



DENTAL BOARD OF CALIFORNIA

**NOTICE OF TELECONFERENCE MEETING
November 17-18, 2022**

Board Members

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

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

The Dental Board of California (Board) will meet by teleconference approximately at 11:00 a.m., on Thursday, November 17, 2022, and 9:00 a.m., on Friday, November 18, 2022, with the following location available for Board and public member participation¹:

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

For technical difficulties, call the Dental Board of California Office at:
(916) 263-2300 or (877) 729-7789

Important Notice to the Public: This meeting will be held via WebEx Events. Instructions to connect to the meeting can be found [HERE](#).

To participate in the WebEx Events meeting on Thursday, November 17, 2022, please log on to this website the day of the meeting:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m264caee51124c6410bcd10a0459d39b3>

Event number: 2485 175 8338

¹ Face masks may or may not be required at the location depending upon state and local laws and business preferences on the date of the meeting.

Event password: DBC11172022 (32211172 from phones)

To participate in the WebEx Events meeting on Friday, November 18, 2022, please log on to this website the day of the meeting:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mc53f67323cd91c98282df16f51b19905>

Event number: 2485 345 0292

Event password: DBC11182022 (32211182 from phones)

Due to potential technical difficulties, please consider submitting written comments by November 11, 2022, to dentalboard@dca.ca.gov for consideration.

AGENDA

11:00 a.m., or upon completion of Dental Assisting Council meeting, Thursday, November 17, 2022

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 August 25-26, 2022 and October 13, 2022 Board Meeting Minutes **[6-34]**
4. Board President Report **[35]**
5. Executive Officer Report **[36]**
 - a. Introduction of New Board Staff
6. Report on Department of Consumer Affairs Activities, which may include updates on the Department's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters **[37]**
7. Budget Report **[38-42]**
8. Enforcement – Review of Statistics and Trends **[43-54]**
9. Examinations **[55]**
 - a. Report on Commission on Dental Competency Assessment, Western Regional Examining Board, and The Council of Interstate Testing Agencies (CDCA-WREB-CITA)

10. Licensing, Certifications, and Permits **[56-69]**
 - a. Review of Dental Licensure and Permit Statistics
11. Substance Use Awareness
 - a. Diversion Program Report and Statistics **[70]**
 - b. Controlled Substance Utilization Review and Evaluation System Report **[71-80]**
12. Report on October 26, 2022 Meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee **[81]**
13. Discussion and Possible Action on Proposed Regulations **[82-94]**
 - a. Discussion and Possible Action to Consider Comments Received During the 45-Day Comment Period and Proposed Responses Thereto for the Board's Rulemaking to Adopt California Code of Regulations (CCR), Title 16, Section 1066 Related to Dentists Initiating and Administering Vaccines
 - b. Discussion and Consideration of Proposed Regulation to Adopt CCR, Title 16, Section 1066 Related to Dentists Initiating and Administering Vaccines
 - c. Discussion and Possible Action to Consider Changes to Previously Proposed Text and Reauthorization of a Regular Rulemaking to Adopt Text at CCR, Title 16, Section 1006 to Implement AB 107 (Temporary Licensure for Military Spouses and Partners)
14. Update and Discussion on Proposed Regulations not Requiring Board Action **[95-99]**
 - a. Continuing Education Requirements (CCR, Title 16, Sections 1016, 1016.2, and 1017)
 - b. Telehealth Notification (CCR, Title 16, Section 1065)
 - c. Dental Assisting Comprehensive Rulemaking (CCR, Title 16, Sections 1067-1081.3)
 - d. Radiographic Decision Making and Interim Therapeutic Restoration Course Requirements (CCR, Title 16, Section 1071.1)
 - e. Elective Facial Cosmetic Surgery Permit Application and Renewal Requirements (CCR, Title 16, Sections 1044.6 – 1044.8)
 - f. Mobile and Portable Dental Unit Registration Requirements (CCR, Title 16, Section 1049)
 - g. Minimum Standards for Infection Control (CCR, Title 16, Section 1005)
15. Recess Open Session Until November 18, 2022, at 9:00 a.m.

CLOSED SESSION (WILL NOT BE WEBCAST)
16. Convene Closed Session
17. Pursuant to Government Code Section 11126(e)(1) and (2)(A), the Board will Confer with and Receive Advice from Legal Counsel and Deliberate Regarding *Sulitzer, et al. v. Tippins et al.*, United States District Court, Central District of California, Western Division, Case No. 2:19-cv-08902-GW-MAA

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

9:00 a.m., Friday, November 18, 2022

20. Reconvene Open Session – Call to Order/Roll Call/Establishment of a Quorum
21. President’s Report on Closed Session Items **[100]**
22. Anesthesia **[101-128]**
 - a. General Anesthesia and Conscious Sedation Permit Evaluations Statistics
 - b. Update Regarding Board Implementation of SB 501 (Glazer, Chapter 929, Statutes of 2018)
 - c. Discussion and Possible Action Regarding Appointment of General Anesthesia and Moderate Sedation Evaluators
 - d. Discussion and Possible Action on Legislative Proposal to Add Business and Professions Code (BPC) Sections 1647.35 and 1647.36 and Amend BPC Sections 1647.35 and 1647.36 Related to Pediatric Minimal Sedation Permit
23. Legislation – Update, Discussion, and Possible Action on:
 - a. 2023 Tentative Legislative Calendar – Information Only **[129-133]**
 - b. 2021-2022 End of Session Legislative Summary Report **[134-146]**
24. Discussion and Possible Action on Legislative Proposal to Amend BPC Sections 1752.1, 1752.4, and 1907 and Repeal BPC Section 1752.6 Related to Registered Dental Hygienist Application Requirements to Obtain a Registered Dental Assistant License and Permitted Duties **[147-155]**
25. Dental Assisting Council Meeting Report **[156]**
26. Report on Dental Hygiene Board of California Activities **[157]**
27. Discussion of Prospective Legislative Proposals **[158]**

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.
28. Election of 2023 Board Officers **[159-160]**
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.

In accordance with Government Code section 11133(b)(2)(A), the teleconference locations from which Board members may participate in the meeting may not be identified in the notice and agenda of the meeting.

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 their discretion, apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

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



**DENTAL BOARD OF CALIFORNIA
MEETING MINUTES
August 25-26, 2022**

The Dental Board of California (Board) met on August 25-26, 2022, via teleconference at the following location:

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

In addition to the physical location above, this meeting was also held via WebEx Events.

Members Present:

Alan Felsenfeld, MA, DDS, President
James Yu, DDS, MS, Vice President
Sonia Molina, DMD, MPH, Secretary (August 26, 2022 only)
Steven Chan, DDS
Lilia Larin, DDS (August 25, 2022 only)
Meredith McKenzie, Esq., Public Member
Angelita Medina, Public Member
Steven Morrow, DDS, MS
Rosalinda Olague, RDA, BA
Joanne Pacheco, RDH, MAOB

Members Absent:

Joni A. Forge, DDS

Staff Present:

Tracy Montez, Acting Assistant Executive Officer
Ryan Blonien, Acting Chief of Enforcement
Jessica Olney, Anesthesia Unit Manager
Paige Ragali, Licensing and Examination Unit Manager
Wilbert Rumbaoa, Administrative Services Unit Manager
David Bruggeman, Legislative and Regulatory Specialist
Mirela Taran, Administrative Analyst
Bernal Vaba, Special Investigator
Brian Clifford, Senior Planning and Implementation Manager, Executive Office,
Department of Consumer Affairs (DCA)
Ann Fisher, SOLID, DCA
Sarah Irani, SOLID, DCA
Kristy Schieldge, Regulatory Counsel, Attorney IV, Legal Affairs Division, DCA
Olivia Trejo, Chief, Office of Human Resources, DCA

DRAFT - Dental Board of California
August 25-26, 2022 Meeting Minutes

Cesar Victoria, Office of Public Affairs, DCA
Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division, DCA

1:00 p.m., Thursday, August 25, 2022

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

The Board President, Dr. Alan Felsenfeld, called the meeting to order at 1:06 p.m. The Board Vice President, Dr. James Yu, called the roll; nine Board Members were present, and a quorum was established. Board Secretary Sonia Molina, DMD, MPH, and Board Member Joni A. Forge were absent.

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

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

Agenda Item 3: Discussion and Possible Action on May 12-13, 2022 and June 28, 2022

Board Meeting Minutes

President Felsenfeld requested an amendment to the meeting minutes on page 14, Agenda Item 23(d), third paragraph, fifth line, to strike and replace “Acherson” with “Acheson.”

Motion/Second/Call (M/S/C) (Morrow/Pacheco) to approve the May 12-13, 2022 meeting minutes as revised.

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

President Felsenfeld called for the vote on the proposed motion. Vice President Yu took a roll call vote on the proposed motion.

Ayes: Chan, Felsenfeld, Larin, Medina, Morrow, Olague, Pacheco, Yu.

Nays: None.

Abstentions: McKenzie.

Absent: Forge, Molina.

Recusals: None.

The motion passed.

(M/S/C) (Chan/McKenzie) to approve the June 28, 2022 meeting minutes with no changes.

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

President Felsenfeld called for the vote on the proposed motion. Vice President Yu took a roll call vote on the proposed motion.

DRAFT - Dental Board of California
August 25-26, 2022 Meeting Minutes

Ayes: Chan, Felsenfeld, McKenzie, Morrow, Olague, Pacheco, Yu.

Nays: None.

Abstentions: Larin, Medina.

Absent: Forge, Molina.

Recusals: None.

The motion passed.

Agenda Item 4: Board President Report

President Felsenfeld introduced the oncoming Board Members, Dr. Joni Forge, DDS, and Dr. Yogita Thakur, DDS, to the Board and gave a brief summary of their professional experience. He mentioned that he has been working diligently with DCA to keep the transition to a new Executive Officer going forward smoothly. President Felsenfeld introduced Dr. Tracy Montez, Ph.D., as the Acting Assistant Executive Officer of the Dental Board and mentioned that she has been working with DCA over the years which includes her role as Division Chief of Programs and Policy Review. He reported that he attended the July 23, 2022 Dental Hygiene Board of California (DHBC) and the July 26, 2022 DCA Board Leadership (alongside the Board Vice President, Dr. James Yu) meetings. President Felsenfeld noted that he has been working closely with the DCA executive team on assisting the Board with the transition for a permanent Executive Officer and that the job posting is now available online for interested applicants to apply.

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

Agenda Item 5: Acting Assistant Executive Officer Report

Dr. Montez noted that the former Interim Executive Officer, Ms. Sarah Wallace, resigned and moved on to another opportunity within state service. Dr. Montez indicated that she had the honor of being requested by the DCA Director, Ms. Kimberly Kirchmeyer, to step into her new role and help provide some oversight to the Board. She applauded Board staff for their hard work and noted that the high vacancy rate has made the processing of applications challenging. As a result, DCA would be bringing in support staff, who will be starting in September, to help process applications and assist in various areas of the Board. The goal is to get caught up, as well as hire individuals, so that the Board can be responsive to consumer protection, in addition to getting individuals out into the workforce.

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

Agenda Item 6: Report on Department of Consumer Affairs Activities, which may include updates on the Department's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters

Mr. Brian Clifford provided a departmental update. The Governor signed Senate Bill (SB) 189 on June 30, 2022 which reinstitutes through July 1, 2023, the remote meeting provisions of the Bagley-Keene Open Meeting Act that were in place during the pandemic. He provided a reminder that when planning for upcoming meetings, all board members and staff are expected to follow the state and local public health guidelines that apply in the area where meetings are held. Additionally, prior to meeting in person and at a remote location, members need to submit vaccine verification to DCA's Office of Human Resources or be subject to COVID-19 testing. Mr. Clifford announced that the initial report of the Enlightened Licensing Project is now available and was distributed to all boards and bureaus on May 13, 2022. He noted that DCA recently held the brown bag meeting with executive officers and bureau chiefs on July 5, 2022, to roll out changes to DCA's regulation development and approval process. On August 10, 2022, DCA held a brown bag meeting on the topic of social media, which included an overview of social media best practices, content examples, and security. Mr. Clifford expressed that DCA is updating its annual Workforce and Succession Plan and announced two new hires on the DCA executive team. He verbalized that board members are required to complete the Board Member Orientation Training (BMOT) within one year of appointment and re-appointment, and the final training of 2022 will be offered on October 12, 2022.

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

Agenda Item 7: Budget Report

Mr. Wilbert Rumbaoa provided a report on the State Dentistry Fund, which the Board manages, for fiscal year (FY) 2021-22.

Board Member Steven Chan asked how the interest is calculated on the General Fund (GF) Loan and whether it is affected by the increase of prime interest. Mr. Rumbaoa replied that the interest rate is included on the fund condition and that it will be included in the income from the surplus money investment. Dr. Chan asked if it was a fixed interest rate. Mr. Rumbaoa replied that it was indeed, but he did not have the exact number. Dr. Chan asked whether it was tied to increasing prime. Mr. Rumbaoa stated that it is a number based on what was provided for in the Government Code. Dr. Chan asked if the \$5 million loan transfer is a lump sum that was transferred. Mr. Rumbaoa replied that was correct. Dr. Chan verbalized that if the interest rate is five percent on the lump sum of \$5 million, with the assumption of five percent, that would equal \$250,000, not \$25,000. Mr. Rumbaoa replied that the actual repayment is for FY 2023/2024 and that he will obtain the exact amount.

Dr. Larin asked whether this was the first merged report from the Dental Assistant Fund and the State Dental Board Fund and whether the dental assistant expenditures and income could be separated easily. Mr. Rumbaoa replied that it was the fourth report, and expenditures for the dental assisting program and the Board could still be tracked, as it is all based on the fund codes. Any remaining funds that were in the dental assisting program were brought over to the Dental Board State Dentistry Fund. Dr. Larin asked when the projected balance of \$2.9 million would be transferred over. Mr. Rumbaoa replied that it had been transferred over.

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

Ms. Karen Munoz, DCA Budget Manager, noted that the interest rate was a fixed interest rate at the time that loan was paid, and that it was not captured in the fund condition at this time. She noted that the fund transfer did take effect, and there was already an executive order for that to come in as of the end of last FY. She noted that it would be seen in the fiscal month 13 financials once it was closed. Mr. Rumbaoa stated that amount, \$2,877,000, was shown on the fund conditions payment under current year 22/23.

Agenda Item 8: Enforcement - Review of Statistics and Trends

Mr. Ryan Blonien provided the report, which is available in the meeting materials. Mr. Blonien stated that during the month of July, the Sacramento Enforcement Field Office sworn peace officers went to Southern California with the Orange Enforcement Field Office sworn peace officers and addressed 45 unlicensed dental practice cases within 10 days. As a result, five cases were being pursued for criminal prosecution for unlicensed practice of dentistry.

Board Member Steven Morrow asked how the Enforcement Field Office was made aware of the unlicensed practices that were investigated. Mr. Blonien replied that as the Board is complaint driven, the complaints came in through the mail, anonymously online, through the telephone, or from licensed dentists.

Dr. Chan commented that having the graphical display of the aging of the cases was very helpful in seeing where the Board was going with these cases. He pointed out that on pages 49-52 of the meeting materials, Enforcement Statistics for Fiscal Years 2018-2021, it would be helpful to see a graphical display of the trends, as the Board might have learned something from 2020-2021 when the pandemic hit. Dr. Chan indicated that in seeing raw numbers, one is not able to see that trend as readily. Mr. Blonien replied that the statistics would be updated to reflect a graphical display.

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

Dr. Bruce Whitcher, representing himself, expressed concern when he sees a large number of unassigned cases and that he knows the Enforcement Unit is aware of it and are doing what they can. However, he does tend to look at that number because if the cases are not assigned, they are not being worked and, as a result, are aging. Dr. Montez mentioned that DCA was assisting the Board with triaging these pending cases, and Mr. Blonien and his team had been working closely with the Board's experts and have strategies to triage the cases.

Agenda Item 9: Examinations

Agenda Item 9.a.: Report from Commission on Dental Competency Assessment, Western Regional Examining Board, and The Council of Interstate Testing Agencies

Dr. Guy Champagne, Senior Advisor to CDCA-WREB-CITA, provided a verbal report on their activities.

Board Member Lilia Larin asked whether the 99 percent rate is on the first try or on the retake, and whether a retake can be initiated on the same day. Dr. Champagne responded that on all of the slides but the Objective Standardized Clinical Examination (OSCE), that was the first-time pass rate. As far as retakes, the philosophy of ADEX always has been that it believes the results of the exam are reliable, they are not due to chance, and their psychometric analysis showed that. He mentioned that they offer retakes in the same school and have retakes within three to four weeks after the initial exam, but not same-day retakes.

Dr. Morrow stated that one of the Board's licensing codes requires that an examination has not been failed within the last period of time. He stated that candidates are allowed to retake a section of the examination that they did not pass and asked whether the first examination is considered a failure from a standpoint that the licensing requirement says you cannot have failed the examination prior and you have failed one section, but then retook it and passed it the second time. Dr. Champagne replied that it would be the dental licensing authorities' rules and regulations that would determine how they handled the pass and fail. The ADEX rule is a candidate gets three attempts at each section, and all four sections must be completed successfully within 18 months starting July 1 of a student's final year in dental school. Anytime one has had three failures, the whole exam must be started over.

Dr. Morrow replied that the incident he was referring to was a failure of a single section. The record showed that failure, but yet also showed that there was a pass for the same section. However, the license was denied because that failure was present. Dr. Champagne responded that what they record is every attempt at every section, and that it is up to the Board to apply that in how they look at passes and fails. ADEX simply gives a complete transcript of every attempt of every section.

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

Agenda Item 9: Examinations

b. Update on Department of Consumer Affairs Office of Professional Examination Services Acceptance of Dental Licensing Examinations

c. Discussion and Possible Action Regarding the Central Regional Dental Testing Service, Inc. Dental Examination as a Pathway to Licensure

Ms. Paige Ragali provided the report, which is available in the meeting materials. Dr. Montez noted that the Office of Professional Examination Services (OPES) was scheduled to review a number of examinations, which include the Integrated National Board Dental Examination (INBDE), Portfolio Examination, and the Dental Licensure Objective Structured Clinical Examination (DLOSCE). Given the vacancies and other projects and challenges that Board staff was momentarily facing, she felt that it would be premature to add another pathway for review. Dr. Montez voiced that the Board had a number of priorities that it needed to address presently, and it would be an additional burden to staff to take on this task, considering they have licensing and enforcement priorities. Additionally, she added that the Board's exams at the moment were doing quite well.

Dr. Chan stated that over the years, he has come to realize and understand that it takes substantial resources to take an exam through OPES, and that it takes a considerable amount of time to validate the exam and then implement it. He asked how the Board would determine the drive for the CRDTS exam and whether it was valid to examine how many people are coming from other states to California in order to see what the market drive might be. Dr. Montez replied that typically OPES looks at these programs when a board sees a need for an examination to be considered a pathway. If a board's current pathways are doing well and individuals are getting licensed, there is not necessarily a need to take the time and resources to look into new examinations. She voiced that in the near future, the Board could ask OPES to obtain initial data about CRDTS examination usage before undertaking such a project. Other than CRDTS approaching the Board, she is not aware of any requests to push for the acceptance of CRDTS as an additional pathway to licensure.

(M/S/C) (McKenzie/Chan) to postpone consideration of the CRDTS examination to a later meeting.

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

Ms. Richael Cobler, Executive Director of CRDTS, reminded the Board that California is an outlier, and CRDTS is accepted in 41 of the 48 states that accept examination toward licensure. She noted that CRDTS would encourage the Board to accept the examination toward licensure as the right thing to do for candidates, and there needs to be a market for another exam. Ms. Cobler stated that in California, the CRDTS dental hygiene clinical examination has been accepted for a number of years. She stated CRDTS was perplexed that the CRDTS exam was not accepted based on the components of the exam being substantially equivalent to other exams that the Board does accept. Ms. Cobler indicated

that CRDTS believes there is room for competition and there is a good desire for competition by the candidates, and there should be more than one testing agency out there, which is available. She encouraged the Board to assess the CRDTS examination on the components being substantially equal to the other examination and allow candidates to choose the examination they take based on the offerings.

Dr. Sam Jacoby, President of CRDTS, provided a background on CRDTS and ADEX and mentioned that CRDTS played a major part in the development of the ADEX examination. He stated that if CRDTS would have another opportunity to present to the Board, they would appreciate that.

President Felsenfeld called for the vote on the proposed motion. Vice President Yu took a roll call vote on the proposed motion.

Ayes: Chan, Felsenfeld, Larin, McKenzie, Medina, Morrow, Olague, Pacheco, Yu.

Nays: None.

Abstentions: None.

Absent: Forge, Molina.

Recusals: None.

The motion passed.

Agenda Item 10: Licensing, Certifications, and Permits

Agenda Item 10.a.: Review of Dental Licensure and Permit Statistics

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

President Felsenfeld voiced that he was one of the individuals from the California Dental Association (CDA) that was involved in the development of the Portfolio Examination, and he asked to see continuing data of this particular examination. Ms. Ragali replied that the Board does present on portfolio application statistics. Dr. Larin asked if the Board has any statistics on how long it takes to receive a license from the time applicants apply to the time their application is approved. Ms. Ragali replied that the Board does not typically present statistics of processing timeframes as they are ever-changing. She advised that currently the Licensing Unit was processing applications and documents received within mid-to-late July. She verbalized that there had been a delay in processing applications, and the timeframe had been a little bit longer than it had been in previous years. However, staff was working diligently and have support coming in from DCA to help alleviate the processing delay and attempt to get applicants in the workforce as quickly as possible. She communicated that presently the timeframe for processing applications and documents was four to six weeks, compared to the eight-week timeframe not too long ago.

Dr. Montez clarified that the four to six week timeframe represented complete application packages with no deficiencies. Where the Board seemed to be running into challenges was when applications were received that had deficiencies, as it created a

prolonged processing time. She noted that the Board would be posting processing times in the future, as well as working on a campaign to help educate students, schools, and stakeholders about the importance of submitting an entire package to help expedite processing.

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

Agenda Item 10.b.: Presentation from the Department of Health Care Access and Information (HCAI)

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

Ross Lallian, Healthcare Workforce Development Research and Evaluation Chief, Department of HCAI, provided an overview of the health workforce Research Data Center (RDC), RDC data sources, and workforce data use cases.

Dr. Chan asked what the gender or gender identity, sexual orientation, and disability status have to do with the delivery of dentistry given today's political sensitivity and privacy acts. Mr. Lallian replied that when the statute was developed, it was taking a look at the entire health workforce. Something that has come up is that folks from the LGBTQI community are voicing their concerns about healthcare professionals and are saying that they not represented in the health workforce. HCAI is attempting to collect gender identity and sexual orientation data, as it has become an emerging topic in the health workforce space, and HCAI wants to understand where there are gaps in representation. Dr. Chan verbalized that an employer cannot ask those questions of a prospective employee. Mr. Lallian clarified that in the licensure renewal process, it is not the employer that is asking the questions and the data obtained is not shared with employers.

Dr. Montez shared that although this topic does not come up as much with the Board, she was aware that some of the other DCA boards and bureaus have been interested in collecting information like this for quite some time. She noted that one of the Governor's missions is to address diversity, inclusion, and equity, and this could be part of that. Dr. Montez indicated that DCA prevents its boards from collecting this type of information. Upon licensure, DCA has to be very sensitive about information that it collects. With this new legislation, additional information can be collected through the renewal process. What DCA is trying to do is collect a plethora of information that can be used to see whether or not practitioners across DCA are representative of the individuals the practitioners are helping. DCA is attempting to collect information while also recognizing confidentiality, privacy, and so forth.

Ms. Olney mentioned that the BreZE team created a method to require the survey through online renewals. The only data that the Board is able to see is that the survey was completed and the date that it was completed on. The Board does not have access to that data, and the user is redirected to HCAI's website to take the survey. She noted

that HCAI collects more information than the Board, which includes collecting data on where people are working and the hours that they are working.

(M/S/C) (Felsenfeld/Pacheco) to direct staff to work with the Department of Healthcare Access and Information (HCAI) to review Business and Professions Code (BPC) section 1715.5 and the data collected to determine the value in continuing to collect the Board's Dental Workforce Survey at the time of renewal and provide recommendations on updating data points and/or survey questions to collect reliable data.

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

Ms. Tooka Zokaie, CDA, was curious about whether the categories for diversity were in the standard of the Health Policy Institute (HPI) of the American Dental Association, and if they reflected the 2020 census categories, as the ones she saw listed seemed to be outdated and not as inclusive of what a lot of new data was collecting with more specific categories. She voiced that this was an area that CDA and the CDA Foundation was also investigating. It was part of the Diversity, Equity, Inclusion, and Belonging (DEIB) work group to investigate diversity in dentistry, specifically leadership, and faculty.

Dr. Morrow noted that while the Board is collecting this data regarding access to care, he had not seen any data regarding reasons why patients do not have access to care. He asked what are the reasons that patients give for not being able to have dental care when they need it and whether we have data that supports that. Ms. Tara Welch replied that the Board does not have statutory authority to collect that type of patient information. She noted that the Enforcement Unit could have some determination based upon the number of complaints they are getting or the information reported in consumer complaints. Unless the Board has specific statutory authority to collect a survey or information from the public on the data in question, it will not be collected because it creates an additional obligation as to how the Board maintains those records. Momentarily, the Board is merely collecting the information that it is authorized to collect, and HCAI is also doing the same thing in trying to have a better understanding of the workforce in the future. President Felsenfeld noted that in his former life he was very active with CDA, and they have a ton of data on the reasons as to why people cannot or do not go to the dentist.

President Felsenfeld called for the vote on the proposed motion. Vice President Yu took a roll call vote on the proposed motion.

Ayes: Chan, Felsenfeld, Larin, McKenzie, Medina, Morrow, Olague, Pacheco, Yu.

Nays: None.

Abstentions: None.

Absent: Forge, Molina.

Recusals: None.

The motion passed.

Agenda Item 11.a-l: Update, Discussion, and Possible Action on Proposed Regulations

Mr. David Bruggeman provided the report, which is available in the meeting materials. Mr. Bruggeman disclosed a brief update of the progress or approval of the Board's regulatory packages.

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

Agenda Item 11.k.: Discussion and Possible Action on a Regular Rulemaking to Adopt CCR, Title 16, Section 1066 Relating to Dentists Initiating and Administering Vaccines

Mr. Bruggeman provided the report, which is available in the meeting materials. He noted the Board had already filed the regular rulemaking package with the Office of Administrative Law (OAL). It was scheduled to be noticed in the California Regulatory Notice Register on September 2, 2022, which would start the rulemaking process and initiate the 45-day initial comment period during which the public can provide their comments. Mr. Bruggeman verbalized that at the November 2022 Board meeting, the comment period would already be closed. If there are adverse comments, Board staff will bring them to the Board at that point.

Dr. Morrow stated that from what he gathered, Assembly Bill (AB) 526 would allow dental students, under the supervision of a licensed faculty member at the school of dentistry to also be able to administer vaccines. Mr. Bruggeman replied that he did not have any information on that but would research the specifics of that issue and come back with more information. Dr. Morrow stated that one of the issues that came up during the pandemic was that at his healthcare university, nursing students, medical students, and pharmacy students were able to administer vaccines under the supervision of their faculty in the university-based vaccine center. However, dental students were not. As a result of that, an appeal was made, and the university got a waiver from DCA to allow dental students to administer vaccines. Dr. Morrow voiced his understanding that this bill would make it that should a pandemic occur again in the future, dental students would be able to be of assistance.

Dr. Larin asked how the Board ended up with a one-hour vaccination training. Mr. Bruggeman replied that the development of these regulations was through the contributions of existing work done by the California Department of Public Health (CDPH). He noted that if the Board was interested in changing the specifics of the requirements, that was certainly something that could be done through the regular rulemaking process. Once the package was published in the Notice Register, the Board would have the opportunity to amend the regulations. Dr. Larin asked whether the health department believed a one-hour training was sufficient. Mr. Bruggeman replied that the suggested language was provided by CDPH.

Ms. Kristy Schieldge addressed Dr. Morrow's question and stated that statute does not provide for any other healthcare provider other than a dentist to administer the vaccine. The current statute and regulation only contemplate dentists having the authority to administer and initiate vaccine. There may be situations where in an emergency situation, like a pandemic declaration emergency, where there can be application to the DCA director to waive that requirement. However, in this situation, this particular statute and regulation only contemplate that dentists are authorized to prescribe and administer vaccines. With respect to public comment on the rulemaking, the prior motion from the March 2022 Board meeting was that if no adverse comments were received, the Board would complete the rulemaking. Ms. Schieldge asked the Board Members if they would like Board staff to bring the package back, whether or not an adverse comment is received, at the November Board meeting. Mr. Bruggeman rephrased Ms. Schieldge's question and asked whether the Board anticipated having a need to amend the text absent the presence of an adverse comment, which would require a Board response. Ms. Schieldge indicated that the one-hour training requirement was discussed with CDPH, as well as with the Board's prior Interim Executive Officer, who suggested that the Board stay with the one hour requirement. The rationale Legal Counsel was provided was that dentists are quite familiar with how to administer vaccines given the history of where this statute and regulation originated. If the Board, upon reconsideration, did not believe the one hour was sufficient, a motion from the Board would need to be made to bring the text back for consideration after the close of the public comment period, regardless of whether there was an adverse comment or not.

Dr. Chan asked how long dentists would have to keep the records when they prescribe and administer vaccines, noted the different steps from manufacture to administration of a vaccine, and inquired who would be liable if a vaccine happens to not work. Additionally, Dr. Chan agreed with Dr. Larin about the one-hour requirement, and asked how the Board would approve continuing education (CE) credit from the Centers for Disease Control and Prevention (CDC). He noted that when the administration of the vaccine is performed, not within one's own office but at a public event, it does not necessarily describe who has to keep the records. He said the Board might consider as unprofessional conduct to forge, lose, or to have missing vaccination cards, and that there are special considerations for consent when vaccines are administered to minors.

Ms. Schieldge replied that the scope of BPC section 1625.6 is to set basic immunization training requirements, which are the Board's requirements, not CDC's. She noted that Board staff consulted with CDPH in the development of the regulations, as it is the state agency responsible for immunization compliance and compliance with federal law and the rollout in California. The Board consulted with CDPH, because part of the statute is to set standards for recordkeeping and reporting requirements, which was done in this regulation. She stated that anything beyond the scope of Section 1625.6 was already covered by state and federal law. Ms. Schieldge stated that the reporting requirements to the immunization branch of CDPH also was done in this regulation. Ms. Schieldge stated that what the Board was supposed to do with these regulations was to set forth minimum training, CE, recordkeeping, and reporting requirements. The text that the

Board approved in March 2022, in subsections (b) through (f), set forth the requirements and the documentation that must be retained, such as separate certificates of completion for training, the requirements for personal vaccination information, and the patient record information that is supposed to be maintained. As far as the other requirements that the Board does not administer, the dentist would be responsible for compliance with those federal and state agency requirements. The documentation does need to be retained by the dentist for three years according to California Code of Regulations (CCR), title 16, section 1017. Ms. Schieldge commented that the CE requirements are in section 1017 and this regulatory proposal is consistent with those requirements.

President Felsenfeld clarified that if the Board does not take any action and accepted this item as informational, the rulemaking would continue to progress along. Ms. Schieldge replied that was correct. President Felsenfeld asked if it was correct to state that if the Board elects to change anything, then the Board would have to re-do the rulemaking and possibly the statute and prolong the process by as long as that would take. Ms. Schieldge replied that it would depend on what kind of changes the Board wanted to make. If it was merely within the scope of BPC section 1625.6, then the regulatory text would need to be changed, which could be done after the public comment period closes.

Vice President Yu noted that some patients may have strong side effects during the administration of the vaccine and some of the side effects could end in death. He asked what would be the responsibility of the dentist who administered the vaccine. Ms. Schieldge replied that the current regulatory proposal did not address professional standards for administration of a vaccine in terms of what to do and how to evaluate a patient's condition. This regulatory proposal simply would do what the Legislature asked the Board to do, which is set forth the standards for the training, recordkeeping, and reporting requirements, so that the immunizations could occur. Vice President Yu asked whether or not the dentist in charge of administering the vaccine would carry that responsibility, taking into consideration the emergency use from the Food and Drug Administration (FDA). Ms. Schieldge replied that the Board could certainly think about putting an item on a future agenda to discuss issues related to vaccine administration and unprofessional conduct standards in relation to administration. Ms. Welch noted that the Board had already moved and adopted a motion to bring the proposal back if there were adverse comments.

The Board took no action on this item.

Agenda Item 11.I: Discussion and Possible Action to Initiate a Rulemaking and Adopt Proposed CCR, Title 16, Section 1006 to Implement AB 107 (Temporary Licensure for Military Spouses/Domestic Partners)

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

Dr. Morrow asked what “reproved” means under CCR, title 16, section 1006, subsection (a)(1). Mr. Bruggeman replied that as he understood the language, it was another indication that there was action taken against the license referred for misconduct. Ms. Welch stated that it is merely a letter and that it is not formal discipline. Ms. Schieldge stated it is usually called a reprimand in other statutes, but in the laws authorizing the Board to impose this lowest level of discipline, it is called a reproof. It is considered discipline because it is a negative comment on one’s licensing record.

Dr. Morrow moved to approve the regulatory text for section 1006 and submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as described in the text notice for 16 CCR section 1006.

There was no second on the motion.

Ms. Welch proposed a revision to the definition of “disciplined” on page 91 of the meeting materials, in proposed section 1006, subsection (a)(1). Ms. Welch explained the proposed text defined “disciplined” to mean that the applicant's license is not on probation, etc. She stated this created a double negative regarding what the applicant has to disclose on page 93 in [subsection (b)], paragraph (5), “the applicant shall disclose whether the applicant has been disciplined....” However, the proposed definition of “disciplined” means the applicant “is not” disciplined.

Ms. Welch recommended amending the text on page 91, in subsection (a)(1), to change the definition of “disciplined” to strike “is not” and insert “has been placed”. So, the text would read “‘Disciplined’ means that the applicant's license has been placed on probation, etc.” Ms. Schieldge agreed with Ms. Welch’s proposed change.

Ms. Welch noted that this regulation implements BPC section 115.6, which authorizes the Board to issue an expedited license, effectively, as a temporary license. However, in section 115.6, subdivision (c)(5), it says that the applicant seeking a temporary license under this section shall meet specified requirements, including that the applicant shall not have been disciplined by a licensing entity. So, in proposed section 1006, the Board would be defining “disciplined” as “has been placed on probation,” and the applicant, [pursuant to the proposed text] on page 93, would have to disclose whether they have been disciplined. The statute says “if they have been disciplined”, so this regulation would allow the Board to get those [disciplinary] records, then the applicant would not qualify for the temporary license.

(M/S/C) (Felsenfeld/Chan) to amend the proposed regulatory text for CCR, title 16, section 1006, subsection (a)(1), to strike "is not" and insert "has been placed".

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

President Felsenfeld called for the vote on the proposed motion. Vice President Yu took a roll call vote on the proposed motion.

Ayes: Chan, Felsenfeld, Larin, McKenzie, Medina, Morrow, Olague, Pacheco, Yu.

Nays: None.

Abstentions: None.

Absent: Forge, Molina.

Recusals: None.

The motion passed.

(M/S/C) (Morrow/Chan) to approve the proposed regulatory text for section 1006 as amended at this meeting. In addition, submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as described in the text notice for 16 CCR section 1006.

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

President Felsenfeld called for the vote on the proposed motion. Vice President Yu took a roll call vote on the proposed motion.

Ayes: Chan, Felsenfeld, Larin, McKenzie, Medina, Morrow, Olague, Pacheco, Yu.

Nays: None.

Abstentions: None.

Absent: Forge, Molina.

Recusals: None.

The motion passed.

Agenda Item 12: Recess Open Session Until August 26, 2022, at 9:00 a.m.

President Felsenfeld recessed Open Session at 4:11 p.m.

At 4:11 p.m., the Board recessed for a break.

Agenda Item 13: Convene Closed Session

At 4:18 p.m., the Board convened Closed Session.

Agenda Item 14: Pursuant to Government Code Section 11126(a)(1), the Board Will Meet in Closed Session to Discuss and Take Possible Action on Selection Process and Appointment of “Acting” or “Interim” Executive Officer

The Board convened in Closed Session to discuss and take possible action on the appointment of an Interim EO.

Agenda Item 15: 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

The Board convened in Closed Session to discuss disciplinary matters.

Agenda Item 16: Pursuant to Government Code Section 11126(c)(2), the Board Will Meet in Closed Session to Deliberate and Vote on Whether or Not to Grant, Deny, or Request Further Evaluation of a Conscious Sedation Permit as it Relates to an Onsite Inspection and Evaluation Failure

The Board convened in Closed Session to deliberate and vote on whether or not to grant, deny, or request further evaluation of a Conscious Sedation Permit as it related to an onsite inspection and evaluation failure.

Agenda Item 17: Adjourn Closed Session

President Felsenfeld adjourned Closed Session at 5:06 p.m.

9:00 a.m., Friday, August 26, 2022

Agenda Item 18: Reconvene Open Session – Call to Order/Roll Call/Establishment of a Quorum

President Felsenfeld called the meeting to order at 9:05 a.m. Vice President Yu called the roll; nine Board Members were present, and a quorum was established. Board Members Lilia Larin, DDS, and Joni A. Forge, DDS, were absent.

Agenda Item 19: President’s Report on Closed Session Items

President Felsenfeld provided a verbal report to the Board regarding Closed Session items. He reported the Board denied the Conscious Sedation Permit for the following candidate: 1. SS. Additionally, President Felsenfeld reported that the Board voted to appoint an Interim EO. An announcement regarding who was the appointed person would be made after approval was received from the Director of DCA.

The Board did not take public comment on this item.

Agenda Item 20: Dental Assisting Council (DAC) Meeting Report

Ms. Jeri Fowler, Chair of the DAC, provided a verbal report on the May 12, 2022 DAC meeting. Ms. Fowler advised the Board regarding DAC discussion of DAC meeting agenda items 3 through 8.

For DAC Agenda Item 8, Ms. Fowler advised the Board the DAC moved a motion to collaborate with the DHBC to recommend that a recommendation to amend BPC sections 1752.1, 1752.4, and 1907 and repeal section 1752.6 to clarify the application requirements of a registered dental hygienist (RDH) to obtain a registered dental assistant (RDA) license and education requirements to perform additional RDA duties. [See DAC, August 25, 2022 Meeting Minutes for full discussion.]

Dr. Morrow expressed his thanks and sincere appreciation for Ms. Fowler's dedication to conducting the business of the DAC.

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

Dr. Witcher, on behalf of CDA and himself, thanked Board staff, Ms. Rikki Parks, Dental Assisting Program Analyst, and Ms. Ragali, for preparing the DAC meeting reports. He noted the licensing figures and success rates on the RDA examination. For FY 2021/22, the first-time pass rate on the RDA written examination was 69 percent, with the prior year being 71 percent. In FY 2019/20, the first-time pass rate was 67 percent. On the other hand, RDA applications approved by month have been consistent for the last four years, in the area of 2,500 to 2,600 total per year, and the RDA licenses issued by month are much lower. In the last couple of years, about 30 percent of applicants did not receive a license. Dr. Witcher noted that there seemed to be a log jam between the approval of an application and the granting of a license.

Mr. Anthony Lum, DHBC Executive Officer, noted that he looked forward to more communication and work with the Board on the changes to the statutory language that affects RDHs.

Agenda Item 21: Substance Use Awareness

Agenda Item 21.a.: Diversion Program Report and Statistics

Mr. Bernal Vaba provided the report, which is available in the meeting materials. He noted that as a quick point of reference, under quarter four of the statistics, it should read April, May, June in lieu of January, February, March. The next Diversion Evaluation Committee (DEC) Meeting was scheduled for October 5, 2022.

President Felsenfeld asked whether Mr. Vaba had any thoughts on why the number of participants in the program was down to seven and whether individuals were no longer coming into the program. Mr. Vaba stated he would have to look into that; when he took over as the Board's Diversion Program Manager, the participant number was around nine or 10. He reported that the number had been low for quite some time. Dr. Montez

stated that she had the opportunity to participate in the last Diversion meeting with Mr. Vaba and found that low participant numbers was a trend across the DCA healing arts boards.

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

Agenda Item 21.b.: Discussion and Possible Action Regarding Appointment of Diversion Evaluation Committee Member

Mr. Vaba provided the report, which is available in the meeting materials. Mr. Vaba indicated that one of the DEC members retired at the end of April 2022 and there was a need to fill his vacancy. Board staff posted a recruitment notice and received an application from a previous DEC member – Thomas Specht, DDS.

(M/S/C) (Chan/Medina) to accept the recommendation to appoint Dr. Specht to the DEC.

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

President Felsenfeld called for the vote on the proposed motion. Vice President Yu took a roll call vote on the proposed motion.

Ayes: Chan, Felsenfeld, McKenzie, Medina, Molina, Morrow, Olague, Pacheco, Yu.

Nays: None.

Abstentions: None.

Absent: Forge, Larin.

Recusals: None.

The motion passed.

Agenda Item 21.c.: Controlled Substance Utilization Review and Evaluation System (CURES) Report

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

Dr. Chan asked if it would be of value to gather statistics on the number of individuals retiring their federal Drug Enforcement Agency (DEA) license. Mr. Blonien replied he believed the Board could obtain the total number of DEA licenses, but unfortunately it was not easy to do so. He indicated that the Board had seen a plethora of licensees surrendering their DEA licenses or not wanting to deal with it any longer. Dr. Chan asked whether or not it was of value to the Board to see the marketplace. Mr. Blonien replied that was up to the Board to determine.

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

Agenda Item 22: Anesthesia

Agenda Item 22.a.: General Anesthesia and Conscious Sedation Permit Evaluations Statistics

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

Dr. Chan asked how the statistics from the old model to the new model would be compared. Ms. Olney replied that the Board had not begun the new model as the regulations were recently approved. Many of the permit holders are still able to continue to practice under the existing terms of their permit due to the fact that they were able to renew their permits prior to December 31, 2021. She mentioned that the Board would start seeing new permit holders apply or individuals renew who would have to follow the new regulations. Dr. Chan indicated that as a body of data, the Board may be comparing different things on the old model in the new model. Ms. Olney replied that the new regulations included changes to equipment and records requirements and updated terms. As it did not change significantly, the Board might not see a huge difference there. Dr. Montez expressed that it may be difficult to do direct comparisons. Certainly, the Board could track data and get a better understanding of where it might see complications given how the permits are issued and broken down. President Felsenfeld stated that the Board might have to look at gross numbers to get a sense of trends.

Dr. Morrow stated that the report for 2022 identified six permits were cancelled because of non-compliance. He asked what were the issues of non-compliance involved in those cancellations. Ms. Olney replied that non-compliance is when a permit holder does not reply to the notification that they are required to have their on-site inspection. The Board sends letters by certified mail, in addition to regular mail, to permit holders to let them know that they need to be inspected by a certain date. If they do not respond by that date and have that inspection, their permits are cancelled. Dr. Morrow asked if in essence they are canceled by default, not because of any wrongdoing. Ms. Olney replied that is correct. Board Member Sonia Molina asked if with the new requirements, the existing permit holders would be grandfathered in with additional requirements. President Felsenfeld replied that her comment would be addressed when the Board moved on to the next agenda item.

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

Agenda Item 22.b.: Update Regarding Board Implementation of SB 501 (Glazer, Chapter 929, Statutes of 2018)

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

Secretary Molina asked if going forward the licensees who had a prior permit would be grandfathered in with additional requirements or would they have to start from scratch. Ms. Olney replied that the existing General Anesthesia (GA) and Medical General Anesthesia (MGA) permit holders would continue with their existing permits. If they were

going to administer deep sedation or GA to patients under seven, they would have to apply for a pediatric endorsement. Ms. Olney noted that when SB 501 was written, the Conscious Sedation (CS) permit holders were not grandfathered into the new moderate sedation permit. Secretary Molina asked if that permit is the moderate sedation for children under seven or for adults. Ms. Olney replied that the moderate sedation is a new permit altogether, and it requires a pediatric endorsement under two scenarios. The first is if they administer moderate sedation to patients under the age of 13, and the second is if they administer to patients under the age of 7. Secretary Molina asked whether a dentist would have to do any further training if they only administer to adults. Ms. Olney replied that if they only administer to adults, they do not have to apply for the pediatric endorsement and they would apply for the moderate sedation permit. She mentioned that there is a Certification of Moderate Sedation Training form that their program will need to complete. Secretary Molina asked if they still have to fill out a new application and then get the new certification. Ms. Olney replied that they do have to apply for the new permit and that they are not automatically transferred to the permit.

Dr. Chan commented that moving forward with the pediatric endorsement and the pediatric minimal sedation permit are affirmative moves for the Board. Additionally, he noted that the Board should keep an eye on trends, specifically on the adverse effects in geriatrics, and what the Board can do to mitigate those numbers.

Dr. Montez asked Ms. Olney to summarize where the Board is at in terms of things being processed and the communications that are out there. Ms. Olney reported that the DCA internet team was able to create new websites for each of the permits. They explained that the forms will need to be submitted to the Board by mail initially until the BreZE system is working correctly as far as the printing of certificates and licenses that go out to the permit holders. The Board needed to wait until the regulations were approved so that those application questions would be present when a licensee goes online and applies. She noted that the Board had been getting many emails and phone calls and that the staff in the Anesthesia Unit have been successfully fielding them.

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

Dr. Whitcher thanked Board staff for their work and pointed out that until the BreZE improvements are finalized, licensees will need to submit their applications by mail. He felt one of the areas that is the least clear is the application for the moderate sedation endorsement, because there were a number of choices to be made in terms of age groups. Based on the outcome study that the Board put out last year, he reminded the Board that the 7- to 12-year-old age group had pretty good outcomes, and that was the area where he thought there was the least risk exposure. He noted that from a practical standpoint and based on the outcome studies, one would be qualified to administer to patients under 7 if they are already qualified to administer to patients under 13.

Agenda Item 22.c.: Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Section 1646.9 and Repeal Business and Professions Code Section 2079 Regarding Physician and Surgeon General Anesthesia Permit

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

Dr. Chan asked for confirmation whether, in California, an individual had a degree for osteopathic medicine could still use an M.D. degree. President Felsenfeld replied that he did not believe that was correct any longer and thought at this point, they have to be Doctors of Osteopathic Medicine (DOs). Dr. Chan asked if DOs still have to go through general anesthesia training in hospitals. President Felsenfeld stated that osteopathic physicians are practically the same as MDs and have the exact same privileges in California. If they want to be a specialist, they have to go through specialist training, and if they want to be an anesthesiologist, they have to do an anesthesia residency. He suggested if the Board had to put language in, the language state osteopathic physicians are entitled to be called an anesthesiologist if they have gone through an American Council on Graduate Medical Education (ACGME) anesthesia residency. At this point, all osteopaths go through ACGME, not American Osteopathic Association (AOA) approved programs. However, if the Board needed to put in “or an AOA approved anesthesia residency”, that would qualify them to be anesthesiologists.

Ms. Welch commented that on page 127 of the meeting materials, the legislative proposal would amend BPC section 1646.9, subdivision (b), paragraph (3), to include “anesthesia training through an American Osteopathic Association rotating internship”. This was included based upon the osteopath regulations, which are found in CCR, title 16, section 1611, subsection (e). Ms. Welch stated that President Felsenfeld recommended the Board strike this addition because, through his experience, President Felsenfeld understood that anesthesia training through an AOA rotating internship did not exist. She summarized that he was recommending striking the currently underlined language in subsection (b)(3), last two lines, which state “anesthesia training through an American Osteopathic Association rotating internship”. Ms. Welch mentioned that should the California State Legislature determine that provision was actually necessary, it could be added back. She reiterated that the Board would take out this provision based on the understanding that it did not exist. President Felsenfeld stated that it also did not qualify someone to be an anesthesiologist in 12 months when it is a four-year program for everyone else.

Ms. Welch also clarified that on page 127 of the meeting materials, the legislative proposal would amend BPC section 1646.9, subdivision (b)(3), third line beginning with “anesthesiology that is recognized by the American Council on Graduate Medical” to change “American” to “Accreditation” and remove and replace “on” with “for” so that the title would read “Accreditation Council for Graduate Medical Education”.

(M/S/C) (Felsenfeld/Chan) to accept the amendment to the language as proposed.

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

President Felsenfeld called for the vote on the proposed motion. Vice President Yu took a roll call vote on the proposed motion.

Ayes: Chan, Felsenfeld, McKenzie, Medina, Molina, Morrow, Olague, Pacheco, Yu.

Nays: None.

Abstentions: None.

Absent: Forge, Larin.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Chan) to include in the Board's Sunset Review a recommendation to the California State Legislature to amend BPC section 1646.9 to clarify the ability of OMBC-licensed physicians and surgeons to apply for a Board-issued general anesthesia permit and repeal BPC section 2079 to remove the MBC review of a physician and surgeon licensee's general anesthesia permit application and related documentation

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

President Felsenfeld called for the vote on the proposed motion. Vice President Yu took a roll call vote on the proposed motion.

Ayes: Chan, Felsenfeld, McKenzie, Medina, Molina, Morrow, Olague, Pacheco, Yu.

Nays: None.

Abstentions: None.

Absent: Forge, Larin.

Recusals: None.

The motion passed.

Agenda Item 22.d.: Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Sections 1647.18, 1647.19, 1647.20, and 1724 Regarding Oral Conscious Sedation for Adults Certificate Requirements

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

Ms. Welch suggested a few proposed amendments to the proposal for consistency purposes. She noted that on page 135 of the meeting materials, section 1647.19, subdivision (a)(1), the last line stated, "or obtains an oral conscious sedation for adult patients certificate". She recommended striking "for adult patients" following "or obtains and an adult oral conscious sedation". The updated sentence would read "or obtains an

adult oral conscious sedation certificate”. She recommended making that same change to the title of the certificate on page 136 of the meeting materials to paragraph (2), the title on the third line, and subdivision (b), lines three through four. No change was necessary to section 1647.20, as that only described the administration of oral conscious sedation for adult patients and not the title of the certificate. Ms. Welch indicated that on page 138 of the meeting materials, section 1724, subdivision (r), the title, adult oral conscious sedation, was already present.

(M/S/C) (Felsenfeld/Chan) to adopt the language changes discussed at this meeting for adult oral conscious sedation certificate in BPC sections 1647.19, subdivision (a)(1) and (2), and subdivision (b).

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

Dr. Bruce Witcher wanted to ensure that he was not missing something that the Board had adopted the new terminology of moderate sedation for this permit.

Ms. Kathleen Marcus, noted her concern of whether the change in the name of the permit would result in the same delay in promulgation of required forms for application for the permit that was seen with the moderate and the pediatric minimal sedation.

Mr. Perry Klokkevold noted that the consistency of this amendment change was logical. However, to be consistent with the other changes made for the moderate sedation permit, he wondered if moderate should be used.

Ms. Welch clarified that with respect to the moderate sedation permit issue, the moderate sedation statutes begin at BPC section 1647. What was being talked about presently was the permit under section 1647.18, oral conscious sedation for adult patients. The Board cannot change the oral conscious sedation permit, as the Legislature only changed the conscious sedation to moderate sedation and are solely making some additional tweaks to the oral conscious sedation for adult patients permit, or rather certificate. She noted that if perhaps CDA wanted oral conscious sedation changed to be titled moderate sedation, they could take that on. The Board was simply requesting changes to the existing article oral conscious sedation for adult patients, which was separate from the moderate sedation provisions. With respect to these changes to the title, SB 501 did not change oral conscious sedation for adult patients; therefore, there would not be the same delay or gap in coverage or problem issuing those certificates. The Board was merely recommending some tweaks that potentially would not go into effect until January 1, 2025. There was no anticipated delay with issuing these types of certificates because there was no overhaul of the certificate or its requirements.

President Felsenfeld called for the vote on the proposed motion. Vice President Yu took a roll call vote on the proposed motion.

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

The motion passed.

(M/S/C) (Yu/Chan) the Board to include in the Board's next Sunset Review Report a recommendation to amend BPC sections 1647.18, 1647.19, 1647.20, and 1724 to clarify the oral conscious sedation for adult patients certificate requirements.

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

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

The motion passed.

Agenda Item 23.: Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Sections 1701.5 and 1804 Regarding Fictitious Name Permit and Dental Corporation Name Requirements

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

Dr. Chan asked if an itinerant who has a fictitious name and travels from office to office to office would go under the host fictitious name or their own. Ms. Ragali replied that a fictitious name is issued to a specific location. As one of the requirements, it states that the dentist or group or association, the persons applying for the fictitious name, indicate the place or establishment where the applicant or applicants practice. She mentioned that it is meant to be issued to a specific office location to identify the practice or the people who are practicing at that location. It is not issued to the individual and it does not follow the individual. Ms. Welch noted that the permit is issued to specified applicants, which includes a named dentist, group of dentists, or a dental corporation. However, this proposal would require additions or departures of dentists engaged in practice under the fictitious name to be reported to the Board. In addition to the person holding the permit at the location, the dentists who are practicing under the name would also have to be identified to the Board.

Dr. Chan asked how it would work for itinerants that may have a group with a fictitious name. Ms. Welch replied that there has to be a location identified with the permit and

does not see how the Board could issue a permit for a location where someone is not actually practicing. Vice President Yu mentioned that in the Bay Area, there are many offices that hire independent contractor specialists who work in their group and see their patients. Ms. Welch replied that for those independent contractors, if they are engaged in practice under the fictitious name permit at the location, they would have to be reported to the Board, but they would not be part of the permit itself.

Dr. Chan asked about teledentistry or telehealth in relation to fictitious name permits. Ms. Welch replied that legislative proposal is for brick-and-mortar. Dr. Chan asked how a school would identify under a corporation. Ms. Welch replied that she believed schools have separate exemptions that are discussed in other parts of the Code. In terms of practicing as a dentist or a dental corporation under the fictitious name permit, that is all this proposal covers.

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

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

President Felsenfeld called for the vote on the proposed motion. Vice President Yu took a roll call vote on the proposed motion.

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

The motion passed.

Agenda Item 24: Update, Discussion, and Possible Action on 2021/2022 Legislation Impacting the Board, the Department of Consumer Affairs, and/or the Dental Profession
Agenda Item 24.a.: 2022 Tentative Legislative Calendar – Information Only

Mr. Bruggeman provided an overview of the 2022 Tentative Legislative Calendar, which is available in the meeting materials. Mr. Bruggeman stated that this was the final stage of the Legislative Session for this year. The Legislature had until August 31, 2022, to pass any and all bills currently pending. Afterward, the Governor would have 30 days from the date that those bills were presented to him, effectively by the end of September, to sign those bills into law or to issue a veto.

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

Agenda Item 24.b.–bb.: Update, Discussion, and Possible Action on Legislation

Mr. Bruggeman provided the report, which is available in the meeting materials. Board staff identified nine bills, AB 225, AB 562, AB 646, AB 1102, AB 1604, AB 1982, AB 2145, SB 731, and SB 1237, of potential interest to the Board. Board staff identified four bills, AB 1662, SB 652, SB 1443, and SB 1495, of having a direct impact on the Board.

In terms of the bills that Board staff had been tracking, there were bills at the May Board meeting that the Board took positions on. Of the five bills that the Board took positions on, four of those bills were no longer active in the Legislature. The only bill that was still active in the legislative process that the Board had taken a position on was SB 1443. This bill would extend the Board's sunset date from January 1, 2024, to January 1, 2025, was currently with the Assembly, and was anticipated to be passed by August 31, 2022. There were several other bills that Board staff had been tracking that were still active. Of those, most were in the final process for being presented to the Governor. There were a couple that still needed to be reviewed by the Legislature and finally approved. Of those bills, there were three that had some tangential effect on the Board. AB 2145 would allow certain categories of dental hygienists to provide dental services in long-term care facilities. SB 731 would extend the arrest record relief provisions. SB 1495 would make some non-substantive changes to the Dental Practice Act so that the healthcare access and information agency now operates under a new name rather than its preceding name. Those bills were still in process, but were anticipated to be passed and most likely signed by the Governor by the end of September.

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

Agenda Item 25: Discussion on Prospective Legislative Proposals

Mr. Bruggeman introduced the report, which is available in the meeting materials. There were no stakeholder proposals submitted to the Board. Dr. Montez shared that the former Interim Executive Officer requested that this item remain on the agenda per Board feedback to show transparency that the Board is open to any comments from stakeholders and the public.

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

Agenda Item 26: Discussion and Possible Action Regarding 2023 Meeting Dates

Dr. Montez led the discussion on the selection of Board meeting dates for 2023. She mentioned that staff requested the Board to consider holding Friday, October 6, 2023, for a special meeting to review the draft Sunset Review Report.

Dr. Montez proposed the following meeting dates for 2023:

- February 9-10, 2023
- May 18-19, 2023

DRAFT - Dental Board of California
August 25-26, 2022 Meeting Minutes

- August 17-18, 2023
- November 9-10, 2023

Public comment was not taken on this item.

Agenda Item 27: Adjournment

President Felsenfeld adjourned the meeting at 11:12 a.m.



**DENTAL BOARD OF CALIFORNIA
MEETING MINUTES
October 13, 2022**

NOTE: In accordance with Government Code Section 11133, the Dental Board of California (Board) met on October 13, 2022, via teleconference/WebEx Events, and no public locations or teleconference locations were provided.

Members Present:

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

Members Absent:

Meredith McKenzie, Esq., Public Member

Staff Present:

Tracy Montez, Interim Executive Officer
Wilbert Rumbaoa, Administrative Services Unit Manager
David Bruggeman, Legislative and Regulatory Specialist
Ryan Blonien, Acting Chief of Enforcement
Heidi Mason, Staff Services Analyst
Matt Pendergast, Special Investigator
Mirela Taran, Administrative Analyst
Sarah Irani, Moderator, SOLID, Department of Consumer Affairs (DCA)
Olivia Trejo, Chief, Office of Human Resources, DCA
Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division, DCA

9:00 a.m., Thursday, October 13, 2022

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

The Board President, Dr. Alan Felsenfeld, called the meeting to order at 9:08 a.m. The Board Secretary, Dr. Sonia Molina, called the roll; nine Board Members were present, and a quorum was established.*

DRAFT - Dental Board of California
October 13, 2022 Meeting Minutes

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 Session

President Felsenfeld recessed Open Session at 9:13 a.m.

Agenda Item 4: Convene Closed Session

At 9:15 a.m., the Board convened Closed Session.

Agenda Item 5: Pursuant to Government Code Sections 11126(a)(1), the Board Will Meet in Closed Session to Conduct Applicant Interviews, Discuss Applicants, and Take Possible Action on the Appointment of an Executive Officer (EO)

The Board convened in Closed Session to discuss and take possible action on the appointment of an EO.

Agenda Item 6: Adjourn Closed Session

President Felsenfeld adjourned Closed Session at 10:55 a.m.

Agenda Item 7: Reconvene Open Session

At 10:55 a.m., the Board reconvened Open Session.

Agenda Item 8: President's Report on Actions Taken During Closed Session Regarding EO Appointment

President Felsenfeld provided a verbal report regarding the Closed Session item. He reported the Board voted to appoint an Executive Officer. An announcement regarding who is the appointed person will be made after approval is received from the DCA Director.

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

Agenda Item 9: Adjournment

President Felsenfeld adjourned the meeting at 10:57 a.m.

**Due to scheduling conflicts, Dr. Angelita Medina joined the meeting at 9:43 a.m., and James Yu joined the meeting at 10:37 a.m.*



MEMORANDUM

DATE	October 19, 2022
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 4: Board President Report

Background:

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

Action Requested:

No action requested.



MEMORANDUM

DATE	October 19, 2022
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 5: Executive Officer Report

Background:

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

Action Requested:

No action requested.



MEMORANDUM

DATE	October 19, 2022
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 6: Report on Department of Consumer Affairs Activities, which may include updates on the Department’s Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters

Background:

Representatives from Board and Bureau Relations of the Department of Consumer Affairs will provide a verbal report.

Action Requested:

No action requested.

Agenda Item 6: Report on Department of Consumer Affairs Activities, which may include updates on the Department’s Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters
 Dental Board of California Meeting
 November 17-18, 2022



MEMORANDUM

DATE	November 17-18, 2022
TO	Members of the Dental Board of California
FROM	Wilbert Rumbaoa, Administrative Services Manager Dental Board of California
SUBJECT	Agenda Item 7: Budget Report

Background:

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

The Board receives the legislated annual budget appropriation upon the chaptering of the Budget Act. The Board is statutorily required to remain within its appropriation spending limit and to ensure the Fund’s ongoing solvency.

2022-23 Budget Act Summary:

The following chart provides an overview of Chapter 43 (SB 154, the Budget Act of 2022) as it pertains to the Dental Board of California.

2022-23 Budget Act		
Fund	Revenue	Expenditures*
State Dentistry Fund	\$18,540,000	\$19,139,000

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

Analysis of Fund Condition Statement:

The attached fund condition statement (FCS) is based on the 2022-23 Budget Act and 2021-22 Fiscal Month 13 Revenue and Expenditure projections. It has been updated with 2020-21 prior-year actual revenues and expenditures, which resulted in a fund balance reserve of \$13.5 million or 8.6 months in reserve (see below). Other adjustments for statewide expenditures have also been included.

Agenda Item 7: Budget Report
 Dental Board of California Meeting
 November 17-18, 2022

Revenues – The Board began 2021-22 with a fund balance of \$12.5 million and collected approximately \$18.5 million in revenues with \$2.8 million from initial license fees and \$14.9 million from license renewals.

The Board notes, Chapter 929, Statutes of 2018 (SB 501), created additional anesthesia permit and certificate types and fees. The Board is currently in the process of promulgating regulations to implement SB 501, and as a result, any revenues are not included in the FCS at this time.

Expenditures – The Board’s 2021-22 appropriation was \$18.8 million, and expenditures were \$16.2 million. The FCS projects ongoing expenditures in the future with a three percent (growth factor) increase per year. The FCS also shows the Board fully expending its appropriation ongoing which has not been the trend in recent years. To the extent the Board does not fully expend its appropriation, any savings remains in the Fund for future use.

Overall expenditures are projected to rise in future years. Personnel services, investigation costs, and statewide contributions make up the largest portion of the increases in out years.

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

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

The interest is projected to be \$39,000 based on a PMI rate of 0.5% which was the annual average at the time the loan was taken in 2020-21.

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

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

The current projected balance of \$2.9 million has remained in the Dental Assistant Fund since 2020 to ensure any financial obligations are paid. This budget office is currently working with the Department of Finance to facilitate the transfer.

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

The fund balance reserve is currently stable but does show a declining balance in future years due to a structural imbalance caused by the fund's revenues projected to stay stationary, and the fund's expenditures to increase by 3%. The fund should remain healthy through 2024-25, although, unforeseen expenditures can cause this to change.

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

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

As previously noted, the Board had significant 2021-22 prior-year savings of approximately \$3.6 million related to vacant positions, and those savings are projected to be reduced for 2022-23. The Board is actively recruiting to fill these positions and any savings will likely be reduced in the future as the positions are filled. As of November 2022, the Board will have an 18% vacancy rate.

The Board further notes, most (all) existing license fee types currently being assessed are set below their statutory maximums and may be increased through regulations, which could eliminate the existing structural imbalance. Proposals for regulatory fee changes typically take 18 to 24 months to promulgate.

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

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

0741 - Dental Board of California Fund Analysis of Fund Condition
(Dollars in Thousands)
2022-23 Budget Act

Updated 10.27.2022

w_FM 2 Expenditure Projections

	Actuals	CY	BY	BY +1	BY +2
	2021-22	2022-23	2023-24	2024-25	2025-26
BEGINNING BALANCE	\$ 12,447	\$ 13,520	\$ 15,988	\$ 18,190	\$ 14,784
Prior Year Adjustment	\$ 290	\$ 0	\$ 0	\$ 0	\$ 0
Adjusted Beginning Balance	\$ 12,737	\$ 13,520	\$ 15,988	\$ 18,190	\$ 14,784
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS					
Revenues					
4121200 - Delinquent fees	\$ 351	\$ 285	\$ 285	\$ 285	\$ 285
4127400 - Renewal fees	\$ 14,990	\$ 14,903	\$ 14,903	\$ 14,903	\$ 14,903
4129200 - Other regulatory fees	\$ 176	\$ 144	\$ 144	\$ 144	\$ 144
4129400 - Other regulatory licenses and permits	\$ 2,880	\$ 2,966	\$ 2,966	\$ 2,966	\$ 2,966
4141200 - Sales of Documents	\$ 1	\$ 0	\$ 0	\$ 0	\$ 0
4143500 - Miscellaneous Services to the Public	\$ 19	\$ 48	\$ 48	\$ 48	\$ 48
4163000 - Income from surplus money investments	\$ 61	\$ 177	\$ 194	\$ 218	\$ 158
4171400 - Escheat of unclaimed checks and warrants	\$ 11	\$ 15	\$ 15	\$ 15	\$ 15
4172500 - Miscellaneous revenues	\$ 3	\$ 2	\$ 2	\$ 2	\$ 2
Totals, Revenues	\$ 18,492	\$ 18,540	\$ 18,557	\$ 18,581	\$ 18,521
Revenue Transfer from the State Dental Assistant Fund (3142) to the State Dentistry Fund (0741) per Business and Professions Code Section 205.2	\$ 0	\$ 2,877	\$ 0	\$ 0	\$ 0
Loan repayment from the General Fund (0001) to the State Dentistry Fund (0741) per Item 1111-011-0741, Budget Act of 2020	\$ 0	\$ 0	\$ 5,039	\$ 0	\$ 0
Operating Transfers To General Fund 0001 per EO E 21/22-276 Revised (AB 84)	\$ -716	\$ 0	\$ 0	\$ 0	\$ 0
Totals, Transfers and Other Adjustments	\$ -716	\$ 2,877	\$ 5,039	\$ 0	\$ 0
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 17,776	\$ 21,417	\$ 23,596	\$ 18,581	\$ 18,521
TOTAL RESOURCES	\$ 30,513	\$ 34,937	\$ 39,584	\$ 36,771	\$ 33,305
Expenditures:					
1111 Department of Consumer Affairs Regulatory Boards, Bureaus, Divisions (State Operations)	\$ 15,527	\$ 17,278	\$ 19,723	\$ 20,315	\$ 20,925
9892 Supplemental Pension Payments (State Operations)	\$ 318	\$ 318	\$ 318	\$ 318	\$ 318
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 1,148	\$ 1,353	\$ 1,353	\$ 1,353	\$ 1,353
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 16,993	\$ 18,949	\$ 21,394	\$ 21,986	\$ 22,596
FUND BALANCE					
Reserve for economic uncertainties	\$ 13,520	\$ 15,988	\$ 18,190	\$ 14,784	\$ 10,710
Months in Reserve	8.6	9.0	9.9	8.1	5.7

Department of Consumer Affairs

Expenditure Projection Report

Dental Board of California

Fiscal Month: 2

Fiscal Year: 2022 - 2023

PERSONAL SERVICES

Fiscal Code	Line Item	PY FM13	Budget	YTD + Encumbrance	Projections to Year End	Balance
5100	PERMANENT POSITIONS	\$4,905,694	\$6,789,000	\$725,347	\$4,923,454	\$1,865,546
5100	TEMPORARY POSITIONS	\$5,000	\$284,000	\$13,528	\$56,167	\$227,833
5105-5108	PER DIEM, OVERTIME, & LUMP SUM	\$179,433	\$130,000	\$608	\$134,860	-\$4,860
5150	STAFF BENEFITS	\$2,639,649	\$3,710,000	\$448,246	\$3,020,938	\$689,062
	PERSONAL SERVICES	\$7,729,776	\$10,913,000	\$1,187,729	\$8,135,419	\$2,777,581

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	PY FM13	Budget	YTD + Encumbrance	Projections to Year End	Balance
5301	GENERAL EXPENSE	\$124,994	\$163,000	\$5,355	\$130,700	\$32,300
5302	PRINTING	\$113,800	\$85,000	\$37,786	\$114,077	-\$29,077
5304	COMMUNICATIONS	\$65,456	\$47,000	\$1,607	\$72,002	-\$25,002
5306	POSTAGE	\$63,650	\$54,000	\$5,442	\$69,544	-\$15,544
5308	INSURANCE	\$9,312	\$2,000	\$0	\$10,243	-\$8,243
53202-204	IN STATE TRAVEL	\$32,775	\$170,000	\$859	\$40,968	\$129,032
5322	TRAINING	\$3,023	\$12,000	\$0	\$3,023	\$8,977
5324	FACILITIES	\$677,198	\$855,000	\$661,128	\$746,224	\$108,776
5326	UTILITIES	\$0	\$1,000	\$0	\$0	\$1,000
53402-53403	C/P SERVICES (INTERNAL)	\$2,531,320	\$2,564,000	\$0	\$2,096,113	\$467,887
5340310000	Legal - Attorney General	\$2,064,994	\$2,003,000	\$0	\$1,686,384	\$316,616
5340320000	Office of Adminis Hearings	\$456,849	\$410,000	\$0	\$400,000	\$10,000
53404-53405	C/P SERVICES (EXTERNAL)	\$1,149,637	\$877,000	\$1,357,221	\$1,901,013	-\$1,024,013
5342	DEPARTMENT PRORATA	\$3,110,881	\$3,277,000	\$792,000	\$3,277,000	\$0
5342	DEPARTMENTAL SERVICES	\$230,940	\$74,000	\$0	\$421,826	-\$347,826
5344	CONSOLIDATED DATA CENTERS	\$17,197	\$42,000	\$1,294	\$44,102	-\$2,102
5346	INFORMATION TECHNOLOGY	\$14,443	\$214,000	\$4,977	\$17,570	\$196,431
5362-5368	EQUIPMENT	\$239,888	\$67,000	\$0	\$151,166	-\$84,166
5390	OTHER ITEMS OF EXPENSE	\$33,442	\$5,000	\$2,351	\$37,217	-\$32,217
54	SPECIAL ITEMS OF EXPENSE	\$8,679	\$0	\$0	\$9,547	-\$9,547
	OPERATING EXPENSES & EQUIPMENT	\$8,426,636	\$8,509,000	\$2,870,020	\$9,142,334	-\$633,334

OVERALL TOTALS		\$16,156,412	\$19,422,000	\$4,057,749	\$17,277,753	\$2,144,247
-----------------------	--	---------------------	---------------------	--------------------	---------------------	--------------------

11.04%



MEMORANDUM

DATE	October 12, 2022
TO	Members of the Dental Board of California
FROM	Ryan Blonien, Supervising Investigator I Dental Board of California
SUBJECT	Agenda Item 8: Enforcement – Review of Statistics and Trends

The following are the Enforcement Division statistics:

Complaint & Compliance Unit (CCU):

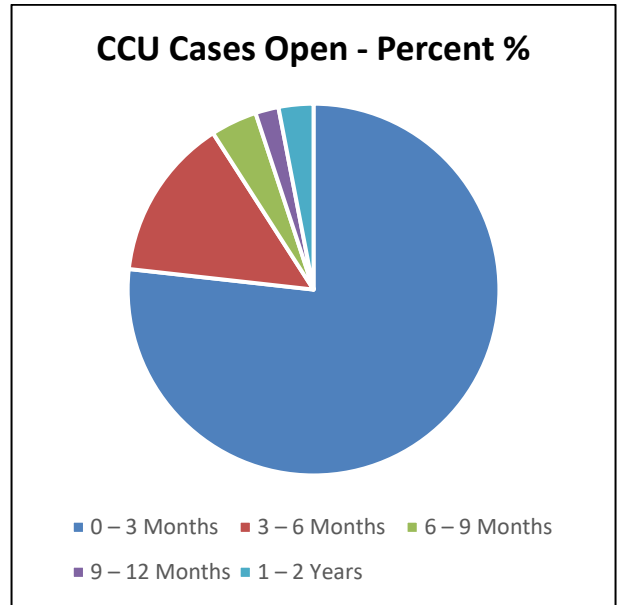
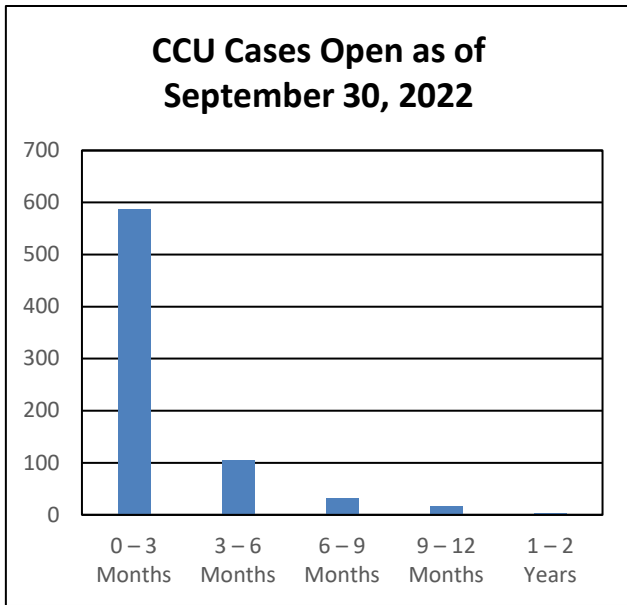
Number of Complaint Cases Received between July 1, 2022, and September 30, 2022:

Between July 1, 2022, and September 30, 2022, CCU received **1241** complaints. During this time. The monthly average of complaints received was **414**.

Number of Complaint Cases Open:

As of September 30, 2022, there are **768** complaint cases open in CCU. A breakdown of the case aging is as follows:

Complaint & Compliance Cases Open		
Complaint Age	# As of September 30, 2022	Percent (%)
0 – 3 Months	588	77%
3 – 6 Months	105	14%
6 – 9 Months	32	4%
9 – 12 Months	17	2%
1 – 2 Years	25	3%
2 Plus Years	1	*%
Total	768	100%



Number of Complaint Cases Closed:

Between July 1, 2022, and September 30, a total of **921** complaint cases were closed in CCU. The monthly average of complaints closed during this time was **307**.

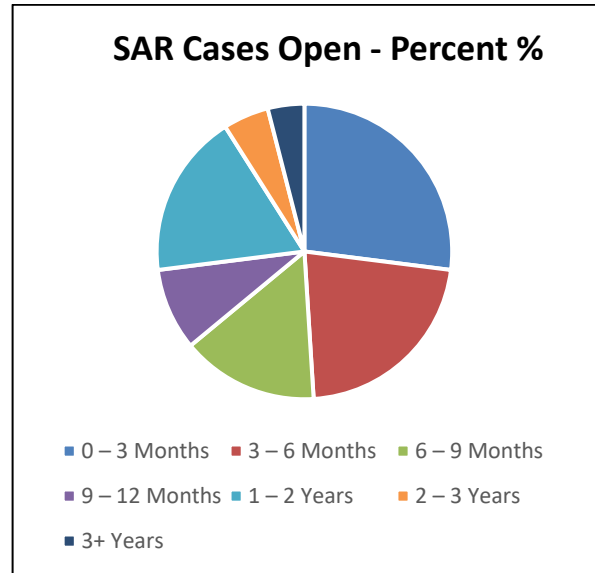
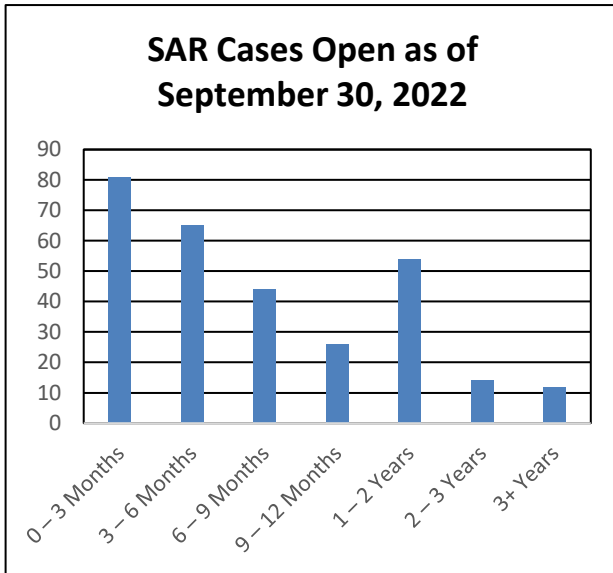
Investigative Analysis Unit (IAU):

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

As of September 30, 2022, there are **296** SAR cases are open in the IAU. A breakdown of the case aging is as follows:

SARS Cases Open		
SAR Age	# As of September 30, 2022	Percent (%)
0 – 3 Months	81	27
3 – 6 Months	65	22
6 – 9 Months	44	15
9 – 12 Months	26	9
1 – 2 Years	54	18
2 – 3 Years	14	5
3+ Years	12	4
Total	296	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 July 1, 2022, and September 30, 2022, a total of **304** SAR cases were closed in the Investigative Analysis Unit.

Enforcement Units:

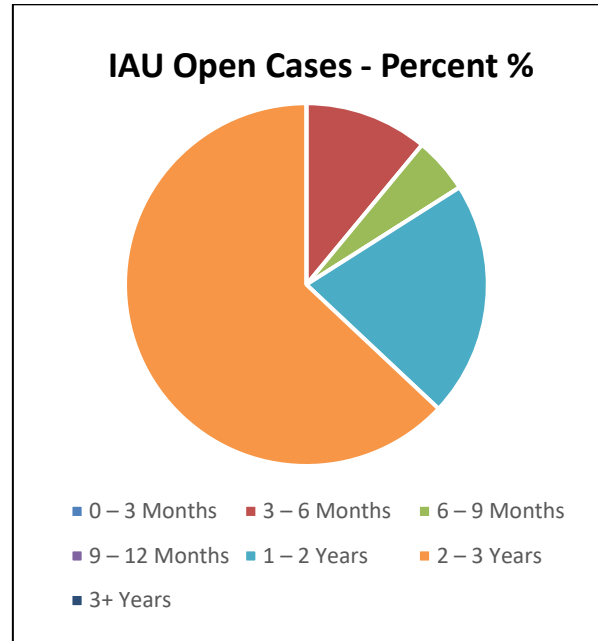
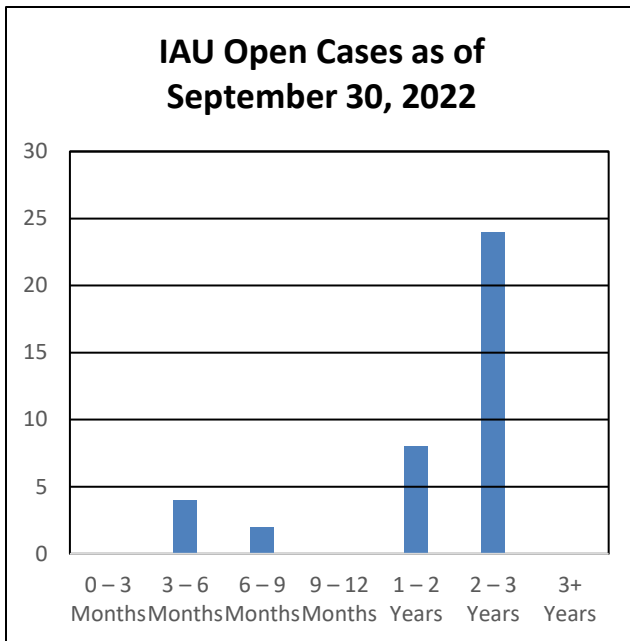
As of September 30, 2022, there **1,146** investigative cases open in the Board’s Enforcement Units. A breakdown of the cases is as follows:

Enforcement Cases Open	
Enforcement Units	# As of September 30, 2022
IAU (Non-Sworn)	38
Orange Field Office (OFO) (Non-Sworn)	59
Sacramento Field Office (SFO) (Sworn)	97
Orange Field Office (OFO) (Sworn)	122
Pending Assignment	830
Total	1,146

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

As of September 30, 2022, there are **38** investigative cases open in the IAU. A breakdown of the cases is as follows:

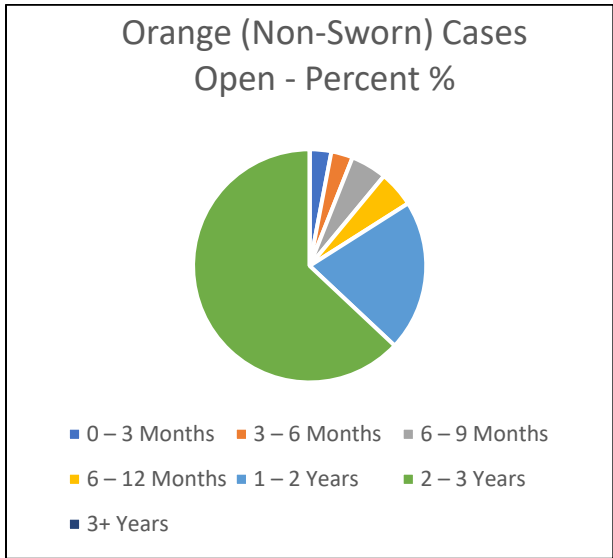
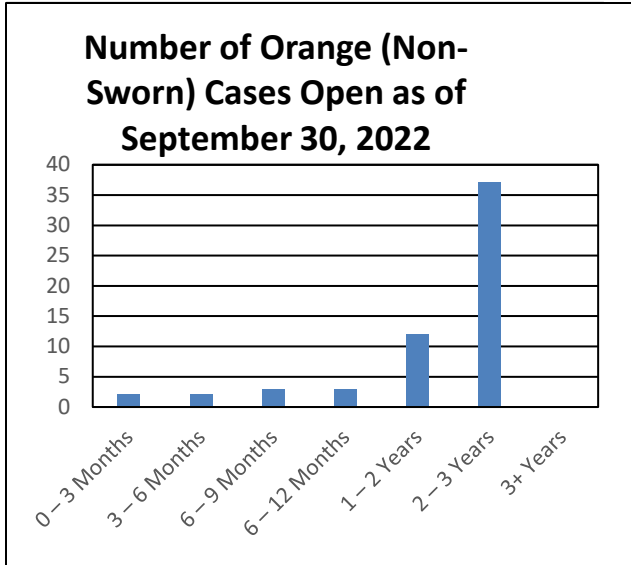
IAU Cases Open		
Investigation Age	# As of September 30, 2022	Percent (%)
0 – 3 Months	0	-
3 – 6 Months	4	11%
6 – 9 Months	2	5%
9 – 12 Months	0	-
1 – 2 Years	8	21%
2 – 3 Years	24	63%
3+ Years	0	-
Total	38	100%



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

As of September 30, 2022, there are **59** investigative cases open in the OFO (Non-Sworn). A breakdown of the case aging is as follows:

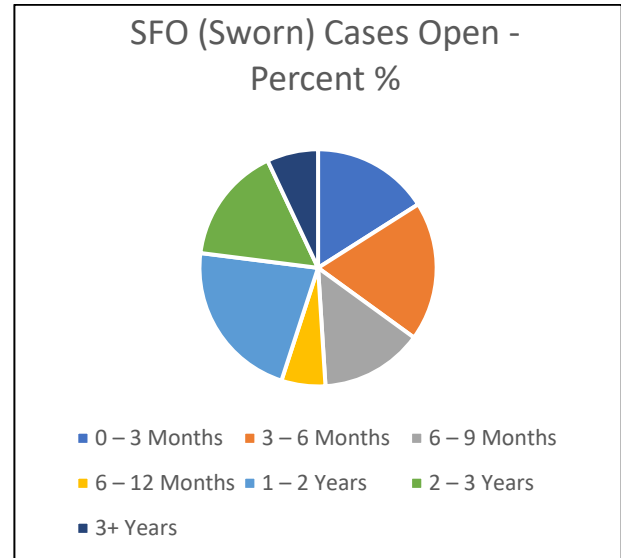
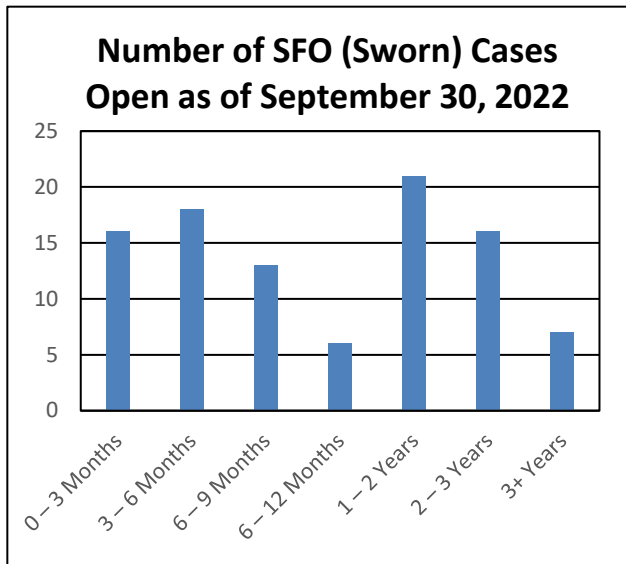
Orange Field Office (Non-Sworn) Special Investigator Complaint Cases Open		
Investigation Age	# As of September 30, 2022	Percent (%)
0 – 3 Months	2	3
3 – 6 Months	2	3
6 – 9 Months	3	5
9 – 12 Months	3	5
1 – 2 Years	12	21
2 – 3 Years	37	63
3+ Years	0	-
Total	59	100%



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

As of September 30, 2022, there are **97** investigative cases open in the SFO (Sworn). A breakdown of the case aging is as follows:

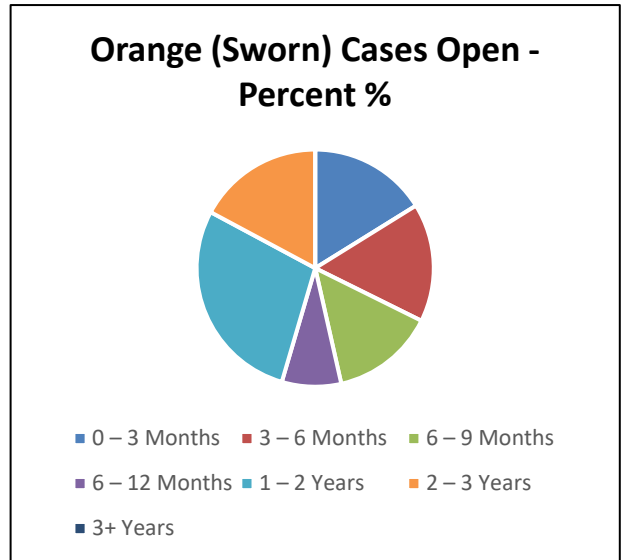
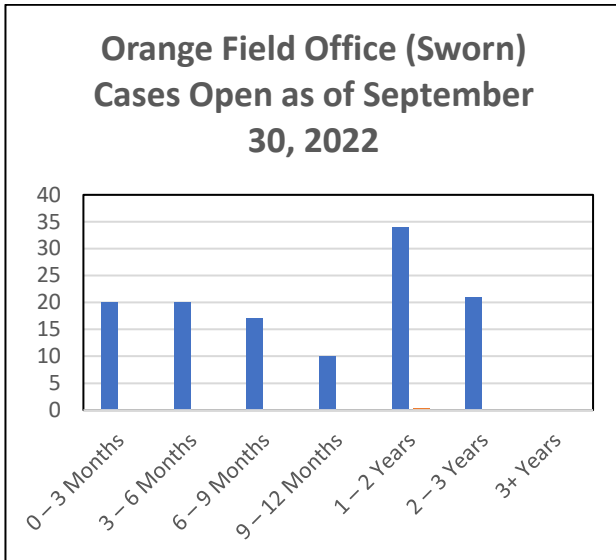
Sacramento Field Office (Sworn) Cases Open		
Investigation Age	# As of September 30, 2022	Percent (%)
0 – 3 Months	16	16%
3 – 6 Months	18	19%
6 – 9 Months	13	14%
9 – 12 Months	6	6%
1 – 2 Years	21	22%
2 – 3 Years	16	16%
3+ Years	7	7%
Total	97	100%



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

As of September 30, 2022, there are **122** investigative cases open with the Sworn investigators, in the Orange Field Office. A breakdown of the case aging is as follows:

Orange Field Office (Sworn) Cases Open		
Investigation Age	# As of September 30, 2022	Percent (%)
0 – 3 Months	20	16%
3 – 6 Months	20	16%
6 – 9 Months	17	14%
9 – 12 Months	10	8%
1 – 2 Years	34	28%
2 – 3 Years	21	18%
3+ Years	0	-
Total	122	100%



Number of Investigation Cases Closed:

Between July 1, 2022, and September 30, 2022, a total of **287** investigative cases were closed in IAU, the Sacramento Field Office and the Orange Field Office.

Number of Inspection Cases Open:

As of September 30, 2022, there are **131** Inspection Cases open in the Sacramento and Orange Field Offices. A breakdown is as follows:

Field Office	Number of Cases
IAU	5
SFO	28
OFO	98
Total	131

Number of Inspection Cases Closed:

Between July 1, 2022, and September 30, 2022, a total of **24** inspection cases were closed in the Sacramento Field Office and the Orange Field Office.

Administrative and Disciplinary Action

As of September 30, 2022, there are **178** open cases in the Board’s Discipline Coordination Unit.

There are **2** cases returned by the Attorney General’s Office pending resolution of criminal cases.

There are **3** cases in which a Petition for Reinstatement has been submitted and is pending referral to the Attorney General’s Office.

There are **4** cases in which a Petition for Early Termination has been submitted and is pending referral to the Attorney General’s Office.

There is **1** citation case pending an Administrative Hearing.

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

Accusations:

Between July 1, 2022, and September 30, 2022, there were **15** accusations filed with the AG.

Cases Assigned to the Office of the Attorney General:

Between July 1, 2022, and September 30, 2022, there were **22** cases transmitted to the AG.

As of September 30, 2022, there are **168** cases pending at the AG.

Citations:

Between July 1, 2022, and September 30, 2022, there were **15** citations issued.

Number of Probation Cases Open:

As of September 30, 2022, there are **136** probationer cases being monitored. Of those, **127** are active probationers and **9** are tolling. A breakdown of the probation cases is as follows:

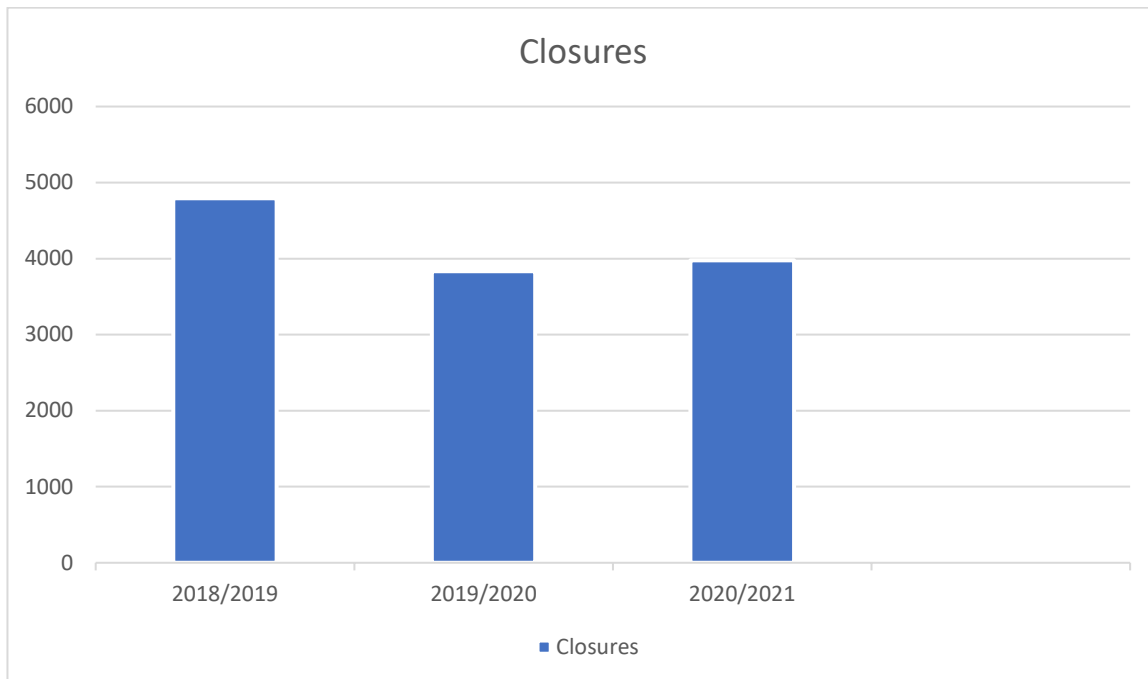
Field Office	Active	Tolling Probationers
Investigative Analysis Unit	19	0
Sacramento Field Office	24	5
Orange Field Office	42	1
DCU-Referred to AG	42	3
Total	127	9

Enforcement Statistics for Fiscal Years 2018-2021			
	FY 2018/19	FY 2019/20	FY 2020/21
COMPLAINTS			
Intake			
Received	3566	3301	3718
Closed without Referral for Investigation	9	7	0
Referred to INV	3568	3264	3778
Pending (close of FY)	12	40	28
Conviction / Arrest			
CONV Received	800	665	586
CONV Closed Without Referral for Investigation	0	1	0
CONV Referred to INV	751	686	576
CONV Pending (close of FY)	56	13	35
Source of Complaint	4330	3992	3760
Public	2565	2254	2770
Licensee/Professional Groups	456	337	229
Governmental Agencies	847	702	212
Internal	274	270	142
Other	33	36	16
Anonymous	155	393	391
Average Time to Refer for Investigation (from receipt of complaint / conviction to referral for investigation)	3	7	6
Average Time to Closure (from receipt of complaint / conviction to closure at intake)	3	5	9
Average Time at Intake (from receipt of complaint / conviction to closure for referral for investigation)	3	5	9
INVESTIGATION			
Desk Investigations			
Opened	3361	3914	3441
Closed	3992	3467	3617
Average days to close (from assignment to investigation closure)	145	61	86
Pending (close of FY)	790	1239	1044
Non-Sworn Investigation			
Opened	366	120	288
Closed	549	96	182
Average days to close (from assignment to investigation closure)	270	251	307
Pending (close of FY)	146	172	279
Sworn Investigation			
Opened	622	356	478
Closed	671	424	500
Average days to close (from assignment to investigation closure)	378	378	363
Pending (close of FY)	565	552	584
All investigations			
Opened	4374	3950	4354

Closed	4795	3836	3977
Average days for all investigation outcomes (from start investigation to investigation closure or referral for prosecution)	205	150	154
Average days for investigation closures (from start investigation to investigation closure)	200	135	131
Average days for investigation when referring for prosecution (from start investigation to referral prosecution)	565	603	539
Average days from receipt of complaint to investigation closure	202	124	142
Pending (close of FY)	1887	2249	2677
CITATION AND FINE			
Citations Issued	259	206	72
Average Days to Complete (from complaint receipt / inspection conducted to citation issued)	221	70	301
Amount of Fines Assessed	231,450	102,900	42,450
Amount of Fines Reduced, Withdrawn, Dismissed	67,000	18,000	0
Amount Collected	89,750	64,225	21,650
CRIMINAL ACTION			
Referred for Criminal Prosecution	12	4	6
ACCUSATION			
Accusations Filed	80	60	96
Accusations Declined	0	0	1
Accusations Withdrawn	5	1	6
Accusations Dismissed	0	0	0
Average Days from Referral to Accusations Filed (from AG referral to Accusation filed)	86	55.37	70.5
INTERIM ACTION			
ISO & TRO Issued	2	2	6
PC 23 Orders Issued	2	1	3
Other Suspension/Restriction Orders Issued	0	0	0
Referred for Diversion	1	0	0
Petition to Compel Examination Ordered	2	1	2
DISCIPLINE			
AG Cases Initiated (cases referred to the AG in that year)	152	83	209
AG Cases Pending Pre-Accusation (close of FY)	46	25	44
AG Cases Pending Post-Accusation (close of FY)	50	27	82
DISCIPLINARY OUTCOMES			
Revocation	13	15	21
Surrender	14	11	19
Suspension only	0	0	3
Probation with Suspension	0	0	0
Probation only	44	21	38
Public Reprimand / Public Reproval / Public Letter of Reprimand	24	16	7
Other	1	0	16
DISCIPLINARY ACTIONS			
Proposed Decision	22	14	21
Default Decision	14	12	8
Stipulations	49	51	31

Average Days to Complete After Accusation (from Accusation filed to closure of the case)	375	370	387
Average Days from Closure of Investigation to Imposing Formal Discipline	533	544	555
Average Days to Impose Discipline (from complaint receipt to final outcome)	1184	1104	1080
PROBATION			
Probations Completed	31	24	35
Probationers Pending (close of FY)	187	225	171
Probationers Tolerated	39	26	16
Petitions to Revoke Probation / Accusation and Petition to Revoke Probation Filed	7	13	18
SUBSEQUENT DISCIPLINE			
Probations Revoked	4	4	13
Probationers License Surrendered	1	2	9
Additional Probation Only	0	0	3
Suspension Only Added	0	0	0
Other Conditions Added Only	0	0	0
Other Probation Outcome	0	0	0
SUBSTANCE ABUSING LICENSEES			
Probationers Subject to Drug Testing	33	35	25
Drug Tests Ordered	394	368	319
Positive Drug Tests	30	24	71
PETITIONS			
Petition for Termination or Modification Granted	5	4	4
Petition for Termination or Modification Denied	2	0	1
Petition for Reinstatement Granted	2	3	1
Petition for Reinstatement Denied	1	4	0
DIVERSION			
New Participants	6	1	3
Successful Completions	2	3	2
Participants (close of FY)	18	15	12
Terminations	2	3	1
Terminations for Public Threat	0	0	0
Drug Tests Ordered	727	498	415
Positive Drug Tests	0	0	1

Table 10. Enforcement Aging					
	FY 18/19	FY 19/20	FY 20/21	Cases Closed	Average %
Investigations (Average %)					
Closed Within:					
90 Days	1,895	2051	2603	6549	52
91 - 180 Days	1118	1080	601	2799	22
181 - 1 Year	1002	313	190	1505	12
1 - 2 Years	467	228	364	1059	8
2 - 3 Years	256	145	190	591	5
Over 3 Years	57	19	29	105	1
Total Investigation Cases Closed	4795	3836	3977	12608	100%
Attorney General Cases (Average %)					
Closed Within:					
0 - 1 Year	5	27	42	97	28
1 - 2 Years	22	21	33	92	26
2 - 3 Years	17	41	11	100	29
3 - 4 Years	47	4	6	59	17
Over 4 Years	*	*	*		
Total Attorney General Cases Closed	116	93	92	185	100%





MEMORANDUM

DATE	October 19, 2022
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 9.a.: Report on Commission on Dental Competency Assessment, Western Regional Examining Board, and The Council of Interstate Testing Agencies (CDCA-WREB-CITA)

Background:

Paige Ragali, Licensing and Examination Unit Manager, will provide a verbal report.

Action Requested:

No action requested.



MEMORANDUM

DATE	October 14, 2022
TO	Members of the Dental Board of California
FROM	Paige Ragali, Licensing and Examination Unit Manager Dental Board of California
SUBJECT	Agenda Item 10.a.: Review of Dental Licensure and Permit Statistics

Dental License Application Statistics

The following are monthly dental license application statistics by pathway for fiscal year 2019/20, 2020/21, 2021/22 and 2022/23 as of September 30, 2022.

Dental Applications Received by Month													
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 19/20	110	61	24	25	55	132	30	11	18	35	103	185	789
WREB 20/21	140	156	99	66	29	20	28	27	26	78	158	217	1,044
WREB 21/22	138	85	75	22	28	27	38	31	71	83	109	123	830
WREB 22/23	71	58	42	-	-	-	-	-	-	-	-	-	171
Residency 19/20	64	8	7	4	3	10	11	6	8	11	13	33	178
Residency 20/21	42	15	8	5	2	2	5	7	4	8	20	29	147
Residency 21/22	93	23	12	5	1	6	3	8	8	6	3	14	182
Residency 22/23	13	5	1	-	-	-	-	-	-	-	-	-	19
Credential 19/20	16	9	6	21	14	15	16	18	22	21	20	28	206
Credential 20/21	15	19	22	27	16	16	18	13	16	19	20	22	223
Credential 21/22	45	51	44	20	8	17	19	19	23	14	19	27	306
Credential 22/23	20	17	18	-	-	-	-	-	-	-	-	-	55
Portfolio 18/19	3	0	0	0	0	0	0	0	0	0	0	4	7
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	3	1	4
Portfolio 21/22	0	0	0	0	0	1	0	0	0	0	1	1	3
Portfolio 22/23	0	0	0	-	-	-	-	-	-	-	-	-	0
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	1	17	19
ADEX 20/21	22	28	9	16	4	5	9	3	17	41	112	87	353
ADEX 21/22	82	34	17	11	5	9	17	20	19	22	78	117	431
ADEX 22/23	69	51	23	-	-	-	-	-	-	-	-	-	143

Agenda Item 10.a.: Review of Dental Licensure and Permit Statistics
 Dental Board of California Meeting
 November 17-18, 2022

Dental Applications Approved by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 19/20	250	121	52	32	32	156	32	8	11	5	8	46	753
WREB 20/21	135	199	140	100	37	61	38	41	16	14	14	150	945
WREB 21/22	367	128	98	29	12	48	44	35	21	20	29	48	879
WREB 22/23	79	134	135	-	-	-	-	-	-	-	-	-	348
Residency 19/20	46	35	11	8	4	9	4	5	4	1	1	9	137
Residency 20/21	25	49	16	8	5	4	3	4	1	3	2	5	125
Residency 21/22	110	54	27	12	6	7	2	4	0	1	7	5	235
Residency 22/23	2	18	14	-	-	-	-	-	-	-	-	-	34
Credential 19/20	16	13	11	10	7	18	13	10	14	14	12	13	151
Credential 20/21	9	25	25	20	16	14	24	10	23	22	16	16	220
Credential 21/22	36	60	38	20	9	19	9	13	14	4	24	5	251
Credential 22/23	11	18	24	-	-	-	-	-	-	-	-	-	53
Portfolio 19/20	3	1	0	0	0	0	0	0	0	0	0	0	4
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	4	4
Portfolio 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 22/23	0	0	0	-	-	-	-	-	-	-	-	-	0
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	1	0	1
ADEX 20/21	2	24	17	19	10	6	6	4	2	7	10	93	200
ADEX 21/22	189	79	43	21	4	7	13	5	3	5	16	31	416
ADEX 22/23	43	95	98	-	-	-	-	-	-	-	-	-	236
Dental Licenses Issued by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 19/20	246	123	52	40	31	140	39	20	12	8	13	45	769
WREB 20/21	133	190	140	90	41	59	39	38	23	21	16	115	905
WREB 21/22	198	71	48	35	14	42	35	28	22	20	24	51	588
WREB 22/23	71	127	131	-	-	-	-	-	-	-	-	-	329
Residency 19/20	42	39	9	8	3	5	9	2	5	0	2	9	133
Residency 20/21	27	49	16	9	6	3	3	2	2	5	1	7	130
Residency 21/22	51	30	15	12	6	5	4	2	1	3	7	5	141
Residency 22/23	3	15	12	-	-	-	-	-	-	-	-	-	30
Credential 19/20	15	15	11	12	7	13	16	8	11	12	17	16	153
Credential 20/21	9	22	24	22	19	11	20	11	20	20	17	16	211
Credential 21/22	8	16	22	19	10	19	11	9	9	4	18	10	155
Credential 22/23	8	19	23	-	-	-	-	-	-	-	-	-	50
Portfolio 19/20	3	1	0	0	0	0	0	0	0	0	0	0	4
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	4	4

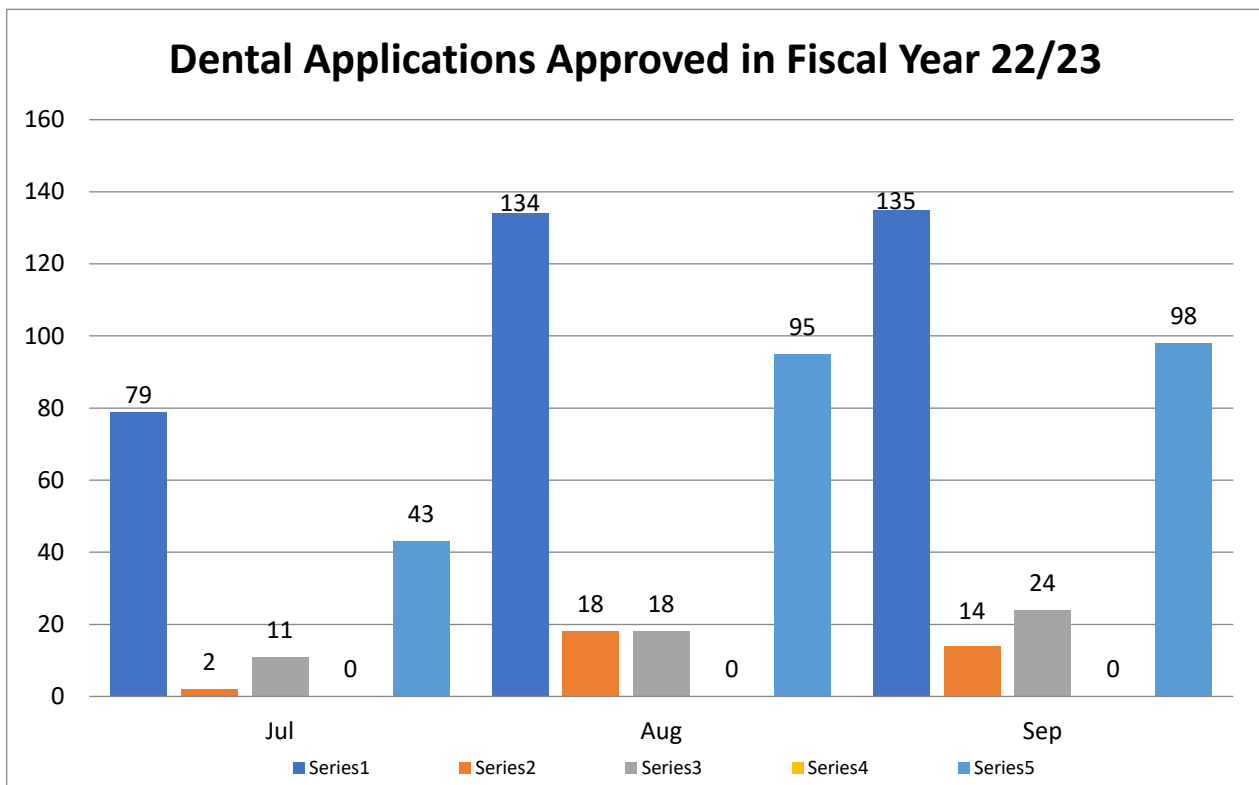
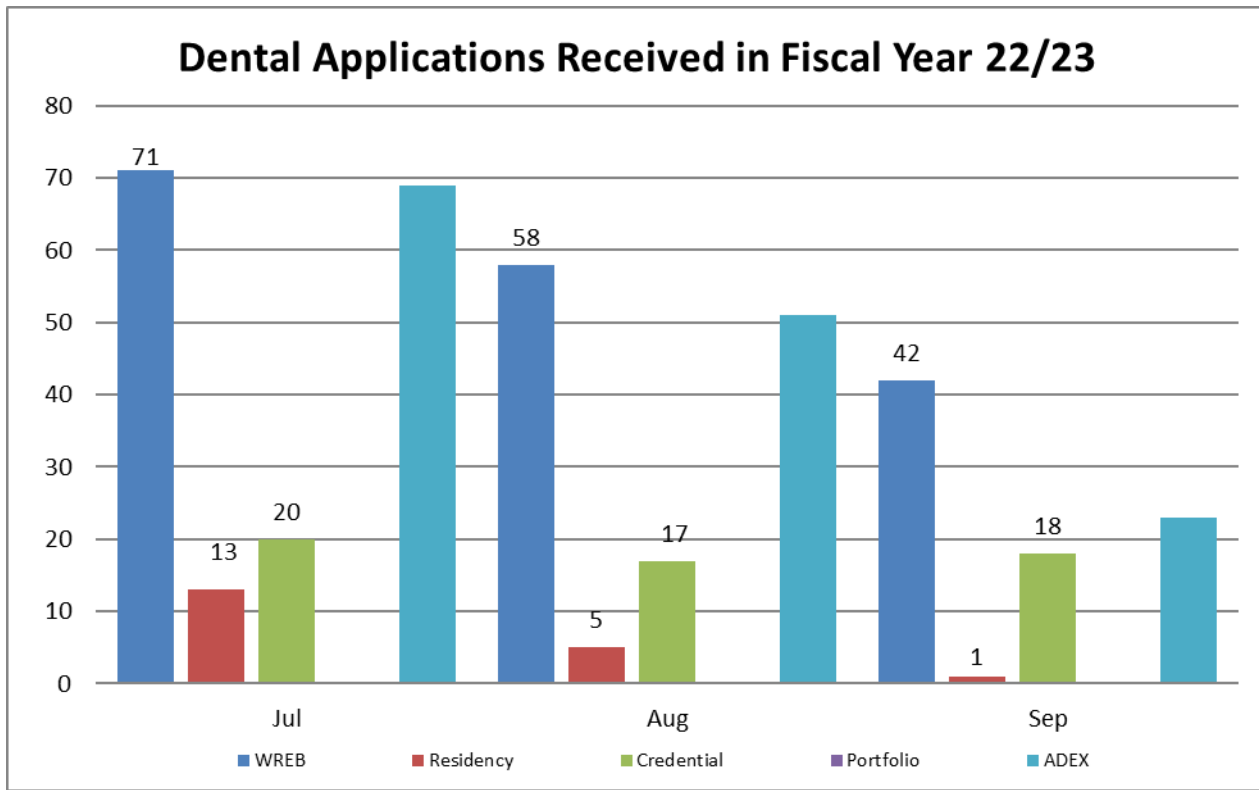
Portfolio 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 22/23	0	0	0	-	-	-	-	-	-	-	-	-	0
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	1	0	1
ADEX 20/21	2	25	17	17	10	5	4	3	4	7	11	75	180
ADEX 21/22	107	40	22	23	6	7	9	5	5	5	17	26	272
ADEX 22/23	39	94	96	-	-	-	-	-	-	-	-	-	229
Cancelled Dental Applications by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 19/20	23	6	1	2	2	129	4	5	1	6	22	41	242
WREB 20/21	38	31	3	2	2	0	1	1	0	1	3	0	82
WREB 21/22	1	1	0	0	1	2	0	1	0	0	0	0	6
WREB 22/23	0	2	1	-	-	-	-	-	-	-	-	-	3
Residency 19/20	12	3	1	1	0	17	3	1	1	4	3	5	51
Residency 20/21	8	0	0	0	2	0	1	0	0	0	1	1	13
Residency 21/22	0	0	0	0	0	1	0	1	0	0	0	0	2
Residency 22/23	0	0	0	-	-	-	-	-	-	-	-	-	0
Credential 19/20	1	1	2	0	0	4	1	0	0	0	0	0	9
Credential 20/21	0	2	1	1	0	0	1	0	0	0	1	0	6
Credential 21/22	2	0	0	2	1	0	1	0	0	0	0	0	6
Credential 22/23	0	0	1	-	-	-	-	-	-	-	-	-	1
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 22/23	0	0	0	-	-	-	-	-	-	-	-	-	0
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	1	2	3
ADEX 20/21	8	2	0	0	0	0	0	0	1	0	0	1	12
ADEX 21/22	0	0	0	0	0	0	0	1	0	0	0	0	1
ADEX 22/23	0	0	0	-	-	-	-	-	-	-	-	-	0
Withdrawn Dental Applications by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 19/20	4	1	3	0	2	35	0	2	0	0	1	2	50
WREB 20/21	8	17	30	20	8	6	6	13	8	35	28	45	224
WREB 21/22	34	11	12	78	7	13	19	7	15	6	1	20	223
WREB 22/23	23	15	12	-	-	-	-	-	-	-	-	-	50
Residency 19/20	1	0	0	0	0	9	0	0	1	0	1	0	12
Residency 20/21	1	4	2	3	2	0	2	1	1	0	5	7	28
Residency 21/22	13	5	0	24	2	3	16	0	4	1	3	1	72
Residency 22/23	0	4	3	-	-	-	-	-	-	-	-	-	7

Credential 19/20	1	1	0	0	1	1	0	0	0	0	0	0	4
Credential 20/21	1	4	2	3	0	0	0	0	3	0	0	5	18
Credential 21/22	5	2	1	1	2	0	0	0	0	2	2	2	17
Credential 22/23	0	1	1	-	-	-	-	-	-	-	-	-	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	1	1
Portfolio 21/22	0	0	0	0	0	0	0	0	1	0	0	0	1
Portfolio 22/23	0	0	1	-	-	-	-	-	-	-	-	-	1
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ADEX 20/21	2	4	5	2	0	1	0	4	2	10	23	26	79
ADEX 21/22	16	2	5	17	0	2	6	0	0	5	0	11	64
ADEX 22/23	12	12	1	-	-	-	-	-	-	-	-	-	25
Denied Dental Applications by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
WREB 20/21	1	0	0	0	0	0	0	2	0	0	0	0	3
WREB 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
WREB 22/23	0	0	0	-	-	-	-	-	-	-	-	-	0
Residency 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Residency 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
Residency 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
Residency 22/23	0	0	0	-	-	-	-	-	-	-	-	-	0
Credential 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Credential 20/21	2	0	0	1	0	0	1	0	0	0	0	0	4
Credential 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
Credential 22/23	0	0	0	-	-	-	-	-	-	-	-	-	0
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 22/23	0	0	0	-	-	-	-	-	-	-	-	-	0
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ADEX 20/21	N/A	N/A	N/A	N/A	N/A	N/A	0	0	0	0	0	0	0
ADEX 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
ADEX 22/23	0	0	0	-	-	-	-	-	-	-	-	-	0

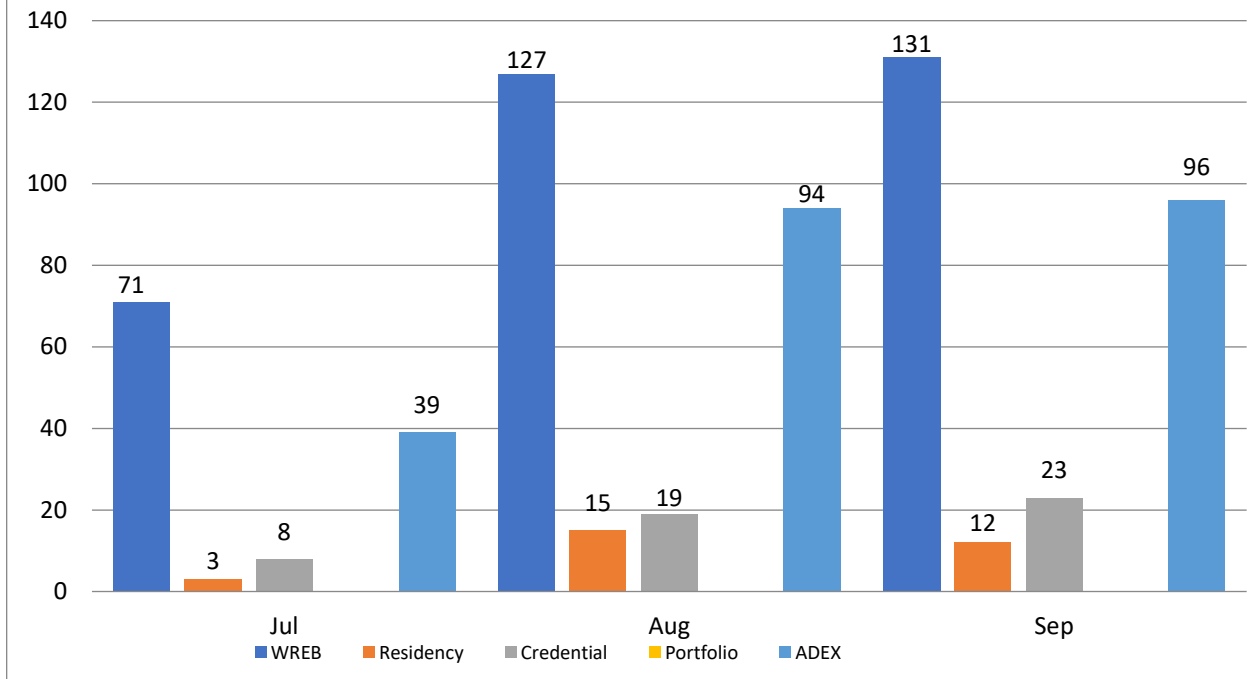
Application Definitions	
Received	Application submitted in physical form or digitally through Breeze system.
Approved	Application for eligibility of licensure processed with all required documentation.
License Issued	Application processed with required documentation and paid prorated fee for initial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

Dental License Application Statistic Graphs

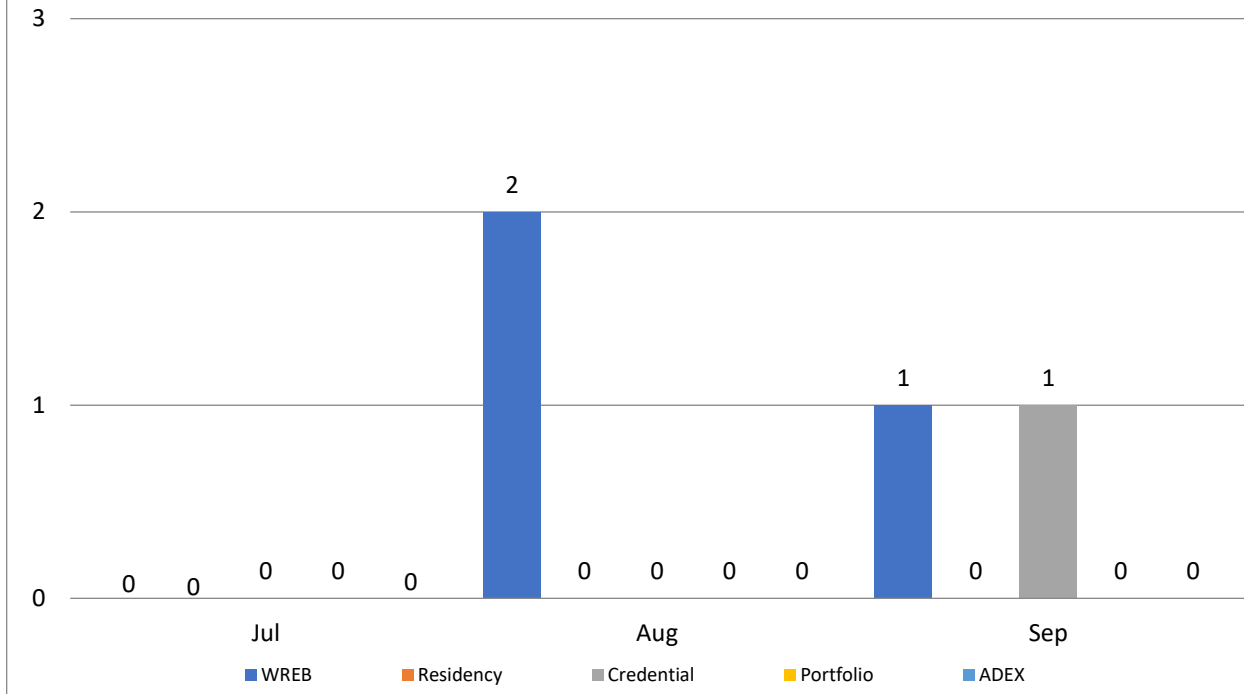
The following graphs represent monthly dental license application statistics by pathway for fiscal year 2022/23 as of September 30, 2022.



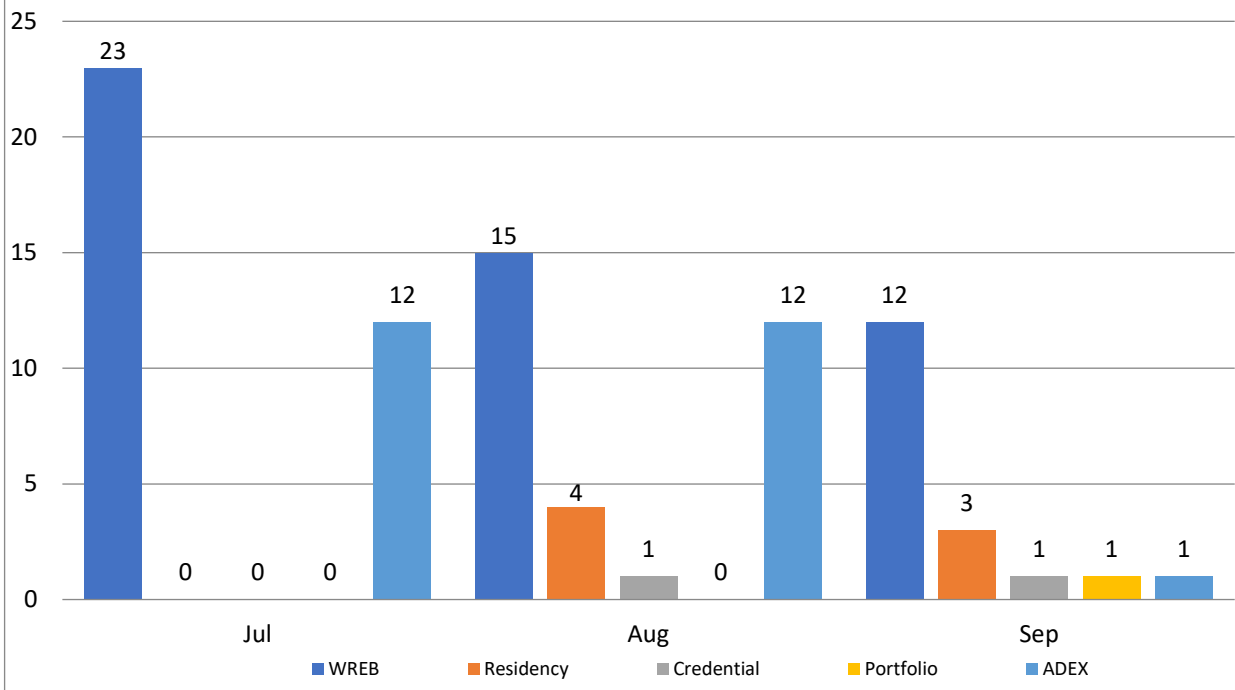
Dental Licenses Issued in Fiscal Year 22/23



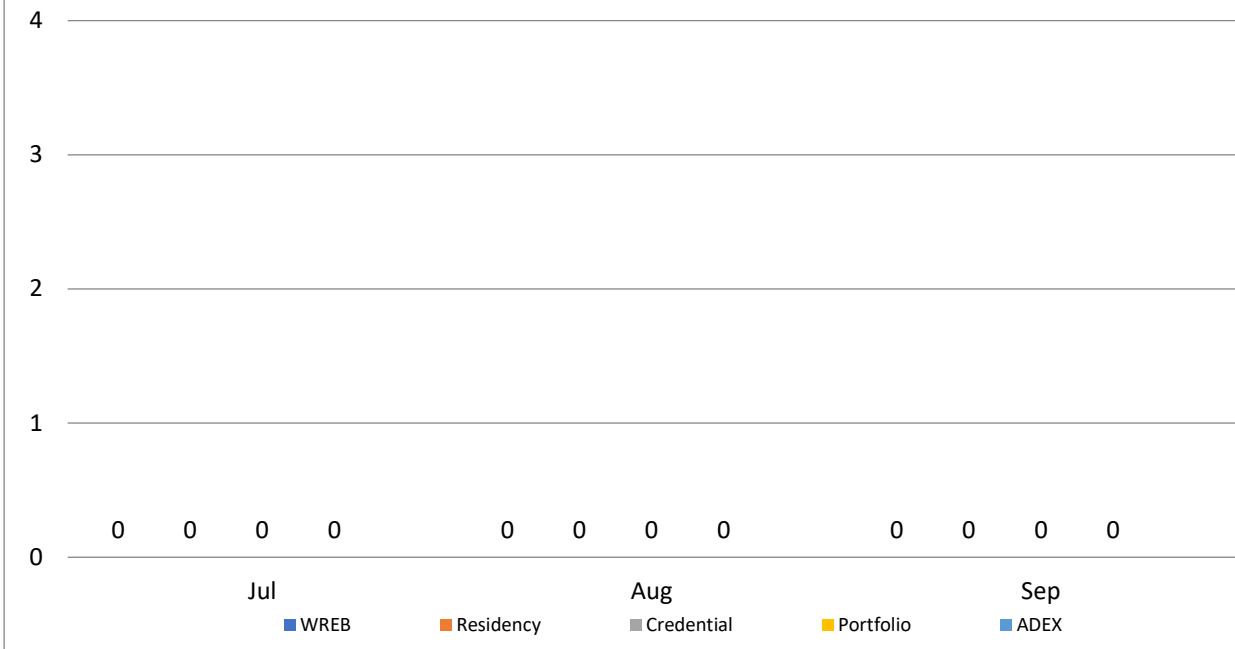
Cancelled Dental Applications in Fiscal Year 22/23



Withdrawn Dental Applications in Fiscal Year 22/23



Denied Dental Applications in Fiscal Year 22/23



Dental Law and Ethics Written Examination Statistics

License Type	DDS				
Exam Title	Dental Law and Ethics Examination				
Licensure Pathway		WREB	LBR	PORT	ADEX
2019/20	# of 1 st Time Candidates	698	105	N/A	5
	Pass %	94.13%	95.24%	N/A	100.00%
2020/21	# of 1 st Time Candidates	824	89	4	232
	Pass %	86.89%	91.01%	50.00%	82.33%
2021/22	# of 1 st Time Candidates	326	61	0	164
	Pass %	72.70%	77.05%	N/A	79.88%
2022/23	# of 1 st Time Candidates	125	12	N/A	153
	Pass %	83.33%	91.67%	N/A	82.35%
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 2019/20, 2020/21, 2021/22 and 2022/23 as of September 30, 2022.

Dental Licenses Issued via Pathway	Total Issued in 19/20	Total Issued in 20/21	Total Issued in 21/22	Total Issued 22/23	Total Issued to Date	Date Pathway Implemented
WREB Exam	769	905	588	329	12,378	January 1, 2006
Licensure by Residency	133	130	141	30	2,227	January 1, 2007
Licensure by Credential	153	211	155	50	3,432	July 1, 2002
(LBC Clinic Contract)	9	14	14	1	53	July 1, 2002
(LBC Faculty Contract)	5	6	1	2	19	July 1, 2002

Agenda Item 10.a.: Review of Dental Licensure and Permit Statistics
Dental Board of California Meeting
November 17-18, 2022

Portfolio	4	4	0	0	79	November 5, 2014
ADEX	1	180	272	229	682	November 15, 2019
Total	1,060	1,430	1,156	638	18,798	

The following table provides statistics on dental license and permit status statistics by fiscal year 2019/20, 2020/21, 2021/22 and 2022/23 as of September 30, 2022.

License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Dental License	Active	34,586	34,922	34,619	34,984
	Inactive	1,784	1,751	1,727	1,716
	Retired/Reduced Fee	1,274	1,297	1,251	1,230
	Disabled	106	98	95	94
	Delinquent	5,445	5,540	6,002	5,994
	Cancelled	17,602	18,720	19,604	19,950
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Additional Office Permit	Active	2,717	2,750	2,556	2,477
	Delinquent	890	992	1,204	1,247
	Cancelled	6,926	7,181	7,418	7,511
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Conscious Sedation	Active	535	543	554	535
	Delinquent	38	43	63	70
	Cancelled	552	586	606	618
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Continuing Education Registered Provider Permit	Active	901	854	744	749
	Delinquent	810	744	776	737
	Cancelled	2,185	2,344	2,471	2,552
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Elective Facial Cosmetic Surgery Permit	Active	29	30	29	29
	Delinquent	5	5	6	5
	Cancelled	1	2	3	4
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Extramural Facility Registration*	Active	186	203	205	49
	Delinquent	N/A	N/A	N/A	N/A
	Cancelled	N/A	N/A	N/A	N/A
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Fictitious Name Permit	Active	7,099	7,250	6,782	6,646
	Delinquent	1,706	1,782	2,394	2,549
	Cancelled	6,802	7,361	7,808	7,953
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
General Anesthesia Permit	Active	897	918	925	942
	Delinquent	22	31	38	36
	Cancelled	1,008	1,042	1,067	1,074

Agenda Item 10.a.: Review of Dental Licensure and Permit Statistics
Dental Board of California Meeting
November 17-18, 2022

License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Mobile Dental Clinic Permit	Active	45	55	44	36
	Delinquent	43	29	44	51
	Cancelled	52	78	81	84
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Medical General Anesthesia	Active	111	136	156	160
	Delinquent	27	30	27	26
	Cancelled	203	211	226	226
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Oral Conscious Sedation Certification (Adult Only 1,175; Adult & Minors 1,139)	Active	2,402	2,391	2,352	2,308
	Delinquent	647	638	702	721
	Cancelled	930	1,096	1,185	1,219
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Oral and Maxillofacial Surgery Permit	Active	96	93	94	94
	Delinquent	4	10	10	11
	Cancelled	22	22	25	25
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Referral Service Registration*	Active	157	159	161	6
	Delinquent	N/A	N/A	N/A	N/A
	Cancelled	N/A	N/A	N/A	N/A
License Type	License Status	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Special Permit	Active	37	35	35	38
	Delinquent	9	9	7	7
	Cancelled	184	190	195	195
Status Definitions					
Active	Current and can practice without restrictions (<i>BPC §1625</i>)				
Inactive	Current but cannot practice, continuing education not required (<i>CCR §1017.2</i>)				
Retired/Reduced Fee	Current, has practiced over 20 years, eligible for Social Security and can practice with restrictions (<i>BPC §1716.1a</i>)				
Disabled	Current with disability but cannot practice (<i>BPC §1716.1b</i>)				
Delinquent	Renewal fee not paid within one month after expiration date (<i>BPC §163.5</i>)				
Cancelled	Renewal fee not paid 5 years after its expiration and may not be renewed (<i>BPC §1718.3a</i>) Total number of licenses / permits cancelled to date.				



The following table provides statistics on population (Pop.), current & active dental licenses by County, and population (Pop.) per dental license by County in 2020/21, 2021/22 and 2022/23 as of September 30, 2022.

County	DDS per County in 2020/21	Pop. in 2020/21	Pop. Per DDS in 2020/21	DDS per County in 2021/22	Pop. in 2021/22	Pop. per DDS in 2021/22	DDS per County in 2022/23	Pop. in 2022/23	Pop. per DDS in 2022/23
Alameda	1,497	1,670,834	1,116	1,492	1,651,979	1,107	1,519	1,651,979	1,087
Alpine	1	1,142	1,142	1	1,200	1,200	1	1,200	1,200
Amador	23	37,676	1,638	22	40,297	1,831	21	40,297	1,918
Butte	126	210,291	1,668	124	201,608	1,666	123	201,608	1,666
Calaveras	18	45,023	2,501	18	45,049	2,516	18	45,049	2,516
Colusa	6	21,902	3,650	6	21,807	3,639	6	21,807	3,639
Contra Costa	1,123	1,153,561	1,027	1,098	1,156,555	1,065	1,100	1,156,555	1,065
Del Norte	15	27,298	1,819	13	27,218	1,981	12	27,218	1,981
El Dorado	161	193,227	1,200	157	190,465	1,213	156	190,465	1,220
Fresno	622	1,023,358	1,645	613	1,011,273	1,649	615	1,011,273	1,644
Glenn	10	29,400	2,940	6	28,750	4,791	6	28,750	4,791
Humboldt	68	133,302	1,960	64	135,168	2,099	64	135,168	2,099
Imperial	38	188,777	4,967	38	179,329	4,719	37	179,329	4,846
Inyo	9	18,584	2,064	8	18,978	2,372	7	18,978	2,711
Kern	350	917,553	2,621	340	909,813	2,605	343	909,813	2,605
Kings	64	153,608	2,400	49	152,023	2,209	59	152,023	2,209
Lake	45	64,040	1,423	26	67,407	1,450	43	67,407	1,450
Lassen	24	28,833	1,201	23	30,274	1,363	25	30,274	1,363
Los Angeles	8,502	10,172,951	1,196	8,418	9,861,224	1,184	8,499	9,861,224	1,184
Madera	43	158,147	3,677	45	157,396	3,720	46	157,396	3,720
Marin	304	260,831	857	308	257,135	860	306	257,135	860
Mariposa	7	18,067	2,581	7	17,045	2,435	7	17,045	2,435
Mendocino	52	87,946	1,691	54	89,999	1,666	53	89,999	1,698
Merced	91	283,521	3,115	97	284,338	3,023	94	284,338	3,023

County	DDS per County in 2020/21	Pop. in 2020/21	Pop. Per DDS in 2020/21	DDS per County in 2021/22	Pop. in 2021/22	Pop. per DDS in 2021/22	DDS per County in 2022/23	Pop. in 2022/23	Pop. per DDS in 2022/23
Modoc	5	9,570	1,914	3	8,690	1,740	2	8,690	1,740
Mono	3	13,464	4,488	5	13,379	2,675	5	13,379	2,675
Monterey	259	441,143	1,703	257	433,716	1,669	253	433,716	1,669
Napa	113	139,088	1,230	112	136,179	1,215	111	136,179	1,226
Nevada	77	98,114	1,274	77	101,242	1,294	74	101,242	1,294
Orange	4,005	3,194,332	797	4,059	3,162,245	788	4,092	3,162,245	788
Placer	471	403,711	857	466	409,025	879	474	409,025	879
Plumas	15	18,260	1,217	14	18,942	1,353	14	18,942	1,353
Riverside	1,111	2,442,304	2,198	1,122	2,435,525	2,170	1,139	2,435,525	2,170
Sacramento	1,159	1,555,365	1,341	1,175	1,576,618	1,344	1,191	1,576,618	1,344
San Benito	23	62,353	2,711	24	65,479	3,057	25	65,479	3,057
San Bernardino	1,381	2,180,537	1,578	1,370	2,187,665	1,572	1,409	2,187,665	1,572
San Diego	2,779	3,343,355	1,203	2,764	3,287,306	1,187	2,817	3,287,306	1,187
San Francisco	1,225	897,806	732	1,175	842,754	730	1,196	842,754	730
San Joaquin	371	773,632	2,085	371	784,298	2,114	377	784,298	2,080
San Luis Obispo	225	277,259	1,232	207	280,721	1,357	207	280,721	1,357
San Mateo	858	773,244	901	853	744,662	900	848	744,662	900
Santa Barbara	324	451,840	1,394	312	445,164	1,436	316	445,164	1,408
Santa Clara	2,292	1,961,969	856	2,284	1,894,783	848	2,313	1,894,783	848
Santa Cruz	170	271,233	1,595	166	255,564	1,651	172	255,564	1,651
Shasta	115	178,045	1,548	107	180,531	1,718	105	180,531	1,718
Sierra	1	3,201	3,201	0	3,229	0	0	3,229	0
Siskiyou	24	44,461	1,852	21	43,830	2,003	23	43,830	2,003
Solano	287	440,224	1,533	282	447,241	1,574	281	447,241	1,574
Sonoma	393	492,980	1,254	383	482,404	1,256	385	482,404	1,256
Stanislaus	273	557,709	2,042	271	549,466	2,017	276	549,466	2,017
Sutter	56	100,750	1,799	52	99,145	1,879	52	99,145	1,879

County	DDS per County in 2020/21	Pop. in 2020/21	Pop. per DDS in 2020/21	DDS per County in 2021/22	Pop. in 2021/22	Pop. per DDS in 2021/22	DDS per County in 2022/23	Pop. In 2022/23	Pop. per DDS in 2022/23
Tehama	29	65,129	2,245	31	65,052	2,194	29	65,052	2,194
Trinity	4	13,548	3,387	3	16,023	5,341	3	16,023	5,341
Tulare	227	479,977	2,114	218	475,014	2,131	220	475,014	2,131
Tuolumne	47	54,917	1,168	48	55,291	1,209	49	55,291	1,209
Ventura	666	842,886	1,265	666	833,652	1,265	665	833,652	1,265
Yolo	114	221,705	1,944	118	221,165	1,874	117	221,165	1,890
Yuba	7	78,887	11,269	6	82,275	11,653	7	82,275	11,653
Out of State/Country	2,614	N/A	N/A	2,369	N/A	N/A	2,582	N/A	N/A
Total	34,922	39,782,870	N/A	32,049	39,185,605	N/A	32,407	39,185,605	N/A

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

*The counties with the highest Population per DDS are:	Yuba County (1:11,653)	*The counties with the lowest Population per DDS are:	Sierra County (No DDS)
	Trinity County (1:5,341)		San Francisco County (1:730)
	Imperial County (1:4,846)		Orange County (1:788)
	Glenn County (1:4,791)		Santa Clara County (1:848)
	Madera County (1:3,720)		Marin County (1:860)

Action Requested:

None.



MEMORANDUM

DATE	October 6, 2022
TO	Members of the Dental Board of California
FROM	Bernal Vaba, Special Investigator Dental Board of California
SUBJECT	Agenda Item 11.a.: Diversion Program Report and Statistics

Background:

The Diversion Evaluation Committee (DEC) program statistics for the ending quarter of September 30, 2022, are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for informational purposes only.

These statistics were derived from reports received from MAXIMUS.

Diversion	FY 2022/2023				FY 21/22	FY 20/21	FY 19/20
	Quarter 1			YTD			
	Jul	Aug	Sep	Totals			
New Participants	0	1	1	2	3	3	1
Total Participants (Close of Qtr/FY)	7	8	9	9	12	12	15
<i>Self-Referral</i>	2	2	3	3	5	5	3
<i>Enforcement Referral</i>	1	1	1	1	2	2	5
<i>Probation Referral</i>	4	5	5	5	5	5	7
Total Completed Cases	0	0	0	0	4	3	6
<i>Successful Completions</i>	0	0	0	0	0	2	3
<i>Terminations</i>	0	0	0	0	4	1	3
<i>Terminations for Public Threat</i>	0	0	0	0	0	0	0
Drug Tests Ordered	31	26	35	92	352	415	498
Positive Drug Tests	0	0	0	0	3	1	0
<i>Prescription Positive Tests</i>	0	0	0	0	29	4	0

Of the nine (9) participants, there were three (3) self-referrals, one (1) enforcement referral, and five (5) probation referrals.

Action Requested:

No action requested.

Agenda Item 11.a.: Diversion Program Report and Statistics
 Dental Board of California Meeting
 November 17-18, 2022



MEMORANDUM

DATE	October 11, 2022
TO	Members of the Dental Board of California
FROM	Ryan Blonien, Supervising Investigator I Dental Board of California
SUBJECT	Agenda Item 11.b.: Controlled Substance Utilization Review and Evaluation System Report

Background:

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

The Dental Board of California currently has 34,732 active licensed dentists as of October 20, 2022.

The CURES registration statistics for the Dental Board of California as of September 30, 2022 are:

Month:	Year:	Number of Registered DDS/DMD Users:
July	2021	16,458
August	2021	16,497
September	2021	16,552
October	2021	16,600
November	2021	16,639
December	2021	16,734
January	2022	16,824

Month:	Year:	Number of Registered DDS/DMD Users:
February	2022	16,867
March	2022	16,913
April	2022	16,945
May	2022	16,978
June	2022	17,027
July	2022	17,075
August	2022	17,104
September	2022	17,177

The CURES usage statistics for the Dental Board of California as of September 30, 2022 are:

Search Statistics*:

June	2021	18,993
July	2021	18,408
August	2021	18,231
September	2021	16,735
October	2021	16,837
November	2021	16,424
December	2021	15,443
January	2022	17,047
February	2022	19,609
March	2022	24,086
April	2022	17,058
May	2022	16,564
June	2022	16,630
July	2022	14,362
August	2022	20,001
September	2022	18,256

Statistics indicate the combined total number of Web Application and Information Exchange Web Services.

Times System was Accessed:

July	2021	3,700
August	2021	3,862
September	2021	3,634
October	2021	3,665
November	2021	3,350
December	2021	3,634
January	2022	3,747
February	2022	3,661
March	2022	4,433

This data has not been available since March of 2022, when the software was updated. There is a good chance it will be discontinued.

Help Desk Statistics:

July	2021	175*
August	2021	191*
September	2021	163*
October	2021	152*
November	2021	189*
December	2021	276*
January	2022	289*
February	2022	204*
March	2022	220*
April	2022	54*
May	2022	23*
June	2022	26*
July	2022	128*
August	2022	98*
September	2022	92*

*Statistics indicate the combined total number of phone and email help desk inquiries.

The number of prescriptions filled by schedule for the months of July, August, and September 2022 are:

Number of Prescriptions Filled by Schedule – July – September 2022

	July	August	September
Schedule II	1,208,764	1,226,705	1,183,248
Schedule III	215,521	225,324	208,770
Schedule IV	1,050,291	1,084,850	1,013,408
Schedule V	148,043	142,640	129,662
R*	2,653	3,271	2,901
Over-the-Counter Product	61,719	59,734	60,383
Total:	2,686,991	2,742,524	2,468,840

*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:

None.

Registration Statistics

July – September 2022

Registered Users

	July 2022	August 2022	September 2022
Clinical Roles			
Prescribers	177,058	178,058	179,110
Non-DEA Practitioner	11,213	11,447	11,456
Pharmacists	49,605	49,876	50,135
Clinical Roles	237,876	239,381	240,701
License Type			
Doctor of Dental Surgery/Dental Medicine	17,075	17,104	17,177
Doctor of Optometry	694	695	696
Doctor of Podiatric Medicine	1,626	1,631	1,643
Doctor of Veterinary Medicine	3,604	3,621	3,630
Medical Doctor	120,888	121,608	122,136
Naturopathic Doctor	490	496	499
Osteopathic Doctor	8,951	9,072	9,188
Physician Assistant	12,998	13,103	13,207
Registered Nurse Practitioner/Nurse Midwife	21,154	21,376	21,581
(Out of State) Prescribers	791	799	809
Pharmacists	48,760	49,027	49,274
(Out of State) Pharmacists	845	849	861
Breakdown by license type	237,876	239,381	240,701
Other Roles			
LEAs	1,637	1,642	1,644
Delegates	2,757	2,901	3,007
DOJ Admin	57	58	59
DOJ Analyst	92	92	93
Regulatory Board	231	234	238
Other Roles	4,774	4,927	5,041
Total Registered Users	242,650	244,308	245,742

NOTE:
 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

July 2022

	Web Application	Delegate	IEWS	Totals
Clinical Roles				
Prescribers	1,042,164	27,763	5,515,131	6,585,058
Non-DEA Practitioner	1,182	147	9,158	10,487
Pharmacists	1,058,428	2,551	2,847,499	3,908,478
Clinical Roles	2,101,774	30,461	8,371,788	10,504,023
License Type				
Doctor of Dental Surgery/Dental Medicine	5,408	154	8,800	14,362
Doctor of Optometry	5	0	1,926	1,931
Doctor of Podiatric Medicine	1,565	18	32,817	34,400
Doctor of Veterinary Medicine	153	0	0	153
Medical Doctor	605,158	17,634	4,444,638	5,067,430
Naturopathic Doctor	957	250	103	1,310
Osteopathic Doctor	96,726	1,960	426,905	525,591
Physician Assistant	115,478	3,396	278,641	397,515
Registered Nurse Practitioner/Nurse Midwife	213,292	4,390	326,527	544,209
(Out of State) Prescribers	4,604	108	3,932	8,644
Pharmacists	1,050,233	2,427	2,833,253	3,885,913
(Out of State) Pharmacists	8,195	124	14,246	22,565
License Type	2,101,774	30,461	8,371,788	10,504,023
Other Roles				
LEAs	142			142
DOJ Administrators	256			256
DOJ Analysts	31			31
Regulatory Board	1,149			1,149
Other Roles	1,578			1,578

Total Search Counts **10,505,601**

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

August 2022

	Web Application	Delegate	IEWS	Totals
Clinical Roles				
Prescribers	1,168,500	33,003	6,083,063	7,284,566
Non-DEA Practitioner	1,601	20	7,351	8,972
Pharmacists	1,163,828	4,222	3,042,255	4,210,305
Clinical Roles	2,333,929	37,245	9,132,669	11,503,843
License Type				
Doctor of Dental Surgery/Dental Medicine	7,597	142	12,262	20,001
Doctor of Optometry	7	0	2,458	2,465
Doctor of Podiatric Medicine	1,503	7	37,025	38,535
Doctor of Veterinary Medicine	82	0	0	82
Medical Doctor	684,229	21,048	4,886,886	5,592,163
Naturopathic Doctor	1,124	213	76	1,413
Osteopathic Doctor	107,031	3,138	448,081	558,250
Physician Assistant	128,981	4,320	314,385	447,686
Registered Nurse Practitioner/Nurse Midwife	234,490	4,050	389,241	627,781
(Out of State) Prescribers	5,057	105	0	5,162
Pharmacists	1,154,798	4,105	3,026,123	4,185,026
(Out of State) Pharmacists	9,030	117	16,132	25,279
License Type	2,333,929	37,245	9,132,669	11,503,843
Other Roles				
LEAs	142			142
DOJ Administrators	256			256
DOJ Analysts	31			31
Regulatory Board	1,160			1,160
Other Roles	1,589			1,589

Total Search Counts **11,505,432**

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

September 2022

	Web Application	Delegate	IEWS	Totals
Clinical Roles				
Prescribers	1,065,111	33,534	5,510,783	6,609,428
Non-DEA Practitioner	1,348	27	6,211	7,586
Pharmacists	1,081,969	3,885	2,728,308	3,814,162
Clinical Roles	2,148,428	37,446	8,245,302	10,431,176
License Type				
Doctor of Dental Surgery/Dental Medicine	6,292	156	11,808	18,256
Doctor of Optometry	1	0	2,018	2,019
Doctor of Podiatric Medicine	3,914	10	34,249	38,173
Doctor of Veterinary Medicine	56	0	0	56
Medical Doctor	614,205	22,875	4,418,215	5,055,295
Naturopathic Doctor	895	279	93	1,267
Osteopathic Doctor	95,318	2,972	405,511	503,801
Physician Assistant	128,174	3,722	287,111	419,007
Registered Nurse Practitioner/Nurse Midwife	213,081	3,345	357,988	574,414
(Out of State) Prescribers	4,523	202	1	4,726
Pharmacists	1,073,297	3,763	2,711,723	3,788,783
(Out of State) Pharmacists	8,672	122	16,585	25,379
License Type	2,148,428	37,446	8,245,302	10,431,176
Other Roles				
LEAs	119			119
DOJ Administrators	162			162
DOJ Analysts	7			7
Regulatory Board	1,046			1,046
Other Roles	1,334			1,334
Total Search Counts				10,432,510

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



		July 2022	August 2022	September 2022
Clinical Roles				
	Prescribers			
	Non-DEA Practitioner			
	Pharmacists			
	Clinical Roles			
License Type				
	Doctor of Dental Surgery/Dental Medicine			
	Doctor of Optometry			
	Doctor of Podiatric Medicine			
	Doctor of Veterinary Medicine			
	Medical Doctor			
	Naturopathic Doctor			
	Osteopathic Doctor			
	Physician Assistant			
	Registered Nurse Practitioner/Nurse Midwife			
	(Out of State) Prescribers			
	Pharmacists			
	(Out of State) Pharmacists			
	License Type			
Other Roles				
	LEAs			
	Delegates			
	DOJ Administrators			
	DOJ Analysts			
	Regulatory Board			
	Other Roles			
Total Times System was Accessed				

Note:

Clinical Roles = License Type

Total Times = Clinical Roles + Other Roles

Help Desk Statistics

July– September 2022

		July		August		September	
		Phone	E-mail	Phone	E-mail	Phone	E-mail
Clinical Roles							
	Prescribers/Non-DEA Practitioners	1,439	913	1,330	820	1,350	785
	Pharmacists	421	124	324	120	435	148
	Clinical Roles	1,860	1,037	1,654	940	1,785	933
License Type							
	Doctor of Dental Surgery/Dental Medicine	79	49	49	49	44	48
	Doctor of Optometry	3	6	1	1	0	1
	Doctor of Podiatric Medicine	6	9	5	1	5	4
	Doctor of Veterinary Medicine	36	32	25	18	20	16
	Medical Doctor	961	635	888	576	910	518
	Naturopathic Doctor	0	3	2	2	1	4
	Osteopathic Doctor	49	27	64	24	62	34
	Physician Assistant	88	45	99	36	91	43
	Registered Nurse Practitioner/Nurse Midwife	217	107	197	113	217	117
	Pharmacists	421	124	324	120	435	148
	(Out of State) Pharmacists	0	0	0	0	0	0
	License Type	1,860	1,037	1,654	940	1,785	933
Other Roles							
	LEAs	5	18	7	32	5	29
	Delegates	49	21	37	24	38	11
	DOJ Administrators	0	0	0	0	0	0
	DOJ Analysts	0	0	0	0	0	0
	Regulatory Board	4	6	6	11	4	16
	Other Roles	58	45	50	67	47	56
Totals		1,918	1,082	1,704	1,007	1,832	989

Note:

Clinical Roles = License Type

Total Calls = Clinical Roles + Other Roles



Prescriptions Filled by Schedule

July – September 2022

Prescription Counts	July 2022	August 2022	September 2022
Number of Distinct Prescriptions	2,684,624	2,793,850	2,600,310
Schedule II	1,208,764	1,266,705	1,183,248
Schedule III	215,521	225,324	208,770
Schedule IV	1,050,291	1,084,850	1,013,408
Schedule V	148,043	142,640	129,662
R	2,653	3,271	2,901
Over-the-counter product	62,005	74,331	65,222
TOTAL	2,687,277	2,797,121	2,603,211

NOTE:

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



MEMORANDUM

DATE	October 27, 2022
TO	Members of the Dental Board of California (Board)
FROM	Paige Ragali, Elective Facial Cosmetic Surgery Permit Program Coordinator Dental Board of California
SUBJECT	Agenda Item 12: Report on October 26, 2022 Meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee (Committee)

The Committee met on October 26, 2022, via teleconference. Four members of the Committee were present at the meeting, and a quorum was established. Dr. Anil Punjabi, MD, DDS, was absent for meeting.

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

The Committee discussed the January 12, 2022 Meeting Minutes. Dr. Peter Scheer, DDS, moved to adopt the January 12, 2022 Meeting Minutes, and Dr. Andre Guerrero Fernandes, DDS, MD, seconded the motion. The motion passed on a vote of 4-0.

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

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

The Committee adjourned the meeting at 3:43 p.m.

Action Requested

No action is requested.



MEMORANDUM

DATE	October 19, 2022
TO	Members of the Dental Board of California (Board)
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECTS	<p>Agenda Item 13.a.: Discussion and Possible Action to Consider Comments Received During the 45-Day Comment Period and Proposed Responses Thereto for the Board’s Rulemaking to Adopt California Code of Regulations (CCR), Title 16, Section 1066 (Dentists Initiating and Administering Vaccines)</p> <p>Agenda Item 13.b.: Discussion and Consideration of Proposed Regulation to Adopt CCR, Title 16, Section 1066 Related to Dentists Initiating and Administering Vaccines</p>

Background:

Assembly Bill (AB) 526 (Wood, Chapter 653, Statutes of 2021) was signed into law on October 8, 2021. The bill amended provisions of the Dental Practice Act at Business and Professions Code (BPC) section 1625.6 to authorize dentists to prescribe and administer influenza and COVID-19 vaccines approved or authorized by the federal Food and Drug Administration to patients 3 years of age and older on a permanent basis. Dentists who would administer these vaccines must biennially complete an immunization training program offered by the CDC or a provider approved by the Board. They must also comply with all state and federal recordkeeping requirements. This includes documentation for the patient’s primary care provider and entering the vaccination information into the appropriate immunization registry designed by the Immunization Branch of the California Department of Public Health.

While BPC 1625.6 provides the authority for dentists to initiate and administer influenza and COVID-19 vaccines, it does not provide specifics on the length of the required training program, how dentists are to provide immunization information to their patients’ primary care providers or to the state immunization registry, or how long to maintain vaccine records. This regulatory proposal to adopt California Code of Regulations (CCR), title 16, section 1066, would establish such standards.

The law indicates that the Board may issue regulations to implement the law. The law provides that such regulations would be deemed to address an emergency and

Agenda Items 13(a), (b): Discussion and possible action on comments received on the rulemaking package for Dentists Initiating and Administering Vaccines (16 CCR Section 1066)
 Dental Board of California Meeting
 November 17-18, 2022

permitted the regulations to proceed through the emergency regulations process outlined in Government Code section 11346.1. (See Business and Professions Code (BPC), § 1625.6, subd. (c).) The law also extended the 180-day duration of an emergency regulation on this subject to 240 days.

On March 14, 2022, the Board approved the emergency rulemaking to adopt regulations and a finding of emergency and, if the emergency rulemaking was approved, the Board further authorized staff to proceed to initiate a regular rulemaking to adopt CCR, title 16, section 1066 relating to dentists initiating and administering vaccines to establish permanent regulations. The emergency rulemaking was filed with the Office of Administrative Law (OAL) on June 13, 2022. There were no public comments on the emergency regulations received during the five-day public comment period that commenced on June 13, 2022. OAL approved the emergency regulations on June 23, 2022. The emergency regulations will remain in effect until February 22, 2023.

At the Board's August 25-26, 2022, meeting Board staff responded to member questions and confirmed that BPC section 1625.6 does not limit the location where a dentist can order or administer an influenza or COVID-19 vaccine. The Board made no further changes to the proposed text for the regular rulemaking at that time.

Board staff prepared and filed a regular rulemaking package, which was noticed by the Office of Administrative Law on September 2, 2022. That began a 45-day comment period, which concluded October 18, 2022. There were no requests for a public hearing, but there were public comments submitted. The Board received a total of 3 public comments. The comments and proposed Board responses are attached to this memo.

Action Requested for Item No. 13a:

Board staff is requesting that the Board review the submitted comments and proposed Board responses to those comments. Staff recommends the Board approve the proposed responses to the comments.

Proposed Motion Language – Response to Comments:

Motion A (If there are no changes to the proposed responses by members)

Direct staff to proceed as recommended to reject the comments as specified and provide the responses to the comments as indicated in the staff recommended responses.

Motion B (If there are changes to the proposed responses by members)

Direct staff to accept the following comment(s) and make the following edits to the text: [identify comment to accept and text to change here and explain why].

Action Requested for Agenda Item No. 13b.:

If the Board rejects the previously discussed comments and makes no further changes to the proposed text, staff recommends the Board consider the following motion to complete the rulemaking process and adopt the proposed text:

Motion A (If there are no changes to the proposed text by members):

Direct staff to take all steps necessary to complete the rulemaking process including the filing of the final rulemaking package with the Office of Administrative Law, authorize the Executive Officer to make any non-substantive changes to the proposed regulation and the rulemaking documents, and adopt the proposed regulations as described in the notice for 16 CCR section 1066.

If the Board decides it wishes to make changes to the originally proposed and noticed text, the Board may use the following motion:

Motion B (If there are changes to the proposed text by members at this meeting):

To approve the proposed modified regulatory text for section 1066 that includes the following changes [**describe amendments here**] and direct staff to take all steps necessary to complete the rulemaking process, including sending out the modified text with these changes for an additional 15-day comment period. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulation, and adopt the proposed regulations as described in the modified text notice for Title 16 CCR section 1066.

Documents included with this memo for reference:

1. Summary of Comments Received and Staff Recommendations for Responses to Comments
2. Written Comments Received During the Public Comment Period on Originally Proposed Regulatory Language
3. Originally Proposed Regulatory Language (Noticed to the Public)

Summary of Comments Received and Staff Recommendations for Responses to Comments on Proposed Rulemaking to Adopt Section 1066 of the California Code of Regulations

Comment 1: Email dated September 2, 2022 from Dr. Betty Fong

Comment Summary – The commenter urges the Board to not adopt the regulations. They consider the benefits of allowing dentists to administer vaccines to not outweigh the risks and there are “alternatives that are more effective”. The commenter believes that dentists should not be involved in the “unending and overbearing regulatory demands of on our health and relying on the CDC, which has shown poor decision-making in the covid pandemic.”.

Staff Recommended Response

Reject Comment. Dentists are currently authorized to independently prescribe and administer vaccines based on Business and Professions Code section 1625.6, and whether or not the Board adopts regulations will not change that authorization. Further, refusing to adopt regulations would only serve to create confusion and compliance issues for those dentists who choose to provide such services to the public. Regulations are the only legally prescribed method under the laws of this state (California Administrative Procedure Act) for setting the minimum training, recordkeeping and reporting requirements referenced in this proposal for all dentists that choose to administer vaccines.

Comment 2 – Email dated September 6, 2022, from Dr. Wai Chan.

Comment Summary – The commenter applauds the Dental Board’s response to AB 526 by considering making changes to its regulations. The commenter raises a concern that the language of the proposed rule has not taken into consideration dentists who are volunteering their services in the Medical Reserve Corps (MRC) and retirees. The commenter thinks the reporting and record keeping requirements will have undue burden on retired dentists and employee dentists who volunteer the vaccination services as a community service. The commenter would like volunteer dentists to be exempted from the vaccine recordkeeping requirements if the vaccinations are done in public health facilities or sponsored by educational, public safety, and public health organizations and public health organizations and that the sponsored facilities/organizations are responsible for the reporting and record keeping.

Staff Recommended Response

Reject Comment. The Board has no jurisdiction to require the organizations mentioned in this comment to report on or maintain vaccination records or to make the recommended exemption as suggested. BPC section 1625.6(b) requires the dentist to comply with all state and federal recordkeeping and reporting requirements and contains no exemptions. The Board’s current regulatory proposal is consistent with that

Agenda Items 13(a), (b): Discussion and possible action on comments received on the rulemaking package for Dentists Initiating and Administering Vaccines (16 CC Section 1066)
Dental Board of California Meeting
November 17-18, 2022

Page 4 of 5

mandate. The Board notes, however, that this proposal does not prohibit a dentist from making whatever arrangements they deem necessary with any organization to assist them with meeting the proposed regulations in Section 1066 (d), (e), and (f) covering vaccine reporting and recordkeeping requirements.

Comment 3 – Email dated September 8, 2022, from Dr. Antonio Bistrain.

Comment Summary – Commenter urges Board to hold off on issuing regulations until lawsuits contesting the liability of vaccine administration are settled as the outcome of those suits could present a negative impact to all dentists due to increases in liability insurance.

Staff Recommended Response

Reject Comment. As noted in the response to Comment 1, holding off on regulations would not affect the ability of dentists to administer vaccinations and refusing to adopt regulations would only serve to create confusion and compliance concerns within the regulated community. In addition, vaccine administration is a service that dentists may or may not choose to provide to patients.

From: [REDACTED]
To: Bruggeman, Lawrence@DCA
Subject: Administration of the vaccine
Date: Friday, September 2, 2022 4:32:03 PM

WARNING: This message was sent from outside the CA Gov network. Do not open attachments unless you know the sender: [REDACTED]

Lawrence

As a Dentist, I urge the board to decide against this action.
The benefit does not outweigh the risk and there are alternatives that are more effective.
The California legislators and governor should not involve dentists in the unending and overbearing regulatory demands of on our health and relying on the CDC, which has shown poor decision-making in the covid pandemic.

Betty Fong DDS

Sent from my iPhone

From: [REDACTED]
To: Bruggeman, Lawrence@DCA; Vallery, Tina@DCA
Cc: [REDACTED]; [REDACTED]; [REDACTED]
Subject: Proposed rule in regard to vaccinations
Date: Tuesday, September 6, 2022 2:22:40 PM

WARNING: This message was sent from outside the CA Gov network. Do not open attachments unless you know the sender: [REDACTED]

Dear Mr. Bruggeman, Ms. Vallery,

I applaud the Dental Board's response to AB 526 by considering making changes to Article 9 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations.

AB 526 permits dentists to prescribe and administer influenza and COVID-19 vaccinations approved or authorized by the federal Food and Drug Administration to patients 3 years of age and older on a permanent basis.

It seems the language of the proposed rule has not taken into consideration of dentists who are volunteering their services in the Medical Reserve Corps (MRC). In 2002 the US Surgeon General started the Medical Reserve Corps program. In the State of California, the CA MRC are led by the CA Emergency Services Authority, CA EMSA. There are 37 MRCs in California and they are led at the county level. MRC members are first responders and have provided medical and support services at various emergency and disaster locations countywide and statewide. Last year, MRC members have actively participated in numerous county and state COVID-19 and flu clinics, including the one at Cal Expo.

We have dentists who are active members of the Medical Reserve Corps. As a retired dentist and a MRC member, I personally have provided over 1200 injections in various locations, outdoors and indoors, in Sacramento county.

I understand the priority of the Board is the protection of the public; however, I think the reporting and record keeping requirement will have undue burden on retired dentists and employee dentists who volunteer the vaccination services as a community service. The reporting and recording requirement will stop us from providing the much needed service in our communities.

I suggest that proper language should be written in the rule to exempt volunteer dentists in the reporting and record keeping requirements if the injections are administered in public health facilities or sponsored by educational, public safety, and public health organizations and that the sponsored facilities/organizations are responsible for the reporting and record keeping.

The Board's kind consideration in this matter is much appreciated.

Sincerely,

Wai M Chan, DDS MAGD FACD FICD FPFA

[REDACTED]

Sent from my iPad

From: [REDACTED]
To: Bruggeman, Lawrence@DCA
Subject: Comment on regulations regarding dentists administering C-19 vaccines
Date: Thursday, September 8, 2022 10:30:36 AM
Attachments: [CaDBoard.docx](#)

WARNING: This message was sent from outside the CA Gov network. Do not open attachments unless you know the sender: [REDACTED]

Dear Sir: See attached letter.

Respectfully, Antonio M Bistrain, DDS [REDACTED] mobile

Antonio M. Bistrain, DDS



David Bruggeman
Staff Services Manager
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815
September 6, 2022

Dear Sir:

I received an email regarding regulatory guidelines for dentists administering vaccines (covid-19 in particular) in their office. The reasoning is that it would be fairly easy to implement with little to no cost impact to those practitioners who chose to administer them.

There are costs involved which need to be pointed out particularly the proper storage and records maintenance of them in addition to having doctor and staff training which takes time, energy and resources. As stated in the email this would only affect offices which choose to make them available.

There is one area of costs that may affect the dental professional as a whole and that is potential liability from a number of lawsuits that are lining up against the administration of covid vaccines to patients, particularly children. These suits are not currently targeting dentists. This link talks about one upcoming lawsuit which can be found here: <https://beckernews.com/covid-fraud-46685/>

Here is a recent peer reviewed study:

<https://beckernews.com/breaking-landmark-first-peer-reviewed-study-on-pfizer-and-moderna-covid-vaccines-confirms-excess-risk-of-adverse-side-effects-46720/>

This is not the only one, but just the start of potentially many additional lawsuits that are in the works. I feel that taking a pause and waiting out the

results of legal decisions would be a prudent move at this time. My reasoning revolves around the possibility of dentists being targeted for them if the first lawsuits are successful. That would have a huge impact on professional liability premiums of all dentists.

Another place where liability could become a concern is if dental schools and associated dental clinics were administering them. It would open them up for potential lawsuits against our educational institutions. That would be bad “press” and potentially costly if that ever came to pass.

There are many places that already offer the vaccines. You do not have to see your physician to obtain them. You can go to many pharmacy drug stores and obtain them easily. People go to the store more than they go to the dentist anyway. Those who have wanted to receive them have done so although there may be additional boosters coming.

I believe a pause in dentistry continuing to be a site of administration is prudent at this time. If pending lawsuits result in damages it may have massive ramifications to the small business dentist owner. They could be targeted with litigation and damages if the vaccines were shown to be causing side effects to the patients who received them under their care. This is a cost that cannot be determined or underestimated.

Dentists and staff have had enough challenges during the pandemic. This just removes one of them and lets the profession side-step the issue instead of becoming a potential target.

Respectfully,

Antonio M. Bistrain, DDS (CA license #41235)

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

PROPOSED LANGUAGE

Legend: Added text is indicated with an <u>underline</u> . Deleted text is indicated by strikeout .
--

Adopt Section 1066 in Article 9 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations, to read as follows:

1066. Dentists Initiating and Administering Vaccines.

(a) A dentist prescribing and administering any vaccine pursuant to section 1625.6 of the Code shall follow the requirements specified in subdivisions (b) through (f) of this section. Failure to comply with this section constitutes unprofessional conduct in accordance with section 1680 of the Code.

(b) Training. A dentist who prescribes and administers any vaccine shall keep documentation of completion of an immunization training program from an approved provider as set forth in subdivision (c). A dentist who prescribes and administers vaccines shall retain certificates of course completion for any approved training program on premises and according to the requirements of section 1017.

(c) Continuing Education. A dentist must complete one hour of continuing education from an approved provider once every two years focused on immunization training that includes, at a minimum, training in vaccine administration, prevention and management of adverse reactions, and maintenance of vaccine records. For the purposes of this section, an "approved provider" means: (1) the federal Centers for Disease Control and Prevention (CDC); or, (2) a continuing education provider registered and approved by the Board pursuant to section 1016.

(d) Notifications: A dentist shall notify each patient's primary care provider of any vaccine administered to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by the primary care provider. Primary care provider notification must take place within 14 days of the administration of any influenza or COVID-19 vaccine. If a patient does not have a primary care provider, or is unable to provide contact information for his or her primary care provider, the dentist shall advise the patient to consult an appropriate health care provider of the patient's choice. A dentist shall notify each pregnant patient's prenatal care provider, if known, of any influenza or COVID-19 vaccine administered to the patient within 14 days of the administration of any vaccine.

(e) Immunization Registry: A dentist shall report, in accordance with section 1625.6, subdivision (b)(2) of the Code, the information described in section 120440, subdivision (c), of the Health and Safety Code in the registry designated by the Immunization Branch of the California Department of Public Health known as the “California Immunization Registry” or “CAIR” within 14 days of the administration of any influenza vaccine and within 24 hours of the administration of any COVID-19 vaccine. A dentist shall complete the required registration process for reporting this information in the California Immunization Registry via the online CAIR portal designated on the California Department of Public Health’s website at: <https://igs.cdph.ca.gov/cair/>. A dentist shall inform each patient or the patient’s guardian of immunization record sharing preferences, detailed in section 120440, subdivision (e), of the Health and Safety Code.

(f) Documentation: For each vaccine administered by a dentist, a patient vaccine administration record shall be maintained for at least 3 years from the date of administration of the vaccine to the patient in an automated data processing or manual record mode such that the information required under section 300aa-25 of title 42 of the United States Code is readily retrievable during normal operating hours. A dentist shall provide each patient with a patient vaccine administration record or card at the time of vaccination, which fully documents the vaccines administered by the dentist, including names of vaccines administered and the dates of administration. The dentist’s provision of the CDC’s “COVID-19 Vaccination Record Card” (Form MLS-319813_r [08/17/2020]) to patients receiving the COVID-19 vaccine, or the California Department of Public Health’s Immunization Record and History Form (CDPH 8608P (06/17) to patients receiving the influenza vaccine shall be deemed compliant with the patient vaccine administration record requirement.

(g) For the purposes of this section, the following definitions apply:

(1) “patient vaccine administration record” shall mean the patient record that fully documents the vaccines administered by the dentist including (A) names of vaccines administered, (B) dates of administration, (C) the dates of the provision of a Vaccine Information Statement (for influenza vaccines) if applicable or a COVID-19 Vaccine Emergency Use Authorization Fact Sheet (EUA Fact Sheet) to the patient (for COVID-19 vaccines) if applicable, and D) any other information required to be documented pursuant to section 300aa-25 of title 42 of the United States Code.

(2) “Vaccine Information Statement” means a document produced by the CDC that informs vaccine recipients, or their parents or legal representatives, about the benefits and risks of the influenza vaccine they are receiving as required by 300aa-26 of title 42 of the United States Code.

(3) “COVID-19 Vaccine Emergency Use Authorization Fact Sheet” or “EUA Fact Sheet” means a document, produced by the manufacturer of the particular COVID-19 vaccine and authorized by the federal Food and Drug Administration

under authority of the Federal Food, Drug and Cosmetic Act pursuant to section 360bbb-3 of title 21 of the United States Code, that informs vaccine recipients, or their parents or legal representatives, about the benefits and risks of a particular COVID-19 vaccine.

Note: Authority cited: Sections 1614 and 1625.6, Business and Professions Code.
Reference: Sections 1625.6, 1645.2 and 1680, Business and Professions Code; and Section 120440, Health and Safety Code.



MEMORANDUM

DATE	October 12, 2022
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 14(a-g): Update and Discussion on Proposed Regulations not Requiring Board Action

Background Information:

a. Continuing Education Requirements (Cal. Code of Regs., Title 16, Sections 1016, 1016.2, and 1017):

The Dental Practice Act (Act) authorizes the board, as a condition of license renewal, to require licensees to successfully complete a portion of required continuing education (CE) hours in specific areas, including patient care, health and safety, and law and ethics. SB 1109 (Bates, Chapter 693, Statutes of 2018) added a provision allowing the Board to mandate the risks of addiction associated with the use of Schedule II drugs into the CE requirements for any dental professional seeking initial or renewal licensure.

During the February 2019 meeting, the Board approved proposed regulatory language for the updated the continuing education requirements at Cal. Code of Regs., Title 16, Section 1016 and 1017.

During the development of the supporting documents for this rulemaking, Regulatory Counsel found a clarity issue with this rulemaking which necessitated bringing it back before the Board. Specifically, the proposed language would allow licensees to receive up to three CE credit hours for volunteer work, however the formula for calculating volunteer hours worked to CE credits received is not clear. This ambiguity required an amendment to the proposed language specifying that one hour of providing volunteer services to patients would qualify licensees to receive one continuing education credit. Staff presented this proposed language to the Board at August 2020 meeting. The Board approved the change and directed staff to initiate the formal rulemaking process. After the approval of the proposed language, Regulatory Counsel recommended that this rulemaking be combined with the Continuing Education rulemaking related to Basic Life Support.

At the May 2021 meeting the Board approved language to consolidate the two Continuing Education rulemaking packages. At the same meeting the Board approved Agenda Item 14(a-g): Update and Discussion on Proposed Regulations not Requiring Board Action Dental Board of California Meeting November 17-18, 2022

language for a rulemaking to implement SB 501 (Chapter 929, Statutes of 2018) on dentist anesthesia and sedation permits. On subsequent review, it was determined that there was a clarity issue as both packages made amendments to Section 1017 of the California Code of Regulations.

At the November 19, 2021, meeting the Board approved proposed language for the implementation of California Code of Regulations (CCR) Title 16, Division 10, sections 1016, 1016.2, and 1017 regarding continuing education requirements for renewal, and directed staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing if necessary, and authorizing the Executive Officer to make any non-substantive changes to the rulemaking package.

During the 45-day comment period, the Board received public comments and considered them at the February 10-11, 2022 Board meeting. The Board opted not to make any changes to the text based on the comments but did make amendments to the text for additional clarity. This modified text was noticed for a 15-day comment period, which ran from February 18 through March 7, 2022. Having received no comments on the modified text, Board staff filed the package with the Office of Administrative Law on July 28, 2022, and OAL approved the package and filed it with the Secretary of State on September 7, 2022. The regulations will go into effect on January 1, 2023.

b. Telehealth Notification (Cal. Code of Regs., Title 16, Section 1065):

Assembly Bill (AB) 1519 (Chapter 865, Statutes of 2019) updated the requirements of Business and Professions Code (BPC) Section 1611.3. That statute requires that dental practitioners post a public notice inside their facilities informing consumers that dentistry practitioners are licensed by the Dental Board of California (Board). AB 1519 added the requirement that the notice include the fact that dentists and dental assistants are regulated by the Board, and the requirement that patients who receive services through telehealth also receive an electronic version of the same notification publicly posted in a physical dental office location.

Staff worked with Board Regulatory Counsel to develop proposed language for Section 1065 to implement the requirements of AB 1519. The proposed regulation would amend add the requirement that patients who receive dental services through telehealth also receive an electronic version of the same notification publicly posted in a physical dental office location. The regulation would also require updates to the notice itself, disclosing the fact that dentists and dental assistants are regulated by the Board. The Board approved proposed regulatory language at the December 4, 2020, Board meeting. Board staff are developing the full regulatory package.

c. Dental Assisting Comprehensive Rulemaking (Cal. Code of Regs., Title 16, Sections 1067-1081.3):

The Dental Assisting Council (Council) held several stakeholder workshops to develop its comprehensive rulemaking proposal for dental assisting. As a result of each of these

Agenda Item 14(a-g): Update and Discussion on Proposed Regulations not Requiring Board Action
Dental Board of California Meeting
November 17-18, 2022

workshops, Board staff developed draft proposed regulatory language which will be presented to the Board at a future meeting once the draft language is ready for Board approval. This rulemaking includes educational program and course requirements, examination requirements, and licensure requirements for dental assisting.

The final stakeholder workshop took place on March 2, 2018. Based on the workshop input staff created a draft of the proposed language. Board staff presented the proposed language to a special meeting of the Dental Assisting Council on July 26, 2019. The Council received extensive comments and feedback on the proposed language from stakeholders. The Councilmembers also provided extensive comments and feedback. Council and stakeholder comments required extensive staff research, drafting, and editing. Staff presented the updated rulemaking at the November 2019 Council meeting. The DAC voted to accept the changes proposed by staff and moved for staff to present the rulemaking to the full Board. The Board approved final proposed language at the February 2020 Board Meeting. Staff worked with Regulatory Counsel to update and recreate the 27 forms that must be amended due to the changes called for by proposed language. The proposed language and forms will be presented at a future Board meeting for approval and initiation of the formal rulemaking process.

d. Radiographic Decision Making and Interim Therapeutic Restoration Course Requirements (Cal. Code of Regs., Title 16, Section 1071.1):

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

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

Board staff drafted the initial rulemaking documents and are working with Board Legal Counsel to review. Once Board Legal Counsel approves, Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

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

Under Business Professions Code (Code) Section 1638.1, the Dental Board of California (Board) is authorized to issue Elective Facial Cosmetic Surgery (EFCS)

Agenda Item 14(a-g): Update and Discussion on Proposed Regulations not Requiring Board Action Dental Board of California Meeting
November 17-18, 2022

permits to qualified licensed dentists and to establish the EFCS Credentialing Committee (Committee) to review the qualifications of each applicant for a permit. At its December 2016 meeting, the Board approved proposed regulatory language for the elective facial cosmetic surgery permit application requirements and renewal and directed staff to initiate the rulemaking.

Board staff drafted the initial rulemaking documents and application forms. Board Legal Counsel has reviewed those documents and approved them. Staff developed the rulemaking's fiscal impact with the support of the Board's budget analyst. Budgets approved the Standard form 399 Fiscal and Economic impact statement on November 2, 2020. Staff are working with Regulatory Counsel to finalize the initial rulemaking documents before submitting the rulemaking to the Department of Consumer Affairs to review, as required prior to submitting the documents to the Office of Administrative Law for noticing.

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

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

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

Board staff has drafted the initial rulemaking documents and is working with Board Legal Counsel to review. Once Board Legal Counsel approves, Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

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

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

Board staff have drafted the initial rulemaking documents and are working with Board Legal Counsel to review. Once Board Legal Counsel approves, Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

Action Requested:

No Board action is requested on the packages described in this item.



MEMORANDUM

DATE	October 11, 2022
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 21: President's Report on Closed Session Items

Background:

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

Action Requested:

No action requested.



MEMORANDUM

DATE	October 20, 2022
TO	Members of the Dental Board of California
FROM	John Tran, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 22.a.: 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 2022-2023 for 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)
Jul 2022	9	0	0	2	0	11	1
Aug 2022	10	0	0	2	1	5	1
Sep 2022*	18	0	0	0	1	12	1
Oct 2022							
Nov 2022							
Dec 2022							
Jan 2023							
Feb 2023							
Mar 2023							
Apr 2023							
May 2023							

Agenda Item 22.a.: General Anesthesia and Conscious Sedation Permit Evaluations Statistics
 Dental Board of California Meeting
 November 17-18, 2022

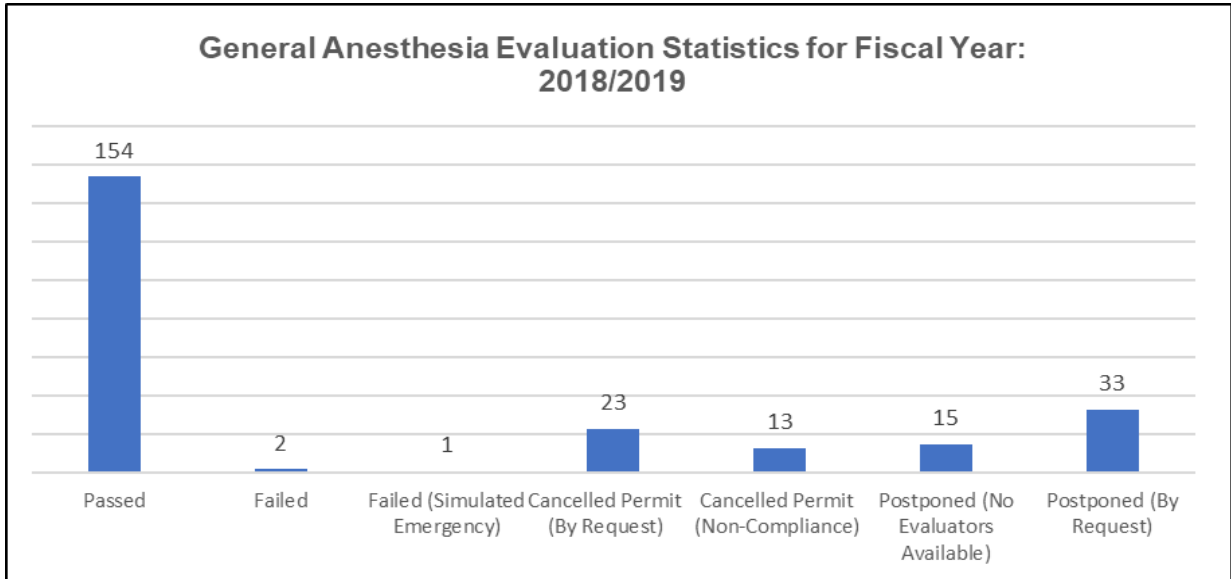
Jun 2023							
Total	37	0	0	4	2	28	3

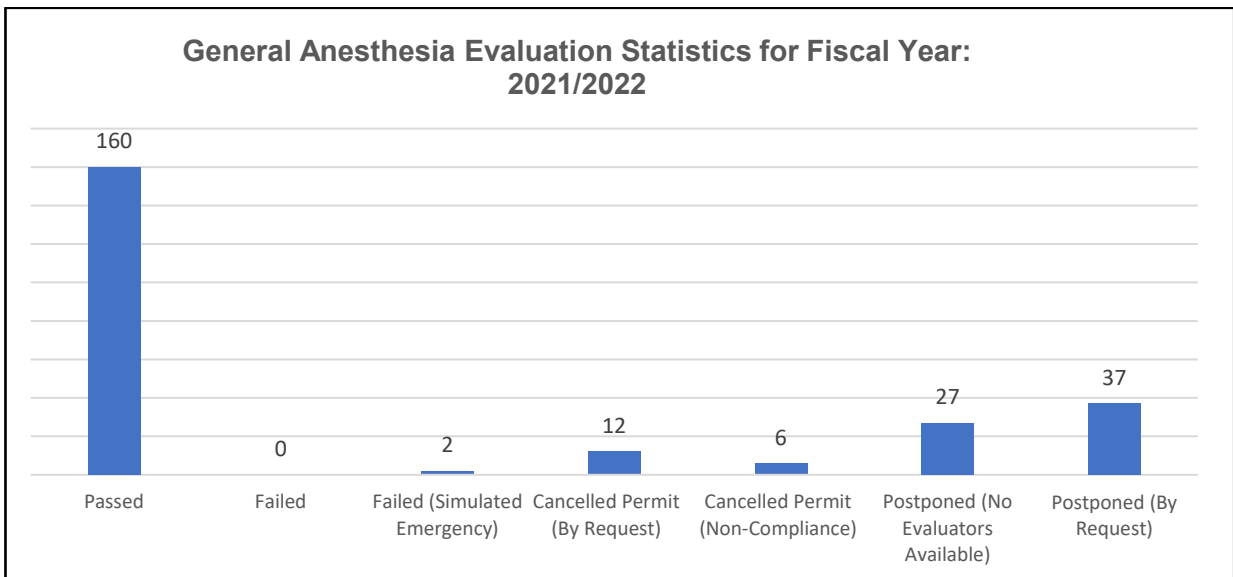
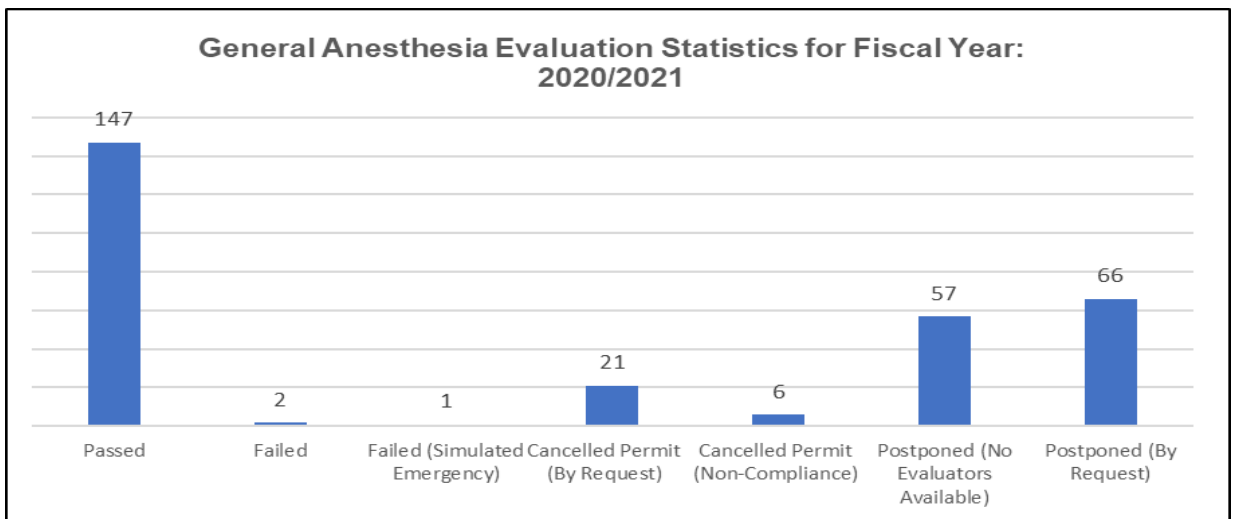
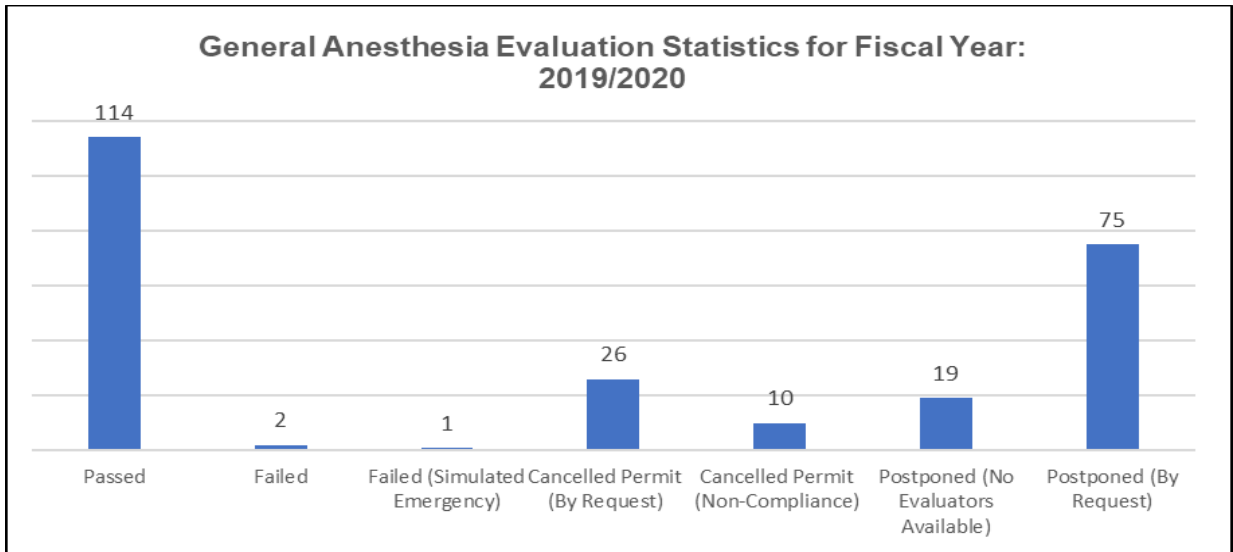
*Approximate number of evaluations scheduled for September 2022.

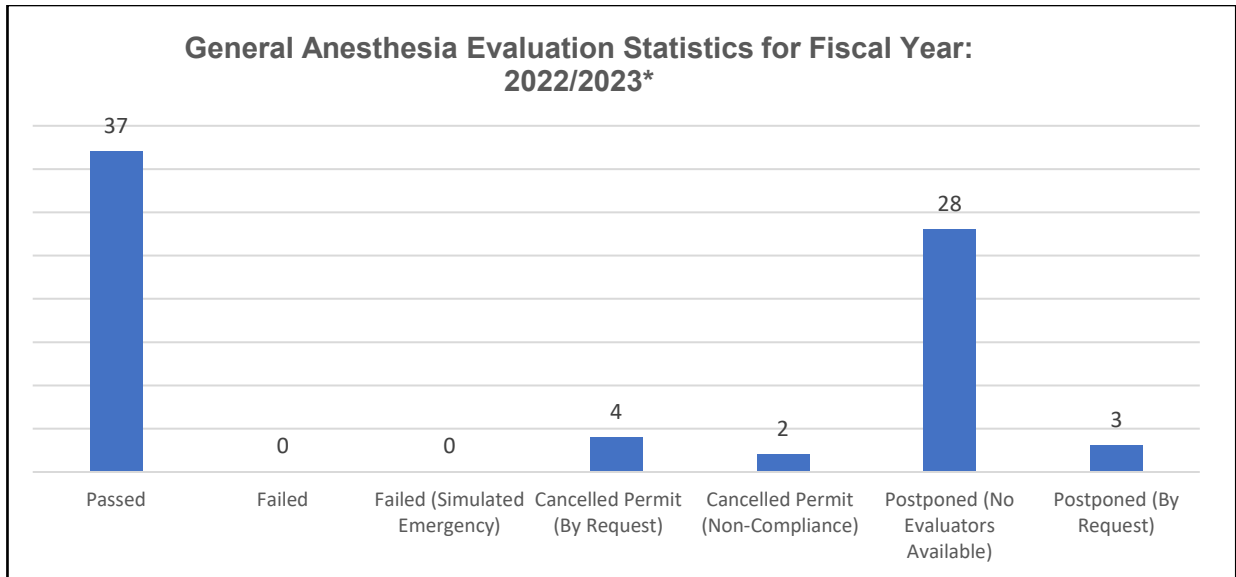
General Anesthesia Evaluation Statistics for Fiscal Years 18/19, 19/20, 20/21, 21/22, and 22/23.

	18/19	19/20	20/21	21/22	22/23*
Passed Evaluation – Permit holder met all required components of the on-site evaluation	154	114	147	160	37
Failed Evaluation – Permit holder failed due to multiple deficient components that were required for the on-site evaluation	2	2	2	0	0
Failed Simulated Emergency – Permit holder failed one or more simulated emergency scenarios required for the on-site evaluation	1	1	1	2	0
Cancelled Permit by Request – Permit holder no longer needed permit, retired, went with different permit, and/or Covid-19 related issues	23	26	21	12	4
Cancelled Permit for Non-Compliance – Permit holder did not complete evaluation by requested time frame	13	10	6	6	2
Postponed (No Evaluators Available) – Permit holder evaluation was postponed due to no available evaluators for their requested evaluation	15	19	57	27	28
Postponed (By Request) – Permit holder had requested postponement due to scheduling conflict, emergencies, and/or Covid-19 related issues	33	75	66	37	3

* Approximate number of evaluations scheduled for fiscal year 2022/2023.







* Approximate number of evaluations scheduled for fiscal year 2022/2023.

Conscious Sedation Evaluations

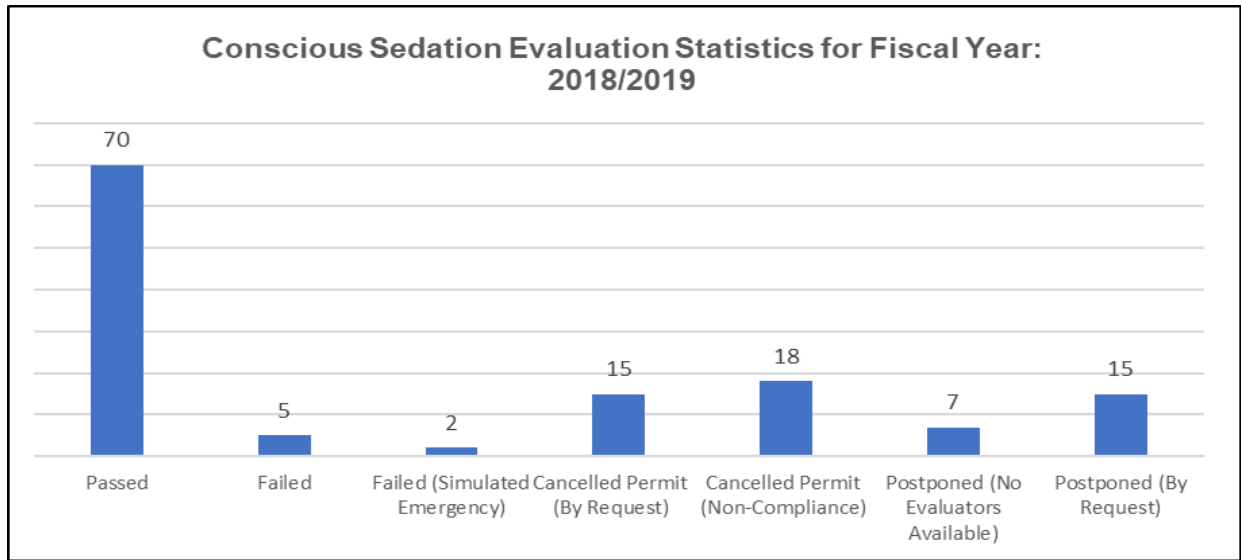
	Passed Eval	Failed Eval	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2022	3	0	0	1	1	6	0
Aug 2022	7	0	1	0	0	9	0
Sep 2022*	4	0	0	5	0	11	0
Oct 2022							
Nov 2022							
Dec 2022							
Jan 2023							
Feb 2023							
Mar 2023							
Apr 2023							
May 2023							
Jun 2023							
Total	14	0	1	6	1	26	0

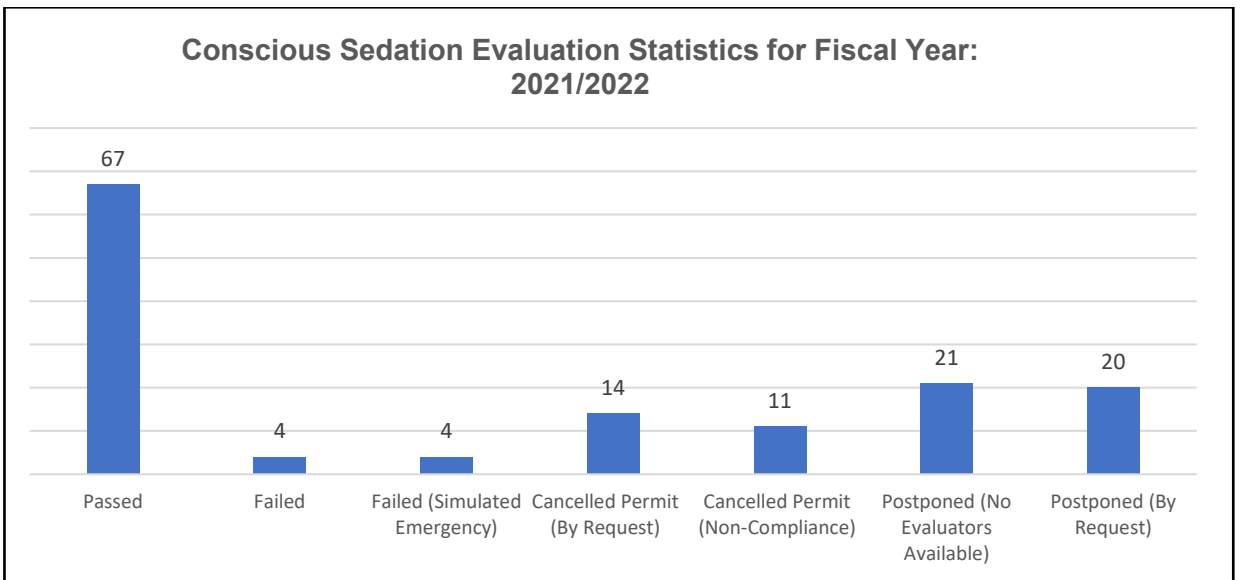
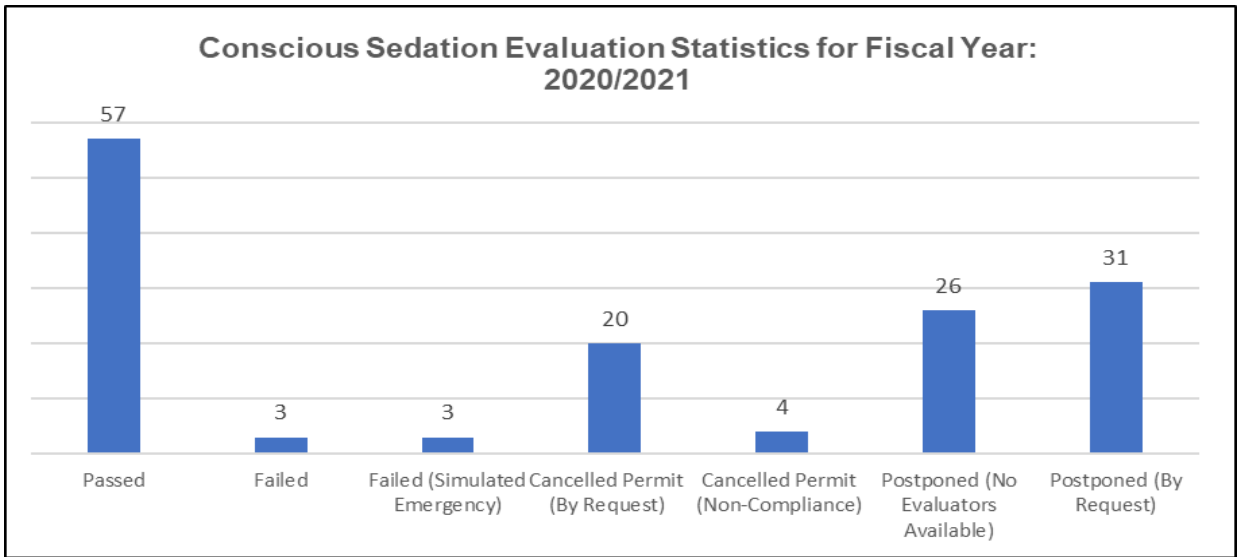
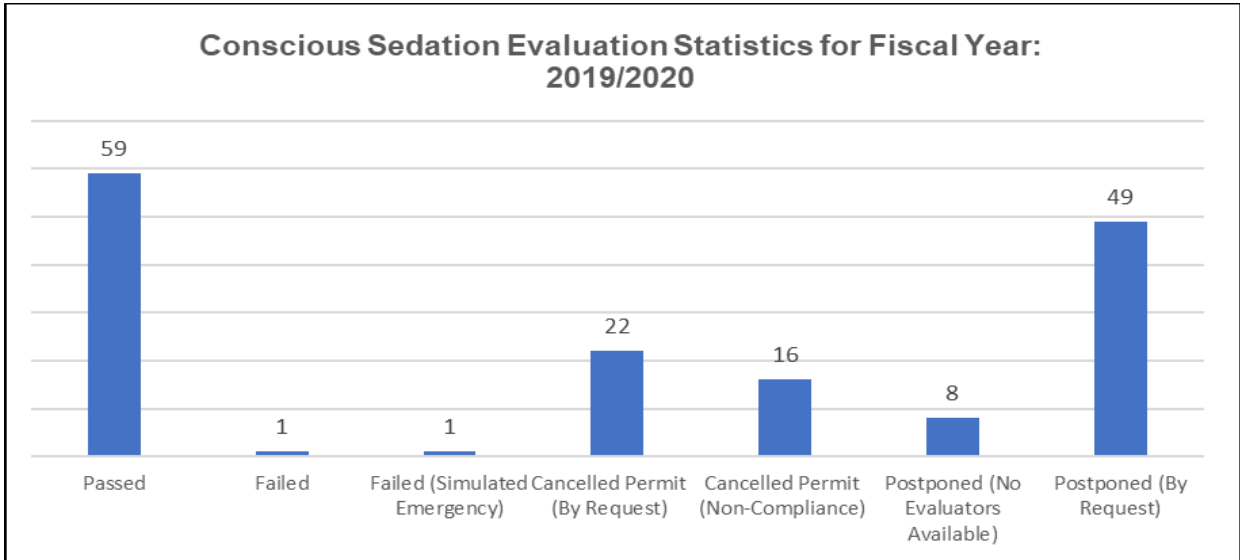
* Approximate number of evaluations scheduled for September 2022.

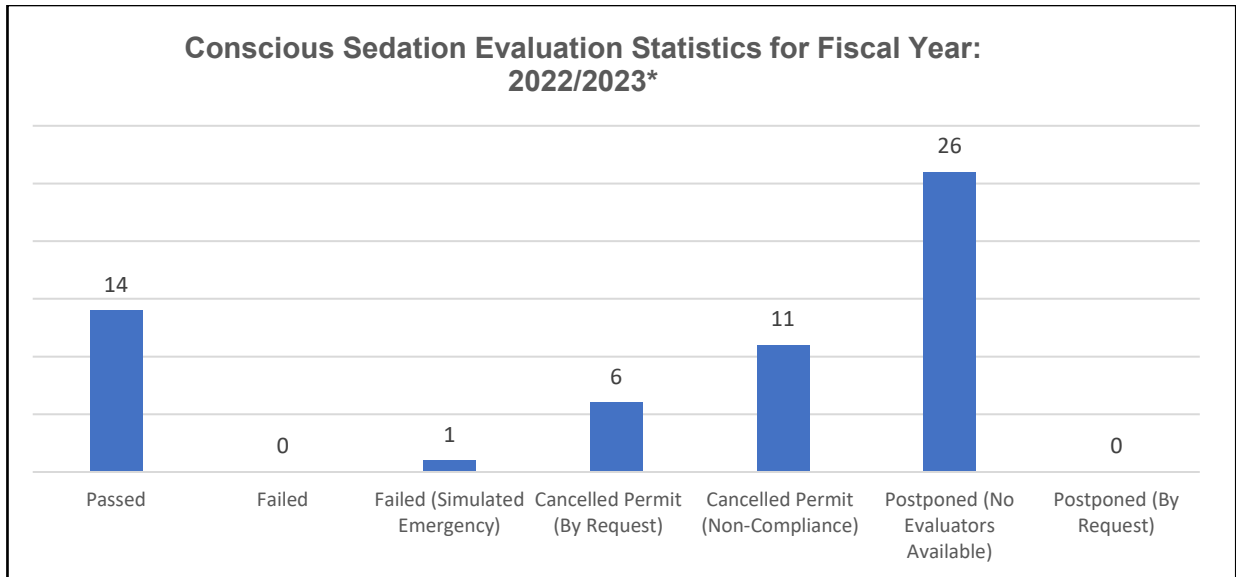
Conscious Sedation Evaluation Statistics for Fiscal Years 19/20, 20/21, 21/22, and 22/23.

	18/19	19/20	20/21	21/22	22/23*
Passed Evaluation – Permit holder met all required components of the on-site evaluation	70	59	57	67	14
Failed Evaluation – Permit holder failed due to multiple deficient components that were required for the on-site evaluation	5	1	3	4	0
Failed Simulated Emergency – Permit holder failed one or more simulated emergency scenarios required for the on-site evaluation	2	1	3	4	1
Cancelled Permit by Request – Permit holder no longer needed permit, retired, went with different permit, and/or Covid-19 related issues	15	22	20	14	6
Cancelled Permit for Non-Compliance – Permit holder did not complete evaluation by requested time frame	18	16	4	11	11
Postponed (No Evaluators Available) – Permit holder evaluation was postponed due to no available evaluators for their requested evaluation	7	8	26	21	26
Postponed (By Request) – Permit holder had requested postponement due to scheduling conflict, emergencies, and/or Covid-19 related issues	15	49	31	20	0

* Approximate number of evaluations scheduled for fiscal year 2022/2023.







* Approximate number of evaluations scheduled for fiscal year 2022/2023.

Medical General Anesthesia Evaluations

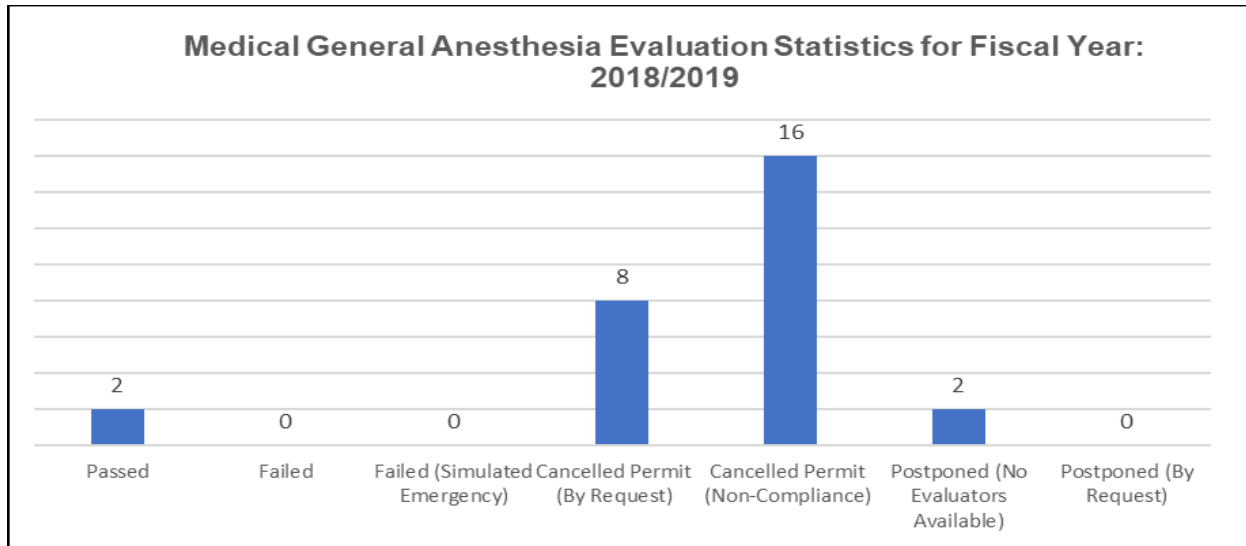
	Passed Eval	Failed Eval	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2022	0	0	0	1	0	1	0
Aug 2022	0	0	0	1	0	2	0
Sep 2022*	1	0	1	0	1	1	0
Oct 2022							
Nov 2022							
Dec 2022							
Jan 2023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

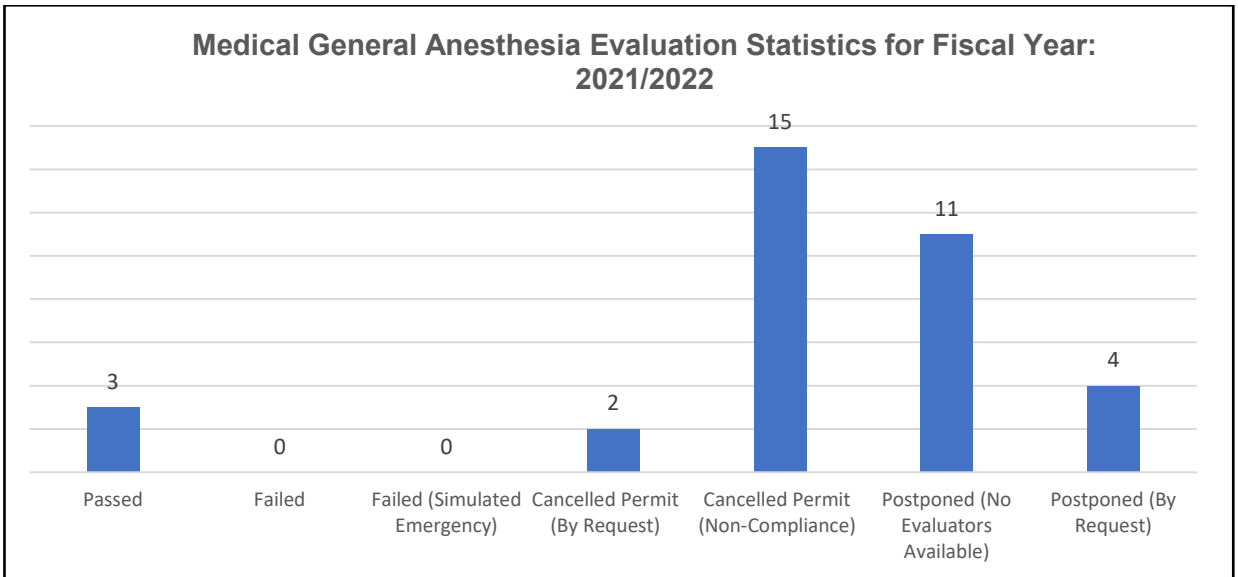
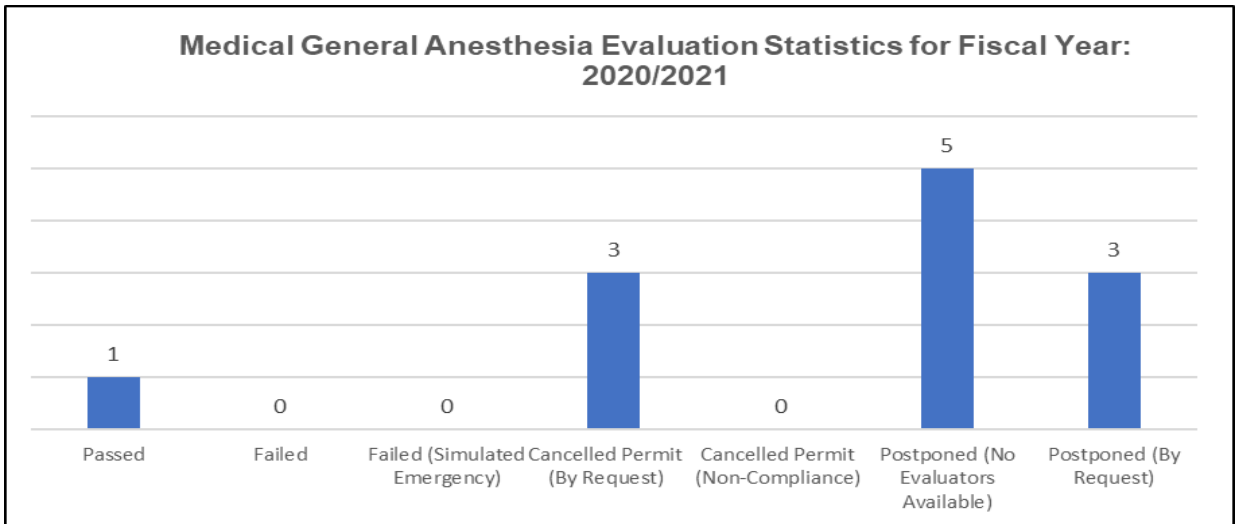
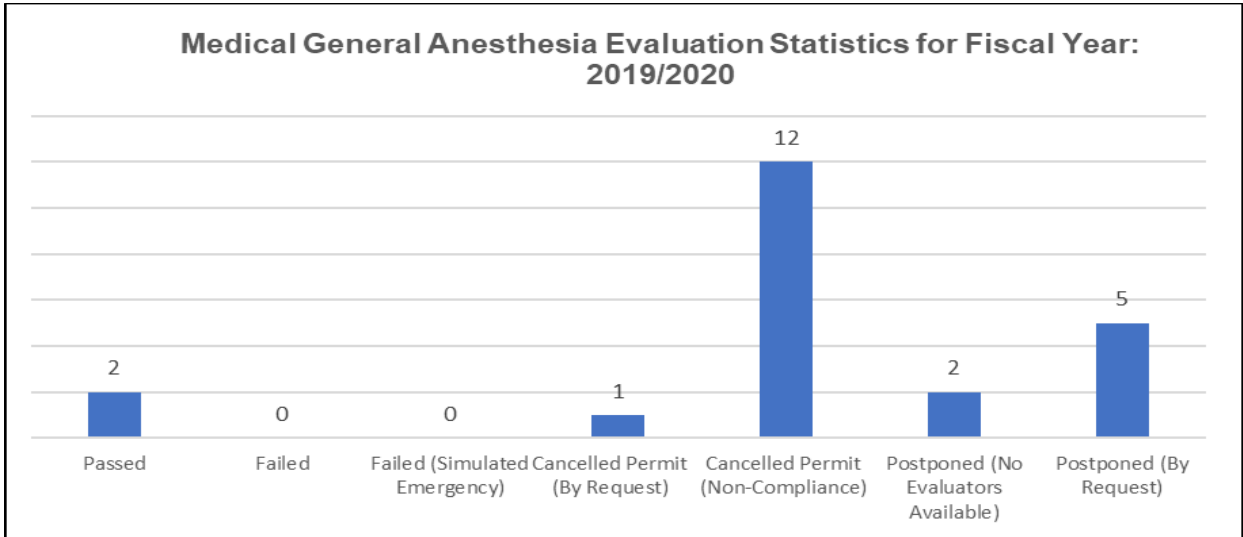
* Approximate number of evaluations scheduled for September 2022.

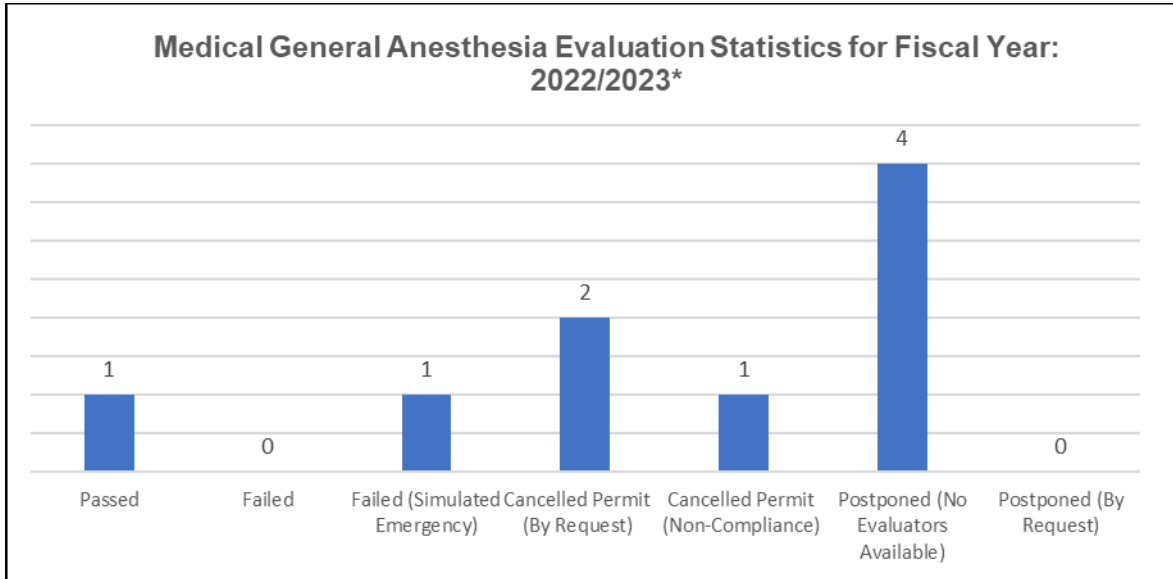
Medical General Anesthesia Evaluation Statistics for Fiscal Years 19/20, 20/21, 21/22, and 22/23.

	18/19	19/20	20/21	21/22	22/23*
Passed Evaluation – Permit holder met all required components of the on-site evaluation	2	2	1	3	1
Failed Evaluation – Permit holder failed due to multiple deficient components that were required for the on-site evaluation	0	0	0	0	1
Failed Simulated Emergency – Permit holder failed one or more simulated emergency scenarios required for the on-site evaluation	0	0	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	2	2
Cancelled Permit for Non-Compliance – Permit holder did not complete evaluation by requested time frame	16	12	0	15	1
Postponed (No Evaluators Available) – Permit holder evaluation was postponed due to no available evaluators for their requested evaluation	2	2	5	11	4
Postponed (By Request) – Permit holder had requested postponement due to scheduling conflict, emergencies, and/or Covid-19 related issue	0	5	3	4	0

* Approximate number of evaluations scheduled for fiscal year 2022/2023.







* Approximate number of evaluations scheduled for fiscal year 2022/2023.

Current Evaluators per Region

Region	GA	CS	MGA
Northern California	124	62	17
Southern California	153	89	14

Action Requested:

No action requested; data provided is informational only.



MEMORANDUM

DATE	October 27, 2022
TO	Members of the Dental Board of California (Board)
FROM	Jessica Olney, Board Staff Services Manager I Dental Board of California
SUBJECT	Agenda Item 22.b.: Update Regarding Board Implementation of SB 501 (Glazer, Chapter 929, Statutes of 2018)

Background

Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018), signed by Governor Brown effective on September 29, 2018, became effective January 1, 2019, although provisions governing the use of minimal, moderate, and deep sedation and general anesthesia became effective on January 1, 2022, and impact General Anesthesia (GA), Medical General Anesthesia (MGA), Conscious Sedation (CS), and Oral Conscious Sedation (OCS) for Minors permit holders in California.

SB 501 repealed Business and Professions Code (BPC) sections 1646-1646.10 (General Anesthesia), 1647-1647.9.5 (Conscious Sedation), and 1647.10-1647.17.5 (Oral Conscious Sedation for Pediatric Patients), and added BPC sections 1601.8, 1646-1646.13 (Deep Sedation and General Anesthesia), 1647-1647.12 (Moderate Sedation), and 1647.30-1647.36 (Pediatric Minimal Sedation). As a result, significant updates to the current anesthesia and sedation permit program were implemented. These changes include new patient monitoring requirements when administering anesthesia or sedation to a pediatric patients, a new MS permit required to administer or order the administration of moderate sedation, a new PMS permit required to administer or order the administration of pediatric minimal sedation on a patient under the age of 13, and a new pediatric endorsement for GA, MGA, and MS permit holders who administer moderate sedation, deep sedation, or general anesthesia to pediatric patients.

Regulations to Implement SB 501

In 2020, Board staff began working with subject matter experts and Legal Counsel to develop draft regulations needed to implement required changes. The proposed regulatory language was approved by the Board on November 19, 2021, and the Board submitted the initial rulemaking file and necessary materials to the Office of Administrative Law (OAL) for publication in the California Regulatory Notice Register, which initiated a 45-day public comment period on the proposed regulations on December 31, 2021.

Agenda Item 22.b.: Update Regarding Board Implementation of SB 501 (Glazer, Chapter 929, Statutes of 2018)

Dental Board of California Meeting
 November 17-18, 2022

During the 45-day public comment period, which closed on February 15, 2022, Board staff received several written public comments, as well as four requests for a public hearing. A public hearing was held on February 16, 2022, through WebEx teleconferencing, and seven members of the public offered public comment. On March 14, 2022, the Board held a meeting for which staff prepared a summary of the comments received and proposed Board responses. In addition, staff presented additional modifications to the proposed regulations to clean-up typographical errors and correct inadvertent omissions of necessary information in the proposal that were identified during the review.

The Board discussed and took action to accept staff recommendations on the comments received. The Board approved the modified text and documents added to the rulemaking file and directed staff to take all steps necessary to complete the rulemaking process, including sending out the modified text with these changes and notice of the addition of documents added to the rulemaking file for an additional 15-day comment period; if after the 15-day public comment period, no adverse comments were received, the Board authorized the Executive Officer to make any non-substantive changes to the proposed regulations, and adopt the proposed regulations (including the decision not to repeal section 1044.4) as described in the modified text notice. The rulemaking file was noticed and posted to the Board's website on March 18, 2022. The 15-day public comment period closed on April 4, 2022, and staff received one adverse comment that was subsequently withdrawn.

The final rulemaking package was submitted to OAL and the Department of Finance on May 2, 2022. On June 8, 2022, Board staff began discussions with OAL staff regarding items identified in the proposed text that would require substantive changes and approval from the Board. On June 14, 2022, Board staff withdrew the rulemaking file to make changes to the proposed text necessary for final approval.

On June 28, 2022, the Board held a meeting, during which staff presented the additional modifications to the proposed regulations that were identified in the review conducted by OAL. The Board discussed and took action to approve the second modified text and forms and directed staff to take all steps necessary to complete the rulemaking process, including sending out the second modified text notice with these changes for an additional 15-day comment period; if after the 15-day public comment period, no adverse comments were received, the Board authorized the Executive Officer to make any non-substantive changes to the proposed regulations, and adopt the proposed regulations as described in the second modified text notice.

The rulemaking file of the second modified text was noticed and posted to the Board's website on June 29, 2022. The 15-day public comment period closed on July 14, 2022. Adverse comments were received; however, they were found not to be related to the second modified text and would not be considered. On July 21, 2022, the final rulemaking package was submitted to OAL. The proposed regulatory language was approved by OAL and became effective on August 16, 2022.

Implementation of SB 501 Permits

To implement the new SB 501 permits, BreEZe has been configured to incorporate the statutory and regulatory requirements for issuing and renewing those permits. Initial BreEZe design meetings began in March 2022, and staff began working with the vendor to implement a simplified version of BreEZe that was put into production on August 19, 2022. The configuration and maintenance of the BreEZe system is ongoing as staff encounter system fixes. Board staff also began working with the Office of Information Services (OIS) staff and the vendor to configure online transactions to begin accepting applications online.

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

Permit/Application Type	Total Number of Applications Received	Deficient Applications	Approved Applications
GA Permit Initial Application	6	1	5
GA Permit Application for Pediatric Endorsement	6	2	4
MGA Permit Initial Application	3	2	1
MGA Permit Application for Pediatric Endorsement	6	5	1
MS Permit Initial Application	34	6	28
MS Permit Application for Pediatric Endorsement	0	0	0
PMS Permit Initial Application	11	4	7

Action Requested

No action requested; data provided is informational only.



MEMORANDUM

DATE	October 20, 2022
TO	Members of the Dental Board of California (Board)
FROM	Jessica Olney, Staff Services Manager I Dental Board of California
SUBJECT	Agenda Item 22.c.: Discussion and Possible Action Regarding Appointment of General Anesthesia and Moderate Sedation Evaluators

Background

Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) made changes to existing provisions that govern the use of minimal, moderate, and deep sedation and general anesthesia on dental patients, which included the introduction of a new Moderate Sedation (MS) permit that replaces the existing Conscious Sedation (CS) permits.

To implement SB 501, the Board promulgated its Anesthesia and Sedation rulemaking file, which was approved by the Office of Administrative Law, and the regulations implementing SB 501 became operative on August 16, 2022. Notably, SB 501 allows existing CS permit holders to continue to practice under the terms of their permit until it expires, while simultaneously authorizing issuance of the new MS permits, resulting in overlapping statutes. Board staff began to issue MS permits in September 2022.

The Board conducts onsite inspections and evaluations of existing General Anesthesia (GA), Medical General Anesthesia (MGA), and Conscious Sedation (CS) permit applicants and permitholders and the facility, equipment, personnel, and procedures utilized by the applicants and permitholders, as required by Business and Professions Code (BPC) sections 1646.4, 1646.9, and 1647.7. The evaluators, who are contracted as subject matter experts, provide an independent evaluation and make a pass/fail recommendation to the Board in accordance with CCR, title 16, section 1043.6.

Following enactment of SB 501 regulations, the onsite inspection and evaluation program evaluator requirements now include moderate sedation criteria, discussed further below. As such, the Board needs to appoint MS permit evaluators.

Existing CS Permitholders

California Code of Regulations (CCR), title 16, section 1043.2, which became operative March 29, 2006, established requirements for the composition of the GA, MGA, and CS permit onsite inspection and evaluation teams, as follows:

1. The team shall consist of two or more persons chosen and approved by the Board.
2. The evaluators must meet one of the criteria in subdivision (b) of section 1043.1 for general anesthesia or the criteria in BPC section 1647.3 for conscious sedation and must have utilized general anesthesia or conscious sedation, whichever is applicable, in a dental practice setting for a minimum of three years immediately preceding their application to be an evaluator, exclusive of any general anesthesia or conscious sedation training.
3. At least one of the evaluators must have experience in evaluation of dentists administering general anesthesia or conscious sedation. At least one member of the team must have substantial experience in the administration of the method of delivery of anesthesia or sedation used by the dentist being evaluated.
4. The board may appoint a licensee member of the board to serve as a consultant at any evaluation.

CS permits renewed on or before January 1, 2022, are valid for the administration or ordering of administration of conscious sedation to dental patients. (BPC, § 1647.10.) Once those permits expire, permittees will need to apply for and receive an MS permit to administer or order the administration of moderate sedation to dental patients.

Existing and New GA Permit and New MS Permit Evaluations

CCR, title 16, section 1043.2 was amended in the SB 501 rulemaking, which became operative on August 16, 2022, and applies to existing and new GA and MGA permitholders and new MS permitholders. That section now provides the composition of the onsite inspection and evaluation teams consist of two or more persons chosen and approved by the Board for the first evaluation, or if an applicant has failed an evaluation, and for each subsequent evaluation, only one evaluator shall be required. In addition, the evaluators, who are contracted as subject matter experts, must meet the following criteria:

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

team must have substantial experience in the administration of the method of delivery of general anesthesia, deep sedation, or moderate sedation used by the dentist being evaluated.

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

Pursuant to BPC section 1646.11, GA and MGA permits issued or renewed on or before January 1, 2022, may follow the terms of that existing permit until it expires, and any permit issued or renewed on or after January 1, 2022 shall require the permitholder to follow the new statutory requirements. As such, GA and MGA permits issued or renewed on or after January 1, 2022, are required to comply with the amended terms of CCR, title 16, section 1043.3 for onsite inspections.

Appointment of Onsite Inspection and Evaluation Program Evaluators

BPC sections 1646.4, 1646.9, and 1647.7 authorize the Board, prior to the issuance or renewal of a GA, MGA, or MS permit, to require an onsite inspection and evaluation of the licensee and the facility, equipment, personnel, and procedures utilized by the licensee. Since the new MS inspection and evaluation program regulation was just made operative, the Board currently does not have a pool of MS program evaluators.

Accordingly, Board staff request the Board consider appointing existing Board GA program evaluators, who meet the qualifications of CCR, title 16, section 1043.2, to become evaluators for the MS onsite inspection and evaluation program. GA program evaluators would be utilized as evaluators for the MS onsite inspections and evaluations, until the pool of MS permitholders who wish to become evaluators is formed.

In addition, the permitholder below has applied to the Board to become an evaluator for the onsite inspection and evaluation program. Board staff have reviewed the application and recommend appointment of the applicant as an evaluator.

1. Dr. Jay Fedorowicz, Dentist License No. 102296, and General Anesthesia Permit No. 1910. Dr. Fedorowicz has held an active GA permit to administer or order the administration of general anesthesia since June 30, 2018, and practices as an oral and maxillofacial surgeon in Pittsburg, CA. If approved, Dr. Fedorowicz will conduct evaluations in Northern California for GA permitholders

Action Requested

The Board is asked to review and discuss staff’s recommendations and consider the following motions:

1. Move to appoint the existing general anesthesia evaluators, who meet the qualifications of CCR, title 16, section 1043.2 for moderate sedation inspection and evaluation, as evaluators for the moderate sedation onsite inspection and evaluation program.
2. Move to appoint Dr. Jay Fedorowicz as an evaluator for the general anesthesia onsite inspection and evaluation program.

Attachments

List of existing General Anesthesia Onsite Inspection Evaluators

GENERAL ANESTHESIA ONSITE INSPECTION EVALUATORS

Name	License Number	Permit Number
Aghakhani, Arash	42106	1371
Aghaloo, Tara	42718	1197
Ahani, Arsalan	42966	1259
Ajayi, Michael A.	42513	957
Allen, John	46235	1408
Alltucker, Eric	46732	1193
Alonzo, Oscar E.	41155	1166
Alpha, Craig	54666	1382
Anderson, Devin L.	46353	1238
Arcan, Simona C.	44513	1267
Au Yeung, Sze Wing Cynthia	54913	1651
Auyong, Thomas G.	28274	676
Aynechi, Moris	OMS 65	1374
Balasanian, Edward	48702	1419
Barnhart, Shannon	61785	1642
Baugh, Wilson	29556	683
Beckley, Michael L.	50210	1258
Bedrossian, Edmond	34671	909
Bell, Robert	34589	908
Belli, Diana	60350	1589
Bennett, Henry E.	20816	190
Berger, Richard Mark	29890	654
Bhaskar, Philip B.	32273	860
Bilovsky, Paul R.	20319	498
Blum, Michael P.	25236	329
Boghossian, John A.	36640	1055
Bohannan, William B.	OMS 24	1125
Brownridge, George	24436	887
Bruckner, Richard	32034	837
Caballero, Hector	43427	1522
Carroll, Paul J.	38168	1047
Chan, Gary H.	37200	1042
Chan, Michael	47599	1303
Chi, Tony T.	37202	1004
Chien, Allen	45439	1505
Chin, Martin	27511	624
Chiu, Christopher	63100	1727
Cho, Nam	OMS 94	1579
Choyee, Simon	57684	1768

GENERAL ANESTHESIA ONSITE INSPECTION EVALUATORS

Chun, Alan P.	OMS 25	1127
Clark, Michael K.	41907	1129
Cline-Fortunato, Corrine A.	41379	1098
Connelly, Stephen	OMS 77	1436
Conover, Mark A.	28914	679
Costandi, John	103736	1958
Cox, Harold M.	38411	1014
Crum, Eric	59969	1916
Cummings, David	39142	1089
Curiel, Thomas	60477	1837
Daneshgar, S. Shaun	29996	888
Deragopian, Dikran	55852	1407
Eckstein, James R.	38273	1069
Edwards, James	44394	1783
Ehsan, David	42998	1250
Einstein, Thomas	N/A	MGA 32
Elo, Jeffrey	53209	1395
Esla, Alan	43529	1223
Evans, William W.	OMS 20	1111
Fagin, Richard A.	20691	851
Farhood, Vincent W.	21123	907
Farid, Bassem	43530	1252
Farnad, Fariborz	50460	1435
Feder, Ted F.	31606	824
Fimbres, Scott J.	40435	1140
Finegold, Deborah	38186	1053
Follmar, Kenneth E.	30785	681
Fross, Scott	48266	1225
Galen, Douglas M.	39264	1049
Gharakhanian, Narbeh	60309	1580
Gilbert, David	42654	1164
Goei, Stephen T.	34846	1048
Gordon, Newton C.	26409	921
Gorospe, Dennis	42321	1083
Gottschalk, H. William	31270	816
Graves, Jeffery R.	30918	779
Grecco, Mark	34614	964
Grimaldi, Frank	30060	1356
Gronbach, Keith R.	44317	1186
Gupta, Rishi	58357	1736

GENERAL ANESTHESIA ONSITE INSPECTION EVALUATORS

Hailey, Gregory L.	42472	1218
Hammond, Frederick W.	31922	919
Han, James	100039	1796
Hedayati, Peyman	43017	1325
Heir, Jagdev S.	OMS 53	1455
Hicke, Bruce F.	22076	6
Hughes, Brennan	39280	1949
Hummeldorf, Kurt	53339	1343
Hutto, Brian	62106	1641
Huynh, Mai Phuong	48725	1270
Iranmanesh, Ali	48122	1306
Jackson, Richard	24465	829
Jacobs, James	58234	1488
Jahromi, Marjon B.	50927	1273
Jarvis, Robert E.	29956	709
Johnson, Arthur	OMS 36	1227
Johnson, Tyler	56144	1498
Jugan, Milan	52224	1291
Jui, Vivian	38855	925
Julian, Robert S.	36161	1120
Jun, Young	55513	1571
Kahenasa, Nora	49903	1367
Kang, Christopher	57970	1482
Kaufman, Murray	28171	782
Kawahara, Lindon K.	OMS 3	961
Kaye, Alan H.	25557	316
Khalil, Adel	59216	1542
Kiken, Robert S.	29327	609
Kim, Jeong	50622	1465
Kim, Jone	41843	1155
Kim, Joseph S.	43993	1114
Kim, Unyong	62248	2076
Koh, Soochoul S.	32572	801
Krakowiak, Peter	49350	1271
Krey, Bryan	44912	1131
Kuklok, Kierian B.	OMS 29	1176
Lakha, Azeem K.	34139	788
Lam, Pritchard, Yee Kang	31821	771
Larson, Chris A.	31051	672
Lee, Gregory	36785	1152

GENERAL ANESTHESIA ONSITE INSPECTION EVALUATORS

Lee, Kenneth K.	37345	914
Lee, Mason, Y.	42929	1235
Lem, Leonard C.	35519	968
Lenhart, Thomas	38867	1519
Levin, Daniel E.	25001	369
Liberty, Donald	53466	1551
Limchayseng, Luis R	40658	991
Lin, Albert W.	46406	1169
Lorenzi, Lawrence P.	25937	644
Lu, Anna	52423	1375
Luque, Juan	48321	1383
Lyu, Peter E.	46411	1336
Mac, Frank	45585	1597
Makan, Sirish	65305	1829
Mancuso, Jerome	40463	1675
Maranon, George A.	32127	989
Marks, Ivan	54583	1618
Martin, Dan	100051	1798
Mashni, Michael	40093	1022
Massoomi, Nima	OMS 81	1462
Matsunaga, Laura	40854	1099
Mc Andrews, James	38089	1191
McDonald, Michael J.	35644	930
McDonald, Sloan	30799	773
McDow, Craig D.	37139	891
Michaelis, Thomas R.	42745	1221
Miller, Daniel S.	37875	1086
Mittman, Avery	N/A	MGA 5
Miyamoto, Steven	42368	1138
Miyasaki, Shelley H.	35147	1116
Miyatake, Linda K.	37567	1240
Mizin, Alexei	54286	1354
Mobati, Daniel	41286	1265
Moorhouse, Richard	30817	838
Mowry, Richard S.	31501	792
Moy, Peter K.	28770	656
Mraule, Robert	24199	750
Mudd, Brian D.	26211	240
Naftalin, Leonard W.	45501	1243
Needle, Stephen E.	23856	173

GENERAL ANESTHESIA ONSITE INSPECTION EVALUATORS

Nguyen, Quoc Lap	59352	1550
Nicholls, David	33505	1733
Nijhawan, Sumit	64421	1752
Nikchevich, Jr., Donald	36186	934
Nix, Ned L.	43054	1184
Noordmans, Aaron	56437	1612
Odonon, Lauren	61780	1852
Oka, Hidemi	OMS 70	1398
Olsen, Gregory	59360	1539
Omoto, Thomas T.	31506	803
Oseas, Mark E.	35531	1000
Ota, Blair G.	24159	442
Pappas, John R.	31842	890
Park, Chan	54673	1572
Park, Howard H.	40293	1161
Patel, Pankaj K.	45169	1128
Peara, Donald	15274	214
Peck, Leon R.	38348	1040
Peterson, Ayleen	61735	1792
Phelps, Michael S.	34403	915
Pledger, Mark L.	41520	1261
Podlesh, Scott W.	40294	1139
Politz, Jeffrey	40485	1102
Polyakov, Vladimir	37480	1001
Pradel, Erda C.	33975	827
Pulsipher, David A.	41667	1192
Punjabi, Bindoo	39465	1200
Putrasahan, Perri	39466	1012
Quinn, Christine L.	35972	873
Radack, Keith L.	23024	471
Rahn, Andrew	43553	1180
Rainero, David M.	30346	714
Ratner, Sanford L.	27058	713
Rega, Anthony	50977	1330
Reid, John	101997	1870
Runyon, Carl	37490	892
Rutherford, Frederick C.	31174	649
Sabo, Jana	61213	1667
Sadeghi, Mohammad H.	42603	1153
Sandler, Noah	102266	1875

GENERAL ANESTHESIA ONSITE INSPECTION EVALUATORS

Scaramella, John M.	24335	224
Schuman, Michael	22109	685
Seheult, Russell O.	26123	4
Seheult, Stuart	59301	1617
Sellas, James P.	31977	775
Shabtaie, Ramin	43561	1185
Silegy, Tim	45976	1151
Silva, Rebeka	40308	1154
Silvera, Andreia M.	36263	939
Smith, David J.	58259	1507
Soares, Beau McKenzie	56076	1574
Song, Dennis	47664	1427
Sorensen, Jason	46690	1278
Spoolstra, Albern L.	21514	91
Stafford, Richard	27491	857
Steffensen, Jon E.	41217	1182
Stringer, Dale E.	27930	68
Sumner, Todd	58935	1515
Swann, Neal P.	26792	345
Talebzadeh, Nojan	42098	1163
Tanabe, Theodore A.	39716	1124
Tarakji, Matthew	53378	1331
Telles, David	55094	1610
Thakker, Jayini	59583	1668
Thiede, Craig C.	40892	1006
Tieu, Louis	44633	1304
Ting, Richard	51144	1502
Tolstunov, Leonid	40500	1106
Tom, James	49684	1244
Tom, William	32771	1016
Toma, David	48042	1201
Tomaich, John A.	44787	1272
Torbiner, Mark L.	35562	806
Torres, Anthony M.	33678	856
Townsend, Julia	31796	1389
Tracy, David J.	29506	947
Trent, David	54035	1649
Tung, Natalie	58329	1718
Tyko, Leonard	OMS 31	1194
Uyanne, Jettie	53660	1351

GENERAL ANESTHESIA ONSITE INSPECTION EVALUATORS

Veeranki, Ashok	51526	1420
Wang, Joy Y.	OMS 38	1255
Westerhaus, David	63299	1763
Westernoff, Trent	55703	1400
Whitcher, Bruce	30128	783
Wilson, Tyler	53295	1447
Winn, Erik	62214	1644
Witcher, Daniel	58080	1678
Wittenberg, Joerg M.	38621	1028
Wong, Amy	56140	1506
Wong, Kenneth	47824	1352
Woo, Brian M.	50017	1484
Wu, Yuen	64456	1757
Yang, Brian	47435	1376
Yellich, George M.	23580	256
Yen, Chung-Kwan	32210	825
Ying, Thomas	49256	1334
Young, Randolph	33420	840
Young, Samuel	33695	1402
Yun, Steve	N/A	MGA 172
Zalsman, Harvey	32001	1034
Zarrinkelk, Hooman	41811	1189

DENTAL BOARD OF CALIFORNIA

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

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



**GENERAL ANESTHESIA/CONSCIOUS SEDATION
EVALUATOR APPLICATION**

California Code of Regulations Section 1043.2

GA CS

Jay Fedorowicz	102296	1910
Name	License Number	Permit Number
[REDACTED]	[REDACTED]	[REDACTED]
Mailing Address	Phone Number	
[REDACTED]	[REDACTED]	
Fax Number	Email Address	
[REDACTED]	[REDACTED]	

Date of your last on-site inspection? _____

Have you completed the Evaluator Calibration Training Course? Yes

Are you limited to conducting evaluations in your region (South/North)? No

Would you like to evaluate GA cases, CS cases, or both? (Circle one choice) BOTH

Type of Practice

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> Anesthesia | <input type="checkbox"/> Oral Pathology | <input checked="" type="checkbox"/> Pedodontics | <input checked="" type="checkbox"/> General Dentist |
| <input type="checkbox"/> Endodontics | <input type="checkbox"/> Orthodontics | <input checked="" type="checkbox"/> Periodontology | <input checked="" type="checkbox"/> OMS |
| <input type="checkbox"/> Prosthodontics | <input type="checkbox"/> Public Health | <input type="checkbox"/> Other _____ | |

Certification

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

FEDOROWICZ.JAY.1046211673
Signature of Applicant

Digitally signed by FEDOROWICZ.JAY.1046211673
Date: 2022.07.28 11:20:15 -07'00'
Date



MEMORANDUM

DATE	October 10, 2022
TO	Members of the Dental Board of California
FROM	Jessica Olney, Staff Services Manager I Dental Board of California
SUBJECT	Agenda Item 22.d.: Discussion and Possible Action on Legislative Proposal to Add Business and Professions Code (BPC) Sections 1647.35 and 1647.36 and Amend BPC Sections 1647.35 and 1647.36 Related to Pediatric Minimal Sedation Permit

Background

On September 29, 2018, Governor Brown signed Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018). Although some provisions of the bill became effective on January 1, 2019, provisions governing the use of minimal, moderate, and deep sedation and general anesthesia became effective on January 1, 2022, which impacted the General Anesthesia (GA), Medical General Anesthesia (MGA), Conscious Sedation (CS), and Oral Conscious Sedation (OCS) for Minors permitholders in California.

Among other things, SB 501 repealed Business and Professions Code (BPC) sections 1647.10-1647.17 (Oral Conscious Sedation for Pediatric Patients) and added BPC sections 1647.30-1647.36 (Pediatric Minimal Sedation). Significant updates were made to the current anesthesia and sedation permits, which include the creation of the new Pediatric Minimal Sedation (PMS) permit required to administer or order the administration of pediatric minimal sedation on a patient under the age of 13.

In 2020, the Dental Board of California (Board) staff began working with subject matter experts and legal counsel to develop regulations, which were presented and approved by the Board on November 19, 2021. The proposed rulemaking updated permit application requirements to implement SB 501. The proposed regulatory language was approved by the Office of Administrative Law and became effective on August 16, 2022.

Existing OCS for Minors permits that were issued or renewed before January 1, 2022, are valid, and those permitholders can continue to practice and follow the terms of their existing permits until they expire. However, when those permits expire, the permitholders must comply with the new PMS permit requirements. (BPC, § 1647.35.)

Agenda Item 22.d.: Discussion and Possible Action on Legislative Proposal to Add Business and Professions Code (BPC) Sections 1647.35 and 1647.36 and Amend BPC Sections 1647.35 and 1647.36 Related to Pediatric Minimal Sedation Permit
 Dental Board of California Meeting
 November 17-18, 2022

Legislative Proposal Identified

As Board staff continue to work on the implementation of SB 501, additional impacts to the PMS permit have been identified.

Continuing Education Requirement

Although other sedation and anesthesia permit and certificate statutes require continuing education for renewal of the permits (see BPC, §§ 1646.5, 1647.5, and 1647.21), SB 501 did not include provisions requiring a PMS permit holder to complete continuing education courses to be taken at the time of renewal. Continuing education courses are crucial in maintaining continued competence in the administration of minimal sedation to pediatric dental patients. Consistent with the seven hours of continuing education previously required for the OCS for Minors permit (repealed BPC, § 1647.13) and the Oral Conscious Sedation for Adults certificate (BPC, § 1647.21), Board staff propose that the PMS permit holder be required to complete seven units of continuing education at each biennial renewal. (Prop. BPC, § 1647.35.)

Establishment of an Expiration Date and Renewal

SB 501 did not establish the expiration date for PMS permits. General anesthesia and sedation permits rely on BPC section 1715 to establish the expiration date of the permits. (See BPC, §§ 1646.10, 1647.4.) BPC section 1715 provides that licenses issued by the Board, unless specifically excepted, expire at 12 midnight on the legal birth date of a licensee of the Board during the second year of a two-year term if not renewed. For consistency, Board staff recommend using the same statutory expiration date for PMS permits. (Prop. BPC, § 1647.36.)

Renumbering Existing Statutes

To properly place the continuing education and expiration provisions discussed above, Board staff recommend inserting those provisions as new BPC sections 1647.35 and 1647.36 and renumbering existing BPC sections 1647.35 and 1647.36 as sections 1647.37 and 1647.38, respectively.

Action Requested

The Board is asked to discuss and consider the above-described recommendation. If the Board agrees with the proposed revisions to BPC sections 1647.35 and 1647.36, the Board is asked to consider a motion to include in the Board's Sunset Review Report a recommendation to the California State Legislature to add BPC sections 1647.35 and 1647.36 and amend sections 1647.35 and 1647.36, to include continuing education requirements and establish the expiration date of the PMS permit.

Attachment:

Legislative Proposal to Amend Business and Professions Code Regarding Pediatric Minimal Sedation

Agenda Item 22.d.: Discussion and Possible Action on Legislative Proposal to Add Business and Professions Code (BPC) Sections 1647.35 and 1647.36 and Amend BPC Sections 1647.35 and 1647.36 Related to Pediatric Minimal Sedation Permit
Dental Board of California Meeting
November 17-18, 2022

DENTAL BOARD OF CALIFORNIA
LEGISLATIVE PROPOSAL TO AMEND BUSINESS AND PROFESSIONS CODE
REGARDING PEDIATRIC MINIMAL SEDATION

Additions are indicated in *blue italic text*; deletions are indicated in ~~red strikethrough text~~.

Add Sections 1647.35 and 1647.36 and Amend Sections 1647.35 and 1647.36 of Article 2.87 of Chapter 4 of Division 2 of the Business and Professions Code as follows:

1647.35. *A permitholder shall be required to complete a minimum of seven hours of approved courses of study related to pediatric minimal sedation as a condition of renewal of a permit. Those courses of study shall be credited toward the total continuing education required by the board pursuant to Section 1645.*

1647.36. *A pediatric minimal sedation permit shall expire on the date specified in Section 1715 that next occurs after its issuance, unless it is renewed as provided in this article.*

1647.~~35~~**37.** A permitholder who has a permit that was issued before January 1, 2022, that authorized the permitholder to administer or order the administration of oral conscious sedation for minor patients under prior Article 2.85 (commencing with Section 1647.10) may follow the terms of that existing permit until it expires. Any permit issued or renewed pursuant to this article on or after January 1, 2022, shall require the permitholder to follow the requirements of this article.

1647.~~36~~**38.** This article shall become operative on January 1, 2022.



MEMORANDUM

DATE	October 19, 2022
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 23.a.: 2023 Tentative Legislative Calendar – Information Only

Background:

The 2023 Tentative Legislative calendars for the Assembly and Senate are attached.

Action Requested:

No action is requested on this item.

2023 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 11-4-22

DEADLINES

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

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 4** Legislature reconvenes (J.R. 51(a)(1)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 16** Martin Luther King, Jr. Day.
- Jan. 20** Last day to submit **bill requests** to the Office of Legislative Counsel.

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

- Feb. 17** Last day for bills to be **introduced** (J.R. 61(a)(1), J.R. 54(a)).
- Feb. 20** Presidents' Day.

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

- Mar. 30** **Spring Recess** begins upon adjournment (J.R. 51(a)(2)).
- Mar. 31** Cesar Chavez Day observed.

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

- Apr. 10** Legislature reconvenes from **Spring Recess** (J.R. 51(a)(2)).
- Apr. 28** Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).

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

- May 5** Last day for **policy committees** to hear and report to the Floor **nonfiscal bills** introduced in their house (J.R. 61(a)(3)).
- May 12** Last day for **policy committees** to meet prior to June 5 (J.R. 61(a)(4)).
- May 19** Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61(a)(5)).
Last day for **fiscal committees** to meet prior to June 5 (J.R. 61(a)(6)).
- May 29** Memorial Day.
- May 30-June 2** **Floor session only.** No committee may meet for any purpose except Rules Committee, bills referred pursuant to A.R. 77.2, and Conference Committees (J.R. 61(a)(7)).

*Holiday schedule subject to final approval by Rules Committee.

2023 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 11-4-22

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

- June 2** Last day for each house to pass bills introduced in that house (J.R. 61(a)(8)).
- June 5** Committee meetings may resume (J.R. 61(a)(9)).
- June 15** Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)(3)).

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

- July 4** Independence Day.
- July 14** Last day for **policy committees** to meet and report bills (J.R. 61(a)(10)).
- Summer Recess** begins upon adjournment, provided Budget Bill has been passed (J.R. 51(a)(3)).

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

- Aug. 14** Legislature reconvenes from Summer Recess (J.R. 51(a)(3)).

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

- Sept. 1** Last day for **fiscal committees** to meet and report bills (J.R. 61(a)(11)).
- Sept. 4** Labor Day.
- Sept. 5-14** **Floor session only.** No committees may meet for any purpose, except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(a)(12)).
- Sept. 8** Last day to **amend** on the Floor (J.R. 61(a)(13)).
- Sept. 14** Last day for each house to pass bills. (J.R. 61(a)(14)).
- Interim Recess** begins upon adjournment (J.R. 51(a)(4)).

IMPORTANT DATES OCCURRING DURING INTERIM RECESS

2023

Oct. 14 Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 14 and in the Governor's possession on or after Sept. 14 (Art. IV, Sec. 10(b)(1)).

2024

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

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

*Holiday schedule subject to final approval by Rules Committee.

2023 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE ASSEMBLY CHIEF CLERK
Revised 11/4/2022

DEADLINES

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

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 4** Legislature **reconvenes** (J.R. 51(a)(1)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 16** Martin Luther King, Jr. Day
- Jan. 20** Last day to submit **bill requests** to the Office of Legislative Counsel

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

- Feb. 17** Last day for bills to **be introduced** (J.R. 61(a),(1)(J.R. 54(a)).
- Feb. 20** Presidents' Day.

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

- Mar. 30** **Spring recess** begins upon adjournment of this day's session (J.R. 51(a)(2)).
- Mar. 31** Cesar Chavez Day.

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

- Apr. 10** Legislature reconvenes from **Spring recess** (J.R. 51(a)(2)).
- Apr. 28** Last day for **policy committees** to hear and report to **fiscal committees** **fiscal bills** introduced in their house (J.R. 61(a)(2)).

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

- May 5** Last day for **policy committees** to hear and report to the floor **non-fiscal bills** introduced in their house (J.R. 61(a)(3))
- May 12** Last day for **policy committees** to meet prior to June 5 (J.R. 61(a)(4)).
- May 19** Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61(a)(5)).
Last day for **fiscal committees** to meet prior to June 5 (J.R. 61(a)(6)).
- May 29** Memorial Day.
- May 30-June 2 Floor Session Only.** No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(a)(7)).

*Holiday schedule subject to Senate Rules committee approval

2023 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE ASSEMBLY CHIEF CLERK
Revised 11/4/2022

JUNE						
S	M	T	W	TH	F	S
				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 2** Last day for each house to pass bills introduced in that house (J.R. 61(a)(8)).
- June 5** Committee meetings may resume (J.R. 61(a)(9)).
- June 15** Budget must be passed by **midnight** (Art. IV, Sec. 12(c)(3)).

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

- July 4** Independence Day.
- July 14** Last day for **policy committees** to meet and report bills (J.R. 61(a)(10)).
Summer Recess begins upon adjournment of session provided Budget Bill has been passed (J.R. 51(a)(3)).

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

- Aug. 14** Legislature reconvenes from **Summer Recess** (J.R. 51(a)(3)).

SEPTEMBER						
S	M	T	W	TH	F	S
					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

- Sept. 1** Last day for **fiscal committees** to meet and report bills to Floor (J.R. 61(a)(11)).
- Sept. 4** Labor Day.
- Sept. 5-14** **Floor session only.** No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(a)(12)).
- Sept. 8** Last day to **amend** on the floor (J.R. 61(a)(13)).
- Sept. 14** Last day for **each house to pass bills** (J.R. 61(a)(14)).
Interim Study Recess begins at the end of this day's session (J.R. 51(a)(4)).

*Holiday schedule subject to Senate Rules committee approval

IMPORTANT DATES OCCURRING DURING INTERIM STUDY RECESS

2023

Oct. 14 Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 14 and in his possession after Sept. 14 (Art. IV, Sec.10(b)(1)).

2024

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).
Jan. 3 Legislature reconvenes (J.R. 51(a)(4)).



MEMORANDUM

DATE	October 12, 2022
TO	Members of the Dental Board of California
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 23.b.: 2021-2022 End of Session Legislative Summary Report

Background:

Throughout the 2021-2022 Legislative Session, the Board tracked several bills that would impact the Dental Board of California (Board) and healing arts boards in general. Board members and staff have actively partaken in this Legislative Session by communicating with Legislators and their staff and taking positions on proposed bills. The bills that the Board has followed during the 2021-2022 legislative session included:

- [AB 2](#) (Fong) Regulations: legislative review: regulatory reform.
- [AB 29](#) (Cooper) State bodies: meetings.
- [AB 107](#) (Salas) Licensure: veterans and military spouses.
- [AB 361](#) (Rivas) Open meetings: state and local agencies: teleconferences.
- [AB 526](#) (Wood) Dentists and podiatrists: clinical laboratories and vaccines.
- [AB 646](#) (Low) Department of Consumer Affairs: boards: expunged convictions.
- [AB 657](#) (Cooper) State civil service system: personal services contracts: professionals.
- [AB 858](#) (Jones-Sawyer) Employment: health information technology: clinical practice guidelines: workers rights.
- [AB 885](#) (Quirk) Bagley-Keene Open Meeting Act: teleconferencing
- [AB 1026](#) (Smith) Business licenses: veterans.
- [AB 1102](#) (Low) Telephone medical advice services.
- [AB 1236](#) (Ting) Healing arts: licensees: data collection.
- [AB 1273](#) (Rodriguez) Interagency Advisory Committee on Apprenticeship: the Director of Consumer Affairs and the State Public Health Officer: earn and learn training
- [AB 1386](#) (Cunningham) License fees: military partners and spouses.
- [AB 1552](#) (Garcia) Dentistry: foreign dental schools: applications.

- [AB 1662](#) (Gipson) Licensing boards: disqualification from licensure: criminal convictions.
- [AB 1711](#) (Seyarto) Privacy: breach.
- [AB 1733](#) (Quirk) State bodies: open meetings.
- [AB 1756](#) (Smith) Department of Consumer Affairs.
- [AB 1795](#) (Fong) Open meetings: remote participation.
- [AB 1982](#) (Santiago) Telehealth: dental services.
- [AB 1996](#) (Cooley) State government: administrative regulations: review.
- [AB 2055](#) (Low) Controlled substances: CURES database.
- [AB 2104](#) (Flora) Professions and vocations.
- [AB 2145](#) (Davies) Dental services in long term care facilities.
- [AB 2276](#) (Carrillo) Dental assistants.
- [AB 2539](#) (Choi) Public health: COVID-19 vaccination: proof of status.
- [AB 2948](#) (Cooper) Consumer protection: Department of Consumer Affairs: complaints.
- [SB 49](#) (Umberg) Income taxes: credits: California Fair Fees Tax Credit.
- [SB 534](#) (Jones) Dental hygienists.
- [SB 607](#) (Min) Business and professions.
- [SB 652](#) (Bates) Dentistry: use of sedation: training.
- [SB 731](#) (Durazo) Criminal records: relief.
- [SB 772](#) (Bogh) Professions and vocations: citations: minor violations.
- [SB 889](#) (Ochoa Bogh) Nurse anesthetists.
- [SB 1031](#) (Ochoa Bogh) Healing arts boards: inactive license fees.
- [SB 1184](#) (Confidentiality of Medical Information Act; school-linked services coordinators)
- [SB 1237](#) (Newman) Licenses: military service.
- [SB 1310](#) (Leyva) Professions and vocations: consumer complaints.
- [SB 1365](#) (Jones) Licensing boards: procedures.
- [SB 1443](#) (Roth) Professions and vocations.
- [SB 1471](#) (Archuleta) Dentistry: foreign dental schools.
- [SB 1495](#) (Roth) Professions and vocations.

The following bills were signed by Governor Newsom and became effective on January 1, 2022 unless otherwise noted:

- [AB 107](#) (Salas) Licensure: veterans and military spouses.
- [AB 361](#) (Rivas) Open meetings: state and local agencies: teleconferences. (Became effective on signing, September 19, 2021)
- [AB 526](#) (Wood) Dentists and podiatrists: clinical laboratories and vaccines. (Became effective on signing, October 8, 2021)
- [AB 1273](#) (Rodriguez) Interagency Advisory Committee on Apprenticeship: the Director of Consumer Affairs and the State Public Health Officer: earn and learn training.
- [SB 534](#) (Jones) Dental hygienists.
- [SB 607](#) (Min) Business and professions.

The following bills were signed by Governor Newsom and will become effective on January 1, 2023, unless otherwise noted.

- [AB 1102](#) (Low) Telephone medical advice services.
- [AB 1982](#) (Santiago) Telehealth: dental services.
- [AB 2145](#) (Davies) Dental services in long term care facilities.
- [SB 731](#) (Durazo) Criminal records: relief.
- [SB 1184](#) (Cortese) Confidentiality of Medical Information Act; school-linked services coordinators.
- [SB 1237](#) (Newman) Licenses: military services.
- [SB 1443](#) (Roth) Professions and vocations.
- [SB 1495](#) (Committee on Business, Professions and Economic Development) Professions and vocations.

The following bills were vetoed by Governor Newsom.

- [AB 858](#) (Jones-Sawyer) Employment: health information technology: clinical practice guidelines: workers rights.
- [AB 1711](#) (Seyarto) Privacy: breach.

The Board took positions on the following bills during the 2021-2022 legislative session.

- [AB 526](#) (Wood) Dentists and podiatrists: clinical laboratories and vaccines. (Support)
- [AB 885](#) (Quirk) Bagley-Keene Open Meeting Act: teleconferencing (Support)
- [AB 1662](#) (Gipson) Licensing boards: disqualification from licensure: criminal convictions. (Oppose)
- [AB 1733](#) (Quirk) State bodies: open meetings. (Support in Concept)
- [AB 2276](#) (Carrillo) Dental assistants. (Support if Amended)
- [SB 534](#) (Jones) Dental hygienists. (Support)
- [SB 607](#) (Min) Business and professions. (Support)
- [SB 652](#) (Bates) Dentistry: use of sedation: training. (Support)
- [SB 1031](#) (Ochoa Bogh) Healing arts boards: inactive license fees. (Oppose)
- [SB 1443](#) (Roth) Professions and vocations. (Support)

Summaries of the enrolled bills that the Board tracked and took positions on have been compiled into a report for the Board's consideration and possible adoption.

Action Requested:

Board staff are requesting the Board consider and possibly adopt the attached *Legislative Summary for End of 2021-2022 Legislative Session* and direct staff to post the report on the Board's web site.

Legislative Summary for 2021-2022 Legislative Session

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

Board Officers

Alan Felsenfeld, MA, DDS, President
James Yu, DDS, MS, Vice President
Sonia Molina, DMD, MPH, Secretary

Board Members

Steven Chan, DDS
Joni Forge, DDS
Lilia Larin, DDS
Meredith M. McKenzie, Esq., Public Member
Angelita Medina, Public Member
Steven Morrow, DDS, MS
Rosalinda Olague, RDA, BA
Joanne Pacheco, RDH, MAOB
Yogita Thakur, DDS, MS

Executive Officer

Tracy Montez

**LEGISLATIVE SUMMARY FOR
2021-2022 LEGISLATIVE SESSION**

TABLE OF CONTENTS

Index of Bills Signed by the Governor in Numeric Order6
Summaries of Bills Signed by the Governor in Numeric Order.....7-12
Numeric Index of Enrolled Bills, for 2021-2022 Legislative Session.....13

INDEX OF BILLS SIGNED BY THE GOVERNOR
IN NUMERIC ORDER

<u>ASSEMBLY BILLS</u>		
<u>BILL NUMBER</u>	<u>SUBJECT</u>	<u>PAGE NUMBER</u>
<u>AB 107</u>	Licensure: veterans and military spouses	7
<u>AB 361</u>	Open meetings: state and local agencies: teleconferences.	7
<u>AB 526</u>	Dentists and podiatrists: clinical laboratories and vaccines	8
<u>AB 1102</u>	Telephone medical advice services.	8
<u>AB 1273</u>	Interagency Advisory Committee on Apprenticeship: the Director of Consumer Affairs and the State Public Health Officer: earn and learn training.	8
<u>AB 1982</u>	Telehealth: dental services.	9
<u>AB 2145</u>	Dental services In long term care facilities	9
<u>SENATE BILLS</u>		
<u>BILL NUMBER</u>	<u>SUBJECT</u>	<u>PAGE NUMBER</u>
<u>SB 534</u>	Dental hygienists.	9
<u>SB 607</u>	Business and professions.	11
<u>SB 731</u>	Criminal records: relief.	11
<u>SB 1184</u>	Confidentiality of Medical Information Act; school- linked services coordinators	12
<u>SB 1237</u>	Licenses: military services.	12
<u>SB 1443</u>	Professions and vocations.	12
<u>SB 1495</u>	Professions and vocations.	12

BILL SUMMARY

AB 107

Salas (Chapter 693, Statutes of 2021)

LICENSURE: VETERANS AND MILITARY SPOUSES.

The law expands 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 law requires 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 law requires 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 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.

On and after July 1, 2023, the law provides that temporary licenses for an applicant married to, or in a domestic partnership or 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 are nonrenewable and shall expire 12 months after issuance, upon issuance or denial of a standard license, upon issuance or denial of a license by endorsement, or upon issuance or denial of an expedited license, whichever occurs first. The law also requires the board to revoke a temporary license if the board finds that the temporary license holder engaged in unprofessional conduct or any other act that is cause for discipline by the board.

AB 361

Rivas (Chapter 165, Statutes of 2021)

OPEN MEETINGS: STATE AND LOCAL AGENCIES: TELECONFERENCES.

This law authorized a state body to hold public meetings through teleconferencing and to make public meetings accessible telephonically, or otherwise electronically, to all members of the public seeking to observe and to address the state body until January 31, 2022. With respect to a state body holding a public meeting pursuant to these provisions, the law suspended certain requirements of existing law, including the requirements that each teleconference location be accessible to the public and that members of the public be able to address the state body at each teleconference location. A state body that holds a meeting through teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically satisfies any requirement that the state body allow members of the public to attend the meeting and offer public comment. The law required that each state body

that holds a meeting through teleconferencing provide notice of the meeting, and post the agenda. The law urged state bodies utilizing these teleconferencing procedures to use sound discretion and to make reasonable efforts to adhere as closely as reasonably possible to existing law.

This law took effect once signed (September 19, 2021) as an urgency statute.

[AB 526](#)

Wood (Chapter 653, Statutes of 2021)

DENTISTS AND PODIATRISTS: CLINICAL LABORATORIES AND VACCINES.

This law authorizes 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. The law authorizes the board to adopt regulations to implement these provisions. The law counts vaccine training provided through the federal Centers for Disease Control and Prevention toward the fulfillment of a 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.

This law took effect on signing (October 8, 2021) as an urgency statute.

[AB 1102](#)

Low (Chapter 684, Statutes of 2022)

TELEPHONE MEDICAL ADVICE SERVICES.

The law amends Business and Professions Code section 4999.2 which requires telephone medical advice services to comply with certain requirements. The law adds a requirement that such services comply with all direction and requests for information from healing arts licensing boards. It also adds a requirement of health care professionals providing advice from out-of-state locations. The law would require those professionals to operate consistent with the laws governing their licenses.

The law allows the Board to contact telephone medical advice services directly rather than asking the Department of Consumer Affairs to do so on their behalf.

[AB 1273](#)

Rodriguez (Chapter 477, Statutes of 2021)

INTERAGENCY ADVISORY COMMITTEE ON APPRENTICESHIP: THE DIRECTOR OF CONSUMER AFFAIRS AND THE STATE PUBLIC HEALTH OFFICER: EARN AND LEARN TRAINING.

This law makes the Director of Consumer Affairs an ex officio member of the Interagency Advisory Committee on Apprenticeship.

This law prohibits the Department of Consumer Affairs and its various boards from approving an accrediting program that prohibits earn and learn programs for training in a profession licensed or certified by the board. The bill would require boards of the Department of Consumer Affairs to use licensing or certification standards that authorize the use of earn and learn training. The law makes these provisions operative on January 1, 2024.

[AB 1982](#)

Santiago (Chapter 525, Statutes of 2022)

TELEHEALTH: DENTAL CARE

The law amends the Health and Safety Code and the Insurance Code to permit a licensed dentist to be considered a ‘contracting individual health professional’ for the purposes of providing services through a third-party telehealth provider. The dental insurer or the dental health care service plan shall disclose to their enrollees the impact of third-party telehealth visits on their benefit limits.

[AB 2145](#)

Davies (Chapter 157, Statutes of 2022)

DENTAL SERVICES: LONG-TERM HEALTH CARE FACILITIES

The law would permit registered dental hygienists in alternative practice to provide dental hygiene services (to patients) and oral health inservice training (to staff) in long-term health care facilities

[SB 534](#)

Jones (Chapter 491, Statutes of 2021)

DENTAL HYGIENISTS.

The law makes changes to operations of Registered Dental Hygienists, Registered Dental Hygienists in Alternative Practice, and the Dental Hygiene Board of California. Specifically, this law does the following:

1. Requires a special permit to remain valid for 4 years and thereafter prohibits the board from renewing it. The law specifies 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.

2. Requires 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.
3. Requires a new educational program for registered dental hygienists in alternative practice or registered dental hygienists in extended functions to comply with the specified requirements.
4. Makes 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.
5. Requires additional training for probation to be in a remedial education course approved by the board.
6. Authorizes 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 a mobile dental hygiene clinic with the board. The law removes 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 law authorizes the board to conduct announced and unannounced reviews and inspections of a mobile dental hygiene clinic, as specified. The law makes 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 law authorizes 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.
7. This law imposes registration requirements on the physical facilities of the registered dental hygienist in alternative practice. The law requires 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 law authorizes the board to conduct announced and unannounced reviews and inspections of the physical facilities and equipment of a registered dental hygienist in alternative practice. The law makes 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 law authorizes 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.

[SB 607](#)

Min (Chapter 367, Statutes of 2021)

BUSINESS AND PROFESSIONS.

This law deletes the clinical or practical examination requirement for registered dental assistants in extended functions and makes related technical amendments.

This law specifies that the application fee for a pediatric minimal sedation permit cannot exceed \$1,000, and the renewal fee cannot exceed \$600.

This law provides that a foreign dental school that was renewed by the board prior to January 1, 2020, through a date between January 1, 2024 and June 30, 2026, maintains that approval through that date. The law also provides that 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, are eligible for licensure. The law provides that upon the expiration of that board approval, the foreign dental school is required to comply with the CODA or comparable accreditation process.

[SB 731](#)

Durazo (Chapter 814, Statutes of 2022)

CRIMINAL RECORDS: RELIEF

This law expands the ability of a defendant who was sentenced to a county jail for a felony and who has met specified criteria to petition for withdrawal of their plea of guilty or nolo contendere and enter a plea of not guilty. The court would then dismiss the accusations or information against the defendant and release them from all penalties and disabilities resulting from the defense, except as specified. This law makes such relief available for a defendant who has been convicted of any felony.

This law generally makes 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.

The law would allow for some employment decisions to be made with respect to teachers and classified employees based on criminal history information that would be eligible for arrest record relief.

[SB 1184](#)

Cortese (Chapter 993, Statutes of 2022)
**CONFIDENTIALITY OF MEDICAL INFORMATION ACT: SCHOOL-
LINKED SERVICES COORDINATORS**

The law amends the Confidentiality of Medical Information Act to allow for school-linked services coordinators (school psychologists, school nurses, and school social workers) to compel the disclosure of medical information under the Act. While this would not affect Board operations, dental licensees could receive requests for medical information that would be subject to this law.

[SB 1237](#)

Newman (Chapter 386, Statutes of 2022)
LICENSES: MILITARY SERVICE

The law amends section 114.3 of the Business and Profession Code, which permits waiving the renewal fees, continuing education requirements, and other renewal requirements as determined by the board for licensees called to active duty in the U.S. armed services or the California National Guard. The law clarifies the meaning of “called to active duty” to be equivalent to the definition of active duty in federal law with the inclusion of members called active duty in the California National Guard as permitted in the Military Code.

[SB 1443](#)

Roth (Chapter 625, Statutes of 2022)
PROFESSIONS AND VOCATIONS

The law moves the sunset date for the Dental Board one year, to January 1, 2025. The sunset review process, where legislative committees review Board operations, is delayed one year as

[SB 1495](#)

Committee on Business, Professions and
Economic Development (Chapter 511, Statutes of 2022)
PROFESSIONS AND VOCATIONS

This law makes several nonsubstantive changes to the Dental Practice Act, most of them updating the references to the Office of Statewide Health Planning and Development, which is now called the Department of Health Care Access and Information. The law also changes the declaration made by dental hygienists concerning continuing education. They must now declare that they have completed the necessary continuing education credits in the two-year period before their license renewal, rather than promise to do so in the two-year period following their license renewal.

2021-2022 ENROLLED BILLS

BILL	AUTHOR	STATUS	CHAPTER NUMBER	STATUTE YEAR
AB 107	Sala	Chaptered	693	2021
AB 361	Rivas	Chaptered	165	2021
AB 526	Wood	Chaptered	653	2021
AB 1102	Low	Chaptered	684	2022
AB 1273	Rodriguez	Chaptered	477	2021
AB 1982	Santiago	Chaptered	525	2022
AB 2145	Davies	Chaptered	157	2022
SB 534	Jones	Chaptered	491	2021
SB 607	Min	Chaptered	367	2021
SB 731	Durazo	Chaptered	814	2022
SB 1184	Cortese	Chaptered	993	2022
SB 1237	Newman	Chaptered	386	2022
SB 1443	Roth	Chaptered	625	2022
SB 1495	Committee on Business, Professions and Economic Development	Chaptered	511	2022



MEMORANDUM

DATE	November 2, 2022
TO	Members of the Dental Board of California (Board)
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 24: Discussion and Possible Action on Legislative Proposal to Amend BPC Sections 1752.1, 1752.4, and 1907 and Repeal BPC Section 1752.6 Related to Registered Dental Hygienist Application Requirements to Obtain a Registered Dental Assistant License and Permitted Duties

Identification of Issue(s)

Existing law authorizes a registered dental hygienist (RDH), registered dental hygienist in alternative practice (RDHAP), or registered dental hygienist in extended functions (RDHEF) to perform duties of a registered dental assistant (RDA) and allows those licensees to qualify for and receive an RDA license prior to the performance of the duties of an RDA, as specified. Existing law also specifies RDA licensure course requirements. However, existing law contains conflicting and/or redundant RDA licensing provisions that should be clarified.

Background

Pursuant to Business and Professions Code (BPC) section 1907, subdivision (a), an RDH can perform all functions that may be performed by an RDA. Further, BPC section 1907, subdivision (b), provides that all persons holding a license as an RDH, RDHAP, or RDHEF (collectively, RDH) on or after January 1, 2006, shall qualify for and receive an RDA license prior to performance of the duties of an RDA, as specified. To obtain and renew an RDH license, the individual must complete a minimum of 25 units of continuing education, which must include courses in infection control, Dental Practice Act, and Basic Life Support, and, as part of the RDH education program, complete a course in radiation safety. (BPC, §§ 1917.1(a)(9), 1936.1; California Code of Regulations (CCR), tit. 16, §§ 1017, subs. (a)(1)-(3), (c)(2), (6)-(8), 1105.2, subs. (d)(4)). According to the Dental Hygiene Board of California (DHBC), which licenses and regulates RDHs, individuals who complete an RDH education program are instructed in coronal polishing, among other things. (CCR, tit. 16, § 1105.2, subs. (d)(2)(K).

Agenda Item 24: Discussion and Possible Action to Amend Business and Professions Code (BPC) Sections 1752.1, 1752.4, and 1907 and Repeal BPC Section 1752.6 Relating to Registered Dental Hygienist Application Requirements to Obtain a Registered Dental Assistant License and Permitted Duties
 Dental Board of California Meeting
 November 17-18, 2022

RDAs are licensed and regulated by the Board. Pursuant to BPC section 1752.1, subdivision (a), the Board may license as an RDA a person who files an application and, among other things, submits written evidence of one of the qualifying eligibility requirements, and successfully completes the RDA Combined Written and Law and Ethics Examination, courses in radiation safety and coronal polishing, and within five years of the application, courses in the Dental Practice Act, infection control, and basic life support, as specified. BPC section 1752.1 does not indicate that a licensed RDH can qualify for RDA licensure by means other than what is present in statute, and, therefore, the RDH is required to show evidence of completion of each of the items listed in this section.

The Board has seen an increase in the number of RDH licensees who are applying for RDA licensure, but there is confusion regarding the license application requirements for RDH licensees. Currently, applicants are confused that either the RDH licensee must provide, among other things, proof of successful completion within five years prior to the application of a board-approved course in the Dental Practice Act, infection control, and basic life support, as established in BPC section 1752.4, subdivision (d), or an RDH automatically qualifies for RDA licensure on the basis of having an RDH license, as interpreted from BPC section 1907, subdivision (b). Board staff believe statutory amendments are necessary to clarify what is required of an RDH when applying for RDA licensure.

Additionally, BPC section 1752.4 states that an RDA may only perform the procedure of applying pit and fissure sealants if they have completed a Board-approved RDA educational program in those duties, or if they have provided evidence, satisfactory to the Board, of having completed a Board-approved course in those duties. BPC section 1752.6 also states that an RDA licensed on and after January 1, 2010, shall provide evidence of successful completion of a Board-approved course in the application of pit and fissure sealants prior to the first expiration of their license that requires the completion of continuing education as a condition of renewal.

Notably, a licensed RDA who also holds an RDH license can apply pit and fissure sealants pursuant to the RDH license (BPC, § 1915), and, therefore, would not have to separately complete a pit and fissure sealants course. Board staff currently process the evidence of this additional duty of pit and fissure sealants submitted to the Board by adding the additional duty to the RDA license profile that can be verified online thru BreZE. However, the Board is not authorized to issue or charge a fee to issue a revised RDA license listing additional duties. Pursuant to BPC section 1752.4, subdivision (c), the supervising licensed dentist is responsible for determining whether each authorized procedure should be performed. Accordingly, Board staff recommend removing the requirement for RDA licensees to submit additional duty course completion to the Board and placing responsibility on the supervising dentist for ensuring RDA completion of the required Board-approved educational program or course to perform the additional duties. Board staff have also identified minor, technical revisions that should be made to these statutes.

Agenda Item 24: Discussion and Possible Action on Legislative Proposal to Amend BPC Sections 1752.1, 1752.4, and 1907 and Repeal BPC Section 1752.6 Related to Registered Dental Hygienist Application Requirements to Obtain a Registered Dental Assistant License and Permitted Duties
Dental Board of California Meeting
November 17-18, 2022

Page 2 of 4

Discussion and Recommendations:

Board staff propose the following statutory changes to clarify the requirements of an RDH to obtain an RDA license, reduce RDA licensure redundancies, and make other clarifying changes. An earlier version of the proposed statutory changes was reviewed by the Dental Assisting Council (Council) at its August 25, 2022 meeting. At that meeting, the Council passed a motion directing Board staff to collaborate with DHBC to recommend to the Board a legislative proposal to amend BPC sections 1752.1, 1752.4, and 1907 and repeal section 1752.6. Following the DAC August 2022 meeting, Board staff worked with DHBC to revise the legislative proposal. The attached legislative proposal reflects this collaboration.

Eliminating Redundant License Requirements (BPC, § 1752.1)

Board staff propose adding to BPC section 1752.1, subdivision (a), a new paragraph (4) to clarify that a licensed RDH could meet the requirements for RDA licensure by submitting an application to the Board, and satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination. This amendment would reduce RDA licensure redundancies so that the licensed RDH would not have to retake courses in the Dental Practice Act, infection control, Basic Life Support, radiation safety, or coronal polishing previously completed for RDH licensure and/or license renewal. This amendment also would make this statute consistent with BPC section 1907, subdivision (b).

The proposed amendments also would revise BPC section 1752.1, subdivision (d), by clarifying that non-RDH licensed applicants for RDA licensure would have to provide evidence of successful completion of radiation safety and coronal polishing. The amendments to this subdivision would incorporate the amendments requiring these courses to be taken within five years of application previously approved by the Board at its November 2021 meeting, as well as restructure the sentences and strike subdivision (e) for decreased redundancies and improved clarity.

Clarifying RDA Additional Duties Educational Requirements (BPC, §§ 1752.4, 1752.6)

Board staff propose to amend BPC section 1752.4, subdivision (b), to remove gender identifying language and restructure the sentence for improved clarity. In addition, Board staff propose removing the requirement in subdivision (b) for RDA submission to the Board of evidence of completion of courses in additional duties, and clarify in subdivision (c) the supervising dentists responsibility to ensure the RDA has completed required courses to perform additional duties. Board staff further propose repealing BPC section 1752.6, which is outdated and unnecessary. These amendments would make the statute consistent with California's movement to gender neutral terminology, improve Board licensing efficiencies, reduce Board staff costs associated with issuing duty-specific RDA licenses for which the Board cannot otherwise recover such costs, and reduce RDA requirements to submit additional duty course documents to the Board.

Clarifying Requirements for RDH Licensure as RDA (BPC, § 1907)

Board staff propose to amend BPC section 1907, to clarify that an RDH licensee (which includes RDHAP and RDHEF licensees) shall apply for and receive an RDA license in accordance with BPC section 1752.1, subdivision (a)(4) (further described above) and successfully complete any additional education required by BPC section 1752.4, subdivision (b) prior to performance of RDA duties. This amendment will clarify for RDH licensees the requirements to obtain a Board-issued RDA license and the additional education requirements to perform additional RDA duties.

Action Requested:

The Board is asked to discuss and consider the above-described legislative proposal. If the Board approves of the legislative proposal, the Board is asked to make a motion to include, in the Board's next Sunset Review Report, a recommendation to amend Business and Professions Code sections 1752.1, 1752.4, and 1907 and repeal section 1752.6 as written in the attached text (or as amended should the Board seek to make changes to the attached text) to clarify the application requirements of an RDH to obtain an RDA license and educational requirements to perform additional RDA duties.

Attachment: Legislative Proposal Regarding Registered Dental Hygienist Licensure as Registered Dental Assistant and Permitted Duties (Business and Professions Code Sections 1752.1, 1752.4, 1752.6, and 1907)

DENTAL BOARD OF CALIFORNIA

LEGISLATIVE PROPOSAL REGARDING REGISTERED DENTAL HYGIENIST LICENSURE AS REGISTERED DENTAL ASSISTANT AND PERMITTED DUTIES

Additions are indicated in underline text.

Deletions are indicated in ~~striketrough text~~.

An act to amend sections 1752.1, 1752.4, and 1907 and repeal section 1752.6 of the Business and Professions Code.

Section 1752.1 of the Business and Professions Code is amended to read:

Section 1752.1. (a) The board may license as a registered dental assistant a person who files an application and submits written evidence, satisfactory to the board, of one of the following eligibility requirements:

(1) Graduation from an educational program in registered dental assisting approved by the board, and satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board.

(2) 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 the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board.

(3) 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 the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board.

(4) For individuals with current and active California licensure as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions, satisfactory passage on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board.

(b) For purposes of this section, "satisfactory work experience" means performance of the duties specified in Section 1750.1 in a competent manner as determined by the employing dentist, who shall certify to such satisfactory work experience in the application.

(c) The board shall give credit toward the work experience referred to in this section to persons who have graduated from a dental assisting program in a postsecondary institution approved by the Department of Education or in a secondary institution, regional occupational center, or regional occupational program, that are not, however, approved by the board pursuant to subdivision (a). The credit shall equal the total weeks spent in classroom training and internship on a week-for-week basis. The board, in cooperation with the Superintendent of Public Instruction, shall establish the minimum

criteria for the curriculum of nonboard-approved programs. Additionally, the board shall notify those programs only if the program's curriculum does not meet established minimum criteria, as established for board-approved registered dental assistant programs, except any requirement that the program be given in a postsecondary institution. Graduates of programs not meeting established minimum criteria shall not qualify for satisfactory work experience as defined by this section.

~~(d) In addition to the requirements specified in subdivision (a), e~~Each applicant applying for registered dental assistant licensure pursuant to paragraphs (1) through (3) of subdivision (a) shall provide evidence of having successfully completed within five years prior to application all of the following board-approved courses:

~~(1) in r~~Radiation safety, the length and content which shall be governed by applicable board regulations.

~~(2) and e~~Coronal polishing as a condition of licensure, the length and content which shall be governed by applicable board regulations.

~~The length and content of the courses shall be governed by applicable board regulations.~~

~~(e) In addition to the requirements specified in subdivisions (a) and (d), individuals applying for registered dental assistant licensure on or after January 1, 2010, shall demonstrate satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board and shall provide written evidence of successful completion within five years prior to application of all of the following:~~

~~(13) A board-approved two-hour course in the Dental Practice Act.~~

~~(24) An board-approved eight-hour course in infection control.~~

~~(35) 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.~~

~~(ef) A registered dental assistant may apply for an orthodontic assistant permit or a dental sedation assistant permit, or both, by submitting written evidence of the following:~~

~~(1) Successful completion of a board-approved orthodontic assistant or dental sedation assistant course, as applicable.~~

~~(2) Passage of the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board that shall encompass the knowledge, skills, and abilities necessary to competently perform the duties of the particular permit.~~

~~(fg) A registered dental assistant with permits in either orthodontic assisting or dental sedation assisting shall be referred to as an "RDA with orthodontic assistant permit," or "RDA with dental sedation assistant permit," as applicable. These terms shall be used for reference purposes only and do not create additional categories of licensure.~~

~~(gh) Completion of the continuing education requirements established by the board pursuant to Section 1645 by a registered dental assistant who also holds a permit as an~~

orthodontic assistant or dental sedation assistant shall fulfill the continuing education requirements for the permit or permits.

(hi) The board shall, in consultation with the Office of Professional Examination Services, conduct a review to determine whether a practical examination is necessary to demonstrate competency of registered dental assistants, and if so, how this examination should be developed and administered. The board shall submit its review and determination to the appropriate policy committees of the Legislature on or before July 1, 2017.

(ij) Notwithstanding any other law, if the review conducted by the Office of Professional Examination Services pursuant to subdivision (hi) concludes that the practical examination is unnecessary or does not accurately measure the competency of registered dental assistants, the board may vote to suspend the practical examination. The suspension of the practical examination shall commence on the date the board votes to suspend the practical examination.

(k) The Registered Dental Assistant Combined Written and Law and Ethics Examination required by this section shall comply with Section 139.

Section 1752.4 of the Business and Professions Code is amended to read:

1752.4. (a) A registered dental assistant may perform all of the following duties:

- (1) All duties that a dental assistant is allowed to perform.
- (2) Mouth-mirror inspections of the oral cavity, to include charting of obvious lesions, existing restorations, and missing teeth.
- (3) Apply and activate bleaching agents using a nonlaser light-curing device.
- (4) Use of automated caries detection devices and materials to gather information for diagnosis by the dentist.
- (5) Obtain intraoral images for computer-aided design (CAD), milled restorations.
- (6) Pulp vitality testing and recording of findings.
- (7) Place bases, liners, and bonding agents.
- (8) Chemically prepare teeth for bonding.
- (9) Place, adjust, and finish direct provisional restorations.
- (10) Fabricate, adjust, cement, and remove indirect provisional restorations, including stainless steel crowns when used as a provisional restoration.
- (11) Place post-extraction dressings after inspection of the surgical site by the supervising licensed dentist.
- (12) Place periodontal dressings.
- (13) Dry endodontically treated canals using absorbent paper points.
- (14) Adjust dentures extra-orally.

- (15) Remove excess cement from surfaces of teeth with a hand instrument.
- (16) Polish coronal surfaces of the teeth.
- (17) Place ligature ties and archwires.
- (18) Remove orthodontic bands.
- (19) All duties that the board may prescribe by regulation.
- (b) A registered dental assistant may only perform the following additional duties ~~if he or she has completed~~after successfully completing a board-approved registered dental assistant educational program or a board-approved course in those duties, ~~or if he or she has provided evidence, satisfactory to the board, of having completed a board-approved course in those duties.~~
- (1) Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.
- (2) The allowable duties of an orthodontic assistant permitholder as specified in Section 1750.3. A registered dental assistant shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument.
- (3) The allowable duties of a dental sedation assistant permitholder as specified in Section 1750.5.
- (4) The application of pit and fissure sealants.
- (c) Except as provided in Section 1777, the supervising licensed dentist shall be responsible for ensuring completion of courses to perform additional duties and determining whether each authorized procedure performed by a registered dental assistant should be performed under general or direct supervision.
- (d) This section shall become operative on January 1, 2010.

Section 1752.6 of the Business and professions Code is repealed.

~~**1752.6.** A registered dental assistant licensed on and after January 1, 2010, shall provide evidence of successful completion of a board-approved course in the application of pit and fissure sealants prior to the first expiration of his or her license that requires the completion of continuing education as a condition of renewal. The license of a registered dental assistant who does not provide evidence of successful completion of that course shall not be renewed until evidence of course completion is provided.~~

Section 1907 of the Business and Professions Code is amended to read:

1907. The following functions may be performed by a registered dental hygienist in addition to those authorized pursuant to Sections 1908 to 1914, inclusive:

- (a) All functions that may be performed by a registered dental assistant.

(b) All persons holding a license as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions as of December 31, 2005, are authorized to perform the duties of a registered dental assistant specified in this chapter. All persons issued a license as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions on or after January 1, 2006, shall ~~qualify~~apply for and receive a registered dental assistant license in accordance with paragraph (4) of subdivision (a) of Section 1752.1 and successfully complete any additional education required by subdivision (b) of Section 1752.4 prior to performance of the duties of a registered dental assistant specified in this chapter.



MEMORANDUM

DATE	October 11, 2022
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 25: Dental Assisting Council Meeting Report

Background:

Ms. Jeri Fowler, Chair of the Dental Assisting Council (Council), will provide a verbal report on the November 17, 2022 meeting of the Council.

Action Requested:

No action requested.



MEMORANDUM

DATE	October 20, 2022
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 26: Report on Dental Hygiene Board of California Activities

Background:

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

Action Requested:

No action requested.



MEMORANDUM

DATE	October 11, 2022
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 27: Discussion of Prospective Legislative Proposals

Background Information:

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

Action Requested:

No action requested.



MEMORANDUM

DATE	October 11, 2022
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 28: Election of 2023 Board Officers

Background:

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

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

Roles and Responsibilities of Board Officers and Committee Chairs:

President:

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

Agenda Item 28: Election of 2023 Board Officers
 Dental Board of California Meeting
 November 17-18, 2022

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

Vice President:

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

Secretary:

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

Pursuant to the Board's Policy and Procedure Manual, the Board's Executive Officer shall conduct the election of officers and shall set the general election procedure. The Executive Officer will ask for nominations for each office. The election of the Secretary will occur first, followed by the Vice President and President.