preanalytic, analytic, and postanalytic phases of clinical laboratory tests or examinations, including which clinical laboratory tests or examinations the individual is authorized to perform, whether supervision is required for the individual to perform specimen processing, test performance, or results reporting, and whether consultant, supervisor, or director review is required prior to the individual reporting patient test results.

(g) The competency and performance of staff of a licensed laboratory shall be evaluated and documented by the laboratory director, or by a person who qualifies as a technical consultant or a technical supervisor under CLIA depending on the type and complexity of tests being offered by the laboratory.

(1) The procedures for evaluating the competency of the staff shall include, but are not limited to, all of the following:

(A) Direct observations of routine patient test performance, including patient preparation, if applicable, and specimen handling, processing, and testing.

(B) Monitoring the recording and reporting of test results.

(C) Review of intermediate test results or worksheets, quality control records, proficiency testing results, and preventive maintenance records.

(D) Direct observation of performance of instrument maintenance and function checks.

(E) Assessment of test performance through testing previously analyzed specimens, internal blind testing samples, or external proficiency testing samples.

(F) Assessment of problem solving skills.

(2) Evaluation and documentation of staff competency and performance shall occur at least semiannually during the first year an individual tests biological specimens. Thereafter, evaluations shall be performed at least annually unless test methodology or instrumentation changes, in which case, prior to reporting patient test results, the individual’s performance shall be reevaluated to include the use of the new test methodology or instrumentation.

(h) The laboratory director of each clinical laboratory of an acute care hospital shall be a physician and surgeon who is a qualified pathologist, except as follows:

(1) If a qualified pathologist is not available, a physician and surgeon or a clinical laboratory bioanalyst qualified as a laboratory director under subdivision (a) may direct the laboratory. However, a qualified pathologist shall be available for consultation at suitable intervals to ensure high-quality service.

(2) If there are two or more clinical laboratories of an acute care hospital, those additional clinical laboratories that are limited to the performance of blood gas analysis, blood electrolyte analysis, or both, may be directed by a physician and surgeon qualified as a laboratory director under subdivision (a), irrespective of whether a pathologist is available.

As used in this subdivision, a qualified pathologist is a physician and surgeon certified or eligible for certification in clinical or anatomical pathology by the American Board of Pathology or the American Osteopathic Board of Pathology.

(i) Subdivision (h) does not apply to any director of a clinical laboratory of an acute care hospital acting in that capacity on or before January 1, 1988.

(j) A laboratory director may serve as the director of up to the maximum number of laboratories stipulated by CLIA, as defined under Section 1202.5.

SEC. 2. Section 1625.6 is added to the Business and Professions Code, to read:

1625.6. (a) In addition to the actions authorized under Section 1625, a dentist may independently prescribe and administer influenza and COVID-19 vaccines approved or authorized by the United States Food and Drug Administration in compliance with the individual federal Advisory Committee on Immunization Practices (ACIP) influenza and COVID-19 vaccine recommendations, and published by the federal Centers for Disease Control and Prevention (CDC) to persons 3 years of age or older.

(b) In order to prescribe and administer a vaccine described in subdivision (a), a dentist shall do all of the following:

(1) Complete an immunization training program biennially that is either offered by the CDC or taken through a registered provider approved by the board that, at a minimum, includes vaccine

administration, prevention and management of adverse reactions, and maintenance of vaccine records.

(2) Comply with all state and federal recordkeeping and reporting requirements, including providing documentation to the patient's primary care provider, if applicable, and entering in the information in the appropriate immunization registry designated by the Immunization Branch of the State Department of Public Health.

(c) The board may adopt regulations to implement this section. The adoption, amendment, repeal, or readoption of a regulation authorized by this section is deemed to address an emergency, for purposes of Sections 11346.1 and 11349.6 of the Government Code, and the board is hereby exempted for this purpose from the requirements of subdivision (b) of Section 11346.1 of the Government Code. For purposes of subdivision (e) of Section 11346.1 of the Government Code, the 180-day period, as applicable to the effective period of an emergency regulatory action and submission of specified materials to the Office of Administrative Law, is hereby extended to 240 days.

SEC. 3. Section 1645.2 is added to the Business and Professions Code, to read:

1645.2. Any vaccine training program provided through the federal Centers for Disease Control and ~~Prevention,~~ *Prevention or the California Pharmacists Association,* including courses that were completed by a licensed dentist or a registered dental hygienist on or after January 4, 2021, pursuant to the Department of Consumer Affairs public health emergency order DCA-20-104, DCA-21-111, DCA-21-113, or any subsequent waivers that supersede these waivers, and Section 1625.6 shall count toward the fulfillment of the continuing education requirements governed by Sections 1645 and 1936.1.

SEC. 4. Section 2473 is added to the Business and Professions Code, to read:

2473. (a) A doctor of podiatric medicine may independently prescribe and administer influenza and COVID-19 vaccines approved or authorized by the United States Food and Drug Administration in compliance with the individual federal Advisory Committee on Immunization Practices (ACIP) influenza and COVID-19 vaccine recommendations, and published by the federal

Centers for Disease Control and Prevention (CDC) to persons three years of age or older.

(b) In order to prescribe and administer a vaccine described in subdivision (a), a doctor of podiatric medicine shall do all of the following:

(1) Complete an immunization training program biennially that is either offered by the CDC or taken through a registered provider approved by the board that, at a minimum, includes vaccine administration, prevention and management of adverse reactions, and maintenance of vaccine records.

(2) Comply with all state and federal recordkeeping and reporting requirements, including providing documentation to the patient's primary care provider, if applicable, and entering in the information in the appropriate immunization registry designated by the Immunization Branch of the State Department of Public Health.

(c) The board may adopt regulations to implement this section. The adoption, amendment, repeal, or readoption of a regulation authorized by this section is deemed to address an emergency, for purposes of Sections 11346.1 and 11349.6 of the Government Code, and the board is hereby exempted for this purpose from the requirements of subdivision (b) of Section 11346.1 of the Government Code. For purposes of subdivision (e) of Section 11346.1 of the Government Code, the 180-day period, as applicable to the effective period of an emergency regulatory action and submission of specified materials to the Office of Administrative Law, is hereby extended to 240 days.

SEC. 5. Section 2496.5 is added to the Business and Professions Code, to read:

2496.5. Any vaccine training program provided through the federal Centers for Disease Control and Prevention, including courses that were completed by a licensed doctor of podiatric medicine on or after January 4, 2021, pursuant to the Department of Consumer Affairs public health emergency order DCA-21-115, or any subsequent waivers that supersede this waiver, and Section 2473 shall count toward the fulfillment of the continuing education requirements governed by Section 2496.

SEC. 6. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within

the meaning of Article IV of the California Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to address the public health need to provide as many points of care for the administration of testing and vaccines for influenza and COVID-19 in order to test and vaccinate the greatest amount of people at the fastest rate possible and as soon as possible, it is necessary that this act take effect immediately.

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AMENDED IN ASSEMBLY APRIL 14, 2021

AMENDED IN ASSEMBLY APRIL 12, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL No. 646

Introduced by Assembly Members Low, Cunningham, and Gipson
(Coauthor: Senator Roth)

February 12, 2021

An act to add Section 493.5 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 646, as amended, Low. Department of Consumer Affairs: boards: expunged convictions.

Existing law establishes the Department of Consumer Affairs, which is composed of various boards, and authorizes a board to suspend or revoke a license on the ground that the licensee has been convicted of a crime substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued. Existing law, the Medical Practice Act, provides for the licensure and regulation of the practice of medicine by the Medical Board of California and requires the board to post certain historical information on current and former licensees, including felony and certain misdemeanor convictions. Existing law also requires the Medical Board of California, upon receipt of a certified copy of an expungement order from a current or former licensee, to post notification of the expungement order and the date thereof on its internet website.

This bill would require a board within the department that has posted on its internet website that a person's license was revoked because the

person was convicted of a crime, within 90 days of receiving an expungement order for the underlying offense from the person, if the person reapplies for licensure or is relicensed, to post notification of the expungement order and the date thereof on the board's internet website. The bill would require the board, on receiving an expungement order, if the person is not currently licensed and does not reapply for licensure, to remove within the same period the initial posting on its internet website that the person's license was revoked and information previously posted regarding arrests, charges, and convictions. The bill would authorize the board to charge a fee to the ~~person in an amount up to $50,~~ *person*, not to exceed the cost of administering the bill's provisions. The bill would require the fee to be deposited by the board into the appropriate fund and would make the fee available only upon appropriation by the Legislature.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. Section 493.5 is added to the Business and Professions Code, to read:

493.5. (a) A board within the department that has posted on its internet website that a person's license was revoked because the person was convicted of a crime, upon receiving from the person a certified copy of an expungement order granted pursuant to Section 1203.4 of the Penal Code for the underlying offense, shall, within 90 days of receiving the expungement order, unless it is otherwise prohibited by law, or by other terms or conditions, do either of the following:

(1) If the person reapplies for licensure or has been relicensed, post notification of the expungement order and the date thereof on its internet website.

(2) If the person is not currently licensed and does not reapply for licensure, remove the initial posting on its internet website that the person's license was revoked and information previously posted regarding arrests, charges, and convictions.

(b) A board within the department may charge a fee to a person described in subdivision ~~(a) in an amount up to fifty dollars ($50),~~ *(a)*, not to exceed the reasonable cost of administering this section.

The fee shall be deposited by the board into the appropriate fund and shall be available only upon appropriation by the Legislature.

(c) For purposes of this section, "board" means an entity listed in Section 101.

(d) If any provision in this section conflicts with Section 2027, Section 2027 shall prevail.

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AMENDED IN ASSEMBLY MARCH 24, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL No. 885

Introduced by Assembly Member Quirk

February 17, 2021

An act to amend Sections 11123 and 11123.5 of the Government Code, relating to state government.

LEGISLATIVE COUNSEL'S DIGEST

AB 885, as amended, Quirk. Bagley-Keene Open Meeting Act: teleconferencing.

The Bagley-Keene Open Meeting Act (Bagley-Keene Act), requires, with specified exceptions, that all meetings of a state body, as defined, be open and public, and all persons be permitted to attend any meeting of a state body, except as provided. The Bagley-Keene Act, among other things, requires a state body that elects to conduct a meeting or proceeding by teleconference to make the portion of the meeting that is required to be open to the public audible to the public at the location specified in the notice of the meeting. *The Bagley-Keene Act requires a state body that elects to conduct a meeting or proceeding by teleconference to post agendas at all teleconference locations, identify each teleconference location in the notice and agenda of the meeting or proceeding, and requires each teleconference location to be accessible to the public.* That law authorizes any meeting of a state body that is an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body to hold an open meeting by teleconference if the meeting complies with the requirements of the act, except as provided. Existing law requires that when a member of a multimember state advisory body

participates remotely the body provide a means by which the public may remotely hear audio of the meeting or remotely observe the meeting. Existing law requires a multimember state advisory body to end or adjourn a meeting if it discovers that a required means of remote access has failed during the meeting, and, if the meeting is to adjourn and reconvene on the same day, that law requires the body to communicate, among other things, how a member of the public may hear audio of the meeting or observe the meeting.

This bill would require a state body that elects to conduct a meeting or proceeding by teleconference to make the portion that is required to be open to the public both audibly and visually observable. *The bill would require a state body that elects to conduct a meeting or proceeding by teleconference to post an agenda at the designated primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting and participate.* The bill would extend the above requirements of meetings of multimember advisory bodies that are held by teleconference to meetings of all multimember state bodies. The bill would require a multimember state body to provide a means by which the public may both audibly and visually remotely observe a meeting if a member of that body participates remotely. The bill would further require any body that is to adjourn and reconvene a meeting on the same day to communicate how a member of the public may both audibly and visually observe the meeting. The bill would also make nonsubstantive changes to those provisions.

Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. Section 11123 of the Government Code is amended to read:

11123. (a) All meetings of a state body shall be open and public and all persons shall be permitted to attend any meeting of a state body except as otherwise provided in this article.

(b) (1) This article does not prohibit a state body from holding an open or closed meeting by teleconference for the benefit of the public and state body. The meeting or proceeding held by teleconference shall otherwise comply with all applicable requirements or laws relating to a specific type of meeting or proceeding, including the following:

(A) The teleconferencing meeting shall comply with all requirements of this article applicable to other meetings.

(B) The portion of the teleconferenced meeting that is required to be open to the public shall be both audibly and visually observable to the public at the location specified in the notice of the meeting.

(C) If the state body elects to conduct a meeting or proceeding by teleconference, it shall post ~~agendas~~ *an agenda* at ~~all teleconference locations~~ *the designated primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting and participate,* and conduct teleconference meetings in a manner that protects the rights of any party or member of the public appearing before the state body. ~~Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public.~~ The agenda shall provide an opportunity for members of the public to address the state body *via teleconference* directly pursuant to Section 11125.7 at each teleconference location.

(D) All votes taken during a teleconferenced meeting shall be by rollcall.

(E) The portion of the teleconferenced meeting that is closed to the public may not include the consideration of any agenda item being heard pursuant to Section 11125.5.

(F) At least one member of the state body shall be physically present at the location specified in the notice of the meeting.

(2) For the purposes of this subdivision, "teleconference" means a meeting of a state body, the members of which are at different locations, connected by electronic means, through both audio and video. This section does not prohibit a state body from providing members of the public with additional locations in which the public

may observe or address the state body by electronic means, through either audio or both audio and video.

(c) The state body shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

SEC. 2. Section 11123.5 of the Government Code is amended to read:

11123.5. (a) In addition to the authorization to hold a meeting by teleconference pursuant to subdivision (b) of Section 11123, any state body that is a board, commission, committee, subcommittee, or similar multimember body may hold an open meeting by teleconference as described in this section, provided the meeting complies with all of the section's requirements and, except as set forth in this section, it also complies with all other applicable requirements of this article.

(b) A member of a state body as described in subdivision (a) who participates in a teleconference meeting from a remote location subject to this section's requirements shall be listed in the minutes of the meeting.

(c) The state body shall provide notice to the public at least 24 hours before the meeting that identifies any member who will participate remotely by posting the notice on its internet website and by emailing notice to any person who has requested notice of meetings of the state body under this article. The location of a member of a state body who will participate remotely is not required to be disclosed in the public notice or email and need not be accessible to the public. The notice of the meeting shall also identify the primary physical meeting location designated pursuant to subdivision (e).

(d) This section does not affect the requirement prescribed by this article that the state body post an agenda of a meeting at least 10 days in advance of the meeting. The agenda shall include information regarding the physical meeting location designated pursuant to subdivision (e), but is not required to disclose information regarding any remote location.

(e) A state body described in subdivision (a) shall designate the primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting and participate. A quorum of the members of the state body shall be in attendance *via teleconference or in person physically* at the

primary physical meeting location, and members of the state body participating remotely shall ~~not~~ count towards establishing a quorum. All decisions taken during a meeting by teleconference shall be by rollcall vote. The state body shall post the agenda at the primary physical meeting location, but need not post the agenda at a remote location.

(f) When a member of a state body described in subdivision (a) participates remotely in a meeting subject to this section's requirements, the state body shall provide a means by which the public may remotely observe the meeting's proceedings, both audibly and visually, including the members of the state body participating remotely. The applicable teleconference phone number or internet website, or other information indicating how the public can access the meeting remotely, shall be in the 24-hour notice described in subdivision (a) that is available to the public.

(g) Upon discovering that a means of remote access required by subdivision (f) has failed during a meeting, the state body described in subdivision (a) shall end or adjourn the meeting in accordance with Section 11128.5. In addition to any other requirements that may apply, the state body shall provide notice of the meeting's end or adjournment on its internet website and by email to any person who has requested notice of meetings of the state body under this article. If the meeting will be adjourned and reconvened on the same day, further notice shall be provided by an automated message on a telephone line posted on the state body's agenda, or by a similar means, that will communicate when the state body intends to reconvene the meeting and how a member of the public may observe the meeting, both audibly and visually.

(h) For purposes of this section:

(1) "Participate remotely" means participation in a meeting at a location other than the physical location designated in the agenda of the meeting.

(2) "Remote location" means a location other than the primary physical location designated in the agenda of a meeting.

(3) "Teleconference" has the same meaning as in Section 11123.

(i) This section does not limit or affect the ability of a state body to hold a teleconference meeting under another provision of this article.

SEC. 3. The Legislature finds and declares that Section 1 of this act, which amends Section 11123 of the Government Code,

imposes a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

By removing the requirement for agendas to be placed at the location of each public official participating in a public meeting remotely, including from the member's private home or hotel room, this act protects the personal, private information of public officials and their families while preserving the public's right to access information concerning the conduct of the people's business.

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ASSEMBLY BILL No. 1026

Introduced by Assembly Member Smith

February 18, 2021

An act to amend Section 115.4 of the Business and Professions Code, relating to business licenses.

LEGISLATIVE COUNSEL'S DIGEST

AB 1026, as introduced, Smith. Business licenses: veterans.

Existing law establishes the Department of Consumer Affairs under the direction of the Director of Consumer Affairs and sets forth its powers and duties relating to the administration of the various boards under its jurisdiction that license and regulate various professions and vocations.

Existing law requires an applicant seeking a license from a board to meet specified requirements and to pay certain licensing fees. Existing law requires a board to expedite, and authorizes a board to assist, in the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged. Existing law authorizes a board to adopt regulations necessary to administer those provisions.

This bill would require the department and any board within the department to grant a 50% fee reduction for an initial license to an applicant who provides satisfactory evidence, as defined, the applicant has served as an active duty member of the United States Armed Forces or the California National Guard and was honorably discharged. This bill would authorize a board to adopt regulations necessary to administer these provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. Section 115.4 of the Business and Professions Code is amended to read:

115.4. (a) Notwithstanding any other law, on and after July 1, 2016, a board within the department shall expedite, and may assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged.

(b) The department and any board within the department shall grant a 50-percent fee reduction for an initial license to an applicant who provides satisfactory evidence the applicant has served as an active duty member of the United States Armed Forces or the California National Guard and was honorably discharged.

(c) Satisfactory evidence, as referenced in this section, shall be a copy of a current and valid driver's license or identification card with the word "Veteran" printed on its face.

~~(b)~~

(d) A board may adopt regulations necessary to administer this section.

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AMENDED IN ASSEMBLY APRIL 29, 2021

AMENDED IN ASSEMBLY APRIL 15, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL No. 1236

Introduced by Assembly Member Ting

February 19, 2021

An act to add Section 502 to, and to repeal Sections 2717, 2852.5, 3518.1, 3770.1, and 4506 of, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1236, as amended, Ting. Healing arts: licensees: data collection.

Existing law requires the Board of Registered Nursing, the Physician Assistant Board, the Respiratory Care Board of California, and the Board of Vocational Nursing and Psychiatric Technicians of the State of California to regulate and oversee the practice of healing arts within their respective jurisdictions and to, among other things, collect and report specific demographic data relating to their licensees, subject to a licensee's discretion to report their race or ethnicity, to the Office of Statewide Health Planning and Development. Existing law requires these boards to collect this data at least biennially, at the times of both issuing an initial license and issuing a renewal license. Existing law also authorizes the Board of Registered Nursing to expend $145,000 to implement these provisions.

This bill would repeal those provisions and would, instead, require all boards that oversee healing arts licensees to request at the time of electronic application for a license and license renewal, or at least biennially, specified demographic information from its licensees and,

if designated by the board, its registrants and to post the information on the internet websites that they each maintain. The bill would specify that licensees and registrants shall not be required to provide the requested information.

This bill would, commencing July 1, 2022, require each board, or the Department of Consumer Affairs on its behalf, to provide the information annually to the Office of Statewide Health Planning and Development. The bill would require these boards to maintain the confidentiality of the information they receive from licensees and registrants and to release information only in deidentified aggregate from, as specified.

Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. Section 502 is added to the Business and Professions Code, to read:

502. (a) A board that supervises healing arts licensees under this division shall request workforce data from its licensees and, if designated by the board, its registrants, as specified in subdivision (b) for future workforce planning. The data may be requested at the time of electronic application for a license and license renewal, or at least biennially from a scientifically selected random sample of licensees and registrants.

(b) The workforce data collected by each board about its licensees and, if applicable, registrants shall include, at a minimum, information concerning all of the following:

(A) City, county, and ZIP Code of practice.

(B) Type of employer or classification of primary practice site among the types of practice sites specified by the board, including, but not limited to, clinic, hospital, managed care organization, or private practice.

(C) Work hours.

(D) Titles of positions held.
(E) Time spent in direct patient care.
(F) Clinical practice area.
(G) Race or ethnicity, subject to paragraph (2).
(H) Gender identity.
(I) Languages spoken.
(J) Educational background.
(K) Future work intentions.
(L) Job satisfaction ratings.
(M) Sexual orientation.
(N) Disability status.

(c) Each board shall maintain the confidentiality of the information it receives from licensees and registrants under this section and shall release information only in an aggregate form that cannot be used to identify an individual.

(d) Each board shall produce reports containing the workforce data it collects pursuant to this section, at a minimum, on a biennial basis. Aggregate information collected pursuant to this section shall be posted on each board's internet website.

(e) Each board, or the Department of Consumer Affairs on its behalf, shall, beginning on July 1, 2022, and annually thereafter, provide the data it collects pursuant to this section to the Office of Statewide Health Planning and Development in a manner directed by the office that allows for inclusion of the data into the annual report it produces pursuant to Section 128052 of the Health and Safety Code.

(f) A licensee or registrant shall not be required to provide any of the information listed in subdivision (b).

SEC. 2. Section 2717 of the Business and Professions Code is repealed.

SEC. 3. Section 2852.5 of the Business and Professions Code is repealed.

SEC. 4. Section 3518.1 of the Business and Professions Code is repealed.

SEC. 5. Section 3770.1 of the Business and Professions Code is repealed.

SEC. 6. Section 4506 of the Business and Professions Code is repealed.

SEC. 7. The Legislature finds and declares that Section 1 of this act, which adds Section 502 of the Business and Professions

Code, imposes a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

In order to protect the privacy of licensees and registrants, while also gathering useful workforce data, it is necessary that some information collected from licensees and registrants only be released in aggregate form.

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AMENDED IN SENATE JUNE 28, 2021

AMENDED IN ASSEMBLY MARCH 22, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL No. 1273

Introduced by Assembly Member Rodriguez

February 19, 2021

An act to amend Section 3071.5 of the Labor Code, to add Section 314 to the Business and Professions Code, and to add Section 131088 to the Health and Safety Code, relating to job training.

LEGISLATIVE COUNSEL'S DIGEST

AB 1273, as amended, Rodriguez. Interagency Advisory Committee on Apprenticeship: the Director of Consumer Affairs and the State Public Health Officer.

Existing law provides for apprenticeship programs within the Division of Apprenticeship Standards within the Department of Industrial Relations, sponsored by specific entities and employers, and requires the Chief of the Division of Apprenticeship Standards to perform various functions with respect to apprenticeship programs and the welfare of apprentices. Under existing law, the Director of Industrial Relations is the Administrator of Apprenticeship and is authorized to appoint assistants necessary to effectuate the purposes of state law governing apprenticeships.

Existing law establishes the Interagency Advisory Committee on Apprenticeship within the Division of Apprenticeship Standards. Existing law requires the committee to provide advice and guidance to the Administrator of Apprenticeship and the Chief of the Division of Apprenticeship Standards on apprenticeship programs, standards, and

agreements, as well as preapprenticeship, certification, and on-the-job training and retraining programs, in nonbuilding trades industries. Existing law prescribes the composition of the committee, which includes specified officials or their designees, serving as ex officio members, and 6 persons appointed by the Secretary of Labor and Workforce Development who are familiar with certain apprenticeable occupations, as specified.

Existing law establishes within the Business, Consumer Services, and Housing Agency the Department of Consumer Affairs, which is under the control of the Director of Consumer Affairs, and is composed of various boards that license and regulate various professions and vocations. Existing law, the Consumer Affairs Act, establishes the powers and duties of the director.

Existing law establishes within the California Health and Human Services Agency the State Department of Public Health, which is under the control of the State Public Health Officer, with powers and responsibilities relating to public health, the licensing and certification of health facilities, and certain other functions.

This bill would additionally make the State Public Health Officer and the Director of Consumer Affairs ex officio members of the Interagency Advisory Committee on Apprenticeship.

Existing law requires the California Workforce Development Board, in consultation with the Division of Apprenticeship Standards, to identify opportunities for "earn and learn" job training opportunities that meet the industry's workforce demands and that are in high-wage, high-demand jobs. Existing law defines "earn and learn" to include programs that combine applied learning in a workplace setting with compensation allowing workers or students to gain work experience and secure a wage as they develop skills and competencies directly relevant to the occupation or career for which they are preparing, and programs that bring together classroom instruction with on-the-job training to combine both formal instruction and actual paid work experience.

This bill would prohibit the Department of Consumer Affairs and its various boards from prohibiting or approving an accrediting program that prohibits earn and learn programs for training in a profession licensed or certified by the board. The bill would prohibit the State Department of Public Health from prohibiting earn and learn programs for training of personnel. The bill would require boards of the Department of Consumer Affairs and the State Department of Public

Health to use licensing or certification standards that authorize the use of earn and learn trainings.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. The Legislature finds and declares the following:

(a) It is the intent of the Legislature and in the interest of the state and its communities, employers, employees, and consumers to ensure a robust and diversified workforce.

(b) It is in the interest of the state's economic recovery to remove barriers to ensure California's diverse workforce have equal access to educational opportunities that result in family sustaining careers in all industry and public health sectors.

SEC. 2. Section 314 is added to the Business and Professions Code, to read:

314. (a) The department or board shall not prohibit, or approve an accrediting program that prohibits, earn and learn programs for training in a profession licensed or certified by the board. A board shall use licensing or certification standards that authorize the use of earn and learn trainings.

(b) As used in this section,"earn and learn" has the same meaning as defined in subdivision (q) of Section 14005 of the Unemployment Insurance Code.

SEC. 3. Section 131088 is added to the Health and Safety Code, to read:

131088. (a) The department, in the licensing and certification of health ~~facilities~~ *professions* in accordance with this chapter, shall not prohibit earn and learn programs for training of personnel. The department shall use licensing and certification standards that authorize the use of earn and learn trainings.

(b) As used in this section, "earn and learn" has the same meaning as defined in subdivision (q) of Section 14005 of the Unemployment Insurance Code.

SEC. 4. Section 3071.5 of the Labor Code is amended to read:

3071.5. There is also in the Division of Apprenticeship Standards the Interagency Advisory Committee on Apprenticeship. The membership and duties of this committee shall be as follows:

(a) The following officials or their designees shall serve as ex officio members of this committee:

(1) The Secretary of Labor and Workforce Development.

(2) The executive director of the California Workforce Development Board.

(3) The Director of Industrial Relations.

(4) The executive director of the Employment Training Panel, Superintendent of Public Instruction.

(5) The Chancellor of the California Community Colleges.

(6) The Director of Rehabilitation.

(7) The executive director of the State Council on Developmental Disabilities.

(8) The State Public Health Officer.

(9) The Director of Consumer Affairs.

(b) The membership of this committee shall also include six persons appointed by the Secretary of Labor and Workforce Development who are familiar with apprenticeable occupations not within the jurisdiction of the council established pursuant to Section 3070. Two persons shall be representatives of employers or employer organizations, two persons shall be representatives of employee organizations, and two persons shall be public representatives who are neither employers nor affiliated with any employer or employee organization. Upon the operative date of this section, the secretary shall appoint one representative of each group appointed to two-year terms and one representative of each group to four-year terms. Thereafter, members appointed by the secretary pursuant to this subdivision shall serve for a term of four years, and any member appointed to fill a vacancy occurring before the expiration of the term of their predecessor shall be appointed for the remainder of that term. Members appointed by the secretary pursuant to this subdivision shall receive the sum of one hundred dollars ($100) for each day of actual attendance at meetings of the committee and for each day of actual attendance at hearings by the committee or a subcommittee thereof, together with actual and necessary traveling expenses incurred in connection therewith.

(c) The Secretary of Labor and Workforce Development shall designate one of the members as the committee’s chair. The committee shall meet quarterly at a designated date, and special meetings may be held at the call of the chair. The committee shall provide advice and guidance to the Administrator of Apprenticeship

and Chief of the Division of Apprenticeship Standards on apprenticeship programs, standards, and agreements that are not within the jurisdiction of the council established pursuant to Section 3070, and on the development and administration of standards governing preapprenticeship, certification, and on-the-job training and retraining programs outside the building and construction trades and firefighters.

(d) The committee may create subcommittees as needed to address specific industry sectors or projects and shall create a subcommittee to address apprenticeship for the disabled community.

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AMENDED IN ASSEMBLY APRIL 28, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL No. 1386

Introduced by Assembly Member Cunningham

February 19, 2021

An act to amend Section 115.5 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 1386, as amended, Cunningham. License fees: military partners and spouses.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law requires a board to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and provides evidence that they are married to or in a domestic partnership or other legal union with an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.

This bill would prohibit a board from charging an initial ~~or original license~~ *application fee or an initial license issuance* fee to an applicant who meets these expedited licensing requirements. *The bill would also prohibit a board from charging an initial examination fee to an applicant who meets the expedited licensing requirements if the examination is administered by the board.*

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. Section 115.5 of the Business and Professions Code is amended to read:

115.5. (a) A board within the department shall expedite the licensure process for an applicant who meets both of the following requirements:

(1) Supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.

(2) Holds a current license in another state, district, or territory of the United States in the profession or vocation for which the applicant seeks a license from the board.

(b) *(1)* A board shall not charge an applicant who meets the requirements in subdivision (a) an initial ~~or original license fee.~~ *application fee or an initial license issuance fee.*

(2) The board shall not charge an applicant who meets the requirements in subdivision (a) an initial examination fee if the examination is administered by the board.

(c) A board may adopt regulations necessary to administer this section.

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ASSEMBLY BILL No. 1552

Introduced by Assembly Member Eduardo Garcia

February 19, 2021

An act to amend Section 1636.4 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1552, as introduced, Eduardo Garcia. Dentistry: foreign dental schools: applications.

Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists and dental assistants by the Dental Board of California. The act, prior to January 1, 2020, required the board to approve foreign dental schools based on specified standards, and required a foreign dental school seeking approval to submit an application to the board, including, among other things, a finding that the educational program of the foreign dental school is equivalent to that of similar accredited institutions in the United States and adequately prepares its students for the practice of dentistry. Existing law required the foreign dental school to submit a specified registration fee and to pay the board's reasonable costs and expenses to conduct an approval survey. Existing law also required an approved institution to submit a renewal application every 7 years and to pay a specified renewal fee.

Existing law, beginning January 1, 2020, prohibits the board from accepting new applications for approval of foreign dental schools and instead requires foreign dental schools seeking approval to complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association (CODA) or a comparable accrediting body approved by

the board. Existing law requires previously approved foreign dental schools to complete the CODA accreditation by January 1, 2024, to remain approved.

This bill would instead require previously approved foreign dental schools to complete the CODA accreditation by January 1, 2030, to remain approved.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. Section 1636.4 of the Business and Professions Code, as amended by Section 35 of Chapter 865 of the Statutes of 2019, is amended to read:

1636.4. (a) The Legislature recognizes the need to ensure that graduates of foreign dental schools who have received an education that is equivalent to that of accredited institutions in the United States and that adequately prepares their students for the practice of dentistry shall be subject to the same licensure requirements as graduates of approved dental schools or colleges. It is the purpose of this section to provide for the evaluation of foreign dental schools and the approval of those foreign dental schools that provide an education that is equivalent to that of similar accredited institutions in the United States and that adequately prepare their students for the practice of dentistry.

(b) The board shall be responsible for the approval of foreign dental schools based on standards established pursuant to subdivision (d). The board may contract with outside consultants or a national professional organization to survey and evaluate foreign dental schools. The consultant or organization shall report to the board regarding its findings in the survey and evaluation.

(c) (1) The board shall establish a technical advisory group to review and comment upon the survey and evaluation of a foreign dental school contracted for pursuant to subdivision (b), prior to any final action by the board regarding certification of the foreign dental school. The technical advisory group shall be selected by the board and shall consist of four dentists, two of whom shall be selected from a list of five recognized United States dental educators recommended by the foreign school seeking approval.

None of the members of the technical advisory group shall be affiliated with the school seeking certification.

(2) If the board does not contract for the evaluation pursuant to subdivision (b), no technical advisory group shall be established and the evaluation team for the schoolsite shall provide its report directly to the board.

(d) Any foreign dental school that wishes to be approved pursuant to this section shall make application to the board for this approval, which shall be based upon a finding that the educational program of the foreign dental school is equivalent to that of similar accredited institutions in the United States and adequately prepares its students for the practice of dentistry. Curriculum, faculty qualifications, student attendance, plant and facilities, and other relevant factors shall be reviewed and evaluated. The board, with the cooperation of the technical advisory group, shall identify by rule the standards and review procedures and methodology to be used in the approval process consistent with this subdivision. The board shall not grant approval if deficiencies found are of such magnitude as to prevent the students in the school from receiving an educational base suitable for the practice of dentistry.

(e) Periodic surveys and evaluations of all approved schools shall be made to ensure continued compliance with this section. Approval shall include provisional and full approval. The provisional form of approval shall be for a period determined by the board, not to exceed three years, and shall be granted to an institution, in accordance with rules established by the board, to provide reasonable time for the school seeking permanent approval to overcome deficiencies found by the board. Prior to the expiration of a provisional approval and before the full approval is granted, the school shall be required to submit evidence that deficiencies noted at the time of initial application have been remedied. A school granted full approval shall provide evidence of continued compliance with this section. In the event that the board denies approval or reapproval, the board shall give the school a specific listing of the deficiencies that caused the denial and the requirements for remedying the deficiencies, and shall permit the school, upon request, to demonstrate by satisfactory evidence, within 90 days, that it has remedied the deficiencies listed by the board.

(f) A school shall pay a registration fee established by rule of the board, not to exceed one thousand dollars ($1,000), at the time of application for approval and shall pay all reasonable costs and expenses the board incurs for the conduct of the approval survey.

(g) The board shall renew approval upon receipt of a renewal application, accompanied by a fee not to exceed five hundred dollars ($500). Each fully approved institution shall submit a renewal application every seven years. Any approval that is not renewed shall automatically expire.

(h) (1) Beginning January 1, 2020, the board shall not accept new applications for schools seeking approval as a foreign dental school and shall instead require the applicant to successfully complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association or a comparable accrediting body approved by the board.

(2) An application submitted under this section must be deemed a complete application pursuant to the rules promulgated by the board prior to January 1, 2020, in order to be accepted.

(3) Notwithstanding any other law, a school required to submit a renewal application after January 1, 2020, shall not submit that application and shall be deemed approved until January 1, ~~2024,~~ *2030,* subject to the continued compliance of the school as described in subdivision (e).

(i) By January 1, ~~2024,~~ *2030,* in order to remain an approved foreign dental school in the state, all schools previously approved by the board as a foreign dental school shall have successfully completed the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association or a comparable accrediting body approved by the board. Graduates of a foreign dental school whose programs were approved at the time of graduation shall be eligible for licensure pursuant to Section 1628.

(j) This section shall remain in effect only until January 1, ~~2024,~~ *2030,* and as of that date is repealed.

SEC. 2. Section 1636.4 of the Business and Professions Code, as added by Section 36 of Chapter 865 of the Statutes of 2019, is amended to read:

1636.4. (a) The Legislature recognizes the need to ensure that graduates of foreign dental schools who have received an education

that is equivalent to that of accredited institutions in the United States and that adequately prepares the students for the practice of dentistry shall be subject to the same licensure requirements as graduates of approved dental schools or colleges. It is the purpose of this section to provide for the evaluation of foreign dental schools and the approval of those foreign dental schools that provide an education that is equivalent to that of similar accredited institutions in the United States and that adequately prepare their students for the practice of dentistry.

(b) Beginning January 1, ~~2024,~~ *2030,* a school seeking approval as a foreign dental school shall be required to have successfully completed the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association or a comparable accrediting body approved by the board. Graduates of a foreign dental school whose programs were approved at the time of graduation shall be eligible for licensure pursuant to Section 1628.

(c) This section shall become operative on January 1, ~~2024.~~ *2030.*

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AMENDED IN SENATE APRIL 29, 2021

AMENDED IN SENATE MARCH 22, 2021

AMENDED IN SENATE MARCH 4, 2021

SENATE BILL No. 534

Introduced by Senator Jones

February 17, 2021

An act to amend Sections 1902.3, 1903, 1917.1, 1926.1, 1926.3, 1941, 1950.5, and 1951 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 534, as amended, Jones. Dental hygienists.

(1) Existing law, the Dental Practice Act, provides for the licensure and regulation of the practice of dental hygienists by the Dental Hygiene Board of California within the Department of Consumer Affairs. Existing law requires the board to consist of 9 members and requires the Governor to appoint 7 members, as specified. Under existing law, members are appointed for a term of 4 years, except as otherwise specified for the term commencing on January 1, 2012. Existing law prohibits a person from serving as a member of the board for more than 2 consecutive terms and requires a vacancy to be filled by appointment to the unexpired term.

This bill, for the term commencing on January 1, 2022, would require specified members appointed by the Governor to each serve a term of 3 years, expiring January 1, 2025. The bill would delete the provision relating to the term commencing on January 1, 2012. The bill would provide that, notwithstanding the 2 consecutive term limit, a member

who is appointed to fill an unexpired term is eligible to serve 2 complete consecutive terms.

(2) Existing law requires applicants for licensure to provide fingerprint images for submission to governmental agencies, in order to, among other things, establish the identity of the applicant.

Existing law permits a registered dental hygienist licensed in another state to teach in a dental hygiene college without being licensed in this state if the dental hygienist satisfies various eligibility requirements, including furnishing satisfactory evidence of having graduated from a dental hygiene college approved by the board, and is issued a special permit. Existing law requires an applicant for a special permit to pay an application fee, subject to a biennial renewal fee, as provided.

This bill would require a special permit to remain valid for 4 years and would thereafter prohibit the board from renewing it. The bill would specify that an applicant for a special permit is required to comply with the fingerprint submission requirements described above and would require an applicant, if teaching during clinical practice sessions, to furnish satisfactory evidence of having successfully completed a course in periodontal soft-tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia approved by the board.

(3) Existing law requires the board to grant initial licensure as a registered dental hygienist to a person who satisfies specified requirements and authorizes the board to grant a license as a registered dental hygienist to an applicant who has not taken a clinical examination before the board if the applicant submits specified documentation, including proof of graduation from a school of dental hygiene accredited by the Commission on Dental Accreditation of the American Dental Association.

This bill would require an applicant for licensure who has not taken a clinical examination before the board to additionally submit satisfactory evidence of having successfully completed a course or education and training in local anesthesia, nitrous oxide-oxygen analgesia, and periodontal soft-tissue curettage approved by the board.

(4) Existing law requires a new educational program for registered dental hygienists, as defined, to submit a feasibility study demonstrating a need for a new educational program and to apply for approval from the board before seeking approval for initial accreditation from the Commission on Dental Accreditation or an equivalent body, as determined by the board.

This bill would *also* require a new ~~or existing~~ educational program for ~~registered dental hygienists,~~ registered dental hygienists in alternative ~~practice,~~ *practice* or registered dental hygienists in extended functions to comply with the above-described requirements.

(5) Existing law authorizes the board to discipline, as specified, a licensee for unprofessional conduct and provides a nonexhaustive list of acts that constitute unprofessional conduct, including the willful misrepresentation of facts relating to a disciplinary action to the patients of a disciplined licensee.

This bill would make it unprofessional conduct for a licensee to knowingly make a statement or sign a certificate or other document that falsely represents the existence or nonexistence of a fact directly or indirectly related to the practice of dental hygiene.

(6) Existing law authorizes the board to discipline a licensee by placing the licensee on probation under various terms and conditions, including, but not limited to, requiring the licensee to obtain additional training or pass an examination upon completion of training, or both.

This bill would require the training to be in a remedial education course approved by the board.

(7) Existing law provides for the licensure and regulation of registered dental hygienists in alternative practice by the board. Existing law authorizes a registered dental hygienist in alternative practice to perform any of the duties or functions authorized to be performed by a registered dental hygienist as an employee of a dentist or of another registered dental hygienist in alternative practice, as an independent contractor, as a sole proprietor of an alternative dental hygiene practice, in specified clinics, or in a professional corporation. Existing law further authorizes a registered dental hygienist in alternative practice to perform certain additional duties and functions in residences of the homebound, schools, residential facilities, dental health professional shortage areas, and dental offices.

Existing law authorizes a registered dental hygienist in alternative practice to operate a mobile dental hygiene clinic provided by the licensee's property and casualty insurer as a temporary substitute site if the registered place of practice has been rendered and remains unusable due to loss or calamity and the licensee's insurer registers the mobile dental hygiene clinic with the board, as specified.

This bill would authorize a registered dental hygienist in alternative practice to operate a mobile dental hygiene clinic in specified settings, if the registered dental hygienist in alternative practice registers mobile

dental hygiene clinic with the board, as specified. In this regard, the bill would remove the requirement that a mobile dental hygiene clinic be provided by the property and casualty insurer as a temporary substitute site because the registered place of practice has been rendered and remains unusable due to loss or calamity. The bill would authorize the board to conduct announced and unannounced reviews and inspections of a mobile dental hygiene clinic, as specified. The bill would make it unprofessional conduct for a registered dental hygienist in alternative practice to operate a mobile dental hygiene clinic in a manner that does not comply with these provisions. The bill would authorize the board to issue citations that contain fines and orders of abatement to a registered dental hygienist in alternative practice for a violation of these provisions and related provisions, as specified.

(8) Existing law requires a registered dental hygienist in alternative practice to register with the executive officer of the dental hygiene board the person's place of practice, as specified. Existing law requires a person licensed by the dental hygiene board to register with the executive officer within 30 days after the date of the issuance of the person's license as a registered dental hygienist in alternative practice.

This bill would instead impose these registration requirements on the physical facilities of the registered dental hygienist in alternative practice. The bill would require a registered dental hygienist in alternative practice who utilizes portable equipment to practice dental hygiene to register the physical facility where the portable equipment is maintained with the executive officer of the dental hygiene board. The bill would authorize the board to conduct announced and unannounced reviews and inspections of the physical facilities and equipment of a registered dental hygienist in alternative practice, as specified. The bill would make it unprofessional conduct for a registered dental hygienist in alternative practice to maintain a physical facility or equipment in a manner that does not comply with these provisions. The bill would authorize the board to issue citations that contain fines and orders of abatement to a registered dental hygienist in alternative practice for a violation of these provisions and related provisions, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. Section 1902.3 of the Business and Professions Code is amended to read:

1902.3. A registered dental hygienist licensed in another state may teach in a dental hygiene college without being licensed in this state if the person has a special permit. A special permit shall remain valid for a period of four years, subject to subdivision (g), after which time the permit shall not be renewed. The dental hygiene board may issue a special permit to practice dental hygiene in a discipline at a dental hygiene college in this state to any person who submits an application and satisfies all of the following eligibility requirements:

(a) Furnishing satisfactory evidence of having a pending contract with a California dental hygiene college approved by the dental hygiene board as a full-time or part-time professor, associate professor, assistant professor, faculty member, or instructor.

(b) Furnishing satisfactory evidence of having graduated from a dental hygiene college approved by the dental hygiene board.

(c) Furnishing satisfactory evidence of having been certified as a diplomate of a specialty committee or, in lieu thereof, establishing qualifications to take a specialty committee examination or furnishing satisfactory evidence of having completed an advanced educational program in a discipline from a dental hygiene college approved by the dental hygiene board.

(d) Furnishing satisfactory evidence of having successfully completed an examination in California law and ethics developed and administered by the dental hygiene board.

(e) If teaching during clinical practice sessions, furnishing satisfactory evidence of having successfully completed a course in periodontal soft-tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia approved by the dental hygiene board.

(f) Complying with the fingerprint submission requirements as provided by Section 1916.

(g) Paying an application fee, subject to a biennial renewal fee, as provided by subdivision (k) of Section 1944.

SEC. 2. Section 1903 of the Business and Professions Code is amended to read:

1903. (a) (1) The dental hygiene board shall consist of nine members as follows:

(A) Seven members appointed by the Governor as follows:

(i) Two members shall be public members.

(ii) One member shall be a practicing general or public health dentist who holds a current license in California.

(iii) Four members shall be registered dental hygienists who hold current licenses in California. Of the registered dental hygienist members, one shall be licensed either in alternative practice or in extended functions, one shall be a dental hygiene educator, and two shall be registered dental hygienists. No public member shall have been licensed under this chapter within five years of the date of their appointment or have any current financial interest in a dental-related business.

(B) One public member appointed by the Senate Committee on Rules.

(C) One public member appointed by the Speaker of the Assembly.

(2) (A) The first appointment by the Senate Committee on Rules or the Speaker of the Assembly pursuant to this subdivision shall be made upon the expiration of the term of a public member that is scheduled to occur, or otherwise occurs, on or after January 1, 2019.

(B) It is the intent of the Legislature that committee members appointed prior to January 1, 2019, remain as hygiene board members until their term expires or except as otherwise provided in law, whichever occurs first.

(3) For purposes of this subdivision, a public health dentist is a dentist whose primary employer or place of employment is in any of the following:

(A) A primary care clinic licensed under subdivision (a) of Section 1204 of the Health and Safety Code.

(B) A primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code.

(C) A clinic owned or operated by a public hospital or health system.

(D) A clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code.

(b) (1) Except as specified in paragraph (2), members of the dental hygiene board shall be appointed for a term of four years. Each member shall hold office until the appointment and

qualification of the member's successor or until one year shall have lapsed since the expiration of the term for which the member was appointed, whichever comes first.

(2) For the term commencing on January 1, 2022, the general or public health dentist member and one of the registered dental hygienist members, other than the dental hygiene educator member or the registered dental hygienist member licensed in alternative practice or in extended functions, shall each serve a term of three years, expiring January 1, 2025.

(3) No more than three members' terms shall expire in any given calendar year.

(c) Notwithstanding any other provision of law and subject to subdivision (e), the Governor may appoint to the dental hygiene board a person who previously served as a member of the former committee or hygiene board even if the person's previous term expired.

(d) The dental hygiene board shall elect a president, a vice president, and a secretary from its membership.

(e) No person shall serve as a member of the dental hygiene board for more than two consecutive terms.

(f) A vacancy in the dental hygiene board shall be filled by appointment to the unexpired term. Notwithstanding subdivision (e), a member who is appointed to fill an unexpired term shall be eligible to serve two complete consecutive terms.

(g) Each member of the dental hygiene board shall receive a per diem and expenses as provided in Section 103.

(h) The Governor shall have the power to remove any member from the dental hygiene board for neglect of a duty required by law, for incompetence, or for unprofessional or dishonorable conduct.

(i) The dental hygiene board, with the approval of the director, may appoint a person exempt from civil service who shall be designated as an executive officer and who shall exercise the powers and perform the duties delegated by the dental hygiene board and vested in the executive officer by this article.

(j) This section shall remain in effect only until January 1, 2023, and as of that date is repealed.

SEC. 3. Section 1917.1 of the Business and Professions Code is amended to read:

1917.1. (a) The dental hygiene board may grant a license as a registered dental hygienist to an applicant who has not taken a clinical examination before the dental hygiene board, if the applicant submits all of the following to the dental hygiene board:

(1) A completed application form and all fees required by the dental hygiene board.

(2) Proof of a current license as a registered dental hygienist issued by another state that is not revoked, suspended, or otherwise restricted.

(3) Proof that the applicant has been in clinical practice as a registered dental hygienist or has been a full-time faculty member in an accredited dental hygiene education program for a minimum of 750 hours per year for at least five years immediately preceding the date of application under this section. The clinical practice requirement shall be deemed met if the applicant provides proof of at least three years of clinical practice and commits to completing the remaining two years of clinical practice by filing with the dental hygiene board a copy of a pending contract to practice dental hygiene in any of the following facilities:

(A) A primary care clinic licensed under subdivision (a) of Section 1204 of the Health and Safety Code.

(B) A primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code.

(C) A clinic owned or operated by a public hospital or health system.

(D) A clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code.

(4) Satisfactory performance on a California law and ethics examination and any examination that may be required by the dental hygiene board.

(5) Proof that the applicant has not been subject to disciplinary action by any state in which the applicant is or has been previously issued any professional or vocational license. If the applicant has been subject to disciplinary action, the dental hygiene board shall review that action to determine if it warrants refusal to issue a license to the applicant.

(6) Proof of graduation from a school of dental hygiene accredited by the Commission on Dental Accreditation.

(7) Proof of satisfactory completion of the National Board Dental Hygiene Examination and of a state clinical examination, regional clinical licensure examination, or any other clinical dental hygiene examination approved by the dental hygiene board.

(8) Proof that the applicant has not failed the state clinical examination, the examination given by the Western Regional Examining Board, or any other clinical dental hygiene examination approved by the dental hygiene board for licensure to practice dental hygiene under this chapter more than once or once within five years prior to the date of application for a license under this section.

(9) Documentation of completion of a minimum of 25 units of continuing education earned in the two years preceding application, including completion of any continuing education requirements imposed by the dental hygiene board on registered dental hygienists licensed in this state at the time of application.

(10) Satisfactory evidence of having successfully completed a course or education and training in local anesthesia, nitrous oxide-oxygen analgesia, and periodontal soft-tissue curettage approved by the dental hygiene board.

(11) Any other information as specified by the dental hygiene board to the extent that it is required of applicants for licensure by examination under this article.

(b) The dental hygiene board may periodically request verification of compliance with the requirements of paragraph (3) of subdivision (a) and may revoke the license upon a finding that the employment requirement or any other requirement of paragraph (3) of subdivision (a) has not been met.

(c) The dental hygiene board shall provide in the application packet to each out-of-state dental hygienist pursuant to this section the following information:

(1) The location of dental manpower shortage areas in the state.

(2) Any nonprofit clinics, public hospitals, and accredited dental hygiene education programs seeking to contract with licensees for dental hygiene service delivery or training purposes.

SEC. 4. Section 1926.1 of the Business and Professions Code is amended to read:

1926.1. (a) Notwithstanding any other provision of law, a registered dental hygienist in alternative practice may operate a mobile dental hygiene clinic in the settings listed in Section 1926.

(b) The registered dental hygienist in alternative practice shall register the mobile dental hygiene clinic with the dental hygiene board in compliance with Sections 1926.2 and 1926.3.

(c) The dental hygiene board may conduct announced and unannounced reviews and inspections of a mobile dental hygiene clinic to ensure continued compliance with the requirements for continued approval under this article.

(d) It shall constitute unprofessional conduct if the mobile dental hygiene clinic is found to be noncompliant with any requirements necessary for licensure, and the registered dental hygienist in alternative practice may be placed on probation with terms, issued a citation and fine, or have the mobile dental hygiene clinic registration withdrawn if compliance is not demonstrated within reasonable timelines, as established by the dental hygiene board.

(e) The dental hygiene board, by itself or through an authorized representative, may issue a citation containing fines and orders of abatement to the registered dental hygienist in alternative practice for any violation of this section, Section 1926.2, Section 1926.3, or any regulations adopted thereunder. Any fine collected pursuant to this section shall be deposited into the State Dental Hygiene Fund established pursuant to Section 1944.

SEC. 5. Section 1926.3 of the Business and Professions Code is amended to read:

1926.3. (a) Every person who is now or hereafter licensed as a registered dental hygienist in alternative practice in this state shall register with the executive officer, on forms prescribed by the dental hygiene board, the physical facility of registered dental hygienist in alternative practice or, if the registered dental hygienist in alternative practice has more than one physical facility pursuant to Section 1926.4, all of the physical facilities. If the registered dental hygienist in alternative practice does not have a physical facility, the registered dental hygienist in alternative practice shall notify the executive officer. A person licensed by the dental hygiene board shall register with the executive officer within 30 days after the date of the issuance of the person’s license as a registered dental hygienist in alternative practice.

(b) (1) A registered dental hygienist in alternative practice who utilizes portable equipment to practice dental hygiene shall register with the executive officer, on forms prescribed by the dental hygiene board, the registered dental hygienist in alternative

practice's physical facility where the portable equipment is maintained.

(2) The dental hygiene board may conduct announced and unannounced reviews and inspections of a registered dental hygienist in alternative practice's physical facilities and equipment described in paragraph (1) to ensure continued compliance with the requirements for continued approval under this article.

(c) It shall constitute unprofessional conduct if the registered dental hygienist in alternative practice's physical facility or equipment is found to be noncompliant with any requirements necessary for licensure and a registered dental hygienist in alternative practice may be placed on probation with terms, issued a citation and fine, or have the owned physical facility registration withdrawn if compliance is not demonstrated within reasonable timelines, as established by the dental hygiene board.

(d) The dental hygiene board, by itself or through an authorized representative, may issue a citation containing fines and orders of abatement to the registered dental hygienist in alternative practice for any violation of this section, Section 1925, Section 1926.4, or any regulations adopted thereunder. Any fine collected pursuant to this section shall be deposited into the State Dental Hygiene Fund established pursuant to Section 1944.

SEC. 6. Section 1941 of the Business and Professions Code is amended to read:

1941. (a) The dental hygiene board shall grant or renew approval of only those educational programs for RDHs that continuously maintain a high-quality standard of instruction and, where appropriate, meet the minimum standards set by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board.

(b) A new ~~or existing~~ educational program for RDHs shall submit a feasibility study demonstrating a need for a new ~~or existing~~ educational program and shall apply for approval from the dental hygiene board before seeking any required approval for initial accreditation from the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board. The dental hygiene board may approve, provisionally approve, or deny approval of a new educational program for RDHs.

(c) For purposes of this section, a new or existing educational program for RDHs means a program provided by a college or institution of higher education that is accredited by a regional accrediting agency recognized by the United States Department of Education and that has as its primary purpose providing college level courses leading to an associate or higher degree, that is either affiliated with or conducted by a dental school approved by the dental board, or that is accredited to offer college level or college parallel programs by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board.

(d) For purposes of this section, "RDHs" means registered dental hygienists, registered dental hygienists in alternative practice, or registered dental hygienists in extended functions.

SEC. 7. Section 1950.5 of the Business and Professions Code is amended to read:

1950.5. Unprofessional conduct by a person licensed under this article is defined as, but is not limited to, any one of the following:

(a) The obtaining of any fee by fraud or misrepresentation.

(b) The aiding or abetting of any unlicensed person to practice dentistry or dental hygiene.

(c) The aiding or abetting of a licensed person to practice dentistry or dental hygiene unlawfully.

(d) The committing of any act or acts of sexual abuse, misconduct, or relations with a patient that are substantially related to the practice of dental hygiene.

(e) The use of any false, assumed, or fictitious name, either as an individual, firm, corporation, or otherwise, or any name other than the name under which the person is licensed to practice, in advertising or in any other manner indicating that the person is practicing or will practice dentistry, except the name specified in a valid permit issued pursuant to Section 1962.

(f) The practice of accepting or receiving any commission or the rebating in any form or manner of fees for professional services, radiographs, prescriptions, or other services or articles supplied to patients.

(g) The making use by the licensee or any agent of the licensee of any advertising statements of a character tending to deceive or mislead the public.

(h) The advertising of either professional superiority or the advertising of performance of professional services in a superior manner. This subdivision shall not prohibit advertising permitted by subdivision (h) of Section 651.

(i) The employing or the making use of solicitors.

(j) Advertising in violation of Section 651.

(k) Advertising to guarantee any dental hygiene service, or to perform any dental hygiene procedure painlessly. This subdivision shall not prohibit advertising permitted by Section 651.

(*l*) The violation of any of the provisions of this division.

(m) The permitting of any person to operate dental radiographic equipment who has not met the requirements to do so, as determined by the dental hygiene board.

(n) The clearly excessive administering of drugs or treatment, or the clearly excessive use of treatment procedures, or the clearly excessive use of treatment facilities, as determined by the customary practice and standards of the dental hygiene profession.

Any person who violates this subdivision is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars ($100) or more than six hundred dollars ($600), or by imprisonment for a term of not less than 60 days or more than 180 days, or by both a fine and imprisonment.

(o) The use of threats or harassment against any patient or licensee for providing evidence in any possible or actual disciplinary action, or other legal action; or the discharge of an employee primarily based on the employee's attempt to comply with the provisions of this chapter or to aid in the compliance.

(p) Suspension or revocation of a license issued, or discipline imposed, by another state or territory on grounds that would be the basis of discipline in this state.

(q) The alteration of a patient's record with intent to deceive.

(r) Unsanitary or unsafe office conditions, as determined by the customary practice and standards of the dental hygiene profession.

(s) The abandonment of the patient by the licensee, without written notice to the patient that treatment is to be discontinued and before the patient has ample opportunity to secure the services of another registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions and provided the health of the patient is not jeopardized.

(t) The willful misrepresentation of facts relating to a disciplinary action to the patients of a disciplined licensee.

(u) Use of fraud in the procurement of any license issued pursuant to this article.

(v) Any action or conduct that would have warranted the denial of the license.

(w) The aiding or abetting of a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions to practice dental hygiene in a negligent or incompetent manner.

(x) The failure to report to the dental hygiene board in writing within seven days any of the following: (1) the death of the licensee's patient during the performance of any dental hygiene procedure; (2) the discovery of the death of a patient whose death is related to a dental hygiene procedure performed by the licensee; or (3) except for a scheduled hospitalization, the removal to a hospital or emergency center for medical treatment for a period exceeding 24 hours of any patient as a result of dental or dental hygiene treatment. Upon receipt of a report pursuant to this subdivision, the dental hygiene board may conduct an inspection of the dental hygiene practice office if the dental hygiene board finds that it is necessary.

(y) A registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions shall report to the dental hygiene board all deaths occurring in their practice with a copy sent to the dental board if the death occurred while working as an employee in a dental office. A dentist shall report to the dental board all deaths occurring in their practice with a copy sent to the dental hygiene board if the death was the result of treatment by a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions.

(z) Knowingly making a statement or signing a certificate or other document that falsely represents the existence or nonexistence of a fact directly or indirectly related to the practice of dental hygiene.

SEC. 8. Section 1951 of the Business and Professions Code is amended to read:

1951. The dental hygiene board may discipline a licensee by placing the licensee on probation under various terms and conditions that may include, but are not limited to, the following:

(a) Requiring the licensee to obtain additional training in a remedial education course approved by the dental hygiene board or pass an examination upon completion of training in a remedial education course approved by the dental hygiene board, or both. The examination may be a written or oral examination, or both, and may be a practical or clinical examination, or both, at the option of the dental hygiene board.

(b) Requiring the licensee to submit to a complete diagnostic examination by one or more physicians appointed by the dental hygiene board, if warranted by the physical or mental condition of the licensee. If the dental hygiene board requires the licensee to submit to an examination, the dental hygiene board shall receive and consider any other report of a complete diagnostic examination given by one or more physicians of the licensee's choice.

(c) Restricting or limiting the extent, scope, or type of practice of the licensee.

(d) Requiring restitution of fees to the licensee's patients or payers of services, unless restitution has already been made.

(e) Providing the option of alternative community service in lieu of all or part of a period of suspension in cases other than violations relating to quality of care.

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AMENDED IN ASSEMBLY JULY 13, 2021

AMENDED IN ASSEMBLY JULY 6, 2021

AMENDED IN ASSEMBLY JUNE 17, 2021

AMENDED IN SENATE MAY 20, 2021

AMENDED IN SENATE MAY 12, 2021

AMENDED IN SENATE APRIL 13, 2021

SENATE BILL No. 607

Introduced by Senators Min and Roth

February 18, 2021

An act to amend Sections 1724, 1753, 1753.55, 1753.6, 7137, 7583.22, 7583.23, 7583.24, 7583.27, 7583.29, and 7583.47 of, to amend, repeal, and add Sections 115.5, 7071.6, 7071.8, and 7071.9 of, to add Sections ~~1636.5~~ *1636.5, 1636.6,* and 5650.5 to, and to repeal Section 1753.4 of, the Business and Professions Code, and to amend Section 17973 of the Health and Safety Code, relating to professions and vocations, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

SB 607, as amended, Min. Professions and vocations.

(1) Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law generally authorizes a board to charge fees for the reasonable regulatory cost of administering the regulatory program for the profession or vocation. Existing law establishes the Professions and Vocations Fund in the State Treasury, which consists of specified special funds and accounts, some of which are continuously appropriated.

Existing law provides for the issuance of temporary licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. Existing law requires a board within the department to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

This bill, on and after July 1, 2022, would require a board to waive the licensure application fee and the initial or original license fee for an applicant who meets these expedited licensing requirements.

(2) Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists and dental auxiliaries, including registered dental assistants in extended functions, by the Dental Board of California within the Department of Consumer Affairs. Existing law requires a person who applies to the board for a license as a registered dental assistant in extended functions on and after January 1, 2010, to successfully complete a clinical or practical examination administered by the board. Existing law authorizes a registered dental assistant in extended functions who was licensed before January 1, 2010, to perform certain additional duties only if they pass the clinical or practical examination.

This bill would delete the clinical or practical examination requirement for registered dental assistants in extended functions and make related technical amendments.

The Dental Practice Act authorizes a dentist to administer or order the administration of minimal sedation on pediatric patients under 13 years of age if the dentist possesses specified licensing credentials, including holding a pediatric minimal sedation permit, and follows certain procedures. Existing law requires a dentist who desires to administer or order the administration of minimal sedation to apply to the board, as specified, and to submit an application fee.

This bill would specify that the application fee for a pediatric minimal sedation permit cannot exceed $1,000, and the renewal fee cannot exceed $600.

The Dental Practice Act requires the board to approve foreign dental schools based on specified standards. The act requires a foreign dental school seeking approval to submit an application to the board, including,

among other things, a finding that the educational program of the foreign dental school is equivalent to that of similar accredited institutions in the United States and adequately prepares its students for the practice of dentistry. The act requires an approved institution to submit a renewal application every 7 years and to pay a specified renewal fee. The act prohibits the board from accepting new applications for approval of foreign dental schools by January 1, 2020, and requires foreign dental schools seeking approval after this date to complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association (CODA) or a comparable accrediting body approved by the board. The act also requires previously approved foreign dental schools to complete the CODA or comparable accreditation by January 1, 2024, to remain approved.

This bill would provide, notwithstanding this latter approval requirement, that a foreign dental school that was ~~approved~~ *renewed by the board* prior to January 1, 2020, through a date between January 1, 2024, and ~~December 31,~~ *June 30,* 2026, maintains that approval through that date. The bill would further provide that, upon the expiration of that board approval, the foreign dental school is required to comply with the CODA or comparable accreditation process. *The bill would also provide that graduates of a foreign dental school whose program was approved by the board prior to January 1, 2020, through any date before January 1, 2024, and who enrolled in the program prior to January 1, 2020, are eligible for licensure.*

(3) Existing law provides for the licensure and regulation of landscape architects by the California Architects Board and the Landscape Architects Technical Committee of the California Architects Board within the Department of Consumer Affairs.

This bill would authorize the board to obtain and review criminal offender record information and would require an applicant, as a condition of licensure, to furnish to the Department of Justice a full set of fingerprints for the purpose of conducting a criminal history record check and criminal offender record information search. The bill would require the Department of Justice to transmit fingerprint images and related information to the Federal Bureau of Investigation for the purposes of the background check, and would require the Department of Justice to provide a state or federal response to the board. The bill would require the applicant to pay the reasonable regulatory costs for furnishing the fingerprints and conducting the searches, and would

require the applicant to certify, under penalty of perjury, whether the applicant's fingerprints have been furnished to the Department of Justice. By expanding the crime of perjury, the bill would impose a state-mandated local program.

(4) Existing law, the Contractors State License Law, provides for the licensure and regulation of contractors by the Contractors State License Board within the Department of Consumer Affairs. Existing law authorizes the issuance of contractors' licenses to individual owners, partnerships, corporations, and limited liability companies, and authorizes those persons and entities to qualify for a license if specified conditions are met. Existing law requires an applicant or licensee to file or have on file with the board a contractor's bond in the sum of $15,000, as provided. Existing law requires an applicant or licensee who is not a proprietor, a general partner, or a joint licensee to additionally file or have on file with the board a qualifying individual's bond in the sum of $12,500, unless an exception is met. Existing law additionally authorizes the board to set fees by regulation, including various application, examination scheduling, and license and registration fees, according to a prescribed schedule. Existing law requires the fees received under this law to be deposited in the Contractors License Fund, a fund that is partially continuously appropriated for the purposes of the law.

This bill, beginning January 1, 2023, would instead require an applicant or licensee to file or have on file with the board a contractor's bond in the sum of $25,000, and would, if applicable, require a qualifying individual's bond in the sum of $25,000.

This bill would revise and recast the board's authority to set fees by regulation and would increase various fee amounts. In connection with initial license fees and renewal fees for active and inactive licenses, the bill would differentiate between an individual owner as opposed to a partnership, corporation, limited liability company, or joint venture, and would authorize higher fees for the latter categories of licensees. The bill would additionally authorize the board to set fees for the processing and issuance of a duplicate copy of any certificate of licensure, to change the business name of a license, and for a dishonored check, as specified.

Because the increased and new fees would be deposited into the Contractors License Fund, a continuously appropriated fund, the bill would make an appropriation.

(5) Existing law provides authority for an enforcement agency to enter and inspect any buildings or premises whenever necessary to secure compliance with or prevent a violation of the building standards published in the California Building Standards Code and other rules and regulations that the enforcement agency has the power to enforce. Existing law requires an inspection of exterior elevated elements and associated waterproofing elements, as defined, including decks and balconies, for buildings with 3 or more multifamily dwelling units by a licensed architect, licensed civil or structural engineer, a building contractor holding specified licenses, or an individual certified as a building inspector or building official, as specified. Existing law prohibits a contractor performing the inspection from bidding on the repair work.

This bill would eliminate the prohibition against a contractor performing the inspection from bidding on the repair work. By altering the enforcement duties for local enforcement entities, the bill would impose a state-mandated local program.

(6) Existing law, the Private Security Services Act, establishes the Bureau of Security and Investigative Services within the Department of Consumer Affairs to license and regulate persons employed by any lawful business as security guards or patrolpersons. Existing law prohibits a person required to be registered as a security guard from engaging in specified conduct, including, but not limited to, carrying or using a firearm unless they possess a valid and current firearms permit.

Existing law requires the applicant for a firearms permit to complete specified requirements, including an assessment that evaluates whether the applicant possesses appropriate judgment, restraint, and self-control for the purposes of carrying and using a firearm during the course of the applicant's security guard duties. Existing law requires the results of the assessment be provided to the bureau within 30 days.

Existing law requires the bureau to automatically revoke a firearm permit upon notification from the Department of Justice that the holder of the firearm permit is prohibited from possessing, receiving, or purchasing a firearm under state or federal law. Existing law additionally requires the bureau to seek an emergency order against the holder of the firearms permit if a specified event occurs, including that the permitholder was arrested for assault or battery, or the permitholder has been determined incapable of exercising appropriate judgment, restraint, and self-control, among other events, and the bureau

determines that the holder of the firearm permit presents an undue hazard to public safety that may result in substantial injury to another.

This bill would specify that a security guard is required to complete the assessment to be issued a firearms permit prior to carrying a firearm. The bill would require an applicant who is a registered security guard to have met the requirement of being found capable of exercising appropriate judgment, restraint, and self-control, for purposes of carrying and using a firearm during the course of their duties, within the 6 months preceding the date the application is submitted to the bureau. The bill would prohibit an applicant who fails the assessment from completing another assessment any earlier than 180 days after the results of the previous assessment are provided to the bureau.

This bill would instead authorize the bureau to revoke a firearm permit upon notification from the Department of Justice that the holder of the firearm permit is prohibited from possessing, receiving, or purchasing a firearm under state or federal law, and would instead authorize the bureau to seek an emergency order against a permitholder if a specified event occurs. The bill would remove from the list of specified events the determination that a permitholder is incapable of exercising appropriate judgment, restraint, and self-control.

(7) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: yes. Fiscal committee: yes. State-mandated local program: yes.

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

SECTION 1. Section 115.5 of the Business and Professions Code is amended to read:

115.5. (a) A board within the department shall expedite the licensure process for an applicant who meets both of the following requirements:

(1) Supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.

(2) Holds a current license in another state, district, or territory of the United States in the profession or vocation for which the applicant seeks a license from the board.

(b) A board may adopt regulations necessary to administer this section.

(c) This section shall remain in effect only until July 1, 2022, and as of that date is repealed.

SEC. 2. Section 115.5 is added to the Business and Professions Code, to read:

115.5. (a) A board within the department shall expedite the licensure process and waive the licensure application fee and the initial or original license fee charged by the board for an applicant who meets both of the following requirements:

(1) Supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.

(2) Holds a current license in another state, district, or territory of the United States in the profession or vocation for which the applicant seeks a license from the board.

(b) A board may adopt regulations necessary to administer this section.

(c) This section shall become operative on July 1, 2022.

SEC. 3. Section 1636.5 is added to the Business and Professions Code, to read:

1636.5. Notwithstanding Section 1636.4, any foreign dental school whose program was ~~approved~~ *renewed by the board* prior to January 1, 2020, through any date between January 1, 2024, and ~~December 31,~~ *June 30,* 2026, shall maintain approval through that date. Upon expiration of the approval, the foreign dental school shall be required to comply with the provisions of Section 1636.4.

SEC. 4. Section 1636.6 is added to the Business and Professions Code, to read:

1636.6. Notwithstanding Section 1636.4, graduates of a foreign dental school whose program was approved by the board prior to January 1, 2020, through any date before January 1, 2024, and who enrolled in the program prior to January 1, 2020, shall be eligible for licensure pursuant to Section 1628.

~~SEC. 4.~~

SEC. 5. Section 1724 of the Business and Professions Code, as added by Section 13 of Chapter 929 of the Statutes of 2018, is amended to read:

1724. The amount of charges and fees for dentists licensed pursuant to this chapter shall be established by the board as is necessary for the purpose of carrying out the responsibilities required by this chapter as it relates to dentists, subject to the following limitations:

(a) The fee for an application for licensure qualifying pursuant to paragraph (1) of subdivision (c) of Section 1632 shall not exceed one thousand five hundred dollars ($1,500). The fee for an application for licensure qualifying pursuant to paragraph (2) of subdivision (c) of Section 1632 shall not exceed one thousand dollars ($1,000).

(b) The fee for an application for licensure qualifying pursuant to Section 1634.1 shall not exceed one thousand dollars ($1,000).

(c) The fee for an application for licensure qualifying pursuant to Section 1635.5 shall not exceed one thousand dollars ($1,000).

(d) The fee for an initial license and for the renewal of a license is five hundred twenty-five dollars ($525). On and after January 1, 2016, the fee for an initial license shall not exceed six hundred fifty dollars ($650), and the fee for the renewal of a license shall not exceed six hundred fifty dollars ($650). On and after January 1, 2018, the fee for an initial license shall not exceed eight hundred dollars ($800), and the fee for the renewal of a license shall not exceed eight hundred dollars ($800).

(e) The fee for an application for a special permit shall not exceed one thousand dollars ($1,000), and the renewal fee for a special permit shall not exceed six hundred dollars ($600).

(f) The delinquency fee shall be 50 percent of the renewal fee for such a license or permit in effect on the date of the renewal of the license or permit.

(g) The penalty for late registration of change of place of practice shall not exceed seventy-five dollars ($75).

(h) The fee for an application for an additional office permit shall not exceed seven hundred fifty dollars ($750), and the fee for the renewal of an additional office permit shall not exceed three hundred seventy-five dollars ($375).

(i) The fee for issuance of a replacement pocket license, replacement wall certificate, or replacement engraved certificate shall not exceed one hundred twenty-five dollars ($125).

(j) The fee for a provider of continuing education shall not exceed five hundred dollars ($500) per year.

(k) The fee for application for a referral service permit and for renewal of that permit shall not exceed twenty-five dollars ($25).

(*l*) The fee for application for an extramural facility permit and for the renewal of a permit shall not exceed twenty-five dollars ($25).

(m) The fee for an application for an elective facial cosmetic surgery permit shall not exceed four thousand dollars ($4,000), and the fee for the renewal of an elective facial cosmetic surgery permit shall not exceed eight hundred dollars ($800).

(n) The fee for an application for an oral and maxillofacial surgery permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of an oral and maxillofacial surgery permit shall not exceed one thousand two hundred dollars ($1,200).

(o) The fee for an application for a general anesthesia permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of a general anesthesia permit shall not exceed six hundred dollars ($600).

(p) The fee for an onsite inspection and evaluation related to a general anesthesia or moderate sedation permit shall not exceed four thousand five hundred dollars ($4,500).

(q) The fee for an application for a moderate sedation permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of a conscious sedation permit shall not exceed six hundred dollars ($600).

(r) The fee for an application for an oral conscious sedation permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of an oral conscious sedation permit shall not exceed six hundred dollars ($600).

(s) The fee for an application for a pediatric minimal sedation permit shall not exceed one thousand dollars ($1,000), and the fee

for the renewal of a pediatric minimal sedation permit shall not exceed six hundred dollars ($600).

(t) The fee for a certification of licensure shall not exceed one hundred twenty-five dollars ($125).

(u) The fee for an application for the law and ethics examination shall not exceed two hundred fifty dollars ($250).

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

~~SEC. 5.~~

SEC. 6. Section 1753 of the Business and Professions Code is amended to read:

1753. (a) On and after January 1, 2010, the board may license as a registered dental assistant in extended functions a person who submits written evidence, satisfactory to the board, of all of the following eligibility requirements:

(1) Current licensure as a registered dental assistant or completion of the requirements for licensure as a registered dental assistant.

(2) Successful completion of a board-approved course in the application of pit and fissure sealants.

(3) Successful completion of either of the following:

(A) An extended functions postsecondary program approved by the board in all of the procedures specified in Section 1753.5.

(B) An extended functions postsecondary program approved by the board to teach the duties that registered dental assistants in extended functions were allowed to perform pursuant to board regulations prior to January 1, 2010, and a course approved by the board in the procedures specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Section 1753.5.

(4) Passage of a written examination administered by the board. The board shall designate whether the written examination shall be administered by the board or by the board-approved extended functions program.

(b) A registered dental assistant in extended functions may apply for an orthodontic assistant permit or a dental sedation assistant permit, or both, by providing written evidence of the following:

(1) Successful completion of a board-approved orthodontic assistant or dental sedation assistant course, as applicable.

(2) Passage of a written examination administered by the board that shall encompass the knowledge, skills, and abilities necessary to competently perform the duties of the particular permit.

(c) A registered dental assistant in extended functions with permits in either orthodontic assisting or dental sedation assisting shall be referred to as an "RDAEF with orthodontic assistant permit," or "RDAEF with dental sedation assistant permit," as applicable. These terms shall be used for reference purposes only and do not create additional categories of licensure.

(d) Completion of the continuing education requirements established by the board pursuant to Section 1645 by a registered dental assistant in extended functions who also holds a permit as an orthodontic assistant or dental sedation assistant shall fulfill the continuing education requirement for such permit or permits.

~~SEC. 6.~~

SEC. 7. Section 1753.4 of the Business and Professions Code is repealed.

~~SEC. 7.~~

SEC. 8. Section 1753.55 of the Business and Professions Code is amended to read:

1753.55. (a) A registered dental assistant in extended functions is authorized to perform the additional duties as set forth in subdivision (b) pursuant to the order, control, and full professional responsibility of a supervising dentist, if the licensee meets one of the following requirements:

(1) Is licensed on or after January 1, 2010.

(2) Is licensed prior to January 1, 2010, and has successfully completed a board-approved course in the additional procedures specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Section 1753.5.

(b) (1) Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. In these circumstances, the dental assistant in extended functions shall follow protocols established by the supervising dentist. This paragraph only applies in the following settings:

(A) In a dental office setting.

(B) In public health settings, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics, under the general supervision of a dentist.

(2) Place protective restorations, which for this purpose are identified as interim therapeutic restorations, and defined as a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment. An interim therapeutic restoration consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary for interim therapeutic restoration placement. Interim therapeutic restorations shall be placed only in accordance with both of the following:

(A) In either of the following settings:

(i) In a dental office setting, under the direct or general supervision of a dentist as determined by the dentist.

(ii) In public health settings, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics, under the general supervision of a dentist.

(B) After the diagnosis, treatment plan, and instruction to perform the procedure provided by a dentist.

(c) The functions described in subdivision (b) may be performed by a registered dental assistant in extended functions only after completion of a program that includes training in performing those functions, or after providing evidence, satisfactory to the board, of having completed a board-approved course in those functions.

(d) No later than January 1, 2018, the board shall adopt regulations to establish requirements for courses of instruction for the procedures authorized to be performed by a registered dental assistant in extended functions pursuant to this section using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Office of Statewide Health Planning and Development. The board shall submit to the committee proposed regulatory language for the curriculum for the Interim Therapeutic Restoration to the committee for the purpose of promulgating regulations for registered dental hygienists and registered dental hygienists in alternative practice as described in Section 1910.5. The language submitted by the board shall mirror the instructional curriculum for the registered dental assistant in extended functions. Any

subsequent amendments to the regulations that are promulgated by the board for the Interim Therapeutic Restoration curriculum shall be submitted to the committee.

(e) The board may issue a permit to a registered dental assistant in extended functions who files a completed application, including the fee, to provide the duties specified in this section after the board has determined the registered dental assistant in extended functions has completed the coursework required in subdivision (c).

(f) This section shall become operative on January 1, 2018.

~~SEC. 8.~~

SEC. 9. Section 1753.6 of the Business and Professions Code is amended to read:

1753.6. (a) Each person who holds a license as a registered dental assistant in extended functions on the operative date of this section may only perform those procedures that a registered dental assistant is allowed to perform as specified in and limited by Section 1752.4, and the procedures specified in paragraphs (1) to (6), inclusive, until the person provides evidence of having completed a board-approved course in the additional procedures specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Section 1753.5:

(1) Cord retraction of gingiva for impression procedures.

(2) Take final impressions for permanent indirect restorations.

(3) Formulate indirect patterns for endodontic post and core castings.

(4) Fit trial endodontic filling points.

(5) Apply pit and fissure sealants.

(6) Remove excess cement from subgingival tooth surfaces with a hand instrument.

(b) This section shall become operative on January 1, 2010.

~~SEC. 9.~~

SEC. 10. Section 5650.5 is added to the Business and Professions Code, to read:

5650.5. (a) Pursuant to Section 144, the board has the authority to obtain and review criminal offender record information. The information obtained as a result of the fingerprinting shall be used in accordance with Section 11105 of the Penal Code to determine whether the applicant is subject to denial, suspension, or revocation of a license pursuant to Division 1.5 (commencing with Section 475) or Section 5660, 5675, or 5676.

(b) As a condition of application for a license, each applicant shall furnish to the Department of Justice a full set of fingerprints for the purpose of conducting a criminal history record check and to undergo a state- and federal- level criminal offender record information search conducted through the Department of Justice, as follows:

(1) The board shall electronically submit to the Department of Justice fingerprint images and related information required by the Department of Justice of all landscape architect license applicants for the purpose of obtaining information as to the existence and content of a record of state or federal arrests and state or federal convictions and also information as to the existence and content of a record of state or federal arrests for which the Department of Justice establishes that the person is free on bail or on their recognizance pending trial or appeal.

(2) When received, the Department of Justice shall transmit fingerprint images and related information received pursuant to this section, to the Federal Bureau of Investigation for the purpose of obtaining a federal criminal history records check. The Department of Justice shall review the information returned from the Federal Bureau of Investigation and compile and disseminate a response to the board.

(3) The Department of Justice shall provide a state or federal response to the board pursuant to subdivision (p) of Section 11105 of the Penal Code.

(4) The board shall request from the Department of Justice subsequent notification service, as provided pursuant to Section 11105.2 of the Penal Code, for persons described in paragraph (1).

(5) The Department of Justice shall charge the applicant a fee sufficient to cover the cost of processing the request described in this subdivision.

(c) The applicant shall certify, under penalty of perjury, when applying for a license whether the applicant’s fingerprints have been furnished to the Department of Justice in compliance with this section.

(d) Failure to comply with the requirements of this section renders the application for a license incomplete, and the application shall not be considered until the applicant demonstrates compliance with all requirements of this section.

(e) Notwithstanding any other law, the results of any criminal offender record information request by either state or federal law enforcement authorities shall not be released by the board except in accordance with state and federal requirements.

(f) As used in this section, the term "applicant" shall be limited to an initial applicant who has never been registered or licensed by the board or to an applicant for a new licensure or registration category.

(g) As a condition of petitioning the board for reinstatement of a revoked or surrendered license, an applicant shall comply with subdivision (a).

~~SEC. 10.~~

SEC. 11. Section 7071.6 of the Business and Professions Code is amended to read:

7071.6. (a) The board shall require as a condition precedent to the issuance, reinstatement, reactivation, renewal, or continued maintenance of a license, that the applicant or licensee file or have on file a contractor's bond in the sum of fifteen thousand dollars ($15,000).

(b) Excluding the claims brought by the beneficiaries specified in subdivision (a) of Section 7071.5, the aggregate liability of a surety on claims brought against a bond required by this section shall not exceed the sum of seven thousand five hundred dollars ($7,500). The bond proceeds in excess of seven thousand five hundred dollars ($7,500) shall be reserved exclusively for the claims of the beneficiaries specified in subdivision (a) of Section 7071.5. However, nothing in this section shall be construed so as to prevent any beneficiary specified in subdivision (a) of Section 7071.5 from claiming or recovering the full measure of the bond required by this section.

(c) A bond shall not be required of a holder of a license that has been inactivated on the official records of the board during the period the license is inactive.

(d) Notwithstanding any other law, as a condition precedent to licensure, the board may require an applicant to post a contractor's bond in twice the amount required pursuant to subdivision (a) until the time that the license is renewed, under the following conditions:

(1) The applicant has either been convicted of a violation of Section 7028 or has been cited pursuant to Section 7028.7.

(2) If the applicant has been cited pursuant to Section 7028.7, the citation has been reduced to a final order of the registrar.

(3) The violation of Section 7028, or the basis for the citation issued pursuant to Section 7028.7, constituted a substantial injury to the public.

(e) (1) The board shall conduct a study to obtain information to evaluate whether the current fifteen-thousand-dollar ($15,000) amount of the contractor bond is sufficient, or whether an increase may be necessary.

(2) The board shall report its findings and recommendations to the appropriate policy committees of the Legislature, in accordance with Section 9795 of the Government Code, by January 1, 2021.

(f) This section shall remain in effect only until January 1, 2023, and as of that date is repealed.

~~SEC. 11.~~

SEC. 12. Section 7071.6 is added to the Business and Professions Code, to read:

7071.6. (a) The board shall require as a condition precedent to the issuance, reinstatement, reactivation, renewal, or continued maintenance of a license, that the applicant or licensee file or have on file a contractor's bond in the sum of twenty-five thousand dollars ($25,000).

(b) Excluding the claims brought by the beneficiaries specified in subdivision (a) of Section 7071.5, the aggregate liability of a surety on claims brought against a bond required by this section shall not exceed the sum of seven thousand five hundred dollars ($7,500). The bond proceeds in excess of seven thousand five hundred dollars ($7,500) shall be reserved exclusively for the claims of the beneficiaries specified in subdivision (a) of Section 7071.5. However, nothing in this section shall be construed so as to prevent any beneficiary specified in subdivision (a) of Section 7071.5 from claiming or recovering the full measure of the bond required by this section.

(c) A bond shall not be required of a holder of a license that has been inactivated on the official records of the board during the period the license is inactive.

(d) Notwithstanding any other law, as a condition precedent to licensure, the board may require an applicant to post a contractor's bond in twice the amount required pursuant to subdivision (a) until the time that the license is renewed, under the following conditions:

(1) The applicant has either been convicted of a violation of Section 7028 or has been cited pursuant to Section 7028.7.

(2) If the applicant has been cited pursuant to Section 7028.7, the citation has been reduced to a final order of the registrar.

(3) The violation of Section 7028, or the basis for the citation issued pursuant to Section 7028.7, constituted a substantial injury to the public.

(e) This section shall become operative on January 1, 2023.

~~SEC. 12.~~

SEC. 13. Section 7071.8 of the Business and Professions Code is amended to read:

7071.8. (a) This section applies to an application for a license, for renewal or restoration of a license, an application to change officers or members of a corporation or a limited liability company, or for continued valid use of a license which has been disciplined, whether or not the disciplinary action has been stayed, made by any of the following persons or firms:

(1) A person whose license has been suspended or revoked as a result of disciplinary action, or a person who was a qualifying individual for a licensee at any time during which cause for disciplinary action occurred resulting in suspension or revocation of the licensee's license, whether or not the qualifying individual had knowledge or participated in the prohibited act or omission.

(2) A person who was an officer, director, manager, partner, or member of the personnel of record of a licensee at any time during which cause for disciplinary action occurred resulting in suspension or revocation of the licensee's license and who had knowledge of or participated in the act or omission which was the cause for the disciplinary action.

(3) A partnership, corporation, limited liability company, firm, or association of which an existing or new officer, director, manager, partner, qualifying person, or member of the personnel of record has had a license suspended or revoked as a result of disciplinary action.

(4) A partnership, corporation, limited liability company, firm, or association of which a member of the personnel of record, including, but not limited to, an officer, director, manager, partner, or qualifying person was, likewise, a manager, officer, director, or partner of a licensee at any time during which cause for disciplinary action occurred resulting in suspension or revocation

of the license, and who had knowledge of or participated in the act or omission which was the cause for the disciplinary action.

(b) The board shall require as a condition precedent to the issuance, reissuance, renewal, or restoration of a license to the applicant, or to the approval of an application to change officers of a corporation or a limited liability company, or removal of suspension, or to the continued valid use of a license which has been suspended or revoked, but which suspension or revocation has been stayed, that the applicant or licensee file or have on file a contractor's bond in a sum to be fixed by the registrar based upon the seriousness of the violation, but which sum shall not be less than fifteen thousand dollars ($15,000) nor more than 10 times that amount required by Section 7071.6.

(c) The bond is in addition to, may not be combined with, and does not replace any other type of bond required by this chapter. The bond shall remain on file with the registrar for a period of at least two years and for any additional time that the registrar determines. The bond period shall run only while the license is current, active, and in good standing, and shall be extended until the license has been current, active, and in good standing for the required period. Each applicant or licensee shall be required to file only one disciplinary contractor's bond of the type described in this section for each application or license subject to this bond requirement.

(d) This section shall remain in effect only until January 1, 2023, and as of that date is repealed.

~~SEC. 13.~~

SEC. 14. Section 7071.8 is added to the Business and Professions Code, to read:

7071.8. (a) This section applies to an application for a license, for renewal or restoration of a license, an application to change officers or members of a corporation or a limited liability company, or for continued valid use of a license which has been disciplined, whether or not the disciplinary action has been stayed, made by any of the following persons or firms:

(1) A person whose license has been suspended or revoked as a result of disciplinary action, or a person who was a qualifying individual for a licensee at any time during which cause for disciplinary action occurred resulting in suspension or revocation

of the licensee's license, whether or not the qualifying individual had knowledge or participated in the prohibited act or omission.

(2) A person who was an officer, director, manager, partner, or member of the personnel of record of a licensee at any time during which cause for disciplinary action occurred resulting in suspension or revocation of the licensee's license and who had knowledge of or participated in the act or omission which was the cause for the disciplinary action.

(3) A partnership, corporation, limited liability company, firm, or association of which an existing or new officer, director, manager, partner, qualifying person, or member of the personnel of record has had a license suspended or revoked as a result of disciplinary action.

(4) A partnership, corporation, limited liability company, firm, or association of which a member of the personnel of record, including, but not limited to, an officer, director, manager, partner, or qualifying person was, likewise, a manager, officer, director, or partner of a licensee at any time during which cause for disciplinary action occurred resulting in suspension or revocation of the license, and who had knowledge of or participated in the act or omission which was the cause for the disciplinary action.

(b) The board shall require as a condition precedent to the issuance, reissuance, renewal, or restoration of a license to the applicant, or to the approval of an application to change officers of a corporation or a limited liability company, or removal of suspension, or to the continued valid use of a license which has been suspended or revoked, but which suspension or revocation has been stayed, that the applicant or licensee file or have on file a contractor's bond in a sum to be fixed by the registrar based upon the seriousness of the violation, but which sum shall not be less than twenty-five thousand dollars ($25,000) nor more than 10 times that amount required by Section 7071.6.

(c) The bond is in addition to, may not be combined with, and does not replace any other type of bond required by this chapter. The bond shall remain on file with the registrar for a period of at least two years and for any additional time that the registrar determines. The bond period shall run only while the license is current, active, and in good standing, and shall be extended until the license has been current, active, and in good standing for the required period. Each applicant or licensee shall be required to file

only one disciplinary contractor's bond of the type described in this section for each application or license subject to this bond requirement.

(d) This section shall become operative on January 1, 2023.

~~SEC. 14.~~

SEC. 15. Section 7071.9 of the Business and Professions Code is amended to read:

7071.9. (a) If the qualifying individual, as referred to in Sections 7068 and 7068.1, is neither the proprietor, a general partner, nor a joint licensee, the qualifying individual shall file or have on file a qualifying individual's bond as provided in Section 7071.10 in the sum of twelve thousand five hundred dollars ($12,500). This bond is in addition to, and shall not be combined with, any contractor's bond required by Sections 7071.5 to 7071.8, inclusive, and is required for the issuance, reinstatement, reactivation, or continued valid use of a license.

(b) Excluding the claims brought by the beneficiaries specified in paragraph (1) of subdivision (a) of Section 7071.10, the aggregate liability of a surety on claims brought against the bond required by this section shall not exceed the sum of seven thousand five hundred dollars ($7,500). The bond proceeds in excess of seven thousand five hundred dollars ($7,500) shall be reserved exclusively for the claims of the beneficiaries specified in paragraph (1) of subdivision (a) of Section 7071.10. However, nothing in this section shall be construed to prevent any beneficiary specified in paragraph (1) of subdivision (a) of Section 7071.10 from claiming or recovering the full measure of the bond required by this section. This bond is in addition to, and shall not be combined with, any contractor's bond required by Sections 7071.5 to 7071.8, inclusive, and is required for the issuance, reinstatement, reactivation, or continued valid use of a license.

(c) The responsible managing officer of a corporation shall not be required to file or have on file a qualifying individual's bond, if the responsible managing officer owns 10 percent or more of the voting stock of the corporation and certifies to that fact on a form prescribed by the registrar.

(d) The qualifying individual for a limited liability company shall not be required to file or have on file a qualifying individual's bond if the qualifying individual owns at least a 10-percent

membership interest in the limited liability company and certifies to that fact on a form prescribed by the registrar.

(e) This section shall remain in effect only until January 1, 2023, and as of that date is repealed.

~~SEC. 15.~~

SEC. 16. Section 7071.9 is added to the Business and Professions Code, to read:

7071.9. (a) If the qualifying individual, as referred to in Sections 7068 and 7068.1, is neither the proprietor, a general partner, nor a joint licensee, the qualifying individual shall file or have on file a qualifying individual's bond as provided in Section 7071.10 in the sum of twenty-five thousand dollars ($25,000). This bond is in addition to, and shall not be combined with, any contractor's bond required by Sections 7071.5 to 7071.8, inclusive, and is required for the issuance, reinstatement, reactivation, or continued valid use of a license.

(b) Excluding the claims brought by the beneficiaries specified in paragraph (1) of subdivision (a) of Section 7071.10, the aggregate liability of a surety on claims brought against the bond required by this section shall not exceed the sum of seven thousand five hundred dollars ($7,500). The bond proceeds in excess of seven thousand five hundred dollars ($7,500) shall be reserved exclusively for the claims of the beneficiaries specified in paragraph (1) of subdivision (a) of Section 7071.10. However, nothing in this section shall be construed to prevent any beneficiary specified in paragraph (1) of subdivision (a) of Section 7071.10 from claiming or recovering the full measure of the bond required by this section. This bond is in addition to, and shall not be combined with, any contractor's bond required by Sections 7071.5 to 7071.8, inclusive, and is required for the issuance, reinstatement, reactivation, or continued valid use of a license.

(c) The responsible managing officer of a corporation shall not be required to file or have on file a qualifying individual's bond, if the responsible managing officer owns 10 percent or more of the voting stock of the corporation and certifies to that fact on a form prescribed by the registrar.

(d) The qualifying individual for a limited liability company shall not be required to file or have on file a qualifying individual's bond if the qualifying individual owns at least a 10-percent

membership interest in the limited liability company and certifies to that fact on a form prescribed by the registrar.

(e) This section shall become operative on January 1, 2023.

~~SEC. 16.~~

SEC. 17. Section 7137 of the Business and Professions Code is amended to read:

7137. (a) The board may set fees by regulation. These fees shall be set according to the following schedule:

(1) Application fees shall be set as follows:

(A) The application fee for an original license in a single classification shall be four hundred fifty dollars ($450) and may be increased to not more than five hundred sixty-three dollars ($563).

(B) The application fee for each additional classification applied for in connection with an original license shall be one hundred fifty dollars ($150) and may be increased to not more than one hundred eighty-eight dollars ($188).

(C) The application fee for each additional classification pursuant to Section 7059 shall be two hundred thirty dollars ($230) and may be increased to not more than two hundred eighty-eight dollars ($288).

(D) The application fee to replace a responsible managing officer, responsible managing manager, responsible managing member, or responsible managing employee pursuant to Section 7068.2 shall be two hundred thirty dollars ($230) and may be increased to not more than two hundred eighty-eight dollars ($288).

(E) The application fee to add personnel, other than a qualifying individual, to an existing license shall be one hundred twenty-five dollars ($125) and may be increased to not more than one hundred fifty-seven dollars ($157).

(F) The application fee for an asbestos certification examination shall be one hundred twenty-five dollars ($125) and may be increased to not more than one hundred fifty-seven dollars ($157).

(G) The application fee for a hazardous substance removal or remedial action certification examination shall be one hundred twenty-five dollars ($125) and may be increased to not more than one hundred fifty-seven dollars ($157).

(2) Examination scheduling fees shall be set as follows:

(A) The fee for rescheduling an examination for an applicant who has applied for an original license, additional classification,

a change of responsible managing officer, responsible managing manager, responsible managing member, or responsible managing employee, or for an asbestos certification or hazardous substance removal certification, shall be one hundred dollars ($100) and may be increased to not more than one hundred twenty-five dollars ($125).

(B) The fee for scheduling or rescheduling an examination for a licensee who is required to take the examination as a condition of probation shall be one hundred dollars ($100) and may be increased to not more than one hundred twenty-five dollars ($125).

(3) Initial license and registration fees shall be set as follows:

(A) The initial license fee for an active or inactive license for an individual owner shall be two hundred dollars ($200) and may be increased to not more than two hundred fifty dollars ($250).

(B) The initial license fee for an active or inactive license for a partnership, corporation, limited liability company, or joint venture shall be three hundred fifty dollars ($350) and may be increased to not more than four hundred thirty-eight dollars ($438).

(C) The registration fee for a home improvement salesperson shall be two hundred dollars ($200) and may be increased to not more than two hundred fifty dollars ($250).

(4) License and registration renewal fees shall be set as follows:

(A) The renewal fee for an active license for an individual owner shall be four hundred fifty dollars ($450) and may be increased to not more than five hundred sixty-three dollars ($563).

(B) The renewal fee for an inactive license for an individual owner shall be three hundred dollars ($300) and may be increased to not more than three hundred seventy-five dollars ($375).

(C) The renewal fee for an active license for a partnership, corporation, limited liability company, or joint venture shall be seven hundred dollars ($700) and may be increased to not more than eight hundred seventy-five dollars ($875).

(D) The renewal fee for an inactive license for a partnership, corporation, limited liability company, or joint venture shall be five hundred dollars ($500) and may be increased to not more than six hundred twenty-five dollars ($625).

(E) The renewal fee for a home improvement salesperson registration shall be two hundred dollars ($200) and may be increased to not more than two hundred fifty dollars ($250).

(5) The delinquency fee is an amount equal to 50 percent of the renewal fee, if the license is renewed after its expiration.

(6) Miscellaneous fees shall be set as follows:

(A) In addition to any other fees charged to C-10 contractors, the board shall charge a fee of twenty dollars ($20), to be assessed with the renewal fee for an active license, which shall be used by the board to enforce provisions of the Labor Code related to electrician certification.

(B) The service fee to deposit with the registrar lawful money or cashier's check pursuant to paragraph (1) of subdivision (a) of Section 995.710 of the Code of Civil Procedure for purposes of compliance with any provision of Article 5 (commencing with Section 7065) shall be one hundred dollars ($100), which shall be used by the board only to process each deposit filed with the registrar, to cover the reasonable costs to the registrar for holding money or cashier's checks in trust in interest bearing deposit or share accounts, and to offset the costs of processing payment of lawful claims against a deposit in a civil action.

(C) The fee for the processing and issuance of a duplicate copy of any certificate of licensure or other form evidencing licensure or renewal of licensure pursuant to Section 122 shall be twenty-five dollars ($25).

(D) The fee to change the business name of a license as it is recorded under this chapter shall be one hundred dollars ($100) and may be increased to not more than one hundred twenty-five dollars ($125).

(E) The service charge for a dishonored check authorized by Section 6157 of the Government Code shall be twenty-five dollars ($25) for each check.

(b) The board shall, by regulation, establish criteria for the approval of expedited processing of applications. Approved expedited processing of applications for licensure or registration, as required by other provisions of law, shall not be subject to this subdivision.

~~SEC. 17.~~

SEC. 18. Section 7583.22 of the Business and Professions Code is amended to read:

7583.22. (a) A licensee, qualified manager of a licensee, or security guard who, in the course of their employment, may be

required to carry a firearm shall, prior to carrying a firearm, do all of the following:

(1) Complete a course of training in the carrying and use of firearms.

(2) Receive a firearms qualification card or be otherwise qualified to carry a firearm as provided in Section 7583.12.

(b) A security guard who, in the course of their employment, may be required to carry a firearm, shall, prior to carrying a firearm, be found capable of exercising appropriate judgment, restraint, and self-control for the purposes of carrying and using a firearm during the course of their duties, pursuant to Section 7583.47.

(c) A licensee shall not permit an employee to carry or use a loaded or unloaded firearm, whether or not it is serviceable or operative, unless the employee possesses a valid and current firearms qualification card issued by the bureau or is so otherwise qualified to carry a firearm as provided in Section 7583.12.

(d) A pocket card issued by the bureau pursuant to Section 7582.13 may also serve as a firearms qualification card if so indicated on the face of the card.

(e) Paragraph (1) of subdivision (a) shall not apply to a peace officer as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of the Penal Code, who has successfully completed a course of study in the use of firearms or to a federal qualified law enforcement officer, as defined in Section 926B of Title 18 of the United States Code, who has successfully completed a course of study in the use of firearms.

~~SEC. 18.~~

SEC. 19. Section 7583.23 of the Business and Professions Code is amended to read:

7583.23. The bureau shall issue a firearms permit when all of the following conditions are satisfied:

(a) The applicant is a licensee, a qualified manager of a licensee, or a registered security guard subject to the following:

(1) The firearms permit may only be associated with the following:

(A) A sole owner of a sole ownership licensee, pursuant to Section 7582.7 or 7525.1.

(B) A partner of a partnership licensee, pursuant to Section 7582.7 or 7525.1.

(C) A qualified manager of a licensee, pursuant to Section 7536 or 7582.22.

(D) A security guard registrant.

(2) If the firearms permit is associated with a security guard registration, they are subject to the provisions of Section 7583.47, regardless of any other license possessed or associated with the firearms permit.

(b) A certified firearms training instructor has certified that the applicant has successfully completed a written examination prepared by the bureau and training course in the carrying and use of firearms approved by the bureau.

(c) The applicant has filed with the bureau a classifiable fingerprint card, a completed application for a firearms permit on a form prescribed by the director, dated and signed by the applicant, certifying under penalty of perjury that the information in the application is true and correct. In lieu of a classifiable fingerprint card, the applicant may submit fingerprints into an electronic fingerprinting system administered by the Department of Justice. An applicant who submits their fingerprints by electronic means shall have their fingerprints entered into the system through a terminal operated by a law enforcement agency or other facility authorized by the Department of Justice to conduct electronic fingerprinting. The terminal operator may charge a fee sufficient to reimburse it for the costs incurred in providing this service.

(d) The applicant is at least 21 years of age and the bureau has determined, after investigation, that the carrying and use of a firearm by the applicant, in the course of their duties, presents no apparent threat to the public safety, or that the carrying and use of a firearm by the applicant is not in violation of the Penal Code.

(e) The applicant has produced evidence to the firearm training facility that the applicant is a citizen of the United States or has permanent legal alien status in the United States. Evidence of citizenship or permanent legal alien status shall be deemed sufficient by the bureau to ensure compliance with federal laws prohibiting possession of firearms by persons unlawfully in the United States and may include, but not be limited to, United States Department of Justice, Immigration and Naturalization Service Form I-151 or I-551, Alien Registration Receipt Card, naturalization documents, or birth certificates evidencing lawful residence or status in the United States.

(f) The application is accompanied by the application fees prescribed in this chapter.

(g) (1) If the applicant is a registered security guard and they have been found capable of exercising appropriate judgment, restraint, and self-control, for the purposes of carrying and using a firearm during the course of their duties, pursuant to Section 7583.47.

(2) The requirement in paragraph (1) shall be completed within six months preceding the date the application is submitted to the bureau.

~~SEC. 19.~~

SEC. 20. Section 7583.24 of the Business and Professions Code is amended to read:

7583.24. (a) The bureau shall not issue a firearm permit if the applicant is prohibited from possessing, receiving, owning, or purchasing a firearm pursuant to state or federal law.

(b) Before issuing an initial firearm permit the bureau shall provide the Department of Justice with the name, address, social security number, and fingerprints of the applicant.

(c) The Department of Justice shall inform the bureau, within 60 days from receipt of the information specified in subdivision (b), of the applicant's eligibility to possess, receive, purchase, or own a firearm pursuant to state and federal law.

(d) An applicant who has been denied a firearm permit based upon subdivision (a) may reapply for the permit after the prohibition expires. The bureau shall treat this application as an initial application and shall follow the required screening process as specified in this section.

~~SEC. 20.~~

SEC. 21. Section 7583.27 of the Business and Professions Code is amended to read:

7583.27. (a) A firearm permit may be revoked if at any time the Department of Justice notifies the bureau that the holder of the firearm permit is prohibited from possessing, receiving, or purchasing a firearm pursuant to state or federal law. Following the automatic revocation, an administrative hearing shall be provided upon written request to the bureau in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(b) The bureau may seek an emergency order pursuant to Article 13 (commencing with Section 11460.10) of Chapter 4.5 of Part 1 of Division 3 of Title 2 of the Government Code against the holder of the firearms permit if, after the bureau's investigation relating to any of the following events, the bureau determines that the holder of the firearms permit presents an undue hazard to public safety that may result in substantial injury to another:

(1) Receipt of subsequent arrest information of an arrest for any of the following:

(A) Assault.

(B) Battery.

(C) Any use of force or violence on any person committed by the permitholder.

(2) A report from a bureau-approved firearms training facility or instructor made pursuant to Section 7585.18.

(3) A report from the permitholder's employer or former employer that the permitholder may be a threat to public safety.

(4) A complaint filed by any member of the public that the permitholder may be a threat to public safety.

~~SEC. 21.~~

SEC. 22. Section 7583.29 of the Business and Professions Code is amended to read:

7583.29. If a firearms permit is denied, the denial of the permit shall be in writing and shall describe the basis for the denial. The denial shall inform the applicant that if the applicant desires a review by a disciplinary review committee to contest the denial, the review shall be requested of the director within 30 days following notice of the issuance of the denial. A review or hearing shall be held pursuant to Section 7581.3. However, no review or hearing shall be granted to an individual who is otherwise prohibited by law from carrying a firearm.

~~SEC. 22.~~

SEC. 23. Section 7583.47 of the Business and Professions Code is amended to read:

7583.47. (a) As used in this section, "assessment" means the application of a testing instrument identified by the bureau that evaluates whether an applicant for a firearms permit who is a registered security guard, at the time of the assessment, possesses appropriate judgment, restraint, and self-control for the purposes

of carrying and using a firearm during the course of their security guard duties.

(b) The applicant shall complete the assessment, as specified in this section.

(c) (1) The bureau shall implement a process to administer the assessment specified in this section. The establishment of the assessment and the process for administering the assessment shall not be subject to the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(2) The bureau shall consult with a California licensed psychologist, psychologists, or other persons with subject matter expertise, whose minimum duties shall include, but are not limited to, assisting the bureau with all of the following:

(A) Establishing criteria for a contract with a vendor to administer the assessment.

(B) Identifying minimum standards for the assessment.

(C) Evaluating currently available assessments.

(D) Providing consultative services on the bids received by the bureau from third-party vendors seeking to administer and interpret the assessment, to ensure both of the following:

(i) Compliance with the applicable standards of care for the administration and interpretation of such assessments.

(ii) The assessment will be administered in accordance with the assessment manufacturer's requirements.

(3) The bureau shall contract with a third-party vendor to administer the assessment. All third-party vendors seeking to administer the assessment must meet the minimum standards established by the bureau, its consultants, and the assessment manufacturer's requirements for administering the assessment. Considerations for the third-party vendor contract shall include, but are not limited to, all of the following:

(A) Cost to the applicant to complete the assessment.

(B) Geographic accessibility statewide of the assessment to applicants.

(C) Assessment compliance with the established minimum standards for the assessment and assessment process.

(D) Ensuring an assessment carried out on an applicant complies with the applicable professional standards of care for such

assessments, as well as the assessment manufacturer's requirements for administering the assessment.

(d) The applicant, or the applicant's designee or employer if the employer voluntarily chooses, shall bear the cost of the assessment.

(e) Within 30 days of administering an applicant's assessment, the vendor shall directly provide the bureau, on a form and in a manner prescribed by the bureau, the applicant's assessment results. If the results of the applicant's assessment indicate that the applicant is incapable of exercising appropriate judgment, restraint, and self-control for the purposes of carrying and using a firearm during the course of the applicant's duties, at the point in time of the evaluation, the bureau shall not issue a firearms permit. If the applicant fails the assessment, the applicant may complete another assessment no earlier than 180 days after the results of the previous assessment are provided to the bureau.

(f) The application shall be deemed incomplete until the bureau receives the results of the applicant's assessment and the results indicate that the applicant is capable of exercising appropriate judgment, restraint, and self-control for the purposes of carrying and using a firearm during the course of the applicant's duties.

(g) Notwithstanding any other law, an applicant who fails the assessment shall not be entitled to an administrative hearing or an appeal subject to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. However, such an applicant who is denied a firearms permit may request review of the denial pursuant to Section 7583.29.

(h) The bureau may prescribe, adopt, and enforce emergency regulations, and promulgate regulations to implement this section. Any emergency regulation prescribed, adopted, or enforced pursuant to this section shall be adopted in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, and for purposes of that chapter, including Section 11349.6 of the Government Code, the adoption of the regulation is an emergency and shall be considered by the Office of Administrative Law as necessary for the immediate preservation of the public peace, health and safety, and general welfare.

(i) The assessment required pursuant to this section shall be subject to review by the appropriate policy committees of the

Legislature. The review shall be performed as if this section was scheduled to be repealed as of January 1, 2025.

(j) Nothing in this section requires any private business entity that contracts with the bureau for the administration of the assessment to produce documents related to the content, methodology, results, or scoring criteria of the assessment, or any trade secret, as defined in subdivision (d) of Section 3426.1 of the Civil Code, for any private individual, firm, copartnership, association, or corporation.

~~SEC. 23.~~

SEC. 24. Section 17973 of the Health and Safety Code is amended to read:

17973. (a) Exterior elevated elements that include load-bearing components in all buildings containing three or more multifamily dwelling units shall be inspected. The inspection shall be performed by a licensed architect; licensed civil or structural engineer; a building contractor holding any or all of the "A," "B," or "C-5" license classifications issued by the Contractors State License Board, with a minimum of five years' experience, as a holder of the aforementioned classifications or licenses, in constructing multistory wood frame buildings; or an individual certified as a building inspector or building official from a recognized state, national, or international association, as determined by the local jurisdiction. These individuals shall not be employed by the local jurisdiction while performing these inspections. The purpose of the inspection is to determine that exterior elevated elements and their associated waterproofing elements are in a generally safe condition, adequate working order, and free from any hazardous condition caused by fungus, deterioration, decay, or improper alteration to the extent that the life, limb, health, property, safety, or welfare of the public or the occupants is not endangered. The person or business performing the inspection shall be hired by the owner of the building.

(b) For purposes of this section, the following terms have the following definitions:

(1) "Associated waterproofing elements" include flashings, membranes, coatings, and sealants that protect the load-bearing components of exterior elevated elements from exposure to water and the elements.

(2) "Exterior elevated element" means the following types of structures, including their supports and railings: balconies, decks, porches, stairways, walkways, and entry structures that extend beyond exterior walls of the building and which have a walking surface that is elevated more than six feet above ground level, are designed for human occupancy or use, and rely in whole or in substantial part on wood or wood-based products for structural support or stability of the exterior elevated element.

(3) "Load-bearing components" are those components that extend beyond the exterior walls of the building to deliver structural loads from the exterior elevated element to the building.

(c) The inspection required by this section shall at a minimum include:

(1) Identification of each type of exterior elevated element that, if found to be defective, decayed, or deteriorated to the extent that it does not meet its load requirements, would, in the opinion of the inspector, constitute a threat to the health or safety of the occupants.

(2) Assessment of the load-bearing components and associated waterproofing elements of the exterior elevated elements identified in paragraph (1) using methods allowing for evaluation of their performance by direct visual examination or comparable means of evaluating their performance. For purposes of this section, a sample of at least 15 percent of each type of exterior elevated element shall be inspected.

(3) The evaluation and assessment shall address each of the following as of the date of the evaluation:

(A) The current condition of the exterior elevated elements.

(B) Expectations of future performance and projected service life.

(C) Recommendations of any further inspection necessary.

(4) A written report of the evaluation stamped or signed by the inspector presented to the owner of the building or the owner's designated agent within 45 days of completion of the inspection. The report shall include photographs, any test results, and narrative sufficient to establish a baseline of the condition of the components inspected that can be compared to the results of subsequent inspections. In addition to the evaluation required by this section, the report shall advise which, if any, exterior elevated element poses an immediate threat to the safety of the occupants, and

whether preventing occupant access or conducting emergency repairs, including shoring, are necessary.

(d) The inspection shall be completed by January 1, 2025, and by January 1 every six years thereafter. The inspector conducting the inspection shall produce an initial report pursuant to paragraph (4) of subdivision (c) and, if requested by the owner, a final report indicating that any required repairs have been completed. A copy of any report that recommends immediate repairs, advises that any building assembly poses an immediate threat to the safety of the occupants, or that preventing occupant access or emergency repairs, including shoring, are necessary, shall be provided by the inspector to the owner of the building and to the local enforcement agency within 15 days of completion of the report. Subsequent inspection reports shall incorporate copies of prior inspection reports, including the locations of the exterior elevated elements inspected. Local enforcement agencies may determine whether any additional information is to be provided in the report and may require a copy of the initial or final reports, or both, be submitted to the local jurisdiction. Copies of all inspection reports shall be maintained in the building owner's permanent records for not less than two inspection cycles, and shall be disclosed and delivered to the buyer at the time of any subsequent sale of the building.

(e) The inspection of buildings for which a building permit application has been submitted on or after January 1, 2019, shall occur no later than six years following issuance of a certificate of occupancy from the local jurisdiction and shall otherwise comply with the provisions of this section.

(f) If the property was inspected within three years prior to January 1, 2019, by an inspector as described in subdivision (a) and a report of that inspector was issued stating that the exterior elevated elements and associated waterproofing elements are in proper working condition and do not pose a threat to the health and safety of the public, no new inspection pursuant to this section shall be required until January 1, 2025.

(g) An exterior elevated element found by the inspector that is in need of repair or replacement shall be corrected by the owner of the building. All necessary permits for repair or replacement shall be obtained from the local jurisdiction. All repair and replacement work shall be performed by a qualified and licensed contractor in compliance with all of the following:

(1) The recommendations of a licensed professional described in subdivision (a).

(2) Any applicable manufacturer's specifications.

(3) The California Building Standards Code, consistent with subdivision (d) of Section 17922 of the Health and Safety Code.

(4) All local jurisdictional requirements.

(h) (1) An exterior elevated element that the inspector advises poses an immediate threat to the safety of the occupants, or finds preventing occupant access or emergency repairs, including shoring, or both, are necessary, shall be considered an emergency condition and the owner of the building shall perform required preventive measures immediately. Immediately preventing occupant access to the exterior elevated element until emergency repairs can be completed constitutes compliance with this paragraph. Repairs of emergency conditions shall comply with the requirements of subdivision (g), be inspected by the inspector, and reported to the local enforcement agency.

(2) The owner of the building requiring corrective work to an exterior elevated element that, in the opinion of the inspector, does not pose an immediate threat to the safety of the occupants, shall apply for a permit within 120 days of receipt of the inspection report. Once the permit is approved, the owner of the building shall have 120 days to make the repairs unless an extension of time is granted by the local enforcement agency.

(i) (1) The owner of the building shall be responsible for complying with the requirements of this section.

(2) If the owner of the building does not comply with the repair requirements within 180 days, the inspector shall notify the local enforcement agency and the owner of the building. If within 30 days of the date of the notice the repairs are not completed, the owner of the building shall be assessed a civil penalty based on the fee schedule set by the local authority of not less than one hundred dollars ($100) nor more than five hundred dollars ($500) per day until the repairs are completed, unless an extension of time is granted by the local enforcement agency.

(3) In the event that a civil penalty is assessed pursuant to this section, a building safety lien may be recorded in the county recorder's office by the local jurisdiction in the county in which the parcel of land is located and from the date of recording shall have the force, effect, and priority of a judgment lien.

(j) (1) A building safety lien authorized by this section shall specify the amount of the lien, the name of the agency on whose behalf the lien is imposed, the street address, the legal description and assessor's parcel number of the parcel on which the lien is imposed, and the name and address of the recorded owner of the building.

(2) In the event that the lien is discharged, released, or satisfied, either through payment or foreclosure, notice of the discharge containing the information specified in paragraph (1) shall be recorded by the governmental agency. A safety lien and the release of the lien shall be indexed in the grantor-grantee index.

(3) A building safety lien may be foreclosed by an action brought by the appropriate local jurisdiction for a money judgment.

(4) Notwithstanding any other law, the county recorder may impose a fee on the city to reimburse the costs of processing and recording the lien and providing notice to the owner of the building. A city may recover from the owner of the building any costs incurred regarding the processing and recording of the lien and providing notice to the owner of the building as part of its foreclosure action to enforce the lien.

(k) The continued and ongoing maintenance of exterior elevated elements in a safe and functional condition in compliance with these provisions shall be the responsibility of the owner of the building.

(*l*) Local enforcement agencies shall have the ability to recover enforcement costs associated with the requirements of this section.

(m) For any building subject to the provisions of this section that is proposed for conversion to condominiums to be sold to the public after January 1, 2019, the inspection required by this section shall be conducted prior to the first close of escrow of a separate interest in the project and shall include the inspector's recommendations for repair or replacement of any exterior elevated element found to be defective, decayed, or deteriorated to the extent that it does not meet its load requirements, and would, in the opinion of the inspector, constitute a threat to the health or safety of the occupants. The inspection report and written confirmation by the inspector that any repairs or replacements recommended by the inspector have been completed shall be submitted to the Department of Real Estate by the proponent of the conversion and shall be a condition to the issuance of the final public report. A

complete copy of the inspection report and written confirmation by the inspector that any repairs or replacements recommended by the inspector have been completed shall be included with the written statement of defects required by Section 1134 of the Civil Code, and provided to the local jurisdiction in which the project is located. The inspection, report, and confirmation of completed repairs shall be a condition of the issuance of a final inspection or certificate of occupancy by the local jurisdiction.

(n) This section shall not apply to a common interest development, as defined in Section 4100 of the Civil Code.

(o) The governing body of any city, county, or city and county, may enact ordinances or laws imposing requirements greater than those imposed by this section.

~~SEC. 24.~~

SEC. 25. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution for certain costs that may be incurred by a local agency or school district because, in that regard, this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

However, if the Commission on State Mandates determines that this act contains other costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

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AMENDED IN SENATE MAY 11, 2021

AMENDED IN SENATE APRIL 12, 2021

SENATE BILL No. 652

Introduced by Senator Bates

February 19, 2021

An act to ~~amend Sections 1646.1, 1647.2, and 1647.3~~ *amend, repeal, and add Section 1646.1* of the Business and Professions Code, relating to dentistry.

LEGISLATIVE COUNSEL'S DIGEST

SB 652, as amended, Bates. Dentistry: use of sedation: training.

Existing law, the Dental Practice Act, establishes the Dental Board of California within the Department of Consumer Affairs and sets forth its powers and duties relating to the licensure and regulation of dentists. A violation of these provisions is a crime. Existing law, among other things, prescribes requirements for dentists and assisting personnel who administer or order the administration of general anesthesia and deep sedation.

Existing law, commencing on January 1, 2022, requires a dentist to possess either a current license in good standing and a general anesthesia permit issued by the board, or another specified permit and a general anesthesia permit issued by the board, in order to administer or order the administration of deep sedation or general anesthesia on an outpatient basis for dental patients.

Existing law specifies additional requirements if the patient is under 13 years of age, including that the operating dentist and at least 2 additional personnel be present throughout the procedure and that the dentist and one additional personnel maintain current certification in Pediatric Advanced Life Support (PALS) and airway management or

other board-approved training, as specified. Existing law authorizes the board to approve training standards for general anesthesia and deep sedation, in lieu of PALS certification, if the training standard is an equivalent or higher level of training for dental anesthesia-related emergencies as compared to PALS.

This ~~bill~~ *bill, beginning on July 1, 2023,* would require, if the patient is 13 years of age or older, that the operating dentist and at least 2 additional personnel be present throughout the procedure and that the dentist and one additional personnel maintain current certification in Advanced Cardiac Life Support (ACLS).

~~Existing law, commencing on January 1, 2022, authorizes a dentist to administer or order the administration of moderate sedation on an outpatient basis for a dental patient if specified conditions are met. Existing law specifies additional requirements if the patient is under 13 years of age, including that there be at least 2 support personnel in addition to the operating dentist present at all times during the procedure and that the operating dentist and one personnel member maintain current certification in PALS and airway management or other board-approved training.~~

~~This bill would also require, if the patient is 13 years of age or older, that there be at least 2 support personnel in addition to the operating dentist present at all times during the procedure and that the operating dentist and one personnel member maintain current certification in ACLS and airway management.~~

~~Existing law, commencing on January 1, 2022, requires a dentist who desires to administer or to order the administration of moderate sedation to apply to the board for a permit and produce evidence showing that they have successfully completed training in moderate sedation that meets specified requirements.~~

~~This bill would require a permitholder to maintain current and continuous certification in ACLS and airway management.~~

Because a violation of these provisions would be a crime, this bill imposes a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

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

~~SECTION 1. Section 1646.1 of the Business and Professions Code, as added by Section 4 of Chapter 929 of the Statutes of 2018, is amended to read:~~

~~1646.1. (a) A dentist shall possess either a current license in good standing and a general anesthesia permit issued by the board or a permit under Section 1638 or 1640 and a general anesthesia permit issued by the board in order to administer or order the administration of deep sedation or general anesthesia on an outpatient basis for dental patients.~~

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

~~(c) A dentist shall be physically within the dental office at the time of ordering, and during the administration of, general anesthesia or deep sedation.~~

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

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

~~(1) The operating dentist and at least one of the additional personnel shall maintain certification in one of the following:~~

~~(A) If the patient is under 13 years of age, certification in Pediatric Advanced Life Support (PALS) or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8. The additional personnel who is certified in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management shall be solely dedicated to monitoring the patient and shall be trained to read and respond to monitoring equipment including, but not limited to, pulse oximeter, cardiac monitor, blood pressure, pulse, capnograph, and respiration monitoring devices.~~

~~(B) If the patient is 13 years of age or older, certification in Advanced Cardiac Life Support (ACLS). The additional personnel who is certified in ACLS and airway management shall be solely dedicated to monitoring the patient and shall be trained to read~~

~~and respond to monitoring equipment including, but not limited to, pulse oximeter, cardiac monitor, blood pressure, pulse, capnograph, and respiration monitoring devices.~~

~~(2) The operating dentist shall be responsible for initiating and administering any necessary emergency response.~~

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

~~(1) The anesthesia provider and the operating dentist, or one other trained personnel, shall be present throughout the procedure and shall maintain current certification in one of the following:~~

~~(A) If the patient is under 13 years of age, Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8.~~

~~(B) If the patient is 13 years of age or older, Advanced Cardiac Life Support (ACLS).~~

~~(2) The anesthesia provider shall be responsible for initiating and administering any necessary emergency response and the operating dentist, or other trained and designated personnel, shall assist the anesthesia provider in emergency response.~~

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

~~SEC. 2. Section 1647.2 of the Business and Professions Code, as added by Section 6 of Chapter 929 of the Statutes of 2018, is amended to read:~~

~~1647.2. (a) A dentist may administer or order the administration of moderate sedation on an outpatient basis for a dental patient if one of the following conditions is met:~~

~~(1) The dentist possesses a current license in good standing and either holds a valid general anesthesia permit or obtains a moderate sedation permit.~~

~~(2) The dentist possesses a current permit under Section 1638 or 1640 and either holds a valid general anesthesia permit or obtains a moderate sedation permit.~~

~~(b) A dentist shall obtain a pediatric endorsement on the moderate sedation permit prior to administering moderate sedation to a patient under 13 years of age.~~

~~(c) (1) A dentist who orders the administration of moderate sedation shall be physically present in the treatment facility while the patient is sedated.~~

~~(2) There shall be at least two support personnel in addition to the operating dentist present at all times during the procedure involving moderate sedation.~~

~~(3) For patients under 13 years of age, the operating dentist and one personnel member shall maintain current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8. The personnel member with current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management shall be dedicated to monitoring the patient during the procedure involving moderate sedation and may assist with interruptible patient-related tasks of short duration, such as holding an instrument.~~

~~(4) For patients 13 years of age or older, the operating dentist and one personnel member shall maintain current certification in Advanced Cardiac Life Support (ACLS). The personnel member with current certification in ACLS and airway management shall be dedicated to monitoring the patient during the procedure involving moderate sedation and may assist with interruptible patient-related tasks of short duration, such as holding an instrument.~~

~~(d) A dentist with a moderate sedation permit or a moderate sedation permit with a pediatric endorsement shall possess the training, equipment, and supplies to rescue a patient from an unintended deeper level of sedation.~~

~~(e) This article shall not apply to the administration of local anesthesia, minimal sedation, deep sedation, or general anesthesia.~~

~~SEC. 3. Section 1647.3 of the Business and Professions Code, as added by Section 6 of Chapter 929 of the Statutes of 2018, is amended to read:~~

~~1647.3. (a) A dentist who desires to administer or to order the administration of moderate sedation shall apply to the board on an application form prescribed by the board. The dentist shall submit an application fee and produce evidence showing that they~~

~~have successfully completed training in moderate sedation that meets the requirements of subdivision (c).~~

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

~~(c) Training in the administration of moderate sedation shall be acceptable if it meets all of the following as approved by the board:~~

~~(1) Consists of at least 60 hours of instruction.~~

~~(2) Requires satisfactory completion of at least 20 cases of administration of moderate sedation for a variety of dental procedures.~~

~~(3) Complies with the requirements of the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students of the American Dental Association, including, but not limited to, certification of competence in rescuing patients from a deeper level of sedation than intended, and managing the airway, intravascular or intraosseous access, and reversal medications.~~

~~(d) A dentist may apply for a pediatric endorsement for a moderate sedation permit by confirming all of the following:~~

~~(1) Successful completion of residency in pediatric dentistry accredited by the Commission on Dental Accreditation (CODA) or the equivalent training in pediatric moderate sedation, as determined by the board.~~

~~(2) Successful completion of at least 20 cases of moderate sedation to patients under 13 years of age to establish competency in pediatric moderate sedation, both at the time of the initial application and at renewal. The applicant or permitholder shall maintain and shall provide proof of these cases upon request by the board for up to three permit renewal periods.~~

~~(3) In order to provide moderate sedation to children under seven years of age, a dentist shall establish and maintain current competency for this pediatric population by completing 20 cases of moderate sedation for children under seven years of age in the 24-month period immediately preceding application for the pediatric endorsement and for each permit renewal period.~~

~~(4) Current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8.~~

~~(e) A permitholder shall maintain current and continuous certification in Pediatric Advanced Life Support (PALS) and~~

~~airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8, for the duration of the permit.~~

~~(f) A permitholder shall maintain current and continuous certification in Advanced Cardiac Life Support (ACLS) and airway management for the duration of the permit.~~

~~(g) Applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of moderate sedation to patients under 13 years of age may administer moderate sedation to patients under 13 years of age under the direct supervision of a general anesthesia or moderate sedation permitholder with a pediatric endorsement. The applicant may count these cases toward the 20 required in order to qualify for the applicant's pediatric endorsement.~~

~~(h) Moderate sedation permit holders with a pediatric endorsement seeking to provide moderate sedation to children under seven years of age, but who lack sufficient cases of moderate sedation to patients under seven years of age pursuant to paragraph (3) of subdivision (d), may administer moderate sedation to patients under seven years of age under the direct supervision of a permitholder who meets those qualifications.~~

SECTION 1. Section 1646.1 of the Business and Professions Code, as added by Section 4 of Chapter 929 of the Statutes of 2018, is amended to read:

1646.1. (a) A dentist shall possess either a current license in good standing and a general anesthesia permit issued by the board or a permit under Section 1638 or 1640 and a general anesthesia permit issued by the board in order to administer or order the administration of deep sedation or general anesthesia on an outpatient basis for dental patients.

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

(c) A dentist shall be physically within the dental office at the time of ordering, and during the administration of, general anesthesia or deep sedation.

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

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

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

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

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

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

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

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

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

(f) This section shall remain in effect only until July 1, 2023, and as of that date is repealed.

SEC. 2. Section 1646.1 is added to the Business and Professions Code, to read:

1646.1. (a) A dentist shall possess either a current license in good standing and a general anesthesia permit issued by the board

or a permit under Section 1638 or 1640 and a general anesthesia permit issued by the board in order to administer or order the administration of deep sedation or general anesthesia on an outpatient basis for dental patients.

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

(c) A dentist shall be physically within the dental office at the time of ordering, and during the administration of, general anesthesia or deep sedation.

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

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

(1) The operating dentist and at least one of the additional personnel shall maintain certification in one of the following:

(A) If the patient is under 13 years of age, certification in Pediatric Advanced Life Support (PALS) or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8. The additional personnel who is certified in PALS and airway management or other board-approved training in pediatric life support and airway management shall be solely dedicated to monitoring the patient and shall be trained to read and respond to monitoring equipment including, but not limited to, pulse oximeter, cardiac monitor, blood pressure, pulse, capnograph, and respiration monitoring devices.

(B) If the patient is 13 years of age or older, certification in Advanced Cardiac Life Support (ACLS). The additional personnel who is certified in ACLS and airway management shall be solely dedicated to monitoring the patient and shall be trained to read and respond to monitoring equipment including, but not limited to, pulse oximeter, cardiac monitor, blood pressure, pulse, capnograph, and respiration monitoring devices.

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

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

(1) The anesthesia provider and the operating dentist, or one other trained personnel, shall be present throughout the procedure and shall maintain current certification in one of the following:

(A) If the patient is under 13 years of age, PALS and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8.

(B) If the patient is 13 years of age or older, ACLS.

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

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

(h) This section shall become operative on July 1, 2023.

~~SEC. 4.~~

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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AMENDED IN ASSEMBLY JUNE 23, 2021

AMENDED IN SENATE MAY 20, 2021

AMENDED IN SENATE APRIL 20, 2021

AMENDED IN SENATE APRIL 5, 2021

AMENDED IN SENATE MARCH 3, 2021

SENATE BILL No. 731

Introduced by Senators Durazo and Bradford
(Coauthors: Senators ~~Skinner~~ *Kamlager, Skinner,* and Wiener)
(Coauthors: Assembly Members Carrillo, Cristina Garcia, Gipson, Kalra, Lee, Medina, and Stone)

February 19, 2021

An act to amend Sections 851.93, 1203.41, and 1203.425 of the Penal Code, relating to criminal records.

LEGISLATIVE COUNSEL'S DIGEST

SB 731, as amended, Durazo. Criminal records: relief.

Existing law authorizes a defendant who was sentenced to a county jail for the commission of a felony and who has met specified criteria to petition to withdraw their plea of guilty or nolo contendere and enter a plea of not guilty after the completion of their sentence, as specified. Existing law requires the court to dismiss the accusations or information against the defendant and release them from all penalties and disabilities resulting from the offense, except as specified.

This bill would make this relief available to a defendant who has been convicted of any felony.

Commencing July 1, 2022, existing law requires the Department of Justice, on a monthly basis, to review the records in the statewide

criminal justice databases and identify persons who are eligible for specified automatic conviction and records of arrest relief without requiring the filing of a petition or motion. Under existing law, a person is eligible for arrest record relief if they were arrested on or after January 1, 2021, and the arrest was for a misdemeanor and the charge was dismissed or criminal proceedings have not been initiated within one year after the arrest, or the arrest was for a felony punishable in the county jail and criminal proceedings have not been initiated within 3 years after the date of the arrest. Under existing law, a person is eligible for automatic conviction record relief if, on or after January 1, 2021, they were sentenced to probation, and completed it without revocation, or if they were convicted of an infraction or a misdemeanor, and other criteria are met, as specified.

This bill would generally make this arrest record relief available to a person who has been arrested for a felony, including a felony punishable in the state prison, as specified. The bill would additionally make this conviction record relief available for a defendant convicted, on or after January 1, 2005, of a felony for which they did not complete probation without revocation if the defendant appears to have completed all terms of incarceration, probation, mandatory supervision, postrelease supervision, and parole, and a period of four years has elapsed during which the defendant was not convicted of a new offense, except as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. Section 851.93 of the Penal Code is amended to read:

851.93. (a) (1) On a monthly basis, the Department of Justice shall review the records in the statewide criminal justice databases, and based on information in the state summary criminal history repository, shall identify persons with records of arrest that meet the criteria set forth in paragraph (2) and are eligible for arrest record relief.

(2) A person is eligible for relief pursuant to this section, if the arrest occurred on or after January 1, 2021, and meets any of the following conditions:

(A) The arrest was for a misdemeanor offense and the charge was dismissed.

(B) The arrest was for a misdemeanor offense, there is no indication that criminal proceedings have been initiated, at least one calendar year has elapsed since the date of the arrest, and no conviction occurred, or the arrestee was acquitted of any charges that arose, from that arrest.

(C) (i) The arrest was for a felony offense not described in clause (ii), there is no indication that criminal proceedings have been initiated, at least three calendar years have elapsed since the date of the arrest, and no conviction occurred, or the arrestee was acquitted of any charges arising, from that arrest.

(ii) If the arrest was for an offense punishable by imprisonment in the state prison for eight years or more or by imprisonment pursuant to subdivision (h) of Section 1170 for eight years or more, there is no indication that criminal proceedings have been initiated, at least six years have elapsed since the date of the arrest, and no conviction occurred, or the arrestee was acquitted of any charges arising, from that arrest.

(D) The person successfully completed any of the following, relating to that arrest:

(i) A prefiling diversion program, as defined in subdivision (d) of Section 851.87, administered by a prosecuting attorney in lieu of filing an accusatory pleading.

(ii) A drug diversion program administered by a superior court pursuant to Section 1000.5, or a deferred entry of judgment program pursuant to Section 1000 or 1000.8.

(iii) A pretrial diversion program, pursuant to Section 1000.4.

(iv) A diversion program, pursuant to Section 1001.9.

(v) A diversion program described in Chapter 2.8 (commencing with Section 1001.20), Chapter 2.8A (commencing with Section 1001.35), Chapter 2.81 (commencing with Section 1001.40), Chapter 2.9 (commencing with Section 1001.50), Chapter 2.9A (commencing with Section 1001.60), Chapter 2.9B (commencing with Section 1001.70), Chapter 2.9C (commencing with Section 1001.80), Chapter 2.9D (commencing with Section 1001.81), or Chapter 2.92 (commencing with Section 1001.85), of Title 6.

(b) (1) The department shall grant relief to a person identified pursuant to subdivision (a), without requiring a petition or motion

by a party for that relief if the relevant information is present in the department's electronic records.

(2) The state summary criminal history information shall include, directly next to or below the entry or entries regarding the person's arrest record, a note stating "arrest relief granted," listing the date that the department granted relief, and this section. This note shall be included in all statewide criminal databases with a record of the arrest.

(3) Except as otherwise provided in subdivision (d), an arrest for which arrest relief has been granted is deemed not to have occurred, and a person who has been granted arrest relief is released from any penalties and disabilities resulting from the arrest, and may answer any question relating to that arrest accordingly.

(c) On a monthly basis, the department shall electronically submit a notice to the superior court having jurisdiction over the criminal case, informing the court of all cases for which a complaint was filed in that jurisdiction and for which relief was granted pursuant to this section. Commencing on August 1, 2022, for any record retained by the court pursuant to Section 68152 of the Government Code, except as provided in subdivision (d), the court shall not disclose information concerning an arrest that is granted relief pursuant to this section to any person or entity, in any format, except to the person whose arrest was granted relief or a criminal justice agency, as defined in Section 851.92.

(d) Relief granted pursuant to this section is subject to all of the following conditions:

(1) Arrest relief does not relieve a person of the obligation to disclose an arrest in response to a direct question contained in a questionnaire or application for employment as a peace officer, as defined in Section 830.

(2) Relief granted pursuant to this section has no effect on the ability of a criminal justice agency, as defined in Section 851.92, to access and use records that are granted relief to the same extent that would have been permitted for a criminal justice agency had relief not been granted.

(3) This section does not limit the ability of a district attorney to prosecute, within the applicable statute of limitations, an offense for which arrest relief has been granted pursuant to this section.

(4) Relief granted pursuant to this section does not affect a person's authorization to own, possess, or have in the person's

custody or control a firearm, or the person's susceptibility to conviction under Chapter 2 (commencing with Section 29800) of Division 9 of Title 4 of Part 6, if the arrest would otherwise affect this authorization or susceptibility.

(5) Relief granted pursuant to this section does not affect any prohibition from holding public office that would otherwise apply under law as a result of the arrest.

(6) Relief granted pursuant to this section does not affect the authority to receive, or take adverse action based on, criminal history information, including the authority to receive certified court records received or evaluated pursuant to Section 1522, 1568.09, 1569.17, or 1596.871 of the Health and Safety Code, or pursuant to any statutory or regulatory provisions that incorporate the criteria of those sections.

(e) This section does not limit petitions, motions, or orders for arrest record relief, as required or authorized by any other law, including, but not limited to, Sections 851.87, 851.90, 851.91, 1000.4, and 1001.9.

(f) The department shall annually publish on the OpenJustice Web portal, as described under Section 13010, statistics for each county regarding the total number of arrests granted relief pursuant to this section and the percentage of arrests for which the state summary criminal history information does not include a disposition.

(g) This section shall be operative commencing July 1, 2022, subject to an appropriation in the annual Budget Act.

SEC. 2. Section 1203.41 of the Penal Code is amended to read:

1203.41. (a) If a defendant is convicted of a felony, the court, in its discretion and in the interests of justice, may order the following relief, subject to the conditions of subdivision (b):

(1) The court may permit the defendant to withdraw their plea of guilty or plea of nolo contendere and enter a plea of not guilty, or, if the defendant has been convicted after a plea of not guilty, the court shall set aside the verdict of guilty, and, in either case, the court shall dismiss the accusations or information against the defendant and the defendant shall thereafter be released from all penalties and disabilities resulting from the offense of which they have been convicted, except as provided in Section 13555 of the Vehicle Code.

(2) The relief available under this section may be granted only after the lapse of one year following the defendant's completion of the sentence, if the sentence was imposed pursuant to subparagraph (B) of paragraph (5) of subdivision (h) of Section 1170, or after the lapse of two years following the defendant's completion of the sentence, if the sentence was imposed pursuant to subparagraph (A) of paragraph (5) of subdivision (h) of Section 1170 or if the defendant was sentenced to the state prison.

(3) The relief available under this section may be granted only if the defendant is not on parole or under supervision pursuant to subparagraph (B) of paragraph (5) of subdivision (h) of Section 1170, and is not serving a sentence for, on probation for, or charged with the commission of any offense.

(4) The defendant shall be informed, either orally or in writing, of the provisions of this section and of their right, if any, to petition for a certificate of rehabilitation and pardon at the time they are sentenced.

(5) The defendant may make the application and change of plea in person or by attorney, or by a probation officer authorized in writing.

(b) Relief granted pursuant to subdivision (a) is subject to all of the following conditions:

(1) In any subsequent prosecution of the defendant for any other offense, the prior conviction may be pleaded and proved and shall have the same effect as if the accusation or information had not been dismissed.

(2) The order shall state, and the defendant shall be informed, that the order does not relieve them of the obligation to disclose the conviction in response to any direct question contained in any questionnaire or application for public office, for licensure by any state or local agency, or for contracting with the California State Lottery Commission.

(3) Dismissal of an accusation or information pursuant to this section does not permit a person to own, possess, or have in their custody or control any firearm or prevent their conviction under Chapter 2 (commencing with Section 29800) of Division 9 of Title 4 of Part 6.

(4) Dismissal of an accusation or information underlying a conviction pursuant to this section does not permit a person

prohibited from holding public office as a result of that conviction to hold public office.

(c) This section applies to any conviction specified in subdivision (a) that occurred before, on, or after January 1, 2021.

(d) A person who petitions for a change of plea or setting aside of a verdict under this section may be required to reimburse the court for the actual costs of services rendered, whether or not the petition is granted and the records are sealed or expunged, at a rate to be determined by the court not to exceed one hundred fifty dollars ($150), and to reimburse the county for the actual costs of services rendered, whether or not the petition is granted and the records are sealed or expunged, at a rate to be determined by the county board of supervisors not to exceed one hundred fifty dollars ($150), and to reimburse any city for the actual costs of services rendered, whether or not the petition is granted and the records are sealed or expunged, at a rate to be determined by the city council not to exceed one hundred fifty dollars ($150). Ability to make this reimbursement shall be determined by the court using the standards set forth in paragraph (2) of subdivision (g) of Section 987.8 and shall not be a prerequisite to a person's eligibility under this section. The court may order reimbursement in any case in which the petitioner appears to have the ability to pay, without undue hardship, all or any portion of the costs for services established pursuant to this subdivision.

(e) (1) Relief shall not be granted under this section unless the prosecuting attorney has been given 15 days' notice of the petition for relief. The probation officer shall notify the prosecuting attorney when a petition is filed, pursuant to this section, if the defendant was on mandatory supervision. The parole officer shall notify the prosecuting attorney when a petition is filed, pursuant to this section, if the defendant was on parole.

(2) It shall be presumed that the prosecuting attorney has received notice if proof of service is filed with the court.

(f) If, after receiving notice pursuant to subdivision (e), the prosecuting attorney fails to appear and object to a petition for dismissal, the prosecuting attorney shall not move to set aside or otherwise appeal the grant of that petition.

(g) Relief granted pursuant to this section does not release the defendant from the terms and conditions of any unexpired criminal protective orders that have been issued by the court pursuant to

paragraph (1) of subdivision (i) of Section 136.2, subdivision (j) of Section 273.5, subdivision (l) of Section 368, or subdivision (k) of Section 646.9. These protective orders shall remain in full effect until expiration or until any further order by the court modifying or terminating the order, despite the dismissal of the underlying accusation or information.

SEC. 3. Section 1203.425 of the Penal Code is amended to read:

1203.425. (a) (1) (A) Commencing July 1, 2022, and subject to an appropriation in the annual Budget Act, on a monthly basis, the Department of Justice shall review the records in the statewide criminal justice databases, and based on information in the state summary criminal history repository and the Supervised Release File, shall identify persons with convictions that meet the criteria set forth in subparagraph (B) and are eligible for automatic conviction record relief.

(B) A person is eligible for automatic conviction relief pursuant to this section if they meet all of the following conditions:

(i) The person is not required to register pursuant to the Sex Offender Registration Act.

(ii) The person does not have an active record for local, state, or federal supervision in the Supervised Release File.

(iii) Based upon the information available in the department's record, including disposition dates and sentencing terms, it does not appear that the person is currently serving a sentence for an offense and there is no indication of pending criminal charges.

(iv) The conviction meets either of the following criteria:

(I) The conviction occurred on or after January 1, 2021, and meets either of the following criteria:

(ia) The defendant was sentenced to probation, and, based upon the disposition date and the term of probation specified in the department's records, appears to have completed their term of probation without revocation.

(ib) The defendant was convicted of an infraction or misdemeanor, was not granted probation, and, based upon the disposition date and the term specified in the department's records, the defendant appears to have completed their sentence, and at least one calendar year has elapsed since the date of judgment.

(II) The conviction occurred on or after January 1, 2005, the defendant was convicted of a felony other than one for which the

defendant completed probation without revocation, and based upon the disposition date and the sentence specified in the department's records, appears to have completed all terms of incarceration, probation, mandatory supervision, postrelease supervision, and parole, and a period of four years has elapsed since the date on which the defendant completed probation or supervision for that conviction and during which the defendant was not convicted of a new felony offense. This subclause does not apply to a conviction of a serious felony defined in subdivision (c) of Section 1192.7, a violent felony as defined in Section 667.5, or a felony offense requiring registration pursuant to Chapter 5.5 (commencing with Section 290) of Title 9 of Part 1.

(2) (A) Except as specified in subdivision (b), the department shall grant relief, including dismissal of a conviction, to a person identified pursuant to paragraph (1) without requiring a petition or motion by a party for that relief if the relevant information is present in the department's electronic records.

(B) The state summary criminal history information shall include, directly next to or below the entry or entries regarding the person's criminal record, a note stating "relief granted," listing the date that the department granted relief and this section. This note shall be included in all statewide criminal databases with a record of the conviction.

(C) Except as otherwise provided in paragraph (4) and in Section 13555 of the Vehicle Code, a person granted conviction relief pursuant to this section shall be released from all penalties and disabilities resulting from the offense of which the person has been convicted.

(3) Commencing July 1, 2022, and subject to an appropriation in the annual Budget Act, on a monthly basis, the department shall electronically submit a notice to the superior court having jurisdiction over the criminal case, informing the court of all cases for which a complaint was filed in that jurisdiction and for which relief was granted pursuant to this section. Commencing on August 1, 2022, for any record retained by the court pursuant to Section 68152 of the Government Code, except as provided in paragraph (4), the court shall not disclose information concerning a conviction granted relief pursuant to this section or Section 1203.4, 1203.4a, 1203.41, or 1203.42, to any person or entity, in any format, except

to the person whose conviction was granted relief or a criminal justice agency, as defined in Section 851.92.

(4) Relief granted pursuant to this section is subject to the following conditions:

(A) Relief granted pursuant to this section does not relieve a person of the obligation to disclose a criminal conviction in response to a direct question contained in a questionnaire or application for employment as a peace officer, as defined in Section 830.

(B) Relief granted pursuant to this section does not relieve a person of the obligation to disclose the conviction in response to a direct question contained in a questionnaire or application for public office, or for contracting with the California State Lottery Commission.

(C) Relief granted pursuant to this section has no effect on the ability of a criminal justice agency, as defined in Section 851.92, to access and use records that are granted relief to the same extent that would have been permitted for a criminal justice agency had relief not been granted.

(D) Relief granted pursuant to this section does not limit the jurisdiction of the court over a subsequently filed motion to amend the record, petition or motion for postconviction relief, or collateral attack on a conviction for which relief has been granted pursuant to this section.

(E) Relief granted pursuant to this section does not affect a person's authorization to own, possess, or have in the person's custody or control a firearm, or the person's susceptibility to conviction under Chapter 2 (commencing with Section 29800) of Division 9 of Title 4 of Part 6, if the criminal conviction would otherwise affect this authorization or susceptibility.

(F) Relief granted pursuant to this section does not affect a prohibition from holding public office that would otherwise apply under law as a result of the criminal conviction.

(G) Relief granted pursuant to this section does not affect the authority to receive, or take adverse action based on, criminal history information, including the authority to receive certified court records received or evaluated pursuant to Section 1522, 1568.09, 1569.17, or 1596.871 of the Health and Safety Code, or pursuant to any statutory or regulatory provisions that incorporate the criteria of those sections.

(H) Relief granted pursuant to this section does not make eligible a person who is otherwise ineligible to provide, or receive payment for providing, in-home supportive services pursuant to Article 7 (commencing with Section 12300) of Chapter 3 of Part 3 of Division 9 of the Welfare and Institutions Code, or pursuant to Section 14132.95, 14132.952, or 14132.956 of the Welfare and Institutions Code.

(I) In a subsequent prosecution of the defendant for any other offense, the prior conviction may be pleaded and proved and shall have the same effect as if the relief had not been granted.

(J) Relief granted pursuant to this section does not release the defendant from the terms and conditions of any unexpired criminal protective orders that have been issued by the court pursuant to paragraph (1) of subdivision (i) of Section 136.2, subdivision (j) of Section 273.5, subdivision (*l*) of Section 368, or subdivision (k) of Section 646.9. These protective orders shall remain in full effect until expiration or until any further order by the court modifying or terminating the order, despite the dismissal of the underlying accusation or information.

(5) This section shall not limit petitions, motions, or orders for relief in a criminal case, as required or authorized by any other law, including, but not limited to, Sections *1016.5,* 1203.4, 1203.4a, ~~1016.5,~~ and 1473.7.

(6) Commencing July 1, 2022, and subject to an appropriation in the annual Budget Act, the department shall annually publish statistics for each county regarding the total number of convictions granted relief pursuant to this section and the total number of convictions prohibited from automatic relief pursuant to subdivision (b), on the OpenJustice Web portal, as defined in Section 13010.

(b) (1) The prosecuting attorney, probation department, or the Department of Corrections and Rehabilitation may, no later than 90 calendar days before the date of a person's eligibility for relief pursuant to this section, file a petition to prohibit the department from granting automatic relief pursuant to this section, based on a showing that granting that relief would pose a substantial threat to the public safety.

(2) The court shall give notice to the defendant and conduct a hearing on the petition within 45 days after the petition is filed.

(3) At a hearing on the petition pursuant to this subdivision, the defendant, the probation department, the Department of Corrections and Rehabilitation, the prosecuting attorney, and the arresting agency, through the prosecuting attorney, may present evidence to the court. Notwithstanding Sections 1538.5 and 1539, the hearing may be heard and determined upon declarations, affidavits, police investigative reports, copies of state summary criminal history information and local summary criminal history information, or any other evidence submitted by the parties that is material, reliable, and relevant.

(4) The prosecutor, probation department, or Department of Corrections and Rehabilitation has the initial burden of proof to show that granting conviction relief would pose a substantial threat to the public safety. In determining whether granting relief would pose a substantial threat to the public safety, the court may consider any relevant factors including, but not limited to, either of the following:

(A) Declarations or evidence regarding the offense for which a grant of relief is being contested.

(B) The defendant's record of arrests and convictions.

(5) If the court finds that the prosecutor, probation department, or the Department of Corrections and Rehabilitation, has satisfied the burden of proof, the burden shifts to the defendant to show that the hardship of not obtaining relief outweighs the threat to the public safety of providing relief. In determining whether the defendant's hardship outweighs the threat to the public safety, the court may consider any relevant factors including, but not limited to, either of the following:

(A) The hardship to the defendant that has been caused by the conviction and that would be caused if relief is not granted.

(B) Declarations or evidence regarding the defendant's good character.

(6) If the court grants a petition pursuant to this subdivision, the court shall furnish a disposition report to the Department of Justice pursuant to Section 13151, stating that relief pursuant to this section was denied, and the department shall not grant relief pursuant to this section.

(7) A person denied relief pursuant to this section may continue to be eligible for relief pursuant to Section 1203.4, 1203.4a, or 1203.41. If the court subsequently grants relief pursuant to one of

those sections, the court shall furnish a disposition report to the Department of Justice pursuant to Section 13151, stating that relief was granted pursuant to the applicable section, and the department shall grant relief pursuant to that section.

(c) At the time of sentencing, the court shall advise a defendant, either orally or in writing, of the provisions of this section and of the defendant's right, if any, to petition for a certificate of rehabilitation and pardon.

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SENATE BILL No. 772

Introduced by Senator Ochoa Bogh
(Coauthor: Senator Borgeas)

February 19, 2021

An act to amend Section 125.9 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 772, as introduced, Ochoa Bogh. Professions and vocations: citations: minor violations.

Existing law authorizes the State Board of Chiropractic Examiners, the Osteopathic Medical Board of California, and any board within the Department of Consumer Affairs to issue a citation to a licensee, which may contain an order of abatement or an order to pay an administrative fine assessed by the board.

This bill would prohibit the assessment of an administrative fine for a minor violation, and would specify that a violation shall be considered minor if it meets specified conditions, including that the violation did not pose a serious health or safety threat and there is no evidence that the violation was willful.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. Section 125.9 of the Business and Professions Code is amended to read:

125.9. (a) Except with respect to persons regulated under Chapter 11 (commencing with Section 7500), any board, bureau, or commission within the department, the State Board of

Chiropractic Examiners, and the Osteopathic Medical Board of California, may establish, by regulation, a system for the issuance to a licensee of a citation which may contain an order of abatement or an order to pay an administrative fine assessed by the board, bureau, or commission where the licensee is in violation of the applicable licensing act or any regulation adopted pursuant thereto.

(b) The system shall contain the following provisions:

(1) Citations shall be in writing and shall describe with particularity the nature of the violation, including specific reference to the provision of law determined to have been violated.

(2) Whenever appropriate, the citation shall contain an order of abatement fixing a reasonable time for abatement of the violation.

(3) In no event shall the administrative fine assessed by the board, bureau, or commission exceed five thousand dollars ($5,000) for each inspection or each investigation made with respect to the violation, or five thousand dollars ($5,000) for each violation or count if the violation involves fraudulent billing submitted to an insurance company, the Medi-Cal program, or Medicare. In assessing a fine, the board, bureau, or commission shall give due consideration to the appropriateness of the amount of the fine with respect to factors such as the gravity of the violation, the good faith of the licensee, and the history of previous violations.

(4) A citation or fine assessment issued pursuant to a citation shall inform the licensee that if the licensee desires a hearing to contest the finding of a violation, that hearing shall be requested by written notice to the board, bureau, or commission within 30 days of the date of issuance of the citation or assessment. If a hearing is not requested pursuant to this section, payment of any fine shall not constitute an admission of the violation charged. Hearings shall be held pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(5) Failure of a licensee to pay a fine or comply with an order of abatement, or both, within 30 days of the date of assessment or order, unless the citation is being appealed, may result in disciplinary action being taken by the board, bureau, or commission. Where a citation is not contested and a fine is not paid, the full amount of the assessed fine shall be added to the fee for renewal of the license. A license shall not be renewed without payment of the renewal fee and fine.

(c) The system may contain the following provisions:

(1) A citation may be issued without the assessment of an administrative fine.

(2) Assessment of administrative fines may be limited to only particular violations of the applicable licensing act.

(d) Notwithstanding any other provision of law, if a fine is paid to satisfy an assessment based on the finding of a violation, payment of the fine and compliance with the order of abatement, if applicable, shall be represented as satisfactory resolution of the matter for purposes of public disclosure.

(e) Administrative fines collected pursuant to this section shall be deposited in the special fund of the particular board, bureau, or commission.

(f) A licensee shall not be assessed an administrative fine for a violation of the applicable licensing act or any regulation adopted pursuant to the act if the violation is a minor violation. A violation shall be considered minor if all of the following conditions are satisfied:

(1) The violation did not pose a serious health or safety threat.

(2) There is no evidence that the violation was willful.

(3) The licensee was not on probation at the time of the violation.

(4) The licensee does not have a history of committing the violation.

(5) The licensee corrects the violation within 30 days from the date notice of the violation is sent to the licensee.

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STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
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MEMORANDUM

DATE	July 22, 2021
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 25(c):** Update, Discussion, and Possible Action on 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.

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MEMORANDUM

DATE	July 28, 2021
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 26(a):** Update on Pending Regulatory Packages

Background:
Please see the attached table summarizing the current status of each of the Dental Board of California's pending regulatory proposals.

Action Requested:
No action requested.

Rulemaking File	Board Approved Language	Initial Rulemaking Package Assembly Progress	Formal DCA Review	DCA Director Review	Agency Review	OAL Notice Filed	OAL Final Rulemaking Filed	Submitted to Secretary of State/Effective Date
Diversion Evaluation Committee Membership (16 CCR 1020.4)	X	X	X	X	X	X	X	SOS: 7/13/21 Effective: 10/1/2021
Dentistry Law & Ethics Examination Scoring (16 CCR 1031)	X	X	X	X	X	X	In Progress	
Continuing Education Requirements (16 CCR 1016, 1016.2, 1017)	X	In Progress						
Telehealth Notification (16 CCR 1065)	X	In Progress						
Dental Assisting Comprehensive Rulemaking (16 CCR 1067-1081.3)	X	In Progress						

Rulemaking File	Board Approved Language	Initial Rulemaking Package Assembly Progress	Formal DCA Review	DCA Director Review	Agency Review	OAL Notice Filed	OAL Final Rulemaking Filed	Submitted to Secretary of State/Effective Date
Radiographic Decision Making and Interim Therapeutic Restoration Course Requirements (16 CCR 1071.1)	X	In Progress						
Elective Facial Cosmetic Surgery Permit Application and Renewal Requirements (16 CCR 1044.6-1044.8)	X	In Progress						
Mobile and Portable Dental Unit Registration Requirements (16 CCR 1049)	X	In Progress						

Rulemaking File	Board Approved Language	Initial Rulemaking Package Assembly Progress	Formal DCA Review	DCA Director Review	Agency Review	OAL Notice Filed	OAL Final Rulemaking Filed	Submitted to Secretary of State/Effective Date
Minimum Standards for Infection Control (16 CCR 1005)	X	In Progress						
SB 501 Anesthesia and Sedation Requirements (16 CCR 1021 1043.1, 1043.2, 1043.3, 1043.4, 1043.5, 1043.6, 1043.7, 1043.8, 1043.8.1, 1044, 1044.1, 1044.2, 1044.3, 1044.4, 1044.5, 1043.9,1, 1043.9.2, 1070.8	X	In Progress						

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MEMORANDUM

DATE	August 19-20, 2021
TO	Members of the Dental Board of California
FROM	Board Staff Dental Board of California
SUBJECT	**Agenda Item 27:** Discussion and Possible Action Regarding Meeting Dates for 2022

Background:
Should it become possible to have quarterly in-person meetings again in 2022, the Board will need to set the meeting schedule to provide adequate time to negotiate contracts for meeting space locations. A 2022 calendar is attached for your reference. The calendar includes dates for holidays and association meetings.

Pursuant to Business and Professions Code, Section 1607, the Board shall meet regularly once each year in San Francisco and once each year in Los Angeles and at such other times and places as the Board may designate, for the purpose of transacting its business. Historically, the Board meets quarterly.

Proposed Board Meeting Dates for 2022 Locations are yet to be determined	
February 10-11, 2022 February 17-18, 2022 March 3-4, 2022	May 12-13, 2022 (Anaheim for CDA Presents) May 19-20, 2022
August 18-19, 2022 August 25-26, 2022	November 3-4, 2022 November 17-18, 2022

Staff also requests the Board consider holding Friday, October 7, 2022 for a Special Meeting to review the Draft Sunset Review Background Report that will likely be required to be submitted to the Legislature by December 1, 2022.

Action Requested:
Select specific Board meeting dates for 2022.

January 2022

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					New Year's Day	1
2	3	4	5	6	7	8 CSA Board of Directors Planning Session
9 CSA Board of Directors Planning Session	10	11	12	13	14	15 CalAOMS Anesthesia Meeting Palace Hotel, San Francisco
16 CalAOMS Anesthesia Meeting Palace Hotel, San Francisco	17 M L King Day	18	19	20	21	22
23	24	25	26	27	28	29
30	31 CSA Winter Conference Grand Wailea Maui Maui, HI					

February 2022

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1 Chinese New Year	2 CSA Winter Conference Grand Wailea Maui Maui, HI	3 CSA Winter Conference Grand Wailea Maui Maui, HI	4 CSA Winter Conference Grand Wailea Maui Maui, HI	5
6	7	8	9	10	11 Chinese New Year	12
13 Valentine's Day	14	15	16	17	18	19
20	21 President's Day	22	23	24	25	26
27	28					

March 2022

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17 St. Patrick's Day	18	19 ADEA Annual Meeting Palais des congrès de Montréal Montreal, Canada
20 Spring Begins ADEA Annual Meeting Palais des congrès de Montréal Montreal, Canada	21 ADEA Annual Meeting Palais des congrès de Montréal Montreal, Canada	22 ADEA Annual Meeting Palais des congrès de Montréal Montreal, Canada	23	24	25	26
27	28	29	30	31		

April 2022

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7 CSA Annual Meeting 1441 Quivira Road San Diego, CA	8 CSA Annual Meeting 1441 Quivira Road	9 CSA Annual Meeting 1441 Quivira Road San Diego, CA
10 CSA Annual Meeting 1441 Quivira Road San Diego, CA	11	12	13	14	15	16
17 Easter Sunday	18	19	20	21	22	23
24	25	26	27	28	29	30 CalAOMS 22ndl Annual Meeting The Westin Hotel, San Diego, CA

May 2022

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 CalAOMS 22ndl Annual Meeting The Westin Hotel, San Diego, CA	2	3	4	5	6	7
8 Mother's Day	9	10	11	12 CDA Presents Anaheim	13 CDA Presents Anaheim	14
15	16	17	18	19	20	21
22	23 Victoria Day	24	25	26	27	28
29	30 Memorial Day	31				

June 2022

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14 Flag Day	15	16	17	18
19 Father's Day	20	21 Summer Begins	22	23	24	25
26	27	28	29	30		

July 2022

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 Canada Day	2
3	4 Independence Day	5	6	7	8	9
10	11	12	13	14	15	16
17	18 CSA Summer Conference Ko'Olina, Oahu	19 CSA Summer Conference Ko'Olina, Oahu	20 CSA Summer Conference Ko'Olina, Oahu	21 CSA Summer Conference Ko'Olina, Oahu	22 CSA Summer Conference Ko'Olina, Oahu	23 CSA Summer Conference Ko'Olina, Oahu
24 31	25	26	27	28	29	30

August 2022

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

September 2022

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5 Labor Day	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22 Fall Begins	23	24
25 Rosh Hashana	26	27	28	29	30	31

October 2022

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4 Yom Kippur	5	6	7	8
9	10 Columbus Day	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31 Halloween					

November 2022

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11 Veteran's Day	12
13	14 CSA Anesthesia Seminar Fairmont Orchid Kohala Coast, HI	15 CSA Anesthesia Seminar Fairmont Orchid Kohala Coast, HI	16 CSA Anesthesia Seminar Fairmont Orchid Kohala Coast, HI	17 CSA Anesthesia Seminar Fairmont Orchid Kohala Coast, HI	18 CSA Anesthesia Seminar Fairmont Orchid Kohala Coast, HI	19
20	21	22	23	24 Thanksgiving Day	25 Day after Thanksgiving	26
27	28	29	30	31		

December 2022

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21 Winter Begins	22	23	24
25 Christmas	26	27	28	29	30	31