

DENTAL BOARD OF CALIFORNIA

LEGISLATIVE PROPOSAL TO AMEND SECTIONS 1725, 1753.52, 1754.5, AND 1755 OF THE BUSINESS AND PROFESSIONS CODE RELATING TO DENTAL ASSISTING COURSES

Proposed amendments are indicated in underline for new text and ~~striethrough~~ for deleted text.

Amend Section 1725 of Article 6 of Chapter 4 of Division 2 of the Business and Professions Code as follows:

1725. The amount of the fees prescribed by this chapter that relate to the licensing and permitting of dental assistants shall be established by regulation and subject to the following limitations:

- (a) The application fee for an original license shall not exceed two hundred dollars (\$200).
- (b) The fee for examination for licensure as a registered dental assistant shall not exceed the actual cost of the examination.
- (c) The fee for application and for the issuance of an orthodontic assistant permit or a dental sedation assistant permit shall not exceed two hundred dollars (\$200).
- (d) The fee for the written examination for an orthodontic assistant permit or a dental sedation assistant permit shall not exceed the actual cost of the examination.
- (e) The fee for the Registered Dental Assistant Combined Written and Law and Ethics Examination for a registered dental assistant shall not exceed the actual cost of the examination.
- (f) The fee for examination for licensure as a registered dental assistant in extended functions shall not exceed the actual cost of the examination.
- (g) The biennial renewal fee for a registered dental assistant license, registered dental assistant in extended functions license, dental sedation assistant permit, or orthodontic assistant permit shall not exceed two hundred dollars (\$200).
- (h) The delinquency fee shall be 50 percent of the renewal fee for the license or permit in effect on the date of the renewal of the license or permit.
- (i) The fee for issuance of a duplicate registration, license, permit, or certificate to replace one that is lost or destroyed, or in the event of a name change, shall not exceed one hundred dollars (\$100).

(j) The fee for each curriculum review and site evaluation for educational programs for registered dental assistants that are not accredited by a board-approved agency, or the Chancellor's office of the California Community Colleges shall not exceed seven thousand five hundred dollars (\$7,500).

(k) The fee for review of each approval application or reevaluation for a course that is not accredited by a board-approved agency or the Chancellor's office of the California Community Colleges shall not exceed two thousand dollars (\$2,000).

(l) The fee for review of each approval application or reevaluation for a course provided pursuant to Sections 1753.52, 1754.5, and 1755 that is not accredited by a board-approved agency or the Chancellor's office of the California Community Colleges shall be three hundred dollars (\$300).

~~(lm)~~ Fees collected pursuant to this section shall be deposited in the State Dentistry Fund.

Amend Section 1753.52 of Article 7 of Chapter 4 of Division 2 of the Business and Professions Code as follows:

1753.52. (a) On or after January 1, 2026, a provider of a course for instruction in interim therapeutic restorations and radiographic decisionmaking for a registered dental assistant in extended functions shall apply for board approval to offer the course and submit all of the following to the board:

(1) An application prescribed by the board that shall specify the name of the course or educational program administrator or director, the name of the course provider, the name of the course, and the location where the course will be offered.

(2) The application fee prescribed ~~by regulation~~ in Section 1725.

(3) A detailed course curriculum evidencing that the course is sufficient in length for the students to develop competency in placement of protective restorations, but shall be, at a minimum, 16 hours in length and include all of the following:

(A) Four hours of didactic training, which may take place in an in-person or online environment, and shall include:

(i) Review of pulpal anatomy.

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

(iii) Criteria used in clinical dentistry pertaining to the use and placement of adhesive protective restorations, which shall include:

(I) Patient factors, as follows:

(ia) According to the American Society of Anesthesiologists Physical Status Classification, the patient is Class III or less.

(ib) The patient is cooperative enough to have the interim therapeutic restoration placed without the need for special protocols, including sedation or physical support.

(ic) The patient, or responsible party, has provided consent for the interim therapeutic restoration procedure.

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

(II) Tooth factors, as follows:

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

(ib) The margins of the lesion are accessible so that clean, noninvolved margins can be obtained around the entire periphery of the lesion with the use of hand instrumentation.

(ic) The depth of the lesion is more than two millimeters from the pulp on radiographic examination or is judged by the supervising licensed dentist to be a shallow lesion such that the treatment does not endanger the pulp or require the use of local anesthetic.

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

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

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

(vi) Protocols for adverse outcomes after interim therapeutic restoration placement, including, but not limited to, exposed pulp, tooth fracture, gingival tissue injury, high occlusion, open margins, tooth sensitivity, rough surface,

complications, or unsuccessful completion of adhesive protective restorations, including situations requiring immediate referral to a dentist.

(vii) Protocols for followup of adhesive protective restorations, including, but not limited to, at least two followup examinations of the interim therapeutic restoration within a 12-month period.

(B) Four hours of laboratory training, which shall be held at a physical facility, and include placement of 10 adhesive protective restorations where students demonstrate competency in this technique on typodont teeth.

(C) Eight hours of clinical training, which shall be held at a physical facility, and include experiences where students demonstrate, at minimum, placement of five interim therapeutic restorations under direct supervision of faculty.

(4) A detailed course curriculum evidencing that the course is sufficient in length for the students to develop competency in making decisions about which radiographs to expose to facilitate diagnosis and treatment planning by a dentist, but shall be, at a minimum, four hours in length and include all of the following:

(A) Didactic instruction, including all of the following:

(i) The concept of managing caries and individualizing treatment based on a caries risk assessment.

(ii) Guidelines for radiographic decisionmaking, including, but not limited to, both of the following concepts:

(I) The American Dental Association's Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure (Revised 2012).

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

(iii) The guidelines developed by Pacific Center for Special Care at the University of the Pacific Arthur A. Dugoni School of Dentistry (Pacific) for use in training for Health and Workforce Pilot Project No. 172, including both of the following:

(I) Instruction on specific decisionmaking guidelines that incorporate information about the patient's health, radiographic history, time span since previous radiographs were taken, and availability of previous radiographs.

(II) Instruction pertaining to the general condition of the mouth, including the extent of dental restorations present and visible signs of abnormalities, including broken teeth, dark areas, holes in teeth, demineralization, visible carious lesions, and remineralization.

(B) Laboratory training that includes case-based examination with various clinical situations where trainees make decisions about which radiographs to expose and demonstrate competency to faculty based on these case studies.

(C) Simulated clinical experiences consisting of a review of various clinical cases with instructor-led discussion about radiographic decisionmaking in these clinical situations.

(5) Evidence of student access to adequate equipment and facilities to satisfy the educational requirements as specified in this section.

(6) Evidence that the physical facilities required under this section have all of the following:

(A) A patient clinic area, laboratory, and radiology area.

(B) Access to equipment necessary to develop dental assisting skills in radiographic decisionmaking.

(C) Infection control equipment as required by the board.

(7) Evidence that the physical facilities and equipment are maintained and replaced in a manner designed to provide students with a course that will meet the educational objectives set forth in this section.

(8) Evidence that all students have access to all of the following:

(A) A hazardous waste management plan for the disposal of needles, cartridges, medical waste, and storage of oxygen and nitrous oxide tanks.

(B) A clinic hazard communication plan.

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

(9) Written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other federal, state, and local requirements. The course provider shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space shall be provided for preparing and sterilizing all armamentaria.

(10) Evidence that the course is established at the postsecondary educational level.

(b) The course content may be incorporated into a current registered dental assistant in extended functions program.

(c) For course enrollment, the course provider shall ensure submission by the student of satisfactory evidence of both of the following requirements:

(1) A current, active license as a registered dental assistant in extended functions issued on or after January 1, 2010.

(2) A current certification in basic life support from American Red Cross, American Heart Association, American Safety and Health Institute, American Dental Association's Continuing Education Recognition Program, or Academy of General Dentistry's Program Approval for Continuing Education.

(d) The program or course director shall do both of the following:

(1) Ensure all faculty involved in clinical evaluation of students maintain currency in evaluation protocols for interim therapeutic restoration placement and radiographic decisionmaking.

(2) Ensure that all faculty responsible for clinical evaluation have completed a one-hour methodology course in clinical evaluation for interim therapeutic restoration placement and radiographic decisionmaking before instruction.

(e) Satisfactory completion of a course in interim therapeutic restoration and radiographic decisionmaking is determined using criteria-referenced completion standards, where the instructor determines when the trainee has achieved competency based on these standards, but trainees take varying amounts of time to achieve competency. Any student who does not achieve competency in this duty in the specified period of instruction may receive additional training and evaluation. In cases where, in the judgment of the faculty, students are not making adequate progress, they shall be discontinued from the program.

(f) Each student shall pass a written examination which reflects the entire curriculum content.

(g) Each student shall pass a simulated clinical examination in which the student successfully completes the application of three of the five interim therapeutic restoration placements required for clinical instruction under faculty supervision.

(h) Each approved course shall be subject to board review at any time for compliance with the requirements under this section. The board may withdraw approval at any time that it determines that the course does not meet the requirements set forth in this section.

(i) The program or course director shall be responsible for notifying the board in writing of any changes to the course content, physical facilities, and faculty within 10 days of such changes.

(j) The board may adopt regulations to implement this section.

Amend Section 1754.5 of Article 7 of Chapter 4 of Division 2 of the Business and Professions Code as follows:

1754.5. (a) A radiation safety course shall have the primary purpose of providing theory, laboratory, and clinical application in radiographic techniques. The board shall approve only those courses that adhere to the minimum requirements of this section and applicable regulations adopted by the board.

(b) A radiation safety course provider applying for initial board approval shall submit a completed application for course approval, on a form provided by the board, accompanied by the applicable fee specified in Section 1725. The board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the board and adopt those findings as its own. The board may approve, provisionally approve, or deny approval after it evaluates all components of the course.

(c) A board-approved radiation course shall be re-evaluated approximately every seven years, but may be subject to re-evaluation and inspection by the Board at any time to ensure compliance with this section. Continuation of approval will be contingent upon continued compliance with Sections 1070 and 1070.1 of Title 16 of the California Code of Regulations and all requirements set forth in this section. The board may withdraw approval at any time that it determines that the course does not meet the requirements set forth in this subdivision of this section.

(d) Radiation safety course providers shall comply with the Radiologic Technology Act (commencing with Section 27 of the Health and Safety Code) and supporting regulations. Providers shall make adequate provisions for appropriate supervision, operation, and facilities when used for laboratory and preclinical instruction, including all of the following:

(1) Laboratory and clinical instruction facilities that are equipped with supplies, materials, and equipment for instruction in radiation safety and practical work and include, for every six students, at least the following:

(A) One functioning radiography (X-ray) machine that complies with all federal and state laws, including registration with the Department of Health Services, and is equipped with the appropriate position-indicating devices for each technique being taught;

(B) One X-ray training manikin head designed for instruction in radiographic techniques per X-ray unit;

(C) One film view box or screen for viewing digital images; and

(D) Processing and viewing equipment or any combination thereof. Such facility requirements may be deemed met if computer-based equipment for digital radiographic procedures is solely or in part utilized within the program or course facility. Such equipment may be located in the operator area where exposures will occur.

(2) The choice of image receptor for laboratory and clinical experiences may be either traditional film or digital sensor or any combination thereof as determined by the course provider.

(3) X-ray exposure areas shall provide protection to patients, students, faculty, and observers in full compliance with applicable federal and state laws.

(e) A course in radiation safety shall be of sufficient duration for the student to achieve minimum competence, but in no event less than 32 hours, including at least 8 hours of didactic instruction, at least 12 hours of laboratory instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation models, and at least 12 hours of ~~supervised~~ clinical instruction in which students receive supervised experience in performing procedures in a clinical setting on patients.

(f) A course shall establish specific instructional objectives. The theoretical aspects of the course shall provide the content necessary for students to make safe and ethical judgments regarding radiation safety.

(g) Objective evaluation criteria shall be used for measuring student progress. Students shall be provided with specific performance objectives and the evaluation criteria that will be used for all evaluation and testing procedures.

(hg) Didactic instruction shall be provided in safe and educationally conducive lecture classrooms or facilitated through electronic distance learning modalities. Areas of didactic instruction shall include, at a minimum, all of the following:

(1) Radiation physics and biology.

(2) Radiation protection and safety.

(3) Recognition of normal intraoral and extraoral anatomical landmarks.

(4) Radiograph exposure and processing techniques.

(5) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of the oral cavity.

(6) Intraoral techniques including holding devices and image receptors.

(7) Proper use of patient protection devices and personal protective equipment for operator use.

(8) Identification and correction of faulty radiographs.

(9) Introduction to contemporary equipment and devices including the use of computerized digital radiography and extraoral imaging that may include panographs or cone-beam imaging.

(10) Techniques and exposure guidelines for a variety of patients including, but not limited to, adult, pediatric, edentulous, partially edentulous, endodontic, and patients with special needs.

(11) Radiographic record management.

(h) Providers using electronic distance learning modalities for didactic instruction shall:

(1) Prior to enrolling a student, notify the prospective student of the computer or communications technology necessary to participate in didactic instruction.

(2) Provide technological assistance to students, as needed, to participate in didactic instruction.

(3) Ensure completion of didactic instruction by the student prior to the student's participation in laboratory instruction.

(i) For the student to achieve minimum competence in the application of dental radiographic techniques and radiation safety, the course shall include all the following shall be met by a board-approved course:

(1) Successful completion of laboratory experiences consisting of at least two bitewing radiographic series and two full mouth intraoral radiographic series using an ~~X~~X-ray training mannequin designed for radiographic exposures utilizing any dental radiographic image receptor or device deemed appropriate by the course director. Laboratory instruction shall be successfully completed prior to student participation in clinical instruction.

(2) Successful completion of clinical experiences consisting of at least three full-mouth intraoral radiographic series using any dental radiographic image receptor or device deemed appropriate by the course director or supervising dentist.

~~(j)~~ All clinical radiographs shall be made using diagnostic criteria established by the course of instruction and shall in no event exceed three reexposures per series.

(4) Completion of student and instructor written evaluations of each radiographic series identifying errors, causes of error, correction of errors, and, if applicable, the number of reexposures necessary for successful completion of a series to clinical competency.

~~(k)~~ Before the student's performance of procedures on patients, the student shall provide evidence to the radiation safety course provider of having completed a board-approved eight-hour course in infection control and current, valid certification in basic life support.

~~(l) Completion of student and instructor written evaluations of each radiographic series identifying errors, causes of error, correction of errors, and, if applicable, the number of reexposures necessary for successful completion of a series to clinical competency.~~

~~(m)~~ The student shall successfully complete a comprehensive written exam prior to the completion of the course. The exam shall include questions specific to items addressed in Article 4 (commencing with Section 30305) of Group 3 of Subchapter 4 of Chapter 5 of Division 1 of Title 17 of the California Code of Regulations relative to the special requirements for the use of ~~X~~X-ray in the healing arts.

~~(n)~~ Extramural dental facilities may be utilized by a course in accordance with Board regulations for the purposes of clinical experiences. ~~Clinical oversight shall be performed~~

~~under the general supervision of a licensed dentist who shall authorize the student to perform, at minimum, three radiographic series. Didactic and laboratory instruction shall be provided only by course faculty or instructional staff prior to clinical performances. (e) Programs and courses using extramural dental facilities~~facilities for dental radiographic clinical experiences shall provide to the board, upon request ~~or renewal of provider status,~~ copies of all contracts of affiliation and documentation demonstrating compliance with board regulations.

~~(pm)~~ Upon successful completion of the course, students shall receive a certificate of completion as defined in subdivision (e) of Section 1741.

~~(qn)~~ The board may adopt regulations to implement this section.

Amend Section 1755 of Article 7 of Chapter 4 of Division 2 of the Business and Professions Code as follows:

1755. (a) A course in infection control is one that has as its main purpose providing theory and clinical application in infection control practices and principles where the protection of the public is its primary focus. The board shall approve only those courses that adhere to the minimum requirements of this section and applicable regulations adopted by the board.

~~(b) An unlicensed dental assistant not enrolled in a board-approved program for registered dental assisting or an alternative dental assisting program as defined in subdivision (a) of Section 1741, shall complete one of the following infection control certification courses: An eight-hour infection control course taken for compliance with the requirements of paragraph (c) of Section 1750 shall be either of the following:~~

~~(1) A board-approved eight-hour course, with six hours being didactic instruction and two hours being laboratory instruction.~~

(1) A board-approved eight-hour infection control course provided by a board-approved registered dental assisting education program.

(2) An eight-hour infection control course approved by the Board pursuant to Section 1070.6 of Title 16 of the California Code of Regulations.

~~(23)~~ A board-approved eight-hour course, with six hours of didactic instruction and at least two hours of laboratory instruction using video or a series of video training tools, all of which may be delivered using asynchronous, synchronous, or online learning mechanisms or a combination thereof.

(c) A provider of an infection control course offered to students for compliance with paragraph (3) of subdivision (b) shall submit an application on a form furnished by the board for board approval to offer the course, the applicable fee specified in Section 1725, and documentation of all of the following:

(1) The course name, course provider name, course director name, business address, telephone number, and email address shall be identified in the application for board approval.

(2) The course director shall possess a valid, active, and current license issued by the board or the Dental Hygiene Board of California.

(3) The course director shall actively participate in and be responsible for the administration of the course and each of the following requirements:

(A) Maintaining for a period of not less than five years copies of curricula, program outlines, objectives, and grading criteria, and copies of course instructor credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the course.

(B) Informing the board of any major change to the course (including closure), course provider name, course director, business contact information, or course content within 10 days of the change.

(C) Ensuring that all course instructors meet the requirements set forth in this section.

(4) The A-course shall establish a detailed course outline, in writing, that clearly states the curriculum subject matter, hours of didactic and laboratory instruction, and specific instructional objectives. Instruction shall provide the content necessary for students to make safe and ethical judgments regarding infection control and asepsis.

(d5) Objective evaluation criteria shall be used for measuring student progress. Students shall be provided with specific performance objectives and the evaluation criteria that will be used for didactic testingcourse examination.

(6) Course instructors shall have experience in the instruction of California Division of Occupational Safety and Health (Cal/OSHA) regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005).

(7) Prior to enrolling a student, provide notification to the prospective student of the computer or communications technology necessary to participate in didactic and laboratory instruction.

(8) Provide technological assistance to students, as needed, to participate in didactic and laboratory instruction.

(9) Ensure completion of didactic instruction by the student prior to the student's participation in laboratory instruction.

(e10) Didactic instruction shall include, at a minimum, all of the following as they relate to Cal/OSHA regulations, as set forth in Sections 300 to 344.85, inclusive, of Title 8 of

the California Code of Regulations, and the board's Minimum Standards for Infection Control, as set forth in Section 1005 of Title 16 of the California Code of Regulations:

(4A) Basic dental science and microbiology as they relate to infection control in dentistry.

(2B) Legal and ethical aspects of infection control procedures.

(3C) Terms and protocols specified in Section 1005 of Title 16 of the California Code of Regulations regarding the minimum standards for infection control.

(4D) Principles of modes of disease transmission and prevention.

(5E) Principles, techniques, and protocols of hand hygiene, personal protective equipment, surface barriers and disinfection, instruments and devices, sterilization, sanitation, and hazardous chemicals associated with infection control.

(6F) Principles, ~~and~~ protocols, and procedures of sterilizer monitoring and the proper loading, unloading, storage, and transportation of instruments to work area.

(7G) Principles, ~~and~~ protocols, and procedures associated with sharps management.

(8H) Principles, ~~and~~ protocols, and procedures of infection control for laboratory areas.

(9I) Principles, ~~and~~ protocols, and procedures of waterline maintenance.

(10J) Principles, ~~and~~ protocols, and procedures of ~~regulated and nonregulated contaminated medical waste management occurring in the dental healthcare setting~~.

(11K) Principles, ~~and~~ protocols, and procedures related to injury and illness prevention, hazard communication, general office safety, exposure control, postexposure requirements, and monitoring systems for radiation safety and sterilization systems.

(11) Laboratory instruction shall include, at a minimum, demonstrations in the following areas, as they relate to Cal/OSHA regulations, as set forth in Sections 300 to 344.85, inclusive, of Title 8 of the California Code of Regulations, and the board's Minimum Standards for Infection Control, as set forth in Section 1005 of Title 16 of the California Code of Regulations:

(A) Apply hand cleansing products and perform hand cleansing techniques, protocols, and procedures.

(B) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.

(C) Utilize instruments, surfaces, and situations where contamination is simulated, without actual contamination, from bloodborne and other pathogens being present.

(D) Apply the appropriate techniques, protocols, and procedures for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work area.

(E) Preclean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.

(F) Maintain sterilizer including, at a minimum, proper instrument loading and unloading, operation cycle, spore testing, and handling and disposal of sterilization chemicals.

(G) Apply work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.

(H) Apply infection control protocol and procedures for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.

(I) Perform waterline maintenance, including use of water tests and purging of waterlines.

(J) Perform techniques for safe handling and disposal of contaminated regulated medical waste.

(12) The course shall establish written laboratory protocols that comply with the board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) and other federal, state, and local requirements governing infection control. The course shall provide these protocols to all students and course instructors to ensure compliance.

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

(fd) Upon successful completion of the course, students shall receive a certificate of completion as defined in subdivision (e) of Section 1741. The certificate of completion shall state the statutory authority under paragraph (1), (2), or (3) of subdivision (b) for which the course has been approved.

(e) Board approval, provisional approval, denial, and withdrawal of approval of the course shall be conducted in accordance with subsection (a) of Section 1070 of Title 16 of the California Code of Regulations.

(f) Course records shall be subject to inspection by the board at any time.

(g) A course taken pursuant to paragraph (3) of subdivision (b) shall not satisfy completion of an infection control course required for licensure as a registered dental assistant or permit as an orthodontic assistant or dental sedation assistant.

(gh) The board may adopt regulations to implement this section.