Dr. John Bettinger, President called the meeting to order at 8:37 a.m. Dr. Dominicis, secretary, called the roll and a quorum was established. Dr. Suzanne McCormick was absent.

The Board immediately went into closed session to discuss disciplinary matters.

Dr. McCormick arrived at 9:07 a.m.

The Board returned to open session at 10:31 a.m.

Agenda items were taken out of order to accommodate speakers.
AGENDA ITEM 8: Update on Dental Board of California Pathways to Licensure for Dentists – Information Only

Richard DeCuir, Executive Officer, reviewed the different pathways to dental licensure in California including the WREB Clinical Examination, Licensure by Residency (LBR), Licensure by Credential (LBC) and our new Portfolio examination that is in development. Mr. DeCuir reported that prior to 2002, the only method of obtaining a California Dental license was to take a Board examination. In 2002, AB1428 was passed which created Licensure by Credential. This provided another pathway to Dental Licensure in California. In 2004 another bill was passed allowing applicants to take an examination given by the Western Regional Examination Board (WREB) instead of the California exam. The difference between these two examinations is that if an applicant passes the California exam their license is only good in California. If an applicant passes the WREB exam their license is good in any state that accepts the WREB examination which currently includes 37 states. Another pathway that opened in 2006 was Licensure by Residency (LBR) requiring that an applicant must have graduated from an American Dental Association, Commission on Dental Accreditation (CODA) accredited dental program and completed at least one year of postgraduate education in an approved Advanced Education in General Dentistry or General Practice Residency and pass the California Law and Ethics examination. In 2010 the Board’s Portfolio Pathway to Dental Licensure bill passed which will assess a California dental student’s experiences within the clinic settings of his/her dental program as the measure of competence for the issuance of a California dental license. Portfolio is currently in the process of development.

AGENDA ITEM 2: Presentation by Senator Richard G. Polanco (Ret.), Chairman of the California Latino Legislative Caucus Institute for Public Policy, Regarding his Support of Universidad De La Salle's Renewal Application

Senator Richard Polanco (Retired) served for 16 years in the California Legislature, the last 4 years as the Senate Majority Leader. He recently termed out after serving 6 years on the California Delta Dental Board. He stated that he was there to express his support of the renewal of the Universidad De La Salle’s license. Senator Polanco stated that the Universidad De La Salle was born out of the need for a foreign dental school that had equivalent standards to those in California. He has personally visited De La Salle on several occasions, attended their first graduation and feels that it is an outstanding academic institution. He stated that the graduates of this University fill a void in the under-served communities and asked that the Board continue to support this program’s application for renewal.

AGENDA ITEM 3(A): Discussion and Possible Action Regarding Subcommittee Update of Universidad De La Salle’s Renewal and Site Review

Dr. Luis Dominicis, Board member recused himself from this discussion and left the room. Dr. Morrow noted that the dental program at Universidad de La Salle is being reviewed for renewal according to requirements established in regulation and statute. Dr. Le outlined the timeline of the school’s submission of documents thus far, indicating that additional supporting documentation was requested on August 2, 2011 with a due date of November 2, 2011. She noted that this documentation was received at the Board’s office on November 2, and by the Subcommittee on Friday, November 4, which did not allow the Subcommittee the opportunity to review the materials prior to the Board meeting to determine whether the application is complete. The Subcommittee requested a motion from the Board to extend the program’s approval for a period not to exceed 60 days in order for the Subcommittee to determine if the application is complete; and if the application is determined to be complete, the approval be extended for 225 days to complete the Board’s review. If the application is found to be incomplete, the Executive Officer will notify the school that their current approval will expire 30 days from the date of the notification. Legal Counsel noted that the intent of this motion was to ensure that there was no lapse in the school’s approval, which is due to expire on November 4, due to the review process. Dr. Mary Jane McGrath, Dean of the Dental School at De La Salle thanked the Board and Senator Polanco for their support. Mr. Jim Gross introduced himself as the attorney for the Universidad De La Salle. Dr.
Morrow stated that it is the Board’s responsibility to ensure that the education provided is equivalent. Dr. McCormick was hesitant to support a 60 day limitation without any ability to allow for further submissions. Mr. Gross stated that he thought that the motion was confusing and needed some clarification. He stated that he was troubled by the possibility that at this juncture his client would not be given the opportunity to respond to what is allegedly incomplete and attempt to provide that. He understands the need for a time period. He stated that he hopes that the Board plans to give them the opportunity to respond to whatever alleged deficiencies come to light during the review. Dr. Le asked the school representatives if the instructions from the Dental Board regarding the additional documentation were clear enough. Mr. Gross answered that there appeared to be some redundancy in the questions which was confusing. Dr. McGrath said that some of the additional questions did not appear to relate to the standards. Mr. DeCuir noted that when the application was received, part was in English and part was in Spanish, adding that the important thing is that there has been a continued dialogue between the Board and the school since January regarding this application.

AGENDA ITEM 3(B): Discussion and Possible Action Regarding Extending the Expiration Date of Universidad De La Salle’s Current Approval to Allow Review of the Renewal Application

Dr. Luis Dominicis, Board member recused himself from this discussion and left the room. The discussion continued regarding the extension of the expiration date of the school’s current approval. Dr. Le stated that the entire application will be reviewed in total. Dr. Bettinger felt that the initial time period could be extended to the next Board meeting, 110 days, which would provide the opportunity for the subcommittee to make a thorough review. Dr. Le noted that both sets of applications would be reviewed, since the translation was not exact. Legal Counsel noted that if the intent is to extend the school’s approval until the next Board meeting, clarify that the school’s approval is extended through February 24, 2012. She noted that determining completeness is not a substantive review, which will be done through the site visit, correspondence with the school and the analysis by the committees.

After discussion of what type of deadlines should be specified, and whether or not they should be broken down into components, M/S/C (Le/Olinger) to extend the current approval of the Universidad de La Salle until the conclusion of the next Board meeting on February 24, to permit the Subcommittee time to determine whether the application is complete, and if the Subcommittee determines that the application is complete per the Board’s prior order, extend the university’s current approval for another 225 days in order for the Board to make a decision on its renewal application. If the Subcommittee finds that the application is not complete, have the Executive Officer notify the university that the application is incomplete and notify the institution of the areas where additional information is needed. There shall be no lapse in the current approval of Universidad de la Salle for enrolled students. The motion passed unanimously.

Public Comment:
Genevieve Clavreul, RN, PhD in hospital management, stated that she recently received substandard dental care from a dentist in the San Gabriel Valley. She said that most dentists are unaware that people like herself, who are allergic to latex can have a severe reaction from the residue left behind even after a dentist removes his gloves. She further stated that she has filed a complaint against this dentist.

Dr. McCormick was excused for the remainder of the day and left the meeting.

The Committee meetings commenced at 12:02 p.m.

The Full Board reconvened at 4:20 p.m.
Agenda Items were taken out of order to accommodate guest speakers.

**AGENDA ITEM 7(A): Presentation by Howard Katz, DDS, Regarding Cosmetic and Scope of Practice Issues in Dentistry:**

Dr. John Bettinger, Board President, introduced Dr. Howard Katz, a general dentist who has been involved in the clinical development of pharmaceutical products. He also teaches at various dental schools throughout the country. Dr. Katz has co-authored scientific publications, including an article on BOTOX use for migraines.

Dr. Katz indicated that his presentation would be focusing on standard of care in cosmetic dentistry. He relayed a personal story about the death of his father, who received general anesthesia for implant placement and never woke up. He emphasized that his prime concern is for public safety in every dental procedure.

Dr. Katz believes that all dentists try to be cosmetic dentists and that aesthetics is part of therapeutic dental treatment. A patient's well being is reliant on healthy teeth and facial aesthetics. He went on to say that the standard of care continually evolves with the advent of new materials, safer procedures, and new court rulings. He commented that when Botox is injected into the upper part of the face, it relaxes muscles in the upper part of the face which in turn relax the jaw area thereby stopping teeth clenching. With this in mind, he suggested that the Board consider scope of practice issues in dentistry broadly.

Dr. Bettinger commented that he requested this item be put on the agenda because of the discussion relating to the use of Botox and facial filler that occurred at the August 2011 Board meeting. After that meeting, groups of people expressed concern about banning all cosmetic procedures by general dentists. Dr. Bettinger indicated that there remains confusion regarding the Board's interpretation of the Dental Practice Act related to cosmetic/aesthetic procedures and that he hoped that the Board would agree that most procedures performed by dentists have a cosmetic and therapeutic component to them.

Dr. Katz reiterated that his prime concern was to protect patients. He said that modern treatments need to be seen as psychological and therapeutic, as well as aesthetic. He feels that there is no difference between aesthetic dentistry and standard of care.

**AGENDA ITEM 7 (B(i)) & (B(ii)): Discussion and Possible Action Regarding Board Policy and Interpretations of Business and Professions Code Section 1625 Related to: Cosmetic and Esthetic Procedures and Scope of Practice of Business and Professions Code Section 1625 Related to “Associated Structures”**

Dr. Bettinger asked the Board to consider Business & Professions Code Section 1625(b) and whether or not this section gives dentists more latitude in determining dental procedures they are allowed to perform. He mentioned that in a recent visit to UCLA, he was able to observe dental students treating orofacial pain by injecting into the trapezeus muscle and muscles at the back of the head. This advanced program is expanding the scope of practice in dental schools. Pain treatments are within the scope of dentistry, therefore how far you go away from the mouth with treatment is dependent upon what you are trying to accomplish. He went on to say that the term “associated structures” should be considered broadly.

Dr. Olinger, Board member, commented that in considering discipline, the Board deliberates on a case by case basis. He went on to say that dentistry has changed and evolved greatly since he attended school. He believes that the Dental Practice Act is written broadly and should be interpreted broadly in order to encompass new knowledge and new procedures in the practice of dentistry.
Dr. Casagrande, Board member, commented that he would like to see the statute speak for itself and to be interpreted broadly. He expressed concern with crossing the line between dental related procedures and cosmetic procedures.

There was a general discussion by the Board about not wanting to see a blanket prohibition for a particular drug or agent, e.g. Botulinum neurotoxins or Hyaluronic acid fillers. The drugs used by a dentist should depend on how, where, and when used; and used only with appropriate training. There appeared to be consensus of the Board that the existing statutory language is broad enough to allow some discretion for dentists to determine how to use Botulinum neurotoxins or Hyaluronic acid fillers in the practice of dentistry.

Public Comment:
Dr. Guy Atchison, a general dentist in Sacramento, commented that he worked with the pioneer of the treatment for TMD which, at the time, included trigger point injections which expanded the scope of dentistry. He sees the use of Botox as transformation treatment and evolving into the scope of practice of dentistry.

Ryan Spencer, California Medical Association, commented that he appreciates that the Board appears to understand that there is a clear line between dentistry and the practice of medicine.

There was no additional public comment.

AGENDA ITEM 1(A): Discussion and Possible Action Regarding Comments Received During the 45-day Public Comment Period for the Board’s Proposed Rulemaking to Amend Title 16, CCR, Sections 1018 and 1020.5 Regarding Uniform Standards for Substance Abusing Licensees and Disciplinary Guidelines

Sarah Wallace, Legislative and Regulatory Analyst, reported that at its February 25, 2011 meeting, the Board discussed and approved proposed regulatory language relative to the uniform standards relating to substance abusing licensees and Disciplinary Guidelines. The Board then directed staff to initiate a rulemaking.

The initial rulemaking file was submitted to the Office of Administrative Law on March 11, 2011. The proposed action was published on March 25, 2011 and was noticed on the Board’s web site and mailed to interested parties. The 45-day public comment period began on March 25, 2011 and ended on May 9, 2011. The regulatory hearing was held on May 10, 2011. The Board received oral testimony from the California Dental Association and written comments from the Center for Public Interest Law.

On April 11, 2011 the Substance Abuse Coordination Committee (SACC) met and revised requirements contained in the Uniform Standards Relating to Substance-Abusing Healing Arts Licensees. The amendments were related to drug testing requirements and facilitated group support meetings. A copy of the April 11, 2011 document was included in the meeting packet.

At the August 2011 meeting, the Board discussed comments received during the 45-day public comment period and the changes that were made by the SACC. There was discussion at that meeting regarding the issue of the Board’s discretionary authority in using the uniform standards as conditions of probation for substance abusing licensees. The Board tabled any action until it received more information regarding the Board’s discretion; specifically a written legal opinion from the Legislative Counsel’s Office.

On October 27, 2011 a written Legislative Counsel opinion was received in the Board office. Kristy Shellans, Legal Counsel, stated that the Legislative Counsel Opinion was only received a few days prior to the Board meeting therefore leaving little time for an in-depth review and analysis. Her
tentative review of the opinion was that it found that the Uniform Standards for Substance Abusing Licensees are not legally enforceable until adopted via a formal rulemaking process; and that the Substance Abuse Coordination Committee (SACC) is a State agency with the power to adopt regulations. Once properly adopted by the SACC, the Healing Arts Boards of the department have no discretion to disregard the standards.

Ms. Shellans stated that in her tentative review of the opinion, she agrees with the point that the standards have to be legally adopted via a formal rulemaking process in order to be enforceable, but she does not believe that the SACC has any power to adopt these standards as rules as the Legislative Counsels opinion states. Her review of Section 315 of the Business and Professions Code did not reveal anything that stated that the SACC may or shall adopt regulations. She found no language regarding the power to adopt regulations. Ms. Shellans did not know what legal basis Legislative Counsel used to interpret the law in that way. Ms. Shellans pointed out that on the last page of the Legislative Counsel Opinion there is a footnote which states: the Boards current regulatory authority is superseded by the Section 315 statute. However Section 315 contains no language that says that either the board’s rulemaking is superseded or that the SACC has rulemaking authority to adopt in the Board’s stead.

Ms. Shellans stated that after Section 315 was adopted, Section 315.4 was enacted which states: “…the Board may adopt regulations…..” This statute expressly confers upon the Board the authority to adopt standards. She stated that in her opinion Section 315.4 is confirmation and evidence that the Board has the rulemaking authority and the discretion to adopt standards.

Dr. Whitcher asked how the two conflicting legal opinions might be resolved.

Ms. Shellans stated that it is up to the Board to decide which opinion is the correct interpretation of the law and whether the Board believes that the power to implement these standards lies with the SACC or the Board.

Dr. Whitcher questioned how we would resolve the dispute if the SACC goes through the formal rulemaking process but the Board believes that its power to regulate supersedes the SACC’s.

Ms. Shellans answered that she feels there needs to be some clarification from the Office of Administrative Law (OAL). She stated that OAL has already approved other Healing Arts Board’s disciplinary guidelines which leads her to believe that there is some acknowledgement on the part of the OAL that the Boards retain authority to set standards because they’ve approved changes to guidelines for other Boards.

Dr. Whitcher asked if there was any recourse if the OAL ruled against the Board saying that Legislative Counsel’s Opinion was correct and the Board doesn’t have the right to legislate.

Ms. Shellans stated that she doesn’t think that the OAL has the authority to declare which legal opinion is correct. She explained that rulemaking packages are submitted to OAL and within those packages are arguments as to why they have the authority to adopt that rule. After review of the submitted package, OAL determines who has met the legal requirements for authority to adopt the regulations. OAL will either deny the package or approve it. So far, OAL has approved all of the packages submitted by other Boards which is why Ms. Shellans believes that the Boards retain authority.

Rebecca Downing, Public Member, reminded the Board of Ms. Shellans citing of several cases where not using discretion was deemed inappropriate action. Therefore, if the Board chooses to go with Legislative Counsel’s opinion and remove all discretion from the guidelines, not using discretion may have legal consequences.
Dr. Whitcher stated that the Board has the power to adopt regulations and can choose the discretionary language or the non-discretionary language. His opinion is that the Senate B & P Committee and the Department feel that the Board has no discretion. The Board must decide whether they agree or disagree.

Ms. Shellans stated that the Department of Consumer Affairs (DCA) has not stated what their position is regarding Legislative Counsel's Opinion. DCA has not said whether they agree and will move forward, don’t agree, or will seek outside confirmation in some way. She said the Board could table this until further information is obtained. Ms Shellans reminded the Board that if the SACC starts the rulemaking process, the Board’s Executive Officer sits on the SACC so the Dental Board would still have some input because the Executive Officer reports to the Board what standards the SACC is proposing and if there are any changes.

Bill Lewis, CDA, stated that the only diplomatic solution may be to defer to Ms. Shellans case citings and the fact that in some cases not using discretion would be an abuse of discretion. Mr. Lewis stated that the question is whether or not to accept staff’s recommendation regarding the Center for Public Interest Law’s comments.

Richard DeCuir, Executive Officer, asked that the Board consider three options: 1) Adoption with discretion 2) Adoption without discretion or 3) Postpone action until further clarity is obtained. Mr. DeCuir also went on record to say that he was a part of the SACC through the development of this standard criteria. He stated that neither the Department not the SACC went through any rulemaking process in that there was no initial statement of reasons, no final statement of reasons, comments were given but not recorded, and comments made at the meetings (not hearings) were never noted or responded to throughout the process. It was not anything close to what the Administrative Procedure Act (APA) would require. Mr. DeCuir stated that he agrees with Ms. Shellans that the SACC and the Department would have to go through a formal rulemaking process to adopt these including taking testimony and opinion and respond according to the APA. Mr. DeCuir stated that it might be a good idea to postpone any decisions until the Board gets further clarity.

Dr. Le asked if there was any urgency for the Board to take action at this time.

Ms. Shellans answered that the only urgency is the representation to the Senate B & P Committee that the Board would be working on implementing the standards. At the last Board meeting Brian Stiger, Acting Director of DCA urged the board to move forward with the implementation of these standards for public protection and safety. The Senate B & P Committee did not set a deadline.

M/S/C (Olinger/Afriat) to table this action until further clarity has been obtained regarding the need for the Department and the SACC formal rulemaking or at the discretion of the Executive Officer to bring this issue back to the Board if necessary. The motion carried unanimously.

Mr. DeCuir stated that part of this is contingent upon the Department and the SACC going through its own formal rulemaking process, which it has not done yet. That would assist in providing the Board with the necessary clarity and guidance needed.

Dr. Whitcher asked when our rulemaking file is due to expire. Ms. Wallace answered March 24, 2012. The Board was advised that if the existing rulemaking deadline expired, the Board would have to begin the regulatory hearing process over again.
AGENDA ITEM 1(B): Discussion and Possible Action Regarding Adoption of Proposed Amendments to Title 16, CCR, Sections 1018 and 1020.5 Regarding Uniform Standards for Substance Abusing Licensees and Disciplinary Guidelines
Sarah Wallace, Legislative and Regulatory Analyst stated that based on the previous motion there would be no action on this item.

AGENDA ITEM 4: Discussion and Possible Action to Consider Initiation of a Rulemaking to Add Title 16, CCR, Section 1065 Regarding Requirements for Posting Notice to Consumers of Licensure by the Dental Board
Sarah Wallace, Legislative and Regulatory Analyst, reported that Senate Bill 540 was signed by Governor Brown and extends the effective date of the Dental Board of California (Board) until January 1, 2012 and made several changes to the provisions contained in the Dental Practice Act (DPA). The bill added Business and Professions Code Section 1611.3 to require the Board to comply with the requirements of Business and Professions Code Section 138 by January 1, 2013. Section 1611.3 also requires the Board’s regulations regarding the notice to consumers include provisions that: (1) specify that the Board is the entity that regulates dentists, (2) provide the telephone number and Internet address of the Board, and (3) require the notice to be posted in a conspicuous location accessible to public view.

Ms. Wallace stated that as Senate Bill 540 moved through the legislative process, the bill analyses provided by the Senate Business and Professions Committee indicated that the purpose of adding Business and Professions Code Section 1611.3 to the DPA was to have the Board adopt regulations in the same manner as the Medical Board of California (MBC). Staff provided the Board with a copy of the MBC’s promulgated regulations relative to consumer notification of licensure in 2010.

Ms. Wallace requested that the Board consider for approval proposed regulatory language to adopt Cal. Code of Regs., Title 16, Section 1065 to require a licensed dentist engaged in the practice of dentistry to provide notice to each patient of the fact that he or she is licensed and regulated by the Board. The proposed language would require the notice include a statement that dentists are licensed and regulated by the Board and contain the Board’s toll-free telephone number and Web site address. Additionally, the proposed language would specify that the notice is required to be provided by one of the following methods: (1) prominently posted in an area visible to patients on the premises where services are provided in at least 48-point type in Arial font; (2) included in a written statement, signed and dated by the patient or patient’s representative and retained in the patient’s dental records, stating the patient understands the dentist is licensed and regulated by the Board; or (3) including the notice in a statement on letterhead, discharge instructions, or other document given to a patient or the patient’s representative, where the notice is placed immediately above the signature line for the patient in at least 14-point type.

Rebecca Downing, Public Board Member, suggested the text not require Arial font type, and leave the decision of font type at the discretion of the licensed dentists. Dr. Stephen Casagrande, Board Member, suggested removing “immediately above the signature line” because it seemed unnecessary.

M/S/C (Olinger/Dominicis) to accept the proposed regulatory language, with the removal of “Arial” and “immediately above the signature line”, relevant to the requirements for posting notice to consumers of licensure by the Dental Board of California and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, 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 the proposed additions to California Code of Regulations, Title 16, Section 1065 as noticed in the proposed text. The motion passed unanimously.

AGENDA ITEM 5: Update on Pending Regulatory Packages:
A. Dental Assisting Educational Programs and Courses (California Code of Regulations, Title 16, Sections 1070, 1070.1, 1070.2, 1070.6, 1070.7, 1070.8 and 1071)
Ms. Wallace reported that the final rulemaking file for Dental Assisting Educational Programs and Courses was submitted to the Office of Administrative Law on August 30, 2011. The Office of Administrative Law approved the rulemaking file on October 12, 2011 and filed with the Secretary of State. The regulation will become effective on November 11, 2011.

B. Consumer Protection Enforcement Initiative (California Code of Regulations, Title 16, Sections 1018.05 and 1020)
Ms. Wallace reported that the final rulemaking file was still pending review by the Department of Finance. Once the approval signature is obtained, the rulemaking will be submitted to the Office of Administrative Law. The Office of Administrative Law will have 30 working days to review the file. Once approved, the rulemaking will be filed with the Secretary of State and will become effective 30 days later. The deadline to submit the final rulemaking to the Office of Administrative Law is February 17, 2012.

C. Uniform Standards Relating to Substance Abusing Licensees and Disciplinary Guidelines (California Code of Regulations, Title 16, Sections 1018 and 1020.5)
Ms. Wallace reported that, at its last meeting, the Board tabled response to comments until further legal clarification was received regarding the Board’s discretion regarding ordering conditions of probation relative to the uniform standards. The Board was scheduled to discuss the proposed language during the Full Board meeting on November 7, 2011.

D. Sponsored Free Health Care Events (California Code of Regulations, Title 16, Sections 1023.15, 1023.16, 1023.17, and 1023.18)
Ms. Wallace reported that the proposed regulatory language regarding Sponsored Free Health Care Events was noticed on the Board’s website and mailed on October 7, 2011 for the 45-day public comment period. The comment period began on October 7, 2011 and will end on November 21, 2011. A regulatory hearing is scheduled for November 22, 2011 in Sacramento.

AGENDA ITEM 6: Update on the Office of Statewide Health Planning and Development (OSHPD) Health Workforce Pilot Project (HWPP#172)
Dr. Morrow, Board member reported on the Office of Statewide Health Planning and Development (OSHPD) Health Workforce Pilot Project (HWPP #172). He reminded the Board that Dr. Paul Glassman of the University of Pacific, School of Dentistry had submitted this proposal to OSHPD and it was subsequently approved and initiated. The pilot project is intended to train and demonstrate the ability of current allied dental personnel to perform new duties in community settings to improve the oral health of underserved populations.

Board President, Dr. Bettinger had asked Dr. Morrow to attend a site assessment meeting and visit in Sacramento on November 2, 2011. Dr. Morrow reported that many stakeholders were in attendance. Dr. Glassman presented an overview of the project which afforded the site team a clearer understanding of the project.

There are nine trainees participating in the project, eight hygienists and one registered dental assistant. The average work experience of the trainees is 15-20 years. These trainees will be working out of nine sites throughout the state that have been designated as underserved areas. The site assessment team visited Twin Rivers Elementary School in the Sacramento area.
The trainee at Twin Rivers Elementary School is a hygienist. She explained that the pilot project utilizes an electronic health record called the “Virtual Dental Home”. She said that all patients sign a legal consent form before treatment is provided. In the treatment of children, the legal guardian signs the form. An examination is conducted by the trainee, the results of which are recorded in the electronic health record. Radiographs and/or intraoral photos are taken if appropriate. The collaborating dentist is notified of the initial evaluation, reviews the trainees report, and determines the treatment plan. Trainees are treating 6-8 patients a day. According to the Twin Rivers Elementary school administrators and parents, the program is working very well.

The site team also interviewed a few faculty members (Preceptors) responsible for training the trainees. There are two phases of training: the didactic and clinical. Overall the reports are that the training is going very well.

Dr. Olinger, Board member, asked if the procedures were being performed without local anesthesia and with hand held instruments. Dr. Morrow responded yes, that the trainees have reported that the patients have not experienced any discomfort. Additionally, there have not been any post treatment complications from placement of ITR reported.

Dr. Le, Board member, asked if the patients are referred for dental treatment. Dr. Morrow responded that the collaborating dentist determines whether or not a referral is necessary. Ms. Rebecca Downing, Board member, mentioned that the Board’s initial concern with this project was that a child being treated for severe decay might experience pain when being treated. She questioned whether Twin Rivers Elementary School was representative of the type of sites that would produce data to support the theory that there is no discomfort when treating for severe tooth decay. Dr. Morrow indicated that the sites chosen were in underserved areas. Board President, Dr. Bettinger thanked Dr. Morrow for his report. There was no additional public comment.

**Public comment:**
There was no additional public comment.

**Recess:**
The Board recessed at 5:53 p.m.