



DENTAL BOARD OF CALIFORNIA BOARD MEETING MINUTES
December 1-2, 2016

Embassy Suites San Francisco Airport Waterfront
150 Anza Boulevard, Burlingame, CA 94010

Members of the Board Present

Steven Morrow, DDS, MS, President
Judith Forsythe, RDA, Vice President
Fran Burton, MSW, Public Member
Steven Afriat, Public Member
Steven Chan, DDS
Yvette Chappell-Ingram, Public Member
Katie Dawson, RDH
Kathleen King, Public Member
Ross Lai, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Thomas Stewart, DDS
Bruce Witcher, DDS
Debra Woo, DDS, MA

Members of the Board Absent

Thursday, December 1, 2016

8:00 A.M. FULL BOARD MEETING – OPEN SESSION

1. **Call to Order/Roll Call/Establishment of Quorum.**

President Steven Morrow, DDS called the meeting to order at 8:05am. Secretary Steven Afriat called the roll and quorum was established.

The Board immediately went into Closed Session.

CLOSED SESSION – FULL BOARD

CLOSED SESSION – LICENSING, CERTIFICATION, AND PERMITS COMMITTEE

RETURN TO OPEN SESSION – FULL BOARD

2. **Board President Welcome and Report**

Dr. Morrow read Business and Professions Code Section 1601.2 as a reminder to everyone in the room, that the priority of the Board is protection of the public.

3. **New Board Member Introduction**

Karen Fischer, Executive Officer, introduced new Board Member, Dr. Steven Chan, to the Board.

4. **Approval of the August 18-19, 2016 and October 13, 2016 Board Meeting Minutes**

The following amendments were suggested on the August 18-19, 2016 Meeting Minutes:

- Dr. Thomas Stewart stated that on page 6, Dr. George Maranon's name is misspelled.
- Dr. Bruce Whitcher stated that on page 8 Jeff Poage's name is misspelled.

M/S/C (King/Woo) to accept the August 18-19, 2016 Board Meeting Minutes as corrected with the amendments.

Support: Burton, Whitcher, Forsythe, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Morrow, Stewart, Woo. **Oppose:** 0 **Abstain:** Afriat, Chan

Motion passed.

The following amendments were suggested on the October 13, 2016 Meeting Minutes:

- Fran Burton stated that on page 2 Guy Acheson's name is misspelled.
- Dr. Whitcher stated that on page 2 Dr. Mashni's and Dr. Poage's names are misspelled
- During Public Comment, Karen Sibert, MD, the California Society of Anesthesiologists, stated that on page 3 Dr. Poage's statement regarding a separate anesthesiologist was misquoted.

M/S/C (King/Le) to accept the October 13, 2016 Board Meeting Minutes as corrected with the suggested amendments.

Support: Burton, Whitcher, Forsythe, Dawson, King, Lai, Le, McKenzie, Morrow, Stewart, Woo. **Oppose:** 0 **Abstain:** Afriat, Chan, Chappell-Ingram, and McKenzie

Motion passed.

5. **Budget Report**

Ms. Wallace provided an overview of the current budget and the Governor's budget for quarter one of the fiscal year 2016/17. Ms. Wallace will provide updated Breeze expenses at the next quarterly Board Meeting.

6. **Discussion and Possible Action to Review and Adopt the Dental Board of California's 2017-2020 Strategic Plan**

Ms. Wallace provided an overview of the process to develop a strategic plan. The Board's strategic plan will begin in 2017 and last until 2020.

Ms. McKenzie requested clarification regarding goal 2, # 1.7 regarding in house stipulations and personnel. Ms. Fischer clarified stipulations negotiated by the EO would not necessarily go through the AG's office.

Ms. McKenzie recommended updating goal #3, 1.12 from "continuously update dental schools" to "regularly update dental schools."

M/S/C (Afrait/King) to adopt the strategic plan and recommendation to amend "continuously" to "regularly."

Support: Burton, Whitcher, Forsythe, Chan, Chappell-Ingram, Dawson, Lai, Le, McKenzie, Morrow, Stewart, Woo. **Oppose:** 0 **Abstain:** 0

7. **Examinations:**

A. **Staff Update on Portfolio Pathway to Licensure**

Ms. Fischer gave an overview on the information provided. Dr. Morrow went over the recent discussions that he has had with the American Student Dental Association regarding the implementation of the portfolio pathway in other states. Dr. Morrow indicated that the States of Colorado and Kentucky have agreed to accept our portfolio examination in their states and that Iowa is currently working on the ability to accept our examination. He also mentioned that a Colorado dental school has requested his assistance in implementing a similar program in their state. Ms. Fischer indicated that since the portfolio examination may be implemented in other states, we may need to make future statutory changes in order to accept other states portfolio type examinations, in our state.

8. **Licensing, Certifications and Permits:**

A. **Licensing, Certification and Permits Committee Report on Closed Session.**

Dr. Steven Morrow, Chair of the Licensing, Certification and Permits (LCP) Committee reported that the committee made the following recommendations:

- CS candidate T.G. – Deny permit
- DDS candidate R.W. – Approve replacement upon completion of the Law and Ethics Examination

- RDA candidate G.O. – Approve replacement upon completion of the Law and Ethics Examination
- RDA candidate P.L. – Approve replacement upon completion of the Law and Ethics Examination and the Registered Dental Assistant Written Examination
- RDA candidate L.V. – Approve replacement upon completion of the Law and Ethics Examination

M/S/C (King/McKenzie) to accept the committee's recommendations.

Support: Morrow, Forsythe, Afriat, Burton, Chan, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Woo. **Oppose:** Whitcher **Abstain:** 0

The motion passed.

B. Review of Dental Licensure and Permit Statistics

Sarah Wallace, Assistant Executive Officer, gave an overview of the information provided. Mrs. Wallace addressed two requests of the Board: number of cancelled licenses on a monthly basis and the reason for a high number of delinquencies.

Steven Afriat, Secretary, wanted to address underserved counties by requesting additional information of how a certain population per dentist affects quality of care and if the statistics can indicate the counties served but with dentists who are domiciled or practicing in multiple counties.

President Steven Morrow, DDS asked if Special Permits were included in the total licensing count. Ms. Wallace indicated that they were not.

C. Report on the October 19, 2016 meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee and Discussion and Possible Action to Accept the Elective Facial Cosmetic Surgery Permit Credentialing Committee Recommendation(s) for Issuance of Permit(s)

Dr. Whitcher gave an overview of the information provided. The Committee recommended the Board issue an EFCS permit for unlimited Category I and Category II privileges to David Webb, DDS.

M/S/C (Afriat/King) to accept the committee's recommendation.

Support: Morrow, Forsythe, Afriat, Burton, Chan, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose:** 0 **Abstain:** 0

The motion passed.

D. Discussion and Possible Action Regarding the Draft Report to the Legislature on the Elective Facial Cosmetic Surgery Permit Program as Provided by Business and Professions Code Section 1638.1

Dr. Whitcher gave an overview of the information provided.

Ms. Burton asked for clarification on limitation of issued permits.

Karen Fischer, Executive Office of the Dental Board of California stated that as of the date of the meeting, the board has issued 29 Elective Facial Cosmetic Surgery permits, 27 of which are active, and 2 which have left the state.

M/S/C (Whitcher/King) to approve the draft report.

Support: Morrow, Forsythe, Afriat, Burton, Chan, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose:** 0 **Abstain:** 0

The motion passed.

E. Discussion and Possible Action to Initiate a Rulemaking to Adopt California Code of Regulations, Title Section Sections 1044.6, 1044.7, 1044.8 Relating to Elective Facial Cosmetic Surgery Permit Application and Renewal Requirements

Dr. Whitcher gave a brief summary of the information provided and requested that the Board accept the recommendation of the Committee and approve the proposed regulatory language relative to the Elective Cosmetic Surgery Initial Permit Application and Renewal Requirements.

M/S/C (Whitcher/King) to accept the recommendation of the Committee and approve the proposed regulatory language relative to the Elective Cosmetic Surgery Initial Permit Application and Renewal Requirements, 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 language to California Code of Regulations, Title 16, Sections 1044.6, 1044.7, and 1044.8 as noticed in the proposed text.

Support: Burton, Whitcher, Forsythe, Afriat, Chan, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Morrow, Stewart, Woo. **Oppose:** 0
Abstain: 0

Motion passed.

F. Discussion and Possible Action to Initiate a Rulemaking to Adopt California Code of Regulations, Title 16 Section 1028.6 Relating to Licensure by Credential Application Requirements

Dr. Whitcher gave a brief summary of the information provided. It was decided that the discussion would be tabled for a future meeting.

9. Enforcement:

A. Enforcement – Statistics and Trends

Carlos Alvarez, Acting Enforcement Chief, gave an overview of the information provided.

B. Review of Fiscal Year 2016-17 First Quarter Performance Measures from the Department of Consumer Affairs

Mr. Alvarez, Acting Enforcement Chief, gave an overview of the information provided.

C. Diversion Program Report and Statistics

Mr. Alvarez, Acting Enforcement Chief, gave an overview of the information.

10. Pediatric Anesthesia Report

A. Discussion and Possible Action Regarding the Subcommittee's Recommendations Relating to Pediatric Anesthesia

Dr. Whitcher and Meredith McKenzie gave an overview of the subcommittee's recommendations.

Below are Board member and public comments regarding each recommendation:

Recommendation 1

Fran Burton asked for clarification regarding recommendation 1.

Ms. McKenzie discussed the difficulty in obtaining data and the need for additional data and as a result, the recommendation is to continue to research to collect data.

Dr. Whitcher elaborated that Assembly Bill (AB) 2235 requires the collection of additional data points as a result of the amendments to Business and Professions Code Section 1680(z).

President Morrow recognized the Board's efforts in collecting data; however he stated that better data collection is necessary and mandated by AB 2235.

Public Comment

Dr. Larry Trapp, representing California Society of Dentist Anesthesiologist, stated he would like to see the Board begin the process for collection of data.

Brianna Pittman, representing the California Dental Association (CDA), spoke in support of recommendation 1.

Recommendation 2

Kathleen King, asked what the timeline would be in implementing the changes in definitions.

Dr. Whitcher stated that it would require statutory changes to update definitions.

Public Comment

None.

Recommendation 3(A)

Mr. Afriat inquired whether the subcommittee had looked into the age of the pediatric patient versus the body size of a pediatric patient in selecting 13 years old as the guideline.

Dr. Whitcher responded that the 13 years of age was selected as a result of what is specified in statute.

Ms. Burton requested clarification relating to what would occur when the single dose of a single sedative drug plus nitrous oxide and oxygen are insufficient in 3Aii. Ms. Burton requested that the specific section be more specific as it is too broad.

Dr. Whitcher responded that the permit holder would cease the procedure and reschedule it for another time or advise other options.

Ms. McKenzie stated that the category limits the permit holder specifically to those guidelines. The permit holder would not be able to step outside the bounds of the guidelines.

Ms. Burton inquired whether continuing education (CE) courses should be required of the staff member trained in the monitoring and resuscitation of pediatric patients.

Dr. Witcher stated that statute discusses that information and also that it would require further research to determine whether additional CE should be required.

Dr. Chan inquired whether the specificity of 3Aii will determine who is administering and who measures the dose.

Drs. Morrow and Witcher stated that the recommendation is an overview of the request made by Senator Hill. Detailed questions or inquiries are best for discussion during the statutory or regulatory processes.

Ms. Fischer stated that the report is essentially the beginning of the work to be done relating to general anesthesia and conscious sedation.

Public Comment

Dr. Trapp suggested that the words “Conceptual Suggestions” be included in the title of the subcommittee’s report. President Morrow responded that he views the subcommittee’s recommendation as conceptual suggestions and are not the views of the Board.

Recommendation 3B

Ms. King requested clarification regarding the age groups. Dr. Witcher provided information regarding the selection of the age guidelines and the number of people to be present.

Mr. Afriat inquired whether the level of support staff will be defined so as to differentiate between those present in the room. Dr. Witcher stated that the category of staff members present in the room is defined, but the description of those positions needs further updating.

President Morrow asked for clarification in regards to whether the support staff is referring to the support staff to the anesthesiologist or to the dentist. Dr. Witcher responded that the support staff will assist both the anesthesiologist and the dentist and that staff member is different than the staff member monitoring the patient.

Public Comment

Dr. Mark Zakowski, representing California Society of Anesthesiologists (CSA), provided clarification regarding moderate sedation and general anesthesia for adults, children, and disabled children, specifically relating to types of monitoring. Mr. Afriat asked whether CSA has looked into whether an adult should be present in the room when undergoing moderate sedation.

Dr. Karen Sibert, also representing the California Society of Anesthesiologists, stated that CSA does not believe that the single operator anesthetist model is safe for pre-cooperative or uncooperative patients. CSA recommends that there be a separate independent anesthesia provider for moderate sedation, deep sedation, and general anesthesia in pre-cooperative children or children of developmentally delayed age or known behavior disorder. Also, that she could not speak to whether an adult known to the patient should be present in the room.

Dr. Whitcher stated that having a known adult in the room is a clinical judgment best left to the dentist.

Dr. Ariane Terlet stated that she has concerns with the recommendations because of the effect it will have on pediatric patients and access to care. She also requested that the Board advocate to increase reimbursements to clinics to have an additional anesthesiologist present.

Recommendation 3(C)

Mr. Afriat asked how applicants are to provide proof of completion of sufficient number of cases to establish competency. Dr. Whitcher responded that it would be completed during residency.

Yvette Chappell-Ingram asked whether the subcommittee's recommendations include information on children with autism and other mental disabilities. Dr. Whitcher responded that the recommendations focus on a broader level and that the Board can choose to address specifics related children with autism and other mental disabilities.

Ms. King asked for clarification whether the recommendation is to have two individuals present, both a dentist and a separate anesthesiologist. Dr. Whitcher provided clarification.

Mr. Afriat asked whether the number of people present during a procedure where anesthesia is present is significant when an emergency occurs. Dr. Whitcher reinforced that there are laws and regulations in place during emergency situations that allow the dentist and his or her team to do whatever is necessary to manage the emergency.

President Morrow commented that the younger the patient is and the deeper the sedation is, the higher the risk therefore the higher the safety required to protect the patient and to prevent an incident involving an inadvertent extension of sedation.

Dr. Whitcher stated that there are standards and procedures currently in existence to provide staff the adequate training necessary as specified by statutes and regulations and guidelines from dental societies.

President Morrow suggested that there be a separate anesthesia permit holder.

Dr. Stewart asked how we should balance access to care with safety.

Dr. Le commented that access to care has not worked itself out and that attention is needed as it is a major concern.

Dr. Chan inquired about what CODA training does exactly and stated that there are variables present in regards to the types of cases, treatments, and patient outcomes to be considered before making such a recommendation.

President Morrow provided a brief explanation of CODA training categories related to sedation.

Ms. Burton inquired about the time to enter into a clinic for basic dental care. Dr. Terlet responded that the average wait time for care at her clinic is 9 months and for procedures involving sedation are the same.

Mr. Afriat shared his thoughts and concern about the discussion presented regarding the recommendations.

Dr. Chan clarified that the issue of access to care is not just relating to children in low-income communities, but also affects children from middle class families.

Public Comment

Dr. Diana Belli commented on her experience as a dentist anesthesiologist and discussed recommendation 3C(ii) regarding personnel training and expertise, specifically the inability to train someone to have the skills, experience, and knowledge for handling general anesthesia complications to someone during a weekend course.

Jennifer McClean commented on her child's experience as a result of the administration of general anesthesia. She stated that she would like the Board to take the following action in establishing a procedure in place for dentists to determine that general anesthesia is really necessary; that both a dentist and an anesthesiology provider is present in the room; and develop a central database system where adverse actions can be reported.

Dr. Zakowski commented that CSA supports one standard of care which is that there must be a separate independent anesthesia provider for any patient at any age.

Dr. Sibert commented that according to the medical model, physician anesthesiologists are not permitted to monitor a patient or supervise anesthesia if they are performing a procedure (for example, an epidural placement) under general anesthesia or moderate sedation. A separate anesthesia provider is necessary.

Dr. Anna Kaplan, representing her family, commented regarding general anesthesia and conscious sedation and the personnel to be present during the procedure. She commented that a separate anesthesia provider is to be present when a pediatric patient is undergoing general anesthesia or conscious sedation. She requested that the Board revise its current model of administering anesthesia and conscious sedation.

Dr. Paula Whiteman, representing the American Academy of Pediatric California (AAPC), commented that AAPC does not have a financial stake in the matter at hand. She commented that the single operator model of the administration of general anesthesia is not a model to be followed as it is not followed in medicine. She commented that there should be a dentist, and a separate anesthesia provider should be present in the room so as to eliminate potential risks.

Dr. Trapp summarized the comments received from the public and stressed that the issue at hand is about safety and the most competent provider of care that exists.

Dr. Belli commented regarding the access to care in terms of the number of surgery centers available in the State of California. She commented that in the case where there is no separate anesthesia provider or separate dentist provider available the dental practitioner is the responsible party should an adverse issue arise. She asked, ultimately, how many people are going to be responsible for an adverse action involving sedation.

Dr. Alan Felsenfeld, representing CDA, thanked the Board for the work the subcommittee has done. He commented on the varying opinions of the public commentators. He discussed the discussion CDA has been having with practitioners in the community regarding dental anesthesia and conscious sedation and what dental professionals can do to maintain safety in dental care.

Dr. Leonard Tyko, representing the California Association of Oral and Maxillofacial Surgeons (CALAMOS) commented that the CALAMOS supports the oral maxillofacial team model. He suggested the Board look at the bigger picture in reviewing the model and data before making major changes.

Karen Schneider, speaking on behalf of her granddaughter, Maggie McClean, commented that all lives matter.

Recommendation 4

Mr. Afriat asked for clarification regarding capnography. Dr. Whitcher clarified.

Ms. King asked whether dental offices are required to have an automatic defibrillator. Dr. Whitcher responded that the pediatric dental offices administering anesthesia do require an automatic defibrillator.

Public Comment

Nicolas Caplanis suggested to make an addition to the recommendation to add the words “in children”.

Dr. Zakowski commented that capnography is required for all ages.

Recommendation 5

Dr. Whitcher elaborated on the recommendation.

Public Comment

None.

Mr. Afriat suggested that there be additional discussion whether there should be a separate anesthesiologist should be present.

Dr. Morrow called for a 10 minute recess.

M/S/C (Morrow/Afriat) to accept the recommendations of the subcommittee with the amendment to Recommendation 3Cii regarding “Personnel” that “Children under the age of 7 that a dedicated general anesthesia permit holder and a treatment providing dentist be present during administration of, during the monitoring of the patient and through the recovery, in addition to the recommendation 3Cii.”

Ms. King inquired if the dedicated general anesthesia provider is added, then is the additional support staff necessary.

Mr. Afriat asked why there is the age limited to the age of 7 and under and not under 13 years of age. Dr. Morrow responded that he is focusing on patients with the highest risk.

Ms. Burton asked for clarification whether the separate anesthesia provider has to specialize in pediatrics. Dr. Morrow responded that a permit holder would have to comply with our statute and regulations to be

able to perform general anesthesia on a patient under the age of 7 years of age.

Ms. Fischer, for clarification purposes, had Dr. Morrow review Recommendation 3Cii and provide the motion again before the Board. Dr. Morrow stated the motion as

“The dentist and at least two support staff must be present. The dentist and at least one staff member must be trained in pediatric advanced life support and airway management, equivalent to the AAP-AAPD guidelines or as determined by the Board. For patients under the age of 7, one support staff trained in pediatric advanced life support, and one general anesthesia permit holder must be present in addition to the practicing dentist delivering the treatment. The permit holder will be the designated person to provide the anesthesia and monitor the patient’s vital signs through the anesthesia, and the recovery process.”

Board members requested clarification of the motion from Dr. Morrow. Dr. Morrow clarified confusion relating to his motion and specified that the support staff should specifically be used to support the general anesthesia permit holder.

Dr. Caplanis commented that the way the motion is written suggests that if a dentist treating a child between the ages of 7 to 13, even if they had a separate anesthesia provider, would need to have PALS training. He suggested that the language be clarified. Dr. Morrow addressed the comment.

Gayle Mathe, representing CDA, requested clarification whether the anesthesia provider is to be a pediatric anesthesiologist and what the role is of the person who is not part of the treating party that is present in the room. Dr. Morrow explained that the anesthesiologist would be an age appropriate provider and that the person present in the room is a support staff should the anesthesiologist require assistance or a break.

Dr. Belli suggested that there be a statement that all dental practitioners who treat patients under the age of 13 contain PALS training. The dentist would not need an additional support staff with PALS training, since it has already a second set of hands from the anesthesia provider who can perform the patient monitoring.

Ms. Wallace read the amendment to recommendation 3(C)(ii) which Dr. Morrow and Mr. Afriat accepted.

Dr. Le requested clarification whether the recommendation in 3(C)(ii) is only for outpatient settings, which was confirmed by Dr. Whitcher.

Dr. Terlet commented that she was confused with the parliamentary procedure taking place regarding the motion made.

Dr. Caplanis commented regarding PALS and whether it is appropriate for support staff. Dr. Whitcher commented that PALS is a course and it does not necessarily provide authorization to administer medications. The Board accepts PALS or its equivalent.

Mr. Afriat called the question to a vote.

Dr. Morrow had Ms. Wallace reread the motion before the Board as

“Personnel: For patients ages 7-13, the dentist and at least two support staff must be present. The dentist and at least one staff member must be trained in pediatric advanced life support and airway management, equivalent to the AAP-AAPD Guidelines or as determined by the board. One staff member, trained in patient monitoring, shall be dedicated to that task.

For children under seven, there shall be at least 3 people present during the procedure. One person shall be the practicing dentist. One person shall be a general anesthesia permit holder, who shall be solely dedicated to administering anesthesia, monitoring the patient, and managing the airway through recovery. One person shall be an anesthesia support staff, dedicated to the anesthesia process, and shall be trained in pediatric advanced life support and airway management, equivalent to the AAP-AAPD Guidelines or as determined by the Board. “

Support: Burton, Forsythe, Afriat, Chappell-Ingram, Dawson, King, Lai, Le, Morrow, Stewart, Woo. **Oppose:** Chan, McKenzie, Whitcher **Abstain:** 0

Motion Passed.

B. Discussion and Possible Action to Adopt the Subcommittee’s Report Relating to Pediatric Anesthesia and Submit it to the Legislature

Ms. McKenzie provided an overview of the information provided.

Ms. Burton suggested that we accept the report in concept and if people who have edits forward it to staff.

Ms. McKenzie and Dr. Witcher commented that only nonsubstantive changes can be made at this point.

Ms. McKenzie motioned to accept the report and Dr. Woo seconded it.

Ms. King asked whether there is a manner in which to track anesthesia use to determine if there is an increase in the use of anesthesia for children under the age of 7. Dr. Witcher answered Ms. King's concern.

Ms. Fischer notified the Board members that if substantive changes are to be made, then the Board should table the agenda item for the next day. The report, if not accepted today, will need to be discussed at a future Board meeting within the next 15 days. Ms. Fischer made a recommendation to the Board that the Board accept the Pediatric Anesthesia Report presented with the exception of removing the reference to conclusions section. The Subcommittee recommendation from 10A would be provided to Senator Jerry Hill separately in a letter.

M/S/C (McKenzie/Woo) accepted the recommendation to the motion to accept the Pediatric Anesthesia Report presented with the exception of removing the reference to conclusions section.

Ms. Burton suggested amendments to the report for clean-up as part of the motion; however those suggestions were not accepted by Ms. McKenzie.

Public Comment

Mr. Kaplan thanked the Board for the work that has been done and stressed that the work to be done relating to anesthesia has not finished. The work would continue in order to promote safety in the dental field.

Mr. Afriat thanked both Dr. Witcher and Ms. McKenzie for the work they did in drafting the report.

Support: Witcher, Forsythe, Afriat, Chan, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Morrow, Stewart, Woo. **Oppose:** Burton
Abstain: 0

Motion Passed.

11. **Update Regarding California Society of Periodontists Request for the Dental Board of California's Endorsement of their Efforts in the Creation of a Periodontal Disease Awareness Month**

Dr. Nicolas Caplanis requested the Board recognize March as Periodontal Disease Awareness Month. Dr. Caplanis is working with CDA to work on the organization of

the awareness month. He will also submit his proposal to the governor's office. Dr. Morrow supports the initiative and effort, but the Board does not have any other power to move it forward.

M/S/C (Stewart/King) to support the initiative to create a Periodontal Disease Awareness Month.

Support: Burton, Whitcher, Forsythe, Chan, Chappell-Ingram, Dawson, Lai, Le, McKenzie, Morrow, Stewart, King, Afriat, Woo. **Oppose:** 0 **Abstain:** 0

CONVENE JOINT MEETING OF THE DENTAL BOARD AND DENTAL ASSISTING COUNCIL – SEE ATTACHED AGENDA

**The purpose of this joint meeting is to allow the Board and the Dental Assisting Council to interact with each other, ask questions and participate in discussions.*

RETURN TO FULL BOARD OPEN SESSION

COMMITTEE MEETINGS – SEE ATTACHED AGENDAS

- **PRESCRIPTION DRUG ABUSE COMMITTEE**
See attached Prescription Drug Abuse Committee agenda.

RETURN TO FULL BOARD OPEN SESSION

RECESS

Friday, December 2, 2016

8:00 A.M. OPEN SESSION – FULL BOARD

12. **Call to Order/Roll Call/Establishment of Quorum.**
Dr. Steven Morrow, President called the meeting to order at 8:10. Steven Afriat, Secretary, called the roll and quorum was established.

CLOSED SESSION – FULL BOARD

RETURN TO OPEN SESSION – FULL BOARD

13. **Executive Officer's Report**
Karen Fischer, Executive Officer of the Dental Board of California reported on her activities since the last Board meeting as well as the status of each of the Dental Board's units.

14. Report of Dental Hygiene Committee of California (DHCC) Activities

Noel Kelsch, RDHAP, Dental Hygiene Committee President, gave a report on the Committee's staffing, activities and goals. She notified the Board of Lori Hubble's, Executive Officer, retirement from the DHCC. She introduced Anthony Lum, current Assistant Executive Officer, as the Interim Executive Officer of the DHCC.

15. **Legislation:**

A. **2017 Tentative Legislative Calendar**

Lusine M. Sarkisyan, Legislative and Regulatory Analyst, notified the Board that the new tentative legislative calendar will be electronically forwarded to the Board.

B. **End of Two-Year Legislative Session Summary Report for 2015-2016**

Ms. Sarkisyan gave an overview of the information provided.

M/S/C (Chappell-Ingram/Woo) to adopt the Legislative Summary and direct staff to post the report on the Board's website.

Support: Burton, Witcher, Forsythe, Afriat, Chan, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Morrow, Stewart, Woo. **Oppose:** 0
Abstain: 0

Motion passed.

C. **Update Regarding Implementation of the Following Legislative Bills**

Ms. Sarkisyan gave an overview of the information provided.

D. **Update on Pending Regulatory Packages**

Ms. Sarkisyan gave an overview of the information provided.

E. **Discussion and Possible Action Regarding Legislative Proposals for 2017**

Ms. Fischer asked that this item be pulled from discussion.

F. **Discussion of Prospective Legislative Proposals**

There were no legislative proposals.

16. **Discussion and Possible Action to Accept the Onsite Inspection and Evaluation Report of State University Of Medicine And Pharmacy "Nicolae Testemitanu" Of The Republic Of Moldova – Faculty of Dentistry; and to Deny or to Grant Full or Provisional Approval of the Foreign Dental School**

Dr. Morrow provided a brief overview of the onsite inspection team and process of inspecting the State University of Medicine and Pharmacy "Nicolae Testemitanu" Of The Republic Of Moldova – Faculty of Dentistry.

The Site visit team recommends granting a provisional approval to the “Nicolae Testemitanu” of The Republic of Moldova – Faculty of Dentistry. A Provisional approval shall be in effect for 24 months from the date on which it was issued. Within 24 months of the provisional approval, The Faculty of Dentistry must submit documentation to support that their graduates have demonstrated competency in all types of oral healthcare given to all types of patients as identified in Institutional Standard Section C, Subsection 6 and 8, in order to be granted a full approval.

Dr. Woo requested the definition of provisional approval. Dr. Morrow explained that the dental school must provide documentation to the Board supporting their compliance with Institutional Standard Section C, Subsection 6 and 8, in order to be granted a full approval. If the school cannot provide the documentation of their compliance with the institutional standard, the provisional approval can be rescinded by the Board.

Mr. Spencer Walker, Board legal counsel explained that students can apply for California licensure with the Board’s provisional approval. If the school does not fix the defects outlined in the provisional approval within a two year period, the Board can rescind its approval.

Dr. Morrow explained to Dr. Chan that the graduates of the dental school in Moldova will still need to pass national exams before receiving a California dental license.

Dr. Whitcher was concerned with Institutional Standard A. Mission Goals and Measures. Dr. Morrow explained that the team felt the school met this requirement. In addition, Dr. Whitcher expressed concern with the student’s competency and consistency with Institution Standard C., Subsection 6. Dr. Morrow explained that the school needs to provide more documentation of the student’s demonstrated competency pertaining to their knowledge and skills to provide acceptable dental care upon graduation. The University is working hard to modernize their curriculum to meet the current and international standards of dental education.

Dr. Morrow explained that the majority of faculty is full time, and have earned a PH.D. Dr. Whitcher was also concerned with Institutional Standard F – Patient Care Services, Substandard A. Comprehensive Care. Dr. Morrow identified the school use of specific rubrics to identify the criteria for assessment. Students all self-assess as well. Dr. Whitcher was also concerned with the administrative organizational chart that was provided as part of the application. Dr. Morrow stated the site team was satisfied with staff and administration organization after conducting the site inspection.

Ms. McKenzie was concerned with Standard C, Subsection 6 with the student’s competency skill level was not met. She was uncomfortable giving approval if the school has not proved the students have minimal competency in dentistry. Ms. Fischer

explained if the students do not have minimal competency in dentistry, then they will not pass the national exams or WREB.

Any student that graduates from the Faculty of Dentistry under the provisional approval, will have met the education requirement for licensure in California. If the school loses approval, the students who receive their licensure in California will not have it rescinded. The Board will track and monitor the students who apply for a California license from Moldova.

M/S/C (Afriat/King) to support the initiative to grant a provisional approval.

Support: Afriat, Burton, Forsythe, Chan, Chappell-Ingram, Dawson, King, Lai, Morrow, Stewart **Oppose:** McKenzie, Whitcher, Woo **Abstain:** Le

17. **Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations, Title Section 1024.1 Relating to Institutional Educational Standards**

Ms. Sarkisyan gave an overview of the information provided and requested the Board approve the proposed regulatory language relative to the institutional standards.

M/S/C (Burton/Le) to accept the proposed regulatory language relative to the institutional standards, 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 amendments to California Code of Regulations, Title 16, Section 1024.1 as noticed in the proposed text.

Support: Burton, Whitcher, Forsythe, Afriat, Chan, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Morrow, Stewart, Woo. **Oppose:** 0 **Abstain:** 0

Motion passed.

18. **Prescription Drug Abuse Committee Report**

Dr. Stewart provided a verbal report regarding the approval for a communication plan regarding opioid prescription abuse and misuse for posting on the Board's website starting January 1, 2017.

M/S/C (Afriat/Le) to accept the Subcommittee's recommendation to approve the posting of the resource links to the Board website beginning January 1, 2017.

Support: Morrow, Forsythe, Afriat, Burton, Chan, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo **Oppose: 0 Abstain: 0**

The motion passed

19. **Discussion and Possible Action Regarding an Appointment to the Dental Assisting Council**

The subcommittee of Dr. Bruce Whitcher and Judith Forsythe, RDA reviewed the six applications for the RDAEF member of the Dental Assisting Council and recommends that Jennifer Rodriguez be appointed to the position.

M/S/C (Forsythe/Whitcher) to accept subcommittee's recommendation for an appointment to the Dental Assisting Council.

Support: Morrow, Forsythe, Afriat, Burton, Chan, Chappell-Ingram, Dawson, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose: 0 Abstain: 0**

The motion passed.

20. **Election of 2017 Board Officers**

Dr. Stewart nominated Dr. Whitcher for President. He accepted the nomination.

Ms. Burton expressed her concern about Dr. Whitcher's nomination for President, because of his involvement in the various subcommittees, specifically the Anesthesia Subcommittee. She expressed concern that the anesthesia discussion will continue and that because of Dr. Whitcher's involvement in the Subcommittee she does not want the public or stakeholders to view the actions taken by the Board as a conflict or some form of bias.

Mr. Afriat commented that professional boards interact with conflict frequently and that Dr. Whitcher has a level of integrity that he would be confident in supporting Dr. Whitcher as a nominee for President.

Support: Morrow, Forsythe, Afriat, Chan, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose: Burton Abstain: 0**

Dr. Whitcher nominated Dr. Stewart for Vice President. He accepted the nomination.

Support: Morrow, Forsythe, Afriat, Chan, Burton, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose: 0 Abstain: 0**

Dr. Le nominated Dr. Woo for Secretary. She accepted the nomination.

Support: Morrow, Forsythe, Afriat, Chan, Burton, Chappell-Ingram, Dawson, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose:** 0 **Abstain:** 0

21. **Public Comment on Items Not on the Agenda**

Dr. Dale Chamberlain, President of the Board of Dentistry of the State of Montana and President-Elect of WREB, commented that it was a pleasure to be in front of the Board and that the issues the Board is currently facing, are the same issues the State of Montana is also addressing. He stated they have a Board meeting next week. He wanted to submit a report to the Board and to be on a future agenda.

Maleah Brooks, President of CADAT, thanked the Board and commented that all matters relating to dental assisting can be on the same agenda item so all members of the DAC could participate.

Dr. Guy Acheson thanked the Board and CDA for their work on the pediatric anesthesia report.

22. **Board Member Comments on Items Not on the Agenda**

Ms. King thanked the Board and the officers for their time and efforts.

Mr. Afriat thanked the staff for their hard-work and efforts throughout the year.

Dr. Morrow expressed his appreciation for the Board and staff.

23. **Adjournment**

The Board adjourned at 1:23pm.