DENTAL BOARD OF CALIFORNIA
BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM
September 21, 2018

Section 1 –
Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the board.[1] Describe the occupations/profession that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).

History and Function of the Board:

The Dental Board of California (Board) was created by the California Legislature in 1885 and was originally established to regulate dentists. The Board currently regulates approximately 89,000 licensees; consisting of approximately 43,500 dentists (DDS), 44,500 registered dental assistants (RDA), and 1,700 registered dental assistants in extended functions (RDAEF). In addition, the Board has the responsibility for setting the duties and functions of approximately 50,000 unlicensed dental assistants. Pursuant to Business and Professions Code Section 1601.2, the Board's highest priority is the protection of the public when exercising its licensing, regulatory, and disciplinary functions. The primary methods by which the Board achieves these goals are: issuing licenses to eligible applicants; investigating complaints against licensees and disciplining licensees for violations of the Dental Practice Act (Act); monitoring licensees whose licenses have been placed on probation; and managing the Diversion Program for licensees whose practice may be impaired due to abuse of dangerous drugs or alcohol.

Dental Board Composition:

The Board is composed of 15 members consisting of eight (8) practicing dentists, one (1) registered dental hygienist (RDH), one (1) RDA, and five (5) public members. The dentists, the RDH, the RDA, and three public members are appointed by the Governor. Of the remaining two public members, one is appointed by the Speaker of the Assembly and one by the Senate Rules Committee. Public membership accounts for a third of the composition of the Board. Of the eight practicing dentists, one must be a member of the faculty of any California dental school, and one is required to be a dentist practicing in a nonprofit community clinic. Our membership meets these requirements and there is currently one (1) public member vacancy.

Members of the Board are each appointed for a term of four years. Board members may continue to hold office beyond their term until the appointment of a successor or until one year has elapsed since the expiration of the term, whichever occurs first. Each member may serve no more than two full terms.

[1] The term "board" in this document refers to a board, bureau, commission, committee, department, division, program, or agency, as applicable. Please change the term "board" throughout this document to appropriately refer to the entity being reviewed.

The Board meets at least four times throughout each calendar year to conduct business; and may meet in closed session as authorized by Government Code Section 11126 et. seq.

1. **Describe the make-up and functions of each of the board's committees (cf., Section 12, Attachment B).**

Board Committees, Their Make-up, and Functions:
The Board has nine (9) committees and one council; four of the committees and the council are statutorily mandated.

1. Dental Assisting Council (Business and Professions Code Section 1742)
2. Diversion Evaluation Committee (Business and Professions Code Section 1695.2)
3. Elective Facial Cosmetic Surgery Permit Credentialing Committee (Business and Professions Code Section 1638.1)
4. Enforcement Committee (Business and Professions Code Section 1601.1)
5. Examination Committee (Business and Professions Code Section 1601.1)

Other committees are established by the Board to meet specific needs. Currently, there are five (5):

6. Access to Care Committee
7. Anesthesia Committee
8. Legislative and Regulatory Committee
9. Licensing, Certification, and Permits Committee
10. Substance Use Awareness Committee`

Committee members and two of the Council members are Board members who are appointed by, and serve at the will of, the Board President. The remaining five RDA members of the Council are recruited and appointed by the full Board. The Committees and Council meets as often as necessary to consider and act upon Board issues, always providing adequate time to allow public notice to any and all interested parties, as required by law.

Committees meet on the first day of the two-day meeting and give their reports to the full Board on day two. Issues may be brought before a committee by consumers, stakeholders, and/or Board members. When necessary, staff researches the issues and reports to the committee. During the committee meeting, issues are discussed, and public comment is accepted. When appropriate, the committee brings a recommendation before the full Board for adoption or direction on proceeding.

At various times, the Board President will appoint a two-member subcommittee (both Board members) to work closely with staff on issues such as infection control, dental assisting scope of practice, dental assisting educational program and course requirements, licensure requirements, continuing education, and examination requirements.

Dental Assisting Council (Statutorily Mandated Committee – Business and Professions Code Section 1742)
Senate Bill 540 (Chapter 385, Statutes of 2011) enacted Business and Professions Code Section 1742 establishing the Council of the Board. The Council considers all matters relating to dental

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assistants in the State of California, on its own initiative or at the request of the Board. Such matters include, but are not limited to, the following areas:

- Requirements for dental assistant examination, licensure, permitting, and renewal,
- Standards and criteria for approval of dental assisting educational programs, courses, and continuing education,
- Allowable dental assistant duties, settings, and supervision levels,
- Appropriate standards of conduct and enforcement for dental assistants,
- Requirements regarding infection control.

The Council meets in conjunction with other Board committees and at other times as deemed necessary. Any resulting recommendations regarding scope of practice, settings, and supervision levels are made to the Board for consideration and possible further action.

The Council is composed of seven members, including the RDA member of the Board, another member of the Board, and five RDAs who represent as broad a range of dental assisting experience and education as possible. Two of the five RDA members are required to be employed as faculty members of a registered dental assisting educational program approved by the Board and must have been so employed for at least the five years prior to appointment. Three of the five RDA members, one of which must be licensed as an RDAEF, are required to be employed clinically in private dental practice or public safety net or dental health care clinics.

All five of the RDA members must have possessed a current, active RDA or RDAEF license for at least the prior five years and cannot be employed by a current member of the Board. Each member may serve no more than two full four-year terms.

Diversion Evaluation Committee (Statutorily Mandated Committee – Business and Professions Code Section 1695.2)
A 1982 legislative mandate required the Board to seek ways and means to identify and rehabilitate licensees whose competency may be impaired due to substance abuse. Given the ability to establish one or more committees to carry out this mandate, the Board established two such committees, one in Southern California and one in Northern California.

Each committee is composed of three licensed dentists, one licensed dental auxiliary, one public member and one licensed physician or psychologist. Each must have experience or knowledge in the evaluation or management of persons who are impaired due to alcohol or drug abuse. Committee members are not members of the Board.

Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee (Statutorily Mandated Committee – Business and Professions Code Section 1638.1)
Senate Bill 438 (Chapter 909, Statutes of 2006) enacted Business and Professions Code Section 1638.1 which authorized the Board to issue EFCS permits to qualified licensed dentists and established the EFCS Permit Credentialing Committee to review the qualifications of each applicant for a permit. The Committee is composed of five members: three oral and maxillofacial surgeons, two of whom are required to possess the EFCS permit, one physician and surgeon with a specialty in plastic and reconstructive surgery, and one physician and surgeon with a specialty in otolaryngology, all of whom must maintain an active status on the staff of a licensed general acute care hospital in California. Committee members are not members of the Board.

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Committee members review the qualifications of an applicant for an EFCS permit in closed session at EFCS Permit Credentialing Committee meetings. The information is discussed in closed session and is confidential. Upon completion of the application review, the EFCS Permit Credentialing Committee makes a recommendation to the Board on whether or not to issue a permit to the applicant. The permit may be unlimited, entitling the permit holder to perform any facial cosmetic surgical procedure authorized by the statute, or it may contain limitations if the EFCS Permit Credentialing Committee is not satisfied that the applicant has the training or competence to perform certain classes of procedures, or if the applicant has not requested a permit for all procedures authorized in the statute.

Enforcement Committee (Statutorily Mandated Committee – Business and Professions Code Section 1601.1)
The Enforcement Committee is composed of five (5) members consisting of three (3) public members and two (2) dentists. The Enforcement Committee reviews complaint and compliance case aging statistics, citation and fine information, and investigation case aging statistics in order to identify trends that might require changes in policies, procedures, and/or regulations. The Enforcement Committee also receives updates on the Board's Diversion Program.

Examination Committee (Statutorily Mandated Committee – Business and Professions Code Section 1601.1)
The Examination Committee is composed of five (5) members consisting of four (4) dentists and one (1) public member. The Examination Committee reviews examination statistics and receives reports on all examinations administered by the Board. Any issues relating to examinations may be brought before the Examination Committee by consumers, stakeholders, or Board members.

Access to Care Committee
The Access to Care Committee is composed of six (6) members consisting of four (4) dentists and two (2) public members. The Access to Care Committee was established to maintain awareness of the changes and challenges within the dental community. An ongoing objective is to identify areas where the Board can assist with workforce development, such as through the existing Dental Loan Repayment Program. A new focus on this program, may help fulfill an intent of the Legislature to recruit dentists to practice in underserved areas, and will assist with dental education loan repayment.

Anesthesia Committee
The Anesthesia Committee is composed of five (5) members consisting of four (4) dentists and one (1) public member. The Anesthesia Committee was established to consider issues concerning the administration of anesthesia to patients, review anesthesia evaluation statistics, and make recommendations to the Board regarding policy issues relating to the administration of anesthesia during dental procedures.

Legislative and Regulatory Committee
The Legislative and Regulatory Committee is composed of seven (7) members consisting of four (4) dentists, one (1) registered dental hygienist, and two (2) public members. The Legislative and Regulatory Committee monitors legislation relative to the field of dentistry that may impact the Board, consumers, and/or licensees, and makes recommendations to the full Board whether or not to support, oppose, or watch the legislation. The Chair attends Senate and Assembly Committee hearings and may meet with legislators if the Board so directs. The Legislative and

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Regulatory Committee also discusses prospective legislative proposals and pending regulatory actions.

Licensing, Certification, and Permits Committee
The Licensing, Certification, and Permits Committee is composed of six (6) members consisting of three (3) dentists, one (1) RDA, and two (2) public members. The Licensing, Certification, and Permits Committee reviews licensing and permit statistics and looks for trends that might indicate efficiency and effectiveness or might identify areas in the licensing units that need modification. When necessary, the Committee meets in closed session to review applications for issuance of a new license to replace cancelled licenses and brings recommendations to re-issue or deny to the full Board.

Substance Use Awareness Committee
This committee was originally established as the Prescription Drug Abuse Committee in 2014 to examine the rise in prescription drug overdoses and to develop strategies to address the issue within the practice of dentistry. In May 2017, it was renamed to the Substance Use Awareness Committee to broaden the focus on all substance use disorders rather than only prescription drug overdoses. The Substance Use Awareness Committee is composed of five (5) members consisting of three (3) dentists and two (2) public members.

2. **In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?**

   During the past four years, the Board has had a quorum present at each meeting to conduct Board business. The Board has not been impacted by irregular attendance. Board business, briefly restated, is to protect and promote the oral health and safety of California consumers. Attendance records support the dedication and commitment of its members to the mission.

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Table 1a. Attendance – Members of the Dental Board of California			
Steven Afriat, Public Member			
Date Appointed:	July 21, 2010		
Date Reappointed:	December 20, 2013		
Date Separated:	March 20, 2017		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Board Meeting - Sunset Review	October 17, 2014	Sacramento	**No**
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various locations	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	**No**
Quarterly Board Meeting	May 14-15, 2015	Burlingame	**No**
Quarterly Board Meeting	August 27-28, 2015	Sacramento	**No**
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	**No**
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes
Quarterly Board Meeting	August 18-19, 2016	Sacramento	**No**
Board Meeting – Strategic Plan	October 13-14, 2016	Sacramento	**No**
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes

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Fran Burton, MSW, Public Member			
Date Appointed:	June 3, 2009		
Date Reappointed:	January 31, 2013 and April 19, 2017		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Special Board Meeting	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various locations	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	Yes
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various Locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes
Quarterly/Strategic Plan Meeting	October 13-14, 2016	Sacramento	Yes
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes
Special Board Meeting	April 6, 2017	Sacramento	Yes
Quarterly Board Meeting	May 11-12, 2017	Anaheim	Yes
Teleconference	July 24, 2017	Various locations	Yes
Quarterly Board Meeting	August 10-11, 2017	Burlingame	Yes

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Quarterly Board Meeting	November 2-3, 2017	Sacramento	Yes
Quarterly Board Meeting	February 8-9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	Yes
Special Board Meeting	October 5, 2018	Sacramento	
Stephen Casagrande, DDS			
Date Appointed:	March 27, 2009		
Date Reappointed:	July 1, 2012		
Date Separated:	March 16, 2016		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Board Meeting - Sunset Review	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	November 6 Yes November 7 **No**
Teleconference	December 9, 2014	Various location	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	**No**
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	**No**
Teleconference	January 25, 2016	Various locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Steven Chan, DDS			
Date Appointed:	October 12, 2016		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**

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Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes
Special Board Meeting	April 6, 2017	Sacramento	**No**
Quarterly Board Meeting	May 11-12, 2017	Anaheim	Yes
Teleconference	July 24, 2017	Various locations	**No**
Quarterly Board Meeting	August 10-11, 2017	Burlingame	Yes
Quarterly Board Meeting	November 2-3, 2017	Sacramento	Yes
Quarterly Board Meeting	February 8-9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	Yes
Special Board Meeting	October 5, 2018	Sacramento	
Yvette Chappell-Ingram, Public Member			
Date Appointed:	April 17, 2013		
Date Reappointed:	January 11, 2016		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	**No**
Special Board Meeting	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various locations	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	Yes
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes

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Teleconference	January 25, 2016	Various Locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	May 11 Yes May 12 **No**
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes
Quarterly/Strategic Plan	October 13-14, 2016	Sacramento	**No**
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes
Special Board Meeting	April 6, 2017	Sacramento	Yes
Quarterly Board Meeting	May 11-12, 2017	Anaheim	Yes
Teleconference	July 24, 2017	Various locations	Yes
Quarterly Board Meeting	August 10-11, 2017	Burlingame	Yes
Quarterly Board Meeting	November 2-3, 2017	Sacramento	Yes
Quarterly Board Meeting	February 8-9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16-17, 2018	Anaheim	May 16 **No** May 17 Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	Yes
Special Board Meeting	October 5, 2018	Sacramento	
Katie Dawson, RDH			
Date Appointed:	April 11, 2013		
Date Reappointed:	N/A		
Date Separated:	March 14, 2017		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Board Meeting - Sunset Review	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes

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Teleconference	December 9, 2014	Various location	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	Yes
Quarterly Board Meeting	May 14-15, 2015	Burlingame	May 14 Yes May 15 **No**
Quarterly Board Meeting	August 27-28, 2015	Sacramento	**No**
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	**No**
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes
Board Meeting – Strategic Plan	October 13-14, 2016	Sacramento	Yes
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes
Luis Dominicis, DDS			
Date Appointed:	March 26, 2009		
Date Reappointed:	January 3, 2013		
Date Separated:	May 12, 2016		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Board Meeting - Sunset Review	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various location	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	Yes
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes

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Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various locations	**No**
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes
Judith Forsythe, RDA			
Date Appointed:	March 26, 2009		
Date Reappointed:	April 20, 2013		
Date Separated:	December 31, 2017		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Special Board Meeting	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various locations	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	**No**
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various Locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes
Stakeholder's Meeting	July 28, 2016	Sacramento	Yes

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Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes
Quarterly/Strategic Plan	October 13-14, 2016	Sacramento	Yes
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes
Special Board Meeting	April 6, 2017	Sacramento	Yes
Quarterly Board Meeting	May 11-12, 2017	Anaheim	Yes
Teleconference	July 24, 2017	Various Locations	**No**
Quarterly Board Meeting	August 10-11, 2017	Burlingame	Yes
Quarterly Board Meeting	November 2-3, 2017	Sacramento	Yes
Kathleen King, Public Member			
Date Appointed:	February 4, 2013		
Date Reappointed:	N/A		
Date Separated:	December 31, 2017		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Special Board Meeting	October 17, 2014	Sacramento	**No**
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various Locations	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	Yes
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes

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Teleconference	January 25, 2016	Various Locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes
Quarterly/Strategic Plan	October 13-14, 2016	Sacramento	**No**
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	**No**
Special Board Meeting	April 6, 2017	Sacramento	**No**
Quarterly Board Meeting	May 11-12, 2017	Anaheim	**No**
Teleconference	July 24, 2017	Various Locations	Yes
Quarterly Board Meeting	August 10-11, 2017	Burlingame	Yes
Quarterly Board Meeting	November 2-3, 2017	Sacramento	**No**
Ross Lai, DDS			
Date Appointed:	February 26, 2013		
Date Reappointed:	March 14, 2017		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Special Board Meeting	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various locations	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	Yes
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes

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Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various Locations	**No**
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes
Quarterly/Strategic Plan Meeting	October 13-14, 2016	Sacramento	Yes
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes
Special Board Meeting	April 6, 2017	Sacramento	**No**
Quarterly Board Meeting	May 11-12, 2017	Anaheim	Yes
Teleconference	July 24, 2017	Various Location	Yes
Quarterly Board Meeting	August 10-11, 2017	Burlingame	Yes
Quarterly Board Meeting	November 2-3, 2017	Sacramento	Yes
Quarterly Board Meeting	February 8-9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	Yes
Special Board Meeting	October 5, 2018	Sacramento	
Lilia Larin, DDS			
Date Appointed:	April 13, 2018		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	Yes

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Special Board Meeting	October 5, 2018	Sacramento	
Huong N. Le, DDS, MA			
Date Appointed:	March 26, 2009		
Date Reappointed:	September 24, 2016		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Special Board Meeting	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various locations	**No**
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	Yes
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various Locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes
Quarterly/Strategic Plan Meeting	October 13-14, 2016	Sacramento	Yes
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes
Special Board Meeting	April 6, 2017	Sacramento	Yes
Quarterly Board Meeting	May 11-12, 2017	Anaheim	Yes
Teleconference	July 24, 2017	Various Locations	Yes

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Quarterly Board Meeting	August 10-11, 2017	Burlingame	Yes
Quarterly Board Meeting	November 2-3, 2017	Sacramento	Yes
Quarterly Board Meeting	February 8-9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	August 23 Yes August 24 **No**
Special Board Meeting	October 5, 2018	Sacramento	Yes
Meredith M. McKenzie, Public Member			
Date Appointed:	April 15, 2013		
Date Reappointed:	January 1, 2016		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Special Board Meeting	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various locations	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	Yes
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various Locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes
Quarterly/Strategic Plan Meeting	October 13-14, 2016	Sacramento	**No**

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Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	**No**
Special Board Meeting	April 6, 2017	Sacramento	**No**
Quarterly Board Meeting	May 11-12, 2017	Anaheim	Yes
Teleconference	July 24, 2017	Various Locations	Yes
Quarterly Board Meeting	August 10-11, 2017	Burlingame	**No**
Quarterly Board Meeting	November 2-3, 2017	Sacramento	Yes
Quarterly Board Meeting	February 8-9, 2018	San Diego	**No**
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	Yes
Special Board Meeting	October 5, 2018	Sacramento	
Abigail Medina, Public Member			
Date Appointed:	March 20, 2017		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Special Board Meeting	April 6, 2017	Sacramento	Yes
Quarterly Board Meeting	May 11-12, 2017	Anaheim	Yes
Teleconference	July 24, 2017	Various Locations	Yes
Quarterly Board Meeting	August 10-11, 2017	Burlingame	Yes
Quarterly Board Meeting	November 2-3, 2017	Sacramento	Yes
Quarterly Board Meeting	February 8-9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16-17, 2018	Anaheim	May 16 Yes May 17 **No**
Quarterly Board Meeting	August 23-24, 2018	San Francisco	Yes
Special Board Meeting	October 5, 2018	Sacramento	
Steven Morrow, DDS, MS			

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Date Appointed:	August 17, 2010		
Date Reappointed:	June 9, 2014 and February 28, 2018		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Special Board Meeting	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various locations	**No**
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	**No**
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various Locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes
Quarterly/Strategic Plan Meeting	October 13-14, 2016	Sacramento	Yes
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes
Special Board Meeting	April 6, 2017	Sacramento	Yes
Quarterly Board Meeting	November 2-3, 2017	Sacramento	Yes
Quarterly Board Meeting	February 8-9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	Yes

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Special Board Meeting	October 5, 2018	Sacramento	
Joanne Pacheco, RDH			
Date Appointed:	April 13, 2018		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	Yes
Special Board Meeting	October 5, 2018	Sacramento	
Rosalinda Olague, RDA			
Date Appointed:	April 13, 2018		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	Yes
Special Board Meeting	October 5, 2018	Sacramento	
Thomas H. Stewart, DDS			
Date Appointed:	February 23, 2013		
Date Reappointed:	March 14, 2017		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Special Board Meeting	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various locations	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes

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Teleconference	March 26, 2015	Various locations	Yes
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various Locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes
Quarterly/Strategic Plan Meeting	October 13-14, 2016	Sacramento	Yes
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes
Special Board Meeting	April 6, 2017	Sacramento	Yes
Quarterly Board Meeting	May 11-12, 2017	Anaheim	Yes
Teleconference	July 24, 2017	Various Locations	Yes
Quarterly Board Meeting	August 10-11, 2017	Burlingame	Yes
Quarterly Board Meeting	November 2-3, 2017	Sacramento	Yes
Quarterly Board Meeting	February 8-9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	Yes
Special Board Meeting	October 5, 2018	Sacramento	
Bruce L. Whitcher, DDS			
Date Appointed:	March 26, 2009		
Date Reappointed:	September 23, 2015		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**

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Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Special Board Meeting	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various locations	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	**No**
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various Locations	**No**
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes
Quarterly/Strategic Plan Meeting	October 13-14, 2016	Sacramento	Yes
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes
Special Board Meeting	April 6, 2017	Sacramento	Yes
Quarterly Board Meeting	May 11-12, 2017	Anaheim	Yes
Teleconference	July 24, 2017	Various Locations	Yes
Quarterly Board Meeting	August 10-11, 2017	Burlingame	Yes
Quarterly Board Meeting	November 2-3, 2017	Sacramento	Yes
Quarterly Board Meeting	February 8-9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	Yes

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Special Board Meeting	October 5, 2018	Sacramento	
Debra Woo, DDS			
Date Appointed:	January 29, 2014		
Date Reappointed:	March 14, 2017		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Special Board Meeting	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various locations	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	**No**
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various Locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes
Quarterly/Strategic Plan Meeting	October 13-14, 2016	Sacramento	Yes
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes
James Yu, DDS			
Date Appointed:	April 13, 2018		
Date Reappointed:	N/A		
Date Separated:	N/A		

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Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	
Special Board Meeting	October 5, 2018	Sacramento	

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Table 1a. Attendance – Members of the Dental Assisting Council			
Anne Contreras, RDA			
Date Appointed:	March 26, 2012		
Date Reappointed:	March 17, 2014 and July 2, 2018		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Dental Assisting Council Meeting	August 25, 2014	Sacramento	Yes
Dental Assisting Council Meeting	November 6, 2014	Studio City	Yes
Joint DAC and Examinations Com.	November 6, 2017	Studio City	Yes
Dental Assisting Council Meeting	December 15, 2014	Sacramento	Yes
Dental Assisting Council Meeting	February 26, 2015	San Diego	Yes
Dental Assisting Council Meeting	May 14, 2015	Burlingame	**No**
Joint DAC and Board Meeting	August 27, 2015	Sacramento	Yes
Joint DAC and Board Meeting	December 3, 2015	Los Angeles	Yes
Joint DAC and Board Meeting	March 3, 2016	San Diego	Yes
Joint DAC and Board Meeting	May 11, 2016	Garden Grove	**No**
Joint DAC and Board Meeting	August 18, 2016	Sacramento	Yes
Joint DAC and Board Meeting	December 1, 2016	Burlingame	Yes
Joint DAC and Board Meeting	February 23, 2017	San Diego	Yes
Joint DAC and Board Meeting	May 11, 2017	Anaheim	**No**
Joint DAC and Board Meeting	August 10, 2017	Burlingame	Yes
Joint DAC and Board Meeting	November 2, 2017	Sacramento	**No**
Dental Assisting Council Meeting	August 23, 2018	San Francisco	Yes

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Pamela Davis-Washington			
Date Appointed:	March 19, 2012		
Date Reappointed:	March 12, 2015		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Dental Assisting Council Meeting	August 25, 2014	Sacramento	Yes
Joint DAC and Examinations Com.	November 6, 2017	Studio City	Yes
Dental Assisting Council Meeting	November 6, 2014	Studio City	Yes
Dental Assisting Council Meeting	December 15, 2014	Sacramento	Yes
Dental Assisting Council Meeting	February 26, 2015	San Diego	**No**
Dental Assisting Council Meeting	May 14, 2015	Burlingame	Yes
Joint DAC and Board Meeting	August 27, 2015	Sacramento	Yes
Joint DAC and Board Meeting	December 3, 2015	Los Angeles	Yes
Joint DAC and Board Meeting	March 3, 2016	San Diego	Yes
Joint DAC and Board Meeting	May 11, 2016	Garden Grove	Yes
Joint DAC and Board Meeting	August 18, 2016	Sacramento	Yes
Joint DAC and Board Meeting	December 1, 2016	Burlingame	Yes
Joint DAC and Board Meeting	February 23, 2017	San Diego	Yes
Joint DAC and Board Meeting	May 11, 2017	Anaheim	Yes
Joint DAC and Board Meeting	August 10, 2017	Burlingame	Yes
Joint DAC and Board Meeting	November 2, 2017	Sacramento	Yes
Dental Assisting Council Meeting	August 23, 2018	San Francisco	Yes

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Teresa Lua			
Date Appointed:	March 16, 2012		
Date Reappointed:	N/A		
Date Separated:	May 31, 2016		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Dental Assisting Council Meeting	August 25, 2014	Sacramento	Yes
Dental Assisting Council Meeting	November 6, 2014	Studio City	Yes
Joint DAC and Examinations Com.	November 6, 2017	Studio City	Yes
Dental Assisting Council Meeting	December 15, 2014	Sacramento	Yes
Dental Assisting Council Meeting	February 26, 2015	San Diego	Yes
Dental Assisting Council Meeting	May 14, 2015	Burlingame	Yes
Joint DAC and Board Meeting	August 27, 2015	Sacramento	Yes
Joint DAC and Board Meeting	December 3, 2015	Los Angeles	Yes
Joint DAC and Board Meeting	March 3, 2016	San Diego	Yes
Joint DAC and Board Meeting	May 11, 2016	Garden Grove	Yes
Tamara McNealy			
Date Appointed:	June 13, 2014		
Date Reappointed:	N/A		
Date Separated:	May 31, 2016		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Dental Assisting Council Meeting	August 25, 2014	Sacramento	Yes
Dental Assisting Council Meeting	November 6, 2014	Studio City	Yes
Joint DAC and Examinations Com.	November 6, 2017	Studio City	Yes
Dental Assisting Council Meeting	December 15, 2014	Sacramento	Yes
Dental Assisting Council Meeting	February 26, 2015	San Diego	Yes
Dental Assisting Council Meeting	May 14, 2015	Burlingame	Yes

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Joint DAC and Board Meeting	August 27, 2015	Sacramento	Yes
Joint DAC and Board Meeting	December 3, 2015	Los Angeles	**No**
Joint DAC and Board Meeting	March 3, 2016	San Diego	Yes
Joint DAC and Board Meeting	May 11, 2016	Garden Grove	Yes
Joint DAC and Board Meeting	August 18, 2016	Sacramento	Yes
Joint DAC and Board Meeting	December 1, 2016	Burlingame	Yes
Joint DAC and Board Meeting	February 23, 2017	San Diego	Yes
Joint DAC and Board Meeting	May 11, 2017	Anaheim	Yes
Cindy Ovard			
Date Appointed:	May 30, 2018		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Dental Assisting Council Meeting	August 23, 2018	San Francisco	Yes
Pamela Peacock			
Date Appointed:	May 30, 2018		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Dental Assisting Council Meeting	August 23, 2018	San Francisco	Yes
Emma Ramos			
Date Appointed:	March 19, 2012		
Date Reappointed:	March 12, 2015		
Date Separated:	April 25, 2017		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Dental Assisting Council Meeting	August 25, 2014	Sacramento	Yes
Dental Assisting Council Meeting	November 6, 2014	Studio City	Yes
Joint DAC and Examinations Com.	November 6,	Studio City	Yes

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	2017		
Dental Assisting Council Meeting	December 15, 2014	Sacramento	Yes
Dental Assisting Council Meeting	February 26, 2015	San Diego	Yes
Dental Assisting Council Meeting	May 14, 2015	Burlingame	Yes
Joint DAC and Board Meeting	August 27, 2015	Sacramento	**No**
Joint DAC and Board Meeting	December 3, 2015	Los Angeles	Yes
Joint DAC and Board Meeting	March 3, 2016	San Diego	Yes
Joint DAC and Board Meeting	May 11, 2016	Garden Grove	Yes
Joint DAC and Board Meeting	August 18, 2016	Sacramento	Yes
Joint DAC and Board Meeting	December 1, 2016	Burlingame	Yes
Joint DAC and Board Meeting	February 23, 2017	San Diego	Yes
Jennifer Rodriguez			
Date Appointed:	December 23, 2016		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Joint DAC and Board Meeting	February 23, 2017	San Diego	Yes
Joint DAC and Board Meeting	May 11, 2017	Anaheim	Yes
Joint DAC and Board Meeting	August 10, 2017	Burlingame	Yes
Joint DAC and Board Meeting	November 2, 2017	Sacramento	Yes
Dental Assisting Council Meeting	August 23, 2018	San Francisco	**No**

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Table 1a. Attendance – Members of the Elective Facial Cosmetic Surgery Permit Credentialing Committee			
Robert Gramins, DDS, Chair			
Date Appointed:	July 2, 2009		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
EFCS Committee Meeting	July 9, 2014	Teleconference	**No**
EFCS Committee Meeting	October 1, 2014	Teleconference	Yes
EFCS Committee Meeting	January 14, 2015	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	April 8, 2015	Teleconference	Yes
EFCS Committee Meeting	July 8, 2015	Teleconference	Yes
EFCS Committee Meeting	October 14, 2015	Teleconference	Yes
EFCS Committee Meeting	January 20, 2016	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	April 20, 2016	Teleconference	**No**
EFCS Committee Meeting	July 13, 2016	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	October 19, 2016	Teleconference	Yes
EFCS Committee Meeting	January 25, 2017	Teleconference	Yes
EFCS Committee Meeting	April 5, 2017	Teleconference	Yes
EFCS Committee Meeting	July 19, 2017	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	October 4, 2017	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	January 10, 2018	Teleconference	Yes
EFCS Committee Meeting	April 18, 2018	Cancelled – No Applications to Review	N/A
Louis Gallia, DMD, MD			

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Date Appointed:	June 20, 2011		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
EFCS Committee Meeting	July 9, 2014	Teleconference	Yes
EFCS Committee Meeting	October 1, 2014	Teleconference	Yes
EFCS Committee Meeting	January 14, 2015	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	April 8, 2015	Teleconference	Yes
EFCS Committee Meeting	July 8, 2015	Teleconference	Yes
EFCS Committee Meeting	October 14, 2015	Teleconference	Yes
EFCS Committee Meeting	January 20, 2016	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	April 20, 2016	Teleconference	Yes
EFCS Committee Meeting	July 13, 2016	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	October 19, 2016	Teleconference	Yes
EFCS Committee Meeting	January 25, 2017	Teleconference	Yes
EFCS Committee Meeting	April 5, 2017	Teleconference	Yes
EFCS Committee Meeting	July 19, 2017	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	October 4, 2017	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	January 10, 2018	Teleconference	Yes
EFCS Committee Meeting	April 18, 2018	Cancelled – No Applications to Review	N/A
Anil Punjabi, MD, DDS			
Date Appointed:	July 7, 2009		
Date Reappointed:	N/A		
Date Separated:	N/A		

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Meeting Type	Meeting Date	Meeting Location	Attended?
EFCS Committee Meeting	July 9, 2014	Teleconference	Yes
EFCS Committee Meeting	October 1, 2014	Teleconference	Yes
EFCS Committee Meeting	January 14, 2015	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	April 8, 2015	Teleconference	Yes
EFCS Committee Meeting	July 8, 2015	Teleconference	Yes
EFCS Committee Meeting	October 14, 2015	Teleconference	Yes
EFCS Committee Meeting	January 20, 2016	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	April 20, 2016	Teleconference	Yes
EFCS Committee Meeting	July 13, 2016	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	October 19, 2016	Teleconference	Yes
EFCS Committee Meeting	January 25, 2017	Teleconference	Yes
EFCS Committee Meeting	April 5, 2017	Teleconference	Yes
EFCS Committee Meeting	July 19, 2017	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	October 4, 2017	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	January 10, 2018	Teleconference	Yes
EFCS Committee Meeting	April 18, 2018	Cancelled – No Applications to Review	N/A
Peter Scheer, DDS			
Date Appointed:	July 20, 2009		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
EFCS Committee Meeting	July 9, 2014	Teleconference	Yes
EFCS Committee Meeting	October 1,	Teleconference	Yes

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	2014		
EFCS Committee Meeting	January 14, 2015	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	April 8, 2015	Teleconference	Yes
EFCS Committee Meeting	July 8, 2015	Teleconference	**No**
EFCS Committee Meeting	October 14, 2015	Teleconference	Yes
EFCS Committee Meeting	January 20, 2016	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	April 20, 2016	Teleconference	Yes
EFCS Committee Meeting	July 13, 2016	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	October 19, 2016	Teleconference	Yes
EFCS Committee Meeting	January 25, 2017	Teleconference	Yes
EFCS Committee Meeting	April 5, 2017	Teleconference	Yes
EFCS Committee Meeting	July 19, 2017	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	October 4, 2017	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	January 10, 2018	Teleconference	Yes
EFCS Committee Meeting	April 18, 2018	Cancelled – No Applications to Review	N/A
Brian Wong, MD			
Date Appointed:	January 18, 2012		
Date Reappointed:	N/A		
Date Separated:	January 31, 2017		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
EFCS Committee Meeting	July 9, 2014	Teleconference	Yes
EFCS Committee Meeting	October 1, 2014	Teleconference	**No**
EFCS Committee Meeting	January 14, 2015	Cancelled – No Applications to Review	N/A

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EFCS Committee Meeting	April 8, 2015	Teleconference	**No**
EFCS Committee Meeting	July 8, 2015	Teleconference	**No**
EFCS Committee Meeting	October 14, 2015	Teleconference	**No**
EFCS Committee Meeting	January 20, 2016	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	April 20, 2016	Teleconference	**No**
EFCS Committee Meeting	July 13, 2016	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	October 19, 2016	Teleconference	**No**

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Table 1a. Attendance – Members of the Northern Diversion Evaluation Committee (N-DEC)			
James W. Frier, DDS			
Date Appointed:	August 28, 2013		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
N-DEC Meeting	September 4, 2014	Sacramento	Yes
N-DEC Meeting	December 4, 2014	Sacramento	Yes
N-DEC Meeting	March 5, 2015	Sacramento	Yes
N-DEC Meeting	June 4, 2015	Sacramento	Yes
N-DEC Meeting	September 3, 2015	Sacramento	Yes
N-DEC Meeting	December 3, 2015	Sacramento	Yes
N-DEC Meeting	March 10, 2016	Sacramento	Yes
N-DEC Meeting	June 2, 2016	Sacramento	Yes
N-DEC Meeting	September 1, 2016	Sacramento	Yes
N-DEC Meeting	December 1, 2016	Sacramento	Yes
N-DEC Meeting	March 9, 2017	Cancelled – Due to low number of participants.	N/A
N-DEC Meeting	June 1, 2017	Sacramento	Yes
N-DEC Meeting	September 7, 2017	Sacramento	Yes
N-DEC Meeting	December 7, 2017	Sacramento	Yes
N-DEC Meeting	April 5, 2018	Sacramento	Yes
N-DEC Meeting	October 4, 2018	Sacramento	
Lawrence Podolsky, MD			
Date Appointed:	September 14, 2014		
Date Reappointed:	N/A		
Date Separated:	N/A		

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Meeting Type	Meeting Date	Meeting Location	Attended?
N-DEC Meeting	September 4, 2014	Sacramento	Yes
N-DEC Meeting	December 4, 2014	Sacramento	Yes
N-DEC Meeting	March 5, 2015	Sacramento	Yes
N-DEC Meeting	June 4, 2015	Sacramento	Yes
N-DEC Meeting	September 3, 2015	Sacramento	Yes
N-DEC Meeting	December 3, 2015	Sacramento	Yes
N-DEC Meeting	March 10, 2016	Sacramento	Yes
N-DEC Meeting	June 2, 2016	Sacramento	Yes
N-DEC Meeting	September 1, 2016	Sacramento	Yes
N-DEC Meeting	December 1, 2016	Sacramento	Yes
N-DEC Meeting	March 9, 2017	Cancelled – Due to low number of participants.	N/A
N-DEC Meeting	June 1, 2017	Sacramento	Yes
N-DEC Meeting	September 7, 2017	Sacramento	Yes
N-DEC Meeting	December 7, 2017	Sacramento	Yes
N-DEC Meeting	April 5, 2018	Sacramento	Yes
N-DEC Meeting	October 4, 2018	Sacramento	
Michael Shaw, DDS			
Date Appointed:	September 2, 2014		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
N-DEC Meeting	September 4, 2014	Sacramento	Yes
N-DEC Meeting	December 4, 2014	Sacramento	**No**
N-DEC Meeting	March 5, 2015	Sacramento	Yes
N-DEC Meeting	June 4, 2015	Sacramento	Yes

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N-DEC Meeting	September 3, 2015	Sacramento	Yes
N-DEC Meeting	December 3, 2015	Sacramento	Yes
N-DEC Meeting	March 10, 2016	Sacramento	Yes
N-DEC Meeting	June 2, 2016	Sacramento	Yes
N-DEC Meeting	September 1, 2016	Sacramento	Yes
N-DEC Meeting	December 1, 2016	Sacramento	Yes
N-DEC Meeting	March 9, 2017	Cancelled – Due to low number of participants.	N/A
N-DEC Meeting	June 1, 2017	Sacramento	**No**
N-DEC Meeting	September 7, 2017	Sacramento	Yes
N-DEC Meeting	December 7, 2017	Sacramento	Yes
N-DEC Meeting	April 5, 2018	Sacramento	Yes
N-DEC Meeting	October 4, 2018	Sacramento	
Gregory S. Pluckhan, DDS			
Date Appointed:	March 2, 2013		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
N-DEC Meeting	September 4, 2014	Sacramento	Yes
N-DEC Meeting	December 4, 2014	Sacramento	Yes
N-DEC Meeting	March 5, 2015	Sacramento	Yes
N-DEC Meeting	June 4, 2015	Sacramento	Yes
N-DEC Meeting	September 3, 2015	Sacramento	Yes
N-DEC Meeting	December 3, 2015	Sacramento	Yes
N-DEC Meeting	March 10, 2016	Sacramento	**No**
N-DEC Meeting	June 2, 2016	Sacramento	Yes
N-DEC Meeting	September 1,	Sacramento	Yes

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	2016		
N-DEC Meeting	December 1, 2016	Sacramento	Yes
N-DEC Meeting	March 9, 2017	Cancelled – Due to low number of participants.	N/A
N-DEC Meeting	June 1, 2017	Sacramento	Yes
N-DEC Meeting	September 7, 2017	Sacramento	Yes
N-DEC Meeting	December 7, 2017	Sacramento	Yes
N-DEC Meeting	April 5, 2018	Sacramento	Yes
N-DEC Meeting	October 4, 2018	Sacramento	
Dina Gillette, RDH, BA			
Date Appointed:	November 8, 2009		
Date Reappointed:	March 6, 2014		
Date Separated:	March 10, 2016		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
N-DEC Meeting	September 4, 2014	Sacramento	Yes
N-DEC Meeting	December 4, 2014	Sacramento	Yes
N-DEC Meeting	March 5, 2015	Sacramento	Yes
N-DEC Meeting	June 4, 2015	Sacramento	Yes
N-DEC Meeting	September 3, 2015	Sacramento	Yes
N-DEC Meeting	December 3, 2015	Sacramento	**No**
N-DEC Meeting	March 10, 2016	Sacramento	Yes
Lynn Zender, Public Member			
Date Appointed:	November 8, 2009		
Date Reappointed:	March 6, 2014		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
N-DEC Meeting	September 4, 2014	Sacramento	Yes

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N-DEC Meeting	December 4, 2014	Sacramento	Yes
N-DEC Meeting	March 5, 2015	Sacramento	Yes
N-DEC Meeting	June 4, 2015	Sacramento	Yes
N-DEC Meeting	September 3, 2015	Sacramento	Yes
N-DEC Meeting	December 3, 2015	Sacramento	Yes
N-DEC Meeting	March 10, 2016	Sacramento	**No**
N-DEC Meeting	June 2, 2016	Sacramento	Yes
N-DEC Meeting	September 1, 2016	Sacramento	Yes
N-DEC Meeting	December 1, 2016	Sacramento	Yes
N-DEC Meeting	March 9, 2017	Cancelled	Cancelled

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Table 1a. Attendance – Members of the Southern Diversion Evaluation Committee (S-DEC)			
Thomas C. Specht, MD			
Date Appointed:	August 1, 2009		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
S-DEC Meeting	July 16, 2014	Los Angeles	Yes
S-DEC Meeting	October 1, 2014	Los Angeles	Yes
S-DEC Meeting	January 7, 2015	Los Angeles	Yes
S-DEC Meeting	April 8, 2015	Los Angeles	Yes
S-DEC Meeting	July 8, 2015	Los Angeles	Yes
S-DEC Meeting	October 7, 2015	Los Angeles	Yes
S-DEC Meeting	January 6, 2016	Los Angeles	Yes
S-DEC Meeting	April 6, 2016	Los Angeles	Yes
S-DEC Meeting	July 6, 2016	Los Angeles	Yes
S-DEC Meeting	October 5, 2016	Los Angeles	Yes
S-DEC Meeting	January 11, 2017	Los Angeles	Yes
S-DEC Meeting	April 5, 2017	Los Angeles	Yes
S-DEC Meeting	July 12, 2017	Los Angeles	Yes
S-DEC Meeting	October 4, 2017	Los Angeles	**No**
S-DEC Meeting	January 3, 2018	Cancelled – Due to low number of participants.	N/A
S-DEC Meeting	July 11, 2018	Culver City	Yes
J. Steven Supancic, Jr, DDS, MD			
Date Appointed:	August 1, 2009		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**

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S-DEC Meeting	July 16, 2014	Los Angeles	Yes
S-DEC Meeting	October 1, 2014	Los Angeles	Yes
S-DEC Meeting	January 7, 2015	Los Angeles	Yes
S-DEC Meeting	April 8, 2015	Los Angeles	Yes
S-DEC Meeting	July 8, 2015	Los Angeles	**No**
S-DEC Meeting	October 7, 2015	Los Angeles	Yes
S-DEC Meeting	January 6, 2016	Los Angeles	Yes
S-DEC Meeting	April 6, 2016	Los Angeles	Yes
S-DEC Meeting	July 6, 2016	Los Angeles	Yes
S-DEC Meeting	October 5, 2016	Los Angeles	Yes
S-DEC Meeting	January 11, 2017	Los Angeles	Yes
S-DEC Meeting	April 5, 2017	Los Angeles	Yes
S-DEC Meeting	July 12, 2017	Los Angeles	Yes
S-DEC Meeting	October 4, 2017	Los Angeles	**No**
S-DEC Meeting	January 3, 2018	Cancelled – Due to low number of participants.	N/A
S-DEC Meeting	July 11, 2018	Culver City	Yes
Curtis Vixie, DDS			
Date Appointed:	August 24, 2007		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
S-DEC Meeting	July 16, 2014	Los Angeles	Yes
S-DEC Meeting	October 1, 2014	Los Angeles	Yes
S-DEC Meeting	January 7, 2015	Los Angeles	Yes
S-DEC Meeting	April 8, 2015	Los Angeles	Yes
S-DEC Meeting	July 8, 2015	Los Angeles	Yes
S-DEC Meeting	October 7, 2015	Los Angeles	Yes

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S-DEC Meeting	January 6, 2016	Los Angeles	Yes
S-DEC Meeting	April 6, 2016	Los Angeles	Yes
S-DEC Meeting	July 6, 2016	Los Angeles	Yes
S-DEC Meeting	October 5, 2016	Los Angeles	Yes
S-DEC Meeting	January 11, 2017	Los Angeles	Yes
S-DEC Meeting	April 5, 2017	Los Angeles	Yes
S-DEC Meeting	July 12, 2017	Los Angeles	Yes
S-DEC Meeting	October 4, 2017	Los Angeles	Yes
S-DEC Meeting	January 3, 2018	Cancelled – Due to low number of participants.	N/A
S-DEC Meeting	July 11, 2018	Culver City	Yes
James M. Tracy, DDS			
Date Appointed:	August 4, 2006		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
S-DEC Meeting	July 16, 2014	Los Angeles	Yes
S-DEC Meeting	October 1, 2014	Los Angeles	**No**
S-DEC Meeting	January 7, 2015	Los Angeles	Yes
S-DEC Meeting	April 8, 2015	Los Angeles	Yes
S-DEC Meeting	July 8, 2015	Los Angeles	Yes
S-DEC Meeting	October 7, 2015	Los Angeles	Yes
S-DEC Meeting	January 6, 2016	Los Angeles	**No**
S-DEC Meeting	April 6, 2016	Los Angeles	**No**
Anca Severin, RDA, CDA, MA			
Date Appointed:	March 14, 2014		
Date Reappointed:	N/A		
Date Separated:	N/A		

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Meeting Type	Meeting Date	Meeting Location	Attended?
S-DEC Meeting	July 16, 2014	Los Angeles	**No**
S-DEC Meeting	October 1, 2014	Los Angeles	Yes
S-DEC Meeting	January 7, 2015	Los Angeles	Yes
S-DEC Meeting	April 8, 2015	Los Angeles	**No**
S-DEC Meeting	July 8, 2015	Los Angeles	Yes
S-DEC Meeting	October 7, 2015	Los Angeles	**No**
S-DEC Meeting	January 6, 2016	Los Angeles	**No**
John Philip Bradford, DDS			
Date Appointed:	September 1, 2016		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
S-DEC Meeting	October 5, 2016	Los Angeles	Yes
S-DEC Meeting	January 11, 2017	Los Angeles	Yes
S-DEC Meeting	April 5, 2017	Los Angeles	Yes
S-DEC Meeting	July 12, 2017	Los Angeles	Yes
S-DEC Meeting	October 4, 2017	Los Angeles	Yes
S-DEC Meeting	January 3, 2018	Cancelled – Due to low number of participants.	N/A
S-DEC Meeting	July 11, 2018	Culver City	Yes
George B. Shinn, Jr, DDS			
Date Appointed:	March 17, 2016		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
S-DEC Meeting	April 6, 2016	Los Angeles	Yes
S-DEC Meeting	July 6, 2016	Los Angeles	Yes

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S-DEC Meeting	October 5, 2016	Los Angeles	Yes
S-DEC Meeting	January 11, 2017	Los Angeles	Yes
S-DEC Meeting	April 5, 2017	Los Angeles	Yes
S-DEC Meeting	July 12, 2017	Los Angeles	Yes
S-DEC Meeting	October 4, 2017	Los Angeles	Yes
S-DEC Meeting	January 3, 2018	Cancelled – Due to low number of participants.	N/A
S-DEC Meeting	July 11, 2018	Culver City	Yes

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Table 1b. Board/Committee Member Roster					
Dental Board of California Member Roster					
Member Name (Include Vacancies)	**Date First Appointed**	**Date Re-Appointed**	**Date Term Expires**	**Appointing Authority**	**Type (Public or Professional)**
Afriat, Steve	7/21/2010	12/20/2013	3/20/2017	Assembly Speaker	Public
Burton, Fran	6/3/2009	1/31/2013 4/19/2017	1/1/2017	Senate Rules	Public
Casagrande, Stephen	3/27/2009	7/1/2012	7/16/2016	Governor	Professional
Chan, Steven	10/12/2016	n/a	1/1/2020	Governor	Professional
Chappell-Ingram, Yvette	4/17/2013	1/11/2016	1/1/2020	Governor	Public
Dawson, Katie	4/11/2013	n/a	3/14/2017	Governor	RDH
Dominicis, Luis	3/26/2009	1/3/2013	5/12/2016	Governor	Professional
Forsythe, Judith	3/26/2009	4/20/2013	12/31/2017	Governor	RDA
King, Kathleen	2/4/2013	n/a	12/31/2017	Governor	Public
Lai, Ross	2/26/2013	3/14/2017	1/1/2021	Governor	Professional
Larin, Lilia	4/13/2018	n/a	1/1/2021	Governor	Professional
Le, Huong	3/26/2009	9/24/2015	1/1/2019	Governor	Non-Profit Community Clinic/ Professional
McKenzie, Meredith	4/15/2013	1/1/2016	1/1/2020	Governor	Public
Medina, Abigail	3/20/2017	n/a	1/1/2021	Assembly Speaker	Public
Morrow, Steven	8/17/2010	6/9/2014 2/28/2018	1/1/2022	Governor	Faculty/ Professional
Pacheco, Joanne	4/13/2018	n/a	1/1/2021	Governor	RDH
Olague, Rosalinda	4/13/2018	n/a	1/1/2021	Governor	RDA
Stewart, Thomas	2/28/2013	3/14/2017	1/1/2021	Governor	Professional
Whitcher, Bruce	3/26/2009	9/23/2015	1/1/2019	Governor	Professional
Woo, Debra	1/29/2014	n/a	3/14/2017	Governor	Professional
Yu, James	4/13/2018	n/a	1/1/2021	Governor	Professional

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Vacancy	n/a	n/a	n/a	Governor	Public

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Table 1b. Board/Committee Member Roster (Continued)					
Dental Assisting Council Member Roster					
Member Name (Include Vacancies)	**Date First Appointed**	**Date Re-Appointed**	**Date Term Expires**	**Appointing Authority**	**Type (Public or Professional)**
Contreras, Anne	3/26/2012	3/17/2014 6/1/2018	3/1/2022	Dental Board	Professional
Davis-Washington, Pamela	3/19/2012	3/12/2015	3/1/2019	Dental Board	Professional
Lua, Teresa	3/16/2012	n/a	5/31/2016	Dental Board	Professional
McNealy, Tamara	6/13/2014	n/a	5/31/2016	Dental Board	Professional
Ovard, Cindy	5/30/2018	n/a	3/1/2019	Dental Board	Professional
Peacock, Pamela	5/30/2018	n/a	3/1/2022	Dental Board	Professional
Ramos, Emma	3/19/2012	3/12/2015	5/31/2016	Dental Board	Professional
Rodriguez, Jennifer	12/23/2016	n/a	3/1/2020	Dental Board	Professional
Elective Facial and Cosmetic Surgery Permit Credentialing Committee Member Roster					
Member Name (Include Vacancies)	**Date First Appointed**	**Date Re-Appointed**	**Date Term Expires**	**Appointing Authority**	**Type (Public or Professional)**
Gramins, Robert	7/2/2009	n/a	n/a	Dental Board	Professional
Gallia, Louis	6/20/2001	n/a	n/a	Dental Board	Professional
Punjabi, Anil	7/7/2009	n/a	n/a	Dental Board	Professional
Scheer, Peter	7/20/2009	n/a	n/a	Dental Board	Professional
Wong, Brian	1/18/2012	n/a	1/31/2017	Dental Board	Professional
Vacancy	n/a	n/a	n/a	Dental Board	Professional

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Table 1b. Board/Committee Member Roster (Continued)					
Diversion Evaluation Committee (North) Member Roster					
Member Name (Include Vacancies)	**Date First Appointed**	**Date Re-Appointed**	**Date Term Expires**	**Appointing Authority**	**Type (Public or Professional)**
Frier, James	8/28/2013	n/a	8/27/2017	Dental Board	Professional
Pluckhan, Gregory	3/2/2013	n/a	3/1/2017	Dental Board	Professional
Podolsky, Lawrence	9/14/2014	n/a	9/13/2018	Dental Board	Professional
Shaw, Michael	9/2/2014	n/a	9/1/2018	Dental Board	Professional
Vacancy	n/a	n/a	n/a	Dental Board	Professional
Vacancy	n/a	n/a	n/a	Dental Board	Public
Diversion Evaluation Committee (South) Member Roster					
Member Name (Include Vacancies)	**Date First Appointed**	**Date Re-Appointed**	**Date Term Expires**	**Appointing Authority**	**Type (Public or Professional)**
Bradford, John Philip	9/1/2016	n/a	9/1/2020	Dental Board	Public
George Shinn	9/1/2016	n/a	8/31/2020	Dental Board	Professional
Specht, Thomas	8/1/2009	3/20/2014	3/19/2017	Dental Board	Professional
Supancic, Steven	8/1/2009	3/22/2014	3/21/2014	Dental Board	Professional
Vixie, Curtis	8/24/2017	8/24/2011	8/23/2015	Dental Board	Professional
Vacancy	n/a	n/a	n/a	Dental Board	Public

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3. **Describe any major changes to the board since the last Sunset Review, including, but not limited to**:

- Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning)
- All legislation sponsored by the board and affecting the board since the last sunset review.
- All regulation changes approved by the board the last sunset review. Include the status of each regulatory change approved by the board.

Internal Changes:

Since the Board's last sunset review in 2014, the following internal changes have occurred:

- Converted to the Department of Consumer Affairs' (DCA) new online licensing and enforcement system called BreEZe in January 2016. This system replaced the old "Legacy" licensing and enforcement computer system. The Department's 38 Boards and Bureaus were scheduled to transition to the new system in phases/releases. The Dental Board transitioned into the new system in Release ll.

- Adopted the 2017-2020 Strategic Plan. The Strategic Plan was developed by Board members and Board management staff. They used feedback from stakeholders, Board members and Board staff to help develop the plan.

- The Governor appointed five (5) new members and reappointed seven (7) members to the Board.

- The Speaker of the Assemby appointed one (1) new public member to the Board.

- The Senate Rules Committee reappointed one (1) public member to the Board.

- The Board appointed three (3) new members and reappointed two (2) members to the Dental Assisting Council

- Hired a new Chief of Enforcement in April 2017

- Filled existing manager vacancies by hiring three (3) Staff Services Manager Is (SSM I), three (3) Supervising Investigator Is (SI I). Manager vacancies were due to retirements and promotions.

- Hired a SSM I (24-month Limited Term) to directly manage the Dental Assisting Program.

- Established an ad hoc Anesthesia Committee composed of Board members to consider issues concerning the administration of anesthesia/sedation to patients, review anesthesia evaluation statistics, and make recommendations to the Board regarding policy issues relating to the administration of anesthesia /sedation during dental procedures.

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- Implemented a new pathway to dental licensure in California for students attending any of the six California dental schools. Under portfolio licensure requirements, students build a portfolio of completed clinical experiences and clinical competency examinations in six subject areas over the normal course of their clinical training during dental school. The portfolio option gives students in California an alternative to being tested on a live patient over the course of one weekend, which is the method of assessing competency used in the Western Regional Examination Board (WREB) exam process, as well as other examinations throughout the country. The portfolio process offers multiple benefits to students and patients, including letting students extend treatment over multiple patient visits, which reduces the stress of a one-time testing event and more closely simulates real-world care; provides an opportunity for patients to receive follow-up treatment as needed; and provides a method by which students are ready for licensure upon graduation.

- Engaged Capitol Accounting Partners to prepare a detailed cost analysis of the Board's fees. The Board's objectives for the study were to ensure that the Board is fully accounting for all of its costs and recovering adequate revenues to be reimbursed for its expenses. The Board's only source of revenue are fees charged for each of the various licenses and permits. The Board also has a mandate to be fully self-supporting so it is vital that the fees charged to dentists and dental assistants for permits and licenses fully recover the costs of the program. The audit was finalized in March 2015 and in response to the audit's findings, the Board pursued legislation to amend and update the fee schedules for licensees.

- Increased all application, licensing, permit, and renewal fees for dentists, registered dental assistants, and registered dental assistants in extended functions.

- Conducted a review of the RDA practical examination which resulted in suspension of the examination until 2020, at which time a practical examination or an alternative means of measuring competency would be implemented.

- Combined both the RDA Written and the RDA Law and Ethics examinations into one examination. The Board worked with the Department of Consumer Affairs' (DCA) Office of Professional Examination Services (OPES) to implement the combined test plan based on the results of the 2016 RDA Occupational Analysis to ensure that the combined examination was legally defensible and met the requirements of Business and Professions Code Section 139. The examination plan for the combined RDA Written and Law and Ethics Examination was posted on the Board's web site in November 2017 and minor revisions were made to the document in January 2018. The examination plan is posted on the Board's web site at: https://www.dbc.ca.gov/formspubs/rda_law_ethics_combined.pdf. The combined RDA Written and Law and Ethics Examination was successfully launched on Thursday, May 24, 2018.

- Approved a new foreign dental school. The Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova received a two-year provisional approval in December 2016 and full approval in May 2018.

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Legislation Sponsored by the Board:
The Board sponsored the following legislation since its last Sunset Review Report was submitted in October 2014:

- Assembly Bill 1707 (Chapter 174, Statutes of 2017) authored by Assembly Member Low was urgency legislation that continued the suspension of the RDA practical examination from July 1, 2017 until January 1, 2020, at which time a practical examination or an alternative means of measuring competency would be implemented.

  On April 6, 2017, the Board held a special meeting to discuss the findings of the review of the RDA practical examination conducted by the OPES of the DCA. After reviewing the findings of the report, the Board voted to suspend the administration of the RDA practical examination effective immediately and until July 1, 2017. Pursuant to the Business and Professions Code Section 1752.1 at that time, the suspension of the practical examination could only remain in effect until July 1, 2017. After this date, the exam would have been reinstated as a requirement for RDA licensure.

  Between April 6 and July 1, 2017, the Board licensed RDA candidates who had completed all other licensing requirements except passage of the practical examination. Also during this time, the Board sought an author to carry urgency legislation that would continue the suspension of the examination from July 1, 2017 until January 1, 2020, at which time a practical examination or an alternative means of measuring competency would be implemented. AB 1707 was signed by Governor Brown and became effective August 8, 2017.

Legislation Affecting the Board Since Last Sunset Review:
The Board has been affected by the following legislation since its last Sunset Review Report was submitted in October 2014:

AB 186 Maienschein (Chapter 640, Statutes of 2014)
PROFESSIONS AND VOCATIONS: MILITARY SPOUSES

Establishes a temporary licensure process for an applicant who holds a current, active, or unrestricted license in another jurisdiction and supplies evidence of being married to or in a domestic partnership or other legal union with an active duty member of the Armed Forces who is assigned to a duty station in the state under active duty military orders. Requires an applicant seeking a temporary license as an engineer, land surveyor, geologist, geophysicist or hydrogeologist to pass the state examination.

AB 1174 Bocanegra (Chapter 662, Statutes of 2014)
DENTAL PROFESSIONALS: TELEDENTISTRY UNDER MEDI-CAL

Authorizes a dental auxiliary to expose radiographs. Prohibits a dentist from supervising a specified number of dental auxiliaries. Authorizes specified

registered dental assistants, a registered dental hygienist, and a registered dental hygienist in alternative practice to determine which radiographs to perform and place protective restorations. Relates to course fees. Provides that a face-to-face contact between a health care provider and a patient is not required under Medi-Cal for teledentistry.

AB 1702 Maienschein (Chapter 410, Statutes of 2014)
PROFESSIONS AND VOCATIONS: INCARCERATION

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs, among other entities. Existing law establishes various eligibility criteria needed to qualify for a license and authorizes a board to deny a license on the grounds that the applicant has been convicted of a crime substantially related to the qualifications, functions, or duties of the business or profession for which application is made.

This bill provides that an individual who has satisfied any of the requirements needed to obtain a license while incarcerated, who applies for that license upon release from incarceration, and who is otherwise eligible for the license shall not be subject to a delay in processing the application or a denial of the license solely on the basis that some or all of the licensure requirements were completed while the individual was incarcerated.

AB 2396 Bonta (Chapter 737, Statutes of 2014)
CONVICTIONS: EXPUNGEMENT: LICENSES

This bill prohibits professional licensing boards from denying a license solely on the basis of a conviction that has been withdrawn, set aside, or dismissed, as specified.

SB 1159 Lara (Chapter 752, Statutes of 2014)
LICENSE APPLICANTS: FEDERAL TAX IDENTIFICATION

This bill authorizes a licensing board under the Department of Consumer Affairs (DCA), the State Bar of California and the Bureau of Real Estate to accept an application containing an individual's taxpayer identification number (TIN) for an initial or renewal license in lieu of a social security number.

SB 1416 Block (Chapter 73, Statutes of 2014)
DENTISTRY: FEES

The Dental Practice Act provides for the licensure and regulation of the practice of dentistry by the Dental Board of California. The Dental Practice Act, among other things, requires the Board to examine all applicants for a license to practice dentistry and to collect and apply all fees, as specified.

The Act requires the charges and fees for licensed dentists to be

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established by the Board as is necessary for the purpose of carrying out the responsibilities required by these provisions, subject to specified limitations. This bill set the fee for an initial license and for the renewal of the license at $525.

AB 179 Bonilla (Chaptered 510, Statutes of 2015)
HEALING ARTS

This bill extended the licensing, regulatory, and enforcement authority of the Dental Board of California (Board) until January 1, 2020 and made several amendments to the provisions of the Dental Practice Act including but not limited to: increase in the statutorily authorized fee maximums relating to dentist and dental assistant licensure and permitting fees, collection of email addresses, and review of the registered dental assistant practical examination. Additionally, this bill provided that it is not professional misconduct if a healing arts licensee engages in consensual sexual conduct with his or her spouse when that licensee provides medical treatment and extended the operation of the Board of Vocational Nursing and Psychiatric Technicians (BVNPT).

AB 502 Chau (Chapter 516, Statutes of 2015)
DENTAL HYGIENE

This bill amended the Dental Hygiene Practice Act and the Moscone-Knox Professional Corporation Act; authorized a registered dental hygienist in alternative practice to incorporate with licensed dentists, registered dental assistants, registered dental hygienists, registered dental hygienists in extended functions, and other registered dental hygienists in alternative practice; and required licensees to practice within their scope of license.

AB 880 Ridley-Thomas (Chapter 409, Statutes of 2015)
DENTISTRY: LICENSURE: EXEMPTION

This bill authorized students enrolled in their final year at a California dental school, approved by the Dental Board of California, to practice dentistry under the supervision of licensed dentists at free sponsored events.

AB 2235 Thurmond (Chapter 519, Statutes of 2016)
BOARD OF DENTISTRY: PEDIATRIC ANESTHESIA: COMMITTEE

“Caleb’s Law” required the Board to submit a report to the legislature by January 1, 2017 on whether current statutes and regulations for the administration and monitoring of pediatric anesthesia in dentistry provide adequate protection for pediatric dental patients. This bill required the Board to make the report publicly available on the Board’s website and to provide a report on pediatric deaths related to general anesthesia in dentistry during its sunset review. Furthermore, it requires licensees to report certain data points on Board approved form(s) when a death of a patient occurs and requires written informed consent in case of a minor.

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AB 2331 Dababneh (Chapter 572, Statutes of 2016)
DENTISTRY: APPLICANTS TO PRACTICE

This bill authorizes the Board to recognize the American Dental Examining Board's (ADEX) examination as an additional pathway to licensure. Prior to recognition or acceptance of the ADEX exam, the exam itself must undergo an Occupational Analysis and a Psychometric Evaluation to determine compliance with the requirements of Business and Professions Code Section 139. Once, the Board receives approval by the OPES that the ADEX examination satisfies the requirements of Section 139, the Board is to recognize the ADEX exam as an additional pathway to licensure. Permits the Department of Finance to accept funds for the purposes of reviewing and analyzing the ADEX exam.

AB 2485 Santiago (Chapter 575, Statutes of 2016)
DENTAL CORPS LOAN REPAYMENT PROGRAM

This bill contains an urgency clause and makes various revisions to the current existing dental loan repayment program specifically relating to the timeframe of disbursement, the payee, and other provisions relating to eligibility, application, selection, and placement.

AB 2859 Low (Chapter 473, Statutes of 2016)
PROFESSIONS AND VOCATIONS: RETIRED CATEGORY: LICENSES

This bill authorizes boards to establish a retired license category by regulation for those licensees who are not actively engaged in the practice of their profession.

SB 482 Lara (Chapter 708, Statutes of 2016)
CONTROLLED SUBSTANCES: CURES DATABASE

This bill requires the licensees who are prescribers of Schedule II or Schedule III controlled substances to consult with the CURES database before prescribing controlled substance to patient for the first time and once every four months thereafter if the substance remains part of the patient's treatment. Also, it prohibits the prescriber in prescribing additional Schedule II or Schedule III controlled substances to a patient who already has an existing prescription until there is a legitimate need for it. Additionally, this bill provides that a prescriber is not in violation if he or she is unable to check the CURES system under specified circumstances.

SB 1039 Hill (Chapter 799, Statutes of 2016)
PROFESSIONS AND VOCATIONS

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This was an Omnibus bill that made several amendments to provisions affecting various boards and bureaus.

SB 1348 Cannella (Chapter 174, Statutes of 2016)
LICENSURE APPLICATIONS: MILITARY EXPERIENCE

This bill requires each board that has authority to apply military experience and training towards licensure requirements, to post information on the board's internet website about the ability of veteran applicants to apply their military experience and training towards licensure requirements.

SB 1478 Senate Committee on Business, Professions, and Economic Development (Chapter 489, Statutes of 2016)
HEALING ARTS

This omnibus bill deleted the language referring to the "Part I and Part II written examinations" of the National Board of Dental Examination of the Joint Commission on National Dental Examinations.

This bill authorizes the Board to exempt licensees from the $6 annual CURES fee who have been placed in a retired or inactive status per statute or regulation. This does not apply to licensees whose license has been placed in a retired or inactive status if the licensee is authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances.

AB 40 Santiago (Chapter 607, Statutes of 2017)
CURES DATABASE: HEALTH INFORMATION TECHNOLOGY SYSTEM

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

AB 1277 Daly (Chapter 413, Statutes of 2017) (Urgency Legislation)
DENTISTRY: DENTAL BOARD OF CALIFORNIA: REGULATIONS

This bill required the Board to amend regulation on the minimum standards for infection control to require water or other methods use for irrigation to be

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sterile or contain recognized disinfecting or antibacterial properties when performing dental procedures that expose dental pulp. This bill requires the Board to adopt emergency regulations and prepare an emergency rulemaking for the OAL to meet the December 31, 2018 deadline for the final regulations. This legislation, AB 1277, authored by Assembly Member Daly was signed by Governor Brown and became effective October 2, 2017.

AB 1707 Low (Chapter 174, Statutes of 2017) (Urgency Legislation)
REGISTERED DENTAL ASSISTANTS: PRACTICAL EXAMINATION

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

On April 6, 2017, the Board held a special meeting to discuss the findings of the review of the RDA practical examination conducted by the Office of Professional Examination Services (OPES) of the Department of Consumer Affairs (DCA). After reviewing the findings of the report, the Board voted to suspend the administration of the RDA practical examination effective immediately and until July 1, 2017. Pursuant to the Business and Professions Code Section 1752.1 at that time, the suspension of the practical examination could only remain in effect until July 1, 2017. After this date, the exam would have been reinstated as a requirement for RDA licensure.

Between April 6 and July 1, 2017, the Board licensed RDA candidates who had completed all other licensing requirements except passage of the practical examination. Also during this time, the Board sought an author to carry urgency legislation that would continue the suspension of the examination from July 1, 2017 until January 1, 2020, at which time a practical examination or an alternative means of measuring competency would be implemented. This legislation, AB 1707, authored by Assembly Member Low was signed by Governor Brown and became effective August 8, 2017.

Regulations Approved by the Board

The following regulatory packages were approved by the Board, have gone through the rulemaking process, were filed with the Secretary of State, and have become effective since its last Sunset Review Report was submitted in October 2014:

- *Portfolio Examination Requirements – California Code of Regulations, Title 16, Sections 1021, 1028, 1030, 1031, 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1033, 1033.1, 1034, 1034.1, 1035, and 1036; Adopt CCR Title 16, § § 1032.7, 1032.8, 1032.9, 1032.10, 1036.01; and Repeal CCR Title 16, § § 1035.1, 1035.1, 1035.2, 1036.1, 1036.2, 1036.3, 1037, 1038, and 1039:*

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Effective November 5, 2014, this rulemaking implemented the requirements of the Board's Portfolio Examination as a new pathway to dental licensure in California pursuant to Assembly Bill 1524 (Hayashi, Chapter 446, Statutes of 2010).

- *Revocation for Sexual Misconduct – California Code of Regulations, Title 16, Sections 1018:*
  Effective January 1, 2015, this rulemaking requires an administrative law judge (ALJ) to order revocation of a license when issuing a proposed decision that contains any finding of fact that: (1) a licensee engaged in any act of sexual contact with a patient, client, or customer; or, (2) the licensee has been convicted of, or has committed, a sex offense. This regulation prohibits a proposed order staying the revocation of the license or placing the licensee on probation, under such circumstances.

- *Delegation of Authority to the Executive Officer – California Code of Regulations, Title 16, Section 1001:*
  Effective July 1, 2016, this rulemaking delegates authority to the Board's Executive Officer to approve settlement agreements for the revocation, surrender, or interim suspension of a license in the interest of expediting the Board's enforcement process.

- *Abandonment of Applications – California Code of Regulations, Title 16, Section 1004:*
  Effective January 1, 2017, this rulemaking sets forth the necessary changes relating to the abandonment of deficient applications and to provide the ability for a RDAEF candidate to only retake the failed component of the RDAEF examination.

- *Discovery and Filing – California Code of Regulations, Title 16, Sections 1001.1 and 1001.2:*
  Effective July 1, 2017, this rulemaking defines the term "discovers" to clarify when accusations are considered filed by the Board to provide a clearer understanding for both prosecutors, who have the duty to file accusations timely, and for respondents. Additionally, this rulemaking specifies that the terms "discovers" and "filing" have the same meaning as defined in California Code of Regulations Sections 1356.2(a)(1) and 1356.5 for the Medical Board of California in regard to statute of limitations set forth in Business and Professions Code Section 2230.5.

- *Fee Increase – California Code of Regulations, Title 16, Sections 1021 and 1022:*
  Effective August 24, 2017, this rulemaking increased the licensure and ancillary fees assessed by the Board to correct the structural imbalance between revenue and expenditures.

The following regulatory package was approved by the Board and the rulemaking documents are pending the regulatory review process:

- *Minimum Standards for Infection Control – California Code of Regulations, Title 16, Section 1005 (Emergency Regulations):*
  Assembly Bill 1277 (Daly, Chapter 413, Statutes of 2017) required the Board to amend regulation on the minimum standards for infection control to require water or other methods used for irrigation to be sterile or contain recognized disinfecting or antibacterial properties

when performing dental procedures that expose dental pulp. This bill requires the Board to adopt emergency regulations and prepare an emergency rulemaking for the OAL to meet the December 31, 2018 deadline for the final regulations.

The following regulatory packages were approved by the Board and the rulemaking documents are being prepared to initiate the rulemaking process:

- *Citation and Fine – California Code of Regulations, Title 16, Sections 1023.2 and 1023.7:*
  This rulemaking makes amendments to existing regulations relative to citations and fines to maintain consistency with the requirements contained in Business and Professions Code Section 125.9.

- *Determination of Radiographs and Placement of Interim Therapeutic Restorations (New Regulation):*
  Assembly Bill 1174 (Bocanegra, Chapter 662, Statutes of 2014) added specified duties to registered dental assistants in extended functions. This bill required 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 using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Office of Health Planning and Development. Additionally, the bill required the Board to propose regulatory language for the Interim Therapeutic Restoration (ITR) for registered dental hygienists and registered dental hygienists in alternative practice.

- *Elective Facial Cosmetic Surgery Permit Application and Renewal Requirements (New Regulation):*
  This rulemaking proposal specifies the application and renewal requirements specific to the issuance of the Board's elective facial cosmetic surgery permit pursuant to Business and Professions Code Section 1638.1.

- *Minimum Standards for Infection Control – California Code of Regulations, Title 16, Section 1005 (Regular Rulemaking):*
  This rulemaking proposal updates the Board's current requirements for the minimum standards for infection control during dental procedures to maintain consistency with updated guidelines issued by the Centers for Disease Control.

- *Mobile Dental Clinic and Portable Dental Unit Registration Requirements (New Regulation):*
  This rulemaking proposal specifies the registration requirements specific to the issuance of the Board's mobile dental unit and portable dental unit permits pursuant to the amendments contained in Senate Bill 562 (Galgiani, Chapter 562, Statutes of 2013).

4. Describe any major studies conducted by the board (cf. Section 12, Attachment C).

   The following major studies were conducted by the Board since its last Sunset Review Report was submitted in October 2014:

   - *Dental Board of California User Fee Audit – Final Report March 2015*
     In 2014, the Board engaged Capitol Accounting Partners to prepare a detailed cost analysis of its fees. The Board's objectives for the study were to ensure that the Board is

fully accounting for all of its costs and recovering adequate revenues to be reimbursed for its expenses. The Board's only source of revenue are fees charged for each of the various licenses and permits. The Board also has a mandate to be fully self-supporting so it is vital that the fees charged to dentists and dental assistants for permits and licenses fully recover the costs of the program.

The audit was finalized in March 2015 and in response to the audit's findings, the Board pursued legislation to amend and update the fee schedules for licensees. Additionally, in 2016, the Board started the regulatory process to increase the fees; new application fees were implemented in October 2017 and renewal fees were increased in January 2018.

- *Dental Board of California Occupational Analysis of the Registered Dental Assistant Profession, April 2016*
  The Board requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of the RDA practice in California. The purpose of the occupational analysis is to define practice for RDAs in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis serve as the basis for the RDA licensing examinations. The final report was completed in April 2016 and presented to the Board at its May 2016 meeting.

- *Dental Board of California Occupational Analysis of the Registered Dental Assistant in Extended Functions Profession, Revised, June 2016*
  In 2015, the Board requested that OPES conduct an occupational analysis of the RDAEF practice in California. The purpose of the occupational analysis is to define practice for RDAEFs in terms of the actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis serve as the basis for the RDAEF licensing examination. The final report was completed in June 2016 and presented to the Board at its August 2016 meeting.

- *Report on the Portfolio Examination as Provided by Business and Professions Code Section 1632.6*
  Pursuant to Business and Professions Code Section 1632.6, the Board is required to review the Portfolio Examination to ensure compliance with the requirements of Business and Professions Code Section 139 and to certify that the Portfolio Examination met those requirements. The Board submitted the report to the Legislature certifying that its Portfolio Examination pathway to dental licensure is in compliance with Business and Professions Code Section 139 and recommended the continuance of the pathway as a viable option for candidates seeking dental licensure in the State of California.

- *Dental Board of California Pediatric Anesthesia Study, December 2016*
  In February 2016, Senator Jerry Hill, Chair of the Senate Committee on Business, Professions, and Economic Development, was made aware of a tragedy in which an otherwise healthy child died after receiving general anesthesia at a dentist's office. He notified the Board of his concern about the rise in the use of anesthesia for young patients and asked the Board to investigate whether California's present laws, regulations, and policies are sufficient to protect the public. In doing the research, Senator Hill asked the Board to review all incident reports collected by the Board related to pediatric anesthesia in California for the past five years.

The Board President appointed a two-person subcommittee to work with staff to research this issue; the study was expanded to include review of incident reports related to all levels of pediatric sedation including conscious sedation, oral conscious sedation, and general anesthesia as well as administration of local anesthetic in California for the past six years (2010 2015).

This report reflects three parts of the study: (1) the present laws, regulations, and policies in California and a comparison of these laws, regulations and policies to those of other states and dental associations, (2) review of relevant dental and medical literature, and (3) review of all incident reports in California for patients < 21 years of age.

- *Report on the Elective Facial Cosmetic Surgery Permit Program as Provided by Business and Professions Code Section 1638.1, January 1, 2017*
  The Board submitted this report on the Elective Facial Cosmetic Surgery (EFCS) Permit Program pursuant to Business and Professions Code (Code) Section 1638.1 (Senate Bill 438, Chapter 909, Statutes of 2006). The report contained the following information:
  - The number of persons licensed pursuant to Section 1634 who apply to receive a permit to perform elective facial cosmetic surgery from the Board pursuant to subdivision (a).
  - The recommendations of the credentialing committee to the Board.
  - The Board's action on recommendations received by the credentialing committee.
  - The number of persons receiving a permit from the Board to perform elective facial cosmetic surgery.
  - The number of complaints filed by or on behalf of patients who have received elective facial cosmetic surgery by persons who have received a permit from the Board to perform elective facial cosmetic surgery.
  - Action taken by the Board resulting from complaints filed by or on behalf of patients who have received elective facial cosmetic surgery by persons who have received a permit from the Board to perform elective facial cosmetic surgery.

- *Dental Board of California Review of the Registered Dental Assistant Practical Examination, April 2017*
  The Board requested that the OPES complete a comprehensive review of the RDA Practical Examination. The review was conducted with the following goals: 1) to evaluate the psychometric properties of the examination (e.g., reliability, test security, standardization) in response to ongoing concerns from the Board and industry stakeholders; 2) to determine the necessity and accuracy of the examination in response to Assembly Bill (AB) 179 (Bonilla, Chapter 510, Statutes of 2015); and 3) to evaluate the content validity of the RDA Practical Examination in relation to the 2016 RDA OA results.

  The OPES evaluated the practical examination with regard to reliability of measurement, examiner training and scoring, test administration, test security, and fairness. Specifically, the inconsistencies in different test site conditions, deficiencies in scoring criteria, poor

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calibration of examiners, and the lack of a clear definition of minimum acceptable competence indicated that the examination did not meet critical psychometric standards.

The OPES recommended that the Board immediately suspend the administration of the practical examination. The OPES believed there was a relatively low risk of harm to the public from the suspension of the examination because of the other measures in place, i.e., passing a written examination and the fact that RDAs are required to be under general or direct supervision by a licensed dentist (Business and Professions Code Section 1752.4(c)).

Based on the OPES' experience, correcting the problems to bring the examination into compliance with technical and professional standards would require a great deal of time, staffing and fiscal resources from the Board and the industry. Therefore, the OPES recommended that the Board initiate a process to thoroughly evaluate options other than a practical examination for ensuring the competency of RDAs to perform the clinical procedures identified as a necessary component of RDA licensure.

- *Dental Board of California Review of the Registered Dental Assistant in Extended Functions Clinical and Practical Examinations, January 2018*
  The Board requested that the OPES complete a comprehensive review of the RDAEF Clinical and Practical Examinations. The purpose of the review was to determine whether the Board's RDAEF Clinical and Practical Examinations met professional guidelines and technical standards.

  Licensing boards and bureaus within the DCA are required to ensure that their examination programs comply with psychometric and legal standards. The public must be reasonably confident that an individual passing a licensing examination has the requisite knowledge and skills to competently and safely practice in the corresponding profession.

  On October 7, 2017, OPES staff observed the RDAEF Clinical and Practical Examinations held at the University of California, Los Angeles (UCLA) School of Dentistry in Los Angeles. On October 14, 2017, OPES staff observed the examiner training and scoring of the RDAEF Clinical and Practical Examinations held at the University of California, San Francisco (UCSF) School of Dentistry in San Francisco. The observations included discussions with Board staff, testing staff, dentists (examiners), and the RDAEF chief examiner. The purpose of the observations was to evaluate the process of the clinical and practical examinations with regard to reliability of measurement, examiner training and test scoring, administration, and test security and fairness to determine if the examinations meet professional guidelines and technical standards.

  This information, coupled with OPES' observation of two test administrations at two different locations, established that the examinations meet professional guidelines and technical standards with regard to reliability of measurement, examiner training and scoring, test administration, test security, and fairness.

  However, the OPES recommends that the Board include additional slides during examiner training to enhance the level of examiner calibration, and that the Board institute a few minor improvements to the testing procedures and the testing environment to further improve the test administration process for all candidates (i.e., provide additional signage

and clocks, provide additional reminders about prohibited items during check-in, and check room temperature). The OPES believes that these small recommendations would increase the reliability and validity of the examinations.

Board staff is working with the OPES and the RDAEF examination team to implement the recommendations.

- *Dental Board of California Review of the Dentist Profession*
  In 2017, the Board requested that OPES conduct an occupational analysis of the practice of dentistry in California. The purpose of the occupational analysis is to define practice of dentistry in terms of the actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis serve as the basis for the dentistry licensing examination.

5. List the status of all national associations to which the board belongs.

- Does the board's membership include voting privileges?

  The DBC pays annual dues to continue its membership in the American Association of Dental Boards (AADB). However, because the AADB meets out of state, Dental Board members have been unable to attend to represent the Board due to the Governor's restriction on out of state travel. If Board members attend as individuals, they do so at their own expense. If state representatives were able to travel out of state to attend this meeting, they would have voting privileges.

  The Dental Board also participates as a member state with WREB. A Board member acts as a liaison but attends these meetings at their own expense. Several board members also act as WREB examiners.

- List committees, workshops, working groups, task forces, etc., on which board participates.

  The Board's staff has participated in the following:

  - CURES 2.0 – This workgroup involves sworn and non-sworn users of the DOJ *Controlled Substance Utilization and Evaluation System.* Attending staff are providing input to DOJ staff as they design a system upgrade. Meetings have been conducted monthly over the past six months and are expected to continue for the next six to 12 months.

  - Western States Information Network (WSIN) – This organization provides law enforcement officers with deconfliction intelligence. Sworn staff are members of WSIN and use this centralized organization as a resource prior to any undercover operations or search warrant service to reduce personnel risks. Sworn staff are participating members and share information on an as needed basis; there are no regularly scheduled meetings with this group.

  - Prescription Drug Information Network (PDIN) and Prescription Drug Abuse Task Force (PDATF) – The PDIN was hosted by the FBI to share information about prescription drug fraud and related issues with law enforcement in Orange and Los Angeles counties. Beginning in 2012, one Investigator in the Southern California office attended quarterly.

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PDIN dissolved in late 2013 and PDATF was established; consisting of sworn and consumer stakeholders, the primary focus of this group is drug abuse prevention. Members discuss trends, safety issues and sponsor “take back days” in local communities to help combat the prescription drug abuse within San Diego County. The group also hosted a one-day symposium on emerging drugs such as synthetic marijuana and “bath salts.”

- Opioid Prevention Summit - A gathering of experts in treatment, enforcement, and prescribing from across the country. Representative from California CURES, DEA, Northern California HIDTA High Intensity Drug Trafficking Area), ONDCP (Office of National Drug Control Policy), Tennessee CURES. The summit was a discussion of the epidemic, and what other states have done to combat the opioid crisis, it included discussions about dental prescribers.

- Insurance Fraud Summit - This was a training geared toward the detection, investigation, and prosecution of insurance fraud. There was emphasis on medical fraud investigations and billing fraud. The conference was Presented by the Anti-Fraud Alliance, California District Attorneys Association, California Department of Insurance, and National Insurance Crime Bureau. A sworn investigator attended this meeting.

- California Narcotic Officer Association (CNOA) Drug Training - CONA presents training on a variety of subjects involving officer safety and the abuse of drugs and controlled substances. Members of this unit have attended training on officer safety, fentanyl abuse, prescription drug investigation, and organized crime.

- San Diego Medical Insurance Fraud Task Force – One sworn investigator attends this grant-based task force. Quarterly meetings are limited to law enforcement agencies and focus on medical or dental cases.

- San Diego Consumer Fraud Task Force – Focused on consumer scams and rip-offs, quarterly attendance with this group recently ended with the retirement of the lead District Attorney who hosted the task force.

- Prescription Opioid Misuse and Overdose Workgroup – This workgroup consists of staff from a number of state public health agencies and stakeholders. The group is dedicated to greater education and prevention of prescription drug overdoses.

- Diversion Program Managers (DPM) – Consists of participants from all the Boards and Bureaus that have Diversion Programs, and the contracted vendor; meetings are held monthly. One DBC staff services manager attends; discussions focus on monitoring and compliance processes, and best practices.

- Executive Officer/Board President/Bureau Chief/Committee Chair Meetings – The Department of Consumer Affairs holds a teleconference meeting with Board/Bureau Chairs and Executive Officers/Bureau Chiefs in an effort to share departmental information. These

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meetings are held quarterly and are attended by the Board's Executive Officer and Board President.

- Dental Hygiene Committee of California (DHCC) – Executive Officer and Board President attend this meeting twice per year. An update of Dental Board activities including licensing, examinations, and enforcement is shared with the DHCC.

- BreEZe Executive Officer Meetings – Monthly meetings to update Executive Officer on the progress of designing and implementing the Departments new computer system.

- Substance Abuse Coordination Committee (SACC) – Reconstituted as a result of Senate Bill 796 to review Uniform Standard #4 to determine whether the existing criteria should be updated to reflect recent developments in testing, research, and technology relating to drug testing. The Executive Officer is a member of the SACC and attends these meetings.

- How many meetings did board representative(s) attend? When and where?

  Board representatives attended several different meetings throughout each year:
  1. Western Regional Examination Board meetings held in the month of October.

  2. Commission on Dental Competency Assessments (CDCA) ADEX examination meetings annually.

  3. California Department of Public Health, Oral Health Program Advisory Committee meetings bi-annually.

  4. Statewide Opioid Safety Workgroup meetings, which are held quarterly.

  5. Dental Hygiene Committee of California meetings, which are held bi-annually.

- If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?

  At present, the Board does not use a national clinical exam as one of its pathways to licensure, but currently accepts regional examination scores from WREB. The Board is currently conducting an occupational analysis to accept the ADEX examination.

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Section 2 –
Performance Measures and Customer Satisfaction Surveys

6. Provide each quarterly and annual performance measure report for the board as published on the DCA website. See Section 12.

To ensure that DCA and its stakeholders can review DCA's progress in meeting its enforcement goals and targets, DCA developed an easy- to-understand, transparent system of accountability known as performance measures. The performance measures are critical for demonstrating that DCA and the Dental Board are making and will continue to make the most efficient and effective use possible of its resources. Performance measures are linked directly to an agency's mission and vision, strategic objectives, and strategic initiatives.

In some cases, each Board, Bureau, and program was allowed to set their individual performance targets, or specific levels of performance against which actual achievement would be compared. In other cases, some standards were established by DCA. As an example, a target of an average of 540 days for the cycle time of formal discipline cases was set by the previous Director.

Data is collected quarterly and reported on the Department's website at: https://www.dca.ca.gov/enforcement/cpei/quarterly_reports.shtml.

Data collected annually and reported on the Department's website at: https://www.dca.ca.gov/publications/annual_reports.shtml.

Customer Performance surveys are collected and tabulated by SOLID and are available upon written request.

Intake Target is 10 days. Intake is considered the average cycle time from complaint receipt to the date the complaint was acknowledged and assigned to an analyst in the Complaint Unit for processing. This 10-day time frame is mandated by Business and Professions Code (BPC) Section 129(b). The Board's average intake time from FY 2014/15 through FY 2017/18 is seven (7) days.

Intake and Investigation Target is 270 days. This is the average time from complaint receipt to closure of the investigative process. This target does not include cases referred to the Attorney General (AG) or other forms of formal discipline. The Board's average time to complete all investigations from FY 2014/15 through FY 2017/18 is 265 days.

Approximately 65% of the complaints received are closed in the Complaint and Compliance Unit (CCU). The average time to close these complaints is 150 days.

The remaining 35% of the Board's complaints are referred to either the non-sworn Investigative Analysis Unit (IAU) or to one of the Board's two field offices with sworn investigators. The IAU, was established in 2011, and has an average case closure rate of 347 days.

Investigations conducted by sworn staff have an average case closure rate of 449 days. In addition to those tasks discussed above, peace officers investigate criminal allegations in addition to the administrative components of their cases. These investigations are considered more complex and may require subpoenas, field interviews, document collection; it also may include undercover operations, surveillance, search warrant service, pharmacy audits and evidence collection.

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Formal Discipline Target is 540 days. This tracks the average number of days to complete the entire enforcement process for cases resulting in formal discipline. The Board's average from FY 2014/15 and FY 2017/18 is 886 days.

Challenges to meet this target are attributed to factors that are not within the Board's control, including scheduling conflicts with the respondent and/or legal representation, difficulty securing hearing dates, requests for continuances of hearings, criminal trials which may delay the subsequent administrative matter, scheduling amongst witnesses, patients and other parties.

In an effort to address these challenges, enforcement staff have established several internal benchmarks for administrative referrals to the AG's office. Monthly reports are run to identify case exceptions, and staff are assigned to make contact with the attorney general's office and the assigned attorney to address issues that may be contributing to delays.

Probation Intake Target is 10 days. Probation intake measures the time between when the probation monitor is assigned the case file and the date the monitor meets with their assigned probationer to review monitoring terms and conditions. The four-year average between these two events is 9 days. Data outliers can be attributed to the availability of the licensee to meet with their assigned monitor (out of state applicants have not begun residing in California), conditions requiring testing before the license can be issued (physical or competency exam requirements), and in some instances, the availability of the monitor within the target window.

Probation Violation Response Target is 15 days. In general, once a violation is discovered, the decision to take action is made immediately. However, the monitor must collect any supporting evidence (arrest/conviction records, positive drug test results) and write a report documenting the event. Once the report is referred for discipline, "appropriate action" has been initiated and the clock stops. Factors which may affect the turnaround time on this measure include how the violation is reported; (incoming complaints or arrest/conviction reports from the Department of Justice may take several days to be processed and reported to the assigned monitor) and how quickly the monitor can write up and refer the violation for administrative action. The Board's actual average days is 8 days.

7. Provide results for each question in the board's customer satisfaction survey broken down by fiscal year. Discuss the results of the customer satisfaction surveys.

Consumer Satisfaction Survey Results

The Board includes an online consumer satisfaction survey as a web address within each closure letter which directs consumers to an online "survey monkey" with 8 questions. Overall participation has been low. During the past four years, the board has received an average survey return rate of approximately 1.6%, below the minimum level of 5% needed to be considered statistically relevant. By comparison, the Department has reported a 2.6% average participation rate from all boards and bureaus.

For consumers who may not wish to participate in an online survey, the board includes self-addressed, postage paid survey postcards to further encourage participation and feedback.

The table listed below provides the number of case closures within a fiscal year in comparison to the number of survey responses received.

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Dental Board of California	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18
Number of complaints closed by the Board	3912	3134	3060	3368
Number of surveys collected	49	65	39	28
Return rate	1.2	2.1	1.4	.8

With regard to specific survey results, the Board has identified that the participating consumers expressed dissatisfaction surrounding the Complaint Intake process, including: how well the complaint process was explained, how clearly the outcome of the complaint was explained, and how well did the Board meet the time frame provided to the complainant. The Board can only speculate about the dissatisfaction. However, nine percent of the closures are non-jurisdictional (refund requests) which cannot be resolved by the Board; in other instances, the dental issues were reviewed by a dental consultant, and although the outcome was not satisfactory for the patient, the treatment was categorized as simple negligence which is not a violation of the Dental Practice Act. Both of these circumstances may not be sufficiently defined for consumers, causing dissatisfaction when their complaint is closed without the desired resolution.

It is the board's practice to provide consumers with alternative resources (dental societies for low cost re-treatment or peer review, legal counsel for remuneration) to address these concerns when the complaint is first received.

Below are the results for FY2014/15 – FY2017/18 CPEI Consumer Satisfaction Survey:

	Survey Participation By Fiscal Year			
	2014-2015	**2015-2016**	**2016-2017**	**2017-2018**
Number of complaints closed by the Dental Board of California	3912	3134	3060	3368
Number of survey responses collected	49	68	44	28
Survey Return Rate	1.2%	2.1%	1.4%	.8%

How did you contact our Board/Bureau?

	Response Volume by Fiscal Year			
Answer Choices:	**2014-2015**	**2015-2016**	**2016-2017**	**2017-2018**
Electronic Survey Link	36	48	29	18
Survey Postcard	13	17	10	6
Total	49	65	39	24

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How well did we explain the process to you?

Answer Choices:	Response Volume by Fiscal Year			
	2014-2015	2015-2016	2016-2017	2017-2018
Very Poor	12	21	13	8
Poor	12	14	6	4
Good	13	15	8	7
Very Good	1	6	3	1
Skipped the Question	11	9	9	4
Total	49	65	39	24

How clearly was the outcome of your complaint explained to you?

Answer Choices:	Response Volume by Fiscal Year			
	2014-2015	2015-2016	2016-2017	2017-2018
Very Poor	19	24	18	10
Poor	7	16	8	5
Good	10	10	8	4
Very Good	2	6	3	1
Skipped the Question	11	9	2	4
Total	49	65	39	24

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How well did we meet the time frame provided to you?

Answer Choices:	Response Volume by Fiscal Year			
	2014-2015	2015-2016	2016-2017	2017-2018
Very Poor	18	26	21	13
Poor	12	14	7	3
Good	8	15	7	3
Very Good	0	4	2	1
Skipped the Question	11	6	2	4
Total	49	65	39	24

How courteous and helpful was staff?

Answer Choices:	Response Volume by Fiscal Year			
	2014-2015	2015-2016	2016-2017	2017-2018
Very Poor	13	22	9	6
Poor	5	8	6	5
Good	19	16	13	8
Very Good	1	10	6	1
Skipped the Question	11	9	5	4
Total	49	65	39	24

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Overall, how well did we handle your complaint?

Answer Choices:	Response Volume by Fiscal Year			
	2014-2015	2015-2016	2016-2017	2017-2018
Very Poor	22	32	22	13
Poor	8	16	8	4
Good	7	7	4	3
Very Good	0	5	2	0
Skipped the Question	11	5	3	4
Total	49	65	39	24

If we were unable to assist you, were alternatives provided to you??

Answer Choices:	Response Volume by Fiscal Year			
	2014-2015	2015-2016	2016-2017	2017-2018
Yes	6	3	2	4
No	25	39	33	12
N/A	7	16	3	4
Skipped the Question	11	7	1	4
Total	49	65	39	24

Did you verify the provider's license prior to service?

Answer Choices:	Response Volume by Fiscal Year			
	2014-2015	2015-2016	2016-2017	2017-2018
Yes	14	23	14	12
No	19	22	11	5
N/A	3	13	11	3
Skipped the Question	13	7	3	4
Total	49	65	39	24

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Section 3 –
Fiscal and Staff

Fiscal Issues

8. Is the board's fund continuously appropriated? If yes, please cite the statute outlining this continuous appropriation.

   The Board is a special fund agency in which all revenue is generated from the collection of fees. The Board's main source of revenue is derived from applicants and licensees through the collection of the application, renewal and examination fees. The revenue that is collected enables the Board to support the licensing, examination, enforcement, inspections and the administrative programs.

9. Describe the board's current reserve level, spending, and if a statutory reserve level exists.

   The Board is a self-supporting, special fund agency that obtains its revenue from licensing and permits fees of dentists, registered dental assistants (RDAs), and registered dental assistants in extended functions (RDAEFs). The revenue is deposited and maintained in two separate funds which are not comingled. The Dentistry Fund (0741) supports operating expenses & equipment (OE&E) and personnel services for dentists; and the Dental Assisting Fund (3142) supports operating expenses & equipment (OE&E) and personnel services for RDAs and RDAEFs. Although there is no statutory requirement, the Board's objective is to maintain a three-month reserve of funds for economic uncertainties and to operate with a prudent reserve in each fund. As demonstrated in the Dentistry Fund and Dental Assisting Fund Condition table, the funds are solvent with a healthy annual reserve. The funds maintain a good balance between revenues and expenditures.

10. Describe if/when a deficit is projected to occur and if/when fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.

    Based on budget projections provided by the DCA, the Dentistry Fund and Dental Assisting Fund are currently healthy as a result of recent fee increases. In October 2017, the Board increased fees for all licenses and permits and it appears the Board will maintain a healthy reserve level. The Board will continue to evaluate its fund's condition in consideration of future budget modifications including augmentations and spending restrictions. This section will be updated if SB 501 is signed.

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Table 2a. Fund Condition – State Dentistry Fund (0741)						
(Dollars in Thousands)	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20
Beginning Balance	$6,058	$5,566	$6,491	$6,389	$8,378	$8,562
Revenues and Transfers	$10,303	$11,444	$11,107	$13,445	$14,926	$14,927
Total Revenue	$16,361	$17,010	$17,598	$19,834	$23,304	$23,489
Budget Authority	$12,427	$13,016	$12,726	$13,703	$13,766	$14,041
Expenditures	$10,717	$10,660	$10,545	$10,652*	$13,766	$14,041
Loans to General Fund	$-	$-	$-	$-	$-	$-
Accrued Interest, Loans to General Fund	$-	$-	$-	$-	$-	$-
Loans Repaid From General Fund	$-	$-	$-	$-	$-	$-
Fund Balance	$5,635	$6,327	$6,389	$8,378	$8,562	$8,472
Months in Reserve	6.3	6.8	6.7	6.8	7.0	7.0

*Projected expenditures for FY 2017-18.

Table 2b. Fund Condition – State Dental Assisting Fund (3142)						
(Dollars in Thousands)	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20
Beginning Balance	$2,859	$2,831	$2,656	$2,120	$1,941	$1,721
Revenues and Transfers	$1,662	$1,871	$1,661	$1,926	$2,495	$2,495
Total Revenue	$4,521	$4,702	$4,317	$4,046	$4,436	$4,216
Budget Authority	$1,917	$2,564	$2,577	$2,542	$2,496	$2,546
Expenditures	$1,679	$2,065	$2,097	$1,917	$2,496	$2,546
Loans to General Fund	$-	$-	$-	$-	$-	$-
Accrued Interest, Loans to General Fund	$-	$-	$-	$-	$-	$-
Loans Repaid From General Fund	$-	$-	$-	$-	$-	$-
Fund Balance	$2,840	$2,634	$2,120	$1,941	$1,721	$1,469
Months in Reserve	16.5	14.4	9.3	8.6	7.5	6.3

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11. Describe the history of general fund loans. When were the loans made? When have payments been made to the board? Has interest been paid? What is the remaining balance?

In FY 2002-03 and FY 2003-04, loans were made to the State General Fund from the State Dentistry Fund in the amount of $5 million in each fiscal year, for a total of $10 million. The loan was repaid incrementally as shown in the following table:

Fiscal Year (FY)	Loan Repayment	Interest	Total Returned
FY 2004-05	$600,000	$17,000	$617,000
FY 2005-06	$2,500,000	$194,000	$2,694,000
FY 2006-07	$2,500,000	$248,000	$2,748,000
FY 2007-08	$-	$-	$-
FY 2008-09	$-	$-	$-
FY 2009-10	$-	$-	$-
FY 2010-11	$-	$-	$-
FY 2011-12	$1,700,000	$210,000	$1,910,000
FY 2012-13	$-	$-	$-
FY 2013-14	$2,700,000	$384,000	$3,084,000
TOTALS	$10,000,000	$1,053,000	$11,053,000

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12. Describe the amounts and percentages of expenditures by program component. Use *Table 3. Expenditures by Program Component* to provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

The Board's expenditures by program component are broken down by each FY in Tables 3a and 3c. The percentages of expenditures by program component are broken down by each FY in Tables 3b and 3d.

The costs associated with the Board's Enforcement, Administration, and Diversion programs are expended from the State Dentistry Fund; therefore, they are not included as part of the expenditure-by-program-component break down included in Table 3c for the Board's Dental Assisting Program.

Table 3a. Expenditures by Program Component (Dental Board) (Dollars in Thousands)

	FY 2014/15		FY 2015/16		FY 2016/17		FY 2017/18	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	$3,610	$3,315	$3,613	$3,026	$4,104	$2,761	$4,572	$2,114
Examination	$0	$109	$0	$124	$0	$106	$0	$123
Licensing	$1,091	$417	$1,106	$399	$953	$247	$1,152	$263
Administration *	$779	$258	$720	$220	$664	$143	$832	$163
DCA Pro Rata	$0	$1,592	$0	$1,950	$0	$2,167	$0	$2,055
Diversion (if applicable)	$20	$8	$21	$8	$21	$5	$24	$6
TOTALS	$5,500	$5,699	$5,460	$5,727	$5,742	$5,429	$6,580	$ 4,724

*Administration includes costs for executive staff, board, administrative support, and fiscal services.
**Projected expenditures for 2017-18

Table 3b. Percentages of Expenditures by Program Component (Dental Board) (Dollars in Thousands)

	FY 2014/15		FY 2015/16		FY 2016/17		FY 2017/18	
	Total Personnel Services & OE&E	% of Total Expenditure	Total Personnel Services & OE&E	% of Total Expenditure	Total Personnel Services & OE&E	% of Total Expenditure	Total Personnel Services & OE&E	% of Total Expenditure
Enforcement	$6,925	62%	$6,639	59%	$6,865	61%	$6,686	59%
Examination	$109	1%	$124	1%	$106	1%	$123	1%
Licensing	$1,508	13%	$1,505	13%	$1200	11%	$1,415	13%
Administration *	$1,037	9%	$940	8%	$807	7%	$995	9%
DCA Pro Rata	$1,592	14%	$1,950	17%	$2167	19%	$2,055	18%
Diversion (if applicable)	$28	0%	$29	0%	$26	0%	$30	1%
TOTALS	$11,171	-	$11,187	-	$11,171	-	$11,304	-

*Administration includes costs for executive staff, board, administrative support, and fiscal services.
**Projected expenditures for 2017-18

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Table 3c. Expenditures by Program Component (Dental Assisting Program) (Dollars in Thousands)								
	FY 2014/15		FY 2015/16		FY 2016/17		FY 2017/18	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	0	152	0	126	0	137	0	145
Examination	0	247	0	303	0	238	0	95
Licensing	599	226	656	254	745	165	790	187
Administration *	0	0	0	0	0	0	0	0
DCA Pro Rata	0	457	0	727	0	814	0	701
Diversion (if applicable)	0	0	0	0	0	0	0	0
TOTALS	$599	$1,082	$656	$1,410	$745	$1,354	$790	$1,128

*Administration includes costs for executive staff, board, administrative support, and fiscal services.
**Projected expenditures for 2017-18

Table 3d. Percentages of Expenditures by Program Component (Dental Assisting Program) (Dollars in Thousands)								
	FY 2014/15		FY 2015/16		FY 2016/17		FY 2017/18	
	Total Personnel Services & OE&E	% of Total Expenditure	Total Personnel Services & OE&E	% of Total Expenditure	Total Personnel Services & OE&E	% of Total Expenditure	Total Personnel Services & OE&E	% of Total Expenditure
Enforcement	$152	9.0%	$126	6.1%	$137	6.5%	$145	8%
Examination	$247	14.7%	$303	14.7%	$238	11.3%	$95	5%
Licensing	$825	49.1%	$910	44.0%	$910	43.4%	$977	50%
Administration *	$0	0.0%	$0	0.0%	$0	0.0%	$0	0.0%
DCA Pro Rata	$457	27.2%	$727	35.2%	$814	38.8%	$701	37%
Diversion (if applicable)	$0	0.0%	$0	0.0%	$0	0.0%	$0	0.0%
TOTALS	$1,681	-	$2,066	-	$2,099	-	$1,918	-

*Administration includes costs for executive staff, board, administrative support, and fiscal services.
**Projected expenditures for 2017-18

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13. Describe the amount the board has contributed to the BreEZe program. What are the anticipated BreEZe costs the board has received from DCA?

The BreEZe program was approved in 2009 and was intended to replace the DCA's outdated computer system (legacy system). The transition to this new computer system was scheduled incrementally in three phases or otherwise referred to as "Releases". Ten Boards and Bureaus were transitioned in Release I; the Dental Board, along with seven other boards, was part of Release 2, which transitioned into BreEZe in January 2016. The Dentistry Fund has contributed approximately $1,758,598 and the Dental Assisting Fund has contributed approximately $1,251,522 from FY 2009-10 through FY 2016-17. The cost incurred by both funds include vendor costs, the DCA staff, and other related costs. Please see the table below for year by year contributions.

BreEZe Project Phase								
Fund	**FY 2009/10**	**FY 2010/11**	**FY 2011/12**	**FY 2012/13**	**FY 2013/14**	**FY 2014/15**	**FY 2015/16**	**FY 2016/17**
State Dentistry Fund (0741)	$9,412	$47,782	$77,332	$56,614	$144,378	$277,414	$592,338	$533,328
State Dental Assisting Fund (0342)	$3,334	$-	$57,386	$37,568	$101,409	$201,974	$439,348	$410,533

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The BreEZe program transitioned from the project phase (where the vendor, Accenture, worked closely with DCA on any changes made to the program) into the maintenance phase (where DCA staff rather than Accenture coordinate and implement changes to the program) in FY 2017-18. The DCA anticipates the State Dentistry Fund will contribute approximately $1,404,000 from FY 2017-18 through FY 2019-20. The Dental Assisting Fund will contribute approximately $1,062,000 through the same period. Please see the table below for year by year contributions:

BreEZe Maintenance Phase			
Fund	**FY 2017/18**	**FY 2018/19**	**FY 2019/20**
State Dentistry Fund (0741)	$568,000	$470,000	$366,000
State Dental Assisting Fund (0342)	$410,533	$429,000	$277,00

14. Describe license renewal cycles and history of fee changes in the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citation) for each fee charged by the board.

The Board is a self-supporting, special fund agency that obtains its revenue from 16 license and permits types issued by the Board. Renewal fees are collected on a biennial basis with the exception of the Special Permit, which is renewed annually. The revenues are deposited and maintained in two separate funds which are not comingled. Although there is no statutory requirement, the Board's objective is to maintain a three-month reserve of funds for economic uncertainties and to operate with a prudent reserve in each fund.

For 16 years, the license fee for dentists was set at $365. July 1, 2014 the Board increased its license fee for dentists from $365 to its statutory cap, at that time, of $450. An analysis conducted by the DCA's Budget Office determined that the license fees should be raised to $525 to ensure solvency into the foreseeable future. Therefore, the Board pursued an increase in the statutory cap from $450 to $525. Senate Bill 1416 (Block, Chapter 73, Statutes of 2014) raised the Board's fee for initial and renewal licenses for dentists from $450 to $525.

Despite this increase in revenue, the Board's expenditures (projected to be over $12M per year), continued to outpace its revenue (projected to be less than $11M per year), thus perpetuating a structural imbalance.

As a result of a fee audit conducted in 2015, the Board pursued legislation to increase its maximum fee amounts (fee caps) (Assembly Bill 179 (Chapter 510, Statutes of 2015)). This change in statute gives the Board authority to raise licensure and permit fees for dentists and dental assistants through the regulatory process.

As recently as fiscal year 2016-17, the Board was projecting a growing imbalance between revenues and expenditures for both the Dentistry Fund and the Dental Assisting Fund. The Board's expenditures have continually increased due to expenses associated with BreEZe, Fi$cal, unexpected litigation expenses, and the cost of doing business in the state of California. In an effort to prevent the funds from falling into a negative balance, the Board promulgated regulations to increase the licensing and permits fees for both dentists and RDAs. The increase in <u>initial</u> licensure and permit fees became effective in October 2017; and the increased <u>renewal</u> licensure and permit fees became effective January 2018.

The Board currently charges $650 for both the DDS initial licensure application and the licensure renewal. The initial licensure fee for RDA increased from $100 to $120 and the RDA licensure renewal increased from $70 to $100. The following tables provide the various fees charged by the Board for dentists and dental assistants in addition to the statutory limit, if applicable, and the legal authority for that fee. Please see Table 4a. and Table 4b. below for a full list of the fee schedules for the Dentistry and Dental Assisting Fund.

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Table 4a. Fee Schedule and Revenue – State Dentistry Fund (0741)
(list revenue dollars in thousands)

Fee	Current Fee Amount	Statutory Limit	Statutory Authority	FY 2014/15 Revenue	FY 2015/16 Revenue	FY 2016/17 Revenue	FY 2017/18 Revenue	% of Total Revenue
Initial App Licensure By Residency	$800	$1,000	§1724 (b) §1021 (b)	$18.9	$16.9	$17.7	$68.3	0.51%
Initial Application WREB	$400	$1,000	§1724 (a) §1021 (a)	$76.4	$84.2	$79.7	$294.4	2.19%
Licensure by Credential App	$525	$1,000	§1724 (c) §1021 (d)	$46.1	$51.5	$62.3	$95	0.71%
Portfolio Exam Fee	$400	$1,500	§1724 (a) §1021 (c)	$2.4	$9.8	$9.1	$3.1	0.02%
Additional Office App	$350	$750	§1724 (h) §1021 (j)	$46.8	$33.5	$38.0	$99.5	0.74%
Additional Office Permit Renewal Biennial	$250	$375	§1724 (h) §1021 (k)	$107.4	$106.2	$116.9	$165.4	1.23%
Additional Office Permit Renewal Delinquency	$125	$188	§1724 (f)	$1.5	$1.5	$2.3	$4.3	0.03%
Conscious Sedation App	$500	$1,000	§1724 (q) §1021 (q)	$6.6	$11.4	$10.0	$20.9	0.16%
Conscious Sedation Renew	$325	$600	§1724 (o) §1021 (s)	$51.4	$46.8	$50.2	$57.7	0.43%
Conscious Sedation Permit Delinquent	$163	$300	§1724 (f)	$-	$-	$-	$-	0.00%
Continuing Education Provider App	$410	$500	§1724 (j) §1021 (p)	$26.0	$35.5	$31.7	$37.9	0.28%
Continuing Education Renew Biennial	$325	$500	§1724 (j) §1021 (aa)	$115.2	$154.0	$105.8	$163.5	1.22%
DDS Initial License (Pro-rated)	$650	$800	§1724 (d) §1021 (f)	$321.2	$309.6	$389.1	$426.1	3.17%
DDS Biennial Lic Renewal	$650	$800	§1724 (d) §1021 (g)	$8,135.2	$8,887.2	$8,129.2	$9,443.3	70.24%
DDS Biennial Lic Delinquent	$325	$400	§1724 (f) §1021 (h)	$53.3	$52.3	$57.3	$80	0.60%
DDS Inactive License Renewal	$650	$800	§703	$2.1	$99.7	$205.0	$235.6	1.75%
DDS Biennial Lic Ren/Retired	$325	$400	§1716.1 (b)	$102.7	$235.4	$432.9	$209.6	1.56%
DDS Biennial Lic Delinquent Retired	$163	$200	§1724 (f)	$9.2	$5.9	$11.3	$4.1	0.03%
DDS Disabled Lic Renewal	$325	$400	1716.1 (b)	$15.7	$16.8	$17.9	$17.4	0.13%
Elective Facial Cosmetic Renew	$800	$800	§1724 (m) §1021 (w)	$2.2	$2.6	$2.6	$8.2	0.06%
Elective Facial Cosmetic Initial App	$850	$4,000	§1724 (m)	$1.5	$1.5	$2.0	$1	0.01%
Elective Facial Cosmetic	$400	$400	§1724 (f)	$-	$-	$-	$-	0.00%

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Delinquency								
Fictitious Name Perm Initial	$650	$800	§1724.5 (a) §1021 (m)	$84.1	$253.1	$208.7	$286	2.13%
Fictitious Name Perm-1/2 Initial	$325	$400	§1724.5 (a)	$34.9	$58.0	$114.2	$105	0.78%
Fictitious Name Permit Renewal	$325	$800	§1724.5 (b) §1021 (n)	$446.8	$479.3	$433.9	$662.9	4.93%
Fictitious Name Permit Delinq	$163	$200	§1724 (f) §1021 (o)	$17.2	$9.4	$17.8	$21	0.16%
Foreign Dental School Regist	$1,000	$1,000	§1636.4 (f)	$1.0	$-	$-	$-	0.00%
Foreign Dental School Renewal	$500	$500	§1636.4 (g)	$-	$-	$-	$0.5	0.00%
General Anesthesia Permit App	$500	$1,000	§1724 (o) §1021 (q)	$13.2	$14.0	$11.4	$19.6	0.15%
General Anesthesia Permit Renewal	$325	$600	§1724 (o) §1021 (s)	$84.4	$92.2	$86.4	$113.3	0.84%
General Anesthesia Delinquent	$163	$300	§1724 (f)	$1.4	$0.8	$2.0	$0.4	0.00%
Law and Ethics Examination	$125	$250	§1724 (t) §1021 (ac)	$-	$-	$-	$54.7	0.41%
License Certification	$50	$125	§1724 (s) §1021 (ab)	$1.7	$1.7	$2.1	$29.3	0.22%
Substitute Certificates	$50	$125	§1724 (i) §1021 (i)	$17.4	$16.1	$14.8	$15.0	0.11%
Mobile Dental Clinic App	$100	$750	§1049 (b)	$2.0	$1.0	$0.3	$1.4	0.01%
Mobile Dental Clinic Renewal	$100	$375	§1049 (e)	$0.3	$1.5	$1.5	$1.2	0.01%
Mobile Dental Clinic Delinquent	$50	$188	§1724 (f)	$-	$0.1	$.02	$0.1	0.00%
Onsite Inspect GA/CS Permits	$2,000	$4,500	§1724 (p) §1021 (t)	$54.7	$56.6	$54.0	$273.2	2.03%
Oral Conscious Sedation Cert	$368	$1,000	§1724 (f) §1021 (ad)	$26.2	$33.5	$32.0	$40.0	0.30%
Oral Conscious Sedation Renew	$168	$600	§1724 (f) §1021 (r)	$85.3	$96.1	$77.3	$126.1	0.94%
Oral Conscious Sedation Delinquent	$84	$300	§1724 (f)	$-	$-	$-	$1.2	0.01%
Oral/Maxillofacial Permit App	$500	$1,000	§1724 (n) §1021 (y)	$0.7	$0.6	$0.7	$2.0	0.01%
Oral/Maxillofacial Permit Renewal	$650	$1,200	§1724 (n) §1021 (z)	$8.7	$22.9	$21.0	$26.2	0.19%
Oral Maxillofacial Delinquent	$325	$600	§1724 (f)	$-	$-	$0.6	$-	0.00%
Special Permit App	$1,000	$1,000	§1724 (e) §1021 (u)	$1.8	$1.2	$0.9	$1.6	0.01%
Special Permit Annual Renewal	$125	$600	§1724 (e)	$3.7	$3.6	$4.1	$5.6	0.04%
Special Permit Delinquent	$63	$300	§1724 (f)	$.05	$-	$.05	$-	0.00%

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Table 4b. Fee Schedule and Revenue – State Dental Assisting Fund (3142) (list revenue dollars in thousands)								
Fee	Current Fee Amount	Statutory Limit	Statutory Authority	FY 2014/15 Revenue	FY 2015/16 Revenue	FY 2016/17 Revenue	FY 2017/18 Revenue	% of Total Revenue
Coronal Polish Course Application Fee	$300	$2,000	§1725 (p) §1022 (s)	$3.3	$2.7	$1.8	$2.1	0.11%
Dental Sedation Assist Permit Application Fee	$120	$200	§1725 (c) §1022 (b)	$.1	$0.3	$-	$1.5	0.08%
Dental Sedation Assistant Permit Biennial Renewal Fee	$100	$200	§1725 (l) §1022 (h)	$1.1	$.77	$1.2	$1.2	0.06%
Dental Sedation Assistant Permit Delinquent Renewal Fee	$50	$100	§1725 (m) §1022 (l)	$.03	$.07	$.07	$0.1	0.01%
Dental Sedation Assist Course Fee	$300	$2,000	§1725 (p) §1022 (q)	$-	$0.3	$-	$0.6	0.03%
Duplicate License & Certificate Fee	$50	$100	§1725 (n) §1022 (w)	$17.9	$13.0	$10.7	$22.7	1.18%
Infection Control Course Application Fee	$300	$2,000	§1725 (p) §1022 (r)	$2.4	$3.3	$3.0	$3.0	0.16%
Ortho Assistant Permit Application Fee	$120	$200	§1725 (c) §1022 (c)	$5.6	$5.6	$6.0	$31.5	1.64%
Orthodontic Assistant Permit Biennial Renew Fee	$100	$200	§1725 (l) §1022 (i)	$7.1	$14.1	$16.0	$30.2	1.57%
Orthodontic Assistant Delinquency Renewal Fee	$50	$100	§1725 (m) §1022 (m)	$.17	$.38	$.35	$1.4	0.07%
Orthodontic Assistant Course Permit Application Fee	$300	$2,000	§1725 (p) §1022 (p)	$6.0	$6.3	$5.1	$3.9	0.20%
Pit & Fissure Course Application Fee	$300	$2,000	§1725 (p) §1022 (t)	$2.4	$2.4	$1.5	$2.7	0.14%
Radiation Safety Course Application Fee	$300	$2,000	§1725 (p) §1022 (u)	$3.0	$3.6	$2.1	$2.7	0.14%

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RDA Application Fee	$120	$200	§1725 (a) §1022 (a)	$33.8	$73.7	$73.2	$195.0	10.12%
RDA Biennial Renew Fee	$100	$200	§1725 (l) §1022 (f)	$1,216.8	$1,230.1	$1,178.8	$1,388.6	72.09%
RDA Delinquency Renewal Fee	$50	$100	§1725 (m) §1022 (j)	$66.0	$50.6	$66.7	$72.5	3.76%
RDA Curriculum Site Evaluation Fee	$1400	$7,500	§1725 (0)	$12.6	$8.4	$8.4	$4.2	0.22%
RDAEF License Application Fee	$120	$200	§1725 (g) §1022 (a)	$1.2	$1.5	$2.2	$10.9	0.57%
RDAEF Biennial Renew Fee	$100	$200	§1725 (l) §1022 (g)	$49.6	$51.4	$49.1	$63.8	3.31%
RDAEF Delinquency Renewal fee	$50	$100	§1725 (m) §1022 (k)	$2.8	$2.0	$1.9	$2.4	0.12%
RDAEF Clinical Exam/Re-exam Fee	$500	$500	§1725 (e) §1022 (e)	$21.2	$30.4	$33.2	$73.8	3.83%
RDA Practical Exam Fee (Suspended)	$60	$60	§1725 (b) §1022 (d)	$173.0	$312.73	$174.5	$-	0%
RDAEF Program Application Fee	$1,400	$7,500	§1725 (o) §1022 (o)	$-	$5.6	$2.8	$2.8	0.15%
Ultrasonic Scaler Course App Fee	$300	$2,000	§1725 (p) §1022 (v)	$-	$6.0	$9.0	$0.9	0.05%

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15. Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.

The Board understands that in order to meet its mandatory functions, it must have the staff and resources to perform the necessary duties. The Board is also mindful not to increase position authority unless there is justifiable increase in workload or due to new legislation. See Table 5 for the Board's BCPs over the last four years.

Table 5. Budget Change Proposals (BCPs) – State Dentistry Fund (0741)

BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	$ Requested	$ Approved	$ Requested	$ Approved
1110-008	2014-15	Addit'l Staff to Implement SB 562	.5 SSA 3 yr Limited Term	.5 SSA 3 yr Limited Term	$34k in FY 14/15 FY 15/16 FY 16/17	$34k in FY 14/15 FY 15/16 FY16/17	20k in FY 14/15 and $2k FY15/16 FY 16/17	20k in FY 14/15 and $2k in FY15/16 FY 16/17
1111-012	16/17	Enforcement Staff Support	2.0 OT	2.0 OT	$128k in FY 16/17 and $128k Ongoing	$128k in FY 16/17 and $128k ongoing	0	0
1111-044	17/18	Pediatric Anesthesia	1.0 AGPA	1.0 AGPA	$98k in FY 17/18 And $98k ongoing	$98k in FY 17/18 And $98k ongoing	$15k in FY 17/18 and $7k ongoing	$15k in FY 17/18 and $7k ongoing
1111-045	17/18	American Board of Dental Examiners Inc (ADEX)	0	0	0	0	112k Reimb'd by ADEX	112k

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Table 5. Budget Change Proposals (BCPs) – State Dental Assisting Fund (3142)								
BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	$ Requested	$ Approved	$ Requested	$ Approved
1110-029	15/16	Dental Professionals Chapter 662, Statutes of 2014 (AB 1174)	1.0 AGPA 1.0 MST	1.0 AGPA 1.0 MST	$180k in FY 15/16 and 164k ongoing	$180k in FY 15/16 and 164k ongoing		

Staffing Issues

16. Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

    The Board's vacancy rate on average over the last four years has been 12%. As vacancies arise, standard recruitment practice is initiated immediately after notification of such separation. Vacancies are typically filled within one to two months of the recruitment process, except for sworn (peace officers) that require a full background which can take 6-9 months for completion. Since the previous sunset review, many of the Board's vacancies have been due to promotional opportunity, retirement, and leaving state service.

    The Board's recruitment and retention efforts are continuously monitored for continuity and growth of the programs. As a result, through various Budget Change Proposals (BCPs), there has been an increase in the number of authorized positions since 2014 from 69.3 to 74.3 at present.

    The Board also recognizes the value of succession planning as staff promotions and retirements affect business continuity. At present, the management team is focused on ensuring routine functions are captured in desk and procedural manuals, and that staff are trained to back-up other employee desks. Managers are performing cross-over roles between programs to avoid knowledge gaps and retiring employees are meeting with management prior to their end date to facilitate smooth transitions.

17. Describe the board's staff development efforts and how much is spent annually on staff development (cf., Section 12, Attachment D).

    To meet the Board's goals and objectives outlined in its strategic plan and to carry out its mission to protect the public, it is imperative that staff be given the tools to perform their jobs at the highest level. Time spent out of the office to attend training is an investment in a more productive employee.

    There is required management training (80 hours) for the executive officer and all supervisors. Board staff must also remain in compliance with Department training requirements including:

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Sexual Harassment Prevention, Information Privacy and Security, and Defensive Driving for staff that may operate a vehicle on state business.

For all other training, the Board managers are responsible for meeting with staff and planning their training needs to meet personal and professional goals. This is accomplished annually through written evaluations documented in Individual Development Plans (IDPs). Staff is encouraged to take classes through the Department's SOLID Solutions training unit, which is offered at no cost to the employee.

In addition to department-required and upward mobility training, the California Commission on Peace Officer Standards and Training (POST) has established minimum and continuing training standards for the board's sworn investigators. Peace officers must attend a minimum of 24 hours of Continuing Professional Training within a two-year cycle. Of this,12 hours must include training in Arrest and Control and Tactical Firearms.

Over the past four fiscal years, the Board has spent the following amounts on training for administrative, licensing and enforcement staff:

Fiscal Year	Administrative and Licensing Staff	Enforcement Staff	Fiscal Year Totals
FY 14/15	$1,250.00	$3,369.00	$4,619.00
FY 15/16	$750.00	$7,060.00	$7,810.00
FY 16/17	$3,215.00	$400.00	$3,615.00
FY 17/18	$630.00	$3,654.54	$4,284.54
Program Totals	$5,845.00	$14,483.54	$20,328.54

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Section 4 – Licensing Program

Protection of the public shall be the highest priority for the Dental Board in exercising its licensing and regulatory functions. The Act, with related statutes and regulations, establishes the requirements for licensure within dentistry. It is the responsibility of the Board's Licensing Program to ensure licenses and permits are issued only to applicants who meet the minimum requirements, and have not done anything that would warrant denial.

In addition to the licensure of dentists, the Board licenses and/or issues permits for the following:

- Registered Dental Assistant (RDA)
- Registered Dental Assistant in Extended Functions (RDAEF)
- Oral and Maxillofacial Surgery Permit (OMS)
- Elective Facial Cosmetic Surgery Permit (EFCS)
- Conscious Sedation Permit (CS)
- General Anesthesia Permit (GA)
- Medical General Anesthesia Permit (MGA)
- Mobile Dental Clinic Permit (MDC)
- Oral Conscious Sedation Certificate (OCS)
- Special Permit (SP)
- Orthodontic Assistant Permit (OA)
- Dental Sedation Assistant Permit (DSA)
- Fictitious Name Permit (FNP)
- Additional Office Permit (AO)
- Registered Provider (RP) – For Continuing Education

18. What are the board's performance targets/expectations for its licensing[2] program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

    The Board's performance targets/expectations for its licensing program are found in California Code of Regulations, Title 16, Section 1061. Issuance of a dental license should be completed within 90 days of receipt of a completed application; and renewal applications completed within 30 to 90 days. The Board is meeting and exceeding these expectations. Currently there are four pathways to licensure for dentists in California which include licensure by residency (LBR), licensure by WREB (WREB), licensure by portfolio (PORT), and licensure by credential (LBC). In 2018, initial application processing for a dental license by WREB, LBR, PORT and LBC was completed on average within 27 days. Once an applicant has met all the requirements for a dental license based on the pathway applied for, a separate application for the issuance of a license number is required. Approval of the application and issuance of the license number is completed within 10 days. The processing of renewals was completed on average within 6 days.

    The Dental Assisting Program has a similar regulation for processing times (California Code of Regulations, Title 16, Section 1069). As stated in the regulation, the Board should take no longer

[2] The term "license" in this document includes a license certificate or registration.

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than 90 days to notify an applicant that their application is complete or deficient, with a licensing decision within 180 days. License renewal review should be completed within 30 days with issuance within 90 days maximum.

At present, the average time from receipt of a completed Registered Dental Assistant (RDA), Registered Dental Assistant in Extended Functions (RDAEF), Orthodontic Assistant (OA), or Dental Sedation Assistant (DSA) application to approval is 42 days. Upon approval of the application a license is issued to the applicant. An incomplete application is processed in an average of 145 days; these delays are a result of the applicant not providing the necessary information to complete the application process. The processing of renewals was completed on average within 14 days. The Board is meeting and exceeding the performance expectations for licensing of RDAs, RDAEFs, OAs and DSAs.

19. Describe any increase or decrease in the board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

    The volume of incoming applications has remained steady for nearly every licensing category over the previous four-year period, with the exception of the Orthodontic Assistant permit applications which increased by 33.0%. The Board is meeting and exceeding its time frames for processing applications, administering examinations and/or issuing licenses as outlined in the answer to question #18 above. There are no backlogs.

    The Board's licensing management team is monitoring challenges that occur with the processing of applications and issuing of licenses that are due to BreEZe. Staff has implemented changes or made corrections to Breeze when issues have been discovered. During the last four years, the licensing manager has cross trained the analysts in the unit to ensure that no backlogs occur when employees are out for long periods of time due to vacation, injury, or maternity leave. This redistribution of workload evenly among the analysts has freed up time for each to take on additional special projects.

20. How many licenses or registrations does the board issue each year? How many renewals does the board issue each year?

    On average over the previous four year period, the board issued each year 1,119 dental licenses; 1,896 RDA licenses; and 72 RDAEF licenses.

    There are approximately 34,172 active DDS licenses, of which 17,652 (51%) renewed during FY 2017/18. There are 29,664 active RDA licenses, with 16,813 (56%) renewals processed in FY 17/18. Of the 1,447 licensed RDAEFs, 777 (54%) renewed in FY 17/18.

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Table 6. Licensee Population					
License Type	License Status	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18
Dentist (DDS)	Active	35,118	34,077	34,199	34,172
	Inactive	2,057	2,006	2,015	1,922
	Delinquent	3,504	4,452	4,762	5,183
	Retired	1,711	2,068	1,781	2,132
	Out of State	4,582	4,364	5,725	5,527
	Out of Country	344	332	318	289
Additional Office (AO)	Active	2,508	2,537	2,528	2,504
	Inactive	-	-	-	-
	Delinquent	325	434	545	767
	Retired	Not Applicable			
	Out of State	-	-	-	-
	Out of Country	-	-	-	-
Conscious Sedation (CS)	Active	506	514	519	528
	Inactive	-	-	-	-
	Delinquent	19	34	43	37
	Retired	Not Applicable			
	Out of State	30	32	25	25
	Out of Country	3	3	2	1
Elective Facial Cosmetic Surgery (EFCS)	Active	27	27	28	28
	Inactive	-	-	-	-
	Delinquent	1	2	3	4
	Retired	Not Applicable			
	Out of State	-	-	1	1
	Out of Country	-	-	-	-
Extramural Dental Facilities (EMDF)	Active	167	170	171	177
	Inactive	Not Applicable			
	Delinquent	Not Applicable			
	Retired	Not Applicable			
	Out of State	Not Applicable			
	Out of Country	Not Applicable			
Fictitious Name (FNP)	Active	6,487	6,615	6,702	6,705
	Inactive	-	-	-	-
	Delinquent	1,236	834	1,091	1,480
	Retired	Not Applicable			
	Out of State	25	24	23	22
	Out of Country	-	-	-	-
General Anesthesia (GA)	Active	848	854	866	862
	Inactive	-	-	-	-
	Delinquent	23	35	38	37
	Retired	Not Applicable			

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	Out of State	33	42	45	39
	Out of Country	1	-	1	1
General Anesthesia – M.D. (MGA)	Active	89	79	80	76
	Inactive	-	-	-	-
	Delinquent	20	33	37	42
	Retired	Not Applicable			
	Out of State	3	4	5	4
	Out of Country	-	-	-	-
Mobile Dental Clinic (MDC)	Active	44	40	41	46
	Inactive	-	-	-	-
	Delinquent	14	30	33	37
	Retired	Not Applicable			
	Out of State	-	-	-	-
	Out of Country	-	-	-	-
Oral and Maxillofacial Surgery (OMS)	Active	87	84	85	87
	Inactive	-	1	-	-
	Delinquent	6	7	6	8
	Retired	Not Applicable			
	Out of State	7	6	9	10
	Out of Country	1	1	1	-
Oral Conscious Sedation (OCS)	Active	2,462	2,380	2,455	2,427
	Inactive	-	-	-	-
	Delinquent	666	551	597	643
	Retired	Not Applicable			
	Out of State	144	135	156	138
	Out of Country	2	1	1	1
Referral Services (RS)	Active	152	153	155	156
	Inactive	Not Applicable			
	Delinquent	Not Applicable			
	Retired	Not Applicable			
	Out of State	Not Applicable			
	Out of Country	Not Applicable			
Registered Provider – Continuing Education (RP)	Active	1,367	1,166	1133	977
	Inactive	-	-	-	-
	Delinquent	830	600	610	776
	Retired	Not Applicable			
	Out of State	171	125	141	143
	Out of Country	4	4	3	4
Special Permit – Dental School Practice (SP)	Active	48	40	38	38
	Inactive	-	-	-	-
	Delinquent	9	11	9	10
	Retired	Not Applicable			
	Out of State	2	2	2	1
	Out of Country	-	-	-	-
Registered Dental Assistant (RDA)	Active	32,827	29,237	29,928	29,744

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	Inactive	4,323	4,741	4,643	4,638
	Delinquent	7,669	9,567	10,169	11,074
	Retired	Not Applicable			
	Out of State	1,019	931	1,765	1,741
	Out of Country	20	15	10	12
Registered Dental Assistant in Extended Functions (RDAEF)	Active	1,397	1,338	1,383	1,452
	Inactive	64	81	76	81
	Delinquent	129	179	195	210
	Retired	Not Applicable			
	Out of State	21	21	48	51
	Out of Country	1	1	1	-
Dental Sedation Assistant (DSA)	Active	29	28	28	28
	Inactive	-	1	2	1
	Delinquent	3	6	9	12
	Retired	Not Applicable			
	Out of State	--	-	-	1
	Out of Country	-	-	-	-
Interim Therapeutic Restoration (ITR)	Active	-	-	-	2
	Inactive	Not Applicable			
	Delinquent	Not Applicable			
	Retired	Not Applicable			
	Out of State	Not Applicable			
	Out of Country	Not Applicable			
Orthodontic Assistant (OA)	Active	348	481	672	915
	Inactive	2	4	8	12
	Delinquent	6	20	47	74
	Retired	Not Applicable			
	Out of State	-	-	-	8
	Out of Country	-	-	-	-

Note: 'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both.

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Table 7a. Licensing Data by Type

	Application Type	Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	* Outside Board Control	*Within Board Control	Complete Apps	Incomplete Apps	Combined IF unable to separate out
FY 14/15	DDS (Exam)	946	1,080	N/A	-	41	-	-	-	-	3
	(Initial)	1,123	816	N/A	-	736	-	-	-	-	204
	(License)	825	1,080	N/A	1,080	264	-	-	-	-	183
	(Renewal)	18,461	17,754	N/A	-	6,892	-	-	-	-	71
	AO (Exam)	Not Applicable									
	(Permit)	551	476	N/A	476	238	-	-	-	-	20
	(Renewal)	1,183	1,128	N/A	-	529	-	-	-	-	95

	CS (Exam)	Not Applicable									
	(Permit)	37	33	N/A	33	6	-	-	-	-	9
	(Renewal)	254	255	N/A	-	57	-	-	-	-	68
	EFCS (Exam)	Not Applicable									
	(Permit)	3	3	N/A	3	6	-	-	-	-	213
	(Renewal)	12	12	N/A	-	1	-	-	-	-	-
	EMDF (Exam)	Not Applicable									
	(Permit)	3	3	N/A	3	-	-	-	-	-	-
	(Renewal)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	FNP (Exam)	Not Applicable									
	(Permit)	1,021	881	N/A	881	154	-	-	-	-	9
	(Renewal)	3,141	3,282	N/A	-	1,755	-	-	-	-	130
	GA (Exam)	Not Applicable									
	(Permit)	41	40	N/A	40	12	-	-	-	-	10
	(Renewal)	405	395	N/A	-	99	-	-	-	-	86
	MGA (Exam)	Not Applicable									
	(Permit)	14	15	N/A	15	7	-	-	-	-	6
	(Renewal)	40	35	N/A	-	29	-	-	-	-	118
	MDC (Exam)	Not Applicable									
	(Permit)	37	23	N/A	23	18	-	-	-	-	20
	(Renewal)	17	5	N/A	-	22	-	-	-	-	53
	OMS (Exam)	Not Applicable									
	(Permit)	5	3	N/A	3	14	-	-	-	-	82
	(Renewal)	39	41	N/A	-	15	-	-	-	-	67
	OCS (Exam)	Not Applicable									
	(Certificate)	131	127	N/A	127	173	-	-	-	-	19
	(Renewal)	1,250	1,145	N/A	-	920	-	-	-	-	74
	RS (Exam)	Not Applicable									
	(Permit)	-	-	N/A	-	-	-	-	-	-	-
	(Renewal)	-	-	N/A	-	-	-	-	-	-	-
	RP (Exam)	Not Applicable									
	(Permit)	107	83	N/A	83	261	-	-	-	-	68
	(Renewal)	503	427	N/A	-	1,156	-	-	-	-	128
	SP (Exam)	6	5	-	-	1	-	-	-	-	3
	(Permit)	6	5	N/A	5	2	-	-	-	-	34
	(Renewal)	41	36	N/A	-	15	-	-	-	-	71
	RDA (Exam)	-	-	-	-	-	-	-	-	-	-
	(License)	2,606	1,546	N/A	1,496	51,309	-	-	-	-	-
	(Renewal)	17,632	17,386	N/A	-	12,676	-	-	-	-	-
	RDAEF (Exam)	-	-	-	-	-	-	-	-	-	-
	(License)	58	39	N/A	39	1,218	-	-	-	-	-
	(Renewal)	696	735	N/A	-	310	-	-	-	-	-
	DSA (Exam)	-	-	-	-	-	-	-	-	-	-
	(Permit)	6	3	N/A	3	56	-	-	-	-	-
	(Renewal)	18	17	N/A	-	6	-	-	-	-	-
	ITR (Exam)	Not Applicable									
	(Certificate)	-	-	-	-	-	-	-	-	-	-
	(Renewal)	Not Applicable									
	OA (Exam)	-	-	-	-	-	-	-	-	-	-
	(Permit)	280	192	N/A	192	696	-	-	-	-	-
	(Renewal)	113	104	N/A	-	41	-	-	-	-	-
FY 15/16	DDS (Exam)	1,101	1,383	34	-	32	-	-	-	-	2
	(Initial)	1,221	1,022	107	-	203	-	-	-	-	132

	(License)	1,051	1,022	5	1,022	736	-	-	-	-	161
	(Renewal)	16,707	18,013	523	-	6,927	-	-	-	-	42
	AO (Exam)	Not Applicable									
	(Permit)	384	333	124	333	163	-	-	-	-	30
	(Renewal)	1,124	1,083	32	-	724	-	-	-	-	44
	CS (Exam)	Not Applicable									
	(Permit)	58	51	45	51	7	-	-	-	-	19
	(Renewal)	238	249	3	-	60	-	-	-	-	31
	EFCS (Exam)	Not Applicable									
	(Permit)	2	1	-	1	7	-	-	-	-	349
	(Renewal)	7	6	-	-	4	-	-	-	-	8
	EMDF (Exam)	Not Applicable									
	(Permit)	2	1	-	1	1	-	-	-	-	-
	(Renewal)	N/A	N/A	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	FNP (Exam)	Not Applicable									
	(Permit)	831	703	31	703	248	-	-	-	-	35
	(Renewal)	3,066	3,047	737	-	1,429	-	-	-	-	40
	GA (Exam)	Not Applicable									
	(Permit)	61	55	20	55	10	-	-	-	-	29
	(Renewal)	394	439	-	-	82	-	-	-	-	33
	MGA (Exam)	Not Applicable									
	(Permit)	11	10	8	10	-	-	-	-	-	12
	(Renewal)	49	33	-	-	46	-	-	-	-	77
	MDC (Exam)	Not Applicable									
	(Permit)	19	15	3	15	19	-	-	-	-	15
	(Renewal)	30	11	-	-	44	-	-	-	-	105
	OMS (Exam)	Not Applicable									
	(Permit)	6	2	17	2	14	-	-	-	-	53
	(Renewal)	40	36	1	-	15	-	-	-	-	47
	OCS (Exam)	Not Applicable									
	(Certificate)	181	165	7	165	23	-	-	-	-	47
	(Renewal)	1,112	1,066	285	-	789	-	-	-	-	52
	RS (Exam)	Not Applicable									
	(Permit)	1	1	-	1	-	-	-	-	-	-
	(Renewal)	n/a	n/a	-	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	RP (Exam)	Not Applicable									
	(Permit)	153	126	103	126	183	-	-	-	-	75
	(Renewal)	592	550	549	-	709	-	-	-	-	58
	SP (Exam)	7	7	-	-	42	-	-	-	-	4
	(Permit)	4	5	-	5	2	-	-	-	-	156
	(Renewal)	37	36	4	-	15	-	-	-	-	49
	RDA (Exam)	2,823	45,209	41	-	8,812	-	-	-	-	43
	(License)	2,314	1,602	45	1,601	10,980	-	-	-	-	474
	(Renewal)	15,759	16,506	755	-	13,664	-	-	-	-	22
	RDAEF (Exam)	78	1,243	22	-	31	-	-	-	-	64
	(License)	75	64	-	62	96	-	-	-	-	206
	(Renewal)	625	708	13	-	337	-	-	-	-	24
	DSA (Exam)	4	50	7	-	3	-	-	-	-	-
	(Permit)	3	4	-	4	14	-	-	-	-	504
	(Renewal)	6	8	-	-	10	-	-	-	-	13
	ITR (Exam)	Not Applicable									
	(Certificate)	-	-	-	-	-	-	-	-	-	-
	(Renewal)	Not Applicable									

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	OA (Exam)	283	877	16	-	72	-	-	-	-	39
	(Permit)	218	159	1	159	361	-	-	-	-	225
	(Renewal)	204	208	-	-	68	-	-	-	-	16
FY 16/17	DDS (Exam)	1,192	1,196	38	-	22	3	5	2	31	-
	(Initial)	1,220	1,177	378	-	191	60	43	6	63	-
	(License)	1,177	1,183	1	1,183	206	-	-	-	-	3
	(Renewal)	18,748	17,721	760	-	7,194	989	-	-	-	6
	AO (Exam)	Not Applicable									
	(Permit)	416	322	54	322	198	19	7	37	59	-
	(Renewal)	1,442	1,173	184	-	709	184	-	-	-	8
	CS (Exam)	Not Applicable									
	(Permit)	59	46	12	46	6	-	-	23	44	-
	(Renewal)	270	247	13	-	71	11	2	-	-	5
	EFCS (Exam)	Not Applicable									
	(Permit)	4	2	-	2	8	1	-	-	-	118
	(Renewal)	16	12	-	-	5	2	-	-	-	6
	EMDF (Exam)	Not Applicable									
	(Permit)	5	1	-	1	4	-	-	-	-	-
	(Renewal)	N/A	N/A	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	FNP (Exam)	Not Applicable									
	(Permit)	885	664	85	664	380	-	-	33	43	-
	(Renewal)	3,581	3,088	263	-	1,543	312	-	-	-	7
	GA (Exam)	Not Applicable									
	(Permit)	56	51	9	51	3	-	-	30	38	-
	(Renewal)	429	401	29	-	94	17	-	-	-	4
	MGA (Exam)	Not Applicable									
	(Permit)	10	7	1	7	2	-	-	13	53	-
	(Renewal)	47	46	6	-	41	8	-	-	-	33
	MDC (Exam)	Not Applicable									
	(Permit)	3	3	12	3	7	-	-	20	77	-
	(Renewal)	21	26	2	-	37	5	-	-	-	59
	OMS (Exam)	Not Applicable									
	(Permit)	6	4	2	4	1	-	-	40	58	-
	(Renewal)	44	38	2	-	18	1	-	-	-	10
	OCS (Exam)	Not Applicable									
	(Certificate)	169	160	7	160	22	-	-	35	43	-
	(Renewal)	1,329	1,257	86	-	763	147	3	-	-	12
	RS (Exam)	Not Applicable									
	(Permit)	2	2	-	2	-	-	-	-	-	-
	(Renewal)	n/a	n/a	-	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	RP (Exam)	Not Applicable									
	(Permit)	142	107	18	107	201	-	-	52	56	-
	(Renewal)	525	340	90	-	776	112	-	-	-	39
	SP (Exam)	3	3	-	-	-	-	-	-	-	-
	(Permit)	3	3	1	3	-	-	-	15	42	-
	(Renewal)	43	37	5	-	17	1	-	-	-	13
	RDA (Exam)	3,857	2,712	1,251	-	8,607	-	-	49	83	-
	(License)	2,709	2,505	2,040	2,511	9,067	-	-	400	455	-
	(Renewal)	18,770	16,474	1,510	-	13,736	-	-	18	-	-
	RDAEF (Exam)	120	101	10	-	38	-	-	30	38	-
	(License)	100	95	4	95	97	-	-	188	45	-
	(Renewal)	763	705	36	-	327	-	-	13	-	-
	DSA (Exam)	7	3	1	-	5	-	-	-	184	-

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	(Permit)	3	3	1	3	13	-	-	1,004	-	-
	(Renewal)	21	17	-	-	12	-	-	43	-	-
	ITR (Exam)	Not Applicable									
	(Certificate)	-	-	-	-	-	-	-	-	-	-
	(Renewal)	Not Applicable									
	OA (Exam)	330	248	56		111	-	-	58	84	-
	(Permit)	249	221	87	221	302	-	-	236	132	-
	(Renewal)	248	230	-	-	115	-	-	12	-	-
FY 17/18	DDS (Exam)	1,084	942	34	-	85	8	77	7	21	-
	(Initial)	1,277	1,188	376	-	85	14	116	2	88	-
	(License)	1,188	1,192	12	1,192	325	-	-	-	-	2
	(Renewal)	22,202	17,652	1,016	-	3,641	3,444	197	-	-	6
	AO (Exam)	Not Applicable									
	(Permit)	399	345	54	345	78	60	18	23	48	-
	(Renewal)	1,556	1,025	109	-	452	443	9	-	-	9
	CS (Exam)	Not Applicable									
	(Permit)	61	51	11	51	5	2	3	16	61	-
	(Renewal)	298	239	22	-	42	40	2	-	-	11
	EFCS (Exam)	Not Applicable									
	(Permit)	3	1	-	1	3	2	1	207	-	-
	(Renewal)	16	12	-	-	3	3	-	-	-	2
	EMDF (Exam)	Not Applicable									
	(Permit)	6	6	-	6	-	-	-	-	-	-
	(Renewal)	N/A	N/A	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	FNP (Exam)	Not Applicable									
	(Permit)	911	685	95	685	259	160	99	23	56	-
	(Renewal)	4,163	2,975	240	-	928	899	29	-	-	5
	GA (Exam)	Not Applicable									
	(Permit)	43	34	5	34	8	5	3	15	22	-
	(Renewal)	519	420	27	-	64	63	1	-	-	4
	MGA (Exam)	Not Applicable									
	(Permit)	9	8	-	8	1	1	-	17	-	-
	(Renewal)	45	29	8	-	10	13	1	-	-	10
	MDC (Exam)	Not Applicable									
	(Permit)	14	12	-	12	1	1	-	17	24	-
	(Renewal)	37	10	4	-	15	14	1	-	-	23
	OMS (Exam)	Not Applicable									
	(Permit)	6	3	3	3	1	1	-	-	25	-
	(Renewal)	56	46	3	-	10	9	1	-	-	8
	OCS (Exam)	Not Applicable									
	(Certificate)	132	121	12	121	10	5	5	22	32	-
	(Renewal)	1,507	1,128	107	-	284	281	3	-	-	3
	RS (Exam)	Not Applicable									
	(Permit)	1	1	-	1	-	-	-	-	-	-
	(Renewal)	N/A	N/A	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	RP (Exam)	Not Applicable									
	(Permit)	120	97	38	97	36	16	20	94	82	-
	(Renewal)	769	472	130	-	313	221	92	-	-	37
	SP (Exam)	3	3	-	-	-	-	-	14	43	-
	(Permit)	3	3	-	3	-	-	-	-	-	-
	(Renewal)	45	38	3	-	6	6	-	-	-	14
	RDA (Exam)	2,326	2,646	7,633	-	508	401	107	42	145	-
	(License)	2,667	1,959	6,327	1,975	1,543	1,537	6	300	711	-

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	(Renewal)	22,191	16,813	1,859	-	6,012	5,542	470	14	0	-
	RDAEF (Exam)	114	97	48	-	7	7	-	60	59	-
	(License)	97	97	34	97	47	-	47	136	129	-
	(Renewal)	973	777	29	-	195	183	12	13	-	-
	DSA (Exam)	7	3	5	-	3	3	-	7	198	-
	(Permit)	3	1	9	1	3	3	-	27	-	-
	(Renewal)	17	13	-	-	6	6	-	16	-	-
	ITR (Exam)	Not Applicable									
	(Certificate)	2	2	-	2	-	-	-	-	-	
	(Renewal)	Not Applicable									
	OA (Exam)	373	348	51	-	78	54	24	32	-	-
	(Permit)	349	260	113	260	140	136	4	165	91	-
	(Renewal)	516	392	-	-	116	116	-	14	162	-

Table 7b. Total Licensing Data

		FY 14/15	FY 15/16	FY 16/17	FY 17/18
Initial Licensing Data:					
DDS	Initial Exam Applications Received	946	1,101	1,192	1,084
	Initial Exam Applications Approved	1,080	1,383	1,196	942
	Initial License Applications Received	1,123	1,221	1,220	1,277
	Initial License Applications Approved	816	1,022	1,177	1,188
	Initial License/Initial Exam Applications Closed	N/A	146	417	422
	License Issued	1,080	1,022	1,183	1,192
AO	Initial License/Initial Exam Applications Received	551	384	416	399
	Initial License/Initial Exam Applications Approved	476	333	322	345
	Initial License/Initial Exam Applications Closed	N/A	124	54	54
	Permits Issued	476	333	332	345
CS	Initial License/Initial Exam Applications Received	37	58	59	61
	Initial License/Initial Exam Applications Approved	33	51	46	51
	Initial License/Initial Exam Applications Closed	N/A	45	12	11
	Permits Issued	33	51	46	51
EFCS	Initial License/Initial Exam Applications Received	3	2	4	3
	Initial License/Initial Exam Applications Approved	3	1	2	1
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	Permits Issued	3	1	2	1
EMDF	Initial License/Initial Exam Applications Received	3	2	5	6
	Initial License/Initial Exam Applications Approved	3	1	1	6
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	Permits Issued	3	1	1	6
FNP	Initial License/Initial Exam Applications Received	1,021	831	885	911
	Initial License/Initial Exam Applications Approved	881	703	664	685

	Initial License/Initial Exam Applications Closed	N/A	31	85	95
	Certificates Issued	881	703	664	685
GA	Initial License/Initial Exam Applications Received	41	61	56	43
	Initial License/Initial Exam Applications Approved	40	55	51	34
	Initial License/Initial Exam Applications Closed	N/A	20	9	5
	Permits Issued	40	55	51	34
MGA	Initial License/Initial Exam Applications Received	14	11	10	9
	Initial License/Initial Exam Applications Approved	15	10	7	8
	Initial License/Initial Exam Applications Closed	N/A	8	1	-
	Permits Issued	15	10	7	8
MDC	Initial License/Initial Exam Applications Received	37	19	3	14
	Initial License/Initial Exam Applications Approved	23	15	3	12
	Initial License/Initial Exam Applications Closed	N/A	3	12	-
	Permits Issued	23	15	3	12
OMS	Initial License/Initial Exam Applications Received	5	6	6	6
	Initial License/Initial Exam Applications Approved	3	2	4	3
	Initial License/Initial Exam Applications Closed	N/A	17	2	-
	Permits Issued	3	2	4	3
OCS	Initial License/Initial Exam Applications Received	131	181	169	132
	Initial License/Initial Exam Applications Approved	127	165	160	121
	Initial License/Initial Exam Applications Closed	N/A	7	7	12
	License Issued	127	165	160	121
RS	Initial License/Initial Exam Applications Received	-	1	2	1
	Initial License/Initial Exam Applications Approved	-	1	2	1
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	License Issued	-	1	2	1
RP	Initial License/Initial Exam Applications Received	107	153	142	120
	Initial License/Initial Exam Applications Approved	83	126	107	97
	Initial License/Initial Exam Applications Closed	N/A	103	18	38
	Permits Issued	83	126	107	97
SP	Initial Exam Applications Received	6	7	3	3
	Initial Exam Applications Approved	5	7	3	3
	Initial License Applications Received	6	4	3	3
	Initial License Applications Approved	5	5	3	3
	Initial License/Initial Exam Applications Closed	N/A	-	1	-
	Permits Issued	5	5	3	3
RDA	Initial Exam Applications Received	2,606	2,823	3,857	2,326
	Initial Exam Applications Approved	1,546	45,209	2,712	2,646
	Initial License Applications Received	N/A	2,314	2,709	2,667

	Initial License Applications Approved	N/A	1,602	2,505	1,959
	Initial License/Initial Exam Applications Closed	N/A	45	3,291	13,960
	Licenses Issued	1,496	1,601	2,511	1,976
RDAEF	Initial Exam Applications Received	58	78	120	114
	Initial Exam Applications Approved	39	1,243	101	97
	Initial License Applications Received	N/A	75	100	97
	Initial License Applications Approved	N/A	64	95	97
	Initial License/Initial Exam Applications Closed	N/A	22	14	82
	Licenses Issued	39	62	95	97
DSA	Initial Exam Applications Received	6	4	7	7
	Initial Exam Applications Approved	3	50	3	3
	Initial Permit Applications Received	N/A	3	3	3
	Initial Permit Applications Approved	N/A	4	3	1
	Initial Permit/Initial Exam Applications Closed	N/A	7	2	14
	Permits Issued	3	4	3	1
ITR	Initial License/Initial Exam Applications Received	N/A	N/A	N/A	2
	Initial License/Initial Exam Applications Approved	N/A	N/A	N/A	2
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	Permits Issued	N/A	N/A	N/A	2
OA	Initial Exam Applications Received	280	283	330	377
	Initial Exam Applications Approved	192	877	248	348
	Initial Permit Applications Received	N/A	218	249	349
	Initial Permit Applications Approved	N/A	159	221	260
	Initial Permit/Initial Exam Applications Closed	N/A	17	143	164
	Permits issued	192	159	221	260
		FY 14/15	FY 15/16	FY 16/17	FY 17/18
Initial License/Initial Exam Pending Application Data:					
DDS	Pending Applications (total at close of FY)	736	481	419	495
	Pending Applications (outside of board control) *	-	-	-	302
	Pending Applications (within the board control) *	-	-	-	193
AO	Pending Applications (total at close of FY)	238	163	198	198
	Pending Applications (outside of board control) *	-	-	-	60
	Pending Applications (within the board control) *	-	-	-	18
CS	Pending Applications (total at close of FY)	6	7	6	5
	Pending Applications (outside of board control) *	-	-	-	2
	Pending Applications (within the board control) *	-	-	-	3
EFCS	Pending Applications (total at close of FY)	6	7	8	3
	Pending Applications (outside of board control) *	-	-	-	2
	Pending Applications (within the board control) *	-	-	-	1

EMDF	Pending Applications (total at close of FY)	-	1	4	-
	Pending Applications (outside of board control) *	-	-	-	-
	Pending Applications (within the board control) *	-	-	-	-
FNP	Pending Applications (total at close of FY)	154	248	380	259
	Pending Applications (outside of board control) *	-	-	-	160
	Pending Applications (within the board control) *	-	-	-	99
GA	Pending Applications (total at close of FY)	12	10	3	8
	Pending Applications (outside of board control) *	-	-	-	5
	Pending Applications (within the board control) *	-	-	-	3
MGA	Pending Applications (total at close of FY)	7	1	2	1
	Pending Applications (outside of board control) *	-	-	-	1
	Pending Applications (within the board control) *	-	-	-	-
MDC	Pending Applications (total at close of FY)	18	19	7	1
	Pending Applications (outside of board control) *	-	-	-	1
	Pending Applications (within the board control) *	-	-	-	-
OMS	Pending Applications (total at close of FY)	14	14	1	1
	Pending Applications (outside of board control) *	-	-	-	1
	Pending Applications (within the board control) *	-	-	-	-
OCS	Pending Applications (total at close of FY)	173	23	22	10
	Pending Applications (outside of board control) *	-	-	-	5
	Pending Applications (within the board control) *	-	-	-	5
RS	Pending Applications (total at close of FY)	-	-	-	-
	Pending Applications (outside of board control) *	-	-	-	-
	Pending Applications (within the board control) *	-	-	-	-
RP	Pending Applications (total at close of FY)	261	183	201	186
	Pending Applications (outside of board control) *	-	-	-	166
	Pending Applications (within the board control) *	-	-	-	20
SP	Pending Applications (total at close of FY)	1	42	-	-
	Pending Applications (outside of board control) *	-	-	-	-
	Pending Applications (within the board control) *	-	-	-	-
RDA	Pending Applications (total at close of FY)	51,309	19,792	17,676	508
	Pending Applications (outside of board control) *	-	-	-	401
	Pending Applications (within the board control) *	-	-	-	107
RDAEF	Pending Applications (total at close of FY)	1,218	127	135	7
	Pending Applications (outside of board control) *	-	-	-	7
	Pending Applications (within the board control) *	-	-	-	0
DSA	Pending Applications (total at close of FY)	56	17	13	3
	Pending Applications (outside of board control) *	-	-	-	3
	Pending Applications (within the board control) *	-	-	-	0

ITR	Pending Applications (total at close of FY)	-	-	-	-
	Pending Applications (outside of board control) *	-	-	-	-
	Pending Applications (within the board control) *	-	-	-	-
OA	Pending Applications (total at close of FY)	696	72	111	78
	Pending Applications (outside of board control) *	-	-	-	54
	Pending Applications (within the board control) *	-	-	-	24
		FY 14/15	FY 15/16	FY 16/17	FY 17/18
Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):					
DDS	Average Days to Application Approval (All - Complete/Incomplete)	99	63	29	27
	Average Days to Application Approval (incomplete applications) *	-	-	43	36
	Average Days to Application Approval (complete applications) *	-	-	28	33
AO	Average Days to Application Approval (All - Complete/Incomplete)	20	30	48	36
	Average Days to Application Approval (incomplete applications) *	-	-	59	48
	Average Days to Application Approval (complete applications) *	-	-	37	23
CS	Average Days to Application Approval (All - Complete/Incomplete)	9	19	34	39
	Average Days to Application Approval (incomplete applications) *	-	-	44	61
	Average Days to Application Approval (complete applications) *	-	-	23	16
EFCS	Average Days to Application Approval (All - Complete/Incomplete)	213	349	118	207
	Average Days to Application Approval (incomplete applications) *	-	-	118	207
	Average Days to Application Approval (complete applications) *	-	-	-	-
EMDF	Average Days to Application Approval (All - Complete/Incomplete)	N/A	N/A	N/A	N/A
	Average Days to Application Approval (incomplete applications) *	N/A	N/A	N/A	N/A
	Average Days to Application Approval (complete applications) * -	N/A	N/A	N/A	N/A
FNP	Average Days to Application Approval (All - Complete/Incomplete)	-	35	38	40
	Average Days to Application Approval (incomplete applications) *	-	-	43	56
	Average Days to Application Approval (complete applications) *	-	-	33	23
GA	Average Days to Application Approval (All - Complete/Incomplete)	10	29	34	19
	Average Days to Application Approval (incomplete applications) *	-	-	38	22
	Average Days to Application Approval (complete applications) *	-	-	30	15
MGA	Average Days to Application Approval (All - Complete/Incomplete)	6	12	33	17
	Average Days to Application Approval (incomplete applications) *	-	-	53	-
	Average Days to Application Approval (complete applications) *	-	-	13	17
MDC	Average Days to Application Approval (All - Complete/Incomplete)	20	15	49	21
	Average Days to Application Approval (incomplete applications) *	-	-	77	24
	Average Days to Application Approval (complete applications) *	-	-	20	17
OMS	Average Days to Application Approval (All - Complete/Incomplete)	82	53	49	25
	Average Days to Application Approval (incomplete applications) *	-	-	58	-
	Average Days to Application Approval (complete applications) * -	-	-	40	25
OCS	Average Days to Application Approval (All - Complete/Incomplete)	19	47	39	27

	Average Days to Application Approval (incomplete applications) *	-	-	43	32
	Average Days to Application Approval (complete applications) *	-	-	35	22
RS	Average Days to Application Approval (All - Complete/Incomplete)	-	-	-	-
	Average Days to Application Approval (incomplete applications) *	-	-	-	-
	Average Days to Application Approval (complete applications) *	-	-	-	-
RP	Average Days to Application Approval (All - Complete/Incomplete)	68	75	54	88
	Average Days to Application Approval (incomplete applications) *	-	-	56	82
	Average Days to Application Approval (complete applications) *	-	-	52	94
SP	Average Days to Application Approval (All - Complete/Incomplete)	3	4	29	29
	Average Days to Application Approval (incomplete applications) *	-	-	42	43
	Average Days to Application Approval (complete applications) *	-	-	15	13
RDA	Average Days to Application Approval (All - Complete/Incomplete)	-	43	58	93
	Average Days to Application Approval (incomplete applications) *	-	0	82	145
	Average Days to Application Approval (complete applications) *	-	43	49	42
RDAEF	Average Days to Application Approval (All - Complete/Incomplete)	-	64	33	59
	Average Days to Application Approval (incomplete applications) *	-	-	38	59
	Average Days to Application Approval (complete applications) *	-	64	30	60
DSA	Average Days to Application Approval (All - Complete/Incomplete)	-	-	184	56
	Average Days to Application Approval (incomplete applications) *	-	-	184	91
	Average Days to Application Approval (complete applications) *	-	--	-	32
ITR	Average Days to Application Approval (All - Complete/Incomplete)	N/A	N/A	N/A	N/A
	Average Days to Application Approval (incomplete applications) *	N/A	N/A	N/A	N/A
	Average Days to Application Approval (complete applications) *	N/A	N/A	N/A	N/A
OA	Average Days to Application Approval (All - Complete/Incomplete)	-	39	64	16
	Average Days to Application Approval (incomplete applications) *	-	-	84	-
	Average Days to Application Approval (complete applications) *	-	39	58	16
		FY 14/15	FY 15/16	FY 16/17	FY 17/18
License Renewal Data:					
Licenses Renewed – DDS		17,754	18,013	17,721	17,652
Permits Renewed – AO		1,128	1,083	1,173	1,025
Permits Renewed – CS		255	249	247	239
Permits Renewed – EFCS		12	6	15	12
Permits Renewed – EMDF		N/A	N/A	N/A	N/A
Permits Renewed – FNP		3,282	3,047	3,088	2,975
Permits Renewed – GA		395	439	401	420
Permits Renewed – MGA		35	33	46	29
Permits Renewed – MDC		5	11	26	10
Permits Renewed – OMS		41	45	38	46
Certificates Renewed – OCS		1,145	1,066	1,257	1,128

Permits Renewed – RS	N/A	N/A	N/A	N/A
Permits Renewed – RP	427	550	340	472
Permits Renewed – SP	36	36	37	38
Licenses Renewed – RDA	17,386	16,506	16,474	16,813
Licenses Renewed – RDAEF	735	708	705	777
Permits Renewed – DSA	17	8	17	13
Certificates Renewed - ITR	N/A	N/A	N/A	N/A
Permits Renewed – OA	104	209	230	392
Note: The values in Table 7b are the aggregates of values contained in Table 7a.				

Note: *It should be noted that Release 2 of BreEZe was implemented in January of 2016. Release 2 allowed the Board to add applications milestones to deficient applications. Application milestones is a feature that allows staff to record the date that an application is determined to be deficient as well as record the date all deficiencies have been cleared. If an application was missing one or more items, a deficiency start date was entered into BreEZe and that allowed the Board to keep track of pending applications within and outside its control as well as the cycle times for complete and incomplete applications. For renewal applications, the application milestones are not used, so the total pending applications and combined cycle times are provided for renewal applications.*

The Board did not have the ability to completely track pending applications or cycle times until FY 16/17. The application milestone feature was implemented in Release 2 of BreEZe in FY 16/17 and was made fully functional in FY 17/18.

The Board has its performance measure for processing applications set at 60 days. When an application is considered deficient, then it is outside of the control of the Board. The average processing times for applications received by the Board is under 60 days.

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21. How many licenses or registrations has the board denied over the past four years based on criminal history that is determined to be substantially related to the qualifications, functions, or duties of the profession, pursuant to BPC § 480? Please provide a breakdown of each instance of denial and the acts the board determined were substantially related.

    In the last four years the Board has denied one applicant for a dental license, one applicant for an oral conscious sedation permit, and 22 applicants for a registered dental assistant license which have been listed below.

- Dental License Applicant was denied based on their criminal convictions. Applicant was convicted of driving under the influence of alcohol/drugs and wrongful distribution/possession of a controlled substance.
- Oral Conscious Sedation Permit Applicant was denied based on their criminal convictions. Applicant was convicted for driving under the influence of alcohol/drugs and possession of a controlled substance.
- Registered Dental Assistant Applicant was denied based on their criminal convictions. Applicant was convicted of driving on suspended license (multiple convictions), obstructing/resisting public officer, failure to appear written promise, making/passing fictitious check, possess bad check/money order, vandalism, violate court order to prevent domestic violence (multiple convictions), inflict corporal injury spouse/cohabitant, trespass: occupy

property without consent, false claim vehicle theft, arson: property, take vehicle without owner's consent, false imprisonment, and failure to appear on a felony.

- Registered Dental Assistant Applicant was denied based on their criminal convictions. Applicant was convicted of grand theft: money/labor/property, and embezzlement.
- Registered Dental Assistant Applicant was denied based on their criminal convictions. Applicant was convicted of obstructing public officer, vandalism less than $400.00, forcible entry property management, disorderly conduct, driving while intoxicated, careless driving, domestic abuse-violating order for protection, disorderly conduct, battery: spouse, and knowingly make unauthorized cable connection.
- Registered Dental Assistant Applicant was denied based on their criminal convictions. Applicant was convicted of possessing controlled substance for sale, transporting controlled substance, simple assault, burglary 2nd -degree (multiple convictions), possession of methamphetamine or cocaine, possession of less than one-gram ice/crack cocaine, possession more than one-gram of methamphetamine or cocaine base, and possession more than one-gram of methamphetamine or cocaine base.
- Registered Dental Assistant Applicant was denied based on their criminal convictions. Applicant was convicted of assault with a deadly weapon not firearm, failing to appear written promise, threaten crime with intent to terrorize, possession of drug paraphernalia, and possessing, delivering or manufacturing of drug paraphernalia.
- Registered Dental Assistant Applicant was denied based on their criminal convictions. Applicant was convicted of driving under the influence alcohol/drugs causing bodily injury, hit and run: death or injury, minor knowingly operate vehicle: carry alcohol, and DUI vehicular manslaughter without gross negligence.
- Registered Dental Assistant Applicant was denied based on their criminal convictions. Applicant was convicted driving under the influence of alcohol, under influence of controlled substance, driving while license suspended DUI refusing test, driving while license suspended for DUI, possessing controlled substance, possessing narcotic controlled substance and excessive blood alcohol level refusing chemical test.
- Registered Dental Assistant Applicant was denied based on their criminal convictions. Applicant was convicted of failing to appear: written promise, failing to pay fine, driving without lights at dark, disturbing by loud unreasonable noise, fight/noise/offensive words, prostitution / disorderly conduct (Multiple convictions)
- Registered Dental Assistant Applicant was denied based on their criminal convictions. Applicant was convicted of carrying concealed dirk or dagger, obstructing public officer, evading peace officer, receiving known stolen property and hit and run property damage.
- Registered Dental Assistant Applicant was denied based on their criminal convictions. Applicant was convicted of failing to appear: written promise, driving without a license, theft personal property/petty theft, possession of a controlled substance (multiple convictions), grand theft: money/labor/property, possessing narcotic controlled substance for sale, possessing controlled substance for sale and purchase for sale narcotic/controlled substance while on bail.

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- Registered Dental Assistant Applicant was denied based on their criminal convictions. Applicant was convicted of petty theft, burglary, false checks, burglary 2nd degree, personate to make other liable, theft, and forging name: access card.
- Registered Dental Assistant Applicant was denied based on their criminal convictions. Applicant was convicted of DUI alcohol/0.08 percent and willful cruelty to a child.
- Registered Dental Assistant Applicant was denied based on their criminal convictions. Applicant was convicted of petty theft under $50.00 without prior, disorderly conduct: intoxicated drugs/alcohol and corporal injury: spouse/cohabitant.
- Registered Dental Assistant Applicant was denied based on their criminal convictions. Applicant was convicted of burglary, DUI alcohol/drugs, forgery and 2nd degree commercial burglary.
- Registered Dental Assistant Applicant was denied based on their criminal convictions. Applicant was convicted of conspiracy to commit crime, assault with a deadly weapon with force: possible great bodily injury, DUI alcohol 0.08 percent, and driving while license suspended: DUI refuse test.
- Registered Dental Assistant Applicant was denied based on their criminal convictions. Applicant was convicted of forgery, theft, theft by use of access card data, petty theft, petty theft with prior, DUI 0.08 percent, and driving on restricted license DUI.
- Registered Dental Assistant Applicant was denied based on their criminal convictions. Applicant was convicted of carrying loaded firearm: public place, DUI alcohol/drugs, and under the influence alcohol/controlled substance.
- Registered Dental Assistant Applicant was denied based on their criminal convictions. Applicant was convicted of burglary 2nd degree (multiple convictions), burglary (multiple convictions), passing completed checks/etc. defrauding, and grand theft money/labor/property.
- Registered Dental Assistant Applicant was denied based on their criminal convictions. Applicant was convicted of loitering: intent prostitution (multiple convictions), disorderly conduct: prostitution, disorderly conduct: soliciting lewd act, false I.D. to a peace officer, threatening crime with intent to terrorize, DUI alcohol/drugs, DUI alcohol 0.08 percent, and driving while license suspended DUI refusing test.
- Registered Dental Assistant Applicant was denied based on their criminal convictions. Applicant was convicted of DUI alcohol/drugs.
- Registered Dental Assistant Applicant was denied based on their criminal convictions. Applicant was convicted of force/assault with a deadly weapon not firearm: great bodily injury likely, tampering with vehicle, inflicting corporal injury on spouse/cohabitant, possessing controlled substance paraphernalia, driving while license suspended (multiple convictions), failure to appear: written promise, obstructing/resisting public officer, no registration vehicle/trailer/etc., and fighting in public place.
- Registered Dental Assistant Applicant was denied based on their criminal convictions. Applicant was convicted of grand theft: money/labor/property, petty theft with a prior, burglary 2nd degree, driving without license (multiple convictions), showing vehicle registration/giving officer unlawful registration, reckless driving, burglary 1st degree, failing to provide financial

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responsibility, registration vehicle/trailer/etc., driving while license is suspended for DUI refuse test, DUI alcohol 0.08 percent or greater (multiple convictions).

22. How does the board verify information provided by the applicant?

a. What process does the board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant? Has the board denied any licenses over the last four years based on the applicant's failure to disclose information on the application, including failure to self-disclose criminal history? If so, how many times and for what types of crimes (please be specific)?

All licensing applicants are required to provide electronic fingerprints (live scan). In addition, affirmative responses (arrests or convictions) received from the Department of Justice (DOJ), or disclosures by the applicant may trigger the Board to require the applicant provide an explanation in writing describing the event. Similarly, if the applicant discloses any license denials, license surrenders, or prior discipline, the Board requires a full explanation in writing, pursuant to California Code of Regulations, Title 16, Section 1028.

In instances when an applicant has criminal history information, staff are responsible for requesting certified copies of the arrest and conviction records for consideration by the licensing managers. Certified records may also be introduced in a Statement of Issues hearing if necessary.

Subsequent to any written explanation provided by an applicant, the Board will review the nature of the act(s) to determine if they may be substantially related to the qualifications, functions, or duties of the profession pursuant to California Code of Regulations, Title 16, Section 1019. This information, along with any mitigating documentation will be considered by the Board. The applicant may be denied, offered a probationary license, or approved for licensure without restriction. In any event, the Board maintains a record of the criminal action as a part of the license history.

In the last four years the Board has denied one applicant for a dental license who did not self-disclose criminal history. The applicant was convicted of several counts of Vehicle Code 23152(A) driving under the influence, alcohol / drugs. Although this crime may not prevent an applicant from receiving a license in California the applicant failed to respond to numerous request for additional information and ultimately abandoned the application. The applicant was notified by registered mail on November 20, 2017 of the denial of the application. The applicant was advised of their right to submit a written request for a hearing before an administrative law judge within 60 days of receipt of the notice. A request for a hearing from the applicant was not received and the right to a hearing was deemed as waived.

b. Does the board fingerprint all applicants?

Yes, the Board fingerprints all applicants.

c. Have all current licensees been fingerprinted? If not, explain.

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Effective July 2011, the Board began the process of requiring all licensees to submit electronic fingerprints in compliance with California Code of Regulations, Title 16, Section 1008. Remaining exceptions to the fingerprint requirement include those licensees who have placed their license in an inactive status, or active duty military personnel. Inactive licensees will be required to provide electronic fingerprints upon renewal to active status. Military personnel remain exempt until they leave military service.

d. Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Renewing a license?

The statutes mandate a query of the National Practitioners Data Bank (NPDB) as part of the application process for all dental license applicants. Only dental applicants that have been previously licensed in another state might have disciplinary actions included in the NPDB.

Although the Board does not access the NPDB for renewals, all applicants are required to disclose the following:

1. Prior disciplinary action(s) taken against the applicant regarding any dental license or other healing arts license;
2. Whether the applicant is currently the subject of any pending investigation by a government agency;
3. Information regarding any licensing denials or surrenders, and
4. Criminal convictions.

Applicants certify their responses under penalty of perjury.

In addition to self-disclosure, many entities (e.g. hospital and dental society peer reviews, insurance providers, government agencies, and civil courts) are required to report judgments, settlements and awards against licensees, for the Board to consider in licensing decisions.

e. Does the board require primary source documentation?

No, the Board does not require the sealed certification of completion letter to come directly from the dental schools. However, the DDS licensing program still requires the certification of completion of the educational requirement included in the application materials. The documentation by the dental school must include the school's seal and the original signature of the dean of the dental school.

For the RDA Education pathway, the Board accepts a signed and sealed verification from the school, or copies of diplomas. For the RDA Work Experience pathway, the Board requires an original signature from a licensed dentist certifying the length of employment, the hours worked per week, and that the work performed was at the dental assistant level as required.

23. Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

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Out of State Applicants

Pursuant to Business and Professions Code Sections 1632 and 1634.1, graduates of a Board-approved or CODA-approved dental school qualify for licensure by passing the WREB examination, or by completing at least one year of post-graduate training in an Advanced Education in General Dentistry or General Practice Residency. Applicants are also required to have passed Parts 1 and 2 of the National Board Dental Examination and must pass the California Law and Ethics examination.

Business and Professions Code Section 1635.5 allows applicants to qualify for Licensure by Credential regardless of where they graduated, provided the following requirements are met:

- Evidence that the applicant has a current license issued by another state to practice dentistry that is not revoked or suspended or otherwise restricted.

- Evidence that the applicant has either been in active clinical practice or has been a full-time faculty member in an accredited dental education program and in active clinical practice for a total of 5,000 hours in five of the seven consecutive years immediately preceding the date of his or her application.

- Credit for two of the five years will be given to applicants who complete a residency program approved by CODA.

- Applicants not meeting the 5,000-hour requirement may enter into a two year, full time contract with an approved dental school or community/public clinic.

- Evidence that the applicant has not been subject to disciplinary action by any state in which he or she has been previously licensed to practice dentistry. If the applicant has been subject to disciplinary action, the board shall review that action to determine if it presents sufficient evidence of a violation of Article 4 (commencing with Section 1670) to warrant the submission of additional information from the applicant or the denial of the application for licensure.

- Submit a signed release allowing the disclosure of information from the National Practitioner Data Bank and the verification of registration status with the federal Drug Enforcement Administration. The board shall review this information to determine if it presents sufficient evidence of a violation of Article 4 (commencing with Section 1670) to warrant the submission of additional information from the applicant or the denial of the application for licensure.

- Evidence that the applicant has not failed the examination for licensure to practice dentistry under this chapter within five years prior to the date of his or her application for a license under this section.

- Submit an acknowledgment that the applicant executed under penalty of perjury and automatic forfeiture of license, of the following:

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1. That the information provided by the applicant to the board is true and correct, to the best of his or her knowledge and belief.
2. That the applicant has not been convicted of an offense involving conduct that would violate Section 810.

- Evidence of fifty (50) units of continuing education completed within two years of the date of his or her application under this section. The continuing education shall include the mandatory coursework prescribed by the board pursuant to subdivision (b) of Section 1645.

- Fingerprint clearance from the Department of Justice and the Federal Bureau of Investigation.

<u>Out of Country Applicants</u>

Business and Professions Code Section 1628 requires graduates of foreign dental schools to attend a two-year international dental studies program at a Board approved or Commission on Dental Accreditation (CODA) approved program to qualify for one of the licensure pathways. If an international applicant has a valid and unrestricted license from another state for five or more years, or can secure a two-year full-time contract with an approved dental school or community/public clinic, they may apply using the Licensure by Credential pathway.

24. Describe the board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

    At present, the U.S. military requires dentists to already have been licensed before they can report for duty in the armed services. The Dental Licensing Unit will consider military clinical practice hours toward satisfying the 5000-hour clinical practice requirement for Licensure by Credential (LBC). The Dental Assisting Unit will consider military education, training and experience if the applicant includes this under the general work experience or education requirements.

    a. Does the board identify or track applicants who are veterans? If not, when does the board expect to be compliant with BPC § 114.5?

       The Board is complying with Business and Professions Code Section 114.5 and waives fees when an applicant identifies themselves pursuant to statute. At present, during the time of renewal, a Military Status form is sent along with the renewal packet which asks whether the licensee is currently serving or has served in the military. If the licensee indicates that they are currently serving or have served, Board staff enter a military modifier to their license within the Breeze computer system. There have been approximately 319 military responses tracked in Breeze in 2018.

    b. How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the board?

       The Board does not track whether an applicant uses military education, training or experience towards meeting licensing or credentialing requirements. The Board accepts military clinical practice hours toward satisfying the 5000-hour clinical practice requirement for Licensure by

Credential (LBC). The Board will also accept military education, training and experience if the applicant lists this under the general work experience or education requirements for Registered Dental Assistants (RDA), Orthodontic Assistants (OA) and/or Dental Sedation Assistants (DSA).

c. What regulatory changes has the board made to bring it into conformance with BPC § 35?

   As noted above, existing requirements do not hinder military personnel from having their application or license renewals processed promptly. The Board's current internal business processes are meeting the intent of the statute.

d. How many licensees has the board waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been on board revenues?

   In the prior fiscal year, the board has waived fees or requirements for 77 licensees. This volume of fee waivers (less than 1% of the annual licensing and renewal population) is not considered to have significant impact on the Board's licensing revenue.

e. How many applications has the board expedited pursuant to BPC § 115.5?

   Staff estimates approximately thirty-five dental licenses have been expedited in FY 2017/2018. There have been no expedite requests submitted to the Dental Assisting unit.

25. Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

    With the implementation of the BreEZe system, an interface with the Department of Justice (DOJ) automatically generates the No Longer Interested (NLI) form when a license status is changed to deceased, cancelled, revoked, or if an application has been abandoned within specific timeframes. The interface runs electronically and is running on an ongoing basis. To date, there are no known backlogs.

26. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required? Are examinations offered in a language other than English?

    Pursuant to Business and Professions Code Section 1630, all examinations administered by the Dental Board of California for applicants applying for a license to practice dentistry are required to be written in the English language. Currently, all examinations administered by the Board are offered only in the English language. The examinations required for licensure vary by license type. The requirements are as follows:

    Dentist (DDS) - Licensure by Credential (LBC)
    Legislation was enacted (Assembly Bill 1428, Chapter 507, Statutes of 2001) which authorized the Board to license without examination, a dentist that is currently practicing in another state, within the United States or U.S. territory, who meet the specific requirements outlined in Business and Professions Code Section 1635.5.

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There are no national or California specific examinations required if applying through the LBC pathway.

DDS - Licensure by Residency (LBR)
Senate Bill 683 (Chapter 805, Statutes of 2006) allowed the Board to begin issuing licenses by residency to dentists who complete at least one additional year of clinical training after graduating from an approved dental school, without taking a clinical examination.

- Must pass the California Law and Ethics written examination.
- Must pass the National Board Dental Examination Part I and II.

The Law and Ethics examination that is required when applying through the LBR pathway is a California specific examination. The National Board Dental Examination Part I and II is a national examination.

DDS - Licensure by WREB (WREB)
Senate Bill 1865 (Stats 2004 Chapter 670) allowed the board to accept the clinical examination results of the Western Regional Examination Board (WREB).

- Must pass the Western Regional Examination Board (WREB) clinical examination on or after January 1, 2005.
- Must pass the California Law and Ethics written examination.
- Must pass the National Board Dental Examination Part I and II.

The Law and Ethics examination that is required when applying through the WREB pathway is a California specific examination. The WREB and National Board Dental Examination Part I and II are national examinations.

DDS - Licensure by Portfolio (PORT)
AB 1524 (Stats 2010 Chapter 446) allowed dental students, while enrolled in a dental school program at a board-approved school located in California to assemble a portfolio of clinical experiences and competencies, as approved by the Board. The applicant must pass a final assessment of the portfolio examination by the end of his or her dental school program.

- Must complete the California Law and Ethics written examination.
- Must complete the National Board Dental Examination Part I and II.

The Law and Ethics examination that is required when applying through the PORT pathway is a California specific examination. The National Board Dental Examination Part I and II is a national examination.

Registered Dental Assistants (RDA):

- Must pass the RDA Combined General and Law and Ethics Examination as outlined in BPC § 1752.1, CCR §§ 1080 and 1083, and
- Must pass the RDA Practical Examination as outlined in BPC § 1752.3, CCR §§ 1080, 1080.2, 1081.1, and 1083. (Currently this requirement is suspended. The Board will be seeking legislation to remove this requirement from statute.)

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The examinations required for RDA licensure are California specific examinations. A national examination is not being utilized currently.

Registered Dental Assistant in Extended Functions (RDAEF):

- Must pass the RDAEF Written Competency Examination as outlined in BPC § 1753, CCR §§ 1080 and 1083,
- Must pass a Clinical Examination as outlined in BPC §§ 1753, 1753.4, CCR §§ 1080.1, 1080.2, 1081.2, and 1083, and
- Must pass a Practical Examination as outlined in BPC §§ 1753, 1753.4, CCR §§ 1080, 1080.2, and 1083.

The examinations required for RDAEF licensure are California specific examinations. A national examination is not being utilized currently.

Orthodontic Assistant (OA)

- Must pass the OA Written Competency Examination as outlined in BPC §§1750.2, 1752.1, CCR §§ 1080, and 1083.

The examinations required for OA licensure are California specific examinations. A national examination is not being utilized currently.

Dental Sedation Assistant (DSA)

- Must pass the DSA Written Competency Examination as outlined in BPC §§ 1750.4, 1752.1, CCR §§ 1080, and 1083.

The examinations required for DSA licensure are California specific examinations. A national examination is not being utilized currently.

27. What are pass rates for first time vs. retakes in the past 4 fiscal years? *(Refer to Table 8: Examination Data)* Are pass rates collected for examinations offered in a language other than English?

As noted in Table 8, the pass rates for first-time and retake applicants for the Registered Dental Assistant (RDA) Practical exam decreased during FY 2015/16. The Board contracted with Office of Professional Examination Services (OPES) of the Department of Consumer Affairs (DCA) to conduct a Review of the RDA Practical examination in 2016.

On April 6, 2017, the Dental Board of California (Board) held a special meeting to discuss the findings of the review of the RDA practical examination conducted by the OPES. After reviewing the findings of the report, the Board voted to suspend the administration of the RDA practical examination effective immediately and until July 1, 2017. Pursuant to Business and Professions Code Section 1752.1 at that time, the suspension of the practical examination could only remain in effect until July 1, 2017. After this date, the exam would have been reinstated as a requirement for RDA licensure.

Between April 6 and July 1, 2017, the Board licensed registered dental assistant candidates who had completed all other licensing requirements except passage of the practical exam. Also during this time, the Board sought an author to carry urgency legislation that would continue the

suspension of the examination from July 1, 2017 until January 1, 2020, at which time a practical examination or an alternative means of measuring competency would be implemented. This legislation, Assembly Bill 1707 (Chapter 174) authored by Assembly Member Low was signed by Governor Brown and became effective on August 8, 2017.

The RDA Written and Law & Ethics examinations were combined into one exam in May 2018. It is now referred to as the RDA General Written and Law and Ethics examination. At present, the Board does not have statistics available.

The pass rates for first-time and retake applicants for the RDAEF Clinical/Practical exam have fluctuated between 70% and 80% since the last Sunset Review in 2014. This trend has been consistent over the last four fiscal years. A review of the RDAEF Clinical/Practical exams was conducted by OPES in 2017 and the exams wee found to be valid.

The RDAEF written exam pass rates for first-time and retake applicants have increased steadily over the last four fiscal years.

The DSA and OA written exams pass rates for first-time and retake applicants have remained consistent over the last four fiscal years.

The pass rates for the Dental (DDS) Law & Ethics exam saw a change in the 2015/16 fiscal year. Before the FY 2015/16, the pass rate for the DDS Law & Ethics exam was consistently above 90%. However, an update to the format for the DDS Law & Ethics exam was implemented starting on July 23, 2015. After the implementation, the change shows the pass rate decreased to about 80%. Since the implementation of this new format, the pass rate has remained consistent for the last two fiscal years. The pass rate for retakes is slightly higher compared to the pass rate of first-time candidates for the last four fiscal years. For example, in the FY 2016/17, the pass rate for a repeat candidate was 82%, which is slightly higher than a first-time candidate.

Both the NBDE and WREB exams are administered by external sources and as such, pass rates specific to California DDS applicants are not reported to the Dental Board.

Pursuant to Business and Professions Code Section 1630 all examinations offered by the Board of California must be completed in English. We currently do not offer examinations in any other language.

Examinations

Table 8. Examination Data										
California Examination (include multiple language) if any:										
	License Type	DDS	RDA	RDA	RDA	RDA	OA	DSA	RDAEF	RDAEF
	Exam Title	Law & Ethics Written	Practical Exam*	Law & Ethics Written**	RDA Written**	General Written and Law & Ethics	Written	Written	Clinical/Practical	Written
FY 2014/15	# of 1st Time Candidates	950	2,890	828	1,323	N/A	120	3	40	17

	Pass %	95%	56%	56%	56%	N/A	41%	100%	80%	49%
FY 2015/16	# of 1st Time Candidates	1,066	1,994	1,152	1,314	N/A	110	5	48	45
	Pass %	90%	42%	50%	57%	N/A	37%	100%	Clinical 77% Practical 71%	54%
FY 2016/17	# of 1st Time Candidates	977	698	1,440	1,817	N/A	125	2	159	59
	Pass %	80%	55%	57%	57%	N/A	42%	100%	Clinical 80% Practical 96%	57%
FY 2017/18	# of 1st time Candidates	1,014	N/A	160	1,281		159	2	69	83
	Pass %	80%	N/A	51%	49%		41%	100%	Clinical 73% Practical 74%	58%
Date of Last OA		2005	2016	2016	2016	2016	2010	2010	2016	2016
Name of OA Developer		OPES	OPES	OPES	OPES	OPES	OPES	OPES	OPES	OPES
Target OA Date		2018	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending
National Examination (include multiple language) if any: Both the NBDE and WREB exams are administered by external sources and as such, pass rates specific to California applicants are not reported to the Dental Board.										
License Type		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Exam Title		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FY 2014/15	# of 1st Time Candidates	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Pass %	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FY 2015/16	# of 1st Time Candidates	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Pass %	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FY 2016/17	# of 1st Time Candidates	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Pass %	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FY 2017/18	# of 1st time Candidates	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Pass %	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Date of Last OA		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Name of OA Developer		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Target OA Date		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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28. Is the board using computer based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

All written exams administered as a condition of licensure are computer based. The Dental (DDS), Registered Dental Assistant (RDA), Registered Dental Assistant in Extended Functions (RDAEF), Orthodontic Assistant (OA), Dental Sedation Assistant (DSA), and Written and Law and Ethics examinations are offered by a nationwide contractor, Psychological Services Incorporated (PSI). PSI offers the exams at twenty-two (22) locations throughout California for all license types. It also offers twenty-three (23) exam sites in other states for DDS applicants. The exam is offered

six days per week, and allows applicants to schedule their exam date directly with the vendor. PSI is also able to provide reasonable accommodations upon request.

29. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

    Currently, there are no statutory barriers to processing applications, or in the administration of licensing exams. However, the Board anticipates that the current provisions in Business and Professions Code Section 1752.1(j) will create a barrier to RDA licensure beginning January 1, 2020 by requiring the RDA Practical Examination to be reinstated. The RDA Practical Examination has been suspended since April 2016 because the Board determined the examination no longer accurately measured the competency of RDAs for the purpose of licensure. If the Board is unable to obtain a legislative change that would eliminate the requirement for the RDA practical examination, it will be faced with a statutory barrier to licensure. This issue is covered in depth in Section 11 of this report.

School approvals

30. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?

    The Board is authorized to accept the findings of the American Dental Association (ADA), Commission on Dental Accreditation (CODA) when they approve or re-approve a dental school located within the United States. The California dental schools are accredited and re-evaluated by CODA every seven years.

    The Board is authorized to approve international dental schools that meet the requirements of BPC § 1636.4.

    The Board is also authorized to approve all Dental Assistant Educational Programs and Courses pursuant to CCR, Title 16, §§ 1070, 1070.1 to include:

    - Radiation Safety Courses that meet the requirements outlined in CCR, Title 16, §§ 1070, 1070.1, 1014, 1014.1.
    - Registered Dental Assistant Educational Programs that meet the requirements outlined in CCR, Title 16, §§ 1070, 1070.1 and 1070.2.
    - Pit and Fissure Sealant Courses that meet the requirements outlined in CCR, Title 16, §§ 1070, 1070.1 and 1070.3.
    - Coronal Polishing Courses that meet the requirements outlined in CCR, Title 16, §§ 1070, 1070.1 and 1070.4.
    - Ultrasonic Scaling Courses that meet the requirements outlined in CCR, Title 16, §§ 1070, 1070.1 and 1070.5.
    - Infection Control Courses that meet the requirements outlined in CCR, Title 16, §§ 1070, 1070.1 and 1070.6.
    - Orthodontic Assistant Permit Courses that meet the requirements outlined in CCR, Title 16, §§ 1070, 1070.1 and 1070.7.
    - Dental Sedation Assistant Permit Courses that meet the requirements outlined in CCR, Title 16, §§ 1070, 1070.1 and 1070.8.

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- RDAEF Educational Programs that meet the requirements outlined in CCR, Title 16, §§ 1070, 1070.1 and 1071.
- Interim Therapeutic Restorations Courses that meet the requirements outlined in BPC Section 1753.55.

The Bureau for Private Postsecondary Education does not have a role in the approval of dental schools, but does provide oversight to some Dental Assisting programs (although unlicensed DAs are outside the scope of licensure by the Board).

31. How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?

Six (6) dental schools in California are CODA approved and two (2) international dental schools, one in Mexico and one in Moldova have been approved by the Board. The CODA and Board approved school undergo re-evaluation every seven years. In accordance with CCR 1024.12 the Board may at any time withdraw its approval of an institution that no longer meets the requirements of The Dental Practice Act. Below is the current list of approved dental schools:

- Loma Linda University School of Dentistry
- University of California at Los Angeles School of Dentistry
- Herman Ostrow School of Dentistry of University of Southern California
- Western University of Health Sciences College of Dental Medicine
- University of California at San Francisco School of Dentistry
- University of the Pacific Arthur A. Dugoni School of Dentistry
- University De La Salle University, Leon, Mexico
- The State University of Medicine and Pharmacy "Nicolae Testemitanu" of the Republic of Moldova (SUMP) – Faculty of Dentistry

The board has also approved ninety-seven (97) Registered Dental Assisting Programs, eleven (11) Registered Dental Assistant in Extended Functions Programs, one hundred and forty-seven (147) Orthodontic Assistant Permit Courses, twenty-six (26) Dental Sedation Assistant Permit Courses, and numerous courses for Infection Control, Coronal Polish, Pit and Fissure Sealants, Radiation Safety, Interim Therapeutic Restorations, and Ultrasonic Scaling. A current list of the California Board Approved Educational programs and courses can be found on the following page of our website: https://www.dbc.ca.gov/applicants/rda/courses.shtml.

All courses are required to be re-evaluated approximately every seven years. The Board may withdraw approval of any program or course that does not meet the requirements of the Dental Practice Act.

32. What are the board's legal requirements regarding approval of international schools?

The Board is responsible for the approval of international dental schools based on standards established pursuant to BPC §1636.4(d). The process for application, evaluation, and approval of international dental schools is outlined in BPC §1636.4 and Title 16, CCR §§1024.3-1024.12. Foreign dental schools shall submit a renewal application every seven years in accordance with BPC §1636.4.

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At present, there are two international dental schools that have been approved by the Dental Board, the University De La Salle School of Dentistry, located in Leon, Guanajuato, Mexico and The State of Medicine and Pharmacy “Nicolae Testemintanu” of the Republic of Moldova, located in Moldova.

Continuing Education/Competency Requirements

33. Describe the board’s continuing education/competency requirements, if any. Describe any changes made by the board since the last review.

Continuing Education (CE)

Pursuant to BPC § 1645 (a), the Board has adopted standards for the continuing education of its licensees. CCR § 1016-1017 outlines the continuing education categories and units required for renewal of a license or permit.

At the time of license renewal, the licensee must certify completion of mandatory coursework and the minimum number of units required for each license and/or permit held. Mandatory coursework includes two units of Board-approved Infection Control, two units of Board-approved Dental Practice Act, and Basic Life Support certification completed through the American Red Cross, American Heart Association, or a provider approved by the American Dental Association’s Continuing Education Recognition Program (CERP) or the Academy of General Dentistry’s Program Approval for Continuing Education (PACE).

DDS licensees are required to complete a minimum of 50 units of continuing education, including mandatory coursework, during the two-year period immediately preceding the expiration of the license.

RDA, RDAEF, OA, and DSA licensees are required to complete a minimum of 25 units of continuing education, including mandatory coursework, during the two-year period immediately preceding the expiration of the license.

Unlicensed dental assistants in California must complete a Board approved eight-hour Infection Control course, a Board approved two-hour Dental Practice Act course, and a course in Basic Life Support through the American Red Cross or the American Heart Association

There have been no additional changes that have been made to the requirements over the last four years. It is anticipated that the Board will promulgate regulations to establish Basic Life Support equivalency standards to update this section in the near future; and the Board is discussing requiring additional mandatory continuing education relating to the risks of addiction associated with the use of Schedule ll drugs in response to the Opioid Crisis.

Competency Requirements

The Dental Board has initial and ongoing competency requirements for General Anesthesia (GA) and Conscious Sedation (CS) permit holders.

Pursuant to BPC § 1646.4, GA permit holders must undergo an onsite inspection and evaluation at least once every five years.

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In accordance with BPC § 1647.7, CS permit holders must undergo an onsite inspection and evaluation at least once every six years.

a. How does the board verify CE or other competency requirements? Has the Board worked with the Department to receive primary source verification of CE completion through the Department's cloud?

   As part of the renewal process, licensees certify under penalty of perjury that they have completed mandatory coursework and the minimum number of units required for the active license or permit. In accordance with CCR § 1017 (n), the licensee must retain the continuing education certificates of completion for three renewal periods (six years).

   The Board also conducts random CE audits of one-twelfth of one percent of the total active licensing population for each license type (appx. thirty licensees per month, per license type).

   Currently, the Board does not work with the Department to receive primary source verification of CE completion.

b. Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.

   The Board conducts random CE audits at the close of each renewal cycle. At the beginning of each month, Board staff randomly audit one-twelfth of one percent of the total active licensing population for each license type (appx. thirty licensees per month, per license type). Audited licensees are required to supply certificates of completion as proof of meeting the continuing education requirements.

   Each audited licensee is given thirty (30) calendar days to respond to the audit. Extensions are granted on a case by case basis. If the licensee fails to respond within the thirty-day timeframe, they are sent a final notice, which allows the licensee an additional fifteen-days to submit the certificates.

   Coursework submitted in response to the audit will be evaluated in accordance with CCR § 1016-1017. If the licensee meets the requirements as outlined, the licensee will receive a letter stating they have passed the audit. A licensee that fails to meet the requirements as outlined will receive a citation and fine.

c. What are consequences for failing a CE audit?

   If the licensee cannot provide proof of meeting the CE requirements, they are issued a citation and fine. The citation includes an abatement condition requiring the licensee to remediate the deficient CE within a specified period of time. Units required for an order of abatement are not counted toward the minimum number units required for the next renewal cycle
   .

   A licensee who fails to pay the fine or comply with the order of abatement may be referred to the Board's Enforcement Unit for discipline.

d. How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?

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As of 04/30/2018, approximately 1050 DDS licenses were audited for continuing education. 195 licensees, or 18.5%, failed the audit.

As of 04/30/2018, approximately 405 RDA licenses were audited for continuing education. 183 licensees, or 45%, failed the audit.

e. What is the board's course approval policy?

Following an application process, the Board approves registered providers to offer continuing education coursework. Excluding mandatory courses, the Board does not approve individual courses offered by a registered provider.

f. Who approves CE providers? Who approves CE courses? If the board approves them, what is the board application review process?

Registered providers are approved by the Board. Course outlines, brochures, and/or summaries are required as part of the application process, but the Board does not approve each individual course offered by the provider. As part of the registered provider application process, the provider must certify that they have read CCR § 1016-1017 and BPC § 1645. The code sections provide the standards for registration as an approved provider and list courses recognized by the Board for continuing education credit.

The minimum requirements for course content for all mandated CE courses is set forth in CCR § 1016(b)(1)(A-C). Providers must adhere to the minimum requirements for course content or risk their registered provider status.

Providers are required to submit their course content outlines for Infection Control and the California Law and Ethics courses to the Board for review and approval. A board staff analyst approves the courses based upon the submitted course outline and the course requirements in regulation.

If a provider wishes to make any significant changes to the content of a previously approved mandatory course, the provider is required to submit a new course content outline to the board. A provider may not offer the course until the new course outline is approved.

In accordance with CCR 1016 (i) (1), courses completed through a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE) may also be recognized for continuing education credit.

g. How many applications for CE providers and CE courses were received? How many were approved?

Within the last four fiscal years, the Board received approximately 523 registered provider applications. Of these applications submitted, 413 providers were approved by the Board.

The Board does not approve individual CE courses.

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h. Does the board audit CE providers? If so, describe the board's policy and process.

Currently, the Board does not audit CE providers.

i. Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance based assessments of the licensee's continuing competence.

The Board is not currently planning to implement performance based assessments. The Board does not have the staff resources to implement this on an ongoing basis. If a licensee's competency is questionable, there are mechanisms within the enforcement disciplinary guidelines that require the licensee to prove they are competent to practice.

The Board's continuing education regulations also delineate the types of courses that are acceptable and require continuing education providers to biennially report the courses that have been offered.

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Section 5 –
Enforcement Program

34. What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

Performance Targets/Expectations
DCA and the Dental Board have the following Performance Measures (PM) in place.

- PM 2- Intake: The average time from complaint receipt to the date the complaint is acknowledge and assigned to assigned to an analyst. Intake target is 10 days. FY 2015/16, 16/17 & 17/18, the average intake time was 7 days.

- PM 3- Intake & Investigation: The average time from complaint receipt to closure of the investigative process. Intake and Investigation target date is 270 days. FY 2015/16, 16/17 & 17/18, the average intake & investigation cycle time was 265 days.

- PM 4- Formal Discipline: This tracks the average number of days to complete the entire enforcement process for cases resulting in formal discipline. Formal Discipline target date is 540 days. FY 2015/16, 2016/17 & 17/18, The Board's average is 886 days.

- PM 7-Probation intake: The average number of days from monitor assignment, to the date the monitor makes first contact with the probationer. Target date is 10 days. FY 2015/16, 16/17 & 17/18, the average time was 9 days.

- PM 8- Probation Violation Response: This target represents the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action. Target date is 15 days. FY 2015/16, 16/17 & 17/18, the average time was 8 days.

Improvements

PM 4- Formal Discipline: In an effort to address these challenges, enforcement staff have established several internal benchmarks for administrative referrals to the AG's office. Monthly reports are run to identify case exceptions, and staff are assigned to make contact with the attorney general's office and the assigned attorney to address issues that may be contributing to delays.

During fiscal years 2014/15, 2015/16, 2016/17 & 2017/18, the average days was 886 days compared to the previous fiscal years 2010/11, 2011/12, 2012/13, & 2013-14, the average formal discipline was 998 days which is a decrease of 112 days. This represents a reduction of 11% of the formal discipline cycle time from the previous sunset review.

35. Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

***Trends in Enforcement Data* (Tables 9a & 9b)**

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The Board receives an average of 3,151 complaints per year. This volume has remained consistent over the past 4 years. The average number of complaints originating from the public has seen a decrease of 5% between 2015/16 and 2017/18. Complaints received from Governmental Agencies decreased 19% from 2015/16 through 2016/17; however the Board saw a marked increase in complaints received from Governmental Agencies between 2016/17 through 2017/18.

Table 9a. Enforcement Statistics			
	FY 2015/16	FY 2016/17	FY 2017/18
COMPLAINT			
Intake			
Received	3103	3283	3068
Closed	3044	3171	3181
Referred to INV	1550	3280	3092
Average Time to Close	11	6	11
Pending (close of FY)	79	59	31
Source of Complaint			
Public	2542	2517	2418
Licensee/Professional Groups	137	148	132
Governmental Agencies	491	397	595
Other	392	529	407
Conviction / Arrest			
CONV Received	459	308	484
CONV Closed	437	284	393
Average Time to Close	12	3	7
CONV Pending (close of FY)	3	10	14
LICENSE DENIAL			
License Applications Denied	10	7	12
SOIs Filed	10	7	12
SOIs Withdrawn	0	3	4
SOIs Dismissed	0	1	0
SOIs Declined	0	2	0
Average Days SOI	1125	1192	1531
ACCUSATION			
Accusations Filed	76	94	75
Accusations Withdrawn	10	7	12
Accusations Dismissed	2	1	2
Accusations Declined	3	0	0
Average Days Accusations	674	481	810
Pending (close of FY)	210	228	194
DISCIPLINE			
Disciplinary Actions			
Proposed/Default Decisions	22	8	43
Stipulations	61	44	70
Average Days to Complete	1645	1613	1863
AG Cases Initiated	170	173	197
AG Cases Pending (close of FY)	210	228	262
Disciplinary Outcomes			

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Revocation	19	17	16
Voluntary Surrender	11	11	12
Suspension	0	0	0
Probation with Suspension[1]	2	2	3
Probation[2]	54	58	71
Probationary License Issued	16	1	9
Other	0	0	2
PROBATION			
New Probationers	60	60	41
Probations Successfully Completed	35	35	55
Probationers (close of FY)	35	48	67
Petitions to Revoke Probation	4	4	6
Probations Revoked	9	8	3
Probations Modified	19	10	7
Probations Extended	1	1	2
Probationers Subject to Drug Testing	16	13	17
Drug Tests Ordered	273	217	164
Positive Drug Tests	27	11	11
Petition for Reinstatement Granted	12	9	2
DIVERSION			
New Participants	8	5	4
Successful Completions	3	5	3
Participants (close of FY)	20	13	21
Terminations	0	0	9
Terminations for Public Threat	1	0	0
Drug Tests Ordered	1040	899	640
Positive Drug Tests	5	8	3

The number of complaints opened in response to criminal arrests and convictions has seen a decrease (33%) from the previous reporting period. This is due to DCA implementing the electronic “No longer Interested” interface program on February 13, 2018, which automatically notifies the Department of Justice and FBI that the Board is no longer interested in receiving the subsequent arrest reports from previous licensees whose licenses have been canceled, suspended or revoked by the Board. This includes applicants, who have applied with the Board and their applications have been denied, expired or abandoned.

In addition, the implementation of CCR 1008, known as *Retroactive Fingerprinting*, became effective in July 2011 and requires that a licensee must furnish a full set of fingerprints to the Department of Justice (DOJ) as a condition of renewal with the Dental Board if the licensee was initially licensed prior to 1999 or if an electronic record of the fingerprint submission no longer exists.

The number of license denials has remained low. The Board continues using the authority under B&P Code §1628.7 as amended in 2012, to issue probationary licenses to applicants with less egregious conviction records that may have previously been denied. Some applicants, following a Statement of Issues hearing, and based upon the findings and recommendation of an administrative law judge, have been issued full and unrestricted licenses. This process ensures licensees are rehabilitated and thereby enhances consumer protection.

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Table 9b. Enforcement Statistics (continued)			
	FY 2015/16	FY 2016/17	FY 2017/18
INVESTIGATION			
All Investigations			
First Assigned	3562	3591	3552
Closed	3481	3455	3574
Average days to close	246	270	322
Pending (close of FY)	1858	2360	2113
Desk Investigations			
Closed	2675	2625	2642
Average days to close	141	138	198
Pending (close of FY)	1003	1375	1279
Non-Sworn Investigation			
Closed	259	165	373
Average days to close	622	609	551
Pending (close of FY)	312	364	341
Sworn Investigation			
Closed	547	665	559
Average days to close	531	540	569
Pending (close of FY)	543	621	493
COMPLIANCE ACTION			
ISO & TRO Issued	0	0	0
PC 23 Orders Requested	4	6	0
Other Suspension Orders	4	6	0
Public Letter of Reprimand	14	34	21
Cease & Desist/Warning	0	0	0
Referred for Diversion	3	1	4
Compel Examination	1	2	3
CITATION AND FINE			
Citations Issued	47	56	64
Average Days to Complete	118	753	629
Amount of Fines Assessed	102,050	44,750	52,065
Reduced, Withdrawn, Dismissed	5	2	5
Amount Collected	37,950	38,250	34,665
CRIMINAL ACTION			
Referred for Criminal Prosecution	47	20	14

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Performance Barriers

Caseloads - Average days for case closure increased for Sworn Investigations by 7% from FY 2015/16 to FY 2017/18. Average days for case closure for all investigations increased by 30% from FY 2015/16 to FY 2017/18, although the Board has received an augmentation in enforcement staffing levels from CPEI, the caseload per investigator continues to remain significantly higher than other programs within DCA. In addition to an investigation caseload, Dental Board Sworn Investigators, Special Investigators, Associate Governmental Program Analysts and Inspectors are also responsible for an average of 10 probation monitoring cases per staff.

In general, the enforcement time commitment to manage a probationary licensee is two times greater than an investigation due to the length of the probation period and the number of meetings with the probationer in order to properly monitor their drug testing conditions, meetings with their billing / practice monitors, following up with their community service, remedial education, tracking cost recovery, data entry into Breeze system to accurately record their progress. The average probation period is three (3) years, however, it can be as high as seven (7) years. The Board is studying the probation monitoring program to determine if internal changes need to be made or if a BCP is necessary to add staff dedicated to monitoring the probationers by creating a Probation Monitoring Unit. High caseloads can adversely affect performance when staff is diverted from their work by competing demands.

AGENCY	AVERAGE CASES PER INVESTIGATOR
Dental Board of California	**50**
Department of Investigations	**25**

Improvements

Board staff participates in Enforcement User Group (EUG) meetings with other Boards and Bureaus to report any problems encountered by the Breeze system. The DCA's Office of Information Services (OIS) periodically releases updates to the system in order to fix the issues discussed.

The Enforcement Program has implemented several processes to reduce response time for intake staff and increase closure rates of cases which include:

- Conducting (at minimum) quarterly desk audits and/or case reviews. The case reviews ensure investigative time lines are on track and if cases need to be reprioritized.
- Providing managers with a variety of statistical information to measure individual performance and expectations.
- Issuing subpoenas for records when a signed authorization to release records is not obtained from the patient or when a dentist is not cooperating in releasing the patient records.
- Training of staff by the Board's dental consultants in order to get better understanding of dental terminology, dental treatments/procedures.
- Increasing training for enforcement staff by having them attend the Department's Enforcement Academy. Special Investigators and analysts in the Investigative Analysis Unit (IAU) attended the National Certified Investigator and Inspector Training provided by the Council on Licensure, Enforcement & Regulation (CLEAR). These courses provide advanced report writing skills in addition to
  investigative techniques and resources to staff without prior enforcement experience.

The issuance of citations has increased each Fiscal Year by 36%, FY 2015/16: 47 citations, FY 2016/17: 56 citations and FY 17/18: 64. The Board has expanded the scope of its use of cite and fine beyond record production and inspections to address a wider range of violations that can be more

efficiently and effectively addressed through a cite and fine process with abatement and/or remedial education outcomes.

The number of accusations filed on behalf of the board has remained constant over the last 8 years. However, the average number of days to complete a case that has been referred to the Attorney General's Office for disciplinary action has continued to increase from 1645 days in 2015/16 to 1863 days in 2017/18 (over 13%). The table below further illustrates the days between case referral, filing of an action and case conclusion.

Table 10. Enforcement Aging

	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18	Cases Closed	Average %
Attorney General Cases (Average %)						
Closed Within:						
0 - 1 Year	23	14	17	9	63	8%
1 - 2 Years	24	32	22	15	93	12%
2 - 3 Years	21	22	24	34	101	14%
3 - 4 Years	12	13	21	59	105	14%
Over 4 Years	70	82	68	166	386	52%
Total Attorney General Cases Closed	150	163	152	283	748	100%
Investigations (Average %)						
Closed Within:						
90 Days	1700	1191	1471	1232	5597	29%
91 - 180 Days	1031	966	432	394	2823	20%
181 - 1 Year	664	821	813	1045	3343	23%
1 - 2 Years	297	289	417	552	1555	11%
2 - 3 Years	135	109	202	173	619	4%
Over 3 Years	118	105	117	178	518	3%
Total Investigation Cases Closed	3945	3481	3455	3574	14455	100%

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36. What do overall statistics show as to increases or decreases in disciplinary action since last review?

Disciplinary Action Trends

Most disciplinary outcomes have shown little change. However, Public Reprimands and Citation and Fines have increased slightly.

Enforcement Aging - The Board has placed a high priority on case aging and continues to strive to reduce the number of cases in its oldest categories.

37. **How are cases prioritized? What is the board's compliant prioritization policy? Is it different from DCA's *Complaint Prioritization Guidelines for Health Care Agencies* (August 31, 2009)? If so, explain why**.

The Board follows the case prioritization guidelines set forth in DCA's August 31, 2009, memorandum titled, "*Complaint Prioritization for Health Care Agencies" (Guidelines).* Those Guidelines are utilized during the Board's complaint intake process, as well as during its investigation processes. However, the Board recognizes that these guidelines offer general parameters and uses them *in conjunction with* the background of the complaint/allegation. The nature of the complaint and its attendant details must be taken as a whole in order to designate the complaint with the appropriate priority, and then assign the investigation to the staff person who can best work the case.

During complaint intake, the standard is for cases to be prioritized with prime consideration assigned to those cases where there has been or is likely to be imminent consumer harm/injury. Allegations involving patient death, sexual misconduct, pharmaceutical and/or substance abuse or physical/mental incapacity, as well as unlicensed activity will receive an urgent priority, depending on the specifics of the allegation, and would be immediately referred to a sworn Investigator.

Cases prioritized as "urgent" may reveal the need for immediate action, e.g., an interim suspension order (ISO), a temporary restraining order (TRO), or compelling a licensee to undergo a mental or physical examination to determine his/her ability to practice.

Complaints and investigations evaluated as having a "high" (as opposed to "urgent") priority level includes allegations relating to actions that *do not pose an immediate threat* to the public's health, safety, or welfare. For example, cases alleging negligence and/or incompetence, physical or mental abuse (without injury), prescription-related allegations, unlicensed activity, aiding and abetting unlicensed activity, or multiple prior complaints. Depending on the purported facts behind the allegation, high priority cases may be assigned to a sworn Investigator, or to non-sworn staff, i.e., Special Investigators. As with the aforementioned urgent cases, the sworn and non-sworn investigators prioritize them within their caseload.

Complaints deemed to be "routine" include, for example, allegations relating to general quality of care, billing fraud, patient abandonment, documentation/records, DOJ conviction notifications, out-of-state discipline, and malpractice settlements/judgments. These "routine" investigations may be assigned to Investigators, non-sworn Special Investigators, or an Enforcement Analyst. After assignment, these too are prioritized within the assigned staff's caseload.

38. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the board actions taken against a licensee. Are there problems with the board receiving the required reports? If so, what could be done to correct the problems?

a. What is the dollar threshold for settlement reports received by the board?

The Board relies on several reporting requirements to aid in identifying violations of the DPA.

BPC § 801(c) requires providers of professional liability insurance to report to the Board dental malpractice settlements or arbitration awards, when the payment exceeds $10,000. Insurers are required to notify the Board of the awards within 30 days of the signed settlement agreement, or within 30 days after service of the award. The Board's primary

source for these reports is TDIC (The Dentists Insurance Company).
BPC § 802 obligates licensees who are not covered by professional liability insurance to report to the Board, within 30 days, any settlement, judgment, or arbitration award over $3,000.

BPC §803 specifies that, after a judgment of more than $30,000 by a California court, the Clerk of that court must report the judgment to the Board within ten days.
With reference to judgments, it should be noted that judgments do not automatically or intrinsically meet the criteria for taking disciplinary action. As with routine complaints received by the Board, before it can be decided what course of action to take as a result of a judgment, the Board must obtain patient releases; as well as dental, medical and/or legal records. If the Board is not able to get the patient's release(s), then it may have to turn to the sometimes-unwieldy subpoena process in order to obtain necessary records.
BPC § 805 et seq. mandates that peer review bodies, health care service plans, dental societies, and committees that review care, report to the Board (within 15 days) whenever any of the following occurs:

1. A licentiate's application for staff privileges or membership is denied or rejected for a medical disciplinary cause or reason.

2. A licentiate's membership, staff privileges, or employment is terminated or revoked for a medical disciplinary cause or reason.

3. Restrictions are imposed, or voluntarily accepted, on a licentiate's staff privileges, membership of employment for a cumulative total of 30 days or more for any 12-month period for a medical disciplinary cause or reason.

4. The imposition of summary suspension of a licentiate's staff privileges, membership, or employment, if the suspension remains in effect for more than 14 days.

BPC §1680(z) requires licensed dentists to self-report any patient death within seven days of discovery that it may be related to dental treatment. Dentists are also required to notify the Board of the removal to a hospital or emergency center for medical treatment of any patient to whom oral conscious sedation, conscious sedation or general anesthesia was administered or any patient as a result of dental treatment.

In addition to reporting treatment-related incidents, CCR § 1018.05(b) became operative on March 9, 2012. As a result, the Board's licensees are now required to report to the Board, within 30 days:

1. The bringing of an indictment or information charging a felony against the licensee.
2. The conviction of the licensee of any felony or misdemeanor. This requirement excludes traffic infractions unless that conviction includes a fine of $1,000 or more, or if the conviction involves alcohol or controlled substances.
3. Any disciplinary action taken by another professional licensing entity - be it from California, another state, the federal government, or the United States military.

Under the provisions of PC §11105.2, the DOJ sends reports to the Board when licensees are arrested, convicted of a crime, violate terms of their criminal probation or have been placed in custody. The DOJ notifications are generated as a result of applicant fingerprint

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requirements, or arrests/convictions occurring subsequent to licensure. Despite this provision, the Board has encountered instances when local law enforcement entities and/or courts may fail to submit arrest and conviction information to the DOJ.

Consequently, it is not uncommon for the Board to receive incomplete information such as a DOJ notification of a licensee's conviction (reported from the court) without having been previously notified of the arrest information by the law enforcement agency which initiated the event.

For example, DOJ might notify the Board of a licensee's misdemeanor or felony Driving Under the Influence (DUI) conviction. Board staff initiate action to collect both the arrest information and the charging documents from the court to determine the underlying acts which resulted in the conviction. In some cases, after obtaining the necessary documents, the Board has learned the licensee may have had prescription drug charges or multiple DUI arrests that could signal a more immediate threat to public safety. Although the Enforcement Program will escalate an investigation such as this to address impaired practitioner or drug diversion allegations, a significant amount of time has already passed by the time a conviction has taken place. This historical arrest/conviction information "gap" could be corrected if law enforcement and courts were required to report all arrests and convictions to DOJ. However, imposing and implementing such a requirement may likely be cumbersome, impractical, and unfeasible.

b. What is the average dollar amount of settlements reported to the board?

The average judgement/settlement reported to the board is approximately $60,000.00.

39. Describe settlements the board, and Office of the Attorney General on behalf of the board, enter into with licensees.
    a. What is the number of cases, pre-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing? The number of pre-accusation cases that were settled was 136. This included 29 probationary licenses, 35 surrenders, 8 diversion referrals and 64 citations. Seventy- two cases went to hearing.
    b. What is the number of cases, post-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing? The number of post-accusation cases settled was 210 and included 60 public reprimands, 97 probation orders, and 44 surrenders. Seventy- two cases went to hearing.
    c. What is the overall percentage of cases for the past four years that have been settled rather than resulted in a hearing? Twenty -six per cent resulted in administrative hearing and fifty two per cent resulted in settlements.

40. Does the board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the board's policy on statute of limitations?

Statute of Limitations

The Board uses administrative and criminal statutes of limitations as one of the key components of its approach to investigation timeframes. As a result, the Board has only experienced a limited number of cases that were unable to be completed before that statute of limitations had elapsed.

Fiscal Year	FY 14/15	FY 15/16	FY 16/17	FY 17/18
Cases closed due to statute of limitations	0	1	5	5

BPC §1670.2 addresses the time limits on initiating proceedings for violations of the DPA. Administrative proceedings initiated by the Board are required to be filed within three years after the Board discovers the act or omission alleged as the grounds for disciplinary action, or within seven years after the aforesaid act or omission occurred, whichever occurs first.

Per PC § 799 *et seq*., California has numerous specified offenses with different statute of limitations for each. With some exceptions, the statute of limitations for misdemeanors is commonly within one year after the date of the offense, and lesser felonies generally have a three-year statute of limitations.

As a safeguard, the Board uses the date the complaint is received as the initiation of the statute. However, until patient treatment records can be obtained, along with a subject response and reviewed by a Dental Consultant, the Board considers the Dental Consultant's opinion as the date of "discovery."

Factors that contribute to statute problems include delays by the patient to file a complaint in a timely manner, delays in obtaining a patient release for their dental treatment records, delays by the licensee to provide a complete and diagnostic patient chart, and investigative priorities within individual caseloads.

Records and information requests, when coupled with referrals to Consultants and/or specialists, can consume up to six months on the statute of limitations "clock." In instances when licensees do not comply with the Board's repeated requests for records, (BPC §1684.1 requires that requested records be provided within 15 days.) citations are issued to gain compliance. These obstacles (uncooperative licensees, the citation process) can delay having a case assigned to investigation and, as such, further restrict available working time before the statute of limitations becomes imminent. Investigative staff's standard practice is to, "Work your oldest cases first", with the goal to close cases before they are 365 days old (after assignment).

Board Managers and Supervisors use monthly reports to monitor case activity and aging. This enables them to take the necessary steps to ensure their staff are actively working cases, and completing investigations well before they meet the statute of limitations.

With reference to administrative action, the Board's investigative staff works in conjunction with the Office of the Attorney General (OAG) for the filing of an administrative Accusation. The Board recognizes that the OAG is constrained by its own staffing, processing, and timeline issues. As such, when referring cases to the OAG for disciplinary action, the Board's strategy is to refer those cases *at least* three months before they reach statute.

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41. Describe the board's efforts to address unlicensed activity and the underground economy.

The Board receives approximately 150 reports of unlicensed activity annually. These cases are generally investigated during office visits and inspections and may result in the issuance of a warning notice or citation. Although only compromising about 4% of the enforcement caseload, these cases often include patients with infections caused by unsanitary conditions, injections of anesthetics, and distribution of controlled substances. Usually the victims in this type of cases are of low income, uninsured, and/or undocumented non-English speaking patient/complainants.

Investigating these allegations presents numerous challenges. Operatories have been found in run-down residences, garages, and nonmedical commercial locations (barber shops, dental labs, or spas). Suspects are often transient, moving among numerous locations to avoid detection. Patients are often reluctant to come forward due to cultural mistrust of law enforcement combined with their undocumented status. Fortunately, the Board's enforcement program has several bilingual investigators whose combined skills have allowed them to establish trust with complainants, obtain the necessary information to investigate the cases, and have resulted in many successful criminal prosecutions.

In June of 2018, to address the growing number of unlicensed activity cases in Southern California, the enforcement team made a focused effort to visit unlicensed locations and determine whether the suspect(s) were still in operation or had moved on. Teams were developed and assigned unlicensed cases in a specific geographical area. A Supervising Investigator was assigned to oversee the operations of each team. During the five -day operation, investigators from both our northern and southern offices worked collaboratively to contact as many locations as feasible.

The teams performed surveillance and undercover operations to determine if the suspect(s) were still in business. Over 50 locations were targeted. The effort resulted in:

- Six (6) misdemeanor citations; Unlicensed practice of dentistry.
- Two (2) misdemeanor citations; Aiding and Abetting the unlicensed practice of dentistry.
- One (1) request for an arrest warrant for the unlicensed practice of dentistry.
- Fifteen (15) Field admonishment.

In total, 51 unlicensed activity cases were investigated in one week. Cases were closed and or pending closures referrals to the Los Angeles County District Attorney's.

Cite and Fine

42. Discuss the extent to which the board has used its cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the $5,000 statutory limit?

BPC §125.9 authorizes the Board to issue citations and fines for violations of the DPA.
BPC §1611.5 is the guiding statute in use by the Board's Inspection staff to review patient records and facilities to ensure a safe and sanitary experience for dental patients, and maintain compliance with CalOSHA and Infection Control regulations.
BPC §1684.1(a)(1) authorizes the Board to issue administrative citations to dentists who fail to produces requested patient records within the mandated 15-day time period. The Board continues to hold licensees accountable to this timeframe and issues citations with a

$250/day fine, up to $5,000 maximum.

As discussed in the previous review, the Board has expanded the scope of its use of cite and fine beyond record production and inspections to address a wider range of violations that can be more efficiently and effectively addressed through a cite and fine process with abatement and/or remedial education outcomes.

43. How is cite and fine used? What types of violations are the basis for citation and fine?

Citations may be used when patient harm is not found, but the quality of care provided to the consumer is substandard. The length of time before administrative discipline could result is also taken into consideration when determining whether a case is referred for an accusation or an administrative citation. When issuing citations, the Board's goal is not to be punitive. Rather, the Board seeks to protect California consumers by getting the subject dentist's attention, re-educating him/her as to the DPA, and emphasizing the importance of following dental practices that fall within the community's standard of care. When deciding whether to issue a citation and an appropriate corresponding fine, factors such as the following are taken into account:

- Nature and severity of the violation
- Length of time that has passed since the date of violation
- Consequences of the violation, e.g., potential or actual patient harm
- History of previous violations of the same or similar nature
- Evidence that the violation was willful
- Due process and the spirit of justice

Examples of "lesser" violations of the DPA that may not warrant referral to the OAG, but where a citation and fine may be more appropriate, include documentation issues (e.g., deficient records/recordkeeping), advertising violations, failure to keep up with continuing education requirements, unprofessional conduct for the failure to disclose or report convictions (e.g., DUI), and disciplinary actions taken by another professional licensing entity.

In addition to using citations as a tool to address less egregious violations that would not otherwise result in meaningful discipline, the Board views citation as a means of establishing a public record of an event that might otherwise have been closed without action, and thereby remain non-disclosable. Moreover, citations can address skills and training concerns promptly.

The issuance of citations have increased each Fiscal Year (36%), FY 2015/16: 47 citations, FY 2016/17: 56 citations and FY 17/18: 64.

44. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?

INFORMAL CONFERENCE REQUESTS				
	FY 14/15	FY 15/16	FY 16/17	FY 17/18
Volume of Informal Conferences	2	0	3	6

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Average Fine Pre-Appeal	$7775	$3275	$1027	$760
Average Fine Post-Appeal	$5925	0	$900	$650
Administrative Procedure Act appeals	0	0	0	0

45. What are the 5 most common violations for which citations are issued?

Board's top five most common violations for which citations are Issued:

CODE SECTION	VIOLATION CHARGED
BPC §1684.1	Failure to produce patient records
BPC §1680 (ad)	Failure to follow Infection Control guidelines
BPC §1680 (dd)	Failure to comply with Blood Borne Requirements
BPC §1670	Grounds for action: Conduct of proceedings
CCR §1018.05 (b)	Unprofessional Conduct

46. What is average fine pre- and post- appeal. See table above (Informal Conference Request)

47. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines.

Presently, the Board does not use the FTB program to collect citation fines. BPC § 125.9 authorizes the Board to add the amount of the assessed fine to the fee for license renewal. In the event that a licensee fails to pay their fine, a hold is placed on the license and it cannot be renewed without payment of the renewal fee and the fine amount. This statute also authorizes the Board to take disciplinary action for failure to pay a fine within 30 days from the date issued, unless the citation is appealed. The board uses these administrative tools for collecting outstanding fines.

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Cost Recovery and Restitution

48. Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.

The Board's continues its policy and practice to request full cost recovery for all of its criminal cases as well as those that result in administrative discipline.

As a result of the Board's investigation and prosecution, a licensee is disciplined through the administrative process, BPC §125.3 authorizes the Board to request reimbursement for costs incurred as a result of that investigation and prosecution.

The Board's request for recovery is made to the presiding ALJ who decides how much of the Board's expenditures will be remunerated. The ALJ may award the Board full or partial cost recovery, or may reject the Board's request. In addition to cost recovery in cases that go to hearing, the Board also seeks cost recovery for its settlement cases.

When a Petition for Reinstatement is granted, and there are outstanding costs from the revocation or surrender proceeding, the ALJ may order full or partial recovery of costs for the Board.

49. How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

Full cost recovery is always requested at the onset of administrative cases. In the case of revocations or surrenders, the ordered costs are held by the Board in the event the former licensee later returns and petitions for reinstatement. These outstanding costs may be ordered as a condition prior to reinstatement (if granted), or may be incorporated into a payment plan as a probationary condition.

50. Are there cases for which the board does not seek cost recovery? Why?

The Board's authority only allows for cost recovery to be imposed against *licensees,* therefore, the Board is unable to seek cost recovery in Statement of Issues (SOI) cases. A SOI case is initiated when the Board denies an applicant a license; and the applicant appeals the denial pursuant to BPC § 485.

51. Describe the board's use of Franchise Tax Board intercepts to collect cost recovery.

The Board is currently working towards increasing our participation in this program and is identifying appropriate cases that can be enrolled. Challenges will remain in instances when the license has been surrendered or revoked, and the former licensee has employment challenges resulting in their inability to generate a taxable income.

52. Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.

At present BPC § 129(c) provides for the Board's ability to request appropriate relief for a complainant, including the ability to meet and confer in order to mediate a complaint. However, the Board does not have the regulatory authority to order restitution to consumers in administrative cases. In some instances, an ALJ may impose restitution in addition to cost recovery and other conditions of a disciplinary order as seen in the table below. In these circumstances, when the licensee submits restitution payments, the Board will track compliance and transfer the payments to designated parties. In unlicensed activity cases, restitution may also be ordered as a part of the criminal penalty. The Board is unable to track how much is collected for the victims because the funds are paid directly to the court.

Table 11. Cost Recovery

	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18
Total Enforcement Expenditures	6,925,000	6,639,000	6,865,000	7,636,000
Potential Cases for Recovery *	79	95	105	167
Cases Recovery Ordered	109	110	98	79
Amount of Cost Recovery Ordered	765,525	694,135	865,741	653,283
Amount Collected	519,020	421,548	636,715	280,875

* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the dental practice act.

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Table 12. Restitution				
	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18
Amount Ordered	0	20,536	0	0
Amount Collected	0	20,536	0	0

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Section 6 –
Public Information Policies

53. How does the board use the internet to keep the public informed of board activities? Does the board post board meeting materials online? When are they posted? How long do they remain on the board's website? When are draft meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?

    The Board maintains an email list of all interested parties and sends out emails to these individuals each time something new is posted on the website. All Board meeting materials are posted online at least one week prior to each meeting, along with draft minutes from the prior meeting. Meeting materials remain online indefinitely; final meeting minutes are posted as soon as the Board approves them and remain online indefinitely.

54. Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long to webcast meetings remain available online?

    The Board has been webcasting all of the public Board and Committee meetings since 2012, and plans to continue webcasting all of its public Board and Committee meetings. Webcasts are archived online for three years.

55. Does the board establish an annual meeting calendar, and post it on the board's web site?

    The Dental Board establishes the following year's meeting dates at the August Board meeting and posts them on the website immediately.

56. Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*? Does the board post accusations and disciplinary actions consistent with DCA's *Web Site Posting of Accusations and Disciplinary Actions* (May 21, 2010)?

    As the Board's mission is to protect the health and safety of California's consumers, it is committed to ensuring the public is provided with information related to enforcement actions against its licensees consistent with DCA's Consumer Complaint Disclosure policy as well as the Department's Guidelines for Access to Public Records. In addition to posting discipline documents on the licensee's verification page on the web site, the Board posts a monthly Hot Sheet that is a listing, by name, of all disciplinary actions or licensing denials initiated or finalized in that month.

57. What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

    The Board provides on the internet, information on the current status of every license that has been issued, pursuant to BCP § 27. The public can view disciplinary history and can access disciplinary documents, including but not limited to accusations, suspensions, and revocations.

58. What methods are used by the board to provide consumer outreach and education?

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The board has been restricted in its efforts to provide consumer outreach and education due to staffing issues and travel restrictions over the last few years. The Board strives to provide as much information to California consumers as possible via its website. The Board has informational items that are posted online including how to file a complaint and the enforcement process.
The Board also has a sign-up for its online e-mail list and has Frequently Asked Questions with answers, on its home page.

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Section 7 –
Online Practice Issues

59. Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the board regulate online practice? Does the board have any plans to regulate internet business practices or believe there is a need to do so?

The Board actively investigates and prosecutes violations of Business and Professions Code Sections 4067 and 2242.1, which prohibit any person or entity from dispensing or furnishing any dangerous drug or device on the internet for delivery to any person in this state without a prescription issued pursuant to an appropriate prior examination and dental/medical indication. If an individual is not licensed in the State of California, the additional charge of Business and Professions Code Section 1701.1 (practicing dentistry without a license) will be sought. The Board regularly investigates inappropriate/illegal drug prescribing, although most is unrelated to internet sales.

More frequently, the Board receives complaints regarding online advertising violations, including licensees who are claiming superiority in their treatments and products. Such complaints are appropriately dealt with by the use of cease and desist letters, and citations.

In advertising cases involving the use of neurotoxins or injectable fillers, the Board investigates whether the products are offered for treatment of a bona fide dental condition or are offered for strictly cosmetic purposes. These cases may facilitate an undercover operation to confirm the illegitimate use which may result in a citation, administrative action against the licensee or criminal charges filed for unlicensed practice of dentistry or medicine.

The Board has also received complaints of unlicensed denturists advertising to create dentures for customers without a prescription from a licensed dentist. These types of complaints may result in an undercover visit to confirm whether dentistry is taking place, which could result in furtherance of a search warrant, arrest and conviction, or merely an investigator confirming that the location is a legitimate dental lab.

The Board will be looking closely at tele-dentistry statutes to determine if corporations are interpreting the law too broadly, or whether the Board should seek statutory language to narrow the application of tele-dentistry in order to ensure public protection. Also, the Board will be gathering background information on the newly recognized specialty of dental radiology to determine whether utilizing dental radiologists, outside the state, would be considered unlicensed activity.

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Section 8 –
Workforce Development and Job Creation

60. What actions has the board taken in terms of workforce development?

The Board is currently participating in two legislatively mandated programs to gather work force data in order to address issues relating to access to care. The requirements for this data collection are found in two pieces of legislation which were signed into law in 2007: AB 269 (Chapter 262, Statutes of 2007) and SB 139 (Chapter 522, Statutes of 2007).

AB 269

The Board has been collecting workforce data, pursuant to the requirements outlined in AB 269 (Eng) (Chapter 262, Statutes of 2007) since January 1, 2009. It was the intent of the Legislature, at that time, to determine the number of dentists and licensed or registered dental auxiliaries with cultural and linguistic competency who are practicing dentistry in California. The bill further stated that "Collecting data on dentists and dental auxiliaries serving any given area allows for the consistent determination of the areas of California that are underserved by dentists and dental auxiliaries with cultural or linguistic competency." Ironically, the ethnic background and foreign language fluency questions on the survey are optional.

In accordance with AB 269, the Board developed a work force survey, which each licensee (dentist and registered dental assistant) is required to complete upon initial licensure and at the time of license renewal. The survey questions include:

- License Number
- License Type
- Employment Status (see attached survey for detail)
- Primary Practice Location (by zip code and number of hours worked at that location)
- Secondary Practice Location (by zip code and number of hours worked at that location)
- Postgraduate Training
- Dental Practice/Specialty and Board Certifications or Permits
- Ethnic Background (which is optional)
- Foreign Language Fluency, other than English (which is also optional).

The survey does not include questions related to earnings and benefits, job satisfaction, temporary departure from practice, or future plans of working licensees.

The on-line results of the survey are combined with the survey results that are manually input by staff into one data file. The Department downloads the raw data to the Board's website, per legislation, on or before July 1 of each year.

SB 139

In accordance with SB 139 (Chapter 522, Statutes of 2007), the Office of Statewide Health Planning and Development (OSHPD) established a health care workforce clearinghouse to serve as the central source of health care workforce and educational data in the state. The clearinghouse is responsible for the collection, analysis, and distribution of information on the educational and employment trends for health care occupations in California. The activities of the

clearinghouse are funded by appropriations made from the California Health Data and Planning Fund in accordance with HSC § 127280 (h).

OSHPD works with the Employment Development Department's Labor Market Information Division, state licensing boards, and state higher education entities to collect, to the extent available, all of the following data:

- The current supply of health care workers, by specialty.
- The geographical distribution of health care workers, by specialty.
- The diversity of the health care workforce, by specialty, including, but not necessarily limited to, data on race, ethnicity, and languages spoken.
- The current and forecasted demand for health care workers, by specialty.
- The educational capacity to produce trained, certified, and licensed health care worker, by specialty and by geographical distribution, including, but not necessarily limited to, the number of educational slots, the number of enrollments, the attrition rate, and wait time to enter the program of study.

After the data is collected, OSHPD prepares an annual report to the Legislature that does all of the following:

- Identifies education and employment trends in the health care profession.
- Reports on the current supply and demand for health care workers in California and gaps in the educational pipeline producing workers in specific occupations and geographic areas.
- Recommends state policy needed to address issues of workforce shortage and distribution.

The Board, along with six other DCA healing arts boards, participated in the Clearinghouse Database design phase of the project (data collection). The results of this data collection can be found in the OSHPD Facts Sheets for Dentists, RDAs, and RDHs that are available at: http://www.oshpd.ca.gov/hwdd/hwc/.

In addition, the Board has had some preliminary discussions relative to increasing workforce capacity in the light of Federal Healthcare Reform. Those discussions always include the need to increase capacity in underserved and rural areas because those are the places where there is consistently a need.

61. Describe any assessment the board has conducted on the impact of licensing delays.

The Board is fortunate to not have experienced any licensing delays. The Board is currently issuing licenses within 30 days of receipt of a complete application package.

62. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

The Board provides outreach presentations every year at the dental schools, professional conferences and to local dental societies. When the Board conducts presentations we educate the student population, faculty and dental community about the laws related to the profession, the

Board, and its composition, purpose and the various licenses, permits and certifications the Board issues.

The Board also sends email blasts to the public and dental industry offering information that pertains to potential licensees (students) regarding the examination process and licensure. The Board has also been able to network with professional organizations such as the California Dental Association (CDA), California Association of Oral and Maxillofacial Surgeons (CALAMOS), California Academy of General Dentists, California Society of Pediatric Dentistry, the California Association of Dental Assisting Teachers (CADAT), the California Association of Dental Assistants (CDAA), and the California Association of Orthodontists. The Board meets with the Deans of the dental schools on a regular basis to discuss the new portfolio pathway to licensure. In addition, the Board staffs an informational booth at the CDA annual convention which is held twice per year. At the convention, the Board has staff on hand to answer questions from licensees, students and applicants on the licensure pathways and the laws related to the profession.

Additionally, the Board posts updates pertaining to licensing requirements and the licensing process on the webpage, as well as having a link to this information.

63. Describe any barriers to licensure and/or employment the board believes exist.

The Board is not aware of any current barriers to licensure or employment. However, the Board anticipates that the current provisions in Business and Professions Code Section 1752.1(j) will create a barrier to RDA licensure beginning January 1, 2020 by requiring the RDA Practical Examination to be reinstated. The RDA Practical Examination has been suspended since April 2016 because the Board determined the examination no longer accurately measured the competency of RDAs for the purpose of licensure. If the Board is unable to obtain a legislative change that would eliminate the requirement for the RDA practical examination, it will be faced with a statutory barrier to licensure. This issue is covered in depth in Section 11 of this report.

64. Provide any workforce development data collected by the board, such as:

a. Workforce shortages

The Board monitors reports from the OSHPD Workforce Clearinghouse, and information provided by the industry on possible workforce shortages. The Board has formed the Access to Care committee to review the studies and work in collaboration with the Select Committee on Health Workforce and the various legislative caucuses as well as other interested parties, for-profit, non-profit and stakeholder organizations can bring increased diversity in the dental profession.

b. Successful training programs.

The Board does not currently have staff or the funding available to provide any training programs for our licensees.

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65. What is the status of the board's implementation of the Uniform Standards for Substance Abusing Licensees?

Uniform Standards for Substance Abusing Licensees

Effective April 1, 2014, the Board implemented the provisions of Senate Bill 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008) by adopting the *Uniform Standards Related to Substance-Abusing Licensees with Standard Language for Probationary Orders, New February 28, 2013*. These standards will be used by administrative law judges in disciplinary proceedings after a licensee has been determined to be abusing substances. The standards relate to:

1. Notification to Employer
2. Supervised Practice
3. Drug and Alcohol Testing
4. Abstention from the Use of Alcohol, Controlled Substances, and Dangerous Drugs
5. Facilitated Group Support Meetings
6. Clinical Diagnostic Evaluations
7. Drug or Alcohol Abuse Treatment Program

To ensure successful implementation, the Board's enforcement staff have taken the following actions:

1. Provided the Attorney General liaison with the *Uniform Standards Related to Substance-Abusing Licensees with Standard Language for Probationary Orders, New February 28, 2013* which was distributed to their offices statewide. The information was also provided to the Office of Administrative Hearings.

2. Established additional probation guidelines to address the seven new monitoring conditions. This included development of additional probation forms and correspondence templates.

3. Provided staff training: Supervisors and managers have met with staff to familiarize them with the new requirements and implementation

4. Amended the contract with the Board's Diversion Program vendor to mirror the Uniform Standards requirements.

Additionally, Senate Bill 796 (Hill, Chapter 600, Statutes of 2017) requires the Department of Consumer Affairs (DCA) to reconvene the Substance Abuse Coordination Committee (SACC) to specifically review the existing criteria for Uniform Standards #4 related to drug testing and to determine whether the existing criteria in this standard should be updated. The Director of DCA is required to submit this report to the Legislature by January 1, 2019.

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The Board's Executive Officer has participated in meetings (April 23, June 27, and October 30, 2018) of the SACC where public testimony was heard about recent developments in testing research and technology related to detection of drugs and/or alcohol. Laboratory Testing and Sample Collection Vendors participated in a panel discussion. The SACC voted to recommend that Uniform Standards #4 be changed to reflect clarification of the drug testing locations and/or testing frequency during vacation or absence.

66. What is the status of the board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?

Consumer Protection Enforcement Initiative (CPEI) Regulations

The Department of Consumer Affairs developed a report (*Department of Consumer Affairs "Consumer Protection Enforcement Initiative BCP Independent Verification & Validation Report, March 2010"*) identifying legislative changes the Department thought would assist boards in improving their enforcement processes. The Department also sponsored legislation, Senate Bill 1111 (Negrete McLeod), during the 2009-2010 Legislative Session to codify many of the recommendations contained within the report. However, the bill failed to be enacted.

When the bill failed to be enacted into law, the Department encouraged the healing arts boards to pursue regulatory action to assist the boards with investigating and prosecuting complaints in a timely manner, and to provide the boards with tools to improve the enforcement process and ensure patient safety. In response to this, the Dental Board reviewed proposed regulatory amendments that would improve the Board's enforcement process in an effort to address public concern and have promulgated three rulemaking proposals.

The first rulemaking proposal became effective on March 9, 2012. Specifically, these regulations:

1. Specified that the following acts constitute unprofessional conduct:
    a. Failure to provide records requested by the Board within 15 days,
    b. Failure of a licensee to report an indictment within 30 days,
    c. Failure of a licensee to report a felony charge within 30 days,
    d. Failure of a licensee to report a conviction within 30 days, and
    e. Failure of a licensee to report disciplinary action taken by another professional licensing entity or other agency within 30 days; and

2. Authorized the Board to require an examination of an applicant who may be impaired by a physical or mental illness affecting competency.

The second rulemaking proposal became effective on January 1, 2015. Specifically, these regulations require an administrative law judge (ALJ) to order revocation of a license when issuing a proposed decision that contains any finding of fact that: (1) a licensee engaged in any act of sexual contact with a patient, client, or customer; or, (2) the licensee has been convicted of, or has committed, a sex offense. This regulation prohibits a proposed order staying the revocation of the license or placing the licensee on probation, under such circumstances.

The third rulemaking proposal became effective on July 1, 2016. Specifically, these regulations delegate authority to the Board's Executive Officer to approve settlement agreements for the revocation, surrender, or interim suspension of a license in the interest of expediting the Board's enforcement process.

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The Board already has statutory or regulatory authority for the following provisions; therefore, regulatory action was not necessary:

- Denial of application for registered sex offender: Require the Board to deny a license to an applicant or revoke the license of a licensee who is registered as a sex offender.
- Failure to provide documents and failure to comply with court order:
- Define in regulation that sexual misconduct is unprofessional conduct.

Additionally, on January 1, 2013, BPC § 143.5 (AB 2570, Chapter 561, Statutes of 2012) became effective and prohibits a licensee who is regulated by the Department of Consumer Affairs or various boards, bureaus, or programs, or an entity or person acting as an authorized agent of a licensee, from including or permitting to be included a provision in an agreement to settle a civil dispute that prohibits the other party in that dispute from contacting, filing a complaint with, or cooperating with the department, board, bureau, or program, or that requires the other party to withdraw a complaint from the Department, board, bureau, or program, except as specified.

67. Describe how the board is participating in development of BreEZe and any other secondary IT issues affecting the board.

The Board has extensively participated in the development and implementation of the BreEZe computer system for Board use. Board staff has also participated in ongoing testing, updates, and training programs and exercises to identify programmatic issues. The Board will continue to test, evaluate, and communicate any issues or problems that arise to the DCA Office of Information Systems on an ongoing and as needed basis.

a. Is the board utilizing BreEZe?

Yes, the Board has been using the BreEZe computer system since the January 19, 2016 Release 2 date.

What Release was the board included in?

Release 2 implemented on January 19, 2016).

What is the status of the board's change requests?

The Board is informed of the BreEZe change requests after submission through a list of release dates from the Office of Information Services at the Department of Consumer Affairs. The current change list has been consistent and updates occur monthly. The Board's specific change requests have been implemented on an rapid pace and the cooperation between both parties on updates and any requested changes or information has been very good.

b. If the board is not utilizing BreEZe, what is the board's plan for future IT needs? What discussions has the board had with DCA about IT needs and options? What is the board's understanding of Release 3 boards? Is the board currently using a bridge or workaround system?

The Board has been on BreEZe since January 19, 2016.

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Section 10 –
Board Action and Response to Prior Sunset Issues

Include the following:

1. Background information concerning the issue as it pertains to the board.
2. Short discussion of recommendations made by the Committees during prior sunset review.
3. What action the board took in response to the recommendation or findings made under prior sunset review.
4. Any recommendations the board has for dealing with the issue, if appropriate.

Following is an update on what action the Dental Board took in response to the recommendations or findings made under the prior sunset review conducted in 2014-15.

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ADMINISTRATIVE ISSUES

ISSUE #1: AUTHORITY TO COLLECT EMAIL ADDRESSES. ***Should the Board be authorized to collect and disseminate information through email addresses?***

Background: In order to improve the Board's ability to communicate with licensees, the Board will be pursuing statutory authority to allow it to require email addresses on its applications and renewal forms. Web-based communications will also reduce postage costs and provide a cost savings to the Board.

Staff Recommendation: ***The Board should advise the Committees of any statutory changes necessary to enable the Board to collect email addresses and to use email as a way to communicate with licensees and applicants.***

DBC Response: Statutory language to enable the Board to collect email addresses was submitted to the Committee and it was included in AB 179 (Chapter 510, Statutes of 2015). Business & Professions Code Section 1650.1 authorizes the Board to collect email addresses for applicants and licensees.

ISSUE #2: DENTAL ASSISTING COUNCIL (COUNCIL). ***Should the Board examine ways to increase the availability of examinations? What is the Board's relationship with the Council, and how can the Council become more effective?***

Background: SB 540 (Chapter 385, Statutes of 2011) created the Council to consider all matters relating to dental assistants. The Council is composed of seven members, including the RDA member of the Board, another member of the Board, and five RDAs who represent a broad range of dental assisting experience and education. Two of the five RDA members are required to be employed as faculty members of a registered Board-approved dental assisting educational program, one must be licensed as an RDAEF, and one must be employed clinically in private dental practice or public safety net or dental health care clinics, and must be actively licensed. The Board makes all council appointments. No council appointee shall have served previously on the dental assisting forum or have any financial interest in any registered dental assistant

school. Council members serve for a term of four years, and there are no term limits. Any resulting recommendations regarding scope of practice, settings, and supervision levels are made to the Board for consideration and possible further action.

The California Association of Dental Assisting Teachers, the California Dental Assistants Association, and the Foundation for Allied Dental Education, CADAT's foundation, have raised issues relating to dental assistants, the Council, and the Board, and believe that the Council is not effectively representing the interests of the dental assisting community. Among other things, the associations assert there are not enough RDA examinations or examination sites available. According to the 2015 examination schedule, the practical examination will be offered nine times this year, with 18 possible testing dates, primarily alternating between testing sites in San Francisco and Pomona, and one scheduled test in Santa Maria. The associations also believe that the Board acted without sufficient public discussion when it recalibrated the practical examination and instituted changes relating to application processing criteria. While the Board has not changed examination criteria or any grading criteria, the Board recently instituted a new calibration process, and pass rates declined following the change. The associations also believe the Board should exercise more regulatory oversight and prevent delays associated with program approvals and regulation development, and that the Board should rely more heavily on national dental assisting standards. Lastly, the associations assert that the Board does not adequately respond to stakeholder concerns, and that Council appointees do not accurately reflect or represent the dental assistants.

Staff Recommendation: ***The Board should explain to the Committees why it recalibrated the RDA examination, and the decline in pass rates after the practical examination was recalibrated. The Board should inform the Committees about whether it has addressed, or is in the process of addressing, any of these concerns or requests, and explain any delays relating to program approvals and regulation development. The Board should explore ways to improve its relationships with stakeholders, and to empower the Council to better serve its role in vetting and making recommendations on dental assisting issues. The Committees should consider whether it would be appropriate to transfer council appointment authority from the Board to the DCA or to the Governor's Office and the Legislature, and whether term limits should be instituted.***

DBC Response: The Board is responsible for administration of the registered dental assistant (RDA) written and practical examinations. While the written examination is computer based and offered throughout the state in multiple testing facilities through an outside vendor, board staff continued to administer the practical examination until it was suspended by the Board in 2017.

Prior to 2009, when the practical examination was administered by Committee on Dental Auxillaries (COMDA), examiners were calibrated by a dentist. However, when the program came under the Dental Board in July, 2009 the procedure changed and examiners, who themselves were RDAs, were calibrating themselves. There is no documentation as to why this procedure was changed. During 2014, Board staff observed anomalies within the grading procedure and asked that a dentist come in to calibrate the examiners. Neither the examination nor the grading criteria had changed. However, since the calibration had been conducted by a dentist rather than the RDAs, the candidate pass rate declined.

In response to the fluctuating pass rates, the Board and Dental Assisting Council (DAC) determined that an occupational analysis (OA) of the RDA profession must be conducted. In March 2015, the Office of Professional Examination Services (OPES) initiated the OA of the RDA profession at the request of the Board. Business and Professions Code (BPC) Section 139 requires that the boards and bureaus of the

Department of Consumer Affairs (DCA) conduct an occupational analysis for each license classification every five to seven years. The previous OA for the RDA profession was conducted in 2010.

One purpose of the OA is to develop a description of current practice in terms of the actual job tasks that entry-level licensees must be able to perform safely and competently. The results of occupational analysis research projects are also used to ensure that the content of written, practical, and law and ethics licensing examinations reflect knowledge and skills that are critical for public protection.

While the OA was being conducted, Assembly Bill (AB)179 was passed, requiring that OPES "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." OPES conducted this review in conjunction with the OA. It wasn't until 2017 that OPES observed the calibration and administration of the RDA practical examination and determined that the Board should immediately suspended the practical examination until January 1, 2020 or until the Board determines an alternative way to measure competency.

On April 6, 2017, the Board held a special meeting to discuss the findings of the review of the RDA practical examination conducted by the OPES. After reviewing the findings of the report, the Board voted to suspend the administration of the RDA practical examination effective immediately and until July 1, 2017. Pursuant to Business and Professions Code Section 1752.1 at that time, the suspension of the practical examination could only remain in effect until July 1, 2017. After this date, the exam would have been reinstated as a requirement for RDA licensure.

Between April 6 and July 1, 2017, the Board licensed registered dental assistant candidates who had completed all other licensing requirements except passage of the practical exam. Also during this time, the Board sought an author to carry urgency legislation that would continue the suspension of the examination from July 1, 2017 until January 1, 2020, at which time a practical examination or an alternative means of measuring competency would be implemented. This legislation, Assembly Bill 1707 (Chapter 174, Statutes of 2017) authored by Assembly Member Low was signed by Governor Brown and became effective on August 8, 2017.

The Board resumed licensing applicants who have met all other requirements of licensure except passage of the practical examination, including successful completion of the RDA Written Examination and the RDA Law & Ethics Examination.

At its August 2017 meeting, the Board and the DAC considered a memorandum that was presented by the OPES relating to alternatives for assessing the competency of RDA candidates to perform the clinical procedures necessary for licensure. After the discussion, the Board took action to appoint a subcommittee of the Board to develop alternatives, other than a practical exam, to bring back to the Board and DAC for consideration at a future meeting.

The subcommittee, consisting of Bruce Whitcher, DDS and Judith Forsythe, RDA, met and developed a preliminary subcommittee report regarding alternatives. This preliminary report was shared with stakeholders at a workshop held on Friday, October 13, 2017 in Sacramento. This workshop provided a forum for discussion regarding the subcommittee's recommendations and allowed interested parties the opportunity to provide verbal and written comments.

The workshop was attended by representatives of the California Dental Association (CDA), the California Association of Dental Assistants (CDAA), the Dental Assisting Educators Group, Board -approved educational

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program and course providers, and practicing RDAs. Board staff, Legal Counsel, and OPES were also in attendance.

As a result of this workshop the subcommittee recommended, for discussion and possible action by the Board and DAC, six alternative methods to measure RDA competency for licensure in California. These recommendations were discussed at the November 2017 meeting. Consideration was given not only to public protection, but to whether or not the new eligibility requirements would eliminate overly restrictive eligibility standards, or standards of practice that unduly limit competition between professionals or place undue burdens on those who want to enter the profession.

At the November 2017 meeting, the Board and DAC voted to adopt the alternative which requires that eligibility for RDA licensure be based on completion of the current licensure requirements as established by current law and regulation and successful completion and passing of the RDA Written examination and the RDA Law & Ethics Written examination. The Board and DAC believe that this option was the most reasonable and optimal and will not introduce additional barriers to RDA licensure. The decision is supported by the fact that OPES indicated that the RDA written examinations, along with the fact that RDA duties are supervised by the dentist, places the public at little risk of harm. A practical examination would not provide additional public protection beyond that conferred by successful completion of an educational program or a written examination.

In addition to examinations, the Board is responsible for the review and approval of dental assisting educational programs and course applications. The Board receives approximately forty applications for approval from dental assisting programs and courses per year. With the transfer of responsibility for dental assisting in 2009, the board inherited a backlog of unprocessed applications for programs and courses, making it necessary for staff to direct its efforts at bringing approvals up to date. This was accomplished, and educational program and course approvals are now processed within 90 days provided there are no application deficiencies.

The Board continues to work closely with the DAC and stakeholders on the development of dental assisting educational regulations. Regulatory workshops were held during 2016 and 2017 where DAC members, stakeholders, and staff developed a working draft of proposed dental assisting educational program and course requirements that will be forwarded to the full Board for consideration.

The Board remains committed to working with the DAC and stakeholders in a supportive and collaborative manner to explore ways to improve its relationships with these groups. The Board does not believe it is necessary to transfer council appointment authority from the board to the DCA or to the Governor's Office and the Legislature. Statute already exists to limit council appointments to two full four years terms as outlined in BPC Section 1742(g).

ISSUE 3: DELAYED IMPLEMENTATION OF THE BREEZE CONTRACT. ***How does this impact the Board?***

Background: The "BreEZe Project" was designed to provide the DCA boards, bureaus, and committees with a new enterprise-wide enforcement and licensing system. The updated BreEZe system was engineered to replace the existing outdated legacy systems and multiple "work around" systems with an integrated solution based on updated technology. According to the DCA, BreEZe is intended to provide applicant tracking, licensing, renewals, enforcement, monitoring, cashiering, and data management capabilities. In addition, BreEZe is web-enabled and designed to allow licensees to complete and submit applications, renewals, and the necessary fees through the internet when fully operational. The public also will be able to

file complaints, access complaint status, and check licensee information, when the program is fully operational.

According to the original project plan, BreEZe was to be implemented in three releases. The budget change proposal that initially funded BreEZe indicated the first release was scheduled for FY 2012–13, and the final release was projected to be complete in FY 2013–14. In October 2013, after a one-year implementation delay, the first ten regulatory entities were transitioned to the BreEZe system. The Board is part of Release Two, which is scheduled to go live in March 2016, three years past the initial planned release date.

The total costs of the BreEZe project are funded by regulatory entities' special funds, and the amount each regulatory entity pays is based on the total number of licenses it processes in proportion to the total number of licenses that all regulatory entities process. To date, the Board has spent approximately $265,918 between FY 09/10 and 13/14 on pro rata and other costs to prepare for the BreEZe system transition, and is expected to spend $285,183 for FY 14/15, $541,457 for FY 15/16, and $573,193 for FY 16/17. The Dental Assisting Fund, which is also part of Release 2, has spent $199,697 on pro rata and other costs to prepare for BreEZe between FY 09/10 and FY 13/14, and is expected to spend $207,860 in FY 15/16, $401,161 in FY 215/16, and $425,365 in FY 16/17.

Some of these costs include staff costs. For example, the Board has assigned one staff services manager full time as the single point of contact for the Board's BreEZe business integration. In addition, staff has been designated as subject matter leads in different program areas, and several retired annuitants have been maintained in anticipation of the forthcoming resource demands while the system is tested, data migration is validated, and training of full time staff is conducted.

According to the Board, there are several challenges it is anticipating before successful implementation. One challenge includes the ability to schedule practical examinations for RDAs at various times and locations, because the existing off-the-shelf product that BreEZe was developed from did not contain this functionality. Another challenge is the inspection module functionality, which will be used to track the Board's inspection cases separate from its enforcement cases. Release 1 Boards chose not to use this feature, so the Board will be one of the first boards to use this module. Lastly, the Board notes that Release 2 will have an activity tracking component to track investigator time (and costs) as originally intended. In addition to these BreEZe-specific concerns, the Board noted in its report that it had existing issues with its legacy system that BreEZe was intended to solve, such as the ability to generate reports and the ability for multiple staff to have access to enforcement screens. The Board also notes that while it is in compliance with BPC § 114.5, which requires Boards to track and identify veterans, it is currently tracking this data internally while the BreEZe computer system is being developed.

Another issue of concern based on BreEZe's delayed implementation is the Board's absence of an investigative activity reporting (IAR) system. After the Board's last sunset review, it utilized the IAR, which was owned and supported by the Medical Board of California (MBC), to track the Board's cases. However, the MBC has been integrated into BreEZe and they are no longer using the IAR. In addition, the Board notes that the IAR was discontinued last spring when the Board upgraded its computers because the new operating system would not support the IAR format. As a result, investigators at the Board are manually tracking casework and supervisors are conducting regular desk audits to ensure the timeliness of casework.

Staff Recommendation: ***The Board should update the Committees on whether any of the above-mentioned concerns have been or will be addressed in Release 2. The Board should inform the Committees of any difficulties in remaining on its legacy systems, and whether any additional stop- gap technological measures are needed until BreEZe is implemented, especially in light of the loss***

of the IAR system and its current practice of manually tracking casework. The Board should inform the Committees of how BreEZe expenditures have affected its funds, and whether the Board will need to generate additional revenue to support BreEZe expenditures going forward.

DBC Response: The Board went "live" on the BreEZe system on January 19, 2016. The challenges identified in the background from the prior sunset report relating to BreEZe were addressed prior to implementation. Board staff worked closely with the vendor to design a module that gave the Board the ability to schedule RDA practical examinations at various times and locations, as well as issue the results of the examination; to track inspections separate from enforcement cases; to track and identify veterans; to generate various reports; and to have the ability for multiple staff to have access to enforcement screens.

The challenge remaining is the time tracking module that was not available in Release l. The module was intended to track investigator time and costs associated with an investigation. The module was not utilized by other boards until recently. The Dental Board staff is working with DCA to develop the module to be able to track board specific items such as travel time, report writing, interviews, etc. Currently board staff are manually tracking casework and supervisors are conducting regular desk audits to ensure the timeliness of casework.

During the prior sunset review period, the increased spending associated with the implementation of BreEZe and ongoing maintenance was a stress on the Board's budget. However, the Board has made the appropriate adjustments and has increased licensing fees in order accommodate this expense.

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ISSUE #4: PRO RATA. ***What is the impact of pro rata on the Board's functioning?***

Background: Through its various divisions, DCA provides centralized administrative services to all boards and bureaus. Most of these services are funded through a pro rata calculation that is based on "position counts" and charged to each board or bureau for services provided by personnel, including budget, contract, legislative analysis, cashiering, training, legal, information technology, and complaint mediation. DCA reports that it calculates the pro rata share based on position allocation, licensing and enforcement record counts, call center volume, complaints and correspondence, interagency agreement, and other distributions. In 2014, DCA provided information to the Assembly Business, Professions and Consumer Protection Committee, in which the Director of DCA reported that "the majority of [DCA's] costs are paid for by the programs based upon their specific usage of these services." DCA does not break out the cost of their individual services (cashiering, facility management, call center volume, etc.).

Over the past four years, the Dental Fund has spent roughly an average of 11% of its expenditures on DCA pro rata, while the Dental Assisting Fund has spent roughly 18%. The Board receives the following services from DCA for its pro rata: accounting, budget, contracts, executive assistance, information technology, investigation, legal affairs, legislative and regulatory review, personnel, and public affairs. While it appears DCA provides assistance to the Board, it is unclear how the rates are charged and if any of those services could be handled by the Board instead of DCA for a cost savings.

Staff Recommendation: ***The Board should advise the Committees about the basis upon which pro rata is calculated, and the methodology for determining what services to utilize from DCA. In addition, the Board should discuss whether it could achieve cost savings by providing some of these services in-house. The Board should inform the Committees of why the Dental Assisting Fund's pro rata costs are higher than the Dentistry Fund's pro rata costs.***

DBC Response: The Department's pro rata costs are allocated to each board and bureau based on authorized position counts, licensing and enforcement transactions, various IT related cost centers, and prior year

workload volumes; there are no pro rata costs that are allocated based on a board or bureau's budget. The differences between the dental fund and dental assisting fund pro rata can be attributed, in some part, to the services used by each entity. For example, the dental assisting fund has an interagency agreement with the Office of Professional Examination Services, which is included in its pro rata budget, but the Dental Board does not.

In terms of achieving savings by providing services in house, the Board's management team has been participating in DCA pro rata workshops to determine what services, if any, could be eliminated.

BUDGET AND STAFFING ISSUES

ISSUE #5: DENTAL FUND CONDITION. ***Is the Board adequately funded to cover its administrative, licensing, and enforcement costs; to continue to improve its enforcement program; and to ensure it is fully staffed?***

Background: The Dentistry Fund is maintained by the Board and includes the revenues and expenditures related to licensing for dentists. For sixteen years, the license fee for dentists was set at $365. In 2013, for the first time in 16 years, the Board increased its license fee for dentists from $365 to its statutory cap at the time of $450. These regulations went into effect on July 1, 2014. During that time, the Board also pursued an increase in statute from $450 to $525. SB 1416 (Block, Chapter 73, Statutes of 2014) raised the Board's fee for initial and renewal licenses for dentists from $450 to $525, and set fees at that level. During that time, an analysis conducted by the DCA's Budget Office determined that the license fees should be raised to $525 to ensure solvency into the foreseeable future. While fees increased have generated additional revenue, the Board expenditures, projected to be over $12M per year, continue to outpace its revenue, projected to be less than $11M per year, thus perpetuating a structural imbalance.

Part of the reason for the increase in projected and actual expenditures in recent years has been due to funding 12.5 CPEI positions; funding the diversion program; increased expenses associated with BreEZe; unexpected litigation expenses; and the general increase in the cost of doing business over the past 16 years. While the Board has expended less than what it has been authorized by the budget due to some cost savings and reimbursements, the Board emphasizes that its fund should be able to sustain expenditures without relying on estimated savings or reimbursements.

Based on data from the past five fiscal years, the Board calculated that the Dentistry Fund will be able to sustain expenditures into FY 2017/18 before facing a deficit. According to budget information presented at its February 2015, Board meeting, the Board projects it will only have 0.5 months in reserve in FY 2016/17. The Board is currently undergoing a fee rate audit to determine the appropriate fee amounts to assess and to project fee levels into the future. The fee audit will also take into account the funds necessary to establish a reserve of four to six months for economic uncertainties and unanticipated expenses, such as legislative mandates and the DCA costs. In addition, while the Dental Assisting Program has its own staff for Licensing and Examination, paid for by its fund, the rest of the functions relating to dental assisting, such as administration and enforcement, are performed by Board staff and paid for by the Dentistry Fund. As a result, the fee audit will examine the appropriate fees and costs for the Dental Assisting Fund, which currently does not pay the Dentistry Fund for any costs associated with administration or enforcement and has a very large reserve. After the results of the fee audit come out, the Board anticipates requesting an increase in the statutory fee caps, so that going forward, the Board may raise fees incrementally and within the cap, as necessary, to ensure a healthy budget. The fee audit will be available shortly.

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***Staff Recommendation*: The Board should share the fee audit with the Committees as soon as that information is available to determine the appropriate fee caps for licensees. The Board should consider whether it is feasible or preferable to merge the Dentistry and Dental Assisting, and to share all staff and costs. If the Board determines that funds should remain separate, the Board should ensure that the Dental Assisting Fund reimburses the Dentistry Fund for any costs incurred.**

DBC Response: The final report on the Board's fee audit is available on the Board's website at http://www.dbc.ca.gov/formspubs/fear2015.pdf and is included in Section 12 of this report. The auditor made several recommendations which the Board implemented such as updating fees regularly and incrementally, and conducting a fee analysis every four to five years. This fee audit assisted the Board in determining the appropriate maximum fee ceilings that were amended through AB 179 (Chapter 510, Statutes of 2015) and became effective January 1, 2016. Since the Board raises fees through the regulatory process, raising the fee ceilings in statute gave the Board authority to move forward with promulgating regulations for appropriate fee increases when necessary in the future.

Board staff researched the feasibility of merging the dental and dental assisting funds and consulted with the Department of Consumer Affairs' Budget Office. Staff determined that the merging of the two funds will streamline certain processes. The combining of the two separate funds and two separate appropriations into one, will create efficiencies in budgeting and accounting processes in the long term and would make any budgeting issues simpler to understand. There would be a significant amount of work involved in making the switch, including requiring statutory amendments. However, the DCA Budget Office opined that the long-term benefits of merging the two funds outweigh the short-term concerns and increased workload.

At the May 2017 meeting, the Board voted to support the merging of the State Dentistry Fund and the State Dental Assisting Fund and directed staff to continue to research and identify the process by which the two funds may be merged; and to include a request to merge the funds as part of the Board's Sunset Review Report which will be developed in 2018.

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LICENSING ISSUES

ISSUE #6: FOREIGN DENTAL SCHOOL APPROVAL. ***Is the process for approving foreign dental school sufficient? Should the Board consider heavier reliance on accrediting organizations for foreign school approvals if those options become available?***

Background: Since 1998, the Board has authority, under BPC § 1636.4, to conduct evaluations of foreign dental schools and to approve those who provide an education equivalent to that of accredited institutions in the United States and adequately prepare their students for the practice of dentistry. At present, the Dental Board has approved only one international dental school, De La Salle School of Dentistry, located in Leon, Guanajuato, Mexico.

In developing standards and procedures to be utilized in the evaluation and approval process of foreign dental schools, the Board has relied significantly on CODA standards. However, the Board has not updated its regulations to reflect changes that have been made to CODA standards over the years since the inception of this legislation. As a result, the Board may be assessing new programs using old standards. It is important to note the language under BPC § 1636.4 appears broad enough to reflect any updates, for example, by stating that foreign schools should be "equivalent to that of similar accredited institutions in the United States and adequately prepares its students for the practice of dentistry." To date, CODA has

not approved any international dental schools, although it does recognize dental schools approved by the Commission on Dental Accreditation of Canada. However, CODA offers fee-based consultation and accreditation services to established international dental education programs. International programs seeking accreditation undergo a preliminary review and consultation process, after which they may be recommended to pursue accreditation through CODA. CODA has adopted the policy that international programs must be evaluated by, and comply with, the same standard as all US programs.

The Board is authorized to contract with outside consultants or a national professional organization to survey and evaluate foreign schools. The Board is required to establish a technical advisory group (TAG) to review and comment upon the survey and evaluation of the foreign dental school. The TAG is selected by the Board and consists of four dentists, two of whom shall be selected from a list of five recognized United States dental educators recommended by the foreign school seeking approval. None of the members of the TAG may be affiliated with the school seeking certification. After a complete application is sent, the Board has 60 days to approve or disapprove the application, and grants provisional approval if the school is substantially in compliance with dental school regulations. Unless otherwise agreed to, the Board appoints a site team to make a comprehensive, qualitative onsite review of the institution within six months receipt of a complete application. The school is required to pay all reasonable costs incurred by the Board staff and the site team relating to site inspection. The site team prepares and submits a report to the TAG, which will review the report and make a recommendation to the Board.

In October of 2014, the *Public Institution State University of Medicine and Pharmacy, "Nicolae Testemitanu," of the Republic of Moldova*, represented by Senator (ret.) Richard Polanco, submitted an application and the required fee for approval. This school's dental program would only serve students from the United States. This school is not CODA-approved, and has not applied for accreditation from any other state. At its November Board meeting, the Board appointed a subcommittee to review the application, and has since determined the application was not complete and provided guidance on how to improve the application. At the Board's February Board meeting, it appointed two of the school's candidates and two of its Board Members to the TAG. The Board is continuing to follow the process outlined in the statute and regulations relating to this approval.

Staff Recommendation: ***The Board should keep the Committees informed of any concerns relating to foreign school approvals. The Board should update its school approval standards, which were based on CODA standards in effect at the time, to reflect current CODA standards. The Board should inform the Committees of any advancements made by CODA with regards to foreign school approvals. If CODA, which is the national and soon-to-be international accrediting body for dental schools, is stepping into the realm of foreign dental school approvals, the Board may consider whether it should be involved in approving foreign dental schools, or whether it could rely on accrediting bodies like CODA to approve such schools.***

DBC Response: The Legislature recognized the need to ensure that graduates of foreign dental schools who have received an education that is equivalent to that of accredited institutions in the United States and that adequately prepares their students for the practice of dentistry shall be subject to the same licensure requirements in California as graduates of approved dental schools or colleges. The Board's authority to approve foreign dental schools is found in BPC Section 1636.4. The institutional standards upon which the Board evaluates foreign dental schools were initially established based upon the Committee on Dental Accreditation (CODA) standards, used for dental schools located within the United States. At the time that this statute went into effect, CODA did not have a program to evaluate international dental schools. While throughout the years CODA has continued to review and revise its standards, the Board has not kept pace with these changes by updating its regulations.

While the Board agrees that the California standards should be updated to reflect the CODA standards, completing this update through the regulatory process has proven very arduous. The process by which regulations are updated takes anywhere from 9 to 18 months to become effective. CODA updates its standards regularly. If the Board began the process of bringing its educational standards in line with CODA at this time, it is likely that by the time the process is finished, those standards again will have been updated by CODA. This makes it virtually impossible for the Board to keep current with CODA educational standards. In addition, since the inception of this statute there have been only three foreign dental schools which have applied for Board approval; two have been successful and one did not complete the process.

Advancements have been made at CODA with regard to international dental school accreditation. CODA has had a rigorous and comprehensive international accreditation program for predoctoral dental education. Prior to applying for accreditation by the Commission, the international predoctoral dental education program must undergo consultative review by the Joint Advisory Committee on International Accreditation (JACIA). The JACIA is a joint advisory committee made up of CODA Commissioners and ADA members; its activities are separate from the Commission but supported by CODA staff and volunteers. Information about the JACIA process can be found at: http://www.ada.org/en/coda/accreditation/international-accreditation/

In essence, the JACIA process requires the following steps (details of each activity are outlined in the PDF Guidelines on the website):

1. International predoctoral dental education program submits a Preliminary Accreditation Consultation Visit Survey (PACV-Survey). The PACV-Survey is reviewed by JACIA and if a consultative visit is warranted, the program is allowed to move to step 2.
2. Observation of a CODA predoctoral site visit and individual consultation with CODA staff and site visitor. Costs incurred are at the international program's expense.
3. International dental education program completes the Preliminary Accreditation Consultation Visit Self-Study (PACV-Self-Study) and consultation visit. This is a comprehensive, fee-based site visit (PACV-Site Visit) with programmatic consultation by CODA site visitors.
4. Application for CODA accreditation. The JACIA reviews the findings and recommendations of the PACV-Site Visit and determines whether the program has potential to be successful in the Commission's accreditation process. If the preliminary determinations are favorable, the program may seek CODA accreditation.

Currently there are a number of international dental schools utilizing the CODA consultative services and are in various phases of the approval process.

The Board believes that the best way to evaluate the equivalent education and training in dentistry between United States dental schools and foreign dental schools is to require foreign dental schools go through the CODA accreditation process.

EXAMINATION ISSUES

ISSUE #7: OCCUPATIONAL ANALYSIS (OA) FOR RDAs AND RDAEFs. ***Should the Board conduct an OA for RDAs and RDAEFs?***

Background: At the time of the Board's last sunset review, pass rates for the RDA written examination were 53%. Since then, the Board reports that it implemented a new RDA written examination, which resulted in a

pass rate that fluctuates between 62-70% depending on the candidate pool. The average pass rate for all RDA written examinees was 66% in 2012, 62.7% in 2013, and 64% in 2014. The pass rates for the RDA Practical Exam averaged roughly 83% over the past four fiscal years. However, in 2014, pass rates dropped dramatically. In August of 2014, only 47% of 498 examinees in Northern California passed, while only 24% of 486 examinees in Southern California passed. In addition, the pass rate for the RDAEF Practical Exam has shown a major decrease from 83% in FY 10/11 to just over 56% in FY 13/14. The sharp declines in pass rates occurred after the practical examinations were recalibrated, as discussed in Issue #2 above.

In FY 10/11, there was only one approved program that administered the RDAEF Practical Exam. Since that time, three additional schools have been added. Historically, retake pass rates (0% - 52%) are lower than for first time candidates. All the RDA and RDAEF schools are required to maintain the same curriculum as provided in 16 CCR Sections 1070 to 1071. The Board is authorized to determine if and when a re-evaluation is needed. Currently, the Board is looking at the need for an occupational analysis (OA) of RDA and RDAEF programs in order to validate both practical exams. The last OA for both examinations was conducted in 2009.

BPC § 139 specifies that the Legislature finds and declares that OA and examination validation studies are fundamental components of licensure programs and the DCA is responsible for the development of a policy regarding examination development and validation, and occupational analysis. Licensure examinations with substantial validity evidence are essential in preventing unqualified individuals from obtaining a professional license. To that end, licensure examinations must be developed following an examination outline that is based on a current occupational analysis; regularly evaluated; updated when tasks performed or prerequisite knowledge in a profession or on a job change, or to prevent overexposure of test questions; and reported annually to the Legislature. According to the Department's policy, an occupational analysis and examination outline should be updated at least every five years to be considered current.

At the November 2014 Board meeting, staff reported during a joint meeting of the Council and the Board's Examination Committee (Committee) that an occupational analysis may be necessary in the near future. The Council and the Committee discussed concerns relating to the RDA practical examination and the fact that the pass rate has decreased over the last year, and staff recommended that an OA of the RDA and RDAEF professions may be appropriate, especially since the Board has not had an opportunity to conduct a complete OA for the RDA and RDAEF since their licensing programs were brought under the umbrella of the Board in 2009. Such an OA is projected to be $60,000 and could take up to a year to complete. Board staff notes that the cost would be absorbable by the Dental Assisting budget.

Staff Recommendation: ***The Board should undertake the OA for the RDA and RDAEF examinations, and consider whether a practical examination is the most effective way to demonstrate minimal competency for those licensees. The Board should continue to monitor examination passage rates, and pursue any legislative changes necessary to reflect current practices as determined by the OA.***

DBC Response: The Board determined that an occupational analysis (OA) of the RDA profession, including Registered Dental Assistants in Extended Functions (RDAEFs) must be conducted to determine how minimum competence may be best evaluated and to address concerns regarding the pass/fail rates of the currently administered RDA practical examination. An interagency agreement was made with the Department of Consumer Affairs' OPES to conduct the OA for both registered dental assistant and registered dental assistant in extended functions. The OA for the RDA was completed in April 2016. The OA for the RDAEF was completed in January 2018. Currently the Board is starting the OA of the dental profession.

Upon completion of the OA for RDAs, OPES conducted a comprehensive review of the Practical Examination. The review was conducted with the following goals: (1) to evaluate the psychometric properties of the examination (e.g., reliability, test security, standardization) in response to ongoing concerns from the Board and industry stakeholders; (2) to determine the necessity and accuracy of the examination in response to Assembly Bill (AB) 179 (2015); and, (3) to evaluate the content validity of the RDA Practical Examination in relation to the 2016 RDA OA results.

OPES evaluated the practical examination with regard to reliability of measurement, examiner training and scoring, test administration, test security, and fairness. Specifically, OPES identified that the inconsistencies in different test site conditions, deficiencies in scoring criteria, poor calibration of examiners, and the lack of a clear definition of minimum acceptable competence indicated that the practical examination does not meet critical psychometric standards.

OPES recommended the Board immediately suspend the administration of the practical examination. OPES believed there was a relatively low risk of harm to the public from the suspension of the examination because of the other measures in place, i.e., passing a written examination and the fact that RDAs are required to be under general or direct supervision by a licensed dentist.

Based on OPES' experience, correcting the problems to bring the examination into compliance with technical and professional standards would have required a great deal of time, staffing and fiscal resources from the Board and the industry. Therefore, OPES recommended that the Board initiate a process to thoroughly evaluate options other than a practical examination for ensuring the competency of RDAs to perform the clinical procedures identified as a necessary component of RDA licensure.

On April 6, 2017, the Board voted to suspend the RDA practical examination as a result of the findings of the review of the practical examination conducted OPES until July 1, 2017, and directed staff to pursue legislation to amend Business and Professions Code (BPC) section 1752.1, subdivision (j), for the purpose of allowing the Board to keep the administration of the examination suspended until such time as the Board and OPES identify options. The suspension of the RDA practical examination commenced on April 7, 2017 and remained suspended until July 1, 2017.

However, since BPC Section 1752.1 reinstated the RDA practical examination requirement as of July 1, 2017, and the Board had deemed the examination to not accurately measure the competency of RDAs and could no longer administer the RDA practical examination in its current form, the Board sought urgency legislation to extend the dates of the suspension of the examination so the Board would have adequate time to identify reasonable alternatives to measure competency and not unnecessarily create a barrier to RDA licensure in California. This urgency legislation was carried by Assembly Member Low (AB 1707) (Chapter 174, Statutes of 2017), was signed by the Governor and became effective August 7, 2017. The legislation continues the suspension of the RDA practical examination from July 1, 2017 until January 1, 2020, at which time a practical examination or an alternative means of measuring competency will be implemented.

At its August 2017 meeting, the Board and the DAC considered a memorandum that was presented by the OPES relating to alternatives for assessing the competency of RDA candidates to perform the clinical procedures necessary for licensure. After the discussion, the Board took action to appoint a subcommittee of the Board to develop alternatives to RDA licensure, other than a practical exam, to bring back to the Board and DAC for consideration at a future meeting.

The subcommittee, consisting of Bruce Whitcher, DDS and Judith Forsythe, RDA, met and developed a preliminary subcommittee report regarding alternatives. This preliminary report was shared with stakeholders

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at a workshop held on Friday, October 13, 2017 in Sacramento. This workshop provided a forum for discussion regarding the subcommittee's recommendations and allowed interested parties the opportunity to provide verbal and written comments.

The workshop was attended by representatives of the California Dental Association (CDA), the California Association of Dental Assistants (CDAA), the Dental Assisting Educators Group, Board -approved educational program and course providers, and practicing RDAs. Board staff, Legal Counsel, and OPES were also in attendance.

As a result of this workshop, the subcommittee recommended for discussion and possible action by the Board and DAC, six alternative methods to measure RDA competency for licensure in California. These recommendations were discussed at the November 2017 meeting. Consideration was given not only to public protection, but to whether or not the new eligibility requirements would eliminate overly restrictive eligibility standards, or standards of practice that unduly limit competition between professionals or place undue burdens on those who want to enter the profession.

At the November 2017 meeting, the Board and DAC voted to adopt the alternative which requires that eligibility for RDA licensure be based on completion of the current licensure requirements as established by current law and regulation and successful completion and passing of the RDA Written examination and the RDA Law & Ethics Written examination. The Board and DAC believe that this option was the most reasonable and optimal and will not introduce additional barriers to RDA licensure. The decision is supported by the fact that OPES indicated that the RDA written examinations, along with the fact that RDA duties are supervised by the dentist, places the public at little risk of harm. A practical examination would not provide additional public protection beyond that conferred by successful completion of an educational program or a written examination.

ISSUE #8: ACCEPTANCE OF ADDITIONAL REGIONAL EXAMINATIONS. ***Should the Board consider accepting the results of the American Board of Dental Examiners, Inc. (ADEX) examination?***

Background: In August of 2014, the Senate Business, Professions and Economic Development Committee (Committee) was contacted by Mercury, a company representing the North East Regional Board of Examiners (NERB), now known as the Commission on Dental Competency Assessments (CDCA). The CDCA inquired if the Committee would consider legislation to accept the ADEX results as a pathway to licensure in California, similar to WREB, the regional examination the Board currently accepts. On August 22, 2014, AB 2750 was amended to allow applicants to satisfy examination requirements by taking an examination administered by the former-NERB or an examination developed by the American Board of Dental Examiners, Inc. (ADEX). The Committee recommended Mercury contact the Board to discuss the request for future consideration. Additionally, the Committee suggested that the Board review the issue of accepting the NERB examination results and other regional board examinations as a pathway to licensure in California during the upcoming Sunset Review process. AB 2750 was held in the Senate Rules Committee.

ADEX is a non-profit corporation comprised of state boards of dentistry focused on the development of uniform national dental and dental hygiene clinical licensure examination for sole use by state boards to assess competency. ADEX does not administer any examinations. ADEX is administered by the regional testing agencies, including CDCA (formerly NERB), the Southern Regional Testing Agency, and the Coalition of Independent Testing Agency. The content validity of the ADEX examination is based on a national independent occupational analysis (OA) completed in 2011. Currently the ADEX examination is accepted in 43 US states, 3 US territories, and Jamaica.

In accordance with BPC § 139, the Board would need to conduct examination validation studies and an occupational analysis to assess the feasibility of accepting the additional examination pathway. Any decision to accept an additional pathway will require legislative changes to the Dental Practice Act. At its November 2014 Board meeting, the Examination Committee discussed this issue, and the Board appointed a subcommittee of two Board Members, to work with staff in researching the feasibility of accepting other regional examinations.

Staff Recommendation: ***The Board should keep the Legislature informed about the feasibility of accepting this examination, and the extent to which accepting the ADEX examination might affect licensure in the state. The Board should consult with other stakeholders, including professional associations and California-approved dental schools to understand and prepare for any consequences relating to a new examination. The Board should inform the Legislature of the cost to validate this examination, and whether accepting another examination as a path to licensure will incur any additional costs, for example, for requiring additional staff or modifying BreEZe to accommodate a new examination for licensure.***

DBC Response: ADEX sponsored legislation, AB 2331- Dababneh (Chapter 572, Statutes of 2016) which authorizes the Board to recognize the American Dental Examining Board's (ADEX) examination as an additional pathway to licensure. Prior to recognition or acceptance of the ADEX exam, the Board must first conduct an occupational analysis of the dental profession. The Board has an interagency agreement with the DCAs Office of Professional Examination Services (OPES) to conduct this analysis and the process is currently underway. After the OA is complete, OPES will conduct a psychometric evaluation of the ADEX examination to determine compliance with the requirements of BPC Section 139. Following this review, the Board would promulgate regulations to implement this pathway to licensure. ADEX agreed to pay for the Board's occupational analysis and the psychometric evaluation. AB 2331 authorized the Department of Finance to accept funds for the purposes of reviewing and analyzing the ADEX exam.

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PRACTICE ISSUES

ISSUE #9: PATIENT NOTIFICATION AND RECORD KEEPING. ***Should dentists be required to notify patients upon a change in ownership of a dental practice or upon retirement?***

Background: Consumer investigator Kurtis Ming, from "Call Kurtis," a consumer advocacy segment on Sacramento's local CBS news affiliate, reached out to the Senate Business, Professions and Economic Development Committee and the Board to determine if there were any complaints from patients about dentists selling their practice without notifying their patients, who subsequently end up harmed by the new dentists.

According to the Board, it was not aware of a trend in these cases. Although the Board noted there are no laws that require specific actions when someone is selling their dental practice, it is considered proper standard of care for dentists to notify patients when business practices change, such as bringing on an additional associate, retirement, or selling the practice. In addition, BPC § 1680(u) defines unprofessional conduct to include, "The abandonment of the patient by the licensee, without written notice to the patient that treatment is to be discontinued and before the patient has ample opportunity to secure the services of another dentist, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions and provided the health of the patient is not jeopardized."

The Board reported that it has seen a rise in the number of cases when a licensee is no longer in possession of a patient's records. This may be related to the sale of a practice, or instances when the licensee has abandoned a practice. When a licensee fails to produce patient records within 15 days, he or she may be subject to an administrative citation. In addition, if the licensee has walked away from the practice without notifying the patients, he or she may be subject to discipline for patient abandonment. There is no general law requiring dentists to maintain records for a specific period of time. However, there may be situations when providers are required to maintain records for a certain time period, for example, for reimbursement purposes. The MBC also does not have any requirements relating to patient notification when a licensee retires or sells his or her practice, or relating to retention of patient records.

Staff Recommendation: ***The Committees should determine whether it should require dentists to notify patients upon a change in ownership or when a licensee retires. The Board should explore exactly what type of notification should be required, when that notice should be given, and whether a licensee should be required to keep or transfer patient records under those circumstances. The Committees may also consider whether patient notification requirements should be required not only for dental professionals, but also for other healing arts professionals.***

DBC Response: As was mentioned in the background, the Board has not received a significant number of complaints from patients about dentists selling their practice without notifying their patients, and who subsequently end up harmed by the new dentists. Since the last sunset review, no additional complaints have surfaced and the Board is not aware of any trends in patient abandonment leading to patient harm but will continue to monitor the situation.

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ISSUE #10*: BPC § 726: UNPROFESSIONAL CONDUCT.** ***Should dental professionals be authorized to provide treatment to his or her spouse or person with whom he or she is in a domestic relationship?

Background: BPC § 726 prohibits, "The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action" for any healing arts professional. BPC § 726 exempts sexual contact between a physician and surgeon and his or her spouse, or person in an equivalent domestic relationship, when providing non-psychotherapeutic medical treatment. SB 544 (Price, 2012) would have, among other things, amended BPC § 726 to provide an exemption for all licensees who provide non- psychotherapeutic medical treatment to spouses or persons in equivalent domestic relationships, instead of only exempting physicians and surgeons. This bill was held in the Senate Business, Professions and Economic Development Committee. The California Dental Association (CDA) and the California Academy of General Dentistry (CAGD) have both requested amending this section to also exempt dentists who are treating their spouses or person in an equivalent domestic relationship.

Staff Recommendation: ***The Committees should consider whether exempting dentists maintains the spirit of the law and determine whether additional conditions are necessary to ensure that spouses and domestic partners are protected.***

DBC Response: BPC Section 726 was amended and became effective January 1, 2016. The amendment included an exemption for all licensees who provide non-psychotherapeutic medical treatment to spouses or persons in equivalent domestic relationships.

ISSUE #11: ENSURING AN ADEQUATE AND DIVERSE DENTAL WORKFORCE. ***Does California have the workforce capacity to meet dental care needs, especially in underserved areas? Should the Board enhance its efforts to increase diversity in the dental profession?***

Background: According to the Office of Statewide Health Planning and Development (OSHPD), Dental Health Professional Shortage Areas (DHPSA), are designated based upon the availability of dentists and dental auxiliaries. To qualify for designation as a DHPSA, an area must have a general dentist practice ratio of 5,000:1, or 4,000:1 plus population features demonstrating "unusually high need" and a lack of access to dental care in surrounding areas because of excessive distance, overutilization, or access barriers. According to OSHPD, over 50% of dentists (18,659) reported residing in five California counties, while the five counties with the fewest number of dentists combined had a total of 18 dentists. Approximately 5% of Californians (nearly 2 million individuals) live in a DHPSA. As a result, while California has a large number of dentists, they are not evenly distributed across the state.

In addition, due to recent changes in California law, insurance products sold under California's Health Benefit Exchange, Covered California, are required to offer pediatric dental benefits as part of their benefits package. While the Affordable Care Act (ACA) required all insurance plans to include oral care for children, the dental benefit was an optional benefit until last year, which resulted in less than one-third of the children who bought medical coverage also purchasing the dental coverage. In addition, Covered California is also offering new family dental plans to consumers who enroll in health insurance coverage in 2015. As a result, the state can expect to see the need for dental services increase. According to a 2013 Children's Partnership report, *Fix Medi-Cal Dental Coverage: Half of California's Kids Depend on It*, an estimated 1.2 million children alone will have access to dental coverage, and child enrollment in Medi-Cal's dental program alone will total 5 million. That report also notes that according to a 2005 study, nearly a quarter of California's children between the ages of 0 and 11 have never been to the dentist.

The Board has had discussions relative to increasing workforce capacity in the light of the ACA, which always include the need to increase capacity in underserved and rural areas, and monitors OSHPD data relating to workforce capacity. Last year the Board revised its Strategic Plan to highlight access to quality care in its vision statement and include diversity in our values. One objective is to identify areas where the Board can assist with workforce development, including the dental loan repayment program, and publicize such programs to help underserved populations. The Board also established an Access to Care Committee to monitor the implementation of the Affordable Care Act and to ensure that the goals and objectives outlined in its Strategic Plan are carried out. The Committee will work with interested parties, including for-profit, non-profit and stakeholder organizations, to bring increased diversity in the dental profession.

In addition, according to a 2008 report from OSHPD's Healthcare Workforce Diversity Council, *Diversifying California's Healthcare Workforce, an Opportunity to Address California's Health Workforce Shortages*, the underrepresentation of racial and ethnic groups in California's health workforce is a major issue, as these communities are less likely to have enough health providers, resulting in less access to care and poorer health. Research shows that underrepresented health professionals are more likely to serve in underserved communities and serve disadvantaged patients, so diversifying California's health workforce can significantly reduce disparities in healthcare access and outcomes, as well as help address workforce needs.

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The Board reported that CODA accreditation standards, which the Board relies upon, require dental schools to have policies and procedures that promote diversity among students, faculty, and staff, and places a high value on diversity, including ethnic, geographic, and socioeconomic diversity. The Board also accepts courses in cultural competencies towards its CE requirements. In addition, the Board participates in the OSHPD project to create a health care workforce clearinghouse in accordance with SB 139 (Scott, Chapter 522, Statutes of 2007), which will allow OSHPD to deliver a report to the Legislature that addresses employment trends, supply and demand for health care workers, including geographic and ethnic diversity, gaps in the educational pipeline, and recommendations for state policy needed producing workers in specific occupations and geographic areas to address issues of workforce shortage and distribution. Results may be found in OSHPD facts sheets on dentists and RDAs, which include information on supply, geographical distribution, age, and sex, but do not include information on ethnic or language diversity.

The Board has also been collecting workforce data pursuant to AB 269 (Eng, Chapter 262, Statutes of 2007) since January 1, 2009. It was the intent of the Legislature, at that time, to determine the number of dentists and licensed or registered dental auxiliaries with cultural and linguistic competency who are practicing dentistry in California. The Board developed a workforce survey, which licensees are required to complete upon initial licensure and license renewal. Foreign language and ethnic background questions are both optional. The online results of the survey are manually input by staff into one data file, which is downloaded annually to the Board's Web site. The current report is approximately 299 pages and posts the raw data on its Web site, since AB 269 was not accompanied with funds for staff or a computer program to work on this project and manipulate this data. However, the Board has recently partnered with the Center for Oral Health, which will take that data and put it into a useable format, which will be presented at an Access to Care Committee meeting.

Staff Recommendation: ***The Board should continue to collaborate with interested stakeholders to assist in the implementation of the ACA and enhance efforts on diversity and workforce shortages, including targeting any outreach efforts to underserved areas or communities. The Board should continue to monitor information provided by OSHPD and the industry on possible workforce shortages, and advise the Committees on workforce issues as they arise. The Board should inform the Committees of the Center for Oral Health's findings based on AB 269 data, and whether there are ways to make this data more useful.***

DBC Response: The Board continues to collaborate with interested parties to assist in the implementation of the ACA and enhance efforts on diversity and workforce shortages, including targeting any outreach efforts to underserved areas or communities. At its February 2015 Board meeting, representatives from the Center for Oral Health (COH) gave a presentation on dental workforce data and the opportunities and challenges associated with interpreting the data in a meaningful way to effect policy decisions. COH pointed out a number of challenges with the Board's data that if addressed, could yield more useful information; e.g., existing data sources are not linkable and not reliably accurate; not easily accessible, some data elements are not collected. COH recommended the Board enhance overall data capacity over time by modifying the data that exists to make it accurate, useful, and available; collaborate with partners for action and analyses, develop a data enhancement strategy for future workforce analyses, and utilize improved data to strategically improve access to care in California. The Board intends to implement these recommendation and will be working with the BreEZe team to accomplish this.

ISSUE #12: DENTAL CORPS LOAN REPAYMENT PROGRAM. Over half of the money that has been available to this program for over a decade ago remains unused. How can the Board ensure greater participation in this program?

Background: AB 982 (Firebaugh, Chapter 1131, Statutes of 2002) established the California Dental Corps Loan Repayment Program. The dental corps program, which is administered by the DBC, assists dentists who practice in dentally underserved areas with repayment of their dental school loans.

Under the program, participants may be eligible for a total loan repayment of up to $105,000. A total of three million dollars ($3,000,000) was authorized to expend from the State Dentistry Fund for this program. SB 540 (Price, Chapter 385, Statutes of 2011) extended the program until all monies in the account are expended. To date, the Board has awarded funds to 19 participants. The practice locations are throughout the state. The facilities are located in Bakersfield, Chico, Compton, Corcoran, Los Angeles, Petaluma, Redding, San Diego, San Francisco, San Ysidro, Smith River, Vallejo, Ventura, Vista, Wasco and West Covina. The first cycle of applicants was received in January 2004, and the Board approved nine of 24 applicants, paying a total of $739,381 was paid over a three-year period. A second cycle of applicants was received in July 2006, and the Board approved six of 21 applicants, paying a total of $643,928 over a three-year period. In September 2010, the Board opened a third cycle of applications and approved the only applicant. In October 2012, the Board opened a fourth cycle of applications and approved all three applicants. Approximately $1.63 million is left in the account.

The Board promotes this program on its website and includes this information in its presentation to senior students in California dental schools. In addition, the Board has worked with stakeholders and professional associations to distribute this information through their publications. Staff is continuing to research other loan repayment programs offered by the California Dental Association, the MBC, and the OSHPD, and the Access to Care Committee is currently examining the issue to determine how to increase participation in the program.

AB 982 also established a similar program for physicians and surgeons to be administered by the MBC, which was renamed the Steven M. Thompson Physician Corps Loan Repayment Program by AB 1403 (Nunez, Chapter 367, Statutes of 2004. However, in 2005, the MBC sponsored AB 920 (Aghazarian, Chapter 317, Statutes of 2005), which transferred this program to the Health Professions Education Foundation (HPEF). At the time, the MBC noted that the transfer of the program would help both the program and the HPEF because the HPEF is better equipped to seek donations, write grants, and continuously operate the program. HPEF is the state's only non-profit foundation statutorily created to encourage persons from underrepresented communities to become health professionals and increase access to health providers in medically underserved areas. Supported by grants, donations, licensing fees, and special funds, HPEF provides scholarship, loan repayment and programs to students and graduates who agree to practice in California's medically underserved communities. Housed in OSHPD, HPEF's track record of delivering health providers to areas of need has resulted in approximately 8,776 awards totaling more than $92 million to allied health, nursing, mental health and medical students and recent graduates practicing in 57 of California's 58 counties.

Staff Recommendation: ***The Board should inform the Committees of whether it has sought matching funds from foundations and private sources as authorized under AB 982. The Board should continue to explore ways to increase participation in the program, including whether it should transfer administration of the program to the HPEF, which may be better equipped to generate and distribute funds under the program. The Board should advise the Committees on whether any statutory changes are necessary to fully utilize this program. The Committees should ensure this money, which has been available for use for over the last 10 years, is distributed and used to increase access to care in underserved areas.***

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DBC Response: In 2002, legislation established the Board's authority to spend $3 million to fund a loan repayment program to assist dentists who practice in dentally underserved areas with repayment of their dental school loans. Early on, there were as many as 24 applicants per cycle seeking these funds. For unexplained reasons, applications dropped off for three years between 2007 and 2010. Since 2010, the number of candidates seeking application to these funds has dwindled to one to three applicants per cycle. The Board has not sought matching funds from foundations and private sources as authorized under AB 982 to increase this fund.

Assembly Bill 2485 (Santiago, Chapter 575, Statutes of 2016) revises the program provisions governing eligibility, application, selection, and placement. Additionally, the bill requires the Board to develop a process for repayment of loans or grants disbursed, should the applicant be prematurely terminated or unable to complete qualifying employment. The bill was signed by the Governor and filed with Secretary of State on September 24, 2016.

As a result of the enactment of AB 2485, Board staff created an action plan outlining the proposed changes to the Loan Repayment Program. Notable changes include an updated application and agreement, as well as a new annual progress report that will be submitted by the program participant. In addition, the California Code of Regulations, Title 16, Sections 1042 – 1042.6 will be updated to match the amended Business and Professions Codes.

Board staff drafted revisions to the California Dental Corps Loan Repayment Application to reflect updated criteria regarding eligibility, selection, and placement. Eligibility criteria has been expanded to include applicants that are currently eligible for graduation from a pre-doctoral or post-doctoral education program approved by the Board or the Commission on Dental Accreditation. Selection and placement criteria were refined to allow more applicants to qualify for priority consideration with the Board.

The Board has already developed a process for repayment of loans or grants disbursed. Pursuant to California Code of Regulations, Section 1042.5, a dentist who is unable to complete the required three (3) years of service must repay the Dental Board the total amount of loan repayment paid by the program. The Board shall notify the participant in writing of any amounts to be repaid to the Board, and when the dentist shall make such a payment. The repayment is due within one (1) calendar year after written notification from the Board. California Code of Regulations, Section 1042.5, is included with the California Dental Corps Loan Repayment Program agreement.

Business and Professions Code Section 1972(f) was amended to allow the Board to contact dental organizations and educational institutions for outreach to potentially eligible applicants. The Board may also create flyers advertising the program benefits and related qualifications.

The Dental Board's website was updated to reflect the changes made to the program. An overview of the program and minimum qualifications is clearly posted on the Loan Repayment webpage. The Board included a link to the Health Professional Shortage Area (HPSA) search engine so applicants may locate qualified underserved clinics in California. In addition, links to the revised application and related code sections are provided on the webpage.

Board staff is currently developing regulations to coincide with the modifications made to the program pursuant to AB 2485. The regulations must reflect the revised eligibility criteria and priority consideration factors. The rulemaking process will last 12-18 months. As such, the Board anticipates the amended regulations will be effective in Spring 2020.

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ISSUE #13: DIFFICULTY COLLECTING CITATIONS AND FINES AND COST RECOVERY. ***How can the Board enhance its efforts to collect fines and cost recovery?***

Background: BPC § 125.9 authorizes the Board to issue citations and fines for certain types of violations of the Act. Among other things, the Board is authorized to issue administrative citations to dentists who fail to produce requested patient records within the mandated 15-day time period (BPC §1684.1(a)(1)) or who fail to meet standards as evidenced through site inspections (BPC §1611.5)). The Board continues to hold licensees accountable to this timeframe and issues citations with a $250/day fine, up to $5,000 maximum. The Board also addresses a wider range of violations that can be more efficiently and effectively addressed through a cite-and-fine process with abatement or remedial education outcomes, for example, when patient harm is not found. The length of time before administrative discipline could result is also taken into consideration when determining whether a case is referred for an accusation or an administrative citation is more appropriate to send a swift message regarding unprofessional conduct or to achieve prompt abatement, and citations can address skills and training concerns promptly. The Board typically issues administrative fines up to a maximum of $2,500 per violation, with totals averaging $3,506 per citation.

When issuing citations, the Board's goal is not to be punitive; rather, the Board seeks to protect consumers by getting the dentist's attention, re-educating him or her as to the DPA, and emphasizing the importance of following dental practices that fall within the community's standard of care. When deciding whether to issue a citation and an appropriate corresponding fine, factors such as the nature and severity of the violation and the consequences of the violation (e.g., potential or actual patient harm) are taken into account. Examples of "lesser" violations of the DPA that may not warrant referral to the OAG, but where a citation and fine may be more appropriate, include documentation issues (e.g., deficient records/recordkeeping), advertising violations, failure to keep up with continuing education requirements, unprofessional conduct for the failure to disclose or report convictions (e.g., DUI), and disciplinary actions taken by another professional licensing entity. In addition to using citations as a tool to address less egregious violations that would not otherwise result in meaningful discipline, the Board views citation as a means of establishing a public record of an event that might otherwise have been closed without action, and thereby remain undisclosed.

CITATION AND FINE	FY 10/11	FY 11/12	FY 12/13	FY 13/14
Citations Issued	42	15	28	82
Average Days to Complete	127	339	410	272
Amount of Fines Assessed	$135,900	$28,000	$55,200	$301,150
Reduced, Withdrawn, Dismissed	0	7	4	8
Amount Collected	$15,850	$10,469	$88,026	$28,782

*The increase in citations in FY 13/14 was due to one individual to whom the Board issued 48 citations to one

individual who did not provide records based on 48 complaints received by the Board. The subject's license was revoked. Another reason for the increase in citations was based on the Board escalating the number of inspections for infection control standards.

BPC § 125.9 authorizes the Board to add the amount of the assessed fine to the fee for license renewal. In the event that a licensee fails to pay their fine, a hold is placed on the license and it cannot be renewed without

payment of the renewal fee and the fine amount. This statute also authorizes the Board to take disciplinary action for failure to pay a fine within 30 days from the date issued, unless the citation is appealed. When a license is revoked, the individual's ability to secure gainful employment and reimburse the Board is diminished significantly. Presently, the Board does not use the Franchise Tax Board (FTB) Intercept program to collect citation fines. While the amount in assessed fines has increased dramatically, the amount collected has fallen and reflects only a small portion of fines assessed.

The Board, however, emphasizes that when it issues citations, its goal is not to be punitive. Rather, the Board uses citations as a tool to protect the health and safety of California's consumers by gaining dentists' compliance and/or helping them become better dental care providers by re-educating them as to the Act. In addition, the Board believes that the ability to assess a larger fine will get individuals to take the Board's citations more seriously. The Board has identified increasing the maximum fine per violation from $2,500 to $5,000 per violation as one of the Board's regulatory priorities for FY 15/16.

BPC § 125.3 specifies that in any order issued in resolution of a disciplinary proceeding before any board, the Administrative Law Judge (ALJ) may direct the licensee at fault to pay for the reasonable costs of the investigation and enforcement of the case. The Board's request for recovery is made to the presiding ALJ who decides how much of the Board's expenditures will be remunerated. The ALJ may award the Board full or partial cost recovery, or may reject the Board's request. In addition to cost recovery in cases that go to hearing, the Board also seeks cost recovery for its settlement cases.

It continues to be the Board's policy and practice to request full cost recovery for all of its criminal cases as well as those that result in administrative discipline (BPC § 125.3). The Board also has authority to seek cost recovery as a term and condition of probation. In revocation cases, where cost recovery is ordered, but not collected, the Board will transmit the case to the FTB for collection. The Board may also pend ordered costs in the event the former licensee later returns and petitions for reinstatement. The Board also experiences difficulties in collecting cost recovery, as seen below.

Cost Recovery (dollars in thousands)				
	FY 10/11	FY 11/12	FY 12/13	FY 13/14
Total Enforcement Expenditures	6,975	6,792	6,588	7,037
Potential Cases for Recovery *	106	111	97	91
Cases Recovery Ordered	50	67	46	64
Amount of Cost Recovery Ordered	3,907	4,579	3,222	6,819
Amount Collected	1,816	2,201	2,711	3,427
* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.				

The Board has had success utilizing the FTB Intercept Program to collect cost recovery. However, due to limited staff resources, only a few licensees have ever been referred. The Board is currently working towards increasing our participation in this program and is identifying appropriate cases that can be enrolled. Challenges will remain in instances when the license has been surrendered or revoked, and the former licensee has employment challenges resulting in their inability to generate a taxable income.

Staff Recommendation: ***The Board should inform the Committees of why it does not utilize the FTB Intercept program to collect citations. The Board should consider working with the FTB Intercept program and contracting with a collection agency for the purpose of collecting outstanding fines and***

to seek cost recovery. In light of the low collection rate under current fines, the Board should explain to the Committees why it believes the ability to assess larger fines will assist its enforcement efforts.

DBC Response: Presently, the Board does not use the FTB program to collect citation fines. BPC § 125.9 authorizes the Board to add the amount of the assessed fine to the fee for license renewal. In the event that a licensee fails to pay their fine, a hold is placed on the license and it cannot be renewed without payment of the renewal fee and the fine amount. This statute also authorizes the Board to take disciplinary action for failure to pay a fine within 30 days from the date issued, unless the citation is appealed. The board uses these administrative tools for collecting outstanding fines.

ISSUE #14: CONTINUING EDUCATION. ***Should the Board conduct CE audits for RDAs?***

Background: Dentists are required to complete not less than 50 hours of approved CE during the two- year period immediately preceding the expiration of their license. RDAs are required to take 25 hours of approved CE during the two-year period immediately preceding the expiration of their license. As part of the required CE, courses in basic life support, infection control, and California law and ethics are mandatory for each renewal period for all licensees. All unlicensed dental assistants in California must complete an approved 8-hour infection control course, an approved 2-hour course in CA law and ethics, and a course in basic life support. In addition, there are initial and ongoing competency requirements for specialty permit holders.

Licensees are required to maintain documentation of successful completion of their courses, for no fewer than four years and, if audited, are required to provide that documentation to the Board upon request. As part of the renewal process, licensees are also required to certify under penalty of perjury that they have completed the requisite number of continuing education hours, including any mandatory courses, since their last renewal. Starting with the February 2011 renewal cycle, random CE audits for dentists were resumed. Staff has been auditing 5% of the dental renewals received each month. In keeping with the Board's strategic plan and succession planning efforts, staff has developed a desk manual with written procedures for the auditing process. As of September 30, 2014, staff has conducted 521 CE audits. Seven licensees, or approximately 1% of those audited, failed the audit. Dentists who are not able to provide proof of CE units may be issued a citation and fine. Without additional resources, audits for registered dental assistants are only conducted in response to a complaint or other evidence of noncompliance. The Board also anticipates submitting a BCP for FY 2016/17 for one staff to initiate regular and ongoing audits for RDAs and RDAEFs.

Staff Recommendation: ***The Board should pursue a BCP for staff to conduct regular and ongoing audits for RDAs and RDAEFs to hold licensees accountable and promote proper standard of care.***

DBC Response: The Board anticipates submitting a BCP for staff positions to initiate regular and ongoing continuing education audits for RDAs and RDAEFs in order to hold licensees accountable and promote proper standard of care.

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ISSUE #15: DISCIPLINARY CASE MANAGEMENT TIMEFRAMES ARE STILL EXCEEDING CPEI's PERFORMANCE MEASURE OF 540 DAYS. ***Will the Board be able to meet its goal of reducing the average disciplinary case timeframe from 36 months to 18 months?***

Background: The Board receives between 3,500 and 4,000 complaints per year, and refers almost all of those complaints to investigations. Over the last four fiscal years, the average time to close a desk investigation was 96 days. This timeframe represents a marked improvement from the Board's last sunset review, when the average number of days to close a complaint was 435 days. In addition, the average time to close a non-sworn investigation was 375 days, and to close a sworn investigation was 444 days. In recent years, the amount of time to close a sworn investigation has decreased and fell to 391 days in the last fiscal year. Based on these statistics, the Board completed 3,759 investigations in the last fiscal year, and average 190 days per investigation.

Enforcement Statistics				
	FY 10/11	**FY 11/12**	**FY 12/13**	**FY 13/14**
INVESTIGATION				
All Investigations				
First Assigned	3640	3570	3973	3699
Closed	3981	3496	3691	3758
Average days to close	181	173	156	187
Desk Investigations				
Closed	2987	2404	2889	2855
Average days to close	106	72	87	118
Non-Sworn Investigation				
Closed	377	593	257	320
Average days to close	278	364	384	473
Sworn Investigation				
Closed	572	492	543	584
Average days to close	505	453	421	391

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The CPEI sets a target of completing formal disciplinary actions within 540. The Board is currently exceeding that target, averaging 1,084 days to complete a formal accusation over the last four fiscal years, and has increased this past fiscal year.

ACCUSATIONS				
	FY 10/11	FY 11/12	FY 12/13	FY 13/14
Accusations Filed	89	103	75	73
Accusations Withdrawn	9	8	10	2
Accusations Dismissed	0	0	2	1
Accusations Declined	7	1	3	0
Average Days Accusations (from complaint receipt to case outcome)	1043	1087	934	1271
Pending (close of FY)	200	234	188	168

The Board notes, however, that while the total time to complete a formal disciplinary case exceeds the target and has been increasing, the longest part of the delay occurs once the case is has been referred to the AG's office, as demonstrated in the chart below, which shows the number of days for the Board to complete investigations is well within the CPEI's goal of completing investigations within 270 days.

Case Aging (Days)	**FY 10/11**	**FY 11/12**	**FY 12/13**	**FY 13/14**
Statement of Issues Cases				

Referral to Statement of Issues Filing	**114**	**119**	**204**	**102**
Statement of Issues to Case Conclusion	267	264	273	357
Total Average from Referral to Case Conclusion	381	383	477	459
Licensing Accusations				
Referral to Accusation Filing (Average Days)	**157**	**153**	**170**	**231**
Accusation to Case Conclusion	440	429	408	528
Total Average from Referral to Case Conclusion	597	582	578	759

The Board notes that the increase in FY 13/14 for completing an accusation is outside of the Board's control. According to the Board, the number of accusations filed on behalf of the Board has remained relatively constant over the last eight years and has actually dropped in recent years due to the Board's utilization of the citation process as an alternative to formal discipline in the less egregious cases. However, the average number of days to complete a case that has been referred to the AG for disciplinary action has continued to increase from 929 days in FY 09/10 to over 1185 days in 2014, an increase of over 27%. In addition, while the Board, along with many other boards, received additional positions under CPEI, which has increased its enforcement capacity and ability to investigate and bring cases forward, the AG's office and the Office of Administrative Hearings, which hears the cases, did not receive additional staff. Additional reasons for the delays that are beyond the control of staff include delays caused by opposing counsel, suspensions while criminal matters are pending, and difficulty in scheduling amongst witnesses, patients, and other parties, as well as in scheduling hearing dates with the Office of Administrative Hearings (three months out for a one to two day hearing, eight months out for a hearing of four or more days).

Staff Recommendation: ***The Board should continue to focus on closing its oldest cases and reducing the amount of time it takes to close an investigation and to complete an accusation. The Board should continue to explore alternatives to formal discipline when appropriate, such as the use of citations, cease and desist letters, and working with licensees to agree to disciplinary terms. The Board should note whether any of these disciplinary timeframes include cases that have been adjudicated but are on appeal, which may skew the numbers. The Committees should work with the Board and other stakeholders to determine if it is feasible to increase the number of AGs and ALJ in response to the increase in enforcement staff under CPEI to truly address the ability to reduce enforcement times.***

DBC Response: CPEI sets a target of completing formal disciplinary action within 540 days; the Board is currently exceeding that target. A contributing factor to case aging occurs when a case has been concluded and a writ petition is filed in superior court. The case is re-opened, and the aging clock on that case starts with the date the case was *first* referred to the AG. The case is finally closed when the petition decision by the court is received, or when five years have passed with no action on the petition.

The Board notes that some of the timeframes in completing an accusation are outside the Board's control. The number of accusations filed has remained relatively constant over the last eight years however the timeframes have actually dropped in recent years due to utilizing citations as an alternative to formal discipline in the less egregious cases.

The Board acknowledges that while the total time to complete a formal disciplinary case exceeds the target of 540 days, the number of days for the Board to complete its investigation is 270 days - well within CPEI's goal relative to investigation completion.

In addition, while the Board, along with many other boards, received additional positions under CPEI, which has increased its enforcement capacity and ability to investigate and bring cases forward, the AG's office and the Office of Administrative Hearings (OAH) are only now able to hire additional staff. Additional reasons for the delays that are beyond the control of staff include delays caused by opposing counsel, suspension of

case activity while criminal matters are pending, and difficulty in scheduling interviews with witnesses, patients, and other parties, as well as in scheduling hearing dates with the OAH.

The Board has committed to focusing investigators' time on older cases, on exploring additional opportunities for the issuance of cease and desist orders, and has increased utilizing citations where appropriate. In addition, we are looking for alternatives to shorten time frames for completing the discipline process by including settlement terms and conditions when a signed accusation or statement of issues is returned to the Office of the Attorney General for service on the Respondent.

ISSUE #16: ENFORCEMENT STAFFING ISSUES. ***Does the Board employ an adequate number of staff to perform enforcement functions in a timely manner?***

Background: In 2011, the Board began filling the 12.5 positions allocated under the DCA's CPEI budget change proposal, and sworn investigator positions were distributed between the two Northern and Southern California field offices, and the IAU was established in the Sacramento headquarters office. The Board's enforcement managers developed case assignment guidelines, conducted an extensive case review of all open, previously unassigned cases, and distributed them among new and existing staff, resulting in the elimination of a backlog of over 200 cases. However, the success of DBC's increased enforcement efforts has resulted in a strain on the existing administrative support staff. Because CPEI did not include technical staff to perform support administrative functions generated by the increase in completed investigations, investigative staff performs these functions to avoid delays, which reduces their efficiency in working investigations. The Board has recently submitted a BCP to add two Office Technician positions to address this gap. This request was approved.

Since the 2011 sunset review of the Board, the Board has been fortunate to be able to fill the majority of its sworn and non-sworn enforcement positions. Case closure rates climbed following the addition of CPEI positions and remain steady, averaging 968 cases per year, up from 651 cases per year four years ago. Currently, the Board has 2.5 vacancies for sworn investigators and 2 vacancies for non- sworn investigators. The Board expects the candidates to be hired within the next three to four months. These hires will assist in lowering the investigative caseload and help lower case aging.

FISCAL YEAR	**10/11**		**11/12**		**12/13**		**13/14**	
Classificatio	Position	Vacant	Position	Vacan	Positions	Vacant	Positions	Vacant
Total Sworn Staff	20	4	20	3.5	20	3.5	20	2.5
Total Non-Sworn Staff	24	2	24	2	23	1.5	23	2
Total Enforcement APs	44	6	44	5.5	43	5	43	4.5

Despite an augmentation in enforcement staffing levels from CPEI, the Board notes that the caseload per investigator continues to remain significantly higher than other programs within the DCA, including the MBC and the DCA's Department of Investigation (DOI). In addition to an investigation caseload, Dental Board investigators also carry a probation-monitoring caseload averaging 10 per sworn investigator and up to 25 for Special Investigators. The Board reports that the number of licensees placed on probation has nearly doubled from 148 in FY 10/11 to 311 at the end of FY 13/14. The Board also reports that in general,

the enforcement time commitment to manage a probationary licensee is four times greater than an investigation due to the number of meetings and quarterly reports that may be required.

High caseloads can adversely affect performance when staff is diverted from their work by competing demands. The Board will be studying options to determine if additional sworn or non-sworn staff will be sufficient to reduce investigative caseloads, or if the development of a probation unit will better support this challenge and adding staff dedicated strictly to probation monitoring will be necessary. Ideally, the Board would like to reduce its investigative caseloads similar to the MBC or DOI as the Board's cases are also very complex and technical in nature.

DCA – Enforcement Program	**Average Caseload per**
Division of Investigation	20-22 cases
Medical Board of California	20 cases
Dental Board of California	45-55 cases (plus 10 probationers)

In addition, the Enforcement Program has identified the need for an analyst dedicated to program reports, training contracts and budget support. Previously, the Enforcement Chief was responsible for many of these program-related tasks. However, with the increase in program size, more complex contract requirements for peace officer training and subject-matter experts (SMEs), and a need for greater accountability in enforcement, these tasks are better suited to an analyst position. The Board will be seeking a BCP to address this need in the next year.

Additionally, the Board notes that it is currently experiencing a shortage of available SMEs to provide case review of our completed investigations. SMEs conduct an in-depth review of the treatment provided to patients in cases alleging substandard care. Experts must be currently practicing, possess a minimum of five years' experience in their field, and cannot have had any discipline taken against their license in California or any other state where they have been licensed. The shortage of SMEs can be attributed to several factors, including the increase in the number of investigations being conducted and stagnant compensation rates. While the majority of SMEs recognize they are providing a service to consumers and their profession, the possibility of having to testify at hearing and close their practice for several days at a time can become a financial hardship to an individual licensee. The current compensation rate, which pays $100 for written review and $150 per hour for testimony, has not been increased since 2009. By comparison, physicians at the Medical Board are compensated at $150 per hour for written review and $200 per hour for testimony. The Board has been trying to recruit experts through its Web site and outreach to dental societies. An increase in the number of experts in the resource pool will allow staff to more quickly refer their cases for review.

Staff Recommendation: ***The Board should consider conducting a staff and workload analysis after it receives the results of its fee audit to determine the appropriate level of staffing to ensure that the Board is able to perform all of its functions in a timely manner. The Board should inform the Committees of how large its current SME pool is, and the ideal ratio of cases to SMEs. The Board should continue recruitment efforts to attract more SMEs, and consider raising the compensation rate to increase participation in the program.***

DBC Response: In 2011, the Board was allotted 12.5 positions under the DCA's CPEI budget change proposal, and investigator positions were distributed between our Northern and Southern field offices. An Investigative Analytical Unit was established in the Sacramento headquarters office. The Board's enforcement managers developed case assignment guidelines, conducted an extensive case review of all

open, previously unassigned cases, and distributed them among new and existing staff, resulting in the elimination of a backlog of over 200 cases. The process remains in effect.

The success of the Board's increased enforcement efforts resulted in a strain on the existing administrative support staff. CPEI did not include technical staff to perform support functions generated by the increase in completed investigations; consequently, investigative staff performs these functions to avoid delays, which reduces time spent on investigations. The Board recently was able to hire additional support staff to address this gap.

Despite an augmentation in enforcement staff levels from CPEI, the Board notes that the caseload per investigator continues to remain significantly higher than other programs within the DCA. In addition to an investigation caseload, Board investigators also carry a probation-monitoring caseload. We are looking into the possibility of adding staff dedicated strictly to probation monitoring and creating a probation unit to better support this challenge.

The Board is considering hiring an outside consultant to review the enforcement program in order to conduct a work load analysis to determine the appropriate level of staff that will be sufficient to reduce investigative caseloads and to identify where process improvements can be made.

The Board currently has over 130 available SMEs to provide case reviews of our completed investigations. The experts conduct an in-depth review of the treatment provided to patients in cases alleging substandard care and when necessary, provide testimony at hearings. The current compensation rate pays $100 per hour for written review and $150 per hour for testimony, and has not been increased since 2009. We will be looking at compensation rates for SME's used by other Boards to see if increasing the compensation to our experts might result in some continuity and a larger expert pool. The Board has been recruiting experts through its web site and outreach to dental societies. Through our recent recruitment efforts we believe we have resolved this issue for now.

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OTHER ISSUES

ISSUE #17: LOW RATE OF RESPONSE TO CONSUMER SATISFACTION SURVEYS AND LOW RATE OF CONSUMER SATISFACTION WITH DBC. ***During the past four years, the Board has received an average survey return rate of approximately 2.55%, below the minimum level of 5% needed to be considered statistically relevant. In addition, the 2013/2014 Consumer Satisfaction Survey of DBC shows over 60% of complainants were dissatisfied with the way the Board handled their complaints.***

Background: In 2010, DCA launched an online Consumer Satisfaction Survey. The Board continues to survey consumers to learn about their experience with the complaint and enforcement process. The Survey is included as a web address within each closure letter, which directs consumers to an online "survey monkey" with 19 questions. Overall participation has been low. Acting on the belief that consumers may be increasingly reluctant to participate in online surveys, staff have also provided self- addressed, postage paid survey cards in closure envelopes. This has not had any discernible effect to the participation rate. During the past four years, the Board has received an average survey return rate of approximately 2.55%, below the minimum level of 5% needed to be considered statistically relevant. By comparison, DCA has reported a 2.6% average participation rate from all boards and bureaus. It should be noted that in reviewing the individual responses, consumers chose to skip or not answer a number of the questions.

With regard to specific survey results, the Board has identified that the participating consumers expressed dissatisfaction surrounding the complaint intake process; initial response time; complaint resolution time; and explanation regarding the outcome of the complaint. The Board notes that the average initial response time is nine days, which is below the maximum time allowed by law. In addition, with the exception of complaints resulting in discipline, the Board's average resolution time is 164 days, which is below the 270 day performance target. Regarding explanations regarding the outcomes of complaints, the Board notes that in 27% of complaints that were closed, dental consultants who reviewed dental issues determined that there was no violation of the Act, due to simple negligence, and 9% of those closed complaints were due to non-jurisdictional requests for refunds, and that both of those outcomes may have impacted a consumers satisfaction.

In October of 2014, Board staff has begun participating in a DCA focus group to draft new questions and consider alternative formats to increase consumer participation. In addition, Board staff is also reviewing the link on the current closure letter to determine if revisions may be necessary.

Staff Recommendation: ***The Board should continue to explore ways to increase responses to its consumer satisfaction surveys*.**

DBC Response: The Board has been working with the DCA on increasing the response returns on our consumer satisfaction surveys. In an effort to solicit more responses from consumers, Board staff have placed a link on the final letters sent to the consumers/complainants, enclosed postage paid, post card survey forms and attached a link to their e-mail signature line to an on line survey.

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CONTINUED REGULATION OF THE PROFESSION BY THE CURRENT PROFESSION BY THE NAME OF BOARD

ISSUE #18: CONTINUED REGULATION BY THE BOARD. ***Should the licensing and regulation of the dental profession be continued and be regulated by the current Board membership?***

Background: The health, safety and welfare of consumers are protected by the presence of a strong licensing and regulatory Board with oversight over the dental profession. The Board should be continued with a four-year extension of its sunset date so that the Legislature may once again review whether the issues and recommendations in this Background Paper have been addressed.

Staff Recommendation: ***Recommend that the licensing and regulation of the dental profession continue to be regulated by the current Board members in order to protect the interests of the public and be reviewed again in four years.***

DBC Response: The Board supports this recommendation.

Section 11
New Issues

This is the opportunity for the board to inform the Committees of solutions to issues identified by the board and by the Committees. Provide a short discussion of each of the outstanding issues, and the board's recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, legislative changes) for each of the following:

1. Issues that were raised under prior Sunset Review that have not been addressed.

   (a) Issue #5 discussed whether the Board should consider it feasible or preferable to merge the Dentistry and Dental Assisting Funds. Board staff researched the feasibility of merging the two funds and consulted with the Department of Consumer Affairs' Budget Office. Staff determined that the merging of the two funds will streamline certain processes. The combining of the two separate funds and two separate appropriations into one, will create efficiencies in budgeting and accounting processes in the long term and would make any budgeting issues simpler to understand. There would be a significant amount of work involved in making the switch, including requiring statutory amendments. However, the DCA Budget Office opined that the long-term benefits of merging the two funds outweigh the short-term concerns and increased workload. At the May 2017 meeting, the Board voted to support the merging of the State Dentistry Fund and the State Dental Assisting Fund and directed staff to continue to research and identify the process by which the two funds may be merged; and to include a request to merge the funds as part of the Board's Sunset Review Report.

   (b) Issue #6 discussed foreign dental school approvals and whether the current process for approving foreign dental schools is sufficient; or whether the Board should consider heavier reliance on accrediting organizations for foreign school approvals. The Legislature recognized the need to ensure that graduates of foreign dental schools who have received an education that is equivalent to that of accredited institutions in the United States and that adequately prepares their students for the practice of dentistry shall be subject to the same licensure requirements in California as graduates of approved dental schools or colleges. The Board's authority to approve foreign dental schools is found in BPC Section 1636.4. The institutional standards upon which the Board evaluates foreign dental schools were initially established based upon the Committee on Dental Accreditation (CODA) standards, used for dental schools located within the United States. At the time that this statute went into effect, CODA did not have a program to evaluate international dental schools. While throughout the years CODA has continued to review and revise its standards, the Board has not kept pace with these changes by updating its regulations.

   While the Board agrees that the California standards should be updated to reflect the CODA standards, completing this update through the regulatory process has proven very arduous. The process by which regulations are updated takes anywhere from 9 to 18 months to become effective. CODA updates its standards regularly. If the Board began the process of bringing its educational standards in line with CODA at this time, it is likely that

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by the time the process is finished, those standards again will have been updated by CODA. This makes it virtually impossible for the Board to keep current with CODA educational standards. In addition, since the inception of this statute there have been only three foreign dental schools which have applied for Board approval; two have been successful and one did not complete the process.

Advancements have been made at CODA with regard to international dental school accreditation. CODA has had a rigorous and comprehensive international accreditation program for predoctoral dental education. Prior to applying for accreditation by the Commission, the international predoctoral dental education program must undergo consultative review by the Joint Advisory Committee on International Accreditation (JACIA). The JACIA is a joint advisory committee made up of CODA Commissioners and ADA members; its activities are separate from the Commission but supported by CODA staff and volunteers. Information about the JACIA process can be found at: http://www.ada.org/en/coda/accreditation/international-accreditation/

In essence, the JACIA process requires the following steps (details of each activity are outlined in the PDF Guidelines on the website):

1. International predoctoral dental education program submits a Preliminary Accreditation Consultation Visit Survey (PACV-Survey). The PACV-Survey is reviewed by JACIA and if a consultative visit is warranted, the program is allowed to move to step 2.
2. Observation of a CODA predoctoral site visit and individual consultation with CODA staff and site visitor. Costs incurred are at the international program's expense.
3. International dental education program completes the Preliminary Accreditation Consultation Visit Self-Study (PACV-Self-Study) and consultation visit. This is a comprehensive, fee-based site visit (PACV-Site Visit) with programmatic consultation by CODA site visitors.
4. Application for CODA accreditation. The JACIA reviews the findings and recommendations of the PACV-Site Visit and determines whether the program has potential to be successful in the Commission's accreditation process. If the preliminary determinations are favorable, the program may seek CODA accreditation.

Currently there are a number of international dental schools utilizing the CODA consultative services and are in various phases of the approval process.

The Board believes that the best way to evaluate the equivalent education and training in dentistry between United States dental schools and foreign dental schools is to require foreign dental schools go through the CODA accreditation process.

(c) Issue #7 asked the Board to consider whether a practical examination is the most effective way to demonstrate minimal competency for RDAs. The detailed discussion of this issue can be found in Section 10, Issues #2 and #7 of the Background Report.

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Upon completion of the occupational analysis (OA) for RDAs, OPES conducted a comprehensive review of the Practical Examination. The review was conducted with the following goals: (1) to evaluate the psychometric properties of the examination (e.g., reliability, test security, standardization) in response to ongoing concerns from the Board and industry stakeholders; (2) to determine the necessity and accuracy of the examination in response to Assembly Bill (AB) 179 (2015); and, (3) to evaluate the content validity of the RDA Practical Examination in relation to the 2016 RDA OA results.

OPES recommended the Board immediately suspend the administration of the practical examination. OPES believed there was a relatively low risk of harm to the public from the suspension of the examination because of the other measures in place, i.e., passing a written examination and the fact that RDAs are required to be under general or direct supervision by a licensed dentist.

On April 6, 2017, the Board voted to suspend the RDA practical examination as a result of the findings of the review of the practical examination conducted OPES until July 1, 2017 and directed staff to pursue legislation to amend Business and Professions Code (BPC) section 1752.1, subdivision (j), for the purpose of allowing the Board to keep the administration of the examination suspended until such time as the Board and OPES identify options. The suspension of the RDA practical examination commenced on April 7, 2017 and remained suspended until July 1, 2017.

Since BPC Section 1752.1 reinstated the RDA practical examination requirement as of July 1, 2017, and the Board had deemed the examination to not accurately measure the competency of RDAs and could no longer administer the RDA practical examination in its current form, the Board sought urgency legislation to extend the dates of the suspension of the examination so the Board would have adequate time to identify reasonable alternatives to measure competency and not unnecessarily create a barrier to RDA licensure in California. This urgency legislation was carried by Assembly Member Low (AB 1707) (Chapter 174, Statutes of 2017), was signed by the Governor and became effective August 7, 2017. The legislation continues the suspension of the RDA practical examination from July 1, 2017 until January 1, 2020, at which time a practical examination or an alternative means of measuring competency will be implemented.

At its August 2017 meeting, the Board and the DAC considered a memorandum that was presented by the OPES relating to alternatives for assessing the competency of RDA candidates to perform the clinical procedures necessary for licensure. After the discussion, the Board took action to appoint a subcommittee of the Board to develop alternatives to RDA licensure, other than a practical exam, to bring back to the Board and DAC for consideration at a future meeting.

The subcommittee, consisting of Bruce Whitcher, DDS and Judith Forsythe, RDA, met and developed a preliminary subcommittee report regarding alternatives. This preliminary report was shared with stakeholders at a workshop held on Friday, October 13, 2017 in Sacramento. This workshop provided a forum for discussion regarding the subcommittee's recommendations and allowed interested parties the opportunity to provide verbal and written comments.

The workshop was attended by representatives of the California Dental Association (CDA), the California Association of Dental Assistants (CDAA), the Dental Assisting Educators Group, Board - approved educational program and course providers, and practicing RDAs. Board staff, Legal Counsel, and OPES were also in attendance.

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As a result of this workshop, the subcommittee recommended for discussion and possible action by the Board and DAC, six alternative methods to measure RDA competency for licensure in California. These recommendations were discussed at the November 2017 meeting. Consideration was given not only to public protection, but to whether or not the new eligibility requirements would eliminate overly restrictive eligibility standards, and/or place undue burdens on those who want to enter the profession.

At the November 2017 meeting, the Board and DAC voted to adopt the alternative which requires that eligibility for RDA licensure be based on completion of the current licensure requirements as established by current law and regulation and successful completion and passing of the RDA Written examination and the RDA Law & Ethics Written examination. The Board and DAC believe that this option was the most reasonable and optimal and will not introduce additional barriers to RDA licensure. The decision is supported by the fact that OPES indicated that the RDA written examinations, along with the fact that RDA duties are supervised by the dentist, places the public at little risk of harm. A practical examination would not provide additional public protection beyond that conferred by successful completion of an educational program or a written examination. During the sunset review process, the Board will be seeking a statutory change to implement this recommendation of RDA licensure without a practical examination.

(d) Issue #11 addressed the data obtained through mandatory surveys required at licensure renewal and whether there are ways to make this data more useful. At its February 2015 Board meeting, representatives from the Center for Oral Health (COH) gave a presentation on dental workforce data and the opportunities and challenges associated with interpreting the data in a meaningful way to effect policy decisions. COH pointed out a number of challenges with the Board's data that if addressed, could yield more useful information; e.g., existing data sources are not linkable and not reliably accurate; not easily accessible, some data elements are not collected. COH recommended the Board enhance overall data capacity over time by modifying the data that exists to make it accurate, useful, and available; collaborate with partners for action and analyses, develop a data enhancement strategy for future workforce analyses, and utilize improved data to strategically improve access to care in California. When the Board converted to the BreEZe system in January 2016, additional challenges were identified that will need to be addressed. Board staff are working with the DCA Office of Information Services regarding this issue.

(e) Issue #14 relates to continuing education and whether the Board should conduct continuing education audits for RDAs and RDAEFs. The Board believes that continuing education is an important part of license renewal for all licensees. The Board anticipates submitting a BCP for staff positions to initiate regular and ongoing continuing education audits for RDAs and RDAEFs in order to hold licensees accountable and promote proper standard of care.

2. New issues that are identified by the board in this report.
   - No issues at this time.
3. New issues not previously discussed in this report.
   - Licensure by Residency. This section of law became operative January 1, 2007. It created a pathway to licensure in California that allows a dental student who graduated from dental school and who completes a clinically based advanced education program in general dentistry (GPR) or an advanced education program in general practice

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residency (AEGD) that is at minimum, one year in duration and is accredited by either the Commission on Dental Accreditation (CODA) of the American Dental Association or a national accrediting body approved by the Board, to be licensed in the state without having to take a clinical examination. Current statute does not specify a timeframe or deadline by which an applicant may apply for licensure after completing the residency. Without specifying a cutoff date, the Board is receiving applications from candidates who completed a residency more than five years ago and have not had recent clinical experience. The Board is requesting that language be included in the sunset review legislation that would impose a two year timeframe, after completion of a GPR or AEGD program for an applicant to apply for licensure through this pathway.

- Licensure by WREB/ADEX or any other future regional examination. This section of law became operative in 2004 and requires a candidate for licensure to have taken and received a passing score on a clinical and written examination administered by the Western Regional Examining Board (WREB) on or after January 1, 2005. Current statute does not specify an expiration date for the validity of the WREB examination results. Without imposing an expiration date, the Board could potentially have an applicant applying for licensure that took the WREB examination at any point since 2005. This makes it difficult to determine if the applicant is not only up to date on the best practices in dentistry but also is safe to practice clinically. ADEX The Board is requesting that language be included in the sunset review legislation that would impose an expiration date of five years from the date a candidate passes a regional clinical examination for acceptance toward licensure.

- New License to Replace Cancelled License. Current statute states that a licensee who was licensed in California, but whose license was cancelled for non- renewal after five years, can <u>only</u> apply for a new license to replace a cancelled license by paying all back renewal and delinquency fees, even if the licensee could qualify by another pathway such as Licensure by Credential. The Board is requesting that language be included in sunset review legislation that would allow licensees who have held a California license which expired and therefore was cancelled, the opportunity to re-apply for licensure in California through another licensure pathway such as Licensure by Credential.

- Certification of Proof of Graduation for Dental Education – Dean or Dean Delegate Signature Authority.

- Clarification of “approved by the board” to include “or “by the Commission on Dental Accreditation of the American Dental Association”. It has come to staff’s attention that sections of statute reference “approved by the board” and there is no clear definition of what that means. For consistency, the Board is requesting that language be included in the sunset review legislation that would add the phrase, “or by the Commission on Dental Accreditation of the American Dental Association” wherever the phrase “approved by the board” appears.

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4. New issues raised by the Committees.

   - AB 2235 (Chapter 519, Statutes of 2016) requires the Board to provide a report on pediatric deaths related to general anesthesia in dentistry at the time of sunset review.

     In February 2016 Senator Jerry Hill, Chair of the Senate Committee on Business, Professions, and Economic Development was made aware of a tragedy in which an otherwise healthy child died after receiving general anesthesia at a dentist's office. He notified the Dental Board of California (Board) of his concern about the rise in the use of anesthesia for young patients and asked the Board to investigate whether California's present laws, regulations, and policies are sufficient to protect the public. In doing the research, Senator Hill asked the Board to review all incident reports collected by the Board related to pediatric anesthesia in California for the past five years.

     The Board President appointed a two-person subcommittee to work with staff to research this issue; and the study was expanded to include review of incident reports related to all levels of pediatric sedation including conscious sedation, oral conscious sedation, and general anesthesia as well as administration of local anesthetic in California for the past six years (2010-2015).

     Three subcommittee meetings were held (July, August, and October) to take public comment on this important issue. The meetings were webcast and are archived for future viewing. Those in attendance included staff consultants from Senator Hill and Assembly Member Thurmond's offices, the public, the media (ABC and NBC), and representatives from the following organizations: American Academy of Pediatrics, California Association of Nurse Anesthetists, California Dental Association, California Society of Anesthesiologists, California Society of Dental Anesthesiologists, and California Association of Oral and Maxillofacial Surgeons.

     The Board's research found that California dental sedation and anesthesia laws are similar to laws in other states, and differ primarily in the area of personnel requirements. Approximately half of other states specify the number of staff who must be present, in addition to the dentist, when general anesthesia or moderate sedation is administered. No state requires the presence of an individual dedicated to both the monitoring and administration of general anesthesia or moderate sedation.

     California policies, laws and regulations are generally consistent with professional dental association guidelines with the exception of a recommendation in the American Academy of Pediatrics-American Academy of Pediatric Dentistry Guidelines for a person dedicated to the monitoring and administration of deep sedation and general anesthesia.

     The Board concluded that California's present laws, regulations and policies are sufficient to provide protection of pediatric patients during dental sedation. However, it recommended the consideration of the following enhancements to current statute and regulations to provide an even greater level of public protection:

     1. The board should continue to research the collection of high quality pediatric dental sedation and anesthesia related data to inform decision making.
     2. The definitions of general anesthesia, conscious sedation, pediatric and adult oral sedation should be updated.
     3. Proposed changes to the sedation and anesthesia permit system:
        a. Pediatric Minimal Sedation Permit for patients under age thirteen (13).

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(This permit would replace the existing Oral Conscious Sedation for Minors permit)

b. Pediatric Moderate Sedation permit for patients under age 13. (This permit could either be a new pediatric permit or an endorsement on an existing moderate (conscious) sedation permit.)

c. Pediatric general anesthesia permit for children under age 13. (This permit could either be a new pediatric permit or an endorsement on an existing general anesthesia permit.)

4. Requirements for records and equipment should be updated and include the use of capnography for moderate sedation.
5. The Dental Board should be provided with additional authority to strengthen the onsite inspection and evaluation program.

The Board recognizes that the manpower and economic considerations for pediatric dental sedation were beyond the scope of the report that was submitted to the Legislature. These considerations will be critical to the successful implementation of any changes to dental sedation laws. The Board therefore recommends that there be an analysis of the effects of any proposed new legislation or regulation on access to care for pediatric dental patients prior to the implementation of any changes. Factors such as whether the costs of sedation and anesthesia are reasonable depends on how cost effectiveness is defined and calculated, and on the perspective taken. For example, clinicians often view cost implications differently than would payers or society at large. There needs to be consideration of the resource constraints of the healthcare system (for example, Denti-Cal versus private insurance). Feasibility issues must be considered, including the time, skills, staff, and equipment necessary for the provider to carry out the recommendations, and the ability of patients and systems of care to implement them.

While research on the report was being conducted pursuant to Senator Hill's request, Assembly Bill 2235 (Thurmond), also known as Caleb's Law, was introduced and subsequently was signed into law by the Governor. In addition to requiring the Board to submit a Pediatric Anesthesia Report to the California State Legislature by January 1, 2017, the legislation made changes to Business & Professions Code section 1680(z) regarding the reporting requirements for hospitalizations and deaths when anesthesia was used. AB 2235 requires that reporting of deaths and/or hospitalizations be on a form approved by the board; and that the following information be included: the date of the procedure; the patient's age in years and months, weight, and sex; the patient's American Society of Anesthesiologists (ASA) physical status; the patient's primary diagnosis; the patient's coexisting diagnoses; the procedures performed; the sedation setting; the medications used; the monitoring equipment used; the category of the provider responsible for sedation oversight; the category of the provider delivering sedation; the category of the provider monitoring the patient during sedation; whether the person supervising the sedation performed one or more of the procedures; the planned airway management; the planned depth of sedation; the complications that occurred; a description of what was unexpected about the airway management; whether there was transportation of the patient during sedation; the category of the provider conducting resuscitation measures; and the resuscitation equipment utilized. AB 2235

also requires the Board to report on pediatric deaths related to general anesthesia and deep sedation in dentistry at the time of sunset review.

In response to AB 2235 which became effective January 1, 2017, and until a reporting form can be promulgated in regulation, board staff created a courtesy reporting form which includes the data points itemized in the above paragraph. The Board contacted current permit holders to notify them of the new requirements and posted the information on its website. The Board determined that an additional staff position was necessary to track the data from these new forms and therefore submitted a budget change proposal for the position. The position was approved in the Governor's budget in June 2017. The authority to recruit to fill this position was effective July 1, 2017; and the position was filled soon thereafter.

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Section 12 – Attachments

Please provide the following attachments:

A. Board's administrative manual.

B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).

C. Major studies, if any (cf., Section 1, Question 4).

D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).

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Section 13 –
Board Specific Issues

DIVERSION

Discuss the Dental Board's diversion program, the extent to which it is used, the outcomes of those who participate, the overall costs of the program compared with its successes.

In 1982, BPC § 1695 mandated the Dental Board seek ways and means to identify and rehabilitate licensees whose competency may be impaired due to their abuse of dangerous drugs and/or alcohol.

The Board acknowledges and recognizes that a professional's abilities may be impaired by alcoholism and other drug dependencies. In an effort to deal with this problem in a rehabilitative manner, the Board developed the Diversion Program.

The Diversion Program is a voluntary, confidential program that offers an alternative to traditional disciplinary actions for dental licensees whose practice may be impaired due to chemical dependency. The goal of the Diversion Program is to protect the public by early identification of impaired dentists and dental assistants and by providing licensees access to appropriate intervention programs and treatment services. Public safety is protected by suspension of practice, when needed, and by careful monitoring of the participants.

Any California licensed dental professional residing in the state and experiencing an alcohol and/or drug abuse problem is eligible for admission into the program.

Diversion Evaluation Committee (DEC)

1. **DCA contracts with a vendor to perform probation monitoring services for licensees with substance abuse problems, why does the Dental Board use DEC? What is the value of a DEC?**

   The Diversion Evaluation Committee (DEC) members consist of fellow dental professionals and experts in the field of chemical dependency; both areas of expertise that cannot be replicated by board staff. Following the guidelines established by the Board, each DEC has the authority to evaluate program participant eligibility and monitor ongoing participation.

   In conjunction with the DEC, the Board has a designated Diversion Program Manager (DPM) who acts as the liaison with the DEC members (filling vacancies, planning meeting travel, training), oversees the administration of the Diversion contract with the chosen vendor, and provides quarterly reports at Board meetings. All decisions regarding program participants are made by the DEC in consultation with the Contractor (currently MAXIMUS, Inc.) and the DPM.

   The Board has established two diversion evaluation committees, one each, in Southern and Northern California. Quarterly meetings in two regions provides for consistent access for regular in-person evaluation of participants and consideration of licensees applying for the program.

   Responsibilities of the DEC members include, but are not limited to the following:

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- Attend all DEC meetings as scheduled.
- Interview and evaluate licensees requesting admission to the program to determine their eligibility to participate.
- Review information regarding program participants.
- Consider recommendations made by the program manager and any consultant to the Committee.
- Determine when a participant is a risk to the public and if/when a licensee may safely continue, or resume the practice of dentistry.
- Establish supervision and surveillance of program participants by developing formal treatment and rehabilitation contracts.
- Assess participant progress and amend contracts accordingly.
- Determine when participants are to be terminated from the program for reasons other than successful completion.
- Other related duties at the direction of the board or program manager, as the Board may establish by regulation.

What is the membership/makeup composition?
CCR § 1020.4 establishes that each committee consist of six members: three (3) licensed dentists, one (1) licensed dental auxiliary, one (1) public member and one (1) licensed physician or psychologist. All must be experienced or knowledgeable in chemical dependency either through education, training, experience or personal recovery.

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2. Did the Dental Board have any difficulties with scheduling DEC meetings? If so, describe why and how the difficulties were addressed.

There were no scheduling issues during the last four fiscal years. To reduce the potential for conflicts, MAXIMUS, Inc. selects meeting dates one year in advance and provides these dates to both the DPM and committee members for approval. This allows all the involved parties sufficient time to calendar the date(s) and attend. This practice also provides the best opportunity to secure a state-rate for out-of-town meetings, which benefits the Board.

3. Does the DEC comply with the Open Meetings Act?

Yes, the DPM prepares the quarterly agenda, publicly notices each meeting at least ten calendar days before the meeting, sends the agenda via USPS to all interested parties, and sends out an email blast to subscribers. Meeting notices and the agenda are also posted on the Board's website. An open session is always scheduled at the beginning of each meeting to allow public comment.

4. How many meetings were held in each of the last three fiscal years?

Quarterly meetings were scheduled in both Southern and Northern California; the Southern DEC meets in Los Angeles and the Northern DEC meetings are held in Sacramento.

DEC Meetings	FY 15-16	FY 16-17	FY 17-18
N DEC - Sacramento	4	4	4
S DEC – Los Angeles	4	4	4

5. **Who appoints the members?**

When vacancies occur on either Committee, the process for appointing members to the DEC is as follows:

1) Placing a notice on the home page of the Dental Board's website,
2) Applications are screened for qualifications,
3) Selected candidates are scheduled for a face-to-face interview with the Committee having the vacancy and the DPM,
4) A recommendation is presented to the Board's Diversion Liaison for consideration,
5) The liaison conducts a telephone interview and if he/she concurs with the committee's recommendation,
6) The applicant's credentials are presented to the full Board for final consideration and action.

6. **How many cases (average) at each meeting?**

There are on average, 8 to 12 applicants and/or participants at each meeting.

7. **How many pending? Are there backlogs?**

There are no cases pending or any backlog of applicants or participants. New participants to the program are usually scheduled for the first meeting date (in their region) held after they have been accepted into the program. He/she is seen again based on the frequency determined by the Committee.

8. **What is the cost per meeting? Annual Cost?**

Diversion program expenses are established by the Department-wide contract with MAXIMUS, Inc. At present, the Board pays a uniform charge per participant of $369.50 per month. Approximately 27% ($100.00 per month) is offset by participants. The remaining portion ($269.50) is the Board's cost per participant to operate the program. The table below displays the Board's annual costs for the program (by fiscal year) as well as the cost per participant over the life of the current contract:

Fiscal Year	Cost Per Participant	Annual Cost
2014/15	$326.74	$77,776.78
2015/16	$343.22	$68,661.60
2016/17	$353.52	$56,239.21
2017/18	$364.12	$41,763.48
Average	**$346.90**	**$61,110.27**

Travel Expenses - Some additional minor expenses can be attributed to travel costs when the Board's DPM must attend meetings in Southern California. The cost for meeting locations and any travel/lodging expense incurred by the contractor is borne by MAXIMUS, Inc. The Board is responsible for reimbursable travel costs (meals, incidentals, and lodging) for the DEC members and the DPM.

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9. How is DEC used? What types of cases are seen by the DECs?

A licensee may contact the Diversion Program as a self-referral, may be referred by enforcement staff as a result of an investigation, or may be ordered to be evaluated by the committee as a probationary condition following a disciplinary order.

CCR § 1020.7 regulates the process to evaluate licensees who apply for acceptance into the Diversion program. DEC members are responsible for reviewing the history and profiles of applying licensees for consideration into the program and determining eligibility, or if they do not meet the criteria.

Upon acceptance into the program, DEC members are responsible for developing an individual treatment plan (contract) that provides both structured support during a participant's recovery and strict monitoring to ensure California dental consumers are not at risk from impaired licensees. Careful consideration is given in designing a plan that not only includes the appropriate means of rehabilitation, but also considers the participant's ability to pay for such treatment. In more egregious cases, participants may be suspended from work with outpatient treatment and other structured support, or suspension with more costly in-patient treatment.

Upon entering the program, participants are assigned a DEC member as their case consultant. The case consultant is responsible for closely following the recovery progress of each of his/her assigned participant. The consultant leads the DEC interview when his/her assigned participant appears before the full committee.

In addition to the monthly fees, participants are required to pay the cost of all biological fluid tests ordered (approximately $62.50 per test), and the costs to attend any inpatient or outpatient treatment modalities ordered by the DEC.

Each participant must attend scheduled DEC meetings when face-to-face interviews allow the case consultant to monitor their appearance and conduct. During the meetings, DEC members will also consider participant requests for contract changes. Some examples include requests to: reduce or exchange health support group/AA/NA meetings, schedule vacation trips, increase work hours, change work site monitor(s). Depending on the progress observed, DEC members can increase or decrease biological fluid testing times, (including order back-to-back and/or additional weekend tests), temporarily suspend a participant from practice, or mandate inpatient treatment.

Decisions to terminate a participant from the program are also made by the DEC. The committee shall determine, based upon the recommendation of both the DPM and the assigned case consultant, whether to terminate participation in the program. Termination can be for any of the following reasons:

- Participant failed to comply with the treatment program,
- Participant failed to derive benefit from the treatment plan or,
- Participant tested positive on more than one occasion and is deemed a public risk.

In either event, the DEC terminates the participant from the program and refers the licensee back to the Board for formal discipline.

Successful completion of the program is granted by the DEC if the participant has demonstrated all of the following:

- The ability to refrain from the use of alcohol and drugs
- A sound understanding of addiction
- A commitment to recovery
- An acceptable relapse prevention plan, and
- A transition period of at least one year (the last year of the five year program in which the participant can choose to reduce the amount of health support group and AA/NA meetings. This is the time during transition that the participant proves to the DEC that they are in full recovery.

DIVERSION STATISTICS	**FY 15/16**	**FY 16/17**	**FY 17/18**
Participants (close of FY)	20	13	21
Program Intakes Total	4	10	3
Successful Completions	3	5	3
Program Intakes	**FY 15/16**	**FY 16/17**	**FY 17/18**
Self-Referral	0	3	0
Informal/Investigative	3	1	1
Probation	1	6	2
Terminations	**FY 15/16**	**FY 16/17**	**FY 17/18**
Public Threat	1	1	0
Non-Compliance	0	0	0
Biological Fluid Testing	**FY 15/16**	**FY 16/17**	**FY 17/18**
Drug Tests Ordered	1040	899	640
Positive Drug Tests	5	8	3

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10. How many DEC recommendations have been rejected by the Dental Board in the past four fiscal years (broken down by year)?

With regards to acceptance of licensees into the Diversion program, the table below provides a breakout by fiscal year:

	FY 15/16	**FY 16/17**	**FY 17/18**	**Program to Date**
Applicant Not Accepted by DEC	0	0	0	20

In general, rejections by the DEC are rare. During the same time period, all recommendations for the appointment of new Committee member have been accepted.