



**DENTAL BOARD OF CALIFORNIA  
DENTAL ASSISTING COUNCIL**

**NOTICE OF TELECONFERENCE MEETING  
February 9, 2023**

**Council Members**

Traci Reed-Espinoza, RDAEF, Chair  
Cara Miyasaki, RDA, RDHEF, MS, Vice Chair  
De'Andra Epps-Robbins, RDA  
Jeri Fowler, RDAEF, OA  
Rosalinda Olague, RDA, BA  
Joanne Pacheco, RDH, MAOB  
Kandice Rae Pliss, RDA

**Action may be taken on any  
item listed on the agenda.**

**The Dental Assisting Council (Council) of the Dental Board of California (Board) will meet by teleconference at 9:00 a.m., on Thursday, February 9, 2023, with the following location available for Council and public member participation<sup>1</sup>:**

Department of Consumer Affairs  
1747 N. Market Blvd., Hearing Room #186  
Sacramento, CA 95834

For technical difficulties, call the Dental Board of California Office at:  
(916) 263-2300 or (877) 729-7789

**This meeting will be accessible via WebEx Events. Instructions to connect to the meeting can be found [HERE](#).**

To participate virtually in the WebEx Events meeting on Thursday, February 9, 2023, please log on to this website the day of the meeting:

**<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m94bb6f1408a80631bd71a9d61af77224>**

**Event number: 2499 920 1072  
Event password: DBC02092023 (32202092 from phones)**

Due to potential technical difficulties, please consider submitting written comments by February 3, 2023, to [dentalboard@dca.ca.gov](mailto:dentalboard@dca.ca.gov) for consideration.

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<sup>1</sup> Face masks may or may not be required at the location depending upon state and local laws and business preferences on the date of the meeting.

## AGENDA

1. Call to Order/Roll Call/Establishment of a Quorum
2. Public Comment on Items Not on the Agenda **[4]**  
*Note: The Council may not discuss or take action on any matter raised during this Public Comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code Sections 11125 and 11125.7(a).)*
3. Discussion and Possible Action on November 17, 2022 Meeting Minutes **[5-14]**
4. Executive Officer Report **[15]**
5. Update on Dental Assisting Examination Statistics **[16-17]**
  - a. Registered Dental Assistant General Written and Law and Ethics Examinations
  - b. Registered Dental Assistant in Extended Functions General Written Examination
  - c. Orthodontic Assistant Written Examination
  - d. Dental Sedation Assistant Written Examination
6. Update on Registered Dental Assistant in Extended Functions General Written Examination **[18-21]**
7. Review of Dental Assisting Licensing Statistics **[22-32]**
  - a. Registered Dental Assistant License
  - b. Registered Dental Assistant in Extended Functions License
  - c. Orthodontic Assistant Permit
  - d. Dental Sedation Assistant Permit
8. Update and Discussion on Status of Surveys Regarding Registered Dental Assistant in Extended Functions Administration of Local Anesthesia and Nitrous Oxide – *Jeri Fowler, CDA, RDAEF, OA, and Traci Reed-Espinoza, RDAEF* **[33-74]**
9. Update and Discussion on Research of Dental Auxiliary Certification and Education Requirements and Review of Applicable Statutes and Regulations Regarding Board Approval of Registered Dental Assistant and Registered Dental Assistant in Extended Functions Educational Programs and Courses for Potential Amendments – *Joanne Pacheco, RDH, MAOB, and Cara Miyasaki, RDA, RDHEF, MS* **[75-79]**
10. Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Section 1750 Regarding Unlicensed Dental Assistant Course Requirements **[80-84]**
11. Adjournment

This agenda can be found on the Dental Board of California website at [dbc.ca.gov](http://dbc.ca.gov). The time and order of agenda items are subject to change at the discretion of the Council Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Council are open to the public.

In accordance with Government Code section 11133(b)(2)(A), the teleconference locations from which Council members may participate in the meeting may not be identified in the notice and agenda of the meeting.

The meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit [thedcapage.wordpress.com/webcasts/](http://thedcapage.wordpress.com/webcasts/). The meeting will not be cancelled if webcast is not available. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Council prior to the Council taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Council, but the Council Chair may, at their discretion, apportion available time among those who wish to speak. Individuals may appear before the Council to discuss items not on the agenda; however, the Council can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

This meeting is accessible to the physically disabled. This meeting also is being held via WebEx Events and is accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting may make a request by contacting Tracy Montez, Executive Officer at Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five (5) business days prior to the meeting will help ensure availability of the requested accommodations. TDD Line: (877) 729-7789



**DENTAL BOARD OF CALIFORNIA**

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## MEMORANDUM

<b>DATE</b>	February 13, 2023
<b>TO</b>	Members of the Dental Assisting Council
<b>FROM</b>	Mirela Taran, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 2.:</b> Public Comment on Items Not on the Agenda

### Notes



**DENTAL BOARD OF CALIFORNIA  
DENTAL ASSISTING COUNCIL  
MEETING MINUTES  
NOVEMBER 17, 2022**

The Dental Assisting Council (Council) of the Dental Board of California (Board) met by teleconference/WebEx Events on Thursday, November 17, 2022, with the following location available for Council and public member participation:

Department of Consumer Affairs  
1747 N. Market Blvd., Hearing Room #186  
Sacramento, CA 95834

**Members Present:**

Jeri Fowler, RDAEF, OA, Chair  
Traci Reed-Espinoza, RDAEF, Vice Chair  
Cara Miyasaki, RDA, RDHEF, MS  
Rosalinda Olague, RDA, BA  
Joanne Pacheco, RDH, MAOB

**Members Absent:**

De'Andra Epps-Robbins, RDA  
Kandice Rae Pliss, RDA

**Staff Present:**

Tracy A. Montez, Ph.D., Executive Officer  
Jessica Olney, Anesthesia Unit Manager  
Wilbert Rumbaoa, Administrative Services Unit Manager  
Paige Ragali, Dentistry Licensing and Examination Unit Manager  
David Bruggeman, Legislative and Regulatory Specialist  
Rikki Parks, Dental Assisting Program Analyst  
Kelly Silva, Sacramento Enforcement Field Office Investigator  
Mirela Taran, Administrative Analyst  
Sarah Irani, SOLID, Department of Consumer Affairs (DCA)  
Cesar Victoria, Office of Public Affairs, DCA  
Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division, DCA

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

Council Chair, Ms. Jeri Fowler, called the meeting to order at 9:44 a.m.; five members of the Council were present, and a quorum was established.

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

Ms. Joan Greenfield, [California Association of Dental Assisting Teachers] (CADAT) representative, informed the Council that CADAT submitted an application to the Department of Health Care Access and Information (HCAI) to put forth a Health Workforce Pilot Program (HWPP) to allow for the teaching of local anesthesia to the registered dental assistant in extended functions (RDAEF). CADAT is asking for support of the Council and the Board once a copy is provided to the Board.

### Agenda Item 3: Discussion and Possible Action on August 25, 2022 Meeting Minutes Motion/Second/Call the Question (M/S/C) (Pacheco/Olague) to approve the August 25, 2022 Meeting Minutes.

Chair Fowler requested public comment before the Council acted on the motion. There were no public comments made on the motion.

Chair Fowler called for the vote on the proposed motion. Ms. Mirela Taran took a roll call vote on the proposed motion.

Ayes: Fowler, Miyasaki, Olague, Pacheco, Reed-Espinoza.

Nays: None.

Abstentions: None.

Absent: Epps-Robbins, Pliss.

Recusals: None.

The motion passed and the minutes were approved.

### Agenda Item 4: Update on Dental Assisting Examination Statistics

Ms. Rikki Parks provided the report, which is available in the meeting materials.

Chair Fowler commented that she noticed that the past rates for the registered dental assistant (RDA) and the orthodontic assistant (OA) examinations are rising, and the RDAEF examination has dropped to a 53% pass rate; previous rates were an average of 78%, which is more than a 20% drop in a pass rate. She verbalized that possible causes could be exam ambiguity, or possibly, based on information shared by students, some questions deviated from the education requirements of the program. Chair Fowler suggested placing the RDAEF written examination evaluation as a future agenda item for the next Council meeting.

Council Vice Chair Traci Reed-Espinoza agreed with Chair Fowler's comment.

Dr. Tracy Montez replied that the RDAEF exam is a new form, and it is typical to see passing rates dip when a new form of an examination is released. The Office of Professional Examination Services (OPES) does monitor the exam, including each individual question, as well as the passing rate, to determine whether there are questions that may be ambiguous, and if so, they will take steps to clarify that with

subject matter experts. As a worst-case scenario, those items are removed, and exams re-scored. Dr. Montez anticipates that the passing rate will rise over time as the new exam form has been online. She reassured Chair Fowler that the exam is being monitored, and this is something that is expected in the world of testing.

Chair Fowler requested public comment on this item. The Council received public comment.

Ms. Greenfield, representing the EF Association, noted that as she had brought up in a previous meeting, she believed that there are a number of questions that need to be reviewed, because not only are those subjects not being taught, but there are questions for which there could be a multitude of answers. Although the Board has content experts, she questioned whether they looked at the educational requirements of the EF program, as opposed to doing their task analysis and what one should need to know versus what they were taught when they were developing these questions. Ms. Greenfield agreed that the pass rate will probably go up over time, but there are questions that seemingly should not be there.

#### Agenda Item 5: Update on Dental Assisting Licensing Statistics

Ms. Paige Ragali provided the report, which is available in the meeting materials.

Chair Fowler requested public comment on this item. There were no public comments made on this item.

#### Agenda Item 6: Update and Discussion on Status of Surveys Regarding Registered Dental Assistant in Extended Functions Administration of Local Anesthesia and Nitrous Oxide – Jeri Fowler, CDA, RDAEF, OA, and Traci Reed-Espinoza, RDAEF

Chair Fowler provided the report, which is available in the meeting materials. She noted that OPES was in the process of completing analysis of the survey responses and would provide a memorandum of the full results at the February Council meeting. Chair Fowler acknowledged that the Council had received opposition letters from the California Dental Hygienists' Association (CDHA) and the California Dental Hygiene Educators' Association (CDHEA) strongly opposing allowing RDAEFs the additional duty to administer local anesthesia and nitrous oxide. She reminded the Council that they were still in phase one of this matter, which included gathering data via the survey to determine if the Council should move forward or not with making local anesthesia and nitrous oxide an allowable duty for the RDAEF. She assured that patient care and safety was the number one concern of the Board. If it was decided to move forward with making local anesthesia and nitrous oxide an allowable duty for the RDAEF, the Board would ensure that the educational program is more robust and comprehensive than the program that the Dental Hygiene Board of California (DHBC) currently had in place in order to ensure competency.

Ms. Tara Welch noted that Chair Fowler indicated that she would be providing a memorandum to the Board at the February meeting and wanted to clarify for

stakeholders whether or not the OPES memorandum would actually be presented to the Council rather than the Board in February. Chair Fowler replied that OPES would provide a full report to the Council in February.

Chair Fowler requested public comment on this item. The Council received public comment.

Dr. Lila Zarrinam, current dentist in California and dental hygiene and dental assisting instructor at West LA College, voiced her concerns and noted that dental hygiene students go through rigorous training on the administration of anesthesia. She stated that students have to take about a year's worth of classes before they are able to take the anesthesia and nitrous administration class, and it is the class that most of her students struggle with the most, despite the fact of having substantially more one-on-one training. Dr. Zarrinam voiced that her fear is the fact that the dental assistant students would not have that background information and might not have the one-on-one training to be able to administer anesthesia safely.

Ms. Melissa Fellman, Director of the Sacramento City College Dental Hygiene program and instructor for local anesthesia, vocalized her support for the prior comments that were made. She stated that in addition to the sciences that were addressed, dental hygiene students also take psychology, sociology, English, writing, and mathematics, which all contribute to managing patients and doing safe calculations for administered local anesthesia. She believed having the necessary education, in addition to a standalone continuing education course, would be important for patient safety. She stated that OPES sent out surveys to the stakeholders, which included dentists and RDAEFs, but she had not heard that any surveys were sent out to hygienists or hygiene educators who teach local anesthesia, which she believed are relevant stakeholders. Ms. Fellman voiced that in the future, she thought that the survey responses would be prudent to be included into those participants in the community for patient safety and input and coming together to find a pathway for advancement for EF2s that has all voices addressed.

Dr. Kimbrough, Program Director at Taft College and owner and provider for the anesthesia course for out-of-state hygienists under Purple Pen Seminars, expressed support of the comments of the previous speakers. However, as a provider for the anesthesia course for out-of-state hygienists, she reiterated that there are hygienists who have already graduated from a program and/or have been licensed and have been practicing for a number of years. She noted that education and background was already in place; they are not taking a standalone course and are merely reviewing a plethora of material that they have already been taught and are meeting the state regulations established by the DHBC. Dr. Kimbrough would ensure that the education and background was seriously looked at, as it does take quite some time to gain that background knowledge for patient safety.



Ms. Natalie Ferrigno, dental hygienist and educator at West LA College, voiced that it was not possible to have a standalone course and expect an RDAEF to administer local anesthesia safely to a patient. She stated that there was a big difference from being an RDA to being a registered dental hygienist (RDH). RDAs or RDAEFs are not given the tools needed to safely administer local anesthesia, and the education and rigor provided to dental hygiene students and dental students was beyond what any RDAEF could get in a standalone course. Ms. Ferrigno asserted the Council would be putting patients at risk by allowing an RDAEF under any circumstances in any office to provide local anesthetic or administer nitrous oxide sedation.

Agenda Item 7: Update and Discussion on Research of Dental Auxiliary Certification and Education Requirements and Review Applicable Statutes and Regulations Regarding Board Approval of Registered Dental Assistant and Registered Dental Assistant in Extended Functions Educational Programs and Courses for Potential Amendments – Joanne Pacheco, RDH, MAOB, and Cara Miyasaki, RDA, RDHEF, MS

Council Member Cara Miyasaki provided the report, which is available in the meeting materials. She noted that in an effort to determine if other states require certification and licensure for dental assistants and/or educational requirements, eight questions were developed and sent out to all the dental boards in the United States inquiring whether the state certifies or licenses dental assistants and/or requires educational requirements. The working group received some responses back from approximately 17 states and was still waiting for more responses. Before the next Council meeting in February, the data would be aggregated and the report would be presented then.

Chair Fowler asked for clarification whether eight surveys were sent. Ms. Miyasaki replied that eight questions asking about certification and licensure and educational requirements were developed, and the eight questions were sent out to all the dental boards via email.

Chair Fowler noted that she had done a little research on the topic and noticed there were a substantial number of programs in other states that require [Commission on Dental Accreditation (CODA)] approval. She believed one of the reasons that there are not that many CODA-approved dental assisting programs was due to the cost for CODA approval. She was looking forward to hopefully working with the Dental Assisting National Board (DANB) to get reciprocity.

Ms. Miyasaki noted there tended to be reciprocity between states for CODA-approved programs but having a CODA-approved program was pricey. She asserted that in California, having all dental assisting programs CODA approved would wipe out many programs, such as ones that are taught in high schools. She stated that as there were many different types of dental assisting programs in California, it would not be possible for all dental assisting programs to be CODA-approved, and there was a nice balance of having CODA-approved programs and ones that were not approved that met the Board requirements for RDA licensure.

Council Member Rosalinda Olague asked whether it would be possible to share those eight questions that were emailed to the dental boards. Ms. Miyasaki described the questions as follows:

1. Does your state require a license to practice as a registered or licensed dental assistant? If yes, please answer question numbers 2-7. If no, please answer question number 8.
2. What education and/or certification requirements does your state have for initial licensure as a registered dental assistant?
3. Can applicants qualify for licensure based on work experience? If so, are there specific certifications required, in addition to the work experience, to qualify for licensure?
4. Does your state require a specific number of remedial education hours or specific courses for license renewal?
5. Are the education and/or certification courses to qualify for initial licensure approved internally, i.e., board staff, or externally, i.e., accreditation agency?
6. If internal, please briefly explain your approval process and whether your state has reciprocity agreements with other state boards.
7. If external, what is the process and what accreditation agencies does your state accept for licensure?
8. If your state does not license or register dental assistants, can dental assistants obtain separate certifications, either optional or mandatory, to perform certain duties in the state? Please identify those certifications below.

Chair Fowler noted that she had done some preliminary research, and there were possibly 23 states that would do reciprocity, and 35 states stated that they have expanded function dental assistants. However, in some states, their idea of expanded function was coronal polishing and sealants, and 22 states had restorative functions in their allowable duties. She requested to see the survey questions to present those at the Board meeting the following day.

Chair Fowler requested public comment on this item. The Council received public comment.

Ms. Greenfield, representing herself, noted that she had taught at Sacramento City in the dental assisting and dental hygiene program for 40 years and, during that time, went through seven CODA accreditations. She stated that the actual requirements for the content of classes and the questions you had to ask about the content of classes was very small. She continued that in comparison to what is required by the Board for courses, whether it is an RDA program or individual certification class, the Board's

requirements are 500% more requirements on information and what is going to be taught. Ms. Greenfield stated that in regard to looking at various ways to make this more portable, California was probably the leader in requirements for education and required information. She asserted that even the DHBC does not require nearly the kind of information that the Board does to offer these courses.

Dr. Bruce Witcher noted that the DANB webpage had a very extensive listing of requirements in other states around the country. He stated that other than that, one would have to go state by state looking at their individual practice acts. He believed that the comments about the CODA approval process were accurate and would agree that in California, there are not as many CODA-approved programs as non-approved programs.

Agenda Item 8: Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Section 1750 Regarding Unlicensed Dental Assistant Requirements to Perform Basic Supportive Dental Procedures

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

Ms. Welch clarified that on page 30 of the meeting materials, in proposed subdivision (c), line four, after “all of the following,” the word “courses” would be inserted for clarity. She wanted to ensure that applicants understood that they have to complete all of the following courses that would then be listed. In that new sentence that is being added at the very end, she noted that Mr. Bruggeman clarified that “subsection” would be changed to “subdivision,” and that a period instead of a colon would be added for proper sentence construction.

Dr. Montez elaborated that in her short period of time with the Board, she had three inquiries requesting clarification on this subject, which prompted her to ask Board staff to conduct research and bring it forward to the Council.

Chair Fowler commented that at the April 30, 2021 Council meeting, this topic was brought up, and the Council recommended to the Board considering the legislative proposal to amend Business and Professions Code (BPC) section 1750, subdivision (c), to specify the employer is responsible for ensuring a dental assistant has successfully completed a Board-approved eight-hour infection control (IC) course prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potential infectious materials. She noted that there was nothing mentioned in the 120-day span; the action was prior to working with patients, having that IC done.

Ms. Miyasaki believed she was present at the April 30, 2021 Council meeting, and the Council had desired to change that language. She wondered whether the Council could change the language regarding the 120-day requirement.

Chair Fowler suggested that the word be revised to “The employer of a dental assistant shall be responsible for ensuring that the dental assistant who has been employed with

that employer successfully completes the following courses and/or certifications prior to performing any basic, supportive dental procedures, working on patients”. She noted that the following can then be listed: eight-hour IC course, two-hour Dental Practice Act (DPA), a course in basic life support (BLS) offered by American Red Cross or American Heart Association, or any other course approved by the Board as equivalent and provides the student at the opportunity to engage in hands on simulated clinical scenarios.

Dr. Montez asked for clarification whether Chair Fowler wanted to place emphasis on when IC was completed, and whether she was recommending that for all of the courses or merely the IC. Chair Fowler replied that all the courses that she listed, IC, two-hour DPA, and BLS, should be completed prior to performing any procedures on patients. Ms. Welch noted that looking at what the Council reviewed at the April 2021 meeting, it was very different than what the Council had before it presently. She recommended that the Council push pause on the action requested and have staff combine the two proposals for February Council review, which would give the Board enough time to review it at the May meeting for a potential legislative proposal in the Sunset Review.

Chair Fowler requested public comment on this item. The Council received public comment.

Ms. Shari Becker, California Dental Assistants Association (CDAA), believed that this language, specifically the IC portion, was looked at previously. CDAA had brought forward language, which might have been preliminarily approved, that the IC course be taken prior to exposure to other potentially infectious materials (OPIM), which is also in alignment with the Occupational Safety and Health Administration’s (OSHA’s) regulation for employee training. Ms. Becker indicated that CDAA would support reviewing the language and seeing what else they could add to be included in there with possibly the DPA and BLS as well.

Ms. Melodi Randolph, representing CADAT, recalled that not only did the Council talk about this topic and again IC courses and certification prior to potential exposure to OPIM, but that it was brought to the Board, and the Board unanimously voted to approve that.

One individual inquired regarding a pending disciplinary matter.

Ms. Welch advised the individual that the Council did not address disciplinary matters, but the Board does. Ms. Welch continued that the Board cannot hear any conversation about pending disciplinary matters or allegations due to the Administrative Procedures Act (APA). Ms. Welch advised the individual to direct any questions via email to the Board's Executive Officer or to Board staff for additional information on pending discipline.

Dr. Montez added that the Board was not able to discuss pending disciplinary matters or pending investigations and provided her personal email to Ms. Colleen to send any questions she may have or if she needed assistance with filing a complaint.

Dr. Witcher, California Dental Association (CDA), voiced that he could understand the intent of providing some IC training prior to patients being seen in an office. However, he believed it would be very difficult to get a new assistant, who had not really had any prior experience, through the eight-hour course in any meaningful way; to put them directly into the eight-hour course would not be beneficial. He would support the idea of some basic bloodborne pathogens and OSHA training initially to get them familiar with those concepts. Dr. Witcher thought the Council should look at this a little more carefully and the practical implications of actually implementing this, so that it did not become a barrier to entry of new hires into the workforce.

Ms. Zena Delling expressed support for Chair Fowler's comment.

Chair Fowler advised the agenda item would be discussed at the February Council meeting.

#### Agenda Item 9: Election of 2023 Council Chair and Vice Chair

Dr. Montez facilitated the election. She opened the floor for nominations for the position of Vice Chair.

Council Member Olague nominated Council Member Miyasaki for appointment as the 2023 Council Vice Chair. Council Member Joanne Pacheco seconded the nomination. Council Member Miyasaki accepted the nomination. There were no additional nominations.

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

Dr. Montez called for the vote on the proposed motion. Ms. Taran took a roll call vote on the proposed motion.

Ayes: Fowler, Miyasaki, Olague, Pacheco, Reed-Espinoza.

Nays: None.

Abstentions: None.

Absent: Epps-Robbins, Pliss.

Recusals: None.

The vote passed. Council Member Miyasaki was elected as 2023 Council Vice Chair.

Dr. Montez opened the floor for nominations for the position of Chair of the Council.

Chair Fowler nominated Vice Chair Reed-Espinoza for appointment as the 2023 Council Chair. Council Member Olague seconded the nomination. Vice Chair Reed-Espinoza accepted the nomination. There were no additional nominations.

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

Dr. Montez called for the vote on the proposed motion. Ms. Taran took a roll call vote on the proposed motion.

Ayes: Fowler, Miyasaki, Olague, Pacheco, Reed-Espinoza.

Nays: None.

Abstentions: None.

Absent: Epps-Robbins, Pliss.

Recusals: None.

The vote passed. Vice Chair Reed-Espinoza was elected as 2023 Council Chair.

Chair Fowler noted the Chair and Vice Chair appointments would be on January 1, 2023.

#### Agenda Item 10: Adjournment

Chair Fowler adjourned the meeting at 11:04 a.m.



## MEMORANDUM

<b>DATE</b>	February 9, 2023
<b>TO</b>	Members of the Dental Assisting Council
<b>FROM</b>	Mirela Taran, Administrative Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 4.:</b> Executive Officer Report

### **Background**

Dr. Tracy Montez will provide an update of Board activities.

### **Action Requested**

No action required.



## MEMORANDUM

<b>DATE</b>	January 13, 2022
<b>TO</b>	Members of the Dental Assisting Council
<b>FROM</b>	Rikki Parks, Dental Assisting Manager Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 5.:</b> Update on Dental Assisting Examination Statistics

### Background

The following table provides the examination statistics for candidates who attempted dental assisting examinations this current fiscal year from July 1, 2022, to December 31, 2022, and the past three fiscal years (FYs).

License Type		RDA	OA	DSA	RDAEF		
		Written	Written	Written	Clinical	Practical	Written
FY 2022/23	Total 1st Time Candidates Tested	969	131	3	N/A	N/A	92
	1st Time Candidates Pass	788	97	3	N/A	N/A	63
	1st Time Candidates Pass %	81%	74%	100%	N/A	N/A	68%
	1st Time Candidates Fail	181	34	N/A	N/A	N/A	29
	1st Time Candidates Fail %	19%	26%	N/A	N/A	N/A	32%
	Total Repeat Candidates Tested	311	38	N/A	N/A	N/A	80
	Repeat Candidates Pass	137	23	N/A	N/A	N/A	33
	Repeat Candidates Pass %	44%	61%	N/A	N/A	N/A	41%
	Repeat Candidates Fail	174	15	N/A	N/A	N/A	47
	Repeat Candidates Fail %	56%	39%	N/A	N/A	N/A	59%
	<b>Total Candidates Tested</b>	<b>1280</b>	<b>169</b>	<b>3</b>	<b>N/A</b>	<b>N/A</b>	<b>172</b>
	<b>Total Candidates Passed</b>	<b>925</b>	<b>120</b>	<b>3</b>	<b>N/A</b>	<b>N/A</b>	<b>96</b>
	<b>Total Candidates Pass %</b>	<b>72%</b>	<b>71%</b>	<b>100%</b>	<b>N/A</b>	<b>N/A</b>	<b>56%</b>
	<b>Total Candidates Failed</b>	<b>355</b>	<b>49</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>76</b>
	<b>Total Candidates Failed %</b>	<b>28%</b>	<b>29%</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>44%</b>
FY 2021/22	Total 1st Time Candidates Tested	1556	137	5	54	58	160
	1st Time Candidates Pass	1077	102	4	37	46	111
	1st Time Candidates Pass %	69%	74%	80%	69%	79%	69%
	1st Time Candidates Fail	479	35	1	17	12	49
	1st Time Candidates Fail %	31%	26%	20%	31%	21%	31%
	Total Repeat Candidates Tested	1001	130	1	14	19	108
	Repeat Candidates Pass	411	66	1	9	12	43
	Repeat Candidates Pass %	41%	51%	100%	64%	63%	40%
Repeat Candidates Fail	590	64	N/A	5	7	65	

Agenda Item 5.: Update on Dental Assisting Examination Statistics  
Dental Assisting Council Meeting  
February 9, 2023

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	Repeat Candidates Fail %	59%	49%	N/A	36%	37%	60%
	<b>Total Candidates Tested</b>	<b>2557</b>	<b>267</b>	<b>6</b>	<b>68</b>	<b>77</b>	<b>268</b>
	<b>Total Candidates Passed</b>	<b>1488</b>	<b>168</b>	<b>5</b>	<b>46</b>	<b>58</b>	<b>154</b>
	<b>Total Candidates Pass %</b>	<b>58%</b>	<b>63%</b>	<b>80%</b>	<b>68%</b>	<b>75%</b>	<b>57%</b>
	<b>Total Candidates Failed</b>	<b>1069</b>	<b>99</b>	<b>1</b>	<b>22</b>	<b>19</b>	<b>114</b>
	<b>Total Candidates Fail %</b>	<b>42%</b>	<b>37%</b>	<b>20%</b>	<b>32%</b>	<b>25%</b>	<b>43%</b>
FY 2020/21	Total 1 <sup>st</sup> Time Candidates Tested	1665	162	3	N/A	N/A	156
	1 <sup>st</sup> Time Candidates Pass	1285	82	2	N/A	N/A	133
	1 <sup>st</sup> Time Candidates Pass %	77%	51%	67%	N/A	N/A	85%
	1 <sup>st</sup> Time Candidates Fail	380	80	1	N/A	N/A	23
	1 <sup>st</sup> Time Candidates Fail %	23%	49%	33%	N/A	N/A	15%
	Total Repeat Candidates Tested	854	184	2	N/A	N/A	28
	Repeat Candidates Pass	368	51	1	N/A	N/A	20
	Repeat Candidates Pass %	43%	28%	50%	N/A	N/A	71%
	Repeat Candidates Fail	486	133	1	N/A	N/A	8
	Repeat Candidates Fail %	57%	72%	50%	N/A	N/A	29%
	<b>Total Candidates Tested</b>	<b>2519</b>	<b>346</b>	<b>5</b>	<b>N/A</b>	<b>N/A</b>	<b>184</b>
	<b>Total Candidates Passed</b>	<b>1653</b>	<b>133</b>	<b>3</b>	<b>N/A</b>	<b>N/A</b>	<b>153</b>
	<b>Total Candidates Pass %</b>	<b>66%</b>	<b>38%</b>	<b>60%</b>	<b>N/A</b>	<b>N/A</b>	<b>85%</b>
	<b>Total Candidates Failed</b>	<b>866</b>	<b>213</b>	<b>2</b>	<b>N/A</b>	<b>N/A</b>	<b>31</b>
<b>Total Candidates Fail %</b>	<b>34%</b>	<b>62%</b>	<b>40%</b>	<b>N/A</b>	<b>N/A</b>	<b>17%</b>	
FY 2019/20	Total 1 <sup>st</sup> Time Candidates Tested	2122	213	6	56	64	96
	1 <sup>st</sup> Time Candidates Pass	1416	110	6	29	35	71
	1 <sup>st</sup> Time Candidates Pass %	67%	52%	100%	52%	55%	74%
	1 <sup>st</sup> Time Candidates Fail	706	103	N/A	27	29	25
	1 <sup>st</sup> Time Candidates Fail %	33%	48%	N/A	48%	45%	26%
	Total Repeat Candidates Tested	1481	225	N/A	24	21	53
	Repeat Candidates Pass	635	91	N/A	11	7	30
	Repeat Candidates Pass %	43%	40%	N/A	46%	33%	57%
	Repeat Candidates Fail	846	134	N/A	13	14	23
	Repeat Candidates Fail %	57%	60%	N/A	54%	67%	43%
	<b>Total Candidates Tested</b>	<b>3603</b>	<b>438</b>	<b>6</b>	<b>80</b>	<b>85</b>	<b>149</b>
	<b>Total Candidates Passed</b>	<b>2051</b>	<b>201</b>	<b>6</b>	<b>40</b>	<b>42</b>	<b>101</b>
	<b>Total Candidates Pass %</b>	<b>57%</b>	<b>46%</b>	<b>100%</b>	<b>50%</b>	<b>49%</b>	<b>68%</b>
	<b>Total Candidates Failed</b>	<b>1552</b>	<b>237</b>	<b>N/A</b>	<b>40</b>	<b>43</b>	<b>48</b>
<b>Total Candidates Fail %</b>	<b>43%</b>	<b>54%</b>	<b>N/A</b>	<b>50%</b>	<b>51%</b>	<b>32%</b>	

The Office of Professional Examination Services (OPES) monitors the passing rates for the dental assistant examinations. OPES works with subject matter experts (i.e., actively practicing licensees who are in good standing) to build a bank of quality questions that adhere to professional guidelines and technical standards for use on occupational licensing examinations.

Additional information regarding written examination is available on the Board's website located here: [https://dbc.ca.gov/applicants/rda\\_written\\_exam\\_stats\\_2021.shtml](https://dbc.ca.gov/applicants/rda_written_exam_stats_2021.shtml)

**Action Requested**

Informational only. No action required.

Agenda Item 5.: Update on Dental Assisting Examination Statistics  
Dental Assisting Council Meeting  
February 9, 2023

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## MEMORANDUM

<b>DATE</b>	January 13, 2023
<b>TO</b>	Members of the Dental Assisting Council
<b>FROM</b>	Rikki Parks, Dental Assisting Manager Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 6.:</b> Update on Registered Dental Assistant in Extended Functions General Written Examination

### Background

Senate Bill (SB) 607 (Min, Chapter 367, Statutes of 2021) became effective on January 1, 2022, and, among other things, removes the clinical and/or practical examination requirements to become a California Registered Dental Assistant in Extended Functions (RDAEF).

The Dental Board of California (Board) requested that the Department of Consumer Affairs, Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of the RDAEF profession in California. The purpose of the OA is to define practice in terms of critical tasks that RDAEFs must be able to perform safely and competently at the time they are licensed. The results of this OA provide a description of practice for the RDAEF profession and provide the basis for constructing a valid and legally defensible RDAEF written examination.

Based on the results of the OA, a new RDAEF written examination was developed and incorporates content that measures competencies related to cord retraction and final impression that were previously measured by the practical and clinical examinations. Based on the findings of the OA, OPES developed an examination outline that is structured into four content areas weighted relative to the other content areas. The new outline identifies the tasks and knowledge critical to safe and competent RDAEF practice in California at the time of license issuance. The new RDAEF written examination was launched and is being monitored by OPES for further performance and validation.

Agenda Item 6.: Update on Registered Dental Assistant in Extended Functions General Written Examination  
Dental Assisting Council Meeting  
February 9, 2023

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## **Discussion**

In response to discussion at the November 17, 2022 Council meeting about RDAEF written examination pass rates, OPES has provided the attached memo.

## **Action Requested**

There is no action requested on this item.

## **Attachment**

RDAEF Pass Rate Memo to the Dental Assisting Council



## MEMORANDUM

<b>DATE</b>	January 6, 2023
<b>TO</b>	Tracy Montez, Ph.D., Executive Officer Dental Board of California
<b>FROM</b>	<i>Heidi Lincer</i> Heidi Lincer, Ph.D., Chief Office of Professional Examination Services
<b>SUBJECT</b>	<b>Analysis of the RDAEF 2022 Written Examination</b>

The Dental Board of California (Board) requested that the Office of Professional Examination Services (OPES) provide an overview of recent changes to the Registered Dental assistant in Extended Functions Examination (RDAEF) examination and the implications of these changes on recent fluctuations in candidate pass rates.

### Changes to the RDAEF Examination

In 2021, the Board asked OPES to perform a psychometric evaluation of the RDAEF clinical and practical examinations to determine whether an alternate format could be used to assess the competencies measured by these examinations. OPES concurrently performed an occupational analysis (OA) of the RDAEF profession in compliance with Business and Professions Code (BPC) § 139. Based on the results of the psychometric evaluation and OA, OPES determined that the competencies measured by the clinical and practical examinations could be assessed in a written format. OPES recommended increasing the number of items on the RDAEF Written Examination from 50 to 100 to address these competencies.

### Development of Examination Content

OPES worked with the Board to develop new items to address the expanded content of the RDAEF examination and update the item bank. This development was performed in accordance with test validation standards outlined in the *Standards for Educational and Psychological Testing* (2014). During this process, OPES worked with subject matter experts (SMEs) to write new items according to the examination outline that resulted from the 2021 OA. All new items were reviewed by separate groups of SMEs during item review and passing score workshops. The updated examination was released on January 28, 2022.

## **Pass Rate Fluctuations**

OPES closely monitors the statistical performance of individual items and the overall pass rate for the new RDAEF examination. OPES has made adjustments to the examination to ensure that examination questions are functioning. Fluctuations in the candidate pass rate has been observed; however, OPES cautions against drawing inferences regarding these fluctuation for the following reasons:

- 1) It is common that pass rates fluctuate after changes in examination content and format. This fluctuation is typically temporary and begins to stabilize as candidates adjust to studying for the new examination. A similar fluctuation was observed following the change in format of the Registered Dental Assistant Examination.
- 2) The RDAEF candidate population reflected in early statistics may not be representative of the typical candidate population. As a result of eliminating the clinical and practical examinations, early pass rates reflected a disproportionately high number of repeat test-takers. Beginning in June 2022, the candidate population began to reflect what appears to be a more typical distribution. From June 2022 to December 2022, the pass rate for first-time test takers is approximately 68%.
- 3) When an examination has a small pool of candidates, it takes time to collect enough data to develop a bank of high performing test questions.

## **Summary and Recommendations**

After a newly developed examination is administered, it is common to experience an adjustment period for candidates and educators. During the adjustment period, the passing rate tends to drop. In addition, when the candidate pool is small, there tends to be a greater fluctuation in pass rates.

Based on the current evaluation, OPES finds that recent fluctuations in candidate pass rates are typical to new examination formats. OPES anticipates that pass rates will continue to stabilize as candidates adjust to the new examination format and the pool of candidates taking the examination more consistently reflects the true candidate population.

Candidates are encouraged to carefully review the new examination outline and the list of references to prepare for the updated RDAEF examination. OPES encourages educators to use the examination outline to review their curriculum to ensure it is current with law and practice. In addition, educators can encourage candidates to provide comments on any questions that they think are problematic. OPES test specialists review the comments regularly.

OPES will continue to monitor the RDAEF examination and will continue to make adjustments to ensure that examination questions are functioning.



# MEMORANDUM

<b>DATE</b>	January 12, 2023
<b>TO</b>	Members of the Dental Assisting Council
<b>FROM</b>	Paige Ragali, Chief of Dental Programs and Customer Support Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 7.:</b> Review of Dental Assisting Licensing Statistics

## Dental Assistant License Application Statistics

The following tables provide monthly dental assistant license application statistics for fiscal years 2019–20, 2020–21, 2021–22 and 2022–23. The data provided for 2022–23 is through December 31, 2022.

Dental Assistant Applications Received by Month													
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 19/20	325	204	320	328	131	326	204	153	273	47	42	100	<b>2,453</b>
RDA 20/21	128	120	288	409	134	210	263	120	215	239	195	340	<b>2,661</b>
RDA 21/22	212	220	246	256	176	174	172	159	222	199	278	331	<b>2,645</b>
RDA 22/23	265	213	138	184	156	100	-	-	-	-	-	-	<b>1056</b>
RDAEF 19/20	9	11	11	1	0	5	45	1	69	6	1	3	<b>162</b>
RDAEF 20/21	3	13	17	2	4	0	1	11	12	36	13	14	<b>126</b>
RDAEF 21/22	4	7	27	14	21	13	9	9	5	42	10	29	<b>190</b>
RDAEF 22/23	4	14	11	24	10	8	-	-	-	-	-	-	<b>71</b>
OA 19/20	20	31	31	47	14	42	19	18	17	6	2	11	<b>258</b>
OA 20/21	14	16	15	21	9	25	10	15	28	21	23	29	<b>226</b>
OA 21/22	14	24	26	25	30	28	18	14	25	26	22	20	<b>272</b>
OA 22/23	16	28	23	16	18	8	-	-	-	-	-	-	<b>109</b>
DSA 19/20	0	0	5	0	0	0	1	0	2	2	0	2	<b>12</b>
DSA 20/21	0	0	1	0	0	0	1	1	0	0	0	4	<b>7</b>
DSA 21/22	0	0	1	5	0	2	0	1	2	6	1	0	<b>18</b>
DSA 22/23	0	4	3	8	0	1	-	-	-	-	-	-	<b>16</b>
Dental Assistant Applications Approved by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 19/20	339	316	213	235	195	216	126	239	80	209	106	105	<b>2,379</b>
RDA 20/21	65	47	248	188	69	89	261	239	219	244	146	92	<b>1,907</b>
RDA 21/22	225	273	225	209	176	108	71	118	114	139	118	121	<b>1,897</b>
RDA 22/23	129	271	846	378	480	338	-	-	-	-	-	-	<b>2,442</b>

Agenda Item 7.: Review of Dental Assisting Licensing Statistics  
Dental Assisting Council Meeting  
February 9, 2023

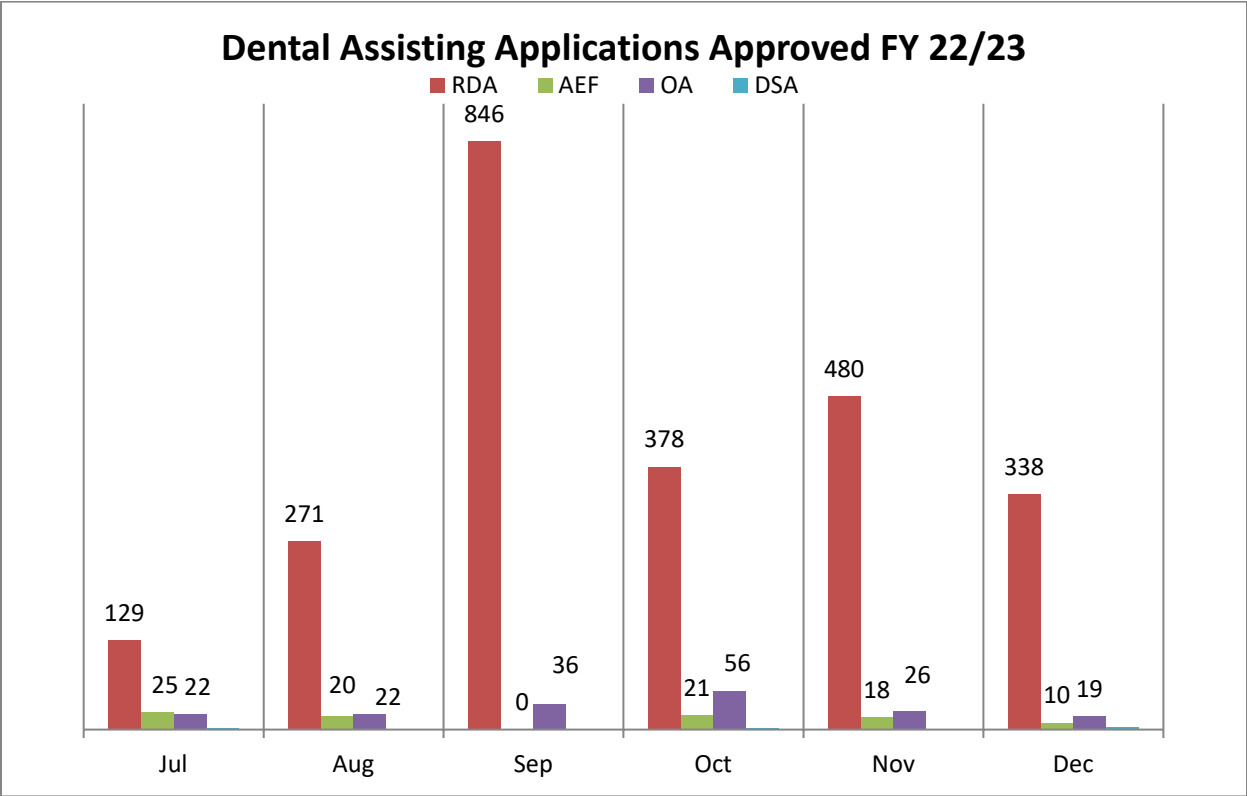
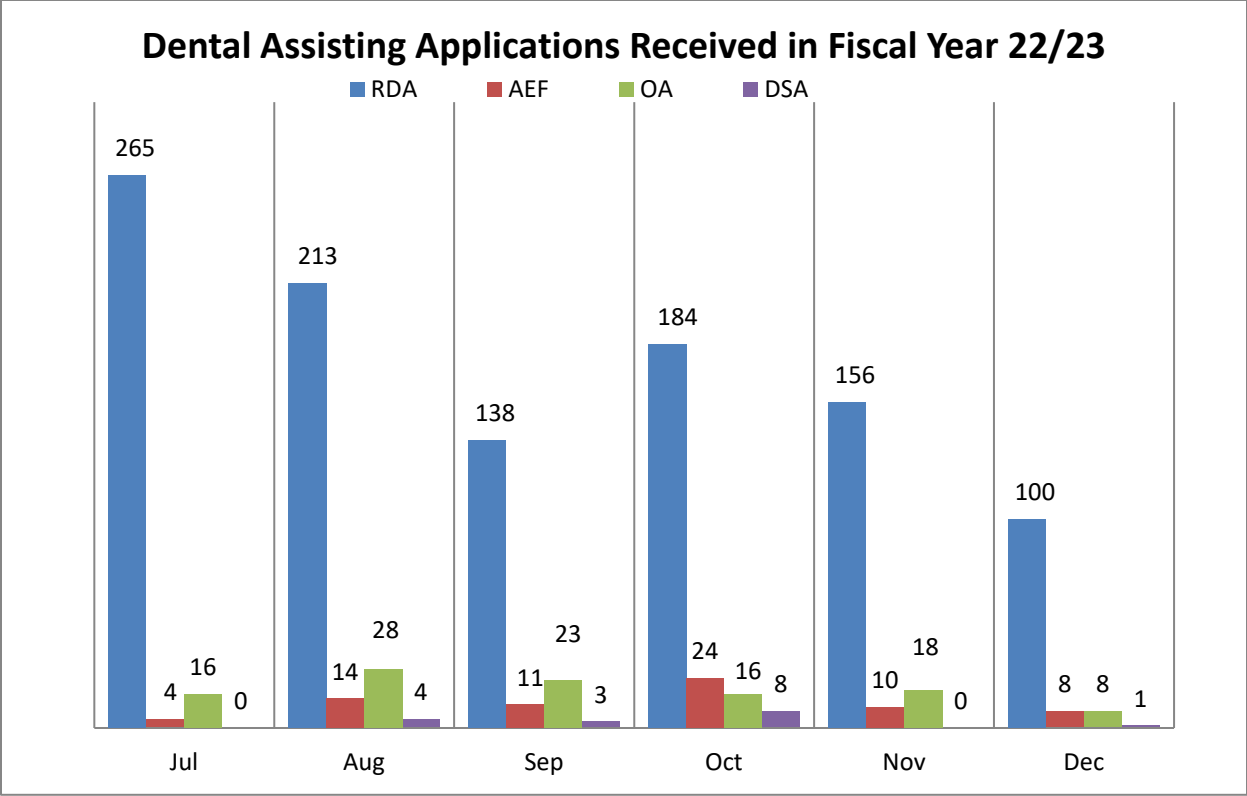
Dental Assistant Applications Approved by Month – Cont'd													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDAEF 19/20	2	0	11	20	2	1	17	31	1	6	0	0	91
RDAEF 20/21	36	19	23	17	1	5	2	3	19	10	23	20	178
RDAEF 21/22	18	1	4	22	25	12	3	11	9	7	24	35	171
RDAEF 22/23	25	20	0	21	18	10	-	-	-	-	-	-	94
OA 19/20	26	19	37	26	23	17	23	24	7	25	10	5	242
OA 20/21	0	4	22	12	13	7	18	28	17	31	14	7	173
OA 21/22	20	18	13	6	23	12	10	10	7	13	11	14	157
OA 22/23	22	22	36	56	26	19	-	-	-	-	-	-	181
DSA 19/20	0	0	0	1	0	1	0	0	1	2	1	0	6
DSA 20/21	3	0	0	0	0	0	0	0	0	0	0	0	3
DSA 21/22	2	0	0	0	0	0	0	1	2	0	1	0	6
DSA 22/23	2	1	0	2	1	4	-	-	-	-	-	-	10
Dental Assistant Licenses Issued by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 19/20	217	184	245	252	248	294	185	146	104	27	51	81	2,034
RDA 20/21	179	19	263	90	215	67	87	124	204	167	137	181	1,733
RDA 21/22	244	151	126	149	155	181	79	97	99	97	121	100	1,599
RDA 22/23	115	126	117	248	221	222	-	-	-	-	-	-	1,049
RDAEF 19/20	7	20	3	12	7	2	2	12	11	0	1	1	78
RDAEF 20/21	1	2	0	0	1	1	0	0	0	0	0	0	5
RDAEF 21/22	0	46	1	1	0	0	262	0	2	6	7	4	329
RDAEF 22/23	39	20	19	8	14	24	-	-	-	-	-	-	124
OA 19/20	18	28	18	25	29	17	19	12	16	5	8	10	205
OA 20/21	11	7	9	16	9	5	8	10	11	12	22	9	129
OA 21/22	10	17	2	0	32	19	22	13	15	17	11	11	169
OA 22/23	18	20	12	30	28	34	-	-	-	-	-	-	142
DSA 19/20	0	0	0	1	0	1	0	1	0	0	1	3	7
DSA 20/21	0	1	0	2	0	0	0	0	0	0	0	0	3
DSA 21/22	0	0	0	0	0	2	0	0	0	2	0	1	5
DSA 22/23	0	1	1	0	0	2	-	-	-	-	-	-	4
Cancelled Dental Assistant Applications by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 19/20	3	0	4	1	1	1	2	2	4	0	0	1	19
RDA 20/21	0	0	0	1	0	1	2	1	2	0	3	1	11
RDA 21/22	0	1	4	2	0	6	1	0	0	2	4	5	25
RDA 22/23	1	3	3	0	1	1	-	-	-	-	-	-	9
RDAEF 19/20	0	1	1	1	0	0	0	0	1	1	0	0	5
RDAEF 20/21	0	1	0	0	1	1	2	0	1	0	0	2	8
RDAEF 21/22	8	0	0	1	0	0	0	0	0	0	1	0	10
RDAEF 22/23	0	0	0	0	0	0	-	-	-	-	-	-	0

Cancelled Dental Assistant Applications by Month – Cont'd													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
OA 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
OA 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
OA 21/22	0	0	1	1	0	0	0	0	0	0	0	1	3
OA 22/23	2	0	0	0	1	0	-	-	-	-	-	-	3
DSA 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 22/23	0	0	0	0	0	0	-	-	-	-	-	-	0
Withdrawn Dental Assistant Applications by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 19/20	7	1	6	3	7	0	6	0	7	1	1	1	40
RDA 20/21	0	3	7	2	1	3	1	1	2	0	0	1	21
RDA 21/22	3	2	0	0	4	3	4	5	4	2	1	5	33
RDA 22/23	4	8	2	9	0	0	-	-	-	-	-	-	23
RDAEF 19/20	0	1	0	0	0	0	1	0	0	0	0	0	2
RDAEF 20/21	0	0	0	0	0	0	0	0	0	0	2	0	2
RDAEF 21/22	1	0	1	1	0	0	1	0	0	0	0	0	4
RDAEF 22/23	0	0	0	0	0	1	-	-	-	-	-	-	1
OA 19/20	1	2	1	0	0	0	2	1	0	0	0	0	7
OA 20/21	1	0	0	0	0	0	0	0	0	0	0	0	1
OA 21/22	0	2	0	0	1	0	1	0	3	1	1	1	10
OA 22/23	0	0	3	1	0	0	-	-	-	-	-	-	4
DSA 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 20/21	0	0	0	0	0	0	0	1	0	0	0	0	1
DSA 21/22	0	0	0	0	1	0	0	0	0	0	0	0	1
DSA 22/23	1	0	0	0	0	0	-	-	-	-	-	-	1
Denied Dental Assistant Applications by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 19/20	2	2	0	0	0	0	1	1	0	1	1	1	9
RDA 20/21	1	0	0	0	0	0	1	0	3	2	0	2	9
RDA 21/22	1	0	0	0	0	1	0	0	0	0	4	0	6
RDA 22/23	2	1	0	0	0	2	-	-	-	-	-	-	5
RDAEF 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
RDAEF 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
RDAEF 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
RDAEF 22/23	0	0	0	0	0	0	-	-	-	-	-	-	0
OA 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
OA 20/21	0	0	0	0	0	0	0	0	0	0	0	1	1
OA 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
OA 22/23	0	0	0	0	0	0	-	-	-	-	-	-	0

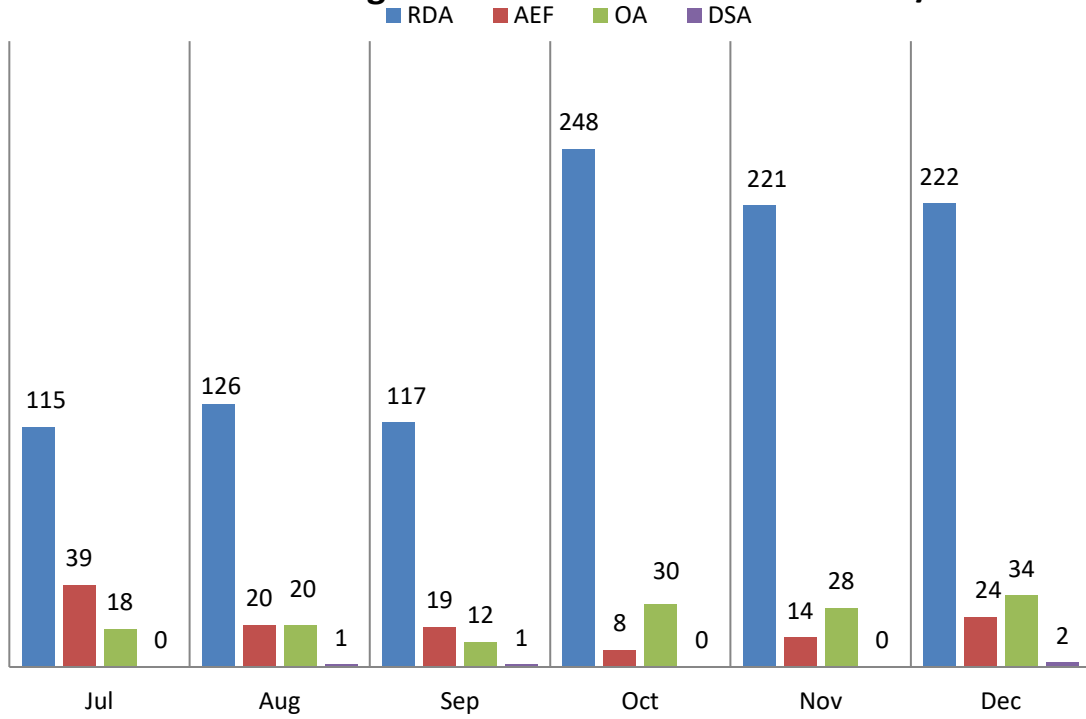


<b>Denied Dental Assistant Applications by Month – Cont'd</b>													
	<b>Jul</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Totals</b>
DSA 19/20	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
DSA 20/21	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
DSA 21/22	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
DSA 22/23	0	0	0	0	0	0	-	-	-	-	-	-	<b>0</b>

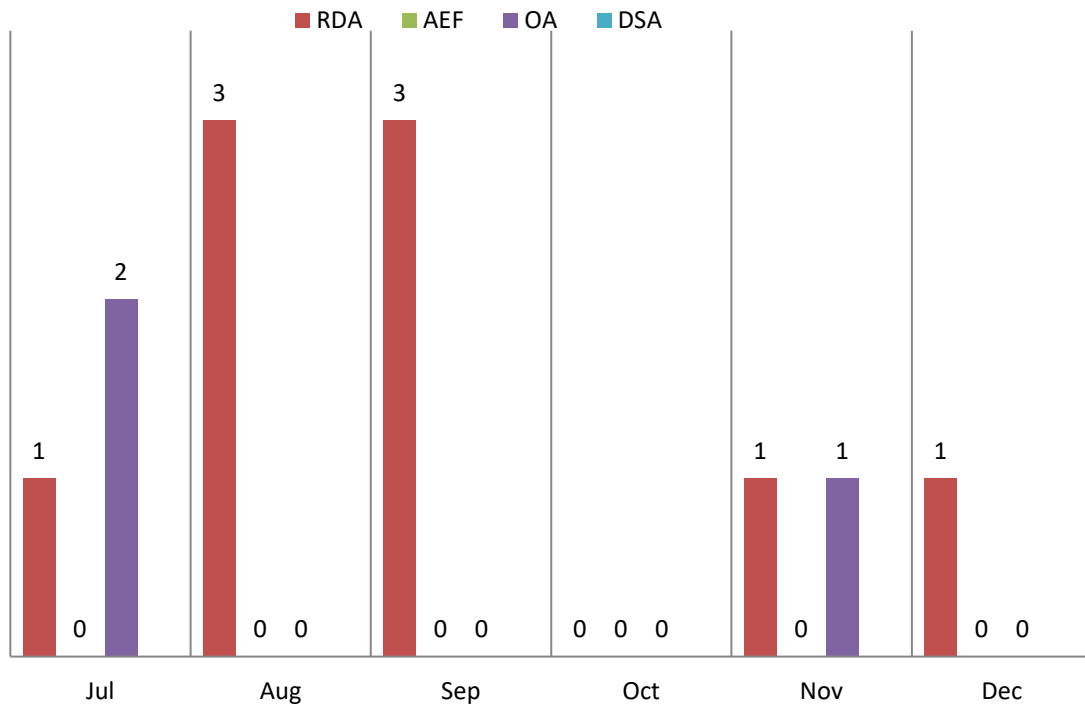
<b>Application Definitions</b>	
<b>Received</b>	Application received in paper format or electronically through BreZze system.
<b>Approved</b>	Application for eligibility of licensure processed with required documentation and examination eligibility issued.
<b>License Issued</b>	Final application including examination results approved and license issued.
<b>Cancelled</b>	Board requests staff to remove application (i.e., duplicate).
<b>Withdrawn</b>	Applicant requests Board to remove application for eligibility of licensure.
<b>Denied</b>	The Board denies an application on the on the grounds that the applicant has been convicted of a crime or has been subject to formal discipline; in accordance with Business and Professions Code, Division 1.5, Chapter 2, Denial of Licenses.



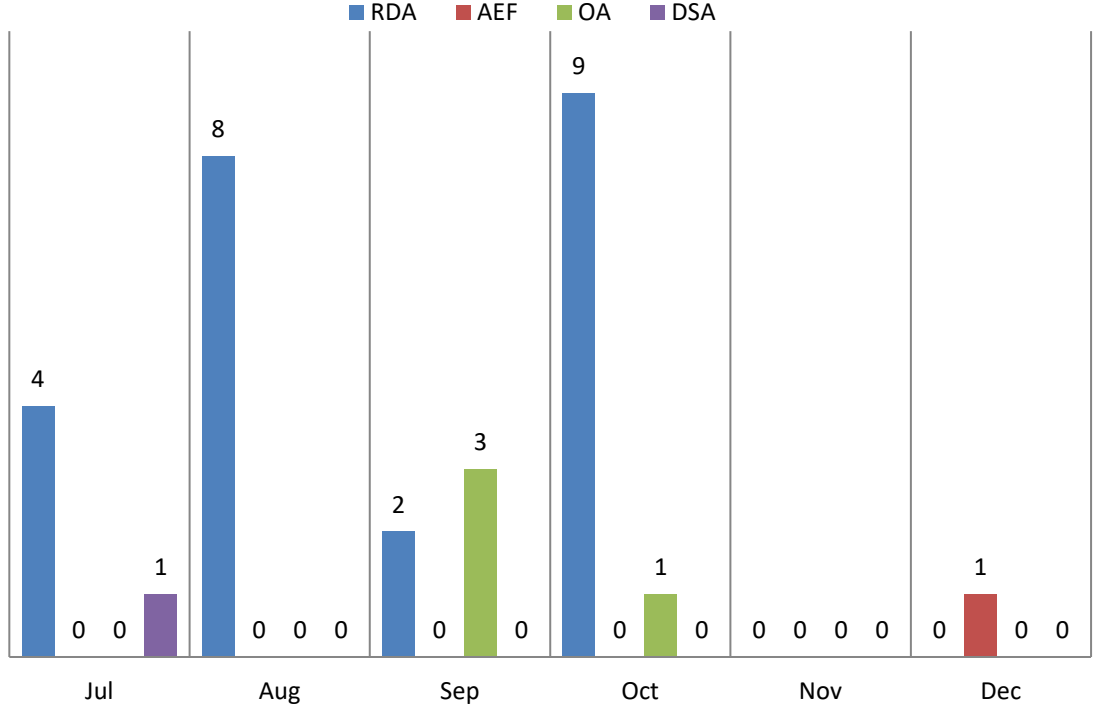
### Dental Assisting Licenses Issued in Fiscal Year 22/23



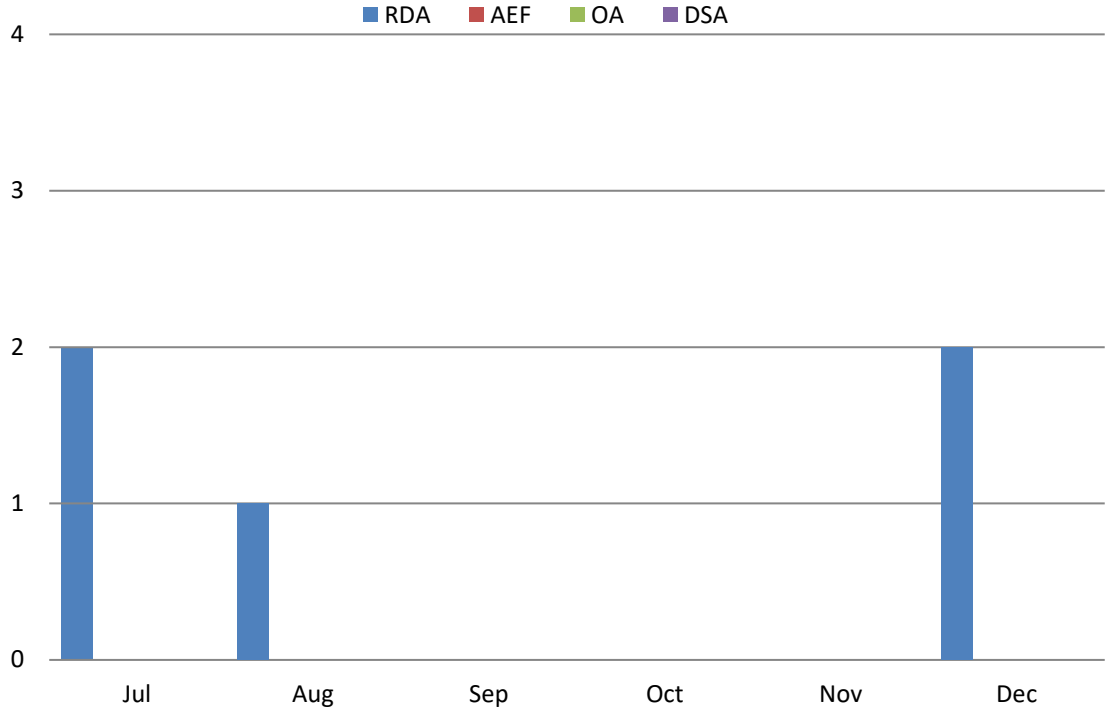
### Cancelled Dental Assisting Applications FY 22/23



### Withdrawn Dental Assisting Applications FY 22/23



### Denied Dental Assisting Applications in Fiscal Year 22/23



## Dental Assistant License Status Statistics

The following table provides dental assistant license and permit status statistics for fiscal years 2019–20, 2020–21, 2021–22, and 2022–23.

License Type	License Status	2019–20	2020–21	2021–22	2022–23
Registered DentalAssistant	Active	30,465	30,317	28,902	28,507
	Inactive	4,321	4,155	3,991	3,898
	Delinquent	11,636	11,802	12,992	13,329
	Cancelled	47,759	49,700	51,512	52,743
License Type	License Status	2019–20	2020–21	2021–22	2022–23
Registered Dental Assistant in ExpandedFunctions	Active	1,584	1,522	1,756	1,864
	Inactive	75	74	75	71
	Delinquent	213	251	298	296
	Cancelled	350	379	420	442
License Type	License Status	2019–20	2020–21	2021–22	2022–23
Orthodontic Assistant	Active	1,281	1,340	1,407	1,515
	Inactive	23	34	44	42
	Delinquent	158	211	286	320
	Cancelled	4	13	27	36
License Type	License Status	2019–20	2020–21	2021–22	2022–23
Dental Sedation Assistant	Active	36	38	38	43
	Inactive	2	3	2	2
	Delinquent	15	13	16	15
	Cancelled	2	4	7	8

Definitions	
Active	An individual who has an active status and has completed all renewal requirements receives this status.
Inactive	An individual who has an inactive status; has paid the renewal fees but cannot perform the duties of the license unless the license is re-activated. Continuing education units are not required for inactive license renewal.
Delinquent	An individual who does not comply with renewal requirements receives this status until renewal requirements are met.
Cancelled	An individual who fails to comply with renewal requirements by a set deadline will receive this status. Total number of licenses / permits cancelled to date.

The following table provides statistics on population, current and active Registered Dental Assistant (RDA) licenses by county, and population per RDA license by county for fiscal years 2020–21, 2021–22 and 2022–23.

County	RDA 20/21	Pop. 20/21	Pop. PerRDA 20/21	DDS 20/21	RDA to DDS Ratio 20/21	RDA 21/22	Pop. 21/22	Pop. Per RDA 21/22	DDS 21/22	RDA to DDS Ratio 21/22	RDA 22/23	Pop. 22/23	Pop. Per RDA 22/23	DDS 22/23	RDA to DDS Ratio 22/23
Alameda	1,252	1,670,834	1,334	1,497	1:1	1,185	1,651,979	1,394	1,492	1:1	1,146	1,651,979	1,441	1,507	0:1
Alpine	0	1,142	N/A	1	0:1	0	1,200	N/A	1	0:1	0	1,200	0	0	0
Amador	57	37,676	660	23	2:1	55	40,297	732	22	2:1	56	40,297	719	21	2:1
Butte	267	210,291	787	126	2:1	250	201,608	806	124	2:1	267	201,608	755	123	2:1
Calaveras	61	45,023	738	18	3:1	55	40,297	732	18	3:1	51	45,049	883	19	2:1
Colusa	28	21,902	782	6	5:1	28	21,807	779	6	4:1	26	21,807	838	6	4:1
Contra Costa	1,285	1,153,561	897	1,123	1:1	1,224	1,156,555	944	1,098	1:1	1230	1,156,555	940	1,101	1:1
Del Norte	29	27,298	941	15	2:1	26	27,218	1,046	13	2:1	29	27,218	938	11	2:1
El Dorado	220	193,227	878	161	1:1	205	190,465	929	157	1:1	206	190,465	924	158	1:1
Fresno	907	1,023,358	1,128	622	1:1	884	1,011,273	1,143	613	1:1	874	1,011,273	1,157	621	1:1
Glenn	49	29,400	600	10	5:1	46	28,750	625	6	7:1	47	28,750	611	6	7:1
Humboldt	170	133,302	784	68	2:1	162	135,168	834	64	2:1	157	135,168	860	62	2:1
Imperial	85	188,777	2,220	38	2:1	83	179,329	2,161	38	2:1	85	179,329	2,109	38	2:1
Inyo	11	18,584	1,689	9	1:1	9	18,978	2,109	8	1:1	9	18,978	2,108	6	1:1
Kern	624	917,553	1,470	350	2:1	601	909,813	1,513	340	1:1	602	909,813	1,511	337	1:1
Kings	139	153,608	1,105	64	2:1	134	152,023	1,135	49	2:1	138	152,023	1,101	62	2:1
Lake	90	64,040	711	45	2:1	80	67,407	842	26	3:1	76	67,407	886	41	1:1
Lassen	48	28,833	600	24	2:1	40	30,274	756	23	1:1	37	30,274	818	25	1:1
Los Angeles	4,748	10,172,951	2,142	8,502	1:2	4,503	9,861,224	2,189	8,418	1:2	4440	9,861,224	2,220	8,501	0:1
Madera	137	158,147	1,154	43	3:1	135	157,396	1,165	45	3:1	135	157,396	1,165	45	3:1
Marin	183	260,831	1,425	304	1:2	174	257,135	1,477	308	1:2	174	257,135	1,477	299	0:1
Mariposa	15	18,067	1,204	7	2:1	12	17,045	1,420	7	1:1	8	17,045	2,130	7	1:1
Mendocino	103	87,946	853	52	2:1	97	89,999	927	54	1:1	94	89,999	957	50	1:1

County	RDA 20/21	Pop. 20/21	Pop. per RDA 20/21	DDS 20/21	RDA to DDS Ratio 20/21	RDA 21/22	Pop. 21/22	Pop. per RDA 21/22	DDS 21/22	RDA to DDS Ratio 21/22	RDA 22/23	Pop. 22/23	Pop. Per RDA 22/23	DDS 22/23	RDA to DDS Ratio 22/23
Merced	252	283,521	1,125	91	3:1	240	284,338	1,184	97	2:1	241	284,338	1,179	92	2:1
Modoc	4	9,570	2,392	5	1:1	2	8,690	4,345	3	1:2	2	8,690	4,345	3	0:1
Mono	5	13,464	2,692	3	2:1	6	13,379	2,229	5	1:1	6	13,379	2,229	6	1:1
Monterey	392	441,143	1,125	259	2:1	380	433,716	1,141	257	1:1	377	433,716	1,150	246	1:1
Napa	137	139,088	1,015	113	1:1	127	136,179	1,072	112	1:1	130	136,179	1,047	112	1:1
Nevada	96	98,114	1,022	77	1:1	88	101,242	1,150	77	1:1	89	101,242	1,137	73	1:1
Orange	1,823	3,194,332	1,752	4,005	1:2	1,742	3,162,245	1,815	4,044	1:2	1655	3,162,245	1,910	4,081	0:1
Placer	507	403,711	796	471	1:1	465	409,025	879	466	1:1	469	409,025	872	472	0:1
Plumas	19	18,260	961	15	1:1	19	18,942	996	14	1:1	18	18,942	1,052	14	1:1
Riverside	2,126	2,442,304	1,148	1,111	2:1	1,982	2,435,525	1,228	1,122	1:1	1953	2,435,525	1,247	1,131	1:1
Sacramento	1,662	1,555,365	935	1,159	1:1	1,619	1,576,618	973	1,175	1:1	1570	1,576,618	1,004	1,187	1:1
San Benito	106	62,353	588	23	5:1	111	65,479	589	24	4:1	111	65,479	589	24	4:1
San Bernardino	1,567	2,180,537	1,391	1,381	1:1	1,505	2,187,665	1,453	1,370	1:1	1497	2,187,665	1,461	1,413	1:1
San Diego	2,659	3,343,355	1,257	2,779	1:1	2,541	3,287,306	1,293	2,764	0:1	2536	3,287,306	1,296	2,828	0:1
San Francisco	437	897,806	2,054	1,225	1:3	416	842,754	2,025	1,175	1:3	422	842,754	1,997	1,186	0:1
San Joaquin	792	773,632	976	371	2:1	777	784,298	1,009	371	2:1	752	784,298	1,042	380	1:1
San Luis Obispo	222	277,259	1,248	225	1:1	206	280,721	1,362	207	1:1	210	280,721	1,336	210	1:1
San Mateo	605	773,244	1,278	858	1:1	561	744,662	1,327	853	1:1	545	744,662	1,366	844	0:1
Santa Barbara	352	451,840	1,283	324	1:1	352	445,164	1,264	312	1:1	363	445,164	1,226	314	1:1
Santa Clara	1,673	1,961,969	1,172	2,292	1:1	1,598	1,894,783	1,185	2,284	1:1	1543	1,894,783	1,227	2,305	0:1
Santa Cruz	234	271,233	1,159	170	1:1	214	266,564	1,245	166	1:1	210	266,564	1,269	170	1:1
Shasta	189	178,045	942	115	2:1	174	180,531	1,037	107	1:1	175	180,531	1,031	103	1:1
Sierra	5	3,201	640	1	5:1	2	3,229	1,614	0	4:0	2	3,229	1,614	0	0:1
Siskiyou	34	44,461	1,307	24	1:1	29	43,830	1,511	21	1:1	27	43,830	1,623	24	1:1
Solano	641	440,224	686	287	2:1	621	447,241	720	282	2:1	578	447,241	773	279	2:1
Sonoma	671	492,980	734	393	2:1	656	482,404	735	383	1:1	628	482,404	768	384	1:1

County	RDA 20/21	Pop. 20/21	Pop. per RDA 20/21	DDS 20/21	RDA to DDS Ratio 20/21	RDA 21/22	Pop. 21/22	Pop. per RDA 21/22	DDS 21/22	RDA to DDS Ratio 21/22	RDA 22/23	Pop. 22/23	Pop. Per RDA 22/23	DDS 22/23	RDA to DDS Ratio 22/23
Stanislaus	594	557,709	938	273	2:1	587	549,466	936	271	2:1	575	549,466	955	275	2:1
Sutter	124	100,750	812	56	2:1	120	99,145	826	52	2:1	121	99,145	819	51	2:1
Tehama	87	65,129	748	29	3:1	83	65,052	783	31	2:1	86	65,052	756	29	2:1
Trinity	4	13,548	3,387	4	1:1	5	16,023	3,204	3	1:1	5	16,023	3,204	3	1:1
Tulare	451	479,977	1,064	227	2:1	425	475,014	1,117	218	1:1	447	475,014	1,062	221	2:1
Tuolumne	75	54,917	732	47	2:1	69	55,291	801	48	1:1	68	55,291	813	49	1:1
Ventura	550	842,886	1,532	666	1:1	513	833,652	1,625	666	1:1	512	833,652	1,628	649	0:1
Yolo	196	221,705	1,131	114	2:1	190	221,165	1,164	118	1:1	188	221,165	1,176	116	1:1
Yuba	88	78,887	896	7	13:1	90	82,275	914	6	15:1	91	82,275	904	7	13:1
<b>TOTAL</b>	<b>29,887</b>	<b>39,782,870</b>	<b>65,490</b>	<b>32,308</b>	<b>N/A</b>	<b>30,119</b>	<b>39,371,318</b>	<b>1,307</b>	<b>32,034</b>	<b>1:1</b>	<b>28,089</b>	<b>39,185,605</b>	<b>73,655</b>	<b>32,327</b>	<b>N/A</b>

\*Population data obtained from Department of Finance, Demographic Research Unit.

\*\*Ratios are rounded to the nearest whole number.

Counties with the Highest Population per RDA:	Modoc County (1:4,345)	Counties with Lowest Population per RDA:	Alpine County (No RDAs)
	Trinity County (1:3,204)		San Benito County (1:589)
	Mono County (1:2,229)		Glenn County (1:611)
	Los Angeles County (1:2,220)		Amador County (1: 719)
	Mariposa County (1:2,130)		Butte County (1:755)

**Action Requested**

Informational only. No action required.





DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

Table with 2 columns: Field (DATE, TO, FROM, SUBJECT) and Content (January 17, 2023, Members of the Dental Assisting Council, Mirela Taran, Administrative Analyst, Dental Board of California, Agenda Item 8.: Update and Discussion on Status of Surveys Regarding Registered Dental Assistant in Extended Functions Administration of Local Anesthesia and Nitrous Oxide – Jeri Fowler, CDA, RDAEF, OA, and Traci Reed-Espinoza, RDAEF)

Background

At its November 2018 meeting, the Council heard a presentation from Joan Greenfield, RDAEF, MS, regarding a proposal to add the administration of local anesthesia and nitrous oxide to the scope of practice of registered dental assistants in extended functions (RDAEFs) licensed on or after January 1, 2010, as an optional post-licensure permit with conditions determined by the Board. During this meeting, the Council discussed the necessity of adding the administration of local anesthesia and nitrous oxide to the scope of practice for RDAEFs and expressed concern for public protection.

The Council directed staff to survey both dentists and a larger sample of RDAEFs to solicit their judgments on adding the administration of local anesthesia and nitrous oxide to the RDAEF scope of practice. In addition, the Council directed the formation of a working group, consisting of dentists, hygienists, RDAEFs, and other interested stakeholders, to research and evaluate the proposal. Further, the Council recommended the Board consider exploring the possibility of eliminating the multiple layers of RDAEF certifications by incorporating all of them under one general RDAEF license.

At the August 2021 meeting, staff advised the Board that it does not have sufficient staff resources to carry out the Council’s directive regarding the development of a survey and the formation of a working group. Board staff determined that to move forward with the Council’s request, a Board member would be needed to assist staff with the surveys and working groups. The Board members held a robust discussion, considering whether to move forward with developing a survey and forming a working group to study expanding the RDAEF scope of practice for allowing administration of local anesthesia and nitrous oxide. Board members expressed concern that it was unclear as to what the Council wanted to be studied. Some Board members favored moving forward with the Council’s

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recommendation but would need additional information from the Council. A motion failed that would have moved forward with the Council's recommendation to survey both dentists and a larger sample of RDAEFs to assess their judgments on adding the administration of local anesthesia and nitrous oxide to the RDAEF scope of practice.

At the November 2021 meeting, the Council was asked to reevaluate whether a survey and study of these issues needed to be performed, and if so, the Council was asked to define the specific issues to be studied and surveyed, with a list of pertinent survey questions, regarding allowing RDAEF administration of local anesthesia and nitrous oxide. Given the lack of Board staff resources and complexity of these issues, the Council established a two-member working group consisting of Jerri Fowler, DA, RDAEF, OA, Council Chair, and Traci Reed-Espinoza, RDAEF, Council Vice Chair (Working Group), to discuss the specific issues to be studied, create relevant survey questions, and return to the Council with a list of the specific issues to be studied and survey questions.

At the January 2022 meeting, the Working Group presented their proposed survey questions to the Council. After a robust discussion, the Council made a motion to delegate authority to the Working Group to continue working with the Department of Consumer Affairs (DCA), Office of Professional Examination Services (OPES) to finalize the surveys and bring them back at a future DAC meeting and the motion passed.

The Working Group reviewed OPES' recommendations to the surveys and brought their revised draft back to the Council at the May 2022 meeting, for their consideration and feedback. At that meeting, the Council delegated authority to the Working Group to work with OPES to finalize the surveys and distribute to stakeholders.

On August 8, 2022, the Working Group and Board staff met with OPES to discuss the next steps in the finalization and distribution of the survey. It was determined that the anticipated release date of the survey would be early September 2022. The survey was open for licensees for a period of one month.

## **Update**

At the November 2022 meeting, Chair Fowler shared that OPES was in the process of completing analysis of the survey responses and that they will provide a memorandum of the full results at the February Council meeting. She reminded the Council that they are currently in phase one of this matter, which includes gathering data via the survey to determine if the Council should move forward with recommending to the Board that local anesthesia and nitrous oxide be an allowable duty for RDAEFs. She assured that patient care and safety is the number one concern of the Board, ensuring that the educational program is robust and comprehensive.

OPES gathered results from the surveys that were administered to California-licensed RDAEFs and dentists and provided a breakdown between their responses. Based on the

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survey results, OPES found that the responses from RDAEFs and dentists to the survey were consistent. Both RDAEFs and dentists reported that the administration of local anesthesia was required for a significant proportion of procedures performed by RDAEFs. Both also reported that RDAEFs spent the majority of their time performing these procedures. Further, both groups reported that administration of additional local anesthesia was frequently required while RDAEFs were performing these procedures. Both the majority of RDAEFs and dentists who supervise RDAEFs supported expanding the RDAEF scope of practice to allow RDAEFs to administer local anesthesia and nitrous oxide after receiving specialized training. The complete results and full report of the survey is attached.

In response to the proposal, the Council has received opposition letters from the California Dental Hygienists' Association (CDHA), the California Dental Hygiene Educators' Association (CDHEA), Chabot College Dental Hygiene Program, the University of the Pacific (UOP), and several individuals strongly opposing allowing RDAEFs the additional duty to administer local anesthesia and nitrous oxide.

Board staff note that the Board typically does not propose scope of practice legislation. As such, if there is a desire to expand the RDAEF scope of practice, stakeholder groups should submit their legislative proposal to the California State Legislature. If such proposal were introduced, the Board would discuss whether or not the Board would take a position on the legislation. If such legislation was enacted, the Board then could direct, if necessary, the Council to review the statutes and regulations to explore the possibility of eliminating multiple layers of RDAEF certifications by incorporating them under one general RDAE license as previously recommended by OPES.

At this time, now that the Council has received survey information, the Council may wish to submit the survey results to the Board for review.

### **Action Requested**

The Council is asked to review OPES' findings in relation to the administered survey and determine whether to submit the survey results to the Board.

### **Attachments**

1. Survey Results Regarding the Use of Local Anesthesia and Nitrous Oxide in Procedures Performed by Registered Dental Assistants in Extended Functions (RDAEFs)
2. Letters of Opposition:
  - Chabot College Dental Hygiene Program (November 2, 2022)
  - CDHA (November 11, 2022)
  - CDHEA (November 11, 2022)
  - Christopher Nucho, RDH (November 8, 2022)

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- Eugenia Skelley, RDH (November 2, 2022)
- Michael Laflamme, RDH (November 9, 2022)
- Michael Long, RDH (November 7, 2022)
- Roan Espino, RDHAP (November 2, 2022)
- Gwen Essex, RDH, RDHAP, MS, EdD (November 16, 2022)
- UOP Dental Hygiene Class of 2023 (November 21, 2022)
- Pamela Powers CDA, RDA, RDH, MS (November 7, 2022)
- Blanca Islas Pareto, RDH, RDAEF, on behalf of the San Francisco Dental Hygiene Society (SFDHS) (November 17, 2022)

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## MEMORANDUM

<b>DATE</b>	December 16, 2022
<b>TO</b>	Tracy Montez, Ph.D., Executive Officer Dental Board of California
<b>FROM</b>	<i>Heidi Lincer</i> Heidi Lincer, Ph.D., Chief Office of Professional Examination Services
<b>SUBJECT</b>	<b>Survey Results Regarding the Use of Local Anesthesia and Nitrous Oxide in Procedures Performed by Registered Dental Assistants in Extended Functions (RDAEFs)</b>

### EXECUTIVE SUMMARY

The Dental Board of California (Board) asked the Office of Professional Examination Services (OPES) to assist in conducting a study regarding the use of local anesthesia and nitrous oxide during procedures performed by Registered Dental Assistants in Extended Functions (RDAEFs). The purpose of the study is to provide data for the Board to consider when determining whether the RDAEF scope of practice should be expanded to include the administration of local anesthesia and nitrous oxide.

In September 2022, an online survey was administered to California-licensed RDAEFs and dentists: 1,686 RDAEFs and 31,926 dentists were invited to complete the survey. Of the 790 RDAEF respondents, 763 currently practicing RDAEFs were included in the analysis. Of the 2,890 dentist respondents, 727 dentists who were currently practicing and supervising RDAEFs were included in the analysis.

Both RDAEFs and dentists reported that the administration of local anesthesia is required for a significant proportion of procedures performed by RDAEFs, and that administration of *additional* local anesthesia is frequently required during these procedures, resulting in wait times for patients. The majority of RDAEFs reported that nitrous oxide was administered during procedures they performed. Approximately one-half of dentists reported that patients received nitrous oxide while undergoing procedures performed by RDAEFs they supervise.

The majority of both RDAEFs and dentists who supervise RDAEFs supported expanding the RDAEF scope of practice to include administering local anesthesia and nitrous oxide after receiving specialized training.

## **SURVEY DEVELOPMENT AND ADMINISTRATION**

OPES worked with the Board's Dental Assisting Council (DAC) to develop surveys that were administered to California-licensed RDAEFs and dentists. The surveys gathered information about:

- The procedures performed by RDAEFs that require the administration of local anesthesia.
- The percentage of cases that require additional administration of local anesthesia during these procedures.
- The impact that additional administration of local anesthesia has on patients.
- The use of nitrous oxide during procedures performed by RDAEFs.
- The impact that including administration of local anesthesia and nitrous oxide under the RDAEF scope of practice would have on patients and on the delivery of dental health services.

OPES worked with the Board to obtain lists of email and physical addresses for California-licensed RDAEFs and dentists. RDAEFs and dentists who had email addresses on file with the Board were sent an email that included a link to complete an online survey. Practitioners who did not have an email address on file were sent a letter containing information on how to access the survey. The survey was open for participation September 1–30, 2022.

A total of 1,256 RDAEFs received an email invitation, and an additional 430 received letters inviting them to complete the survey. Of the 1,686 emails and letters sent to RDAEFs, 790 responses were received, for a response rate of 47.0%. Of the 790 RDAEF respondents, 763 reported that they were currently practicing and were included in further analyses.

A total of 27,426 dentists received an email invitation, and an additional 4,500 received letters inviting them to complete the survey. Of the 31,926 emails and letters sent to dentists, 2,890 responses were received, for a response rate of 9.1%. Of the 2,890 dentist respondents, 727 reported that they were currently practicing and supervising RDAEFs and were included in further analyses.

## **RDAEF SURVEY RESPONSES**

Attachment A includes tables detailing the RDAEF responses to the survey questions that had multiple response options.

Of the RDAEF respondents, 67.4% reported that they had been licensed 10 years or fewer, and 32.1% reported that they had been licensed longer than 10 years (Attachment A, Table 1). The majority of respondents reported working in a private dental practice with either one dentist (30.4%) or two or more dentists (48.8%), while 7.4% reported working in either a dental school clinic, in public health dentistry, or in a military setting (Attachment A, Table 2).

When asked about the type of procedures they performed that require administration of local anesthesia, 87.2% of RDAEFs reported placing retraction cords for final impression of crowns and bridges; 79.9% reported placing and finishing direct restorations; and 72.6% reported adjusting and cementing indirect restorations. Fewer RDAEF respondents (26.7%) reported that they performed obturate root canal procedures, and 5.6% reported that they perform “other” procedures that require local anesthesia (Attachment A, Table 3). The most commonly reported “other” procedures included those related to implant placement and oral surgery. The majority of RDAEF respondents (69%) reported that more than 70% of their time is spent performing procedures that require administration of local anesthesia, and more than half of respondents (54.1%) reported that these procedures account for more than 80% of their time (Attachment A, Table 4).

The largest proportion of RDAEF respondents (35.3%) reported that the administration of additional local anesthesia was required for 31–60% of patients during procedures they perform, and 27.5% reported that additional local anesthesia was required for more than 60% of patients (Attachment A, Table 5). When additional local anesthesia was required, 30.1% of respondents reported an average wait time of 6–10 minutes before it was administered by a dentist or other dental professional, while 20.7% reported a wait time of 11–15 minutes, and 21.5% reported a wait time of more than 16 minutes (Attachment A, Table 6). Once the additional local anesthesia was administered, approximately 43% of RDAEF respondents reported an average additional wait time of 1–5 minutes before they were able to resume procedures, and another 30% reported an average additional wait time of 6–10 minutes (Attachment A, Table 7).

Approximately 70% of RDAEFs reported that nitrous oxide was administered during procedures they performed; however, there was significant variability in the proportion of patients who received it. Approximately 39% of RDAEFs reported that nitrous oxide was administered to 1–30% of patients, while 15% reported that it was administered to 31–50% of patients, and approximately 16% reported that it was administered to more than 50% of patients (Attachment A, Table 8).

RDAEFs were asked about the potential patient benefits of permitting RDAEFs to administer local anesthesia after receiving specialized training. Of the respondents, approximately 86% indicated that patients would spend less time in the operatory chair; 75% indicated that pain management would be enhanced; and 69% indicated that patient anxiety would be reduced (Attachment A, Table 9). Other comments indicated that productivity and efficiency would increase, and that dentists would be allowed to attend to other tasks associated with patient care. Almost all respondents also indicated that patients would benefit from permitting RDAEFs to administer nitrous oxide after receiving specialized training, primarily through reduced patient anxiety (84.9%). Less than 4% of respondents indicated that patients would not benefit (Attachment A, Table 10).

## DENTIST SURVEY RESPONSES

Attachment B includes tables detailing the dentist responses to the survey questions that had multiple response options.

Of the responding dentists who supervise RDAEFs, 34.8% reported that they had been licensed 10 years or fewer, and 65.2% reported that they had been licensed longer than 10 years (Attachment B, Table 1). Similar to RDAEF respondents, the majority of dentist respondents reported working in a private dental practice with either one dentist (27.9%) or two or more dentists (48.3%). Fewer dentist respondents reported that they worked in either a dental service organization (10%), in public health dentistry (7.4%), or in a dental school clinic (2.2%) (Attachment B, Table 2).

Dentists were asked about the procedures performed by the RDAEFs they supervise. When asked which of these procedures required local anesthesia, approximately 25% of respondents reported that RDAEFs did not perform procedures that required local anesthesia; 62.6% reported that RDAEFs placed retraction cords for final impression of crowns and bridges; 54.6% reported that RDAEFs placed and finished direct restorations; and 50.6% reported that RDAEFs adjusted and cemented indirect restorations. Approximately 7% reported that RDAEFs obturate root canals, and 5.8% reported that RDAEFs performed “other” procedures that require local anesthesia (Attachment B, Table 3). Similar to RDAEF responses, the most commonly reported “other” procedures were those related to implant placement and oral surgery. Approximately 36% of dentists reported that RDAEFs spent more than 50% of their time performing procedures that require local anesthesia, while 26.8% reported that RDAEFs spent more than 70% of their time performing such procedures (Attachment B, Table 4).

Dentists were also asked about the proportion of patients undergoing procedures by the RDAEFs they supervise that required additional local anesthesia. Of the respondents, 37.7% reported that 1–10% of patients required additional local anesthesia, 23.8% reported 11–50% of patients, and 7.2% reported more than 50% of patients (Attachment B, Table 5). The highest proportion of dentists (28.2%) reported that the average wait time to administer the additional local anesthesia was 1–5 minutes; 17.5% reported that the average wait time was 6–10 minutes; and 10% reported 11–15 minutes. Few dentists (5.4%) reported that the average wait time was 16 minutes or longer (Attachment B, Table 6). Once the additional local anesthesia was administered, 43.6% of dentists reported an additional wait time of up to 5 minutes before RDAEFs were able to resume the procedure, and another 17.6% reported an average wait time of 6–10 minutes (Attachment B, Table 7).

Dentists were also asked whether nitrous oxide was administered to patients undergoing procedures performed by the RDAEFs they supervise. Of the respondents, 46.8% reported that nitrous oxide was administered, and 45.8% reported that it was not. Approximately 22% of dentists reported that nitrous oxide was administered to 1–10% of patients, and 16.3% reported that it was administered to 11–30% of patients. Approximately 5% of dentists reported that it was administered to more than 50% of patients (Attachment B, Table 8).



The majority of dentists (56%) indicated that patients would benefit from permitting RDAEFs to administer local anesthesia after receiving specialized training, and 36% indicated that patients would not benefit. As shown in Attachment B, Table 9, potential patient benefits identified by dentists included:

- Less time in the operatory chair (51.3%).
- Enhanced pain management (45.1%).
- Reduced patient anxiety (38%).

Respondents also mentioned additional benefits to patients, including more access to care, greater efficiency, and better overall patient care.

The majority of dentists (65.6%) indicated that patients would benefit from permitting RDAEFs to administer nitrous oxide after receiving specialized training, primarily through reduced patient anxiety (60.7%) (Attachment B, Table 10). Approximately 26% of dentist respondents indicated that patients would not benefit.

The majority of dentists (54%) indicated that they would support the RDAEFs they supervise in receiving additional specialized training to administer local anesthesia, while 13% indicated that they would not. A larger proportion of dentists (65%) indicated that they would support the RDAEFs they supervise in receiving additional specialized training to administer nitrous oxide, with only 1% indicating that they would not.

## **CONCLUSIONS BASED ON SURVEY RESULTS**

OPES found that the ratings provided by RDAEFs and dentists were relatively congruent. Both RDAEFs and dentists reported that the administration of local anesthesia was required for a significant proportion of procedures performed by RDAEFs. Both also reported that RDAEFs spent the majority of their time performing these procedures. Further, both groups reported that administration of *additional* local anesthesia was frequently required while RDAEFs were performing these procedures. In the majority of cases, this resulted in an average reported wait time of up to 10 minutes before a dentist or other dental professional was able to administer the required additional local anesthesia, with an additional wait time of up to 6–10 minutes before procedures could be resumed.

While the majority of RDAEFs reported that nitrous oxide was administered during the procedures they performed, there was significant variability in the proportion of patients who received it. Dentists were evenly split in reporting whether patients received nitrous oxide while undergoing procedures performed by the RDAEFs they supervise. Dentists also indicated a fair amount of variability with regard to the proportion of patients who received this treatment.

This study was undertaken to assist the Board in determining whether expanding the RDAEF scope of practice is warranted. Both the majority of RDAEFs and the majority of dentists who supervise RDAEFs supported expanding the RDAEF scope of practice to

allow RDAEFs to administer local anesthesia and nitrous oxide after receiving specialized training.

If the Board decides to expand the RDAEF scope of practice to include administration of local anesthesia and nitrous oxide, OPES will work with the Board to address this content on the licensure examination.

Attachments: RDAEF Responses to Survey Questions (Attachment A)  
Dentist Responses to Survey Questions (Attachment B)

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TABLE 1 – YEARS LICENSED AND PRACTICING AS AN RDAEF

<b>YEARS</b>	<b>NUMBER (N)</b>	<b>PERCENT</b>
Fewer than 12 months	130	17.0
1–5 years	258	33.8
6–10 years	126	16.6
More than 10 years	245	32.1
Missing	4	0.5
<b>Total</b>	<b>763</b>	<b>100.0</b>

TABLE 2 – PRIMARY WORK SETTING

SETTING	NUMBER (N)	PERCENT
Private dental practice with one dentist	232	30.4
Private dental practice with two or more dentists	372	48.8
Dental service organization or corporation	67	8.8
Public health dentistry	46	6.0
Dental school clinic	10	1.3
Military	1	0.1
Other	31	4.1
Missing	4	0.5
Total	763	100.0

TABLE 3 – PROCEDURES REQUIRING ADMINISTRATION OF LOCAL ANESTHESIA\*

PROCEDURE	NUMBER (N)	PERCENT**
Place and finish direct restorations	610	79.9
Place retraction cord for final impression of crowns and bridges	665	87.2
Adjust and cement indirect restorations	554	72.6
Obturate (fill) root canals	204	26.7
Other	43	5.6
None	38	5.0

\*NOTE: Respondents were asked to select all that apply.

\*\*NOTE: Percentages indicate the proportion in the sample of respondents.

TABLE 4 – PROPORTION OF TIME SPENT ON PROCEDURES REQUIRING LOCAL ANESTHESIA

PROPORTION OF TIME	NUMBER (N)	PERCENT
1–10%	17	2.2
11–20%	15	2.0
21–30%	22	2.9
31–40%	15	2.0
41–50%	27	3.5
51–60%	50	6.6
61–70%	36	4.7
71–80%	114	14.9
81–90%	204	26.7
91–100%	209	27.4
Missing	54	7.1
Total	763	100.0

TABLE 5 – PROPORTION OF PATIENTS THAT REQUIRE ADDITIONAL LOCAL ANESTHESIA

PROPORTION OF PATIENTS	NUMBER (N)	PERCENT
1–10%	83	10.9
11–20%	64	8.4
21–30%	74	9.7
31–40%	102	13.4
41–50%	78	10.2
51–60%	89	11.7
61–70%	55	7.2
71–80%	69	9.0
81–90%	60	7.9
91–100%	26	3.4
Missing	63	8.3
Total	763	100*

\*NOTE: Percentages do not add to 100 due to rounding.

TABLE 6 – AVERAGE WAIT TIME BEFORE LOCAL ANESTHESIA IS ADMINISTERED BY DENTIST OR OTHER PROFESSIONAL

WAIT TIME	NUMBER (N)	PERCENT
Less than a minute	23	3.0
1–5 minutes	123	16.1
6–10 minutes	230	30.1
11–15 minutes	158	20.7
16–20 minutes	106	13.9
Longer than 20 minutes	58	7.6
Missing	65	8.5
Total	763	100*

\*NOTE: Percentages do not add to 100 due to rounding.

TABLE 7 – AVERAGE WAIT TIME BEFORE PROCEDURES CAN CONTINUE AFTER BEING STOPPED

<b>WAIT TIME</b>	<b>NUMBER (N)</b>	<b>PERCENT</b>
Less than a minute	27	3.5
1–5 minutes	331	43.4
6–10 minutes	229	30.0
11–15 minutes	71	9.3
16–20 minutes	18	2.4
Longer than 20 minutes	13	1.7
Missing	74	9.7
Total	763	100.0

TABLE 8 – PROPORTION OF PATIENTS THAT RECEIVE NITROUS OXIDE DURING PROCEDURES

<b>PROPORTION OF PATIENTS</b>	<b>NUMBER (N)</b>	<b>PERCENT</b>
1–10%	115	15.1
11–20%	83	10.9
21–30%	95	12.5
31–40%	70	9.2
41–50%	44	5.8
51–60%	47	6.2
61–70%	18	2.4
71–80%	15	2.0
81–90%	23	3.0
91–100%	23	3.0
Missing	230	30.1
Total	763	100*

\*NOTE: Percentages do not add to 100 due to rounding.

TABLE 9 – BENEFITS IF RDAEFs WERE PERMITTED TO ADMINISTER LOCAL ANESTHESIA WITH TRAINING\*

<b>BENEFIT</b>	<b>NUMBER (N)</b>	<b>PERCENT**</b>
Enhanced pain management	572	75.0
Reduced anxiety	523	69.0
Less time spent in the operatory chair	653	85.6
Other	88	11.5
None	28	3.7

\*NOTE: Respondents were asked to select all that apply.

\*\*NOTE: Percentages indicate the proportion in the sample of respondents.

TABLE 10 – BENEFITS IF RDAEFs WERE PERMITTED TO ADMINISTER NITROUS OXIDE WITH TRAINING\*

<b>BENEFIT</b>	<b>NUMBER (N)</b>	<b>PERCENT**</b>
Enhanced pain management	475	62.3
Reduced anxiety	648	84.9
Less time spent in the operatory chair	522	68.4
Other	43	5.6
None	27	3.5

\*NOTE: Respondents were asked to select all that apply.

\*\*NOTE: Percentages indicate the proportion in the sample of respondents.



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TABLE 1 – YEARS LICENSED AND PRACTICING AS A DENTIST

<b>YEARS</b>	<b>NUMBER (N)</b>	<b>PERCENT</b>
Fewer than 12 months	21	2.9
1–5 years	130	17.9
6–10 years	102	14.0
More than 10 years	474	65.2
Total	727	100.0

TABLE 2 – PRIMARY WORK SETTING

SETTING	NUMBER (N)	PERCENT
Private dental practice with one dentist	203	27.9
Private dental practice with two or more dentists	351	48.3
Dental service organization or corporation	73	10.0
Public health dentistry	54	7.4
Dental school clinic	16	2.2
Military	3	0.4
Other	26	3.6
Missing	1	0.1
Total	727	100*

\*NOTE: Percentages do not add to 100 due to rounding.

TABLE 3 – PROCEDURES RDAEFs PERFORM THAT REQUIRE ADMINISTRATION OF LOCAL ANESTHESIA\*

PROCEDURE	NUMBER (N)	PERCENT**
Place and finish direct restorations	397	54.6
Place retraction cord for final impression of crowns and bridges	455	62.6
Adjust and cement indirect restorations	368	50.6
Obturate (fill) root canals	47	6.5
Other	42	5.8
None	181	24.9

\*NOTE: Respondents were asked to select all that apply.

\*\*NOTE: Percentages indicate the proportion in the sample of respondents.

TABLE 4 – PROPORTION OF TIME SPENT BY RDAEFs PERFORMING PROCEDURES REQUIRING LOCAL ANESTHESIA

PROPORTION OF TIME	NUMBER (N)	PERCENT
1–10%	73	10.0
11–20%	49	6.7
21–30%	54	7.4
31–40%	38	5.2
41–50%	35	4.8
51–60%	39	5.4
61–70%	30	4.1
71–80%	82	11.3
81–90%	60	8.3
91–100%	52	7.2
Missing	215	29.6
Total	727	100.0

TABLE 5 – PROPORTION OF PATIENTS THAT REQUIRE ADDITIONAL LOCAL ANESTHESIA

PROPORTION OF PATIENTS	NUMBER (N)	PERCENT
1–10%	274	37.7
11–20%	81	11.1
21–30%	52	7.2
31–40%	22	3.0
41–50%	18	2.5
51–60%	23	3.2
61–70%	8	1.1
71–80%	7	1.0
81–90%	8	1.1
91–100%	6	0.8
Missing	228	31.4
Total	727	100*

\*NOTE: Percentages do not add to 100 due to rounding.

TABLE 6 – AVERAGE WAIT TIME BEFORE LOCAL ANESTHESIA IS ADMINISTERED BY DENTIST

WAIT TIME	NUMBER (N)	PERCENT
Less than a minute	50	6.9
1–5 minutes	205	28.2
6–10 minutes	127	17.5
11–15 minutes	73	10.0
16–20 minutes	21	2.9
Longer than 20 minutes	18	2.5
Missing	233	32.0
Total	727	100.0

TABLE 7 – AVERAGE WAIT TIME BEFORE PROCEDURES CAN CONTINUE AFTER BEING STOPPED

WAIT TIME	NUMBER (N)	PERCENT
Less than a minute	53	7.3
1–5 minutes	264	36.3
6–10 minutes	128	17.6
11–15 minutes	32	4.4
16–20 minutes	5	0.7
Longer than 20 minutes	5	0.7
Missing	240	33.0
Total	727	100.0

TABLE 8 – PROPORTION OF PATIENTS THAT RECEIVE NITROUS OXIDE DURING PROCEDURES

PROPORTION OF PATIENTS	NUMBER (N)	PERCENT
1–10%	163	22.4
11–20%	62	8.5
21–30%	57	7.8
31–40%	16	2.2
41–50%	6	0.8
51–60%	9	1.2
61–70%	9	1.2
71–80%	7	1.0
81–90%	4	0.6
91–100%	8	1.1
Missing	386	53.1
Total	727	100*

\*NOTE: Percentages do not add to 100 due to rounding.

TABLE 9 – BENEFITS IF RDAEFs WERE PERMITTED TO ADMINISTER LOCAL ANESTHESIA WITH TRAINING\*

<b>BENEFIT</b>	<b>NUMBER (N)</b>	<b>PERCENT**</b>
Enhanced pain management	328	45.1
Reduced anxiety	276	38.0
Less time spent in the operatory chair	373	51.3
Other	40	5.5

\*NOTE: Respondents were asked to select all that apply.

\*\*NOTE: Percentages indicate the proportion in the sample of respondents.

TABLE 10 – BENEFITS IF RDAEFs WERE PERMITTED TO ADMINISTER NITROUS OXIDE WITH TRAINING\*

<b>BENEFIT</b>	<b>NUMBER (N)</b>	<b>PERCENT**</b>
Enhanced pain management	338	46.5
Reduced anxiety	441	60.7
Less time spent in the operatory chair	335	46.1
Other	20	2.8

\*NOTE: Respondents were asked to select all that apply.

\*\*NOTE: Percentages indicate the proportion in the sample of respondents.

November 2, 2022

To Whom it May Concern,

The Chabot College Dental Hygiene Program (See attached), is in strong opposition of allowing Registered Dental Assistants in Extended Functions the ability to administer local anesthesia and nitrous oxide-oxygen.

To provide *safe and effective* local anesthesia and nitrous oxide sedation, the following is required for a Registered Dental Hygienist to complete in an Accredited California Dental Hygiene program:

**Required Dental Hygiene Anesthesia Requirements:**

**Pre-requisite Courses:** Chemistry, Organic chemistry, Biochemistry, Anatomy, Physiology and Microbiology are all required to understand how local anesthetics and nitrous oxide interact and affect the human body.

- These courses must be completed before enrolling in an RDH program.

**Required Courses in DH programs:** Head and Neck Anatomy, Pharmacology, Pain Management course with 56 lab hours and anesthesia and nitrous oxide-oxygen sedation practice on student partners.

- Head and Neck Anatomy is required so students know where muscles, nerves and blood vessels are located and how to avoid any vital structures during anesthesia. Pharmacology and Pain Management courses cover anesthetics and nitrous oxide-oxygen in detail and how to calculate a safe dose without overdosing and potentially causing harm to the patient.
- Dental Hygiene Students have preclinical injection instruction which includes a minimum of two (2) experiences per injection, which may be on another student.
- Clinical instruction of injections includes at least four (4) clinical experiences per injection, which includes two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient, of which only one (1) may be on another student.
- The administration of nitrous oxide-oxygen analgesia includes at least two (2) preclinical experiences on patients, both of which may be on another student, and at least three (3) clinical experiences on patients, of which only one may have been on another student and one of which was used to determine clinical competency in the course.
- Clinical experience includes the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia from the beginning of titration of nitrous oxide-oxygen to the discontinuation of nitrous oxide and beginning of final oxygenation.
- Management of Medical and Dental Emergencies of 2 units (30 hours) covering how to recognize and respond to emergencies in the dental office. The pathophysiology of reactions, overdoses and other negative reactions/interactions are taught as well as the most recent guidelines for anesthetic use and ASA patient categories.

**These courses are reviewed and updated every term with the most up-to-date information and techniques to ensure students are taught the most appropriate and effective anesthesia and nitrous oxide sedation.**

**All these courses are delivered at a college level education and students can receive an Associate's or Bachelor's in Dental Hygiene upon completion. RDAEFs have no college educational level requirements to become a Registered Dental Assistant in Extended Functions. Allowing auxiliaries with technical but no foundational or college level science education to provide a potentially life-threatening procedure does not protect patient safety.**

**Allowing RDAEFs to take the out of state (SNL) course will only determine competency, not teach the required courses needed to master the science and skills necessary to protect patient safety. This course is meant to provide RDHs from outside of California a Pain Management course required for California RDH licensure. These RDHs have already taken the required courses at their respective program, including Pharmacology and Head and Neck Anatomy, and only require the Pain Management course to practice in the state of California.**




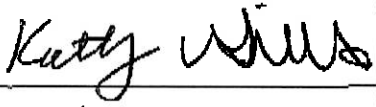


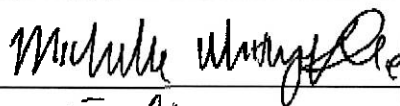


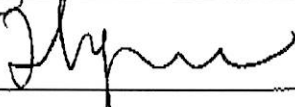



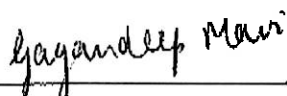
**An RDAEF does not have the accredited education and background to provide safe and effective local anesthesia and nitrous oxide-oxygen sedation for patient care. The anesthesia course is meant to review Anatomy, Neurophysiology, Pharmacology, and Prevention/recognition and management of complications. The SNL course assumes the individual has already completed these courses prior to taking the exam.**

**An RDAEF does not need to have an accredited education to get a license to practice. Without the necessary education, an RDAEF cannot master local anesthesia and nitrous oxide-oxygen delivery. RDAEFs should not be allowed to provide these services to patients unless equal course requirements to those of the RDH are implemented.**

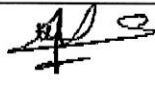


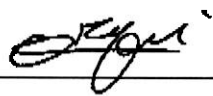
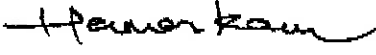

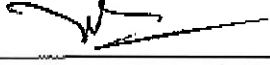

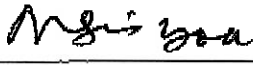
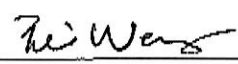
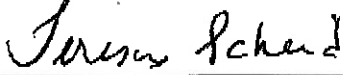
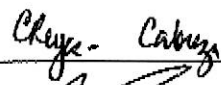

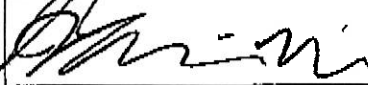
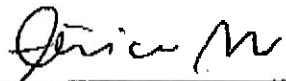
**Thank you for your time,**



**Chabot College Dental Hygiene Program: Opposition of allowing Registered Dental Assistants in Extended Functions the ability to administer local anesthesia and nitrous oxide/oxygen sedation.**

Name (Printed)	Signature	Faculty/Staff/Student
Sadalin Khwann		Student
Bella Vo		Student
Pedro Solorio	Pedro Solorio	student
Vien Huynh		student
Katy Gibbons		Student
Ashley Landan		Student
masha Falivayeva		student
Michelle Whitney-Khnie		Student
Iselle Ceja-Castaneda		Student
Qin Yao		Student
Huiying Wen		Student
Min Zhang		student
Hollie Meier		faculty
Sampada Gaudkar		Student.
GAGANDEEP MAVE		Student

**Chabot College Dental Hygiene Program: Opposition of allowing Registered Dental Assistants in Extended Functions the ability to administer local anesthesia and nitrous oxide/oxygen sedation.**

Name (Printed)	Signature	Faculty/Staff/Student
SANDIA SEBATH		Student
Grishma Patel		student
Janet Iozano		student
Orquidea Sanchez		Student
Herman Deep Kaur		Student
Nga Le		Student
Duyen Nguyen		student
Erin Reiker		Student
Ningzi You		Student
Fei Wang		student
Teresa Scheid		Faculty
Catherine Cabreza		Student
Jessica Poore		STUDENT
Veronica Marin		Student
TRICIA ALYOLA		Student

**Chabot College Dental Hygiene Program: Opposition of allowing Registered Dental Assistants in Extended Functions the ability to administer local anesthesia and nitrous oxide/oxygen sedation.**

Name (Printed)	Signature	Faculty/Staff/Student
Julie Coan	<i>Julie Coan</i>	Faculty
Renee Park	<i>Renee Park</i>	Faculty

**Olney, Jessica@DCA**

---

**From:** Hien Huynh <hien@cdha.org>  
**Sent:** Monday, November 14, 2022 10:30 AM  
**To:** Program, DA@DCA; DentalBoard@DCA  
**Cc:** [REDACTED]  
**Subject:** CDHA/CDHEA - Letter opposing RDAEFs local anesthesia and nitrous oxide administration  
**Attachments:** RDAEF-Anesthesia-Opposition-Letter\_FINAL.pdf  
**Importance:** High

**WARNING:** This message was sent from outside the CA Gov network. Do not open attachments unless you know the sender: hien@cdha.org

Dear The Dental Assisting Committee and The Dental Board of California,

Please find attached letter from California Dental Hygienists' Association (CDHA) and the California Dental Hygiene Educators' Association (CDHEA), opposing RDAEFs local anesthesia and nitrous oxide administration.

Please confirm receipt of this email.

Thanks for your time and have a great day/week.

**Hien Huynh**  
Executive Administrator

**California Dental Hygienists' Association**  
1415 L Street, Suite 1000  
Sacramento, CA 95814  
916-993-9102  
[cdha.org](http://cdha.org)



**California Dental Hygienists' Association**  
*The Voice of Dental Hygiene*

September 23, 2022

November 11, 2022

To: The Dental Assisting Committee  
The Dental Board of California

On behalf of California Dental Hygienists' Association and the California Dental Hygiene Educators' Association, we strongly oppose allowing Registered Dental Assistants in Extended Functions (RDAEFs) the additional duty to administer local anesthesia and nitrous oxide-oxygen.

To provide **safe and effective** local anesthesia and nitrous oxide-oxygen sedation, the following education is required by the Commission on Dental Accreditation and the Dental Hygiene Board of California for a Registered Dental Hygienist to complete in a California Dental Hygiene program:

**Pre-requisite Courses:** Chemistry, Organic chemistry, Biochemistry, Anatomy, Physiology and Microbiology are all required to understand how local anesthetics and nitrous oxide interact and affect the human body.

- These courses must be completed before acceptance in a dental hygiene program.

**Required DH Courses:** Head and Neck Anatomy, Pharmacology, and Pain Management courses with 56 lab hours and anesthesia and nitrous oxide-oxygen sedation practice on student partners.

- Head and Neck Anatomy is required so students know where muscles, nerves and blood vessels are located and how to avoid any vital structures during anesthesia. Pharmacology and Pain Management courses cover anesthetics and nitrous oxide-oxygen in detail and how to calculate a safe dose without overdosing and potentially causing harm to the patient.

The Dental Hygiene Board of California (DHBC) requires local anesthesia and nitrous oxide-oxygen administration coursework require at least 38 hours of didactic and clinical coursework, with practice on student partners and non-student patients. For local anesthesia, this entails fifteen didactic hours along with fifteen hours of pre-clinical and clinical experiences. For nitrous oxide, this entails eight hours for nitrous oxide didactic instruction followed by four preclinical and four clinical hours.

Curriculum must include maxillary and mandibular anesthesia techniques for local infiltration/supraperiosteal, field blocks and nerve blocks to include anterior superior alveolar (ASA), middle superior alveolar (MSA), anterior middle superior alveolar (AMSA), posterior superior alveolar (PSA), greater palatine, inferior alveolar (IA), lingual, buccal, nasopalatine, mental, and incisive injections. Total, there are at least 72 injections that dental hygiene students must deliver during their coursework.

- A minimum of two preclinical (2) experiences per injection, which may be on another student.
- Four (4) clinical experiences per injection, which includes two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient, of which only one (1) may be on another student.



*California Dental Hygienists' Association*  
*The Voice of Dental Hygiene*

- The administration of nitrous oxide-oxygen analgesia includes at least two (2) preclinical experiences on patients, both of which may be on another student, and at least three (3) clinical experiences on patients, of which only one may have been on another student and one of which was used to determine clinical competency in the course.
- Clinical experience includes the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia from the beginning of titration of nitrous oxide-oxygen to the discontinuation of nitrous oxide and beginning of final oxygenation.
- Management of Medical and Dental Emergencies of 2 units (30 hours) covers how to recognize and respond to emergencies in the dental office. The pathophysiology of reactions, overdoses and other negative reactions/interactions are taught as well as the most recent guidelines for anesthetic use and ASA patient categories.

Additionally, dental hygiene students continue to practice injections and nitrous oxide-oxygen sedation for at least two semesters after completion of the pain management course. Courses are reviewed and revised by faculty in dental hygiene programs with the most up-to-date information and techniques to ensure students are taught the most appropriate and effective anesthesia and nitrous-oxide oxygen sedation.

All courses are delivered at a college-level education and students receive an Associate's or Bachelor's in Dental Hygiene upon completion. RDAEFs are not required to have a college education to become licensed. Allowing auxiliaries with only technical training but no college-level science education to provide a procedure that can be potentially life-threatening and does not protect consumers.

The out of state (SNL) course is meant to provide RDHs from outside of California a required Pain Management course for California licensure. They have already taken Pharmacology and Head and Neck Anatomy and are licensed and practicing clinicians.

An RDAEF does not have the education and background to provide safe and effective local anesthesia and nitrous oxide-oxygen sedation. For the sake of consumer safety, we strongly recommend that the Dental Board of California do not allow RDAEFs to deliver local anesthesia and nitrous oxide-oxygen sedation.

Sincerely,

Kathy Kane, BS, RDHA  
President, California Dental Hygienists Association

Judy Yamamoto, RDH, MS  
Executive Director, California Dental Hygiene Educators' Association



November 8, 2022

To Whom it May Concern,

My name is Christopher Nucho, RDH, and this letter is being sent in strong opposition of allowing Registered Dental Assistants in Extended Functions the ability to administer local anesthesia and nitrous oxide-oxygen.

To provide **safe and effective** local anesthesia and nitrous oxide sedation, the following is required for a Registered Dental Hygienist to complete in an Accredited California Dental Hygiene program:

**Required Dental Hygiene Anesthesia Requirements:**

**Pre-requisite Courses:** Chemistry, Organic chemistry, Biochemistry, Anatomy, Physiology and Microbiology are all required to understand how local anesthetics and nitrous oxide interact and affect the human body.

- These courses must be completed before enrolling in an RDH program.

**Required Courses in DH programs:** Head and Neck Anatomy, Pharmacology, Pain Management course with 56 lab hours and anesthesia and nitrous oxide-oxygen sedation practice on student partners.

- Head and Neck Anatomy is required so students know where muscles, nerves and blood vessels are located and how to avoid any vital structures during anesthesia. Pharmacology and Pain Management courses cover anesthetics and nitrous oxide-oxygen in detail and how to calculate a safe dose without overdosing and potentially causing harm to the patient.
- Dental Hygiene Students have preclinical injection instruction which includes a minimum of two (2) experiences per injection, which may be on another student.
- Clinical instruction of injections includes at least four (4) clinical experiences per injection, which includes two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient, of which only one (1) may be on another student.
- The administration of nitrous oxide-oxygen analgesia includes at least two (2) preclinical experiences on patients, both of which may be on another student, and at least three (3) clinical experiences on patients, of which only one may have been on another student and one of which was used to determine clinical competency in the course.
- Clinical experience includes the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia from the beginning of titration of nitrous oxide-oxygen to the discontinuation of nitrous oxide and beginning of final oxygenation.
- Management of Medical and Dental Emergencies of 2 units (30 hours) covering how to recognize and respond to emergencies in the dental office. The pathophysiology of reactions, overdoses and other negative reactions/interactions are taught as well as the most recent guidelines for anesthetic use and ASA patient categories.

These courses are reviewed and updated every term with the most up-to-date information and techniques to ensure students are taught the most appropriate and effective anesthesia and nitrous oxide sedation.

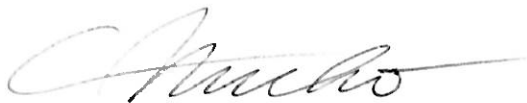
All these courses are delivered at a college level education and students can receive an Associate's or Bachelor's in Dental Hygiene upon completion. RDAEFs have no college educational level requirements to become a Registered Dental Assistant in Extended Functions. Allowing auxiliaries with technical but no foundational or college level science education to provide a potentially life-threatening procedure does not protect patient safety.

Allowing RDAEFs to take the out of state (SNL) course will only determine competency, not teach the required courses needed to master the science and skills necessary to protect patient safety. This course is meant to provide RDHs from outside of California a Pain Management course required for California RDH licensure. These RDHs have already taken the required courses at their respective program, including Pharmacology and Head and Neck Anatomy, and only require the Pain Management course to practice in the state of California.

An RDAEF does not have the accredited education and background to provide safe and effective local anesthesia and nitrous oxide-oxygen sedation for patient care. The anesthesia course is meant to review Anatomy, Neurophysiology, Pharmacology, and Prevention/recognition and management of complications. The SNL course assumes the individual has already completed these courses prior to taking the exam.

An RDAEF does not need to have an accredited education to get a license to practice. Without the necessary education, an RDAEF cannot master local anesthesia and nitrous oxide-oxygen delivery. RDAEFs should not be allowed to provide these services to patients unless equal course requirements to those of the RDH are implemented.

Thank you for your time,

A handwritten signature in cursive script, appearing to read "Amich", written in black ink.



November 2, 2022

To Whom it May Concern,

NOV 14 2022  
DENTAL BOARD  
OF CALIFORNIA

My name is Eugenia Skelley, RDH, and this letter is being sent in strong opposition of allowing Registered Dental Assistants in Extended Functions the ability to administer local anesthesia and nitrous oxide-oxygen.

To provide **safe and effective** local anesthesia and nitrous oxide sedation, the following is required for a Registered Dental Hygienist to complete in an Accredited California Dental Hygiene program:

**Required Dental Hygiene Anesthesia Requirements:**

**Pre-requisite Courses:** Chemistry, Organic chemistry, Biochemistry, Anatomy, Physiology and Microbiology are all required to understand how local anesthetics and nitrous oxide interact and affect the human body.

- These courses must be completed before enrolling in an RDH program.

**Required Courses in DH programs:** Head and Neck Anatomy, Pharmacology, Pain Management course with 56 lab hours and anesthesia and nitrous oxide-oxygen sedation practice on student partners.

- Head and Neck Anatomy is required so students know where muscles, nerves and blood vessels are located and how to avoid any vital structures during anesthesia. Pharmacology and Pain Management courses cover anesthetics and nitrous oxide-oxygen in detail and how to calculate a safe dose without overdosing and potentially causing harm to the patient.
- Dental Hygiene Students have preclinical injection instruction which includes a minimum of two (2) experiences per injection, which may be on another student.
- Clinical instruction of injections includes at least four (4) clinical experiences per injection, which includes two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient, of which only one (1) may be on another student.
- The administration of nitrous oxide-oxygen analgesia includes at least two (2) preclinical experiences on patients, both of which may be on another student, and at least three (3) clinical experiences on patients, of which only one may have been on another student and one of which was used to determine clinical competency in the course.
- Clinical experience includes the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia from the beginning of titration of nitrous oxide-oxygen to the discontinuation of nitrous oxide and beginning of final oxygenation.
- Management of Medical and Dental Emergencies of 2 units (30 hours) covering how to recognize and respond to emergencies in the dental office. The pathophysiology of reactions, overdoses and other negative reactions/interactions are taught as well as the most recent guidelines for anesthetic use and ASA patient categories.

November 9, 2022

To Whom it May Concern,

RECEIVED  
NOV 14 2022  
DENTAL BOARD  
OF CALIFORNIA

My name is Michael Laflamme, RDH, and this letter is being sent in strong opposition of allowing Registered Dental Assistants in Extended Functions the ability to administer local anesthesia and nitrous oxide-oxygen. I am a clinical RDH working at an FQHC as well as a clinical instructor in the DH program at the University of the Pacific Dental School in San Francisco.

To provide *safe and effective* local anesthesia and nitrous oxide sedation, the following is required for a Registered Dental Hygienist to complete in an Accredited California Dental Hygiene program:

**Required Dental Hygiene Anesthesia Requirements:**

**Pre-requisite Courses:** Chemistry, Organic chemistry, Biochemistry, Anatomy, Physiology and Microbiology are all required to understand how local anesthetics and nitrous oxide interact and affect the human body.

- These courses must be completed before enrolling in an RDH program.

**Required Courses in DH programs:** Head and Neck Anatomy, Pharmacology, Pain Management course with 56 lab hours and anesthesia and nitrous oxide-oxygen sedation practice on student partners.

- Head and Neck Anatomy is required so students know where muscles, nerves and blood vessels are located and how to avoid any vital structures during anesthesia. Pharmacology and Pain Management courses cover anesthetics and nitrous oxide-oxygen in detail and how to calculate a safe dose without overdosing and potentially causing harm to the patient.
- Dental Hygiene Students have preclinical injection instruction which includes a minimum of two (2) experiences per injection, which may be on another student.
- Clinical instruction of injections includes at least four (4) clinical experiences per injection, which includes two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient, of which only one (1) may be on another student.
- The administration of nitrous oxide-oxygen analgesia includes at least two (2) preclinical experiences on patients, both of which may be on another student, and at least three (3) clinical experiences on patients, of which only one may have been on another student and one of which was used to determine clinical competency in the course.
- Clinical experience includes the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia from the beginning of titration of nitrous oxide-oxygen to the discontinuation of nitrous oxide and beginning of final oxygenation.
- Management of Medical and Dental Emergencies of 2 units (30 hours) covering how to recognize and respond to emergencies in the dental office. The pathophysiology of

reactions, overdoses and other negative reactions/interactions are taught as well as the most recent guidelines for anesthetic use and ASA patient categories.

These courses are reviewed and updated every term with the most up-to-date information and techniques to ensure students are taught the most appropriate and effective anesthesia and nitrous oxide sedation.


All these courses are delivered at a college level education and students can receive an Associate's or Bachelor's in Dental Hygiene upon completion. RDAEFs have no college educational level requirements to become a Registered Dental Assistant in Extended Functions. Allowing auxiliaries with technical but no foundational or college level science education to provide a potentially life-threatening procedure does not protect patient safety.

Allowing RDAEFs to take the out of state (SNL) course will only determine competency, not teach the required courses needed to master the science and skills necessary to protect patient safety. This course is meant to provide RDHs from outside of California a Pain Management course required for California RDH licensure. These RDHs have already taken the required courses at their respective program, including Pharmacology and Head and Neck Anatomy, and only require the Pain Management course to practice in the state of California.

An RDAEF does not have the accredited education and background to provide safe and effective local anesthesia and nitrous oxide-oxygen sedation for patient care. The anesthesia course is meant to review Anatomy, Neurophysiology, Pharmacology, and Prevention/recognition and management of complications. The SNL course assumes the individual has already completed these courses prior to taking the exam.

An RDAEF does not need to have an accredited education to get a license to practice. Without the necessary education, an RDAEF cannot master local anesthesia and nitrous oxide-oxygen delivery. RDAEFs should not be allowed to provide these services to patients unless equal course requirements to those of the RDH are implemented.

Thank you for your time,



Michael Laflamme, RDH BA

Registered Dental Hygienist

RECEIVED

NOV 10 2022

DENTAL BOARD  
OF CALIFORNIA

November 7, 2022

To Whom it May Concern,

My name is Michael Long RDH, and this letter is being sent in strong opposition of allowing Registered Dental Assistants in Extended Functions the ability to administer local anesthesia and nitrous oxide-oxygen.

To provide **safe and effective** local anesthesia and nitrous oxide sedation, the following is required for a Registered Dental Hygienist to complete in an Accredited California Dental Hygiene program:

**Required Dental Hygiene Anesthesia Requirements:**

**Pre-requisite Courses:** Chemistry, Organic chemistry, Biochemistry, Anatomy, Physiology and Microbiology are all required to understand how local anesthetics and nitrous oxide interact and affect the human body.

- These courses must be completed before enrolling in an RDH program.

**Required Courses in DH programs:** Head and Neck Anatomy, Pharmacology, Pain Management course with 56 lab hours and anesthesia and nitrous oxide-oxygen sedation practice on student partners.

- Head and Neck Anatomy is required so students know where muscles, nerves and blood vessels are located and how to avoid any vital structures during anesthesia. Pharmacology and Pain Management courses cover anesthetics and nitrous oxide-oxygen in detail and how to calculate a safe dose without overdosing and potentially causing harm to the patient.
- Dental Hygiene Students have preclinical injection instruction which includes a minimum of two (2) experiences per injection, which may be on another student.
- Clinical instruction of injections includes at least four (4) clinical experiences per injection, which includes two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient, of which only one (1) may be on another student.
- The administration of nitrous oxide-oxygen analgesia includes at least two (2) preclinical experiences on patients, both of which may be on another student, and at least three (3) clinical experiences on patients, of which only one may have been on another student and one of which was used to determine clinical competency in the course.
- Clinical experience includes the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia from the beginning of titration of nitrous oxide-oxygen to the discontinuation of nitrous oxide and beginning of final oxygenation.
- Management of Medical and Dental Emergencies of 2 units (30 hours) covering how to recognize and respond to emergencies in the dental office. The pathophysiology of reactions, overdoses and other negative reactions/interactions are taught as well as the most recent guidelines for anesthetic use and ASA patient categories.

November 2, 2022

To Whom it May Concern,

My name is Roan Espino, RDHAP, and this letter is being sent in strong opposition of allowing Registered Dental Assistants in Extended Functions the ability to administer local anesthesia and nitrous oxide-oxygen.

To provide **safe and effective** local anesthesia and nitrous oxide sedation, the following is required for a Registered Dental Hygienist to complete in an Accredited California Dental Hygiene program:

**Required Dental Hygiene Anesthesia Requirements:**

**Pre-requisite Courses:** Chemistry, Organic chemistry, Biochemistry, Anatomy, Physiology and Microbiology are all required to understand how local anesthetics and nitrous oxide interact and affect the human body.

- These courses must be completed before enrolling in an RDH program.

**Required Courses in DH programs:** Head and Neck Anatomy, Pharmacology, Pain Management course with 56 lab hours and anesthesia and nitrous oxide-oxygen sedation practice on student partners.

- Head and Neck Anatomy is required so students know where muscles, nerves and blood vessels are located and how to avoid any vital structures during anesthesia. Pharmacology and Pain Management courses cover anesthetics and nitrous oxide-oxygen in detail and how to calculate a safe dose without overdosing and potentially causing harm to the patient.
- Dental Hygiene Students have preclinical injection instruction which includes a minimum of two (2) experiences per injection, which may be on another student.
- Clinical instruction of injections includes at least four (4) clinical experiences per injection, which includes two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient, of which only one (1) may be on another student.
- The administration of nitrous oxide-oxygen analgesia includes at least two (2) preclinical experiences on patients, both of which may be on another student, and at least three (3) clinical experiences on patients, of which only one may have been on another student and one of which was used to determine clinical competency in the course.
- Clinical experience includes the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia from the beginning of titration of nitrous oxide-oxygen to the discontinuation of nitrous oxide and beginning of final oxygenation.
- Management of Medical and Dental Emergencies of 2 units (30 hours) covering how to recognize and respond to emergencies in the dental office. The pathophysiology of reactions, overdoses and other negative reactions/interactions are taught as well as the most recent guidelines for anesthetic use and ASA patient categories.



University of California  
San Francisco

University of California, San Francisco  
School of Dentistry  
Department of Preventive and Restorative  
Dental Sciences  
707 Parnassus Avenue  
San Francisco, CA 94143-0758  
Tel: 415-476-5802/Fax: 415-476-3296

November 16, 2022

Dear Dental Board of California,

I am writing to you in regards to the agenda item concerning potentially allowing RDAEFs to administer local anesthesia and nitrous oxide.

I have had an academic dental career for nearly 30 years, and have taught local anesthesia didactically and clinically to both dental and dental hygiene students. I am well-aware of what is necessary for safe, effective local anesthesia delivery, and the challenges that dental and dental hygiene students can have in developing these skills. My concerns are further exacerbated by the understanding that the discussion includes utilizing existing CE courses intended for dental hygienists to provide clinical training to RDAEF clinicians.

The safety concerns that are raised by the mere suggestion that a limited course that was designed for clinicians who already possess a much broader and deeper understanding of the associated concepts would be sufficient for clinicians who do not have the same preparation is very concerning. Safe, effective local anesthesia is about so much more than where to penetrate and how much to inject.

I recognize and respect the tremendous skills an RDAEF possess and their critical role in patient care. However, the initial training for an RDA is insufficient in the areas of pharmacology, anatomy, and physiology. The clinical technique courses utilized for out-of-state dental hygienists seeking licensure in California are in no way an adequate preparation for anyone who has not completed extensive didactic material. These SNL courses work because dental hygiene curricula nationally include the prerequisite content. The clinicians completing this clinical training have already demonstrated competence in these areas by completing accredited dental hygiene courses and passing a national dental hygiene board.

The citizens of the State of California deserve safe dentistry. Delegating invasive delivery of a medicine to a group of clinicians who are not adequately prepared jeopardizes the health and safety of Californians.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gwen Essex'.

Gwen Essex, RDH, RDHAP, MS, EdD  
Clinical Professor  
Gwen.Essex@ucsf.edu  
Preventive & Restorative Dental Sciences  
School of Dentistry  
University of California, San Francisco

Dear Members of the Dental Board of California,

We are Dental Hygiene students from The University of the Pacific, Arthur A. Dugoni School of Dentistry in San Francisco, California. Our class very strongly opposes the request made by RDAEFs that could allow them to deliver local anesthesia and nitrous sedation. Prior to our program, there are multiple pre-requisite courses that are required to, of course gain admittance, but to also be eligible to take part in a local anesthesia course. The background knowledge provided by these pre-requisites and those that are taken throughout the duration of the program allow us to fully understand the depth of knowledge required to be efficient in delivering local anesthesia and nitrous sedation. To deliver local anesthetic and nitrous sedation we must first learn and succeed in courses such as head and neck anatomy, physiology, pharmacology, emergency medicine, and pain management. These courses not only form the foundation of administering local anesthetic and nitrous sedation, but also ensure that patient safety is at the highest of importance. Administration of local anesthetic and nitrous sedation are invasive procedures that cannot be taught as a new skill or condensed into a two-day course, the proper knowledge and immersed education of a dental hygienist are necessary to maximize patient safety. As part of our clinic requirements, we must administer a required forty-eight local anesthetic injections on different patients with clinical faculty observation. Alongside the required forty-eight local anesthetic injections, we must also excel on numerous exams and clinical competencies that ensure our knowledge is top of the line regarding the extensive topic of local anesthetic and nitrous sedation. Our concerns are being expressed due to our firm beliefs that if this request were granted, the safety of patients throughout California will decline. As health care professionals we are required to ensure the patient is safe throughout all treatment or procedures while practicing at our highest expertise. We hope our letter is taken into serious thought and consideration when reviewing this request, thank you for your time.

Appreciatively,

Dental Hygiene Class of 2023

University of Pacific, Arthur A. Dugoni School of Dentistry

Dental Board of California,

I wish to make public comment on agenda item 6 “Update and Discussion on Status of Survey Regarding Registered Dental Assistant in Extended Function Administration of Local Anesthesia and Nitrous Oxide” for the upcoming Dental Board of California Dental Assisting Council meeting being held on November 17, 2022.

I am opposed to this possible change in status for the RDAEF unless the RDAEF is required to have the similar educational requirements that are required by dental hygienists for licensure in California. I am also opposed that RDAEF could take an SNL course that is required for out-of-state RDH seeking the CA license. The out-of-state RDH’s still take the pre-requisite sciences, core hygiene course before being allowed to take the SNL course.

Thank you,

Pamela Powers CDA, RDA, RDH, MS  
2nd Year Clinic Coordinator  
Dental Hygiene Program  
Diablo Valley College  
321 Golf Club Rd  
Pleasant Hill, CA 94523  
925-969-2636 or ext 2-2636  
[Ppowers@dvc.edu](mailto:Ppowers@dvc.edu)



November 17, 2022

To Whom it May Concern,

On behalf of the San Francisco Dental Hygiene Society (SFDHS), a component of the California Dental Hygienists' Association (CDHA), this letter is being sent in strong opposition of allowing Registered Dental Assistants in Extended Functions the ability to administer local anesthesia and nitrous oxide-oxygen. Our concerns are detailed below.

To provide safe and effective local anesthesia and nitrous oxide sedation, the following is required for a Registered Dental Hygienist to complete in an Accredited California Dental Hygiene program:

Required Dental Hygiene Anesthesia Requirements:

Pre-requisite Courses: Chemistry, Organic chemistry, Biochemistry, Anatomy, Physiology and Microbiology are all required to understand how local anesthetics and nitrous oxide interact and affect the human body. These courses must be completed before enrolling in an RDH program.

Required Courses in DH programs: Head and Neck Anatomy, Pharmacology, Pain Management course with 56 lab hours and anesthesia and nitrous oxide-oxygen sedation practice on student partners.

Head and Neck Anatomy is required so students know where muscles, nerves and blood vessels are located and how to avoid any vital structures during anesthesia. Pharmacology and Pain Management courses cover anesthetics and nitrous oxide-oxygen in detail and how to calculate a safe dose without overdosing and potentially causing harm to the patient.

Dental Hygiene Students have preclinical injection instruction which includes a minimum of two (2) experiences per injection, which may be on another student. Clinical instruction of injections includes at least four (4) clinical experiences per injection, which includes two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient, of which only one (1) may be on another student. The administration of nitrous oxide-oxygen analgesia includes at least two (2) preclinical experiences on patients, both of which may be on another student, and at least three (3) clinical experiences on patients, of which only one may have been on another student and one of which was used to determine clinical competency in the course. Clinical experience includes the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia from the beginning of titration of nitrous oxide-oxygen to the discontinuation of nitrous oxide and beginning of final oxygenation.

Management of Medical and Dental Emergencies of 2 units (30 hours) covering how to recognize and respond to emergencies in the dental office. The pathophysiology of reactions, overdoses and other negative reactions/interactions are taught as well as the most recent guidelines for anesthetic use and ASA patient categories. These courses are reviewed and updated every term with the most up-to-date information and techniques to ensure students are taught the most appropriate and effective anesthesia and nitrous oxide sedation.

All these courses are delivered at a college level education and students can receive an Associate's or Bachelor's in Dental Hygiene upon completion. RDAEFs have no college educational level requirements to become a Registered Dental Assistant in Extended Functions. Allowing auxiliaries with technical but no foundational or college level science education to provide a potentially life-threatening procedure does not protect patient safety. Allowing RDAEFs to take the out of state (SNL) course will only determine competency, not teach the required courses needed to master the science and skills

necessary to protect patient safety. This course is meant to provide RDHs from outside of California a Pain Management course required for California RDH licensure. These RDHs have already taken the required courses at their respective program, including Pharmacology and Head and Neck Anatomy, and only require the Pain Management course to practice in the state of California. An RDAEF does not have the accredited education and background to provide safe and effective local anesthesia and nitrous oxide-oxygen sedation for patient care. The anesthesia course is meant to review Anatomy, Neurophysiology, Pharmacology, and Prevention/recognition and management of complications. The SNL course assumes the individual has already completed these courses prior to taking the exam. An RDAEF does not need to have an accredited education to get a license to practice. Without the necessary education, an RDAEF cannot master local anesthesia and nitrous oxide-oxygen delivery. RDAEFs should not be allowed to provide these services to patients unless equal course requirements to those of the RDH are implemented.

Thank you for your time,

Blanca Islas Pareto RDAEF 912, RDH 24877

SFDHS' President 2022-2023

CalhyPAC 2012-Present



## MEMORANDUM

<b>DATE</b>	January 13, 2023
<b>TO</b>	Members of the Dental Assisting Council
<b>FROM</b>	Jessica Olney, Board Staff Services Manager I Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 9.:</b> Update and Discussion on Research of Dental Auxiliary Certification and Education Requirements and Review Applicable Statutes and Regulations Regarding Board Approval of Registered Dental Assistant and Registered Dental Assistant in Extended Functions Educational Programs and Courses for Potential Amendments – <i>Joanne Pacheco, RDH, MAOB, and Cara Miyasaki, RDA, RDAEF, MS</i>

### Background

At the August 10, 2022 Dental Assistant Council (Council) meeting, Board staff informed the Council on potential dental auxiliary licensure improvements regarding education, portability, and certification of dental auxiliary applicants. The Dental Assisting National Board (DANB) and their partnering program DALE Foundation provided a presentation to the Council regarding their dental auxiliary examinations and certifications.

Council discussed the benefit to DANB certifications and how California could become associated with DANB. Former Chari Fowler spoke about reciprocity or transportability of licensures and favors DANB certifications due to portability. Council was advised that DANB is willing to partner with the Board and work with the Council in any way, administratively; however, there probably needed to be a rule or statute change worked through the Board and other channels to attain approval. Council heard dialog that a current graduate of California dental assisting programs would not be eligible for the DANB CDA certification as they must graduate from a program that is approved and regulated by Commission on Dental Accreditation (CODA) or meet the work experience pathway requirements.

The Council approved a two-member working group who were tasked to research dental auxiliary examination, certification, portability issues, research education requirements in other states, and review the applicable statutes and regulations regarding Board approval

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of Registered Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF) educational programs and courses for potential amendments.

At the November 2022, Council meeting the two-member working group announced that they had survey results that would be shared at the next meeting.

## **Discussion**

The survey was sent to 49 States and the District of Columbia, and the subcommittee received 29 replies. Twenty-one (21) states did not reply. The survey questions and responses are provided below.

### **1. Does your state require a license to practice as a registered, or licensed dental assistant? If yes, please answer questions 2-7. If no, please answer questions 8**

Out of the twenty-nine (29) replies received, twenty (20) indicated “No” to survey question 1 as they do not issue a license to a dental assist.

### **2. What education and/or certification requirements does your state have for initial licensure as a registered or licensed dental assistant?**

Of the twenty (20) who indicated that their state does not license dental assistants, the following information was provided in response to question 2:

One (1) indicated that all must be under the supervision of a licensed dentist; and,

One (1) indicated that licensure pertained only to Expanded Functions Dental Assistants (EFDA).

### **5. Are the education and/or certification courses to qualify for initial licensure approved internally (i.e., board staff) or externally (i.e., accreditation agency)?**

Of the twenty (20) who indicated that their state does not license dental assistants, the following information was provided in response to question 5:

There are two similar responses which indicate that board or committee members conduct the process of program approval.

### **8. If your state does not license or register dental assistants, can dental assistants obtain separate certifications (either optional or mandatory) to perform certain duties in the state?**

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**Examples:**

- Alabama: Alabama regulates duties that a DA can perform but does not issue certifications.
- Delaware: X-Ray Dental Radiation Technician – DANB CDA Dental Assistant certificate, exam required.
- Kansas: Dental assistants are considered non-licensed persons in Kansas.
- Kentucky: All assistants must be under supervision of a licensed dentist, but they can get certifications for Radiographs, IV Access Lines and Coronal Polishing.
- Nevada: CPR and a minimum of 4 hours of continuing education in infection control every 2 years while so employed.
- New Hampshire: A Dental Assistant may apply for a license thru medical imaging if they have taken their ARRT National Exam.
- Oregon: State certifies dental assistants for certain optional functions and issues a certification for the following:
  - a. Radiologic Proficiency
  - b. Expanded Function Dental Assistant
  - c. Expanded Function Orthodontic Assistant
  - d. Expanded Function Preventative Dental Assistant
  - e. Expanded Function Anesthesia Dental Assistant "
- South Carolina: Dental assistants can qualify to be certified in monitoring nitrous oxide. They can also meet qualifications to be certified to be an x-ray technician in the dental office through the South Carolina Dental Association.
- Wyoming: Assistants must obtain a permit to take radiographs and place pit and fissure sealants. The competency requirement is for similar licensure in another state, DANB's radiation or pit and fissure exam, or board approved courses.

Board staff utilized the various websites to conduct additional research and find common practices or requirements across the states. The table below summarizes the results for an additional 10 questions.

	Questions	Yes	No	Prohibited	N/A	Unknown
1	Does state issue a license to practice as Dental Assistant (DA) with Qualifications; Registered Dental Assistant (RDA), Certified Dental Assistant (CDA); or Expanded Functions Dental Assistant (EFDA)?	39	10	N/A	N/A	N/A

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2	Of those states that issue a license (#1), the number of states that require a license or certification to perform X-rays:	32	N/A	N/A	N/A	N/A
3	Of those who require certification to perform X-Rays (#2), the number of states that accept DANB for certification:	28	N/A	N/A	N/A	N/A
4	Of the states that issue license(s) to practice in (#1), the number of states that recognize CODA for certification or educational requirements:	33	N/A	N/A	N/A	N/A
5	Out of 49 states: Number of states that require a license or certificate to perform Coronal Polishing:	30	10	7	N/A	N/A
6	Out of 49 states: Number of states that require certification in Infection Control (IC):	8	39	N/A	N/A	N/A
7	For those who require IC (#6), the number who accepted DANB for Infection Control:	6	2	N/A	38	N/A
8	Out of 49 states: Number of states that required a license or certification to perform Pit and Fissure Sealants:	22	8	4	N/A	N/A
9	Out of 49 states: Number of states that allow an <b>unlicensed</b> individual to assist with the administration of N2O:	13	27	N/A	N/A	N/A
10	Out of 49 states: Number who maintain or approve internal programs that are required for certifications:	1	11	N/A	6	32

The Dental Practice Act limits how individuals can become qualified for examination and licensure in California and current graduates of California dental assisting programs would not be eligible for the DANB CDA certification because they must graduate from a CODA-approved program or meet the work experience pathway requirements. For California to be consistent with DANB and for the applicant to have transportability between other states, the educational program that a California registered dental assistant applicant would need to be a CODA-approved program. If the Board were to accept CODA-approved education programs, statutory and regulatory changes would be required, including courses completed as part of the CODA-approved educational program such as Radiation Safety, Pit and Fissure Sealants, Coronal Polishing, and Infection Control.

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Consideration should be made for board requirements that an applicant who is qualifying under work experience must meet to be eligible in California for examination and licensure as current California requirements are that an applicant who is qualifying for RDA licensure by way of work experience, or the blended pathway the applicant must show evidence of completion of Radiation Safety, Coronal Polishing, Infection Control, Dental Practice Act that are board-approved on a stand-alone basis.

If the Council moves toward accepting CODA-approved education courses, consideration should also be made to determine if additional courses would be required of an individual who holds a Certification Dental Assistant (CDA) or Expanded Functions Dental Assistant (EFDA) and is applying for California licensure as a Registered Dental Assistant or Registered Dental Assistant in Extended Functions.

### **Action Requested**

Based on the information presented, Board staff should continue approving RDA and RDAEF educational programs and courses as currently implemented. However, Board staff recommends that the Council direct the two-member working group to review statutes and regulations for determining if revisions are needed to clarify and improve the program/course approval process.

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## MEMORANDUM

<b>DATE</b>	January 5, 2023
<b>TO</b>	Members of the Dental Assisting Council
<b>FROM</b>	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 10.:</b> Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Section 1750 Regarding Unlicensed Dental Assistant Course Requirements

### Background

At its April 30, 2021 meeting, the Dental Assisting Council (Council) discussed whether the infection control course requirements for unlicensed dental assistants should be amended to increase consumer protection. Dental Board of California Board (Board) staff presented four options to amend the statute to change the timeframe of when the employer of a dental assistant must ensure the dental assistant successfully completes a Board-approved eight-hour infection control course: 1) prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials; 2) within 30 days of employment; 3) within 90 days of employment; or 4) within six months of employment. After reviewing and discussing the four options, the Council took action to recommend the Board consider a legislative proposal to amend Business and Professions Code (BPC) section 1750, subdivision (c), to specify the employer is responsible for ensuring a dental assistant has successfully completed a Board-approved eight-hour course in infection control prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials.

At the August 19-20, 2021 Board meeting, the Board discussed the legislative proposal and received public comment. The California Dental Association (CDA) expressed concern with requiring an 8-hour course before allowing dental assistants to provide substantive dental services, since there was no evidence of transmission of airborne diseases in dental facilities and the legislative proposal would be a barrier to entry to the workplace. The California Association of Dental Assisting Teachers (CADAT) and the Dental Assisting Educator's Group expressed support for the legislative proposal. The Board voted to approve the recommendation to amend BPC section 1750 and include the legislative proposal in the Board's upcoming Sunset Review report to be submitted to the California State Legislature.

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## **Identification of Issue**

Board staff noted a potential issue with the existing language of BPC section 1750 concerning the calculation of days of employment of an unlicensed dental assistant within which the unlicensed dental assistant must complete specified courses. At the Council's November 17, 2022 meeting, Board staff brought the issue to the Council for review. The item was held over for additional Board staff revisions to consolidate the August 2021 Board approved legislative proposal with the additional staff proposed amendments.

## **Discussion**

BPC section 1750, subdivision (c), sets the following requirements for the employer of an unlicensed dental assistant to verify Dental Practice Act, infection control, and basic life support course completion by that dental assistant within a specified timeframe:

(c) The employer of a dental assistant shall be responsible for ensuring that the dental assistant who has been in continuous employment for 120 days or more, has already successfully completed, or successfully completes, all of the following within a year of the date of employment:

It could be assumed that the 120-day and one-year periods referenced in the statute start on the same date – the date of employment. However, as currently written, an unlicensed dental assistant could be a seasonal or other temporary employee, never working 120 days continuously for the employer, and, therefore, the statutory course requirements would not be triggered. This raises consumer protection concerns that an unlicensed dental assistant may indefinitely work for the employer, with gaps in continuous employment, and the unlicensed dental assistant may never complete the required courses. To resolve this problem, Board staff propose the statute should be revised so that the unlicensed dental assistant working for the same employer for one year must complete the required courses within one year of the first date of employment, regardless of whether the employee continuously works for 120 days. The staff-proposed language addressing these concerns has been revised from what was proposed at the November Council meeting to further reduce the chance that an unlicensed dental assistant avoids completing required courses.

Attached for the Council's consideration is a legislative proposal that combines the previously approved proposal with the proposed new amendments described above.

## **Action Requested**

The Council is asked to discuss the revised legislative proposal to clarify the course requirements for unlicensed dental assistants. If the Council agrees with the additional proposed amendments, staff is requesting the Council recommend to the Board that the

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attached legislative proposal be included in the Board's Sunset Review Report to the California State Legislature.

### **Suggested Motions**

Provided below are the Council's options, with proposed motion language, regarding the staff's proposed legislative amendments to BPC section 1750.

Option 1 (include the new proposed amendments in the previously Board-approved legislative proposal): Move to recommend to the Board inclusion in the Board's Sunset Review Report of the revised legislative proposal to amend BPC section 1750 to add new subdivision (c) to clarify infection control course requirements, renumber the subdivisions, and amend subdivision (d) to clarify the timing of the completion of the other required courses.

Option 2 (include the new proposed amendments in the previously Board-approved legislative proposal as revised during this meeting): Move to recommend to the Board inclusion in the Board's Sunset Review Report of the revised legislative proposal to amend BPC section 1750 to add new subdivision (c) to clarify infection control course requirements, renumber the subdivisions, and amend subdivision (d) to clarify the timing of the completion of the other required courses, as further revised during this meet to [insert specific revisions].

Option 3: No motion – if the Council does not agree with the proposed amendments to subdivision (d), the Council would not need to take any action or make any motion. The amendments to add new subdivision (c) have already been approved by the Board for inclusion in the Board's Sunset Review Report.

### **Attachment**

Legislative Proposal to Amend Business and Professions Code Section 1750 Relating to Course Requirements for Unlicensed Dental Assistants

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## DENTAL BOARD OF CALIFORNIA

### LEGISLATIVE PROPOSAL TO AMEND BUSINESS AND PROFESSIONS CODE SECTION 1750 RELATING TO COURSE REQUIREMENTS FOR UNLICENSED DENTAL ASSISTANTS

Proposed amendments previously approved by the Board are indicated in underline for new text and ~~striketrough~~ for deleted text.

Proposed additional amendments are indicated in yellow highlight underline for new text and yellow highlight striketrough for deleted text.

Amend Section 1750 of Article 7 of Chapter 4 of Division 2 of the Business and Professions Code as follows:

**1750.** (a) A dental assistant is an individual who, without a license, may perform basic supportive dental procedures, as authorized by Section 1750.1 and by regulations adopted by the board, under the supervision of a licensed dentist. “Basic supportive dental procedures” are those procedures that have technically elementary characteristics, are completely reversible, and are unlikely to precipitate potentially hazardous conditions for the patient being treated.

(b) The supervising licensed dentist shall be responsible for determining the competency of the dental assistant to perform the basic supportive dental procedures, as authorized by Section 1750.1.

(c) The employer of a dental assistant shall be responsible for ensuring that the dental assistant has successfully completed a board-approved eight-hour course in infection control prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials.

(~~ed~~) The employer of a dental assistant shall be responsible for ensuring that the dental assistant, who has been ~~in continuous employment for 120 days or more~~ employed continuously or on an intermittent basis by that employer for one year from the date of first employment, has already successfully completed, or successfully completes, all of the following courses within aone year of the first date of employment:

(1) A board-approved two-hour course in the Dental Practice Act.

~~(2) A board-approved eight-hour course in infection control.~~

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(32) A course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent and that provides the student the opportunity to engage in hands-on simulated clinical scenarios.

(de) The employer of a dental assistant shall be responsible for ensuring that the dental assistant maintains certification in basic life support.