

DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



**DENTAL BOARD OF CALIFORNIA
MEETING MINUTES
November 7-8, 2024**

Pursuant to Government Code section 11123.2, the Dental Board of California (Board) met by teleconference/WebEx Events on November 7-8, 2024, with the following location available for Board and public member participation:

Department of Consumer Affairs
2005 Evergreen Street, Hearing Room #1150
Sacramento, CA 95815

Board Members Present:

Alan Felsenfeld, MA, DDS
Joanne Pacheco, RDH, MAOB, Vice President (November 7 only)
Lilia Larin, DDS, Secretary
Steven Chan, DDS
Kevin R. Cheng, JD, Public Member
Robert P. David, Public Member
Joni Forge, DDS (remote participant)
Meredith McKenzie, Esq., Public Member
Angelita Medina, MHS, Public Member (remote participant) (November 7 only)
Sonia Molina, DMD, MPH
Rosalinda Olague, PhD(c), RDA
Yogita Thakur, DDS, MS (remote participant)
James Yu, DDS, MS

Staff Present:

Tracy A. Montez, Ph.D., Executive Officer
Christy Bell, Assistant Executive Officer
Ryan Blonien, Enforcement Chief (North)
Jodi Ortiz, Chief of Licensing and Examination Division
Paige Ragali, Chief of Administration and Compliance
Tina Vallery, Chief of License and Program Compliance and Dental Assisting
Ricky Eaddy, Licensing Manager
Jessica Olney, Anesthesia Unit Manager
Wilbert Rumbaoa, Administrative Services Unit Manager
Brant Nelson, Legislative and Regulatory Specialist
Mirela Taran, Administrative Analyst
Kelly Silva, Investigator
Joseph Tippins, Investigator

Judie Bucciarelli, Staff Services Manager I, Specialist (Retired Annuitant), Board and Bureau Relations, Department of Consumer Affairs (DCA)
Trisha St. Clair, Facilitator and Strategic Planner, SOLID, DCA
Ann Fisher, Facilitator and Strategic Planner, SOLID, DCA
Bryce Penney, Television Specialist, Office of Public Affairs, DCA
Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division, DCA

10:00 a.m., Thursday, November 7, 2024

Agenda Item 1: Call to Order/Roll Call/Establishment of a Quorum

The Board President, Dr. Alan Felsenfeld, called the meeting to order at 10:04 a.m. Board Members Joni Forge, DDS, Angelita Medina, MHS, and Yogita Thakur, DDS, MS, participated remotely and confirmed there were no individuals 18 years of age or older present in the room at their remote locations in compliance with Government Code section 11123.2, subdivision (j)(4).

The Board Secretary, Dr. Lilia Larin, called the roll; 13 Board Members were present, and a quorum was established.

Agenda Item 2: Public Comment on Items Not on the Agenda

There were no public comments made on items not on the agenda.

Agenda Item 3: Discussion and Possible Action on August 15, 2024 Board Meeting Minutes

(M/S/C) (David/Yu) to approve the August 15, 2024 meeting minutes.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 4: Board President Report

President Felsenfeld reported that Dr. Tracy Montez and he attended the DCA Board Leadership meeting on September 17, he attended a Senate Bill (SB) 501 stakeholders meeting held by the California Dental Association (CDA) on October 20, and Dr. Montez

and he will be attending the Dental Hygiene Board of California (DHBC) meeting on November 16. He voiced that on behalf of the Board, he appointed Board Member Robert David to the community based clinical education grant advisory committee. This committee is authorized by Health and Safety Code section 104751, which supports the establishment of community based clinical education rotations for dental students in their final year or dental residents. The purpose of this committee is to develop and review applications for the community based clinical education grant of \$10 million as administered by the CDA Foundation. The four allied professional organizations or government agencies that are allowed one vote each include the California Department of Public Health, Office of Oral Health, CDA, the California Primary Care Association, and the Dental Board of California.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 5: Executive Officer Report

Dr. Montez shared that in regard to personnel updates, the Board is hovering at about a 5% vacancy rate and disclosed that she is going to be starting a soft retirement in January of 2025 and will be leaving the Board in the spring.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 6: Report on Department of Consumer Affairs Activities, which may include updates on the Department's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters

Judie Bucciarelli provided a departmental update, which included the following.

Ms. Bucciarelli thanked the Board for its service and dedication to protect the consumers of California and congratulated the Board on a successful sunset review. She noted that DCA's Diversity, Equity, and Inclusion (DEI) Steering Committee met last month and announced its newly elected leadership. Ms. Bucciarelli shared that to support and maximize outreach to the military community, DCA is hosting a second live webinar on November 21 to share information about military licensing resources. During the webinar, attendees will learn about licensing resources available to members of the military and their spouses or domestic partners. The webinar will also feature a demonstration of DCA's federal professional license portal and state registration process, which was launched last fall, as well as a Q and A session.

Ms. Bucciarelli provided updates on the new business and travel expense reimbursement program, Unconscious Bias training for Board members, and addressed DCA's annual Turkey Drive and the State's Our Promise Campaign.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 7: Report on Dental Hygiene Board of California Activities

Anthony Lum, Executive Officer of DHBC, provided a verbal report on their activities. Mr. Lum noted the Board's infection control regulations would be presented to DHBC for their review and approval next week.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 8: Budget Report

Wilbert Rumbaoa provided a report on the Board's budget for fiscal year (FY) 2024-2025. Mr. Rumbaoa conveyed that in the previous fiscal year, the Board has spent \$17,957,569. Of that, roughly \$10 million was for personnel services, which can be attributed to the Board filling staff positions, and \$8 million was approximately for Operating Expense & Equipment (OE&E) general expenses, which includes contracts, Attorney General expenses, pro rata, travel, and Board meetings. Mr. Rumbaoa conveyed that the Board was able to revert approximately \$3 million. In regard to control section 4.12, initially the Department of Finance had identified four positions for the Board to be eliminated, but through various meetings with the DCA Executive and Budget Offices, the positions are down to only one that is identified for elimination, rather than the four. In regard to control section 4.05, the amount that will be reduced from the Board's budget is \$147,000, which will be a permanent budget cut beginning in 2024/25.

Dr. Montez shared that the Board overall does have a structural imbalance, and that in future meetings, the Board will be looking to do fee increases. Once the Board is fully staffed and expending its funds, it will need additional positions and funds for various things, including outreach.

President Felsenfeld inquired whether the budget reduction of \$147,000 will have an impact on the Board. Mr. Rumbaoa responded that unless there are any unforeseen circumstances that come up, there should be no issues.

Secretary Larin inquired what the phrase "Board staff notes, the \$5 million repayment will be coordinated as part of any future regulatory and/or statutory fee increase proposals" on page 44 of the meeting materials entails. Mr. Rumbaoa responded that there was a \$5 million general fund loan that was taken from the Board as noted in the Budget Act of 2020. He added that it is scheduled to be repaid this FY, and at this time, the Board is scheduled to have that in its budget by mid-year, unless it is told otherwise by DCA. Mr. Rumbaoa voiced that any type of fee increases or budget change proposals that the Board will be pursuing, the loan needs to be repaid prior to those actions.

Board Member David inquired where money reverted to. Mr. Rumbaoa responded that it reverted to the Dental Board fund.

Board Member Meredith McKenzie commented that if the Board looks forward out, it will be overspending revenues. She added that she supports the fact that the Board has to raise fees as this is not sustainable. She noted how long it can take to increase the statutory limit.

Mr. Rumbaoa communicated that the Governor's Budget will be released on January 10, and noted the Board will then have a better picture of which fees the Board is going to raise.

Board Member David asked why the Board's licensees would have a fee increase when the Board is owed money from the General Fund. Mr. Rumbaoa responded that is the reason for the regulatory language of the loan repayment being paid before any other actions are taken. Dr. Montez added the Board has to be paid back before the Board can raise fees; if the Board is providing the data that it needs to raise fees, Board staff anticipate that the Legislature will work with the Board and get that repayment.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 9: Licensing, Certifications, and Permits

Agenda Item 9.a.: Update on Dental Licensure and Permit Statistics

Ricky Eaddy provided the report, which is available in the meeting materials.

Mr. Eaddy reported the number of pediatric endorsements issued to anesthesia and sedation permit holders, which will be included in future memos. For moderate sedation, 52 Pediatric Endorsements for patients under 13 years of age were issued, and 50 Pediatric Endorsements for patients under 13 years of age were issued. For general anesthesia, 113 Pediatric Endorsements for patients under 7 years of age were issued, and for medical general anesthesia, 85 Pediatric Endorsements for patients under 7 years of age were issued.

Dr. Montez noted that the Board's Licensing and Examination Unit is going to hold an informal FAQ session with the school deans on November 20 and voiced this is something they did last year to help with application questions.

Board Member Steven Chan asked whether the Board would get relevant data by gathering statistics on applications for a licensure from outside of California, and if that is relevant, would the Board get relevant information tracking trends. Mr. Eaddy responded that is something Board staff could look at. He voiced that at the moment, Board staff keep track of applications and can run reports of applications that are coming from outside of California and added he does not know what information would change mostly, but that Board staff could definitely track that and report back. Dr.

Montez added that to the Board needed to be careful not to run into any kind of sample sizes that could be problematic for confidentiality.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 9.b.: Update on the Office of Professional Examination Services
Occupational Analysis of the Dentist Profession

Dr. Montez provided the report, which is available in the meeting materials.

Board Member Chan noted that on page 95 of the meeting materials, there are different categories of content area, particularly items 2, 3, 4, 6, 7, 8, 9, and 10. He stated many any of the items in the questions are adult centric; even though there were some subject matter experts that were pediatric dentists, treating kids is different and has different parameters. Board Member Chan reiterated that he is sensitive to that gap.

Dr. Montez responded that she will share that with the Office of Professional Examination Services (OPES) to ensure that there are enough questions to sample pediatrics. She noted that in table ten, one will see tasks and knowledges; the Board would want to make sure that subject matter experts, who are licensed dentists and work in pediatrics, craft test questions that are linked to the task and the knowledges. Therefore, when a test question is written, it is written toward the performance of a task with the knowledge of the area. Dr. Montez reiterated that the expectation is that they would gear some of those questions for pediatric.

Board Member Chan voiced that looking at the population that is being treated in California, and patients over 13 and under 13 are separated out, that might give a weight of what is important relative to the size of the population of kids versus adults in terms of the sampling of questions.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 10: Anesthesia and Sedation

Agenda Item 10.a.: General Anesthesia and Sedation Permits: Inspections and
Evaluations Statistics

Jessica Olney provided the report, which is available in the meeting materials.

President Felsenfeld asked whether Board staff are seeing a consistency of the number of people and whether they are all converting over, or is there a decline in the areas of general anesthesia, medical general anesthesia, or moderate sedation. Ms. Olney responded that she believes the numbers have remained steady, and there are two months left in the year for permit holders whose permits will expire by December 31, 2024, in which they will need to convert to the new permit. She noted that overall, she believes the moderate sedation were about a hundred less than at the peak of the

conscious sedation permit. She added some permit holders decided to retire, and they do not want to pursue the new permit.

Board Member Chan disclosed that many years ago when he was president of the National Honor Society, they hosted a forum, called the International Dental Ethics and Law, which had participants from Europe and Asia. One of the sidebars that they did was to look at what were the gaps in disciplinary actions relative to anesthesia. He voiced they modeled it after the model of airline crashes, and they dissected the processes and the events that led to the short fall gaps. Board Member Chan asked if that would be something for a future discussion to consider so that it could be educational, as the Board is about protecting the public. Ms. Olney responded the Board has reported to the Legislature and submitted the first report in December 2021 and a supplemental report in May 2022. Dr. Montez added that the report is posted on the Board's webpage under *Forms and Publications* under *Reports*. Ms. Olney conveyed that the Board does continue to monitor and receive reports of deaths and hospitalizations, and due to the fact that the Anesthesia Unit is not in the Enforcement Unit, they do not look into the details of each and every one of those reports.

Board Member Chan communicated that may not be within the Board's scope, but that it might be something for discussion to consider providing a model of analysis of what happened and where those gaps were that led to these events.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 10.b.: Discussion and Possible Action Regarding Appointment of General Anesthesia, Medical General Anesthesia, and Moderate Sedation Permit Evaluators
Ms. Olney provided the report, which is available in the meeting materials.

(M/S/C) (Felsenfeld/Molina) to appoint Dr. Ricardo Lugo as an evaluator for the general anesthesia onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Olague) to appoint Dr. Dean Ahmad as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Yu) to appoint Dr. Derik Alexanians as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/McKenzie) to appoint Dr. Jeffrey Allred as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/David) to appoint Dr. Rajiv Anand as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Yu) to appoint Dr. Pengjen Kevin Chen as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Molina) to appoint Dr. Mazyar Ebrahimi as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Cheng) to appoint Dr. Tyler Hendry as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Pacheco) to appoint Dr. Michael Holm as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Larin) to appoint Dr. Kayvon Javid as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Cheng) to appoint Dr. Guo-Hao Lin as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Pacheco) to appoint Dr. Nathan Kalinowski as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Yu) to appoint Dr. Mahdad Nassiri as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Molina) to appoint Dr. Raihan Nazir as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/McKenzie) to appoint Dr. Eric Oakley as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Pacheco) to appoint Dr. Periklis Proussaefs as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Olague) to appoint Dr. Bryan Randolph, as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Pacheco) to appoint Dr. Jeremy Starr, as an evaluator for the moderate sedation onsite inspection and evaluation program.

Vice President Pacheco asked for clarification on the type of practice on the application. President Felsenfeld noted that Dr. Starr has indicated several different types of practice and asked Board staff whether he has been vetted and is capable of being a moderate sedation evaluator. Ms. Olney responded that is correct.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Molina) to appoint Dr. Eric Sung, as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 11: Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee October 23, 2024 Meeting Report

Agenda Item 11.a.: Discussion and Possible Action on Recommendations on EFCS Permit Applications

Jodi Ortiz provided the report, which is available in the meeting materials.

Board Member Chan asked for the reasoning behind using initials of the applicants versus their names.

Tara Welch responded it is her understanding this has been the Board's practice since before she was Board Counsel and added that the Board is protecting the process for these individuals, seeing as how they do not have the permit yet. Similarly, when other individuals are applying for a license or permits with the Board, the Board does not automatically disclose the applicant's information publicly until they have a license or permit issued. She stated initials are used because these applicants, while they may have a dentist license, do not yet have the permit issued for which they are applying.

(M/S/C) (Chan/Yu) to grant the EFCS permit application of T.S., DDS, for limited Category II privileges.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Olague/Larin) to grant the EFCS permit application for H.H.S., DDS, for unlimited Category I privileges and limited Category II privileges.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

At 12:00 p.m., the Board recessed for a break.

At 1:00 p.m., the Board reconvened.

Agenda Item 12: Update and Discussion from the Board's Access to Care Committee
Agenda Item 12.a.: Analysis of Registered Dental Assistant General Written and Law and Ethics Examinations Preparation vs. Pass Rate Statistics
Secretary Larin provided a verbal report on this item.

Dr. Montez noted Board staff are doing additional research on translating the examinations; Board staff met with the Dental Assisting National Board (DANB) because they are moving towards translating their exams. She added they are starting with radiation safety, which is one of their smaller exam programs. From a psychometric perspective, Dr. Montez voiced she was impressed with their translation process because they are using artificial intelligence but are also continuing to use subject

matter experts in the review. She conveyed they are being careful in their use of artificial intelligence, and they had a lot of good information and lessons learned that they will be rolling out with the additional exams that they do translate.

Dr. Montez reiterated that at the moment, sample sizes are very small, and Board staff is in communication with them. In regard to access to care, she noted she met with stakeholders who are interested in the licensing of immigrants and a couple of the organizations were Immigrants Rising - Transforming Lives Through Education and Pre-Health Dreamers (PHD). She added these groups are speaking with DCA boards and bureaus to talk about licensing and any concerns that immigrants may have, for example social security numbers versus Individual Taxpayer Identification Numbers (ITINs). Dr. Montez stated they asked for some information she is going to provide to them, and Board staff is going to continue having conversations to see how to address this and fold it into the access to care issue.

Board Member Thakur conveyed that she is excited about the changes coming up with the sunset bill, and she hopes there will be more dental assistants being able to do more and get more people into the industry.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 13: Dental Assisting Council Meeting Report

Dental Assisting Council (DAC) Chair, Cara Miyasaki, provided a verbal report on the November 7, 2024 DAC meeting. Ms. Miyasaki advised the Board regarding DAC discussion of DAC meeting agenda items.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 14.a.: Status Update on Pending Regulations

Brant Nelson provided the report, which is available in the meeting materials.

Regarding the first couple of packages that Mr. Nelson covered and the ones that are still in process, President Felsenfeld asked whether it is correct to assume that it has got to be about a year or more before a regulation can actually be proposed and put into statute or into the regulations. Mr. Nelson responded that in his experience, it does roughly take that amount of time, and it is important to take in account all the information and get it right as it does take some time to get through the process.

In regard to the Application for Licensure by Examination, Dr. Montez added that although the text was initially approved a year ago, working through the sunset bill, things came up, and it does continue to push things forward and add to the complexity. She verbalized that the Board has been wonderful with moving regulations at a real good clip. Even though it does take a year or more, staff have stayed on it.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 14.b.: Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1005 Regarding Minimum Standards for Infection Control

Mr. Nelson provided the report, which is available in the meeting materials.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 15: Update, Discussion, and Possible Action on the Table of Permitted Dental Auxiliary Duties Delegable by Supervising Dentist as Required by CCR, Title 16, Section 1068

Tina Vallery provided the report, which is available in the meeting materials.

(M/S/C) (Olague/Pacheco) to approve the Table of Permitted Dental Auxiliary Duties Delegable by Supervising Dentist as Required by California Code of Regulations, Title 16, Section 1068 for distribution and posting.

President Felsenfeld requested public comment before the Board acted on the motion. The Board received public comment.

Dr. Guy Acheson, a private dentist in California, asked if there are any limitations on the tools and instruments that the dental assistant is authorized to use to complete this coronal polish procedure. Ms. Vallery responded they are able to use the duties to perform that function once they have completed the course. Dr. Acheson asked whether they are limited to a rubber cup and a slow speed handpiece or whether they are authorized to use air abrasion or ultrasonic instrumentation. He noted that he would have concerns about what tools and instruments they are allowed to use. Dr. Montez responded that the dentist has the ultimate authority. Therefore, once they are approved for coronal polish, they can use whatever tools the dentist then deems them to be competent to use. She added they have the authority now by law to do coronal polish.

Dr. Bruce Whitcher, practicing dentist, speaking as an individual, noted that regarding the sedation related duties primarily with applying monitoring sensors, the Code says you can also have them do patient monitoring. Dr. Montez responded that as the sunset bill evolves, any concerns and questions in regard to public and patient safety are welcome to be brought forth to the Board's attention to be addressed if possible.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 16: Enforcement

Agenda Item 16.a.: Review of Statistics and Trends

Ryan Blonien provided the report, which is available in the meeting materials. Mr. Blonien expressed that there was a question from the recent Board meeting regarding the Board's complaints and how they come in. He disclosed that the information to that inquiry is noted on the first couple of paragraphs on the first page of the enforcement report. Mr. Blonien voiced that the Board has received 1,302 complaints during the July 1 to September 30 period, with an average of 404 complaints per month. Of those complaints, 523 were online complaints, and 386 were physical complaint forms. He added that the Board gets a number of cases that are opened when subsequent arrest reports are received and also reports from various sources where a licensee may have been excluded from practice or had privileges at a hospital restricted for a variety of reasons.

In response to Board Member David's inquiry earlier about the increase in complaints, Dr. Montez conveyed that the Board is seeing a significant increase in complaints monthly, which she believes has to do with the fact that the Board is doing outreach. She added that Board staff is composing newsletters and responding to media requests in order to ensure that consumers are aware that there is an avenue for filing complaints. Dr. Montez verbalized that she believes consumers are becoming more savvy about filing complaints and knowing their rights.

Board Member David asked whether part of the increase in complaints was related to people putting off dental procedures during the COVID-19 pandemic, and perhaps there are a lot more dental procedures going on. Mr. Blonien responded that he has not noticed that to any extent.

President Felsenfeld asked whether the Board can substantiate that these are coming from rapid turnover dentist clinics. Mr. Blonien responded the Board has the name of the clinics.

Board Member Chan asked whether it would be of value to categorize the types of complaints, and then, as it moves through the system, categorize the enforcement actions based on those complaints. Mr. Blonien replied that hopefully the offices that are the subject of the complaints have a fictitious name permit so that Board staff can track

it that way, and that every dentist who works there is also licensed. Therefore, once Board staff identify who the party is involved, they can track it through that too.

For complaints that are more operative dentistry types of procedures, surgical types of procedures, Board Member Chan asked whether by tracking those, the Board would have more idea what the marketplace looks like and what to go after preventatively. Mr. Blonien replied he is thinking of the data entry responsibility that would go with that, from everything from a scaling and root planing (SRP) to a root canal, which would include taking the Delta Dental code book and somehow incorporating that into what Board staff is doing. Dr. Montez added she does not believe Board staff could do that as that is not something the Board's BreEZe system would allow us to do.

Board Member Chan inquired about the backend where the case goes to the administrative law judge (ALJ) and then up to the Board to see what types of trends the Board might be seeing. Dr. Montez responded that it is still based upon the code violations.

Board Member Chan inquired whether it would be of value to see the segment and the market being looked at, dentist-based complaints versus Registered Dental Assistant (RDA) or dental assistant complaints. Dr. Montez responded that the Board does not get very many RDA complaints, and if there is a complaint, it is usually because of what the dentists did. Occasionally, the Board might get a complaint against a rude RDA but not a scope of practice on an RDA.

Board Member Chan asked for clarification on why the Board gets disciplinary cases involving RDAs. Mr. Blonien replied the vast majority of the RDA cases are for subsequent arrest.

Board Member Sonia Molina voiced she noticed the number of complaints online are 523 versus the physical form complaints 386 and wonders if the Board is having a higher number of complaints due to the fact that people are getting more familiar with the online process. Mr. Blonien replied he thinks so as it is an instant submission when done that way.

Board Member Thakur asked if the Board could track repeat or multiple complaints from a particular office. Mr. Blonien responded that each complaint the Board receives is given a unique number. If there is one dental office and 20 patients complain, there should be 20 complaints opened. Board Member Thakur asked if there is a way to track a recurring problem within a particular office. Dr. Montez responded Board staff track it in the investigative process and they are in the system. However, they are only public if enforcement action has been taken.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 16.b.: Presentation from the Board's Enforcement Committee and Discussion on the Department of Consumer Affairs' Enlighten Enforcement Project
Vice President Pacheco provided the presentation, which is available in the meeting materials.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 17: Substance Use Awareness

Agenda Item 17.a.: Diversion Program Report and Statistics

Christy Bell provided the report, which is available in the meeting materials.

Board Member Molina commented she personally feels that BreEZe has been very helpful and noted it was hard to keep track of cases that were received and whether they were responded to with the system that the Board had before.

Board Member David declared that the number of drug tests ordered has decreased significantly over the past three fiscal years and asked why that might be. Ms. Bell responded it is because the number of participants has shrunk and added that all of the participants in the Diversion Program are required to drug test; and there currently are only four participants, where in past years, there were more.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 18: Election of 2025 Board Officers

Dr. Montez facilitated the election. She opened the floor for nominations for the position of 2025 Board Secretary. Dr. Montez received one nomination to appoint Secretary Larin to the position of 2025 Board Secretary. Secretary Larin accepted the nomination. There were no other nominations for the position of 2025 Board Secretary.

(M/S/C) (Felsenfeld/Molina) to appoint Secretary Larin as 2025 Board Secretary.

Dr. Montez requested public comment before the Board acted on the motion. There were no public comments made on the motion.

Dr. Montez called for the vote on motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed. Secretary Larin was appointed as 2025 Board Secretary.

Dr. Montez opened the floor for nominations for the position of 2025 Board Vice President. Dr. Montez received two nominations for 2025 Board Vice President: President Felsenfeld, who accepted the nomination; and Board Member James Yu, who accepted the nomination. There were no other nominations for the position of 2025 Board Vice President.

(M/S/C) (David/McKenzie) to appoint President Felsenfeld as 2025 Board Vice President.

Dr. Montez requested public comment before the Board acted on the motion. There were no public comments made on the motion.

Dr. Montez called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed. President Felsenfeld was elected as 2025 Board Vice President.

Dr. Montez opened the floor for nominations for the position of 2025 Board President. Dr. Montez received one nomination to appoint Board Member Chan to the position of 2025 Board President. Board Member Chan accepted the nomination. There were no other nominations for the position of 2025 Board President.

(M/S/C) (Felsenfeld/Yu) to elect Board Member Chan as 2025 Board President.

Dr. Montez requested public comment before the Board acted on the motion. There were no public comments made on the motion.

Dr. Montez called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: Medina.

Recusals: None.

The motion passed. Board Member Chan was elected as 2025 Board President.

Agenda Item 19: Recess Open Session Until November 8, 2024, at 8:30 a.m.
President Felsenfeld recessed Open Session at 1:54 p.m.

Agenda Item 20: Convene Closed Session
At 2:05 p.m., the Board convened Closed Session

Agenda Item 21: Pursuant to Government Code Section 11126(c)(3), the Board will Meet in Closed Session to Deliberate and Vote on Disciplinary Matters, Including Stipulations and Proposed Decisions
The Board convened in Closed Session to discuss disciplinary matters.

Agenda Item 22: Adjourn Closed Session
President Felsenfeld adjourned Closed Session at 2:22 p.m.

8:30 a.m., Friday, November 8, 2024

Agenda Item 23: Reconvene Open Session – Call to Order/Roll Call/Establishment of a Quorum

President Felsenfeld called the meeting to order at 8:40 a.m. Board Members Joni Forge, DDS, and Yogita Thakur, DDS, MS, participated remotely and confirmed there were no individuals 18 years of age or older present in the room at their remote locations in compliance with Government Code section 11123.2, subdivision (j)(4).

Secretary Larin called the roll; eleven Board Members were present, and a quorum was established. Board Members Angelita Medina, MHS, and Joanne Pacheco, RDH, MAOB, were absent.

Agenda Item 24: Board President's Report on Closed Session Items
President Felsenfeld provided a verbal report regarding Closed Session items. He reported that the Board discussed and adopted a proposed decision.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 25: Presentation, Discussion, and Possible Action Regarding Business and Professions Code (BPC) Section 853 Regarding Licensed Physicians and Dentists from Mexico Pilot Program

Dr. Montez introduced the report, which is available in the meeting materials.

Arnoldo Torres, Policy Consultant, provided a verbal presentation on the success of the Mexico Pilot Program and how the Board could learn from the implementation of that program.

Board Member David noted Mr. Torres mentioned that in the early 2000s, medical schools were not very supportive of the concept. He inquired whether dental schools were more cooperative. Mr. Torres responded the dental schools and dentist world are more conservative than the medical world. There was no opposition to this year's bill [AB 2860, Chapter 246, Statutes of 2024]), which significantly expanded the program. He stated a lot of things had changed since 2000, and there is recognition of phenomenally huge gaps. He asked the Board to understand the program is a temporary band aid, and the Board must look at a long-term fifth pathway approach. He will be introducing legislation on the medical side for a fifth pathway with one, two, or three universities in Mexico. He believes the long-term strategy must be there, there must be a constant flow of American citizen students being educated to be able to do that. He stated the number one issue is that they can tell doctors from Mexico where to practice because they are not citizens of the State of California. Those doctors from Mexico will be told to practice in community health centers, and the doctors can select which health centers where they are going to work, depending upon who wants to participate. The doctors will work at that health center for three years; they are not going to move to another area. A student born in the United States can go practice anywhere and will not practice in the areas where they are needed most.

Board Member Molina inquired on the rationale for requiring three years for doctor rotation. It seemed to her that will not provide continuity of care. Mr. Torres responded continuity of care to him is the ability to know the language and the culture and is the most important component. Taking care of a patient is key, and all of the patient information is there. As long as the patient can speak to a doctor that speaks the language and knows the culture, that is most important continuity. Mr. Torres described his discussions with UNAM [National Autonomous University of Mexico] regarding the doctor program.

Board Member Yu mentioned that he has been involved in overseas medical missionary work since 1998, so he understands that underserved areas are very important. He noted the statistic provided by Mr. Torres of 690 underserved areas in California and asked how updated the 690 number is. Mr. Torres responded that number is as of last year and the last publication by HRSA [Health Resources and Services Administration].

Board Member Yu suggested arranging Spanish speaking assistants to help with translation, which may help aid the shortage problem. Mr. Torres voiced they put a tremendous amount of emphasis on translators, and the State Department of Health Care Services does not monitor how well a job those interpreters do.

Board Member Yu suggested that dental school students serve in community centers to fulfill their graduation requirement with the translator or assistant who can speak the

language. Mr. Torres responded that having a dental assistant who speaks the language would be very helpful, but in their experience, the most important component in the transaction of a medical encounter is that the lead person be able to speak the language; that is the ideal, and that is what they should be shooting for. He added that this is the structure and the approach that gets us there in the best possible way without creating a program that they would feel uncomfortable creating where you would have mass numbers and uncertainty of whether you could control the quality. Mr. Torres noted they think the dental schools should require a course in language and culture and voiced that every medical and dental journal touch upon the importance of cultural linguistic competency but not enough because they keep thinking that translators are going to be the difference.

Board Member Forge asked whether they are going to stick with the same model and have 30 doctors come in the dental program. Mr. Torres responded they will have only 30 in the first three years and will not deviate from that. He added what will be different is dependent on what the demand is, whatever federally qualified health centers (FQHCs) are telling them what they need. They will then go out and see if there is a reasonable and solid supply that meets the criteria they want them to meet in order to participate in the program. Mr. Torres added there is a special visa for dentists at the federal level because of the NAFTA agreement. For the doctors, they require that they meet four of the eight criteria for an H1B nationally renowned visa and reiterated they are not just bringing in any doctor from Mexico but bringing in those that they know will meet the criteria of the visa.

Board Member Forge asked that if the need is elsewhere, aside from centers where they control or know what the need is, will they be moved where the need is or will they remain in the clinics designated for them. Mr. Torres responded that they will remain in FQHCs and added that they started with four clinics and now have 18 and have identified areas, along with the California Primary Care Association (CPCA), where Health Professional Shortage Areas (HPSAs) were the most concentrated and presented the most challenges and tried to see if the health centers there were interested in participating. Mr. Torres stated there are needs throughout the rural area, and when you look at all the data, the rural areas are the most underserved. Therefore, they try to locate them there but recognize that urban centers are in desperate need as well. They work with all of the health centers who are interested because of their relationship with CPCA and depending on the numbers that they request, they will try and meet that demand and need.

Secretary Larin voiced there are huge issues in regard to access to care, and not only is it a translation issue, but also not being able to get those dentists or physicians to those areas. She mentioned there is a program in Massachusetts for dentists and asked how it compares to the Mexico Pilot Program. Mr. Torres responded the Massachusetts program does not have the rural element as in California. They think the Massachusetts program has a lot of merit, but it does not have the same structure as the Mexico Pilot Program. Mr. Torres conveyed that continuity of care has been a concern for them, and

they will find out soon enough, after these next three years of the extension when the doctors go back, what the concerns are on the continuity of care. He added the other concern to be focused on is what do you do with those doctors when they go back.

Board Member Thakur asked how this impacts Mexico and its population, as they produce the number of people they think they need to serve their public. She voiced that perhaps going that route versus looking at how to increase enrollment in dental schools in the United States and making a requirement for them to serve in a HPSA might be a better route to explore first. Mr. Torres responded they believe the way they have structured the program and how they anticipate that it will grow on the dental side is probably the best approach to take. He added it is important to have discipline in this program and to be able to know and to track. It has been his responsibility to track the performance of every doctor in every clinic. In order to protect the integrity of the program, they have to make sure to allow enough doctors to be able to track and know how well they are functioning. Mr. Torres voiced they do not want a dentist to have one complaint ever issued under any circumstance to the Board and to the director of dentistry at their clinic. Mr. Torres communicated they are trying to do their best to select those who are at the highest levels in Mexico, just like they are doing with the doctors, and that is why they are only going to deal with certain universities. He added the health centers allowed in this program are already operating at a very high level of care.

Board Member Chan noted that some of the early legislation on this talked about the orientation to some of the mechanics of how to integrate the dentist chair, which is a good thing. He added dentistry is different than medicine in that it is a performance; the educational part is important, but how you perform is a key element in there. Board Member Chan conveyed he did not see a firsthand calibration of the performance.

Mr. Torres voiced they are concerned and committed to the public safety standards that the Board is responsible for, and that is why the exam that the Board gives for competencies they believe is equivalent to what is done in Mexico.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

President Felsenfeld directed staff to work with stakeholders on ideas to address ways to resolve the issues raised during this item.

Agenda Item 26.a.: Presentation from the Commission on Dental Accreditation of the American Dental Association on the Accreditation Process for Dental Education Program

Dr. Sherin Took, Senior Director of the Commission on Dental Accreditation (CODA), and Dr. Frank Licari, Chair, CODA (2024-2025), provided a verbal presentation on the CODA international and United States accreditation process.

President Felsenfeld asked for clarification that there are preliminary site visits, one of them done with four people or five people, to see if the program in a dental school in a foreign country is ready to undergo the actual site visit to be a CODA accredited dental school. Dr. Took responded that is correct, and they call it a Preliminary Accreditation Consultative Visit (PACV). There are four members, a chair who also serves as a curriculum visitor, a basic science site visitor, a clinical educator site visitor, and a clinical practitioner. The clinical practitioner is someone who is a practicing dentist that the American Dental Association's (ADA) assists CODA in identifying.

President Felsenfeld inquired how many site visitors are sent to a foreign dental school to assess whether they are meeting all of the standards for an initial accreditation survey, once a foreign dental school has gotten to this level and they want to go through the full process. Dr. Took responded that for an initial accreditation survey on the commission application side of things, that would be a committee of six individuals who would include a chairperson, finance, basic science, clinical, curriculum, and national licensure individuals.

President Felsenfeld asked whether it is the same type of a team that goes back to do either a mid-range or a reaccreditation after six years for a dental school. Dr. Took responded it is the same type of team and the same composition of six individuals. She added CODA has two application processes. Dental schools in the United States apply before they begin enrolling any students and therefore, in the United States, a dental school undergoes three separate site visits as it is developing. These include a pre-enrollment site visit, a mid-site visit, typically between the preclinical and clinical years, and a pre-graduation site visit. Afterwards, it goes on the CODA seven-year accreditation cycle. With an international program, because they are already fully operational and fully developed, there is one site visit, the application site visit, that occurs. If they are granted accreditation, they are placed on the seven-year site visit cycle. Dr. Took clarified that is after they have had the PACV process and added there is a site visit as part of the PACV process, which is intended to give them that consultation and guidance.

President Felsenfeld noted he is aware of a number of schools that have taken 10-12 years to become accredited by CODA and inquired whether the time lag based on the initial PACV portion of it before they go to the regular site visit. He asked that if he was starting a new dental school in United States, what is the time it would take from the time he applies to the time he can be accredited. Dr. Took responded she cannot speak to any specific expectation of a time frame for the educational programs they accredit and added that nor do the United States programs have an expectation of a time frame for accreditation. She communicated the accreditation of a program is dictated by the program's ability to meet those educational standards. Once a program applies for accreditation with CODA, they generally state that it would be 12 to 18 months, but that is not to say that it could not take longer if there are components of an application that require additional information or are incomplete or need more input.

Board Member Forge asked on average how long this process takes in general. Dr. Tooks responded groups are interested in knowing how long a process takes, but CODA does not have specific time frames it works with. She expressed that CODA is looking at its process from the perspective of the educational standards and what is needed. The timeline of one program does not necessarily equate to the timeline of another program, and therefore, they cannot measure them in that way. It can vary for a number of reasons with one being decisions that the commission has made that the program may or may not be ready, or it could be the program's own choice to go a little slower because of other priorities it may have.

Board Member Molina commented the process started in 2007, and yet one school was accredited in 2019, which is an average of 12 years, and a second school was accredited a year or so after that. She noted Drs. Forge and Felsenfeld had asked, why it was taking so long. Dr. Tooks responded she was not able to answer that question.

Board Member Kevin Cheng asked whether there is any criteria for CODA to actually facilitate and assist with a program getting accredited. Dr. Tooks responded the PACV component of this process is intended to give that guidance to the educational program so they have a site visit team that arrives on site, assesses the program in the way that the commission would assess the program, and give guidance to help the program understand what the commission's expectations would be should it seek accreditation. Whereas on the United States process, CODA is more regulatory; it would come in and identify deficiencies and note those. The PACV side on the other hand is intended to give that consultative guidance to the educational program so they understand what the standards mean, what they require, and the kind of documentation that would be expected. Additionally, CODA engages with all programs that are interested and offers webinar virtual type presentations for programs preparing for accreditation site visits. Furthermore, the site visit portion on the CODA website provides a plethora of information to educational programs to the expectations during a site visit process.

Board Member Cheng asked whether the actual findings and recommendations in the preliminary site accreditation visits are made public or are only available to the institution requesting accreditation. Dr. Tooks responded they are only made available to the institution requesting accreditation. That institution could share their reports if they choose to do so with whomever they would like. Dr. Tooks noted the same process is in place with the CODA accreditation that is secondary to the PACV.

President Felsenfeld requested public comment on this item. The Board received public comment.

Richard Polanco noted the comment that was heard is that it is their priorities, not California's priorities, and when we are talking about priorities as it relates to access to dental care, it may not be a priority for that international commission. He voiced he is puzzled by the lack of affirmative timetables as they are talking about human public

safety and dental care, and added that California's capacity and resources to build additional dental schools is not there.

Mr. Torres expressed that CODA has 600 volunteers, which is the backbone of CODA, and asked what CODA does to deal with any biases these 600 dentists who are volunteers may have when they conduct the onsite visit. Mr. Torres noted they have one dentist from the country of the institution who is going to be doing the onsite. He voiced he did not hear if they are done at the initial assessment of the process or if they are done at the end of that process that they have a representative volunteer dentist that is also part of that review process.

Tooka Zokaie, representing CDA, noted she heard in the presentation that when an application is under review, it could take 10 to 15 months to then have a response. She asked how detailed are those responses, and how much action are the schools able to take to also see what concrete steps they could take to try to address those concerns or what was not seen as eligible for approval so then they could potentially reapply.

Secretary Larin disclosed that she would like to know how they are controlling biases and the CODA process in international school accreditation. Dr. Tooka responded this is actually one of the criteria for recognition by the United States Department of Education to control for conflict of interest and bias. The commission's site visitors are trained and undergo an online training as well as a comprehensive training of preparation regarding various topics, including recognition of conflict of interest or bias. At the time a program is being evaluated, the program itself is provided a list of eligible site visitors and asked to identify any conflicts of interests that they believe would exist with anyone on that list. The site visitor themselves in seeking to assign them to a visit also receives CODA's conflict of interest policy and are asked to review that policy and identify a conflict. If one exists, they are not assigned to the visit, and if the program identifies a conflict, they would not be asked to serve on that site visit. The commission provides periodic updates, trainings, and reminders regarding the obligation to ensure objectivity in the process and alert CODA if there is either a real or perceived conflict of interest.

Dr. Licari expressed they work very hard to focus the site visitors on the standards they would evaluate and remove those biases in their training with them.

Secretary Larin noted she was referring to personal biases one might have about the feeling of accrediting international schools.

At 10:25 a.m., the Board recessed for a break.

At 10:35 a.m., the Board reconvened.

Agenda Item 26.b.: Presentation from the Dolores Huerta Foundation: Creating a Pipeline of Dental Practitioners through Approval of Foreign Dental School Program
Representatives from the Dolores Huerta Foundation provided a verbal presentation on Creating a Pipeline of Dental Practitioners through Approval of Foreign Dental School Program.

Dolores Huerta voiced she was the co-founder of the United Farm Workers with Cesar Chavez, and one of the first things they did was to win a collective bargaining agreement with the employers is set up a health plan. They named it after Senator Robert Kennedy, the Robert Kennedy Healthcare Plan, which is still alive and functioning today. Additionally, they established clinics in the Central Valley of California and had three clinics in the Central Valley, one in the Salinas area and the other two on the border in Mexicali and Tijuana for the farm workers. After leaving the United Farm Workers, she started the Dolores Huerta Foundation in which she was very involved in health care issues. During the COVID-19 pandemic, they vaccinated close to 12,000 people against COVID-19. More recently, they did a survey of 5,000 farm worker families in connection with University of California, Merced. Ms. Huerta noted the way they organize in their foundation is through house meetings, which are meetings in people's homes with the families, and each one of their organizers has to meet with 200 people in their homes. One of the things their organizers do is ask people what are the major issues they are concerned about. Without exception, the number one issue all of the families have is health care.

Ms. Huerta expressed we have to look at this in the larger picture in our perspectives and see what we have to do to keep our farm workers healthy as all of us depend on them. She conveyed dentists are so far out of their reach that often times, they cannot get the type of dental care they need, and this affects all of their health. She added it has been shown and proven that the dental students who graduate from these foreign schools come back to the community. Ms. Huerta voiced that we all want to get to the same goal and advised we all come together and make dental care accessible for the poorest of the poor and for the people who are feeding us.

Mr. Polanco pleaded for the Board to find a solution to the issue of access to healthcare and voiced there is a great track record in California with California students enrolling and graduating from foreign dental schools, passing the dental exam, and creating practices in communities that need them. He asked the Board to consider granting a provisional approval to allow the matriculation of California students with the understanding this Board has taken a position to have any foreign dental schools with the understanding they go through CODA.

Jessica Shoemaker stated the two universities are foundational institutions in the countries where they are and have been established for many years. She mentioned that Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova (SUMP) was founded in 1945, specifically their medical school, and established their school of dentistry in 1959. They cooperate with schools in the United

States, Romania, Russia, France, and Czech Republic to explore various techniques. In their first year, students are trained to do precise work through practical lessons. Ms. Shoemaker stated that beginning in the third year, students are integrated into afternoon clinics and begin treating patients. At the end of the fifth year, students take theoretical exams in all courses. In addition to these exams and accompanying clinical requirements, the students also take practical tests to assess their professional abilities. Ms. Shoemaker stated that when these students come to the United States, they come with years of practical experience from their education in Moldova. She conveyed that De La Salle University, School of Dentistry was founded in 1975, is ranked as one of the best dental schools in Mexico, and was provisionally approved by the Dental Board in 2002 and received full approval in 2004. De La Salle University, School of Dentistry has been successfully graduating dentist into California for 22 years.

Francisco Leal stated the Board decided in 2019 at the last sunset review to eliminate the program. He understands the Board no longer wanted to do the evaluation process, even though the evaluation process by statute was one that was done through technical advisory committees. Mr. Leal stated the central issue has been CODA, and the law at that time, AB 1519, indicated these schools needed to be approved by CODA by January 1, 2024. He added the presentation by CODA has conveyed it is impossible, and he is not sure what the underlying rationale was at that time to essentially create this deadline. He communicated they have been advocating on this issue because it is so detrimental to the process and noted it is a process that is confused, difficult, and inapplicable to his situation.

Mr. Leal stated their very first bill was an attempt to reinstate the program, and they came before the Board for that; it was opposed by CDA, and the bill would not get through. The following year, they decided to go through CODA and abide by what the Board wanted them to do, but requested more time. He stated the second time they came before the Board, they had only one change – to change the January 1, 2024, deadline to December 2030, because they knew it would take that long. That bill also was opposed by CDA. Mr. Leal asserted the issue there, which he was bringing to the Board because it called on his reputation, was the committee report that killed the bill. Mr. Leal stated the committee report states as follows, “The author has made repeated assertions that the timeline for schools to receive CODA accreditation is ‘unrealistic,’ arguing that the approval process is ‘8 years’.” He asserted this claim is easily refuted; the CODA process for approving foreign dental schools was essentially established at the beginning of 2016, and CODA approved the first school located in Saudi Arabia in August 2019, making the 8-year claim by Mr. Leal dubious. He added that it was that language that was relied upon by legislators and proffered by CDA that killed the legislation. He concluded they welcome CODA coming at today’s meeting to convey to the Board the difficulty and time that it takes to do this and how this requirement has essentially completely undermined the mission of the schools and has created problems. He asserted there was a solution for access to care, and now it is gone.

Rosa Arzu, Senior Director for Quality of Care Medical and Dental Innovation, noted she has been with her organization AltaMed for almost 17 years. In her role, she created a pipeline in 2018 of culturally competent dentists because since that time, they we have a challenge with workforce. They tried to expand and provide face-to-face services, as well as teledentistry, to be able not just to treat but prevent disease. She tells her patients as long as a baby has a mouth, they can start the prevention program. She stated they believe, and everyone knows, that carries are preventable. In their pipeline, they have worked with Tufts University, University of Southern California, De La Salle University, School of Dentistry, and SUMP, and their goal is to ensure they can continue expanding. Ms. Arzu noted the significant expansion of Medi-Cal, so there are significant numbers of new members with medical benefits. They have a big chronic issue after the pandemic and are seeing a lot of patients with traumas that need a full mouth restoration. She voiced that the big question has always been how to treat these patients, because they have Medi-Cal, and the reimbursements are very low. She stated we have to find solutions, and that means we need to have more dentists who will be able to provide these services to these patients. In her job, Ms. Arzu is responsible for the quality of care in a safe environment for the patients. She stated they are highly regulated, and every two years, they have to go through the Joint Commission process, which includes chart review and following patients to make sure every single patient who walks in the door gets the quality of care they need. Ms. Arzu has hired at least 11 dentists from the international schools, including four directors. She strongly believed every dental school has great dentists, but there are others who have to be calibrated. She works with a dentist volunteer to help her calibrate because when dentists graduate, they are expected to know how to do a pulpotomy, but some dentists are not competent in doing that. Ms. Arzu indicated that the low-income population deserves quality of care in a safe environment, but that as a FQHC, they are struggling to find dentists. As they are seeing low income patients, they do not get the funding they need and therefore cannot pay these high salaries that some of these dentists are expecting. She urged that we look for solutions to continue working with these pipelines that are really helping them to address. She noted it is not just oral health but overall health; the mouth is part of the body, so anything that will cut the pipeline will affect oral health. She urged the Board to look for solutions to continue with these pipelines and be able to continue expanding the care of the patients that they deserve.

Ana Maria Quintana, Councilwoman for the City of Bell, noted her colleagues had presented there are two schools that had been approved by the Board in the past that have extensive histories of successful treatment. Their proposed solution is to allow these two schools that have been previously approved by the Board, have an extensive history of providing quality services, and are highly reputable universities in their respective countries, be allowed to matriculate students as they go through the CODA process. She thought the solution strikes a balance. She wants to make sure the practitioners who come to these communities are qualified, because she does not want just anyone to serve her community. She feels very comfortable these two schools can provide those services because they have been vetted before and have gone through

an extensive process. Ms. Quintana added the legislation they want to propose for next year will require the graduates of these programs serve in a capacity for two years in these low-income areas. She stated to make very clear, the requirement to serve in a low-income community is not reinventing the wheel; it is actually part of what exists in statute now. Currently, if there are dentists who are practicing in different states, they can get a license in California through the licensure by credential program. Therefore, the proposal is to use the same requirements that exist right now in statutes and put those in place. They ask that people from California who go to these two schools, when they graduate, they come back to California, they take the exact same exams that are required of anyone who is going to be practicing in the state, and then they would practice for two years in order to guarantee to provide and address the problem of maldistribution of dentists in our areas.

President Felsenfeld requested public comment on this item. The Board received public comment.

Ms. Zokaie, CDA representative, expressed that CDA is always pleased to see folks who traditionally are not working with oral health to value oral health and access. They have always been in complete alignment with the challenges for access to care for dental care access especially in the valley and other areas within California where there is a maldistribution of providers. She added that when CDA has asked for the CODA process to see where De La Salle University, School of Dentistry and SUMP were within the CODA process, they wanted to see that there was this active application, understanding that it is not appropriate for the Board to approve different dental schools for licensure. However, they do agree there should be an extension and are in alignment with the proposal for an extension for those who are at SUMP and De La Salle University, School of Dentistry to be able to go through the process that has historically been within California. They would like to see this proof or reports of the schools actively going through the CODA process to show what is the feedback they are getting from CODA. CDA wants this to be a transparent process for the safety of those within California and for this process to ultimately go through CODA and make an equitable pathway. Ms. Zokaie indicated they are in complete alignment there is a need to do something.

Dr. Witcher, CDA, conveyed they feel the CODA process is a fair and equitable process and noted they already have a letter that was handed out to the Board from De La Salle University, School of Dentistry indicating they anticipate completing the self-study process by June of 2025. He added that would be in keeping with the intent of this proposal, which is to allow matriculation so there is a pipeline and yet at the same time, assure there are some milestones as they go through the CODA process to ensure they are actually following through on that.

Dr. Howard Kim, a Dental Director for Via Care Community Health Center in East Los Angeles and the LA Dental Society President, stated that California children have among one of the worst rates of dental disease in the nation. He noted that an LA Times

article stated that a national survey from 2020 to 2021 found that 14.8% of the state's children ages 1 to 17 had decayed teeth or cavities in the last 12 months, ranking California 47 out of 51 states and the District of Columbia. Dr. Kim expressed a need for culturally competent care and dentists, and having a culturally competent dentist is a game changer in his health center and his patients and quality of care. He voiced that if a student is graduating with \$700,000 in student loan debt, their motivations may be different than some of these foreign dental school students who graduate with less debt and are willing to go back to the communities and contribute there.

Dr. Montez reminded the Board Members they received a letter dated November 5, 2024, from De La Salle University, School of Dentistry and noted they are in the process of becoming CODA accredited. She added they had submitted an application and are on track for June 2025; they shared that their original 2018 submitted application did not meet the CODA application criteria. Therefore, they pulled that back and started the process over. They wanted the Board to know they support the CODA standards and the process, and they have retained a team to help them get through the CODA approval process. Dr. Montez reminded the Board it does not have authority to approve foreign dental schools at this time, which includes a provisional approval, and the regulations were established for this approval back in 2000. She added the regulations have not changed since then. Therefore, the approval that was given was based on the 2000 regulations that are 24 years old. She reminded the public that the schools can continue to matriculate students, and they could come and participate in a 2-year CODA program in the United States and become licensed. Dr. Montez expressed it is important for the Board to continue working with these stakeholders and to be engaged in any legislation, as there is a need. She added the transparency with CODA is extremely important so the Board has a better understanding, and it would be important if SUMP would work with the Board and keep it apprised of the application and the timeline. Although the Board does not have authority over CODA, if it is hindering the ability to get the schools accredited and meet the needs of the California population, that would be important to the Board Members. The Board would also have the ability to work with other departments that can deal more directly with health care.

In terms of the pathway that Dr. Montez referred to, Board Member Molina noted the process having their students matriculate and go to five years of dental school and then come back to the United States and go to a dental school here will be expensive because that process is two years, and they only have about 15 slots per school, which not all schools have. She expressed it is prohibitive to go to the schools and then ask them to go in and serve in underserved areas.

Ms. Quintana stated that a letter will be submitted from the Black Caucus who are supportive of this program. She added that when we are seeking culturally competent practitioners, they are supportive of SUMP because classes are taught in English, which would allow to fill the void that exists in African-American communities.

Agenda Item 27: Update, Discussion, and Possible Action on Legislative Proposals
Agenda Item 27.a.: Legislative Proposal to Amend BPC Sections 1628 and 1633
Regarding Dentist Licensure Requirements

Mr. Nelson provided the report, which is available in the meeting materials.

In terms of the remedial courses that were mentioned, Board Member Molina asked whether that curriculum has been developed and given to the dental schools in the area.

Paige Ragali responded the Board's current process in law under BPC section 1633 is any licensure applicant, a clinical examination applicant essentially, under section 1628 who fails the examination is required after three attempts of failure in any section to retake that section after completing 50 hours of remedial education at a Board or CODA approved school. The remedial education has to be in a university setting as it is required, and then they were to provide proof to the Board substantiating that the requirements have been met, and the Board would allow them to retake the examination or the failed sections of the examination. Ms. Ragali conveyed that after Board staff met with American Board of Dental Examiners, Inc. (ADEX), which now is the only clinical examination currently that the Board accepts as the portfolio pathway is phasing out and was underutilized. She noted the Western Regional Examination Board (WREB) and ADEX had merged previously, and ADEX was requiring already that any applicants who failed three times retook the entire exam. She added the Board was requiring that they retook each section; after that meeting, Board staff decided that it was not relevant for the statute to continue as there was not that connection with ADEX where it was proof of compliance for us, because ADEX already had that requirement and required them to retake the entire exam anyways. However, they did not have the remedial education, as far as we know, but they did have to prove their competence in the sections in order to pass the exam to be licensed.

Board Member Molina asked how they are proving their competency if they are not taking the remedial courses. Ms. Ragali responded they prove it by retaking and passing the examination.

Board Member Molina asked for confirmation they are not going to be taking the remedial classes and then taking the portion that they fail. Ms. Ragali responded they would not be required to take the remedial education and provide proof to the Board to retake one section after three failed attempts; they would just retake the entire exam.

Dr. Montez added that because this is a national exam and is consistent with what other states do, Board staff do not have concerns internally as a public safety issue because they do have to pass the exam.

(M/S/C) (Felsenfeld/McKenzie) to approve for submission to the California State Legislature the legislative proposal to amend BPC sections 1628 and 1633 regarding dentist licensure requirements.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Molina, Olague, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: Medina, Pacheco.

Recusals: None.

The motion passed.

Agenda Item 27.b.: Legislative Proposal to Amend BPC Section 1635.5 Regarding Licensure by Credential Pathway Requirements

Brant Nelson provided the report, which is available in the meeting materials.

(M/S/C) (David/Chan) to approve for submission to the California State Legislature the legislative proposal to amend BPC section 1635.5 regarding Licensure by Credential pathway requirements.

President Felsenfeld requested public comment before the Board acted on the motion. The Board received public comment.

Ms. Zokaie, representing CDA, noted the goal of this licensure pathway was for those who want to work in public health settings, and as long as the integrity of the goal is maintained for those who are able to be licensed in other states and then can come work in California primarily in public health at the appropriate scope, that is all in alignment with CDA's initial goal of this language within the sunset bill.

Damian Alvarado, foreign graduate from Dominican Republic and currently a second year General Practice Resident (GPR) in the state of California in Fresno Community Regional and the VA Central Valley, noted that even after working more than 5,000 hours between the residency program and in the state of Massachusetts and having two years in a CODA accredited program and the ADEX as well, he still, because of the cap of the 2,000 hours on the Residency program, does not meet the credentials. He asked if the Board would consider the credentials of ADEX and the residency program as 5,000 hours or consider a permit for education if one still wishes to remain here in the Central Valley continuing their education and serving the underserved population.

President Felsenfeld advised Mr. Alvarado to send in his discussion points to Dr. Montez at the Board.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Molina, Olague, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: Medina, Pacheco.

Recusals: None.

The motion passed.

Agenda Item 27.c.: Legislative Proposal to Amend BPC Section 1638.1 Regarding EFCS Permit Credentialing Committee Member Removal

Mr. Nelson provided the report, which is available in the meeting materials.

Dr. Montez stated that DAC members and Board members are held to good attendance, taking training, reading materials, and being prepared before the meeting. She noted is important for EFCS Permit Credentialing Committee Members to be held to those same standards, and if there are issues, the Board has the option of removing them.

(M/S/C) (Yu/Chan) to approve for submission to the California State Legislature the legislative proposal to amend BPC section 1638.1 regarding removal of an EFCS Permit Credentialing Committee member.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Molina, Olague, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: Medina, Pacheco.

Recusals: None.

The motion passed.

At 11:54 a.m., the Board recessed for a break.

At 12:05 p.m., the Board reconvened.

Agenda Item 27.d.: Legislative Proposal to Amend BPC Section 1725 Regarding Dental Auxiliary Course and Educational Program Fees

This agenda item was tabled.

Agenda Item 27.e.: Potential Legislative Proposal to Amend BPC Section 1755 Regarding Infection Control Courses

Mr. Nelson provided the report, which is available in the meeting materials.

Dr. Montez stated that as Board staff prepared to implement this new statute, they realized there were some clarification issues needed with infection control course, and at this time, they are not prepared to bring a proposal to the Board. She noted Board staff is asking for additional time to review all the materials and utilize the Council and a two-person working group and move forward and keep the Board and the stakeholders apprised.

President Felsenfeld requested public comment on this item. The Board received public comment.

Dr. Whitcher, representing CDA, commented this is fine, and it is good to keep working on this. He added they understand that a complicated piece of legislation like SB 1453 is going to need some cleanup. Dr. Whitcher conveyed that this requirement for an infection control course for all persons working in a dental office who have any potential for exposure is a new and potentially onerous requirement. Their solution to this was the language in BPC section 1755. He cautioned against getting too far away from the online course concept because they firmly feel that an effective course can be given by distance learning. He noted they are satisfied with the existing course going along and advised that if the Board is going to do cleanup legislation, to think about a delayed implementation date to give them a chance to work through some of the issues.

Ms. Zokaie stated they saw that the other pathways that this new infection control course that would be online that was seen as effective during COVID-19 could continue, but it does not stop the other pathways and other courses from moving forward. As they do the cleanup, they want to make it clear that it does not affect the other courses. She reiterated they know that there is not a Board approved course yet, but they hope this pathway could lead to the development of one.

Ms. Welch requested some clarity from the Board. She noted there is a desire for online courses. She stated that the existing infection control course regulation requires clinical experience or clinical instruction, and that is one of the things that is very difficult to implement online. Typically, with clinical instruction, there is hands-on learning, which would not be able to be provided in an online course. Effectively, an online course would just be didactic and potentially laboratory instruction or pre-laboratory instruction. Anything that would not require the individuals to be personally familiar with how to dawn personal protective equipment (PPE) and how to sterilize tools and implements.

Ms. Welch stated that is one of the things Board staff is hoping to get clarity on, if the Board agrees with stakeholders that clinical experience is not required for infection control. She requested the Board give Board staff as to how the statute could be better structured and what it might look like.

Secretary Larin noted that none of the infection control courses that she has ever been to in 35 years is actually practical, and it has all been a speaker just standing up and the class watching videos. She believes that the online course is ideal, and it is going to be very difficult and probably expensive to take an eight-hour course in person.

Ms. Vallery responded that the eight-hour course requirement has been around since 2009. She added there are definitions in CCR, title 16, section 1070.1 that define clinical and laboratory experience and noted that Board staff need clarification on the interpretation of those in the new law as she believes they are being looked at differently than what current definitions are.

Shari Becker, representing the Alliance, voiced they are in support of maintaining a hands-on component for the eight-hour infection control course, and noted there are two types of infection control courses, the renewal course for licensure and the eight-hour infection control course for the unlicensed dental assistant. Ms. Becker stated they are in support of sending this back to the Council.

Amanda Saling, Central California Dental Academy (CCDA) instructor, expressed she is in agreement with sending it back for further review. As she teaches that course and is very passionate about it, she believes that the hands-on part is something you cannot get away from. She noted that infection control is the foundation of everything that is done in dentistry, and if she cannot physically see how they don their PPE, she cannot tell that they are putting it on in the right order.

Dr. Montez expressed that she would like the public to feel free to send her their comments about any changes they would like to make or what they would like to see in the bill.

Agenda Item 28: Update on Legislation Impacting the Board, the Department of Consumer Affairs, and/or the Dental Profession

Agenda Item 28.a.: 2025 Tentative Legislative Calendar – Information Only

Mr. Nelson provided an overview of the 2025 Tentative Legislative Calendar, which is available in the meeting materials.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 28.b.: 2023-2024 End of Session Legislative Summary Report

Dr. Montez provided the report, which is available in the meeting materials.

Dr. Montez commended the Board for taking the positions they did and mentioned running into a legislator who called out the Board and thanked them for their letter submitted on one of the bills that was not chaptered.

Ms. Welch inquired whether this list was reflective of what was enacted. She noted that there was at least one or two bills on the list she believed was missing that the Board discussed and took action on, specifically one being about expedited licensure for certain groups of applicants. Ms. Welch believed one of the bills did not get through the legislative process and was held in committee, and the other one was vetoed by the Governor. Mr. Nelson responded he can look at that and work with staff and Counsel to make sure that is all included.

Dr. Montez noted that if the Board would like any bills on which they took a position to be included, that would be fine.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 29: Public Comment on Future Agenda Items

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 30: Adjournment

President Felsenfeld adjourned the meeting at 12:26 p.m.