



**Dental Board of California Meeting
Thursday, September 16, 2010
Sacramento, CA**

Members Present:

John Bettinger, DDS, President
Bruce Witcher, DDS, Vice President
Luis Dominicus, DDS, Secretary
Steve Afriat, Public Member
Fran Burton, Public Member
Stephen Casagrande, DDS
Rebecca Downing, Public Member
Judith Forsythe, RDA
Huong Le, DDS
Suzanne McCormick, DDS
Steven Morrow, DDS
Thomas Olinger, DDS

Members Absent:

Staff Present:

Richard DeCuir, Executive Officer
Denise Johnson, Assistant Executive Officer
Kim Trefrey, Enforcement Chief
Donna Kantner, Licensing & Examination Unit Manager
Jocelyn Campos, Enforcement Coordinator
Sarah Wallace, Legislative/Regulatory Analyst
Linda Byers, Executive Assistant
Kristy Schieldge, DCA Senior Staff Counsel
Greg Salute, Deputy Attorney General

President Bettinger called the meeting to order at 8:59 a.m. Secretary Dominicus called the roll and established a quorum. Dr. Bettinger recognized that Board member participation at meetings is a huge commitment and he thanked the Board members for attending the meeting.

AGENDA ITEM 1: Administer Oath of Office to New Board Members – Steve Afriat and Steven Morrow, DDS

President Bettinger administered the oath of office to the two new Board members.

AGENDA ITEM 2: Approval of the Full Board Meeting Minutes from July 26, 2010.

Thomas Olinger, DDS, offered a correction to Item 9, on page 7 paragraph 3, strike the word 'Dental' within American Society of Anesthesiologists and California Society of Anesthesiologists. M/S/C (McCormick/Domnicis) to accept the Full Board Meeting Minutes from July 26, 2010 as amended. Legal Counsel suggested the 2 new members abstain since they were not at that meeting. The motion passed unanimously with 2 abstentions.

AGENDA ITEM 3: President's Report

Dr. Bettinger reported that the Dental Board sponsored AB 1524, the "Portfolio Bill" which creates a groundbreaking new pathway for licensure in California. He noted that today's Board Meeting will primarily to address the regulations related to the Dental Education Programs and requirements and approve the Staff Recommendations. Dr. Bettinger reported that he had received a letter from former Senate President Pro Tempore, Don Perata, who authored the bill creating the Dental Hygiene Committee of California, who stated that all parties who negotiated the Legislation agreed that the Dental Hygiene Committee of California would act autonomously except for the "Scope of Practice". Dr. Bettinger noted that California is the only state where Dental Hygiene has separated from the Dental Regulatory Board therefore, as legislation is periodically introduced involving Hygiene 'scope of practice', our Board should remind the parties about the legislative agreement that was made regarding public safety issues involved in the lack of Dental Board oversight for certain new duties that may be created.

AGENDA ITEM 4: Executive Officer's Report

Richard DeCuir, Executive Officer, introduced four new staff members, April Alameda, Tonya Weber, Linda Byers, and Sharon Langness. Mr. DeCuir stated that staff has been working diligently on the initial Sunset Review Report, due to the Senate Business, Professions and Economic Development (BP&ED) Committee on October 1, 2010. This initial report is predominantly a statistical and historical report, and Board Members have been given a Draft copy. He noted that he has participated in three previous Sunset Reviews, adding that Boards are normally reviewed every 4 years by the BP&ED who looks at what the Board has accomplished, the workload, revenue, and every aspect of how the Board conducts its business. He stated that the initial report is a "baseline" document upon which the Committee develops questions, and that the first hearing is scheduled for November 9th and 10th, 2010, followed by a second hearing in March of 2011. He added that the Dental Board is one of a number of Boards that are up for Sunset Review, and even though the last Sunset Review of this Board was in 2001, the Board has been Sunset twice since then. In response to an inquiry from Dr. Whitcher, Mr. DeCuir responded that it would be prudent to seek an author immediately for a bill to extend the Board's Sunset date. Mr. DeCuir welcomed the students from Sacramento City College in attendance and finished by reporting on Diversion.

AGENDA ITEM 5: Department of Consumer Affairs (DCA) Director's Report

Gil Deluna spoke on behalf of DCA Director, Brian Stiger, reporting that on August 31, 2010 DCA received a directive from the Governor to cease any hiring of employees. He noted that there may be limited circumstances where exceptions to hiring freeze may be necessary for the public protection and safety or mission critical functions. He also reported on the progress of the 'Breeze' project, an online license application and renewal process, which will include information on license status' and disciplinary actions. He stated that the project was created to expedite the licensing process and to create a transparency of licensee information for the public. Debbie Balaam, the project manager, is available for presentations. He added that the Director has asked boards to post Board meeting materials online and to webcast Board Meetings online.

AGENDA ITEM 6: Report, Discussion, and Possible Action on OSHPD Hearing Being Held 9-7-2010 in Sacramento on the Health Workforce Pilot Project Application Submitted by Pacific Center for Special Care at UOP School of Dentistry Relating to Training Current Allied Dental Personnel for New Duties in Community Settings.

Dr. Glassman, UOP, summarized the Pilot Project, stating that about 30% of the population does not have access to dental services. He said this project brings care to schools, nursing homes and residential care facilities by allowing RDA's and RDH's to independently take initial x-rays using a conservative, specifically developed set of protocols for a dentist's review. The other provision of the program is placement of an Interim Therapeutic Restoration (ITR), a temporary restoration designed to stop the progression of dental caries until the patient can receive care from a dentist. Dr. Bettinger noted that he was in attendance at the Office of Statewide Health Planning and Development (OSHPD) hearing and noted that OSHPD is authorized to approve Pilot Project duties that are outside the usual scope of practice for the duration of the study only. Dr. Bettinger pointed out that RDA's already have the ability to place temporary restorations and RDAEF's can place permanent restorations so we already have a workforce of assistants allowed to do this. He noted that this would be a new enhancement to the scope of practice for RDH and RDHAF, and additionally, the study would allow these auxiliaries, using metal instruments, to excavate decay. Dr. Bettinger wants the Board to know that the purpose of this agenda item is to ask the Board to give an opinion to OSHPD whether this study should proceed as is, not proceed or proceed with modifications. Dr. Bettinger voiced the concerns of many of the Board members regarding the excavation of carious material with no anesthetic and the inevitable pain this will cause, the limited training involved, the lack of supervision and suggestions for modification of the consent form. M/S/C (Whitcher/Burton) to appoint a subcommittee, Forsythe/Morrow, to meet with UOP and OSHPD and draft a letter addressing the concerns of the Board to go out next week.

Public Comment:

Ellen Stanley, CDHA feels this project has provisions for supervision and referral care. CDHA supports this project.

Dr. Guy Acheson, member of the Board of California Academy of General Dentistry (CAGD) and speaking on their behalf, said that it is CAGD's position that the utilization of expanded function dental assistants providing ONLY reversible dental procedures under direct supervision of the dentist is the most cost effective and safe way to increase capacity, increase efficiencies and increase access to care. Secondly, he stated that California Law must specify those duties which expanded function dental auxiliaries will NOT be permitted to perform, adding that CAGD feels strongly that all duties performed by dental auxiliaries MUST be performed under the direct supervision of a dentist. In light of these policies, he said CAGD advocates that this project NOT be approved as presented. He stated that CAGD feels that exposing patients to ionizing radiation through the taking of radiographs is an irreversible procedure and should be done only under the order of a dentist. He added that HWPP #172 is promoted primarily to increase access to care through telemedicine technology, therefore, dental auxiliaries in a remote area should be able to provide the collaborating dentist with adequate information to ascertain what radiographs are needed so that the dentist can provide this order. Allowing dental auxiliaries to take dental radiographs by protocol, rather than by order of a dentist, should not be needed since telemedicine technology allows the dentist to be in direct contact with the patient and the dental team. The CAGD also feels that excavation of carious tooth structure, which is part of the ITR procedure, is an irreversible procedure which should only be done by a dentist. CAGD urges the Dental Board of California to submit a letter to OSHPD in opposition to HWPP #172. He felt this is a wonderful effort to demonstrate the power of telemedicine to expand the ability of dental teams to provide dental care to remote, isolated and underserved populations, but telemedicine should not change the role of the dentist in leading the dental teams.

Lisa Okimoto, CDHA pointed out that there are already similar workforce models in existence, in other states, that are providing interim dental treatment and it has been proven safe and efficient.

AGENDA ITEM 7: Consideration of and Possible Action Regarding Recommendations Received From the Subcommittee:

(A) Proposed Regulatory Amendments Relating to Dental Assisting Duties, Educational Programs and Courses, and Examinations;

Dr. Whitcher reported that the subcommittee consisting of himself and Ms. Downing, found that most of the issues that were brought forward could be addressed through changes to the regulatory proposal currently before the Board and can be found under Agenda item 8A. Regarding RDAEF training in endodontics, he noted the main concern was that the duty of 'size and fit' not include condensation. A review of the statute found that the statutory description of RDAEF duties did not include condensation resulting in the determination that 'size, fit and cement' was a separate duty from condensation, allowing us to separate that out from the training of the RDAEF. He stated that the training language will read: 'Size, fit, and cement accessory and master cones in preparation for condensation by the dentist. This instruction shall not include obturator based techniques or other techniques that employ condensation.' The recommendation of the subcommittee is that the changes to the RDAEF endodontic training be clarified with changes to the appropriate section of the regulation.

(B) Statutory Changes Relating to Dental Assisting Duties, Educational Programs and Courses, and Examinations

The subcommittee addressed concerns of insufficient clinical training to cover all the RDAEF duties by considering different ways that this might be accomplished. The consensus was that with the existing programs in place; the most effective way to accomplish this was to allow the clinical training to be done in the externship setting. Dr. Whitcher reported that appropriate changes to the draft text were made to reflect this recommendation so the Board could consider three areas for clinical training which may be completed in the externship setting or in the intramural setting.

Dr. Whitcher said that statute currently states 'faculty teaching the RDAEF new duties, allowed in 2010, must be either a dentist or an RDAEF who has been licensed for 2 years and experienced in the subject matter.' He stated that if the Board takes no action, in 2012, RDAEF's would be licensed for the required 2 year period and capable of teaching, keeping in mind that the dentist is still required to supervise in the clinical training with the addition of that element. He noted that another option would be to consider extending the time period that RDAEFs would be required to be licensed prior to providing instruction, past 2 years. Or, he said a requirement could be added that the dentist would provide RDAEF instruction that would be ongoing in the new duties. He suggested that the Board accept the subcommittee's report and review the changes as the agenda items are discussed in detail.

He noted that three items that could not be addressed through regulatory change were:

1)RDA supervision levels can now be determined by the dentist. Previously, RDA supervision levels were all 'direct supervision.' Dr. Whitcher said that many expressed concern that this might not be in the best interest of public safety. He reported that the subcommittee proposed a new regulation under Section 1086, 'RDA Duties and settings,' which would require the dentist to determine the status of the RDA's license and their proficiency in three core duties (mouth mirror inspection and charting, indirect restoration and provisional restoration including stainless steel crowns) prior to determining the level of supervision.

He reported that the other option is to go back to the legislature and ask for a statutory amendment to remove the ability of the dentist to delegate based on his or her judgment.

2) Procedures on the RDA practical exam. He said the subcommittee felt that the addition of a posterior indirect restoration should be added, which may require a statutory change because the exam is specified in statute.

3) Whether the RDA should be authorized to adjust dentures outside the mouth, noting that a change would require going back to legislature if there is sufficient concern.

Dr. Olinger said that he finds the proposed regulations to address RDA supervision levels onerous. Dr. Morrow stated that cementing master cones is not considered irreversible, condensation can result in irreversible outcome as condensation results in permanence. Sealant (cement) does not set up for 24-48 hours.

M/S/C (Olinger/Afriat) to accept the subcommittee report.

Public Comment:

Carrie Gordon, CDA, regarding the supervision of RDA duties noted that a statute already addresses this issue. Business and Professions Code Section 1680 cites unprofessional conduct for aiding and abetting someone who is not properly licensed. This was noted by the subcommittee.

Dr. Bettinger, asked if there was a conclusion regarding the RDA exam and the anterior and posterior temporary crown. Dr. Witcher stated that the question hinges on whether or not we achieve the goals within the framework of the existing statute or, is it of sufficient concern that we add a second procedure that we want to go back and change the law?

Dr. Bettinger asked Legal Counsel Schieldge for her opinion. Ms. Schieldge stated that her opinion remains that section 1752 sets forth what procedures can be tested and to change those in any way requires a statutory change to implement. Dr. Morrow felt after lengthy scrutinization, he would leave it the way it is. Dr. Olinger called for a vote on the previous motion to accept the subcommittee's report. The motion passed unanimously.

Agenda Item 8(A) Comments Received During the 45- Day Comment Period Relative to Amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and Proposed Additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 for Dental Assisting Educational Programs and Courses

Assembly Bill 2637 was passed by the Legislature and signed into law on September 28, 2008. The provisions of this bill relate to the allowable duties and settings for dental assistants, Registered Dental Assistants (RDA), Registered Dental Assistants in Extended Functions (RDAEF) and the two new permit categories for Orthodontic Assistant (OA) and Dental Sedation Assistant (DSA) become effective on January 1, 2010. AB 2637 included an expiration date on the Sections of law pertaining to educational program and course approvals, with the understanding that regulations would be pursued to clarify specific standards and criteria that these programs and course must meet to obtain Board approval to teach newly allowed duties and conform to the statutory changes. The Board adopted proposed regulatory language at the November 2009 meeting. The proposed regulatory language regarding Dental Assisting Educational Programs and Courses was noticed on the Board's website and mailed on June 4, 2010 for the 45-day comment period. The comment period began on June 4, 2010 and ended on July 19, 2010. The regulatory hearing was held on July 19, 2010. The Board received public comments from the Dental

Assisting Alliance, Dr. Albert Gardi, DDS, the California Dental Association (CDA), the California State Association of Endodontists (CSAE), the California Society of Anesthesiologists (CSA), Dr. Ned L. Nix, DDS from the California Association of Oral and Maxillofacial Surgeons (CALAOMS), and the California Association of Dental Assisting Teachers (CADAT). Staff prepared recommendations for the Board in response to comments received during the 45-day comment period.

Staff recommended acceptance of CADAT's proposed amendments to subsection 1070(a) with a few modifications. Staff recommended changing the reevaluation timeline from five years to seven years. Staff recommended adding technical language to provide consistency with other regulatory language. Staff recommended deleting CADAT's proposed sentence: "The Board may, in lieu of conducting its own investigation/re-evaluation for RDA education programs, accept the findings of any commission or accreditation agency approved by the Board without the need for a re-evaluation every five years and must submit required documentation as outlined in Section 1070.2." This sentence is specific only to registered dental assisting (RDA) and registered dental assisting in extended functions (RDAEF) programs covered in Sections 1070.1 and 1070.2. Section 1070 is specific to general provisions of all dental assisting educational programs and courses. Staff also recommended adding subsection (a)(6) pertaining to provisional approval. CADAT recommended the addition of this regulatory language in subsequent sections. However, staff believed that the condition of provisional approval applies to all dental assisting educational programs and courses and should be included in Section 1070 in order to avoid redundancy throughout the regulatory language.

Public Comment:

Dr. Lori Gagliardi, CADAT concurs completely with what the staff and subcommittee recommends. M/S/C (Whitcher/Dominicis) to accept staff's recommendations. The motion passed unanimously.

Staff recommended acceptance of CADAT's proposed amendments to subsection 1070(b). There were no public comments. M/S/C (Bettinger/McCormick) to accept staff's recommendation. The motion passed unanimously.

Staff recommended adding new subsection 1070(c). The addition of this subsection specifies that the program or course director will authorize the course faculty or instructional staff to provide instruction. The terms are synonymous and the distinction between course faculty and instructional staff depends on the institution. The addition of the subsection was also recommended to provide consistency with other staff recommendations in response to comments received from CADAT. There were no public comments. M/S/C (Olinger/McCormick) to accept staff's recommendation. The motion passed unanimously.

Staff recommended acceptance of CADAT's proposed amendments to subsection 1070(c) with modifications to correct a grammatical error and to renumber the subsection to conform the text.

Public Comment:

Dr. Lori Gagliardi, CADAT, said adding the word "clinical" would limit faculty. Some things can be taught, such as ultrasonic scaling, that do not have a clinical component. M/S/C (Burton/Afriat) to accept staff's recommendations. The motion passed unanimously.

Staff recommended rejection of CADAT's proposed amendments to subsection 1070(d) because it is necessary for evidence of completion to specifically indicate the student's name, the name of the program or course completed, the date of completion, and the signature of the director. However, staff recommended modifying the text to incorporate CADAT's suggestion to strike the total

number of program or course hours included on the evidence of completion. Staff recommended renumbering the subsection to conform the text. There were no public comments. M/S/C (McCormick/Downing) to accept staff's recommendations. The motion passed unanimously.

Staff recommended rejection of CADAT's proposed amendments to subsection 1070(e)(1). The provision is necessary to specify that it is the provider's option to provide the specified equipment or require the students to provide the equipment. This subsection authorizes a dental office that has the required equipment to be used for laboratory instruction. The regulations do not currently contain any such requirements anywhere else in regulation or in the Act. Staff recommended renumbering the subsection to conform the text. There were no public comments. M/S/C (Whitcher/Forsythe) to accept staff's recommendations. The motion passed unanimously.

Staff recommended acceptance of CADAT's proposed amendments to subsection 1070(e)(2). The minimum standards for infection control are currently specified in California Code of Regulations (CCR) Section 1005. It would be superfluous to include subsection (e)(2) in this regulatory package. There were no public comments. M/S/C (Downing/Whitcher) to accept staff's recommendation. The motion passed unanimously.

Staff recommended acceptance of CADAT's proposed amendments to subsection 1070(e)(3) with a few modifications to provide specificity. Staff recommended adding the term "handpiece adaptation" under functional equipment in each operatory, and specifying that students are required to demonstrate minimum competence in "laboratory and preclinical performance of" procedures prior to clinical assignments.

Public Comment:

Carrie Gordon, CDA, indicated that she is comfortable with the changes but would like to have a committee of dentists from CDA review the changes.

Dr. Earl Johnson, CAO, recommended the words 'handpiece adaptation' be changed to 'handpiece connection'. M/S/C (Whitcher/Dominicis) to accept staff's recommendations with an amendment to change "handpiece adaptation" to "handpiece connection". The motion passed unanimously.

Staff recommended acceptance of CADAT's proposed amendments to subsection 1070(f). Staff recommended renumbering the subsection to conform the text.

Public Comment:

Carrie Gordon, CDA, had concerns about the striking of the word 'appropriate' before instructional staff. M/S/C (Forsythe/Afriat) to accept staff's recommendations. The motion passed unanimously.

Staff recommended acceptance of CADAT's proposed amendments to subsection 1070(g) with modifications. Staff recommended rejecting the use of the term "human subject" because the term "patient" is consistently used throughout the Dental Practice Act. The addition of a new term is superfluous. Staff recommended renumbering the text to conform the text. There were no public comments. M/S/C (Olinger/McCormick) to accept staff's recommendations.

Staff recommended acceptance of CADAT's proposed amendments to subsection 1070(h) with modifications. Staff recommended deletion of CADAT's proposed language: "Standards of performance shall be adjusted upward as student's progress through the curriculum." and "that is adjusted upward as students progress through the curriculum." These provisions are vague, difficult to enforce, and do not add any additional public protection. The current minimum criteria are sufficient to address the educational standards. Staff recommended renumbering the

subsection to conform the text. There were no public comments. M/S/C (Whitcher/Olinger) to accept staff's recommendations. The motion passed unanimously.

Staff recommended the addition of new subsection 1070(i)(1) to provide a definition for the term "extramural dental facility" that is used throughout this regulatory language. In order to provide consistency with comments received from interested parties, staff recommended adding a definition that more clearly explains what an "extramural dental facility" is for the purposes of the dental assisting educational programs. Staff recommended renumbering the subsection to conform the text.

Public Comment:

Carrie Gordon, said that CDA will have to review this definition as it pertains to dental facilities to be sure that there is a common understanding as to what the 'primary campus' is going to be.

Dr. Lori Gagliardi, said CADAT's main concern is that these individuals have 'preclinical lab training' prior to doing any of these extra duties in their extramural sites. M/S/C (Burton/Whitcher) to accept staff's recommendation. The motion passed unanimously.

Staff recommended acceptance of CADAT's proposed amendments to subsections 1070(i) through 1070(i)(4) with modifications. Staff recommended replacing the term "extramural clinical dental healthcare facility" with "extramural dental facility" to conform language with the definition for "extramural dental facility" pertaining to dental assisting educational programs and courses. Staff recommended that the program or course director should be responsible for selecting extramural dental facilities and instructional staff should not be responsible for the selection of the extramural dental facilities. Staff recommended renumbering the subsection to conform the text.

Public Comment:

Carrie Gordon, CDA agrees with the change in requiring a Program or Course Director to select the site. However, striking 'instructional staff' from #3 would also strike 'instructional staff' from evaluating student competence, asking if these two sections should be separate? M/S/C (Whitcher/Dominicis) to accept staff's recommendations. The motion passed unanimously.

Staff recommended acceptance of CADAT's proposed amendments to subsection 1070(i)(5) with modifications. Staff recommended adding the following provision: "and shall include written affirmation of compliance with the regulations of this Article". Institutions are capable of determining the content of contracts of affiliation. Some school districts determine the content of the contracts by district policy. Contracts should include a written affirmation to the Board to assure facilities are in compliance with state regulations. There were no public comments. M/S/C (McCormick/Le) to accept staff's recommendations. The motion passed unanimously.

Staff recommends acceptance of CADAT's proposed amendments to subsections 1070.1(a) through 1070.1(c) with modifications. Staff recommended rejecting the use of the term "human subject" because the term "patient" is consistently used throughout the Dental Practice Act. The addition of a new term is superfluous.

Public Comment:

Karen Wyant, Dental Assisting Alliance (DAA), recommended amending the definition of preclinical instruction to: "(c) 'Preclinical instruction' means instruction in which students receive supervised experience within the educational facilities performing procedures on patients limited to students, faculty, or instructional staff members. There shall be at least one instructor for every six students who are simultaneously engaged in instruction." She said that patients for preclinical instruction

should be limited to students, faculty, and instructional staff members to provide public protection, the use of simulated devices is during laboratory instruction. There were no additional public comments. M/S/C (Whitcher/Olinger) to accept staff's recommendations with the amended definition of "Preclinical instruction". The motion passed unanimously.

Staff recommended the addition of new subsection 1070.1(d) to provide a definition for the term "simulated clinical instruction" that is used throughout the regulatory language.

Public Comment:

Karen Wyant, DAA recommends adding the word 'laboratory' before the words clinical instruction. M/S/C (Whitcher/Afriat) to accept staff's recommendations. The motion passed unanimously.

Staff recommended acceptance of CADAT's proposed amendments to subsection 1070.1(d) with modifications. Staff recommended rejecting the use of the term "human subject" because the term "patient" is consistently used throughout the Dental Practice Act. The addition of a new term is superfluous. Staff recommended striking "which may be patients in an extramural facility or in the educational facility" and "during laboratory and preclinical instruction" to eliminate the constraint on programs and courses. The schools should determine where clinical instruction occurs. Staff recommended renumbering the subsection to conform the text. There were no public comments. M/S/C (McCormick/Olinger) to accept staff's recommendations. The motion passed unanimously.

Staff recommended acceptance of CADAT's proposed amendments to subsection 1070.2(a) with modification. Staff recommended rejection of CADAT's recommendation to delete the provision to "receive Board approval prior to operation" and recommends replacing the language with "apply and receive Board approval prior to operation". Programs are required to apply and receive Board approval prior to operation to protect the public from unlawful practices. Staff recommended moving the following language to subsection 1070(a)(6): "The Board may approve, provisionally approve, or deny approval to any such program. Provisional approval shall not be granted for a period which exceeds the length of the program and in no event for more than 30 days. When the Board provisionally approves a program, it shall state the reasons therefore. Provisional approval shall be limited to those programs which substantially comply with all existing standards for full approval. A program given provisional approval shall immediately notify each student of such status. If the Board denies approval of a program, the specific reasons therefore shall be provided to the program by the Board in writing within 90 days after such action." This language should be included under the General Provisions Section 1070 because this language applies to all programs and courses in these regulations, and is not limited to RDA programs. There were no public comments. M/S/C (Downing/Afriat) to accept staff's recommendations. The motion passed unanimously.

Staff recommended acceptance of CADAT's proposed addition of new subsection 1070.2(b) with modifications. The language of this subsection was included in CADAT's recommended modifications to subsection 1070.2(a). Staff recommended moving this language to a new subsection 1070.2(b). Staff recommended deleting "Adoption of the report of findings is at the pleasure of the Board and does not in any way prevent the Board from exercising its right to site evaluate a program." and recommends replacing this sentence with "Acceptance of the Commission or any accrediting agencies findings is at the discretion of the Board and does not prohibit the Board from exercising its right to sight evaluate a program." to provide consistency with other regulatory language to and include other accrediting agencies. The board recommended adding an apostrophe after "agencies" to correct a grammatical error. There were no public comments. M/S/C (Whitcher/Olinger) to accept staff's recommendations with the amendment to add the apostrophe after the word "agencies". The motion passed unanimously.

Staff recommended acceptance of CADAT's proposed amendment of new subsection 1070.2(a)(1) with modifications. Staff recommended renumbering the proposed subsection from 1070.2(a)(1) to subsection 1070.2(c) to conform text. Staff recommended specifying that the status of "Approved with Reporting Requirements" is granted by the Commission on Dental Accreditation (CODA). There were no public comments. M/S/C (Burton/McCormick) to accept staff's recommendations. The motion passed unanimously.

Staff recommended rejecting CADAT's proposed addition of new subsection 1070.2(a)(2). Staff found this language to be superfluous and duplicative and the addition of this language does not promote patient protection. There were no public comments. M/S/C (Le/Dominicis) to accept staff's recommendation. The motion passed unanimously.

Staff recommended rejection of CADAT's proposed addition of new subsection 1070.2(a)(3). Registered Dental Assisting educational programs fall under the Board's regulatory control. The Board does not enforce the CODA standards and Board standards, or cede its regulatory authority to a private accrediting agency. Therefore, CADAT's recommendation is not consistent with the Board's mandate to set minimum standards. Private accrediting agency findings may be used on a case-by-case basis, but their standards do not control board discretion in this area. There were no public comments. M/S/C (Morrow/McCormick) to accept staff's recommendation. The motion passed unanimously.

Staff recommended rejection of CADAT's proposed addition of new subsection 1070.2(a)(4) because the language is duplicative of language included in Section 1070(a)(5). There were no public comments. M/S/C (Downing/Forsythe) to accept staff's recommendation. The motion passed unanimously.

Staff recommended acceptance of CADAT's proposed amendments to subsections 1070.2(b)(1) through 1070.2(b)(2) with modifications. Staff recommended rejecting the proposed sentence "There must be an active liaison mechanism between the program and the dental and allied dental professionals in the community." because it is unnecessary and does not benefit the schools or better protect the public. Staff recommended rejecting the provision for advisory committees to meet "at regular intervals as defined by the institution" because it is vague, undefined, and legally unenforceable. Staff recommends maintaining the provision for the advisory committee to meet at least once each academic year to provide specificity. Staff recommended renumbering the subsection to conform the text.

Public Comment:

Carrie Gordon, CDA, recommended adding "In addition," before the following sentence: "Consideration shall be given to a student, a recent graduate or a public representative to serve on the advisory committee." to clarify the composition of the advisory committee. M/S/C (Olinger/Burton) to accept staff's recommendations with the amendment to add "In addition," before the following sentence: "Consideration shall be given to a student, a recent graduate or a public representative to serve on the advisory committee." The motion passed unanimously.

Staff recommended acceptance of CADAT's proposed amendments to subsection 1070.2(b)(3)(A). There were no public comments. M/S/C (Downing/Afriat) to accept staff's recommendation. The motion passed unanimously.

Staff recommended that the Board discuss the policy issue of removing the requirement for course or certification program in educational methodology be "Board-approved" as written in CADAT's

proposed amendments to subsection 1070.2(b)(3)(B). Staff reported that there are professional associations for educators, Colleges and Universities that offer teaching certification programs and credentialing coursework that may be consistent with the intent of this regulation and may be considered a valid method of meeting the requirement. There were no public comments. M/S/C (Whitcher/Olinger) to accept CADAT's proposed amendments with the words "Board-approved" deleted. The motion passed unanimously.

Staff recommended acceptance of CADAT's proposed amendments to subsections 1070.2(b)(3)(C) through 1070.2(b)(3)(D). There were no public comments. M/S/C (Whitcher/McCormick) to accept staff's recommendation. The motion passed unanimously.

Staff recommended acceptance of CADAT's proposed amendments to subsections 1070.2(b)(4) through 1070.2(b)(5) with modifications. Staff recommended modifying the term "extramural dental healthcare clinical facilities" to provide consistency with the definition for "extramural dental facility" pertaining to dental assisting educational programs and courses. Staff recommended changing CADAT's proposed regulatory language regarding notice of compliance to "To maintain approval, programs approved prior to the effective date of these regulations shall submit a completed "Notice of Compliance with New Requirements for Registered Dental Assistant Educational Programs (New 9/10)" within ninety (90) days of the effective date of these regulations" to make it more consistent with other regulatory language and include a form. There were no public comments. M/S/C (Downing/Afriat) to accept staff's recommendations. The motion passed unanimously.

Staff recommended rejection of CADAT's proposed amendments to subsection 1070.2(b)(6). By adding a requirement that students be assigned to at least 2 externships may create a hardship on programs located in remote areas. The requirement for seminars could create difficulties with scheduling.

Public Comment:

Dr. Earl Johnson, CAO, questioned whether the verbage 'no more than 25% instruction can be in specialty areas' is included. M/S/C (McCormick/Dominicis) to accept staff's recommendation. The motion passed unanimously.

Staff recommended rejecting CADAT's proposed amendments to subsection 1070.2(b)(7)(A) because it is necessary to specify the minimum requirements for equipment and armamentaria . However, staff recommended modifying the text to incorporate some of CADAT's suggestions regarding the ownership of equipment. Staff's recommended adding "With the exception of patient monitoring equipment specific to EKG machine and pulse oximeter, the program shall own the necessary equipment and have it readily available upon inspection. Patient monitoring equipment owned by the institution and utilized by more than one program within the institution premises is acceptable and may be used by the RDA program as needed for instruction. Instruction by a licensed provider in patient monitoring is acceptable. In the event instruction in patient monitoring procedures is provided by an outside provider, the RDA program shall not be required to have available or own patient monitoring equipment." at the end of subsection 1070.2(b)(7)(A). A member of the public recommended amending the addition to read: "With the exception of patient monitoring equipment specific to EKG machine and pulse oximeter, the program shall own the necessary equipment and have it readily available upon inspection. Patient monitoring equipment owned by the institution and utilized by more than one program within the institution premises is acceptable and may be used by the RDA program as needed for instruction. Instruction by a licensed healthcare provider is acceptable. In the event instruction in patient monitoring procedures is provided by an outside provider, the RDA program shall not be required to have available or own patient monitoring equipment."

Public Comment:

Karen Wyant, DAA said that it is unclear what “licensed provider in patient monitoring” is. DAA suggests adding the word ‘healthcare’ between ‘licensed and provider’ and striking the words ‘in patient monitoring’. M/S/C (McCormick/Afriat) to accept staff’s recommendation with the DAA’s amended language. The motion passed unanimously.

Staff recommended acceptance of CADAT’s proposed amendments to subsections 1070.2(b)(7)(B) through 1070.2(b)(8) with modifications. Staff recommended the deleting “The curriculum must be designed to reflect the interrelationship of its biomedical sciences, dental sciences, clinical sciences and clinical practice.” This sentence does not add any substantive requirements. There were no public comments. M/S/C (Downing/Forsythe) to accept staff’s recommendations. The motion passed unanimously.

Staff recommends acceptance of CADAT’s proposed amendments to new subsections 1070.2(b)(8)(A) through 1070.2(b)(9)(C) with modifications. Staff recommended rejecting the use of the term “human subject” because the term “patient” is consistently used throughout the Dental Practice Act. The addition of a new term is superfluous. There were no public comments. M/S/C (Olinger/Downing) to accept staff’s recommendations. The motion passed unanimously.

Staff recommended the Board discuss CADAT’s proposed amendments to subsections 1070.2(b)(9)(D) through 1070.2(b)(10)(D). Staff recommended that the Board discuss the policy issue of the Board accepting incorporated curriculum in a program in lieu of having the programs apply separately for course approval. Current law requires programs to “apply separately” for course approval even if they have a program. CADAT’s proposed modifications authorize programs to not apply for separate approval.

Public Comment:

LaDonna Drury-Klein, CADAT, noted for clarification; it is not the intent to circumvent the current policy for ‘stand alone’ certification courses. All courses within the curriculum are still required. She asked that if an existing RDA program wants to incorporate the curriculum for ultrasonic scaler for cement removal, the OAP or the DSAP that they may do so as an abridged application and seek approval by the Board without having to go through the entire application process. An existing RDA program could then incorporate that additional curriculum and at the completion of the RDA program, participants would not only receive the RDA certificate but also certificates showing completion of the additional courses. She felt that a “supplemental” form for Board approval could be used. Kristy Schieldge, Legal Counsel, stated that a “supplemental form” requires new policy making, adding that all courses must go through the same approval process unless regulatory changes are made.

M/S/C to reject CADAT’s proposed amendments regarding incorporated curriculum to subsection 1070.2(b)(10) and accept CADAT’s proposed amendments to subsections 1070.2(b)(9)(E), 1070.2(b)(10)(A), and 1070.2(b)(10)(B). The motion passed unanimously.

Staff recommended acceptance of CADAT’s proposed amendments to subsection 1070.2(b) with a few modifications. Staff recommended changing “application requirements” to “educational requirements” because it is up to the board to deem if the application requirements have been fulfilled. Staff recommended that CADAT’s proposed changes be amended to read: “A Registered Dental Assisting educational program that includes instructional content for either the orthodontic assistant permit or dental sedation assistant permit or both shall provide a certificate or certificates of completion to the graduate. The certificate holder shall be deemed an eligible candidate for the permit examination process as having met all educational requirements for the permit

examination.” M/S/C to accept staff’s recommendations for 1070.2(b)(10)(D). The motion passed unanimously.

Staff recommended acceptance of CADAT’s proposed amendments to subsections 1070.2(b)(11) through 1070.2(d). There were no public comments. M/S/C (Le/Dominicis) to accept staff’s recommendations. The motion passed unanimously.

Staff recommended rejection of CADAT’s proposed amendments to subsection 1070.6(a). Unlicensed individuals should be permitted to teach infection control because a licensee or permit holder is not required to teach in this area. Unlicensed individuals trained with sufficient experience and having sufficient knowledge about the requirements should be able to be employed as faculty to teach infection control courses. However staff recommended modifying the last sentence of the proposed text for subsection 1070.6(a) to delete “to the requirements of Section 1070” to avoid conflict with teaching requirements. There were no public comments. M/S/C (Casagrande/Le) to accept staff’s recommendations. The motion passed unanimously.

There were no comments provided for Sections 1070.6(b) through 1070.7(a).

Staff recommended acceptance of CADAT’s proposed amendments to subsections 1070.7(b) through 1070.7(c) with modifications. Staff recommended rejection of the following language to avoid duplication: “Adequate provisions for the supervision and operation of the orthodontic assistant permit course shall be made in compliance with section 1070. Each faculty or instructional staff member shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, or an orthodontic assistant permit issued by the Board, and shall have been licensed or permitted for a minimum of two years. Faculty and instructional staff shall possess experience in the subject matter he or she is teaching and shall not teach in any subject area he or she is unlicensed or permitted to perform.” There were no public comments. M/S/C (Whitcher/Forsythe) to accept staff’s recommendations. The motion passed unanimously.

Staff recommended rejection of CADAT’s proposed amendments to subsections 1070.7(d) through 1070.7(k). Staff recommended rejecting the use of the term “human subject” because the term “patient” is consistently used throughout the Dental Practice Act. The addition of a new term is superfluous. There were no public comments. M/S/C (Casagrande/Whitcher) to accept staff’s recommendation. The motion passed unanimously.

Staff recommended acceptance of CADAT’s proposed amendments to subsections 1070.8(a) through 1070.8(a)(1) with modifications. Staff recommended rejection of the following language to avoid duplication with Section 1070: “Adequate provisions for the supervision and operation of the dental sedation assistant permit course shall be made in compliance with section 1070. Each faculty or instructional staff member shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, or a dental sedation assistant permit issued by the Board, and shall have been licensed or permitted for a minimum of two years. Faculty and instructional staff shall possess experience in the subject matter he or she is teaching and shall not teach in any subject area he or she is unlicensed or permitted to perform.” Board staff recommended adding the term “designated faculty member” as a licensed California physician and surgeon. Staff recommended deleting the provision for a California Licensed Certified Registered Nurse Anesthetist to be a faculty member instructing dental sedation assistants. Certified Nurse Anesthetists are not eligible to obtain a general anesthesia or conscious sedation permit. They would be eligible to provide instruction once they have held a dental sedation permit for two years.

There were no public comments. M/S/C (Whitcher/Casagrande) to accept staff's recommendations. The motion passed unanimously.

Staff recommended rejection of CADAT's proposed amendments to subsection 1070.8(a)(2) because it reduces the due diligence necessary to prepare to perform clinical evaluations for sedation. However, staff recommended modifying the text to read "The course director, designated faculty member, or instructional staff member responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students." to specify who is responsible for completing the methodology course. There was no public comment. M/S/C (McCormick/Afriat) to accept staff's recommendations. The motion passed unanimously.

Staff recommended the proposed addition of subsection 1070.8(a)(3) in response to the letter received from CSA. Staff recommended adding subsection 1070.8(a)(3) to specify that clinical instruction will be administered under the direct supervision of the specified staff member to better protect the public. There was no public comment. M/S/C (Forsythe/Downing) to accept staff's recommendations. The motion passed unanimously.

Staff recommended proposed amendments to subsection 1070.8(b) in response to the letter received from CSA. Staff recommended modifying subsection 1070.8(b) to include the provision that "Clinical instruction shall require completion of the duties described in Section 1750.5 during no less than 20 supervised cases utilizing conscious sedation or general anesthesia" to provide better public protection. There was no public comment. M/S/C (Whitcher/Forsythe) to accept staff's recommendation. The motion passed unanimously.

Staff recommended acceptance of CADAT's proposed amendments to subsections 1070.8(c) through 1070.8(e). There was no public comment. M/S/C (Dominicis/Le) to accept staff's recommendation. The motion passed unanimously.

Staff recommended acceptance of CADAT's proposed amendments to subsections 1070.8(f) through 1070.8(i) with modifications. Staff recommended adding "The student shall demonstrate proficiency in all simulated emergencies during training and shall then be eligible to complete a practical examination on this section." as a provision that the student is required to demonstrate proficiency in simulated emergencies during training before being eligible to complete a practical examination. This amendment is proposed to provide better public protection. There was no public comment. M/S/C (Whitcher/Downing) to accept staff's recommendations. The motion passed unanimously.

Staff recommended proposed amendments to subsection 1070.8(j) in response to the letter received from CSA. Staff recommended adding a provision that the student is required to demonstrate proficiency in the tasks listed for preclinical instruction before being eligible to complete a practical examination. This amendment is proposed to provide better public protection. Staff recommended adding a provision that the student is required to demonstrate proficiency in the tasks listed for clinical instruction before being eligible to complete a practical examination. This amendment is proposed to provide better public protection. Staff recommended the deletion of the task "Use of an AED or AED trainer" under clinical training because the preclinical training is sufficient for this duty because it is unlikely that patients would be willing to have defibrillator leads attached. There was no public comment. M/S/C (Forsythe/Afriat) to accept staff's recommendations. The motion passed unanimously.

Staff recommended proposed amendments to subsection 1070.8(k) in response to the letter received from CSA. Staff recommended adding a provision that the student is required to demonstrate proficiency in the tasks listed for preclinical instruction before being eligible to complete a practical examination. This amendment is proposed to provide better public protection. Staff recommended adding a provision that the student is required to demonstrate proficiency in the tasks listed for clinical instruction before being eligible to complete a practical examination. This amendment is proposed to provide better public protection. There was no public comment. M/S/C (Le/Forsythe) to accept staff's recommendations. The motion passed unanimously.

Staff recommended proposed amendments to subsection 1070.8(l) in response to the letter received from CSA. Staff recommended adding a provision that the student is required to demonstrate proficiency in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff before being eligible to complete a practical examination. This amendment is proposed to provide better public protection. Staff recommended adding a provision that the student is required to demonstrate proficiency in the evaluation of vial or container labels for identification of content, dosage, and strength and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff before being eligible to complete a practical examination. This amendment is proposed to provide better public protection. There was no public comment. M/S/C (Afriat/Forsythe) to accept staff's recommendations. The motion passed unanimously.

Staff recommended proposed amendments to subsection 1070.8(m) in response to the letter received from CSA. Staff recommended adding a provision that the student is required to demonstrate proficiency in the adding fluids to an existing IV line on a venipuncture training arm or in a simulated environment before being eligible to complete a practical examination. This amendment is proposed to provide better public protection. Staff recommended adding a provision that the student is required to demonstrate proficiency in the adding fluids to existing IV lines in the presence of course faculty or instructional staff before being eligible to complete a practical examination. This amendment is proposed to provide better public protection. There was no public comment. M/S/C (Morrow/Forsythe) to accept staff's recommendations. The motion passed unanimously.

Staff recommended proposed amendments to subsections 1070.8(n) through 1070.8(o) in response to the letter received from CSA. Staff recommended adding a provision that the student is required to demonstrate proficiency a venipuncture training arm or in a simulated environment for IV removal before being eligible to complete a practical examination. This amendment is proposed to provide better public protection. Staff recommended adding a provision that the student is required to demonstrate proficiency in removing IV lines in the presence of course faculty or instructional staff being eligible to complete a practical examination. This amendment is proposed to provide better public protection. There was no public comment. M/S/C (Afriat/Forsythe) to accept staff's recommendations. The motion passed unanimously.

Staff recommended that the Board discuss the policy issue of the Board accepting the findings of any commission or accrediting agency in lieu of conducting their own investigation as proposed by CADAT's proposed additions to Section 1071. Staff recommended acceptance of the remaining suggested amendments with modification. Staff recommended rejection of subsection 1071(a) to avoid duplication with subsection 1070.1. Staff recommended rejection of subsection 1071(b) to avoid duplication with subsection 1070.1. Staff recommended the deletion of the following sentences: "Provisional approval shall not be granted for a period which exceeds beyond the length of the program and in no event for more than 30 days. When the Board provisionally approves a program, it shall state the reasons therefore. Provisional approval shall be limited to

those programs which substantially comply with all existing standards for full approval. A program given provisional approval shall immediately notify each student of such status.” and “If the Board denies approval of a program, the specific reasons therefore shall be provided to the program by the Board in writing within 90 days after such action “ to eliminate duplication with the provisions in Section 1070”. There was no public comment. M/S/C (Downing/Olinger) to accept staff’s recommendations and maintain CADAT’s proposed provisions for the Board to accept the findings of any commission or accrediting agency in lieu of conducting their own investigation. The motion passed unanimously.

Staff recommended acceptance of CADAT’s proposed amendments to subsections 1071(a) through 1071(c) with modifications. Staff recommended renumbering the subsections to conform the text. Staff recommended deleting the following sentence to avoid duplication with the provisions in Section 1070: “Adequate provision for the supervision and operation of the program shall be made in compliance with section 1070. Notwithstanding the requirements of Sections 1070 and 1070.1, the program director and each faculty member of an approved RDAEF program shall possess a valid, active, and current license as a dentist or an RDAEF. Faculty and instructional staff shall possess experience in the subject matter he or she is teaching and shall not teach in any subject area he or she is unlicensed or permitted to perform.” A member of the public requested that the educational methodology course be amended to be at least six hours, rather than at least 15 hours.

Public Comment:

Karen Wyant, DAA, recommended that the hourly portions and the next staff recommendation be held until the end because you are going to be looking at some increased clinical requirements that may affect the hours that you want to specify for these types of programs. She stated that these are two separate courses, one for the RDA who has not taken any EF courses and the other is an upgrade course for the RDAEF who has completed more extensive training.

Carrie Gordon, CDA, urged the Board to reject the change from a 6 hour methodology course to a 15 hour course. M/S/C (Whitcher/Downing) to accept staff’s recommendations with the amendment to require the educational methodology course to be at least six hours. The motion passed unanimously

Staff recommended acceptance of CADAT’s proposed amendments to subsections 1071(d) through 1071(g) with modifications. Staff recommended renumbering the subsection to conform text. Staff recommended specifying that all laboratory and simulated clinical instruction is requirement to be provided under the direct supervision of program instructional staff. Staff recommended specifying that clinical instruction may be completed in an extramural facility.

Public Comment:

Karen Wyant, DAA, requested regarding 1071(e)“direct supervision of a licensed dentist”, that it be changed to “clinical instruction on patients” so that the licensed dentist doesn’t have to oversee the simulated clinical instruction.

Carrie Gordon, CDA, doesn’t want it taken as an assumption that the hours are going to be increased with the additional clinical training, believing that the current hours are sufficient.

Barbara Blade, DAA, gave an overview of her experience with the outcomes of these programs. She felt that there are significant changes and recommendations to make, should those be brought up as we go through. M/S/C (Forsythe/Olinger) to accept staff’s recommendations. The motion passed unanimously.

Staff recommended that the Board discuss the possible policy issue of using the term “assessment” as provided in CADAT’s proposed amendments to subsection 1071(h). Staff recommended acceptance of CADAT’s remaining proposed amendments to subsection 1071(h) with modifications. Staff recommended rejecting the use of the term “human subject” because the term “patient” is consistently used throughout the Dental Practice Act. The addition of a new term is superfluous. Staff recommended renumbering the subsection to conform text.

Public Comment:

Karen Wyant, DAA, stated that this section, as proposed doesn’t reflect the duty that RDAEF’s are allowed to perform, and that neither of those amendments should be made to this section.

Carrie Gordon, CDA, supported this amendment because of the conclusion that is being stated. She felt the statute is being interpreted to include probing and we would like to see this clarification within the education requirements. M/S/C (Whitcher/Dominicis) to delete “caries risk assessment” from CADAT’s suggested amendments and to accept the remaining staff recommendations. The motion passed unanimously.

Staff recommended the following amendments to subsection 1071(i) in response to the letter from CSAE:

- (#) With respect to sizing, fitting, and cementing endodontic master points and accessory points:
 - (1) Didactic instruction shall include the following:
 - (A) Review of objectives, canal preparation, filling of root canal space, including the role of the RDAEF as preparatory to condensation which is to be performed by the licensed dentist.
 - (B) Description and goals of filling technique using lateral condensation techniques.
 - (C) Principles and techniques of fitting, cementing master and accessory points using lateral condensation including, characteristics, manipulation, use of gutta percha and related materials, and criteria for an acceptable master and accessory points technique using lateral condensation.
 - (2) Laboratory instruction shall include fitting master and cementing cones on extracted teeth or ~~assimilated~~ simulated teeth with canals in preparation for condensation by the dentist, with at a minimum two experiences each on a posterior and anterior tooth. This instruction shall not include obdurator based techniques or other techniques that employ condensation.
 - (3) Simulated clinical instruction shall include fitting, cementing master and accessory points in preparation for condensation by the dentist with extracted teeth mounted in simulated patient heads mounted in appropriate position and accommodating and articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. This instruction shall not include obdurator based techniques that employ condensation.
 - (4) Clinical instruction shall include fitting master cones and accessory points for condensation by the dentist in at least four teeth, one of which shall be used for a clinical exam.

Staff recommended specifying that the duties and the training of the RDAEF, as it pertains to endodontics, does not include condensation. Condensation should only be performed by licensed dentists because it is an irreversible step in the process of performing a root canal. This provides better protection to the public. Staff recommended renumbering the subsection to conform text.

The Board recommended the following amendments to simulated clinical instruction and clinical instruction:

- (3) Simulated clinical instruction shall include fitting, cementing master and accessory points in preparation for condensation by the dentist with extracted or simulated teeth prepared for lateral condensation mounted in simulated patient heads mounted in appropriate position and accommodating and articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operator. This instruction shall not include obdurator based techniques that employ condensation. Simulated clinical instruction
- (4) Clinical instruction shall include fitting master cones and accessory points for lateral condensation by the dentist in at least four teeth, one of which shall be used for a practical exam.

Public Comment:

Karen Wyant, DAA, noted that programs do not have access to extracted teeth, adding that there would be a detrimental cost increase to the program if dentists have to prep the canals of three teeth per student. She felt that allowing simulated teeth would solve this problem.

Barbara Blade, DAA, noted that she contacted the supplier who assured her that these simulated teeth are being produced and will be available. M/S/C (Morrow/Olinger) to accept staff's recommendations with the amendment proposed by the Board. The motion passed unanimously.

Staff recommended acceptance to CADAT's proposed amendments to subsections 1071(j) through 1071(k) with modifications. Staff recommended renumbering the subsection to conform text. Staff recommended rejecting the use of the term "human subject" because the term "patient" is consistently used throughout the Dental Practice Act. The addition of a new term is superfluous. There was no public comment. M/S/C (Burton/Downing) to accept staff's recommendations. The motion passed unanimously.

Staff recommended rejection of CADAT's proposed amendments to subsections 1071(l) through 1071(o). Staff recommended rejecting the use of the term "human subject" because the term "patient" is consistently used throughout the Dental Practice Act. The addition of a new term is superfluous. There was no public comment. M/S/C (Dominicis/Downing) to accept staff's recommendations. The motion passed unanimously.

Staff recommended the deletion of "Clinical simulation and" in subsections 1071(l)(3) and 1071(m)(3) to avoid redundancy. There was no public comment. M/S/C (Dominicis/Downing) to accept staff's recommendations. The motion passed unanimously.

Staff recommended the following amendments in response to comments received from the California State Association of Endodontists:

(4m) With respect to placing, contouring, finishing, and adjusting direct restorations:

(1) Didactic instruction shall include the following:

(A) Review of cavity preparation factors and restorative material.

(B) Review of cavity liner, sedative, and insulating bases.

(C) Characteristics and manipulation of direct filling materials.

(D) Amalgam restoration placement, carving, adjusting and finishing, which includes principles, techniques, criteria and evaluation, and description and goals of amalgam placement, adjusting and finishing in children and adults.

(E) Glass-ionomer restoration placement, carving, adjusting, contouring and finishing, which includes, principles, techniques, criteria and evaluation, and description and goals of glass-ionomer placement and contouring in children and adults.

(F) Composite restoration placement, carving, adjusting, contouring and finishing in all cavity classifications, which includes, principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include typodont experience on the following:

(A) Placement of Class I, II, and V amalgam restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(B) Placement of Class I, II, III, and V composite resin restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(3) ~~Clinical simulation and~~ Simulated clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory as follows:

(A) Placement of Class I, II, and V amalgam restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(B) Placement of Class I, II, III, and V composite resin restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(4) Clinical instruction shall include experience with the following techniques:

(A) Placement of Class I, II, and V amalgam restorations in two prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(B) Placement of Class I, II, III, and V composite resin restorations in two prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in two prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

~~(m)~~ With respect to polishing and contouring existing amalgam restorations:

(1) Didactic instruction shall include principles, techniques, criteria and evaluation, and description and goals of amalgam polishing and contouring in children and adults.

(2) Laboratory instruction shall include typodont experience on polishing and contouring of Class I, II, and V amalgam restorations in three prepared permanent teeth for each classification, and in two deciduous teeth for each classification.

(3) ~~Clinical simulation and~~ Simulated clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory in the polishing and contouring of Class I, II, and V amalgam restorations in two prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

~~(n)~~ With respect to adjusting and cementing permanent indirect restorations:

(1) Didactic instruction shall include the following:

(A) Review of fixed prosthodontics related to classification and materials for permanent indirect restorations, general crown preparation for permanent indirect restorations, and laboratory fabrication of permanent indirect restorations.

(B) Interocclusal registrations for fixed prosthesis, including principles, techniques, criteria, and evaluation.

(C) Permanent indirect restoration placement, adjustment, and cementation, including principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include:

(A) Interocclusal registrations using elastomeric and resin materials. Two experiences with each material are required.

(B) Fitting, adjustment, and cementation of permanent indirect restorations on one anterior and one posterior tooth for each of the following materials, with one of each type used for a practical examination: ceramic, ceramometal, and cast metallic.

(3) Clinical experience for interocclusal registrations shall be performed on four patients who are concurrently having final impressions recorded for permanent indirect restorations, with one experience used for a clinical examination.

(4) Clinical instruction shall include fitting and adjustment and cementation of permanent indirect restorations on at least one anterior and one posterior tooth for each of the following materials, with one of each type used for a clinical examination: ceramic, ceramometal, and cast metallic.

(e) 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.

Staff recommended that these amendments were necessary to specify the experiences and training necessary for the clinical training with respect to placing, contouring, finishing, and adjusting direct restorations and for the clinical training with respect to adjusting and cementing permanent indirect restorations.

Public Comment:

Karen Wyant, DAA, noted concerns with the requirements for clinical instruction and the numbers involved for each type of restoration.

Dr. Patricia Ryan, clinical course director for RDA programs in Southern CA, believed that the amalgam restoration is an exceptional way to learn detail, however, unlike in a Dental School where you have people willing to accept an amalgam restoration, in a clinical setting most people prefer composite making it difficult to complete the necessary numbers. The majority of offices are amalgam free making it very difficult to complete this part of the program.

M/S/C (Dominicis/Downing) to accept staff's recommendations. The motion passed unanimously.

Agenda Item 8(B) Recommendations received from the sub-committee regarding possible Modifications to Existing Proposed Rulemaking for Dental Assisting Educational Programs and Courses:

Dr. Whitcher noted the consensus in the list of comments received: to increase patient safety by improving training. He stated that supportive comments were received from CDA, The Dental Assisting Alliance, CALAOMS and Dr. Albert Gardi, and regulatory changes to address these issues will be outlined and discussed in agenda item 8A.

M/S/C (Afriat/McCormick) accept the subcommittee report. The motion passed unanimously.

Agenda Item 8(C) Discussion and Possible Action to Consider Adoption of Amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and Proposed Additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8 for Dental Assisting Educational Programs and Courses

Following the Board's consideration of comments received during the required 45-day public comment period, comments received during the July 19, 2010 regulatory hearing, and staff's recommendations, the Board took action to accept changes made during Agenda Item 8(A). There was no public comment. M/S/C (McCormick/Afriat) to accept the Board's changes to the text in response to comments received and direct staff to take all steps necessary to complete the rulemaking process, including preparing modified text for an additional 15-day comment period, which includes the amendments accepted by the board at this meeting. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt amendments to Title 16, CCR, Sections 1070, 1070.1, 1070.2, 1071, and proposed additions to Title 16, CCR, Section 1070.6, 1070.7, 1070.8. The motion passed unanimously.

LUNCH BREAK

AGENDA ITEM 9: Update Regarding Regulatory Packages: Retroactive Fingerprinting Regulations, CCR, Title 16, Section 1007, 1008, and 1017.2.; Infection Control, CCR, Title 16 Section 1005(d)

Sarah Wallace, Legislative and Regulatory Analyst, reported that the proposed regulatory language regarding Retroactive Fingerprinting was noticed on the Board's website and mailed to interested parties on December 17, 2009. The public comment period began on December 18, 2009 and ended on February 4, 2010. The regulatory hearing was held on February 4, 2010. Recommendations and comments received at the regulatory hearing were considered by the Board at their February 26, 2010 meeting. A number of modifications were made to the regulatory language based upon comments received from the California Dental Association. The modified text was noticed on the Board's website and mailed on April 15, 2010 for 15-day public comment. The public comment period began on April 16, 2010 and ended on April 30, 2010. No comments were received during the public comment period. Ms. Wallace reported that the final rulemaking file to be submitted to the Office of Administrative Law (OAL). The rulemaking file was delivered to the Department of Consumer Affairs for the Director's review on July 9, 2010. The file is still being reviewed by the Department of Consumer Affairs (DCA). Once the DCA completes the review of the final rulemaking, staff will submit the file to OAL. Once submitted, OAL will have 30 working days to either approve or disapprove the Retroactive Fingerprinting rulemaking file.

Ms. Wallace reported that the board directed staff, at the July 26, 2010 meeting, to initiate the formal rulemaking process to amend Title 16, CCR, Section 1005 relative to the Minimum Standards for Infection Control. The proposed regulatory language was noticed on the Board's web site and mailed to interested parties on August 26, 2010. The 45-day public comment period began on August 27, 2010 and will close at 5 p.m. on October 11, 2010. The regulatory hearing is scheduled to be held at the Department of Consumer Affairs 1st Floor Hearing Room, 2005 Evergreen Street, Sacramento, California, at 10:00 a.m., on October 11, 2010. Any adverse comments received will be reviewed at the November 2010 Board meeting.

AGENDA ITEM 10: Discussion and Possible Action to Adopt Amendments to Title 16, CCR, Section 1018 Relating to Disciplinary Guidelines.

The Board's Disciplinary Guidelines were disapproved by the Office of Administrative Law (OAL) on March 19, 2010. The Board re-submitted the rulemaking package to OAL on July 15, 2010. While reviewing the re-submitted file, OAL found inconsistencies between the modified text and

meeting minutes from the November 9, 2009 Board meeting. The Board has been granted an additional 120 days to make corrections and notice the modified text for public comment. Board staff made the corrections to the text based on the Board's direction as specified in the November 9, 2009 meeting minutes. The modified text was mailed and posted on the Board's web site for 15-day public comment from August 31, 2010 to September 14, 2010. The Board did not receive any public comment.

M/S/C (Burton/Olinger) to accept the changes made by staff to the proposed text as directed by the Board at the November 9, 2009 meeting and direct staff to take all steps necessary to complete the rulemaking process, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt 16 CCR Section 1018 and the Disciplinary Guidelines of the proposed regulations with the modified text. The motion passed unanimously.

AGENDA ITEM 11: Discussion and Possible Action Regarding the Need for the Election of New Officers at an Upcoming Board Meeting

Fran Burton, public member, stated that she asked for this item to be placed on the agenda. She said that as a new member last year she did not understand the election process at all, and noted that the Board is in the second year of a 2 year legislative session. She stated that she doesn't see anything in the Board policy that says there must be an election every year and would like to ask the Board to consider retaining the current officers, assuming they want to serve, in order to expedite unfinished business. She noted that due to the unprecedented number of changes in the past few years there were many legislative changes that impacted the Board that the Board never weighed in on. She stated there is current legislation that needs to be addressed right away, so with all the upcoming changes, she feels that this is not the time to make any changes within the Board. There is finally the opportunity to have some continuity and she feels we need to carry that forward.

Dr. Olinger agreed with having the current leadership continue.

Legal Counsel Schieldge informed the Board that they can move to not hold elections and retain the current Board through the next year. M/S/C (Burton/Casagrande) to suspend the November election of officers and keep the same officers until November 2011. The motion passed unanimously with one abstention.

Public Comment:

Dr. Earl Johnson, CAO, complimented the Board, stating that this was the best Board meeting he had ever been to. He thought a lot got done but more importantly, everyone was heard.

***CLOSED SESSION – FULL BOARD**

The board went into closed session at 4:05pm to review disciplinary matters and litigation.

RETURN TO OPEN SESSION

The Board returned to open session at 4:45pm.

PUBLIC COMMENT

None.

ADJOURNMENT

4:50pm.