

DENTAL BOARD OF CALIFORNIA (BOARD)

BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM

As of October 2, 2023

Section 1 – Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the Board. Describe the occupations/professions that are licensed and/or regulated by the Board (Practice Acts vs. Title Acts).

History and Function of the Board

The Dental Board of California (Board) was created by the California State Legislature in 1885 and was originally established to regulate dentists. The Board currently regulates approximately 112,000 licensees: 43,000 dentists (DDS), 46,000 registered dental assistants (RDAs), and 2,300 registered dental assistants in extended functions (RDAEFs). In addition, the Board has the responsibility for setting the duties and functions of unlicensed dental assistants. Pursuant to Business and Professions Code (BPC) section 1601.2, the Board's highest priority is the protection of the public when exercising its licensing, regulatory, and disciplinary functions. While working to enable dental professionals to practice in California, the Board licenses only those individuals who are qualified. And while addressing the needs and concerns of dentists and dental auxiliaries, the Board investigates complaints against licensees and enforces the Dental Practice Act.

Dental Board Composition

The Board is composed of 15 members. Eight (8) are practicing dentists, one (1) is a registered dental hygienist (RDH), one (1) is an RDA, and five (5) are public members. (BPC § 1601.1.) The dentists, the RDH, the RDA, and three of the public members are appointed by the Governor. (BPC § 1603.) Of the remaining two public members, one is appointed by the Speaker of the Assembly and one by the Senate Rules Committee. (Ibid.) Public membership accounts for a third of the composition of the Board. Of the eight practicing dentists, one must be a member of the faculty of any California dental school, and one is required to be a dentist practicing in a non-profit community clinic. There is currently one public member vacancy. Members of the Board are each appointed for a term of four years. Board members may continue to hold office beyond their term until the appointment of a successor or until one year has elapsed since the expiration of the term, whichever occurs first. Each member may serve no more than two full terms.

The Board meets at least four times per calendar year to conduct business; the Board may meet in closed session as authorized by Government Code (Gov. Code) section 11126 et seq.

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1. Describe the make-up and functions of each of the Board's committees (cf., Section 12, Attachment B).

The Board has nine committees and one council. The council and four of the committees are statutorily mandated:

1. Dental Assisting Council (BPC § 1742)
2. Diversion Evaluation Committee (BPC § 1695.2)
3. Elective Facial Cosmetic Surgery Permit Credentialing Committee (BPC § 1638.1)
4. Enforcement Committee (BPC § 1601.1)
5. Examination Committee (BPC § 1601.1)

The remaining five committees are:

6. Access to Care Committee
7. Anesthesia Committee
8. Legislative and Regulatory Committee
9. Licensing, Certification, and Permits Committee
10. Substance Use Awareness Committee

The Dental Assisting Council (DAC) and the committees meet as often as necessary to consider and act upon Board issues, always providing adequate time to allow public notice to interested parties, as required by law. Issues may be brought before a committee by consumers, stakeholders, and/or Board members. When necessary, Board staff researches the issues and reports to the DAC or the committee. During committee meetings, issues are discussed and public comment is accepted. When appropriate, the committee brings a recommendation before the full Board for adoption or direction on how to proceed.

Other than statutorily created committees, the Board committees are made up of two members of the Board, who are appointed by, and serve at the will of, the Board President. The two-member committees (both Board members) work closely with Board staff on issues such as infection control, licensure requirements, continuing education (CE), and examination requirements. The DAC Chair may appoint two-member working groups to review dental assisting issues for potential submission to the DAC and the Board.

Dental Assisting Council – Statutorily Mandated Council (BPC § 1742)

Senate Bill (SB) 540 (Price, Chapter 385, Statutes of 2011) enacted BPC section 1742 establishing the DAC. The DAC is composed of seven members, including one RDA who is a member of the Board, another member of the Board, and five RDAs who represent as broad a range of dental assisting experience and education as possible. These five RDA members are recruited and appointed by the full Board. Two of the five RDA members are required to be employed as faculty members of a registered dental assisting educational program approved by the Board and must have been so employed for at least the five years prior to appointment.

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Three of the five RDA members, one of which must be licensed as an RDAEF, are required to be employed clinically in private dental practice or in public safety net or dental health care clinics.

All five of the RDA members must have possessed a current, active RDA or RDAEF license for at least the prior five years and cannot be employed by a current member of the Board. Each member may serve no more than two full four-year terms.

The DAC considers all matters relating to dental assistants in the State of California, on its own initiative or at the request of the Board. Such matters include, but are not limited to, the following areas:

- Requirements for dental assistant examination, licensure, permitting, and renewal.
- Standards and criteria for approval of dental assisting educational programs, courses, and CE.
- Allowable dental assistant duties, settings, and supervision levels.
- Appropriate standards of conduct and enforcement for dental assistants.
- Requirements regarding infection control.

The DAC typically meets quarterly and at other times as deemed necessary. Any resulting recommendations are submitted to the Board for consideration and possible further action.

Diversion Evaluation Committee – Statutorily Mandated Committee (BPC § 1695.2)

A 1982 legislative mandate required the Board to seek ways and means to identify and rehabilitate licensees whose competency may be impaired due to substance abuse. Given the ability to establish one or more committees to carry out this mandate, the Board established one such committee. The Diversion Evaluation Committee (DEC) is composed of three licensed dentists, one licensed dental auxiliary, one public member, and one licensed physician or psychologist. Each member must have experience or knowledge in the evaluation or management of persons who are impaired due to alcohol or drug abuse. Committee members are not members of the Board.

Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee – Statutorily Mandated Committee (BPC § 1638.1)

SB 438 (Migden, Chapter 909, Statutes of 2006) enacted BPC section 1638.1 authorizing the Board to issue EFCS permits to qualified licensed dentists and establishing the EFCS Permit Credentialing Committee to review the qualifications of each applicant for a permit. The EFCS Permit Credentialing Committee is composed of five members: three oral and maxillofacial surgeons, two of whom are required to possess the EFCS permit; one physician and surgeon with a specialty in plastic and reconstructive surgery; and one physician and surgeon with a specialty in otolaryngology, all of whom must maintain an active status on the staff of a licensed general acute care hospital in California. Committee members are not members of the Board.

EFCS Permit Credentialing Committee members review the qualifications of an applicant for an EFCS permit in closed session at the Committee's meetings. The information discussed in closed session is confidential. Upon completion of the application review, the Committee makes a

recommendation to the Board on whether to issue a permit to the applicant. The permit may be unlimited, entitling the permit holder to perform any facial cosmetic surgical procedure authorized by the statute, or it may contain limitations if the Committee is not satisfied that the applicant has the training or competence to perform certain classes of procedures, or if the applicant has not requested a permit for all procedures authorized in the statute.

Enforcement Committee – Statutorily Mandated Committee (BPC § 1601.1)

The Enforcement Committee is currently composed of one RDH member. The Enforcement Committee reviews complaint and compliance case aging statistics, citation and fine information, and investigation case aging statistics to identify trends that might require changes in policies, procedures, and/or regulations. The Enforcement Committee also receives updates on the Board's Diversion Program.

Examination Committee – Statutorily Mandated Committee (BPC § 1601.1)

The Examination Committee is currently composed of two dentist members. The Examination Committee reviews examination statistics and receives reports on all examinations administered by the Board. Any issues relating to examinations may be brought before the Examination Committee by consumers, stakeholders, or Board members.

Access to Care Committee

The Access to Care Committee is currently composed of two dentist members. The Access to Care Committee was established to maintain awareness of the changes and challenges within the dental community. An ongoing objective is to address staffing shortages in the profession to help increase access to care in the state.

Anesthesia Committee

The Anesthesia Committee is currently composed of two dentist members. The Anesthesia Committee was established to consider issues concerning the administration of anesthesia to patients, review anesthesia evaluation statistics, and make recommendations to the Board regarding policy issues relating to the administration of anesthesia during dental procedures.

Legislative and Regulatory Committee

The Legislative and Regulatory Committee is currently composed of two members: one dentist and one public member. The Legislative and Regulatory Committee monitors legislation relative to the field of dentistry that may impact the Board, consumers, and/or licensees, and makes recommendations to the full Board on whether to support, oppose, or watch the legislation. The Chair attends Senate and Assembly committee hearings and may meet with legislators if the Board so directs. The Legislative and Regulatory Committee also discusses prospective legislative proposals and pending regulatory actions.

Licensing, Certification, and Permits Committee

The Licensing, Certification, and Permits Committee is currently composed of two dentist members. The Licensing, Certification, and Permits Committee reviews licensing and permit

statistics and looks for trends that might indicate efficiency and effectiveness, or that might identify areas in the licensing unit that need modification. When necessary, the Committee meets in closed session to review applications for issuance of a new license to replace cancelled licenses and brings recommendations to re-issue or deny to the full Board.

Substance Use Awareness Committee

The Substance Use Awareness Committee was originally established as the Prescription Drug Abuse Committee in 2014 to examine the rise in prescription drug overdoses and to develop strategies to address the issue within the practice of dentistry. In May 2017, it was renamed to broaden the focus on all substance use disorders rather than only on prescription drug overdoses. The Substance Use Awareness Committee is currently composed of two members: one RDA and one public member.

Table 1a. Attendance – Members of the Dental Board of California

Fran Burton, MSW, Public Member			
Date Appointed:	June 3, 2009		
Date Reappointed:	April 19, 2017		
Date Separated:	January 1, 2022		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	February 8–9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16–17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23–24, 2018	San Francisco	Yes
Special Board Meeting	October 5, 2018	Sacramento	Yes
Quarterly Board Meeting	November 29–30, 2018	Sacramento	Yes
Quarterly Board Meeting	February 7–8, 2019	San Diego	Yes
Quarterly Board Meeting	May 15–16, 2019	Anaheim	Yes
Special Board Meeting	July 23, 2019	Sacramento	Yes
Quarterly Board Meeting	August 15–16, 2019	Burlingame	Yes
Quarterly Board Meeting	November 14–15, 2019	Sacramento	Yes
Quarterly Board Meeting	February 27–28, 2020	San Diego	Yes
Teleconference Quarterly Board Meeting	May 14, 2020	Teleconference	Yes
Special Board Meeting	June 5, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	July 24, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	August 14, 2020	Teleconference	Yes
Special Board Meeting	October 9, 2020	Teleconference	Yes
Special Board Meeting	December 3, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	December 4, 2020	Teleconference	Yes
Special Board Meeting	February 25, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	February 26, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	May 13, 2021	Teleconference	Yes

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Teleconference Quarterly Board Meeting	May 14, 2021	Teleconference	Yes
Special Board Meeting	June 14, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	August 19–20, 2021	Teleconference	Yes
Teleconference Strategic Plan Meeting	October 15, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	November 18–19, 2021	Teleconference	Yes
Steven D. Chan, DDS			
Date Appointed:	October 12, 2016		
Date Reappointed:	April 7, 2021		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	February 8–9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16–17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23–24, 2018	San Francisco	Yes
Special Board Meeting	October 5, 2018	Sacramento	No
Quarterly Board Meeting	November 29–30, 2018	Sacramento	Yes
Quarterly Board Meeting	February 7–8, 2019	San Diego	Yes
Quarterly Board Meeting	May 15–16, 2019	Anaheim	Yes
Special Board Meeting	July 23, 2019	Sacramento	No
Quarterly Board Meeting	August 15–16, 2019	Burlingame	Yes
Quarterly Board Meeting	November 14–15, 2019	Sacramento	Yes
Quarterly Board Meeting	February 27–28, 2020	San Diego	Yes
Teleconference Quarterly Board Meeting	May 14, 2020	Teleconference	Yes
Special Board Meeting	June 5, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	July 24, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	August 14, 2020	Teleconference	Yes
Special Board Meeting	October 9, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	May 13, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	May 14, 2021	Teleconference	Yes
Special Board Meeting	June 14, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	August 19–20, 2021	Teleconference	Yes
Teleconference Anesthesia Committee Meeting	September 30, 2021	Teleconference	Yes
Teleconference Strategic Plan Meeting	October 15, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	November 18–19, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	February 10–11, 2022	Teleconference	Yes
Special Board Meeting	March 14, 2022	Teleconference	Yes
Special Board Meeting	March 28, 2022	Teleconference	Yes

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Quarterly Board Meeting	May 12–13, 2022	Anaheim	Yes
Special Board Meeting	June 28, 2022	Sacramento	Yes
Quarterly Board Meeting	August 25–26, 2022	Sacramento	Yes
Special Board Meeting	October 13, 2022	Teleconference	Yes
Quarterly Board Meeting	November 17–18, 2022	Sacramento	Yes
Quarterly Board Meeting	February 9–10, 2023	Sacramento	Yes
Quarterly Board Meeting	May 18–19, 2023	Anaheim	Yes
Quarterly Board Meeting	August 17–18, 2023	Sacramento	Yes
Yvette G. Chappell-Ingram, Public Member			
Date Appointed:	April 17, 2013		
Date Reappointed:	January 11, 2016		
Date Separated:	December 31, 2019		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	February 8–9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16–17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23–24, 2018	San Francisco	Yes
Special Board Meeting	October 5, 2018	Sacramento	Yes
Quarterly Board Meeting	November 29–30, 2018	Sacramento	Yes
Quarterly Board Meeting	February 7–8, 2019	San Diego	Yes
Quarterly Board Meeting	May 15–16, 2019	Anaheim	No
Special Board Meeting	July 23, 2019	Sacramento	Yes
Quarterly Board Meeting	August 15–16, 2019	Burlingame	No
Quarterly Board Meeting	November 14–15, 2019	Sacramento	Yes
Alan L. Felsenfeld, M.A., DDS			
Date Appointed:	February 6, 2020		
Date Reappointed:	January 26, 2023		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	February 27–28, 2020	San Diego	No
Teleconference Quarterly Board Meeting	May 14, 2020	Teleconference	Yes
Special Board Meeting	June 5, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	July 24, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	August 14, 2020	Teleconference	Yes
Special Board Meeting	October 9, 2020	Teleconference	Yes
Special Board Meeting	December 3, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	December 4, 2020	Teleconference	Yes
Special Board Meeting	February 25, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	February 26, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	May 13, 2021	Teleconference	Yes

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Teleconference Quarterly Board Meeting	May 14, 2021	Teleconference	Yes
Special Board Meeting	June 14, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	August 19–20, 2021	Teleconference	Yes
Teleconference Anesthesia Committee Meeting	September 30, 2021	Teleconference	Yes
Teleconference Strategic Plan Meeting	October 15, 2021	Teleconference	No
Teleconference Quarterly Board Meeting	November 18–19, 2021	Teleconference	Yes
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Special Board Meeting	March 28, 2022	Teleconference	Yes
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Special Board Meeting	June 28, 2022	Sacramento	Yes
Quarterly Board Meeting	August 25–26, 2022	Sacramento	Yes
Special Board Meeting	October 13, 2022	Teleconference	Yes
Quarterly Board Meeting	November 17–18, 2022	Sacramento	Yes
Quarterly Board Meeting	February 9–10, 2023	Sacramento	Yes
Quarterly Board Meeting	May 18–19, 2023	Anaheim	Yes
Quarterly Board Meeting	August 17–18, 2023	Sacramento	Yes
Joni Forge, DDS			
Date Appointed:	July 29, 2022		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
Special Board Meeting	October 13, 2022	Teleconference	Yes
Quarterly Board Meeting	November 17–18, 2022	Sacramento	Yes
Quarterly Board Meeting	February 9–10, 2023	Sacramento	Yes
Quarterly Board Meeting	May 18–19, 2023	Anaheim	Yes
Quarterly Board Meeting	August 17–18, 2023	Sacramento	Yes
Ross C. Lai, DDS			
Date Appointed:	February 26, 2013		
Date Reappointed:	March 14, 2017		
Date Separated:	April 7, 2021		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	February 8–9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16–17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23–24, 2018	San Francisco	Yes
Special Board Meeting	October 5, 2018	Sacramento	Yes
Quarterly Board Meeting	November 29–30, 2018	Sacramento	Yes
Quarterly Board Meeting	February 7–8, 2019	San Diego	Yes
Quarterly Board Meeting	May 15–16, 2019	Anaheim	Yes

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Special Board Meeting	July 23, 2019	Sacramento	Yes
Quarterly Board Meeting	August 15–16, 2019	Burlingame	Yes
Quarterly Board Meeting	November 14–15, 2019	Sacramento	Yes
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Teleconference Quarterly Board Meeting	May 14, 2020	Teleconference	Yes
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Special Board Meeting	October 9, 2020	Teleconference	Yes
Special Board Meeting	December 3, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	December 4, 2020	Teleconference	Yes
Special Board Meeting	February 25, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	February 26, 2021	Teleconference	Yes
Lilia Larin, DDS			
Date Appointed:	April 13, 2018		
Date Reappointed:	June 1, 2021		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	May 16–17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23–24, 2018	San Francisco	Yes
Special Board Meeting	October 5, 2018	Sacramento	Yes
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Special Board Meeting	December 3, 2020	Teleconference	Yes
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Special Board Meeting	February 25, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	February 26, 2021	Teleconference	Yes

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Teleconference Quarterly Board Meeting	May 13, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	May 14, 2021	Teleconference	Yes
Special Board Meeting	June 14, 2021	Teleconference	Yes
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Teleconference Strategic Plan Meeting	October 15, 2021	Teleconference	Yes
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Special Board Meeting	March 14, 2022	Teleconference	Yes
Special Board Meeting	March 28, 2022	Teleconference	Yes
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Special Board Meeting	June 28, 2022	Sacramento	No
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Special Board Meeting	October 13, 2022	Teleconference	Yes
Quarterly Board Meeting	November 17–18, 2022	Sacramento	Yes
Quarterly Board Meeting	February 9–10, 2023	Sacramento	Yes
Quarterly Board Meeting	May 18–19, 2023	Anaheim	Yes
Quarterly Board Meeting	August 17–18, 2023	Sacramento	Yes
Huong N. Le, M.A., DDS			
Date Appointed:	March 26, 2009		
Date Reappointed:	September 24, 2015		
Date Separated:	December 31, 2019		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	February 8–9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16–17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23–24, 2018	San Francisco	Yes
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Quarterly Board Meeting	November 29–30, 2018	Sacramento	Yes
Quarterly Board Meeting	February 7–8, 2019	San Diego	Yes
Quarterly Board Meeting	May 15–16, 2019	Anaheim	Yes
Special Board Meeting	July 23, 2019	Sacramento	Yes
Quarterly Board Meeting	August 15–16, 2019	Burlingame	Yes
Quarterly Board Meeting	November 14–15, 2019	Sacramento	Yes
Meredith McKenzie, Esq, Public Member			
Date Appointed:	April 15, 2013		
Date Reappointed:	January 1, 2016; August 18, 2020		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	February 8–9, 2018	San Diego	No
Quarterly Board Meeting	May 16–17, 2018	Anaheim	Yes

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Quarterly Board Meeting	November 29–30, 2018	Sacramento	Yes
Quarterly Board Meeting	February 7–8, 2019	San Diego	Feb. 7 Yes Feb. 8 No
Quarterly Board Meeting	May 15–16, 2019	Anaheim	Yes
Special Board Meeting	July 23, 2019	Sacramento	Yes
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Teleconference Quarterly Board Meeting	August 14, 2020	Teleconference	Yes
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Special Board Meeting	December 3, 2020	Teleconference	Yes
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Special Board Meeting	March 28, 2022	Teleconference	Yes
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Special Board Meeting	June 28, 2022	Sacramento	Yes
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Special Board Meeting	October 13, 2022	Teleconference	No
Quarterly Board Meeting	November 17–18, 2022	Sacramento	Yes
Quarterly Board Meeting	February 9–10, 2023	Sacramento	Yes
Quarterly Board Meeting	May 18–19, 2023	Anaheim	Yes
Quarterly Board Meeting	August 17–18, 2023	Sacramento	Yes

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Angelita Medina, MHS, Public Member			
Date Appointed:	January 4, 2021		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
Special Board Meeting	February 25, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	February 26, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	May 13, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	May 14, 2021	Teleconference	Yes
Special Board Meeting	June 14, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	August 19–20, 2021	Teleconference	Yes
Teleconference Strategic Plan Meeting	October 15, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	November 18–19, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	February 10–11, 2022	Teleconference	Yes
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Special Board Meeting	March 28, 2022	Teleconference	Yes
Quarterly Board Meeting	May 12–13, 2022	Anaheim	Yes
Special Board Meeting	June 28, 2022	Sacramento	No
Quarterly Board Meeting	August 25–26, 2022	Sacramento	Yes
Special Board Meeting	October 13, 2022	Teleconference	Yes
Quarterly Board Meeting	November 17–18, 2022	Sacramento	Yes
Quarterly Board Meeting	February 9–10, 2023	Sacramento	Yes
Quarterly Board Meeting	May 18–19, 2023	Anaheim	No
Quarterly Board Meeting	August 17–18, 2023	Sacramento	Yes
Mark Mendoza, Public Member			
Date Appointed:	November 30, 2020		
Date Reappointed:	N/A		
Date Separated:	May 10, 2022		
Meeting Type	Meeting Date	Meeting Location	Attended?
Special Board Meeting	December 3, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	December 4, 2020	Teleconference	Yes
Special Board Meeting	February 25, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	February 26, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	May 13, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	May 14, 2021	Teleconference	No
Special Board Meeting	June 14, 2021	Teleconference	Yes

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Teleconference Quarterly Board Meeting	August 19–20, 2021	Teleconference	Yes
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Teleconference Quarterly Board Meeting	November 18-19, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	February 10–11, 2022	Teleconference	Yes
Special Board Meeting	March 14, 2022	Teleconference	No
Special Board Meeting	March 28, 2022	Teleconference	No
Sonia Molina, DMD, MPH			
Date Appointed:	October 21, 2020		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
Special Board Meeting	December 3, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	December 4, 2020	Teleconference	Yes
Special Board Meeting	February 25, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	February 26, 2021	Teleconference	Yes
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Teleconference Quarterly Board Meeting	August 19–20, 2021	Teleconference	Yes
Teleconference Strategic Plan Meeting	October 15, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	November 18-19, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	February 10–11, 2022	Teleconference	Yes
Special Board Meeting	March 14, 2022	Teleconference	Yes
Special Board Meeting	March 28, 2022	Teleconference	Yes
Quarterly Board Meeting	May 12–13, 2022	Anaheim	Yes
Special Board Meeting	June 28, 2022	Sacramento	Yes
Quarterly Board Meeting	August 25–26, 2022	Sacramento	Yes
Special Board Meeting	October 13, 2022	Teleconference	Yes
Quarterly Board Meeting	November 17–18, 2022	Sacramento	Yes
Quarterly Board Meeting	February 9–10, 2023	Sacramento	Yes
Quarterly Board Meeting	May 18–19, 2023	Anaheim	Yes
Quarterly Board Meeting	August 17–18, 2023	Sacramento	Yes

Dental Board of California 2024 Sunset Review Report

Alicia Montell, DDS			
Date Appointed:	August 3, 2020		
Date Reappointed:	N/A		
Date Separated:	April 12, 2022		
Meeting Type	Meeting Date	Meeting Location	Attended?
Teleconference Quarterly Board Meeting	August 14, 2020	Teleconference	Yes
Special Board Meeting	October 9, 2020	Teleconference	Yes
Special Board Meeting	December 3, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	December 4, 2020	Teleconference	Yes
Special Board Meeting	February 25, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	February 26, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	May 13, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	May 14, 2021	Teleconference	Yes
Special Board Meeting	June 14, 2021	Teleconference	No
Teleconference Quarterly Board Meeting	August 19-20, 2021	Teleconference	Yes
Teleconference Strategic Plan Meeting	October 15, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	November 18-19, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	February 10-11, 2022	Teleconference	Yes
Special Board Meeting	March 14, 2022	Teleconference	Yes
Special Board Meeting	March 28, 2022	Teleconference	No
Steven Morrow, M.S., DDS			
Date Appointed:	August 17, 2010		
Date Reappointed:	June 9, 2014; February 28, 2018		
Date Separated:	January 1, 2023		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	February 8–9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16–17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23–24, 2018	San Francisco	Yes
Special Board Meeting	October 5, 2018	Sacramento	Yes
Quarterly Board Meeting	November 29–30, 2018	Sacramento	Yes
Quarterly Board Meeting	February 7–8, 2019	San Diego	Yes
Quarterly Board Meeting	May 15–16, 2019	Anaheim	Yes
Special Board Meeting	July 23, 2019	Sacramento	Yes
Quarterly Board Meeting	August 15–16, 2019	Burlingame	Yes
Quarterly Board Meeting	November 14–15, 2019	Sacramento	Yes
Quarterly Board Meeting	February 27–28, 2020	San Diego	Yes
Teleconference Quarterly Board Meeting	May 14, 2020	Teleconference	Yes
Special Board Meeting	June 5, 2020	Teleconference	Yes

Dental Board of California 2024 Sunset Review Report

Teleconference Quarterly Board Meeting	July 24, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	August 14, 2020	Teleconference	Yes
Special Board Meeting	October 9, 2020	Teleconference	Yes
Special Board Meeting	December 3, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	December 4, 2020	Teleconference	Yes
Special Board Meeting	February 25, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	February 26, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	May 13, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	May 14, 2021	Teleconference	Yes
Special Board Meeting	June 14, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	August 19–20, 2021	Teleconference	Yes
Teleconference Anesthesia Committee Meeting	September 30, 2021	Teleconference	Yes
Teleconference Strategic Plan Meeting	October 15, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	November 18–19, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	February 10–11, 2022	Teleconference	Yes
Special Board Meeting	March 14, 2022	Teleconference	Yes
Special Board Meeting	March 28, 2022	Teleconference	Yes
Quarterly Board Meeting	May 12–13, 2022	Anaheim	Yes
Special Board Meeting	June 28, 2022	Sacramento	Yes
Quarterly Board Meeting	August 25–26, 2022	Sacramento	Yes
Special Board Meeting	October 13, 2022	Teleconference	Yes
Quarterly Board Meeting	November 17–18, 2022	Sacramento	Yes
Rosalinda Olague, B.A., M.A., RDA			
Date Appointed:	April 13, 2018		
Date Reappointed:	June 18, 2021		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	May 16–17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23–24, 2018	San Francisco	Yes
Special Board Meeting	October 5, 2018	Sacramento	Yes
Quarterly Board Meeting	November 29–30, 2018	Sacramento	Yes
Quarterly Board Meeting	February 7–8, 2019	San Diego	Yes
Quarterly Board Meeting	May 15–16, 2019	Anaheim	May 15 Yes May 16 No
Special Board Meeting	July 23, 2019	Sacramento	No
Quarterly Board Meeting	August 15–16, 2019	Burlingame	Yes
Quarterly Board Meeting	November 14–15, 2019	Sacramento	Yes
Quarterly Board Meeting	February 27–28, 2020	San Diego	Yes

Dental Board of California 2024 Sunset Review Report

Teleconference Quarterly Board Meeting	May 14, 2020	Teleconference	Yes
Special Board Meeting	June 5, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	July 24, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	August 14, 2020	Teleconference	Yes
Special Board Meeting	October 9, 2020	Teleconference	Yes
Special Board Meeting	December 3, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	December 4, 2020	Teleconference	Yes
Special Board Meeting	February 25, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	February 26, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	May 13, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	May 14, 2021	Teleconference	Yes
Special Board Meeting	June 14, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	August 19–20, 2021	Teleconference	Yes
Teleconference Strategic Plan Meeting	October 15, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	November 18–19, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	February 10–11, 2022	Teleconference	Yes
Special Board Meeting	March 14, 2022	Teleconference	Yes
Special Board Meeting	March 28, 2022	Teleconference	Yes
Quarterly Board Meeting	May 12–13, 2022	Anaheim	Yes
Special Board Meeting	June 28, 2022	Sacramento	Yes
Quarterly Board Meeting	August 25–26, 2022	Sacramento	Yes
Special Board Meeting	October 13, 2022	Teleconference	Yes
Quarterly Board Meeting	November 17–18, 2022	Sacramento	Yes
Quarterly Board Meeting	February 9–10, 2023	Sacramento	Yes
Quarterly Board Meeting	May 18–19, 2023	Anaheim	Yes
Quarterly Board Meeting	August 17–18, 2023	Sacramento	Yes
Joanne Pacheco, RDH, MAOB			
Date Appointed:	April 13, 2018		
Date Reappointed:	May 19, 2021		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	May 16–17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23–24, 2018	San Francisco	Yes
Special Board Meeting	October 5, 2018	Sacramento	Yes
Quarterly Board Meeting	November 29–30, 2018	Sacramento	Yes
Quarterly Board Meeting	February 7–8, 2019	San Diego	Yes

Dental Board of California 2024 Sunset Review Report

Quarterly Board Meeting	May 15–16, 2019	Anaheim	Yes
Special Board Meeting	July 23, 2019	Sacramento	Yes
Quarterly Board Meeting	August 15–16, 2019	Burlingame	No
Quarterly Board Meeting	November 14–15, 2019	Sacramento	Yes
Quarterly Board Meeting	February 27–28, 2020	San Diego	Yes
Teleconference Quarterly Board Meeting	May 14, 2020	Teleconference	Yes
Special Board Meeting	June 5, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	July 24, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	August 14, 2020	Teleconference	Yes
Special Board Meeting	October 9, 2020	Teleconference	Yes
Special Board Meeting	December 3, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	December 4, 2020	Teleconference	Yes
Special Board Meeting	February 25, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	February 26, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	May 13, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	May 14, 2021	Teleconference	Yes
Special Board Meeting	June 14, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	August 19–20, 2021	Teleconference	Yes
Teleconference Strategic Plan Meeting	October 15, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	November 18–19, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	February 10–11, 2022	Teleconference	Yes
Special Board Meeting	March 14, 2022	Teleconference	Yes
Special Board Meeting	March 28, 2022	Teleconference	Yes
Quarterly Board Meeting	May 12–13, 2022	Anaheim	Yes
Special Board Meeting	June 28, 2022	Sacramento	Yes
Quarterly Board Meeting	August 25–26, 2022	Sacramento	Yes
Special Board Meeting	October 13, 2022	Teleconference	Yes
Quarterly Board Meeting	November 17–18, 2022	Sacramento	Yes
Quarterly Board Meeting	February 9–10, 2023	Sacramento	Yes
Quarterly Board Meeting	May 18–19, 2023	Anaheim	Yes
Quarterly Board Meeting	August 17–18, 2023	Sacramento	Yes

Dental Board of California 2024 Sunset Review Report

Thomas H. Stewart, DDS			
Date Appointed:	February 28, 2013		
Date Reappointed:	March 14, 2017		
Date Separated:	January 1, 2022		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	February 8–9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16–17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23–24, 2018	San Francisco	Yes
Special Board Meeting	October 5, 2018	Sacramento	Yes
Quarterly Board Meeting	November 29–30, 2018	Sacramento	Yes
Quarterly Board Meeting	February 7–8, 2019	San Diego	Yes
Quarterly Board Meeting	May 15–16, 2019	Anaheim	Yes
Special Board Meeting	July 23, 2019	Sacramento	Yes
Quarterly Board Meeting	August 15–16, 2019	Burlingame	Yes
Quarterly Board Meeting	November 14–15, 2019	Sacramento	Yes
Quarterly Board Meeting	February 27–28, 2020	San Diego	Yes
Teleconference Quarterly Board Meeting	May 14, 2020	Teleconference	Yes
Special Board Meeting	June 5, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	July 24, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	August 14, 2020	Teleconference	Yes
Special Board Meeting	October 9, 2020	Teleconference	Yes
Special Board Meeting	December 3, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	December 4, 2020	Teleconference	Yes
Special Board Meeting	February 25, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	February 26, 2021	Teleconference	Yes
Yogita Thakur, M.S., DDS			
Date Appointed:	August 18, 2022		
Date Reappointed:	January 26, 2023		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
Special Board Meeting	October 13, 2022	Teleconference	Yes
Quarterly Board Meeting	November 17–18, 2022	Sacramento	Yes
Quarterly Board Meeting	February 9–10, 2023	Sacramento	Yes
Quarterly Board Meeting	May 18–19, 2023	Anaheim	Yes
Quarterly Board Meeting	August 17–18, 2023	Sacramento	No

Dental Board of California 2024 Sunset Review Report

Bruce L. Whitcher, DDS			
Date Appointed:	March 26, 2009		
Date Reappointed:	September 23, 2015		
Date Separated:	December 31, 2019		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	February 8–9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16–17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23–24, 2018	San Francisco	Yes
Special Board Meeting	October 5, 2018	Sacramento	Yes
Quarterly Board Meeting	November 29–30, 2018	Sacramento	Yes
Quarterly Board Meeting	February 7–8, 2019	San Diego	Yes
Quarterly Board Meeting	May 15–16, 2019	Anaheim	Yes
Special Board Meeting	July 23, 2019	Sacramento	Yes
Quarterly Board Meeting	August 15–16, 2019	Burlingame	Yes
Quarterly Board Meeting	November 14–15, 2019	Sacramento	Yes
James Yu, M.S., DDS			
Date Appointed:	April 13, 2018		
Date Reappointed:	July 28, 2020		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	May 16–17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23–24, 2018	San Francisco	Yes
Special Board Meeting	October 5, 2018	Sacramento	Yes
Quarterly Board Meeting	November 29–30, 2018	Sacramento	Yes
Quarterly Board Meeting	February 7–8, 2019	San Diego	Yes
Quarterly Board Meeting	May 15–16, 2019	Anaheim	Yes
Special Board Meeting	July 23, 2019	Sacramento	Yes
Quarterly Board Meeting	August 15–16, 2019	Burlingame	Yes
Quarterly Board Meeting	November 14–15, 2019	Sacramento	Yes
Quarterly Board Meeting	February 27–28, 2020	San Diego	Yes
Teleconference Quarterly Board Meeting	May 14, 2020	Teleconference	Yes
Special Board Meeting	June 5, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	July 24, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	August 14, 2020	Teleconference	Yes
Special Board Meeting	October 9, 2020	Teleconference	Yes
Special Board Meeting	December 3, 2020	Teleconference	Yes
Teleconference Quarterly Board Meeting	December 4, 2020	Teleconference	Yes
Special Board Meeting	February 25, 2021	Teleconference	No
Teleconference Quarterly Board Meeting	February 26, 2021	Teleconference	Yes

Dental Board of California 2024 Sunset Review Report

Teleconference Quarterly Board Meeting	May 13, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	May 14, 2021	Teleconference	Yes
Special Board Meeting	June 14, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	August 19–20, 2021	Teleconference	Yes
Teleconference Strategic Plan Meeting	October 15, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	November 18–19, 2021	Teleconference	Yes
Teleconference Quarterly Board Meeting	February 10–11, 2022	Teleconference	Yes
Special Board Meeting	March 14, 2022	Teleconference	Yes
Special Board Meeting	March 28, 2022	Teleconference	Yes
Quarterly Board Meeting	May 12–13, 2022	Anaheim	Yes
Special Board Meeting	June 28, 2022	Sacramento	Yes
Quarterly Board Meeting	August 25–26, 2022	Sacramento	Yes
Special Board Meeting	October 13, 2022	Teleconference	Yes
Quarterly Board Meeting	November 17–18, 2022	Sacramento	Yes
Quarterly Board Meeting	February 9–10, 2023	Sacramento	Yes
Quarterly Board Meeting	May 18–19, 2023	Anaheim	No
Quarterly Board Meeting	August 17–18, 2023	Sacramento	Yes

Table 1a. Attendance – Members of the Dental Assisting Council

Melinda Cazares, RDA			
Date Appointed:	August 15, 2019		
Date Reappointed:	N/A		
Date Separated:	October 31, 2021		
Meeting Type	Meeting Date	Meeting Location	Attended?
Dental Assisting Council Meeting	November 14, 2019	Sacramento	Yes
Joint DAC and Board Meeting	February 27, 2020	San Diego	Yes
DAC Special Training	December 3, 2020	Teleconference	Yes
Dental Assisting Council Meeting	February 25, 2021	Teleconference	Yes
Dental Assisting Council Meeting	April 30, 2021	Teleconference	Yes
Dental Assisting Council Meeting	August 19, 2021	Teleconference	Yes
Anne Contreras, RDA			
Date Appointed:	March 26, 2012		
Date Reappointed:	March 17, 2014; July 2, 2018		
Date Separated:	June 6, 2020		
Meeting Type	Meeting Date	Meeting Location	Attended?
Dental Assisting Council Meeting	August 23, 2018	Burlingame	Yes
Dental Assisting Council Meeting	November 29, 2018	Sacramento	Yes
Dental Assisting Council Meeting	February 7, 2019	San Diego	No

Dental Board of California 2024 Sunset Review Report

Dental Assisting Council Meeting	July 26, 2019	Sacramento	Yes
Dental Assisting Council Meeting	August 15, 2019	Burlingame	Yes
Dental Assisting Council Meeting	November 14, 2019	Sacramento	No
Joint DAC and Board Meeting	February 27, 2020	San Diego	Yes
Pamela Davis-Washington, RDA			
Date Appointed:	March 19, 2012		
Date Reappointed:	March 12, 2015		
Date Separated:	March 26, 2019		
Meeting Type	Meeting Date	Meeting Location	Attended?
Dental Assisting Council Meeting	August 23, 2018	Burlingame	Yes
Dental Assisting Council Meeting	November 29, 2018	Sacramento	Yes
Dental Assisting Council Meeting	February 7, 2019	San Diego	No
De'Andra Epps-Robbins, RDA			
Date Appointed:	March 14, 2022		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
Dental Assisting Council Meeting	May 12, 2022	Anaheim	Yes
Dental Assisting Council Meeting	August 25, 2022	Sacramento	Yes
Dental Assisting Council Meeting	November 17, 2022	Sacramento	No
Dental Assisting Council Meeting	February 9, 2023	Sacramento	Yes
Dental Assisting Council Meeting	May 18, 2023	Anaheim	Yes
Dental Assisting Council Meeting	August 17, 2023	Sacramento	No
Jeri Fowler, RDAEF, OA			
Date Appointed:	August 17, 2020		
Date Reappointed:	August 4, 2023		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
DAC Special Training	December 3, 2020	Teleconference	Yes
Dental Assisting Council Meeting	February 25, 2021	Teleconference	Yes
Dental Assisting Council Meeting	April 30, 2021	Teleconference	Yes
Dental Assisting Council Meeting	August 19, 2021	Teleconference	Yes
Dental Assisting Council Meeting	November 18, 2021	Teleconference	Yes
Dental Assisting Council Meeting	January 28, 2022	Teleconference	Yes
Dental Assisting Council Meeting	May 12, 2022	Anaheim	Yes
Dental Assisting Council Meeting	August 25, 2022	Sacramento	Yes
Dental Assisting Council Meeting	November 17, 2022	Sacramento	Yes
Dental Assisting Council Meeting	February 9, 2023	Sacramento	Yes
Dental Assisting Council Meeting	May 18, 2023	Anaheim	Yes
Dental Assisting Council Meeting	August 17, 2023	Sacramento	Yes

Dental Board of California 2024 Sunset Review Report

Michele Jawad, RDA, M.A.Ed.			
Date Appointed:	September 5, 2020		
Date Reappointed:	N/A		
Date Separated:	October 31, 2021		
Meeting Type	Meeting Date	Meeting Location	Attended?
DAC Special Training	December 3, 2020	Teleconference	Yes
Dental Assisting Council Meeting	February 25, 2021	Teleconference	Yes
Dental Assisting Council Meeting	April 30, 2021	Teleconference	Yes
Dental Assisting Council Meeting	August 19, 2021	Teleconference	No
Dental Assisting Council Meeting	November 18, 2021	Teleconference	No
Cara Miyasaki, M.S., RDA, RDHEF			
Date Appointed:	August 30, 2020		
Date Reappointed:	March 7, 2022		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
DAC Special Training	December 3, 2020	Teleconference	Yes
Dental Assisting Council Meeting	February 25, 2021	Teleconference	Yes
Dental Assisting Council Meeting	April 30, 2021	Teleconference	Yes
Dental Assisting Council Meeting	August 19, 2021	Teleconference	Yes
Dental Assisting Council Meeting	November 18, 2021	Teleconference	Yes
Dental Assisting Council Meeting	January 28, 2022	Teleconference	Yes
Dental Assisting Council Meeting	May 12, 2022	Anaheim	Yes
Dental Assisting Council Meeting	August 25, 2022	Sacramento	No
Dental Assisting Council Meeting	November 17, 2022	Sacramento	Yes
Dental Assisting Council Meeting	February 9, 2023	Sacramento	Yes
Dental Assisting Council Meeting	May 18, 2023	Anaheim	Yes
Dental Assisting Council Meeting	August 17, 2023	Sacramento	Yes
Rosalinda Olague, B.A., M.A., RDA			
Date Appointed:	April 13, 2018		
Date Reappointed:	N/A		
Date Separated:	January 1, 2025		
Meeting Type	Meeting Date	Meeting Location	Attended?
Dental Assisting Council Meeting	August 23, 2018	San Francisco	Yes
Dental Assisting Council Meeting	November 29, 2018	Sacramento	Yes
Dental Assisting Council Meeting	February 7, 2019	San Diego	Yes
Dental Assisting Council Meeting	July 26, 2019	Sacramento	Yes
Dental Assisting Council Meeting	August 15, 2019	Burlingame	Yes
Dental Assisting Council Meeting	November 14, 2019	Sacramento	Yes
Joint DAC and Board Meeting	February 27, 2020	San Diego	Yes
DAC Special Training	December 3, 2020	Teleconference	Yes
Dental Assisting Council Meeting	February 25, 2021	Teleconference	Yes
Dental Assisting Council Meeting	April 30, 2021	Teleconference	Yes
Dental Assisting Council Meeting	August 19, 2021	Teleconference	Yes

Dental Board of California 2024 Sunset Review Report

Dental Assisting Council Meeting	November 18, 2021	Teleconference	Yes
Dental Assisting Council Meeting	January 28, 2022	Teleconference	Yes
Dental Assisting Council Meeting	May 12, 2022	Anaheim	Yes
Dental Assisting Council Meeting	August 25, 2022	Sacramento	Yes
Dental Assisting Council Meeting	November 17, 2022	Sacramento	Yes
Dental Assisting Council Meeting	February 9, 2023	Sacramento	Yes
Dental Assisting Council Meeting	May 18, 2023	Anaheim	Yes
Dental Assisting Council Meeting	August 17, 2023	Sacramento	Yes
Cindy Ovard, RDA			
Date Appointed:	May 30, 2018		
Date Reappointed:	N/A		
Date Separated:	June 5, 2020		
Meeting Type	Meeting Date	Meeting Location	Attended?
Dental Assisting Council Meeting	August 23, 2018	San Francisco	Yes
Dental Assisting Council Meeting	November 29, 2018	Sacramento	Yes
Dental Assisting Council Meeting	February 7, 2019	San Diego	Yes
Dental Assisting Council Meeting	July 26, 2019	Sacramento	Yes
Dental Assisting Council Meeting	August 15, 2019	Burlingame	Yes
Dental Assisting Council Meeting	November 14, 2019	Sacramento	Yes
Joint DAC and Board Meeting	February 27, 2020	San Diego	Yes
Joanne Pacheco, RDH, MAOB			
Date Appointed:	April 18, 2018		
Date Reappointed:	N/A		
Date Separated:	January 1, 2025		
Meeting Type	Meeting Date	Meeting Location	Attended?
Dental Assisting Council Meeting	August 23, 2018	San Francisco	Yes
Dental Assisting Council Meeting	November 29, 2018	Sacramento	Yes
Dental Assisting Council Meeting	February 7, 2019	San Diego	Yes
Dental Assisting Council Meeting	July 26, 2019	Sacramento	Yes
Dental Assisting Council Meeting	August 15, 2019	Burlingame	Yes
Dental Assisting Council Meeting	November 14, 2019	Sacramento	Yes
Joint DAC and Board Meeting	February 27, 2020	San Diego	Yes
DAC Special Training	December 3, 2020	Teleconference	Yes
Dental Assisting Council Meeting	February 25, 2021	Teleconference	Yes
Dental Assisting Council Meeting	April 30, 2021	Teleconference	Yes
Dental Assisting Council Meeting	August 19, 2021	Teleconference	Yes
Dental Assisting Council Meeting	November 18, 2021	Teleconference	Yes
Dental Assisting Council Meeting	January 28, 2022	Teleconference	Yes
Dental Assisting Council Meeting	May 12, 2022	Anaheim	Yes
Dental Assisting Council Meeting	August 25, 2022	Sacramento	Yes
Dental Assisting Council Meeting	November 17, 2022	Sacramento	Yes
Dental Assisting Council Meeting	February 9, 2023	Sacramento	Yes
Dental Assisting Council Meeting	May 18, 2023	Anaheim	Yes

Dental Board of California 2024 Sunset Review Report

Dental Assisting Council Meeting	August 17, 2023	Sacramento	Yes
Pamela Peacock, RDA			
Date Appointed:	May 30, 2018		
Date Reappointed:	N/A		
Date Separated:	January 13, 2020		
Meeting Type	Meeting Date	Meeting Location	Attended?
Dental Assisting Council Meeting	August 23, 2018	Burlingame	Yes
Dental Assisting Council Meeting	November 29, 2018	Sacramento	Yes
Dental Assisting Council Meeting	February 7, 2019	San Diego	Yes
Dental Assisting Council Meeting	July 26, 2019	Sacramento	No
Dental Assisting Council Meeting	August 15, 2019	Burlingame	No
Dental Assisting Council Meeting	November 14, 2019	Sacramento	No
Kandice Pliss, RDA			
Date Appointed:	March 20, 2022		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
Dental Assisting Council Meeting	May 12, 2022	Anaheim	Yes
Dental Assisting Council Meeting	August 25, 2022	Sacramento	Yes
Dental Assisting Council Meeting	November 17, 2022	Sacramento	No
Dental Assisting Council Meeting	February 9, 2023	Sacramento	Yes
Dental Assisting Council Meeting	May 18, 2023	Anaheim	No
Dental Assisting Council Meeting	August 17, 2023	Sacramento	Yes
Traci Reed-Espinoza, RDAEF			
Date Appointed:	August 17, 2020		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
DAC Special Training	December 3, 2020	Teleconference	Yes
Dental Assisting Council Meeting	February 25, 2021	Teleconference	Yes
Dental Assisting Council Meeting	April 30, 2021	Teleconference	Yes
Dental Assisting Council Meeting	August 19, 2021	Teleconference	Yes
Dental Assisting Council Meeting	November 18, 2021	Teleconference	Yes
Dental Assisting Council Meeting	January 28, 2022	Teleconference	Yes
Dental Assisting Council Meeting	May 12, 2022	Anaheim	Yes
Dental Assisting Council Meeting	August 25, 2022	Sacramento	Yes
Dental Assisting Council Meeting	November 17, 2022	Sacramento	Yes
Dental Assisting Council Meeting	February 9, 2023	Sacramento	Yes
Dental Assisting Council Meeting	May 18, 2023	Anaheim	Yes
Dental Assisting Council Meeting	August 17, 2023	Sacramento	Yes
DAC Special Training	December 3, 2020	Teleconference	Yes

Dental Board of California 2024 Sunset Review Report

Jennifer Rodriguez, RDAEF			
Date Appointed:	December 23, 2016		
Date Reappointed:	N/A		
Date Separated:	September 6, 2019		
Meeting Type	Meeting Date	Meeting Location	Attended?
Dental Assisting Council Meeting	August 23, 2018	Burlingame	No
Dental Assisting Council Meeting	November 29, 2018	Sacramento	Yes
Dental Assisting Council Meeting	February 7, 2019	San Diego	Yes
Dental Assisting Council Meeting	July 26, 2019	Sacramento	Yes
Dental Assisting Council Meeting	August 15, 2019	Burlingame	Yes

Table 1a. Attendance – Members Of The Diversion Evaluation Committee			
John P. Bradford, DDS			
Date Appointed:	September 1, 2016		
Date Reappointed:	September 1, 2020		
Date Separated:	March 30, 2022		
Meeting Type	Meeting Date	Meeting Location	Attended?
DEC Meeting	January 3, 2018	Cancelled	N/A
DEC Meeting	April 5, 2018	Sacramento	No
DEC Meeting	July 11, 2018	Culver City	Yes
DEC Meeting	October 4, 2018	Sacramento	No
DEC Meeting	January 9, 2019	Culver City	Yes
DEC Meeting	April 10, 2019	Cancelled	N/A
DEC Meeting	May 15, 2019	Sacramento	No
DEC Meeting	July 10, 2019	Los Angeles	Yes
DEC Meeting	October 23, 2019	Sacramento	Yes
DEC Meeting	January 15, 2020	Los Angeles	Yes
DEC Meeting	April 15, 2020	Sacramento	Yes
DEC Meeting	July 1, 2020	Teleconference	Yes
DEC Meeting	October 14, 2020	Teleconference	Yes
DEC Meeting	January 27, 2021	Teleconference	Yes
DEC Meeting	April 28, 2021	Teleconference	Yes
DEC Meeting	July 28, 2021	Teleconference	
DEC Meeting	October 20, 2021	Teleconference	Yes
DEC Meeting	January 5, 2022	Teleconference	Yes
Curtis Vixie, DDS			
Date Appointed:	August 24, 2007		
Date Reappointed:	August 24, 2011		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
DEC Meeting	January 3, 2018	Cancelled	N/A
DEC Meeting	April 5, 2018	Sacramento	No

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DEC Meeting	July 11, 2018	Culver City	Yes
DEC Meeting	October 4, 2018	Sacramento	No
DEC Meeting	January 9, 2019	Culver City	Yes
DEC Meeting	April 10, 2019	Cancelled	N/A
DEC Meeting	May 15, 2019	Sacramento	No
DEC Meeting	July 10, 2019	Los Angeles	Yes
DEC Meeting	October 23, 2019	Sacramento	No
DEC Meeting	January 15, 2020	Los Angeles	Yes
DEC Meeting	April 15, 2020	Sacramento	Yes
DEC Meeting	July 1, 2020	Teleconference	Yes
DEC Meeting	October 14, 2020	Teleconference	Yes
DEC Meeting	January 27, 2021	Teleconference	Yes
DEC Meeting	April 28, 2021	Teleconference	Yes
DEC Meeting	July 28, 2021	Teleconference	Yes
DEC Meeting	October 20, 2021	Teleconference	Yes
DEC Meeting	January 5, 2022	Teleconference	Yes
DEC Meeting	April 6, 2022	Sacramento	Yes
DEC Meeting	July 13, 2022	Teleconference	Yes
DEC Meeting	October 5, 2022	Teleconference	Yes
DEC Meeting	January 4, 2023	Teleconference	Yes
DEC Meeting	April 5, 2023	Teleconference	Yes
James W. Frier, DDS			
Date Appointed:	August 28, 2013		
Date Reappointed:	September 1, 2018; September 1, 2021		
Date Separated:	April 29, 2022		
Meeting Type	Meeting Date	Meeting Location	Attended?
DEC Meeting	January 3, 2018	Cancelled	N/A
DEC Meeting	April 5, 2018	Sacramento	Yes
DEC Meeting	July 11, 2018	Culver City	No
DEC Meeting	October 4, 2018	Sacramento	Yes
DEC Meeting	January 9, 2019	Culver City	No
DEC Meeting	April 10, 2019	Cancelled	N/A
DEC Meeting	May 15, 2019	Sacramento	Yes
DEC Meeting	July 10, 2019	Los Angeles	Yes
DEC Meeting	October 23, 2019	Sacramento	Yes
DEC Meeting	January 15, 2020	Los Angeles	Yes
DEC Meeting	April 15, 2020	Sacramento	Yes
DEC Meeting	July 1, 2020	Teleconference	Yes
DEC Meeting	October 14, 2020	Teleconference	Yes
DEC Meeting	January 27, 2021	Teleconference	Yes
DEC Meeting	April 28, 2021	Teleconference	Yes
DEC Meeting	July 28, 2021	Teleconference	
DEC Meeting	October 20, 2021	Teleconference	Yes

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DEC Meeting	January 5, 2022	Teleconference	No
DEC Meeting	April 6, 2022	Sacramento	Yes
Gregory Pluckhan, DDS			
Date Appointed:	March 2, 2013		
Date Reappointed:	September 1, 2018; February 25, 2022		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
DEC Meeting	January 3, 2018	Cancelled	N/A
DEC Meeting	April 5, 2018	Sacramento	Yes
DEC Meeting	July 11, 2018	Culver City	No
DEC Meeting	October 4, 2018	Sacramento	Yes
DEC Meeting	January 9, 2019	Culver City	No
DEC Meeting	April 10, 2019	Cancelled	N/A
DEC Meeting	May 15, 2019	Sacramento	Yes
DEC Meeting	July 10, 2019	Los Angeles	No
DEC Meeting	October 23, 2019	Sacramento	Yes
DEC Meeting	January 15, 2020	Los Angeles	Yes
DEC Meeting	April 15, 2020	Sacramento	Yes
DEC Meeting	July 1, 2020	Teleconference	Yes
DEC Meeting	October 14, 2020	Teleconference	Yes
DEC Meeting	January 27, 2021	Teleconference	Yes
DEC Meeting	April 28, 2021	Teleconference	Yes
DEC Meeting	July 28, 2021	Teleconference	Yes
DEC Meeting	October 20, 2021	Teleconference	Yes
DEC Meeting	January 5, 2022	Teleconference	Yes
DEC Meeting	April 6, 2022	Sacramento	Yes
DEC Meeting	July 13, 2022	Teleconference	Yes
DEC Meeting	October 5, 2022	Teleconference	Yes
DEC Meeting	January 4, 2023	Teleconference	No
DEC Meeting	April 5, 2023	Teleconference	No
Lawrence Podolsky, M.D.			
Date Appointed:	September 14, 2014		
Date Reappointed:	N/A		
Date Separated:	January 1, 2019		
Meeting Type	Meeting Date	Meeting Location	Attended?
DEC Meeting	January 3, 2018	Cancelled	N/A
DEC Meeting	April 5, 2018	Sacramento	Yes
DEC Meeting	July 11, 2018	Culver City	No
DEC Meeting	October 4, 2018	Sacramento	Yes

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Michael Shaw, DDS

Date Appointed:	September 2, 2014		
Date Reappointed:	September 1, 2018; March 7, 2022		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
DEC Meeting	January 3, 2018	Cancelled	N/A
DEC Meeting	April 5, 2018	Sacramento	Yes
DEC Meeting	July 11, 2018	Culver City	No
DEC Meeting	October 4, 2018	Sacramento	Yes
DEC Meeting	January 9, 2019	Culver City	No
DEC Meeting	April 10, 2019	Cancelled	N/A
DEC Meeting	May 15, 2019	Sacramento	Yes
DEC Meeting	July 10, 2019	Los Angeles	Yes
DEC Meeting	October 23, 2019	Sacramento	Yes
DEC Meeting	January 15, 2020	Los Angeles	No
DEC Meeting	April 15, 2020	Sacramento	Yes
DEC Meeting	July 1, 2020	Teleconference	Yes
DEC Meeting	October 14, 2020	Teleconference	Yes
DEC Meeting	January 27, 2021	Teleconference	Yes
DEC Meeting	April 28, 2021	Teleconference	Yes
DEC Meeting	July 28, 2021	Teleconference	Yes
DEC Meeting	October 20, 2021	Teleconference	Yes
DEC Meeting	January 5, 2022	Teleconference	Yes
DEC Meeting	April 6, 2022	Sacramento	Yes
DEC Meeting	July 13, 2022	Teleconference	Yes
DEC Meeting	October 5, 2022	Teleconference	Yes
DEC Meeting	January 4, 2023	Teleconference	Yes
DEC Meeting	April 5, 2023	Teleconference	Yes

George Shinn, Jr., DDS

Date Appointed:	March 17, 2016		
Date Reappointed:	April 16, 2019; February 10, 2022		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
DEC Meeting	January 3, 2018	Cancelled	N/A
DEC Meeting	April 5, 2018	Sacramento	No
DEC Meeting	July 11, 2018	Culver City	Yes
DEC Meeting	October 4, 2018	Sacramento	No
DEC Meeting	January 9, 2019	Culver City	Yes
DEC Meeting	April 10, 2019	Cancelled	N/A
DEC Meeting	May 15, 2019	Sacramento	Yes
DEC Meeting	July 10, 2019	Los Angeles	Yes
DEC Meeting	October 23, 2019	Sacramento	No
DEC Meeting	January 15, 2020	Los Angeles	Yes

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DEC Meeting	April 15, 2020	Sacramento	Yes
DEC Meeting	July 1, 2020	Teleconference	Yes
DEC Meeting	October 14, 2020	Teleconference	Yes
DEC Meeting	January 27, 2021	Teleconference	Yes
DEC Meeting	April 28, 2021	Teleconference	Yes
DEC Meeting	July 28, 2021	Teleconference	Yes
DEC Meeting	October 20, 2021	Teleconference	Yes
DEC Meeting	January 5, 2022	Teleconference	Yes
DEC Meeting	April 6, 2022	Sacramento	Yes
DEC Meeting	July 13, 2022	Teleconference	Yes
DEC Meeting	October 5, 2022	Teleconference	Yes
DEC Meeting	January 4, 2023	Teleconference	Yes
DEC Meeting	April 5, 2023	Teleconference	Yes
Thomas Specht, M.D.			
Date Appointed:	September 15, 2022		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
DEC Meeting	October 5, 2022	Teleconference	Yes
DEC Meeting	January 4, 2023	Teleconference	Yes
DEC Meeting	April 5, 2023	Teleconference	Yes
J. Steven Supancic, Jr., DDS, M.D.			
Date Appointed:	August 1, 2009		
Date Reappointed:	March 22, 2014		
Date Separated:	January 1, 2019		
Meeting Type	Meeting Date	Meeting Location	Attended?
DEC Meeting	January 3, 2018	Cancelled	N/A
DEC Meeting	April 5, 2018	Sacramento	No
DEC Meeting	July 11, 2018	Culver City	Yes
DEC Meeting	October 4, 2018	Sacramento	No
James Tracy, DDS			
Date Appointed:	June 2, 2022		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
DEC Meeting	July 13, 2022	Teleconference	Yes
DEC Meeting	October 5, 2022	Teleconference	Yes
DEC Meeting	January 4, 2023	Teleconference	Yes
DEC Meeting	April 5, 2023	Teleconference	Yes

Table 1a. Attendance – Members of the Elective Facial Cosmetic Surgery Permit Credentialing Committee			
Louis Gallia, DMD, M.D.			
Date Appointed:	June 20, 2001		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
EFCS Committee Meeting	January 10, 2018	Teleconference	Yes
EFCS Committee Meeting	July 11, 2018	Cancelled	N/A
EFCS Committee Meeting	October 17, 2018	Cancelled	N/A
EFCS Committee Meeting	April 10, 2019	Teleconference	Yes
EFCS Committee Meeting	October 9, 2019	Teleconference	Yes
EFCS Committee Meeting	July 8, 2020	Teleconference	Yes
EFCS Committee Meeting	January 12, 2022	Teleconference	Yes
EFCS Committee Meeting	April 13, 2022	Cancelled	N/A
EFCS Committee Meeting	July 27, 2022	Cancelled	N/A
EFCS Committee Meeting	October 26, 2022	Teleconference	Yes
EFCS Committee Meeting	April 26, 2023	Teleconference	Yes
EFCS Committee Meeting	July 26, 2023	Teleconference	Yes
Robert Gramins, DDS			
Date Appointed:	July 2, 2009		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
EFCS Committee Meeting	January 10, 2018	Teleconference	Yes
EFCS Committee Meeting	July 11, 2018	Cancelled	N/A
EFCS Committee Meeting	October 17, 2018	Cancelled	N/A
EFCS Committee Meeting	April 10, 2019	Teleconference	Yes
EFCS Committee Meeting	October 9, 2019	Teleconference	No
EFCS Committee Meeting	July 8, 2020	Teleconference	Yes
EFCS Committee Meeting	January 12, 2022	Teleconference	Yes
EFCS Committee Meeting	April 13, 2022	Cancelled	N/A
EFCS Committee Meeting	July 27, 2022	Cancelled	N/A
EFCS Committee Meeting	October 26, 2022	Teleconference	Yes
EFCS Committee Meeting	April 26, 2023	Teleconference	No
EFCS Committee Meeting	July 26, 2023	Teleconference	Yes
Andre Guerrero Fernandes, DDS, M.D.			
Date Appointed:	September 11, 2019		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
EFCS Committee Meeting	October 9, 2019	Teleconference	Yes

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EFCS Committee Meeting	July 8, 2020	Teleconference	Yes
EFCS Committee Meeting	January 12, 2022	Teleconference	Yes
EFCS Committee Meeting	April 13, 2022	Cancelled	N/A
EFCS Committee Meeting	July 27, 2022	Cancelled	N/A
EFCS Committee Meeting	October 26, 2022	Teleconference	Yes
EFCS Committee Meeting	April 26, 2023	Teleconference	Yes
EFCS Committee Meeting	July 26, 2023	Teleconference	Yes
Anil Punjabi, DDS, M.D.			
Date Appointed:	July 7, 2009		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
EFCS Committee Meeting	January 10, 2018	Teleconference	Yes
EFCS Committee Meeting	July 11, 2018	Cancelled	N/A
EFCS Committee Meeting	October 17, 2018	Cancelled	N/A
EFCS Committee Meeting	April 10, 2019	Teleconference	Yes
EFCS Committee Meeting	October 9, 2019	Teleconference	Yes
EFCS Committee Meeting	July 8, 2020	Teleconference	Yes
EFCS Committee Meeting	January 12, 2022	Teleconference	Yes
EFCS Committee Meeting	April 13, 2022	Cancelled	N/A
EFCS Committee Meeting	July 27, 2022	Cancelled	N/A
EFCS Committee Meeting	October 26, 2022	Teleconference	No
EFCS Committee Meeting	April 26, 2023	Teleconference	Yes
EFCS Committee Meeting	July 26, 2023	Teleconference	No
Peter Scheer, DDS			
Date Appointed:	July 20, 2009		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	Meeting Date	Meeting Location	Attended?
EFCS Committee Meeting	January 10, 2018	Teleconference	Yes
EFCS Committee Meeting	July 11, 2018	Cancelled	N/A
EFCS Committee Meeting	October 17, 2018	Cancelled	N/A
EFCS Committee Meeting	April 10, 2019	Teleconference	Yes
EFCS Committee Meeting	October 9, 2019	Teleconference	Yes
EFCS Committee Meeting	July 8, 2020	Teleconference	Yes
EFCS Committee Meeting	January 12, 2022	Teleconference	Yes
EFCS Committee Meeting	April 13, 2022	Cancelled	N/A
EFCS Committee Meeting	July 27, 2022	Cancelled	N/A
EFCS Committee Meeting	October 26, 2022	Teleconference	Yes
EFCS Committee Meeting	April 26, 2023	Teleconference	Yes
EFCS Committee Meeting	July 26, 2023	Teleconference	Yes

Brief Biographies of Current Board Members

Board President, Alan L. Felsenfeld, M.A., DDS

Alan L. Felsenfeld, M.A., DDS, of Marina del Rey, was appointed to the Board by Governor Gavin Newsom on February 6, 2020, and reappointed on January 26, 2023. Dr. Felsenfeld is a board-certified oral and maxillofacial surgeon who has been in practice since 1977. He was a professor of oral and maxillofacial surgery at the University of California, Los Angeles School of Dentistry from 1995 to 2020. Dr. Felsenfeld is a member of the American Association of Oral and Maxillofacial Surgeons, American and International College of Dentists, American Dental Association, American Dental Society of Anesthesiology, American Institute of Parliamentarians, California Association of Oral and Maxillofacial Surgeons, California Dental Association, Omicron Kappa Upsilon National Dental Honor Society, Southern California Academy of Oral Pathology, Western Los Angeles Dental Society, and Western Society of Oral and Maxillofacial Surgeons. He earned a master's degree in Hospital and Health Administration from the University of Iowa, a Doctor of Dentistry degree from the University of California, Los Angeles School of Dentistry, and a certificate in oral and maxillofacial surgery from Cook County Hospital. **(Term expires on January 1, 2027.)**

Board Vice President, Joanne Pacheco, RDH, MAOB

Joanne Pacheco, RDH, MAOB, of Fresno, was appointed to the Board by Governor Edmund G. Brown Jr. on April 13, 2018, and reappointed on May 19, 2021, by Governor Gavin Newsom. Ms. Pacheco has been director of the Dental Hygiene Program at Fresno City College since 2017, where she has held several positions since 2000, including academic chair, full-time faculty, and allied health chair. She has been a registered dental hygienist in private practice since 1985. Ms. Pacheco was a registered dental assistant in private dental practices from 1979 to 1985. She is a member of the American Dental Hygienists' Association, American Dental Education Association, and California Dental Hygienists' Association. She earned a Master of Arts degree in organizational behavior from Alliant International University. **(Term expires on January 1, 2025.)**

Board Secretary, Lilia Larin, DDS

Lilia Larin, DDS, of Chula Vista, was appointed to the Board by Governor Edmund G. Brown Jr. on April 13, 2018, and reappointed on June 1, 2021, by Governor Gavin Newsom. Dr. Larin is a general dentist in San Diego and has been in private practice since 1992. She is a past president of the national Hispanic Dental Association and the American Association of Women Dentists. She is a current board member of the San Diego County Dental Society, where she works as President-elect. She also is a past president of the San Diego Academy of General Dentistry and the San Diego Association of Women Dentists, and she is founder and past president of the Hispanic Dental Association San Diego Binational Chapter.

Dr. Larin has served on the House of Delegates of the California Dental Association (CDA), CDA's PAC Council, CDA's Government Affairs Council, and the American Dental Association's Political Action Committee. She also has served as a board member for MANA de San Diego, a women's leadership and mentoring non-profit organization. She is a fellow of the American College of Dentists and a graduate of the Harvard Business School Club of San Diego Non-Profit Leadership Development Program.

Dr. Larin earned her Doctor of Dental Surgery degree from Universidad Autónoma de Baja California. Before obtaining her dentist license, she worked as a registered dental assistant. She has been married for over 30 years and has three grown children. Her two sons are also dentists. **(Term expires on January 1, 2025.)**

Steven D. Chan, DDS

Steven D. Chan, DDS, of Fremont, was appointed to the Board by Governor Edmund G. Brown Jr. on October 12, 2016, and appointed on April 7, 2021, by Governor Gavin Newsom. After earning a Doctor of Dental Surgery degree from Georgetown University School of Dentistry in 1978, Dr. Chan continued residencies in hospital dentistry and pediatric dentistry. He has been in private practice limited to pediatric dentistry since 1981. Dr. Chan served as president of the California Dental Association, the California Society of Pediatric Dentistry, and the American College of Dentists, this nation's honor society for dentistry. He was a founder of the California Dental Association Foundation. He holds fellowships in the American Academy of Pediatric Dentistry, American College of Dentists, International College of Dentists, and Pierre Fauchard Academy, an international honor society. He is a life member of the American Dental Association, the three dental honor societies, and the American Academy of Pediatric Dentistry. He was a member of a Leadership Institute at the Kellogg School of Management. Dr. Chan is on the medical staff at a regional hospital and serves on the governing board overseeing the off-campus subsidiary companies. **(Term expires on January 1, 2025.)**

Joni Forge, DDS

Joni Forge, DDS, of Long Beach, was appointed to the Board by Governor Gavin Newsom on July 29, 2022. Dr. Forge is a general dentist who has practiced in the Los Angeles area for over 35 years. She recently joined the faculty at University of Southern California as an adjunct clinical instructor in the Dr. Roseann Mulligan Special Patients Clinic and is a published author of a dental children's book. Dr. Forge earned her undergraduate degree from the University of California, Irvine, and her Doctor of Dental Surgery degree from University of California, San Francisco. She has served on the California Dental Association's House of Delegates, as Chairman of Community Relations for the Los Angeles Dental Society, and on the Peer Review Committee of the Los Angeles Dental Society. She is member of the American Dental Association, California Dental Association, Los Angeles Dental Society, and National Dental Association. **(Term expires on January 1, 2025.)**

Meredith McKenzie, Esq.

Meredith McKenzie, Esq., of Los Gatos, was appointed to the Board by Governor Edmund G. Brown Jr. on April 5, 2013, and reappointed on January 1, 2016; additionally, she was reappointed on August 18, 2020, by Governor Gavin Newsom. Ms. McKenzie is deputy chief legal officer of intellectual property (IP), litigation and compliance at Aristocrat Technologies, Inc. Prior to joining Aristocrat, she was vice president and deputy general counsel at Juniper Networks from 2012 to 2021; senior director of IP at Symantec Corporation from 2006 to 2012; director of litigation, licensing and IP for Cypress Semiconductor from 2001 to 2006; and corporate counsel and director of IP at Enuvis Inc. from 2000 to 2001. She was an associate for Howrey LLP from 1998 to 2000 and a patent agent and design engineer at Intel Corporation from 1993 to 1998. She earned a Juris Doctorate degree from the Santa Clara University School of

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Law and a Bachelor of Science in Electrical Engineering from MIT. **(Term expires on January 1, 2024.)**

Angelita Medina, MHS

Angelita (Angie) Medina, MHS, of Whittier, was appointed to the Board by Assembly Speaker Anthony Rendon in January 2021. Before retiring from Los Angeles County (LAC) Department of Health Services, after 33 years of service, Ms. Medina held the positions of Director Children's Health Outreach Initiative, Associate Director of the OB Overflow Program, Chief of Admissions and Financial Services at Los Angeles General Medical Center, and Assistant Director of Los Angeles County's HMO Program. Since her retirement, she continues to advocate for healthcare access for all. She also continues to volunteer with various community non-profits and is currently an appointee to the Los Angeles County Library Commission. She earned her B.S. in Business Administration from the University of Redlands and her master's degree in Healthcare Administration from USC. **(Term expires on January 1, 2025.)**

Sonia Molina, DMD, MPH

Sonia Molina, DMD, MPH, of Los Angeles, was appointed to the Board by Governor Gavin Newsom on October 21, 2020. Dr. Molina has been a dentist and President at Molina Endodontics since 1992. She is a member of the California Dental Association, board president of Clinica Romero, and board member of the Harvard Club of Southern California. She earned a postdoctoral degree in endodontics from the University of California, Los Angeles School of Dentistry, a Doctor of Dental Surgery degree from Harvard School of Dental Medicine, and a Master of Public Health degree from the Harvard School of Public Health. **(Term expires on January 1, 2024.)**

Rosalinda Olague, Ph.D.(c), RDA

Rosalinda "Rose" Olague, Ph.D.(c), RDA, of Rancho Cucamonga, was appointed to the Board by Governor Edmund G. Brown Jr. on April 13, 2018. Ms. Olague has been a registered dental assistant (RDA) with Pacific Dental Services since 2008. She started her career with the company as a lead RDA at Monet Dental Group. In 2015, she was promoted to regional back-office manager for Southern California's South Inland Empire and San Diego regions. For her dedication and exceptional performance, Ms. Olague was awarded the company's 2017 eXtraordinary Performance Platinum Award. In April 2018, she joined the Pacific Dental Services national support team as Senior Specialist for Dental Assistant National Strategy and School Relations. In April 2022, she was promoted to Director, Dental Assistant Programs and School Relations. She earned a Bachelor of Arts degree in Psychology from La Sierra University and a Master of Arts degree in Business Management from the University of Redlands. She is currently pursuing her Ph.D. in organizational leadership at La Sierra University. She is an active advisory board member for the Pacific Dental Services Foundation and serves as a mentor to the recipients of the Dr. Carolyn Ghazal Dental Assistant Scholarship. **(Term expires on January 1, 2025.)**

Yogita Thakur, M.S., DDS

Yogita Butani Thakur, M.S., DDS, of Foster City, was appointed to the Board by Governor Gavin Newsom on August 18, 2022, and reappointed on January 26, 2023. Dr. Thakur is a board-

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certified pediatric dentist, serves as the Chief Dental Officer at Ravenswood Family Health Network, and holds hospital privileges at Stanford Children’s Hospital. She earned her Bachelor of Dental Surgery degree from VYWS Dental College and Hospital. She earned a Master of Science degree in Dental Public Health at the University of Iowa College of Dentistry and a certificate in Pediatric Dentistry from UCSF School of Dentistry. Dr. Thakur is a member of the California Dental Association, American Dental Association, American Academy of Pediatric Dentistry, and California Society of Pediatric Dentistry. She has held several leadership positions advocating for oral health access. She has served on the Board of San Mateo Head Start and as chair of the California Primary Care Association Dental Directors Peer Network. She is currently a board member of the National Network for Oral Health Access. **(Term expires on January 1, 2027.)**

James Yu, M.S., DDS

James Yu, M.S., DDS, of Fremont, was appointed to the Board by Governor Edmund G. Brown Jr. on April 13, 2018, and reappointed on July 28, 2020, by Governor Gavin Newsom. Dr. Yu has been a dentist at James K. Yu DDS since 1984, where he has been an acupuncturist since 2008. He has been a radio talk show host at AM 1450 since 2000, and radio talk show president and owner at the Chinese Today Radio Station since 2015. He is Bay Area leader of Medical Services International and President of the Northern California Chinese Media Association, as well as a member of the American Dental Association, California Acupuncture Association, San Francisco Dental Society, Application of Acupuncture in Dental Practices, American Association of Chinese Medicine and Acupuncture, and American Society of Chinese Medicine. He is President of the San Francisco Chinatown Salvation Army Advisory Board. He earned a Doctor of Dental Surgery degree from the University of the Pacific School of Dentistry and a Master of Science degree in Acupuncture from the University of East-West Medicine. **(Term expires on January 1, 2024.)**

Table 1b. Dental Board of California Member Roster					
Member Name (Include any vacancies)	Date First Appointed	Date Re-appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Burton, Fran	6/03/2009	4/19/2017	1/1/2022	Senate Rules	Public
Chan, Steven	10/12/2016	4/7/2021	1/1/2025	Governor	Professional
Chappell-Ingram, Yvette	4/17/2013	1/11/2016	12/31/2019	Governor	Public
Felsenfeld, Alan	2/6/2020	1/26/2023	1/1/2027	Governor	Professional
Forge, Joni	7/29/2022	N/A	1/1/2025	Governor	Professional
Lai, Ross	2/26/2013	3/14/2017	4/7/2021	Governor	Professional
Larin, Lilia	4/13/2018	6/1/2021	1/1/2025	Governor	Professional
Le, Huong	3/26/2009	9/24/2015	12/31/2019	Governor	Non-Profit Community Clinic / Professional
McKenzie, Meredith	4/15/2013	1/1/2016; 8/18/2020	1/1/2024	Governor	Public
Mendoza, Mark	11/30/2020	N/A	5/10/2022	Governor	Public

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Table 1b. Dental Board of California Member Roster					
Medina, Angelita	1/4/2021	N/A	1/1/2025	Assembly Speaker	Public
Molina, Sonia	10/21/2020	N/A	1/1/2024	Governor	Professional
Montell, Alicia	8/3/2020	N/A	4/12/2022	Governor	Community Clinic/ Professional
Morrow, Steven	8/17/2010	06/09/2010; 2/28/2018	1/1/2023	Governor	Faculty/ Professional
Olague, Rosalinda	4/13/2018	6/18/2021	1/1/2025	Governor	RDA
Pacheco, Joanne	4/13/2018	5/19/2021	1/1/2025	Governor	RDH
Stewart, Thomas	2/28/2013	3/14/2017	1/1/2022	Governor	Professional
Thakur, Yogita	8/18/2022	1/26/2023	1/1/2027	Governor	Community Clinic/ Professional
Whitcher, Bruce	3/26/2009	9/23/2015	12/31/2019	Governor	Professional
Yu, James	4/13/2018	7/28/2020	1/1/2024	Governor	Professional
Vacancy	N/A	N/A	N/A	Senate Rules	Public
Vacancy	N/A	N/A	N/A	Governor	Public
Vacancy	N/A	N/A	N/A	Governor	Public
Vacancy	N/A	N/A	N/A	Governor	Faculty/ Professional

Table 1b. Dental Assisting Council Member Roster					
Member Name	Date First Appointed	Date Re-appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Cazares, Melinda	8/15/2019	N/A	10/31/2021	Dental Board	Professional
Contreras, Anne	3/6/2012	3/17/14; 7/2/2018	5/6/2020	Dental Board	Professional
Davis-Washington, Pamela	3/19/2012	3/12/2015	3/26/2019	Dental Board	Professional
Epps-Robbins, De'Andra	3/14/2022	N/A	12/14/2023	Dental Board	Professional
Fowler, Jeri	8/17/2020	8/4/2023	3/1/2027	Dental Board	Professional
Jawad, Michele	9/5/2020	N/A	10/31/2021	Dental Board	Professional
Miyasaki, Cara	8/30/2020	3/7/2022	3/1/2026	Dental Board	Professional
Olague, Rosalinda	4/13/2018	N/A	1/1/2025	Dental Board	Professional
Ovard, Cindy	5/30/2018	N/A	6/5/2020	Dental Board	Professional
Pacheco, Joanne	4/18/2018	N/A	1/1/2025	Dental Board	Professional
Peacock, Pamela	5/30/2018	N/A	1/13/2020	Dental Board	Professional
Pliss, Kandice	3/20/2022	N/A	3/20/2026	Dental Board	Professional
Reed-Espinoza, Traci	8/17/2020	N/A	3/1/2024	Dental Board	Professional
Rodriguez, Jennifer	12/23/2016	N/A	9/6/2019	Dental Board	Professional

Table 1b. Diversion Evaluation Committee Member Roster					
Member Name (Include any vacancies and a brief member biography)	Date First Appointed	Date Re-appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Bradford, John	9/1/2016	9/1/2020	3/30/2022	Dental Board	Public
Frier, James	8/28/2013	9/1/2018; 9/1/2021	4/29/2022	Dental Board	Professional
Pluckhan, Gregory	3/2/2013	9/1/2018; 2/25/2022	N/A	Dental Board	Professional
Podolsky, Lawrence	9/14/2014	n/a	11/1/2018	Dental Board	Professional
Shaw, Michael	9/2/2014	9/1/2018; 3/7/2022	N/A	Dental Board	Professional
Shinn Jr., George	3/17/2016	4/16/2019; 2/10/2022	N/A	Dental Board	Professional
Specht, Thomas	9/15/2022	n/a	N/A	Dental Board	Professional
Supancic, Steven	8/1/2009	3/22/2014	1/1/2019	Dental Board	Professional
Tracy, James	6/2/2022	n/a	N/A	Dental Board	Public
Vixie, Curtis	8/24/2007	8/24/2011	N/A	Dental Board	Professional

Table 1b. Elective Facial and Cosmetic Surgery Permit Credentialing Committee Member Roster					
Member Name (Include any vacancies and a brief member biography)	Date First Appointed	Date Re-appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Gallia, Louis	6/20/2001	N/A	N/A	Dental Board	Professional
Gramins, Robert	7/2/2009	N/A	N/A	Dental Board	Professional
Punjabi, Anil	7/7/2009	N/A	N/A	Dental Board	Professional
Scheer, Peter	7/20/2009	N/A	N/A	Dental Board	Professional
Guerrero Fernandes, Andre	9/11/2019	N/A	N/A	Dental Board	Professional

2. In the past five years, was the Board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it affect operations?

During the past five years, the Board had a quorum present at each meeting and was able to conduct Board business. The Board has not been impacted by irregular attendance. Attendance records support the dedication and commitment of its members to the mission.

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3. Describe any major changes to the Board since the previous sunset review, including, but not limited to:

- Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning).
- The Governor appointed four new members and reappointed nine members to the Board.
- The Speaker of the Assembly appointed one new public member to the Board.
- The Board appointed two new members and reappointed two members to the DAC.
- The Board appointed two new members to the EFCS Permit Credentialing Committee.
- The Board appointed two new members and reappointed five members to the DEC.
- The Board appointed a new Executive Officer in November 2022.
- The Executive Officer hired a new Assistant Executive Officer in December 2022.
- The Board promoted an investigator to the new Northern California Enforcement Chief position.
- The Board filled existing manager vacancies by hiring three Staff Services Manager Is, two Staff Services Managers IIs, one Supervising Investigator I, and one Supervising Special Investigator.
- The Board filled an additional 35 vacant positions over the past five years, with a total of three promotions in place.
- In alignment with Governor Newsom's Executive Order N-16-22 of September 13, 2022, and with the assistance of the Department of Consumer Affairs (DCA) SOLID Unit, the Board sought input as a supplement to the Board's strategic planning process for informing policies, programs, and services to more effectively advance equity and respond to identified disparities.
- With the assistance of the DCA Office of Information Services (OIS), the Board migrated to Microsoft Teams. Teams is a messaging application, with a workspace for real-time collaboration and communication, meetings, and file sharing. Teams was determined to facilitate business operations during the COVID-19 pandemic and has been implemented at the Board to support telework opportunities and future emergencies.
- All legislation sponsored by the Board and affecting the Board since the previous sunset review.

Legislation Affecting the Board since Previous Sunset Review (Fourth Quarter 2018)

Assembly Bill (AB) 2138 (Chiu, Chapter 995, Statutes of 2018)

This bill restricted the ability of the Board to deny a license based on a conviction for a crime or for discipline against a license held in another state or jurisdiction. Under this law, the Board can deny a license only if the conviction for the crime, or the discipline against a license for unprofessional conduct took place within the seven years prior to the application. Such discipline or conviction must be substantially related to the qualifications, functions, or duties of the profession. Convictions or discipline that would otherwise be grounds for denial

cannot be used to deny a license if the applicant has demonstrated rehabilitation or obtained clemency, a pardon, or a certificate of rehabilitation.

Boards are required to develop criteria for determining when a conviction or license discipline would be substantially related. Boards also must develop criteria for how an applicant may demonstrate they have been rehabilitated. The law also specifies how applicants who have been denied may appeal that decision.

AB 2958 (Quirk, Chapter 881, Statutes of 2018)

This bill established additional procedures for state bodies to conduct meetings by teleconference that expand on what was already set forth under Gov. Code section 11123.

SB 501 (Glazer, Chapter 929, Statutes of 2018)

This bill was a comprehensive update to the sections of the Dental Practice Act covering anesthesia and sedation. It revised or replaced the previously existing permits for dentists to order and administer anesthesia and sedation into the following categories:

- Deep sedation and general anesthesia.
- Deep sedation and general anesthesia with pediatric endorsement (for patients under seven years).
- Moderate sedation.
- Moderate sedation with pediatric endorsement (separate endorsements for patients from 7 through 12 years old and for patients under seven years).
- Pediatric minimal sedation.
- Oral conscious sedation for adults.

The bill also established violations as unprofessional conduct. The Board also was tasked with reviewing all available data on adverse events related to general anesthesia, deep sedation, moderate sedation, and minimal sedation. The review also included existing recommendations and best practices in anesthesia and sedation. The Board would submit a report to the California State Legislature by January 1, 2022, summarizing its review.

SB 1109 (Bates, Chapter 693, Statutes of 2018)

This bill changed the CE requirements for dentists, adding as a mandatory topic for CE courses the risks of addiction associated with Schedule II drugs. The bill authorized the Board to make regulations to implement this provision.

SB 1480 (Hill, Chapter 571, Statutes of 2018)

The bill reduced the minimum number of times a board must meet each calendar year from three to two. It also added the category “harm to a minor” to the highest category of DCA complaint priorities.

SB 1482 (Hill, Chapter 858, Statutes of 2018)

This bill removed the Dental Hygiene Committee of California (DHCC) from the Dental Board of California and established the Dental Hygiene Board of California (DHBC). The bill also made conforming changes to other sections of the Dental Practice Act, as well as the Corporations Code and Education Code to reflect the establishment of the DHBC.

SB 1491 (Business, Professions and Economic Development, Chapter 703, Statutes of 2018)

This bill repealed provisions of the Dental Practice Act that required the Board to meet following the commencement of dental schools for the purposes of examination. It also repeals the provisions allowing the Board secretary to receive expenses but prohibiting them from receiving a salary.

This bill added dental assistants to the language required in the notice to clients specified in BPC section 138. The bill also gave the Board authority to investigate the licensing documents, records, and premises of dental assistants in response to complaints that allege actions that would be grounds for discipline. It also gave the Board regulatory authority to establish standards for the approval of dental assisting programs.

The bill made it unprofessional conduct to use water or other methods of irrigation that are not sterile or do not have recognized antibacterial or disinfecting properties when used on exposed dental pulp.

Mandatory courses are revised to be specific to the Dental Practice Act rather than California law, and the courses in the Dental Practice Act and infection control now have specified hour requirements.

The bill eliminated previously available registration (permit) categories of restorative assistant and surgery assistant, as well as the ability of a licensed dentist to train dental assistants in these categories.

The bill required the Board to review the allowable duties and the corresponding settings and supervision for these duties at least once every seven years. The Board would update its regulations as needed following this review.

AB 1519 (Low, Chapter 865, Statutes of 2019)

This was the Board's most recent sunset bill. The bill made some clarifying changes, some nonsubstantive changes, and reorganized and renumbered some sections of the Dental Practice Act. It amended the Board's sunset date to January 1, 2024. It made the following other changes to the Dental Practice Act:

- Merged the State Dental Assistant Fund with the State Dentistry Fund.
- Reserved the power to remove a Board member to the appointing authority rather than only the Governor.

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- Allowed, but no longer required, the DAC to meet in conjunction with the Board.
- Changed the meeting location requirements of one in Los Angeles and one in San Francisco to one in Southern California and one in the San Francisco Bay Area.
- Revised the BPC section 138 notice requirements to include an electronic version available to those seeking services via telehealth.
- Authorized the Board to accept graduation from schools approved by the American Dental Association (ADA) Commission on Dental Accreditation (CODA) from applicants for dentist licensure.
- Revised the grounds for denial of an application to be more consistent with BPC section 480.
- Updated the background check requirements for applicants for licensure, including adding a check with the National Practitioner Data Bank and the federal Drug Enforcement Administration for applicants for dental licensure.
- Specified what areas of competence should be tested for with applicants for dental licensure.
- Required the Board to report to the California State Legislature on the acceptance by other states of the Licensure By Portfolio pathway.
- Added requirements that the Western Regional Examining Board (WREB) or American Board of Dental Examiners (ADEX) examinations must be passed within five years preceding the date of application, and that advanced education programs for dental students must be completed within two years prior to the application for licensure.
- Removed the Board's authority as of January 1, 2020, to approve foreign dental schools in favor of CODA accreditation. Such schools will need to obtain CODA accreditation by January 1, 2024.
- Added basic life support (BLS), infection control, and Dental Practice Act courses to the required courses for licensure as an RDA.
- Added a requirement for licensees on probation to disclose to their patients certain facts related to the probation. Probation information also must be accessible on the licensee's profile on the Board license information website.
- Amended the unprofessional conduct statutes to include failure to, prior to initial use of orthodontic appliances or the diagnosis and correction of malpositions of the teeth, conduct an examination, including review of available imaging and/or radiographs.
- Required businesses providing dental services via telehealth to provide relevant information on any dentist involved in providing services at the request of the patient and prior to providing those services. Failure to do so constitutes unprofessional conduct.
- Prohibited a provider of dental services from requiring a patient to sign an agreement limiting their ability to complain to the Board.
- Added the requirements for individuals seeking to restore a license expired for more than five years to seek a license through one of the available pathways to licensure.
- Updated the fee schedule for dental assisting licenses and related permits by removing outdated items and dental hygienist fees now handled by the DHBC.

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- If the Board modifies or rejects the recommendations of the DAC, the DAC no longer must request that the Board provide its reasons for the decision in order for the Board to do so.
- Required applicants for RDA licensure to complete the Combined Written Law and Ethics Examination rather than an examination in California law and ethics.
- Eliminated the January 1, 2020 sunset date on the elimination of the practical examination, should the Board vote to eliminate that examination.
- Eliminated the practical examination requirements for RDAs.
- Clarified the BPC-wide statutes on telehealth, including applying laws and regulations on unprofessional conduct, professional responsibility, and the standard of care to the provision of services via telehealth.

AB 1622 (Carrillo, Chapter 632, Statutes of 2019)

The bill revised the unprofessional conduct statutes concerning written informed consent for the administration of anesthesia. It revised the model language for a minor's informed consent for general anesthesia. The revision added family physician to the list of providers a minor child's parent or guardian are encouraged to consult.

SB 878 (Jones, Chapter 131, Statutes of 2020)

The bill required the Board to post on its website average processing times for initial and renewal licensing applications.

AB 2113 (Low, Chapter 186, Statutes of 2020)

The bill required the Board to provide expedited processing for initial license applications for individuals with asylee, refugee, or other types of special immigrant status.

AB 107 (Salas, Chapter 693, Statutes of 2021)

This bill authorized boards, effective July 1, 2023, to grant temporary licensure to qualified applicants who are spouses or domestic partners of military service members stationed in California. The temporary licenses would be valid for 12 months.

AB 361 (Rivas, Chapter 165, Statutes of 2021)

This bill permitted boards to conduct meetings by teleconference under certain specified guidelines, through January 31, 2022. It codified many of the provisions of the Governor's Executive Order (N-29-20) permitting state boards to meet via teleconference during the COVID-19 pandemic.

AB 526 (Wood, Chapter 653, Statutes of 2021) (Urgency Statute)

This bill authorized dentists to administer COVID-19 and influenza vaccinations, provided they complete vaccination training and comply with all federal and state vaccination reporting and recordkeeping requirements.

SB 607 (Min, Chapter 367, Statutes of 2021)

This bill authorized license applicants who are qualified spouses or domestic partners of military service members assigned to California to have the initial license and license application fee waived. The law also allows for foreign dental schools who had their Board approval renewed prior to January 1, 2020 to any date between January 1, 2024 and June 30, 2026 to retain their approval through that date before having to seek approval from CODA or a similar organization approved by the Board. Graduates of foreign dental schools who enrolled prior to January 1, 2020 and whose school approval was approved before January 1, 2020 to any date between January 1, 2024 and June 30, 2026 would be eligible for licensure. The law also eliminates the practical examination requirement for RDAEFs and caps the minimal sedation initial permit and renewal fees.

AB 1102 (Low, Chapter 684, Statutes of 2022)

This bill required telephone medical advice services to comply with directions and requests for information from healing arts boards.

SB 1237 (Newman, Chapter 386, Statutes of 2022)

This bill defined the phrase “active duty” with respect to licensees called to active duty. These licensees are eligible for a waiver of renewal fees, CE requirements, and other renewal requirements as determined by the relevant board.

SB 1443 (Roth, Chapter 625, Statutes of 2022)

This bill extended the Board’s sunset date to January 1, 2025.

SB 1495 (Committee on Business, Professions and Economic Development, Chapter 511, Statutes of 2022)

This bill made nonsubstantive changes to the Dental Practice Act reflecting the name change of what is now called the Department of Health Care Access and Information.

SB 143 (Committee on Budget and Fiscal Review, Chapter 196, Statutes of 2023)

This bill reinstated the provisions of open meeting laws concerning state agency meetings by teleconference that were put into effect during the COVID-19 pandemic. That language expires at the end of 2023. The bill also added BPC section 115.10, making specific to California recent changes to the federal Servicemembers Civil Relief Act permitting qualified applicants the ability to use a license in good standing from another jurisdiction to practice in California a profession within a similar scope of practice to what is permitted by their license in the other jurisdiction.

SB 544 (Laird, Chapter 216, Statutes of 2023)

This bill adds a new section to the Bagley-Keene Open Meeting Act to authorize state agencies meetings to hold meetings by teleconference, as specified. These provisions will sunset on January 1, 2026.

SB 372 (Menjivar, Chapter 225, Statutes of 2023)

This bill requires all DCA boards to establish a procedure to reissue licensure documents reflecting name and/or gender change(s) to licensees who provide specified evidence of the change(s). This bill also prohibits boards from publishing online the licensee’s former name or gender, and, for licensees who were previously subject to an enforcement action referencing the individual’s former name or gender, prohibited boards from posting the enforcement records online and, instead, required boards to post an online statement that the licensee previously was subject to enforcement action and directing the public to contact the board for more information about the prior enforcement action.

Rulemaking Packages Initiated since Previous Sunset Review and Current Status

The following regulatory packages to amend various provisions of the California Code of Regulations (CCR) were approved by the Board since the Board’s previous sunset review. The regulatory packages are in various stages of the rulemaking process as described below.

Substantial Relationship and Rehabilitation Criteria – CCR, title 16, sections 1019 and 1020.

Effective January 1, 2021, this rulemaking updated the Board criteria for determining whether an act, crime, or professional misconduct is substantially related to the qualifications, duties or functions of a dentist or dental auxiliary. The rulemaking also required the Board to consider whether the applicant made a showing of rehabilitation if they have completed any criminal sentence at issue without a parole or probation violation. The updates brought the Board into compliance with AB 2138 (Chiu, Chapter 995, Statutes of 2018).

Citation and Fine – CCR, title 16, sections 1023.2 and 1023.7

Effective February 10, 2021, this rulemaking increased the maximum administrative fine for citations from \$2,500 to \$5,000.

Diversion Evaluation Committee Membership – CCR, title 16, section 1020.4

Effective October 1, 2021, this rulemaking increased the number of public members on the DEC from one to two and eliminated the requirement for one member to be a licensed dental auxiliary. The rulemaking also eliminated the terms for committee members.

Supplemental Examination in California Law and Ethics – CCR, title 16, section 1031

Effective July 1, 2022, this rulemaking changed the standard for passing the supplemental examination in California law and ethics required for licensure as dentists. It replaced the

75% score criterion with a criterion-referenced passing score so that each examination question is evaluated and rated by dentist licensees and a test development specialist to determine that the passing score represents entry-level competence.

Anesthesia and Sedation – CCR, title 16, sections 1016, 1017, 1017.1, 1018.1, 1021, 1043, 1043.1, 1043.2, 1043.3, 1043.4, 1043.5, 1043.6, 1043.8, 1043.8.1, 1043.9, 1043.9.1, 1043.9.2, 1044, 1044.1, 1044.2, 1044.3, 1044.5, and 1070.8

Effective August 16, 2022, this rulemaking made comprehensive changes to the regulations for the ordering and/or administering of sedation and anesthesia and the associated permits and endorsements. It updated the existing anesthesia and sedation regulations and established new forms and regulations for all categories of anesthesia and sedation permits established by SB 501 (Glazer, Chapter 929, Statutes of 2018). It set forth the requirements and forms for pediatric endorsements for these permits, as applicable, and the fees and standards associated with the permits and endorsements.

Consolidated Continuing Education (Basic Life Support and Mandatory Opioids Course) – CCR, title 16, sections 1016, 1016.2, and 1017

Effective January 1, 2023, this rulemaking updated CE requirements for all Board licensees and permit holders. The new regulations added a course in the responsibilities and requirements of prescribing Schedule II opioids to the mandatory courses for dentists' CE. The rulemaking also added to the acceptable providers for BLS certification any providers approved by the American Safety and Health Institute. The course requirements for BLS and Schedule II opioid courses are also described in the rulemaking, along with how much CE credit will be allowed for volunteer dental work, and clarified mandatory course review requirements and acceptable topics for specified categories of courses.

Dentists Initiating and Administering Vaccines – CCR, title 16, section 1066

These were emergency regulations effective June 23, 2022, and made permanent by a Certificate of Compliance filed January 24, 2023. This rulemaking made specific the authority granted to dentists by AB 526 (Chapter 623, Statutes of 2021) by detailing the training, CE, notification, California Department of Public Health immunization registry, and recordkeeping requirements necessary to initiate or administer influenza or COVID-19 vaccines and made violations of these provisions unprofessional conduct in accordance with BPC section 1680.

Temporary Licensure for Military Spouses and Partners – CCR, title 16, proposed new Section 1006

The 45-day public comment period for this rulemaking ended September 13, 2023. The proposal would establish application procedure and define relevant terms for implementing AB 107 (Salas, Chapter 693, Statutes of 2021). AB 107 authorized boards to issue temporary licenses and/or permits (not to exceed 12 months duration) for qualified spouses and partners of military personnel assigned to active-duty stations in California. The Board will consider finalizing adoption of these proposed regulations at its October 12, 2023 meeting.

Disciplinary Guidelines and Exceptions for Uniform Standards Related to Substance-Abusing Licensees – CCR, title 16, section 1018

This rulemaking package was filed with the Office of Administrative Law for publication on September 29, 2023. The 45-day public comment period for this rulemaking is set to end on November 14, 2023. The rulemaking would update and revise the Board's Disciplinary Guidelines.

Replacement Licenses or Permits and Inactive Licenses – CCR, title 16, sections 1012, 1017.2, and 1021

The Board approved the language at the May 2023 Board meeting. This rulemaking package is under review with the Business, Consumer Services and Housing Agency prior to submission to the Office of Administrative Law. The rulemaking would incorporate a form, increase the fee for replacement licenses or wall certificates, and revise the procedures for licensees applying for replacement licenses or permits. The proposal would also eliminate the current fingerprinting requirement and require certification of the need for a replacement for specified reasons (lost, damaged, name change). The rulemaking would repeal a prior application and add a new form for licensees seeking to change their status from inactive to active status or vice versa. It also would remove the current requirement for submission of certificates or other evidence of completion and instead only require certification by the licensee that they have completed required CE as a condition of reinstatement to active status.

Interim Therapeutic Restorations and Radiographic Decision-making – CCR, title 16, section 1071.1

The Board approved the proposed regulatory text at the August 2017 Board meeting. This package would establish regulations for courses for RDAEF licensees to learn how to perform interim therapeutic restorations and radiographic decision-making. The proposed language would mirror the requirements for RDHs and registered dental hygienists in alternative practice (RDHAPs). The Board is obligated to promulgate regulations on this topic pursuant to BPC section 1753.55, subdivision (d), and intends to move this package forward in 2024 unless legislation is enacted to supersede these provisions.

Elective Facial Cosmetic Surgery (EFCS) Permit Application and Renewal Requirements – CCR, title 16, sections 1044.6–1044.8

The Board approved the proposed regulatory text and form at the February 2018 Board meeting. This package would establish the application form and requirements for the EFCS Permit. Because the Board is advancing a legislative proposal on the EFCS Permit Credentialing Committee, this package may need to be amended if the legislative proposal becomes law.

Mobile Dental Clinic and Portable Dental Unit Registration Requirements – CCR, title 16, section 1049

The Board approved the proposed regulatory text and forms at the February 2018 Board meeting. This package would update the regulations for mobile and portable dental clinics in light of legislation (SB 562, Galgiani, Chapter 624, Statutes of 2013) that changed the previous restrictions on ownership of such units. The proposed regulations would add

language on the application requirements, other regulations and laws the units must comply with, and the obligations to notify the Board of changes in personnel, procedures and operation of the unit. The regulations also establish what information must be communicated to patients and how consent for services and follow-up services are to be handled. Regulations Counsel is working on proposed revisions to the originally approved text for review by the Board in early 2024.

Minimum Standards for Infection Control – CCR, title 16, section 1005

The Board approved the proposed regulatory text at its May 2018 meeting. The proposed rulemaking would update the standards licensees must maintain to minimize the risk of infection. To ensure currency, this proposal will be brought back for Board review and consultation with the DHBC in 2024 in accordance with BPC section 1680, subdivision (ad).

Telehealth Notice of Licensure – CCR, title 16, section 1065

The Board approved the proposed regulatory text at the December 2020 Board meeting. The proposed regulatory text would make specific the notice requirements in BPC section 1611.3, as amended by AB 159 (Low, Chapter 865, Statutes of 2019). This package would amend the required notice of licensure language to include dental assistants and establish a minimum font size for electronic delivery of the notice for patients receiving services via telehealth. Regulations Counsel is working on proposed revisions to the originally approved text for review and approval by the Board in 2024.

Dental Assisting Comprehensive Rulemaking– CCR, title 16, division 10, chapter 3 (commencing with section 1067), “Dental Auxiliaries”

The Board approved the proposed text and forms at the December 2020 Board meeting. This package reflects input from a series of stakeholder meetings to review and update the Board regulations related to all aspects of dental assisting. Based on concerns raised by the Board’s Regulations Counsel, the Board rescinded approval of the previously approved language at its August 2023 meeting. At the same meeting, it moved to request that the DAC appoint a working group to review the previously approved language, work with Regulations Counsel to address concerns raised at the meeting, and bring back a revised proposal to a future meeting.

Legislative Proposals Approved by the Board since Previous Sunset Review

The following legislative proposals were approved by the Board since the Board’s previous sunset review. The Board is recommending that these legislative proposals be considered by the Joint Sunset Review Committees as they develop the Board’s next sunset bill.

Amend BPC section 1750 to require that unlicensed dental assistants complete an infection control course prior to performing any basic supportive dental procedures that would have potential exposure to infectious materials. This proposal was approved at the August 2021 Board meeting and later combined with the following proposal.

Amend BPC section 1750 to clarify that the requirement for mandatory education courses for unlicensed dental assistants applies to those dental assistants who have been employed,

even intermittently, for a year with one employer. This proposal includes the previously approved language requiring unlicensed dental assistants to have completed the infection control course prior to performing any basic supportive dental procedures where they may be exposed to potentially infectious material. This proposal was approved at the February 2023 Board meeting.

Amend BPC sections 1750.2, 1750.4, and 1752.1 to add the requirement that applicants for an orthodontic assistant permit or a dental sedation assistant permit must have completed the required coursework in the Dental Practice Act, infection control, and BLS within five years prior to the date of application. The proposal also clarifies that the Dental Practice Act and infection control courses required for RDA licensure must be two hours and eight hours long, respectively. This proposal was approved at the February 2022 Board meeting.

Amend BPC sections 1752.1, 1752.4, and 1907 to clarify the requirements for an RDH applying for an RDA license and eliminate redundant requirements. This proposal was reviewed and accepted by DHBC staff and incorporates the proposed changes to BPC section 1752.1 approved in the Board's legislative proposal from February 2022. This proposal was approved at the November 2022 Board meeting.

Amend BPC section 1635.5 concerning Licensure by Credential requirements. The proposal would clarify clinical practice work requirements and how much credit residency programs will count towards the total hours required for licensure. It also would add a requirement for those seeking work credit through a contractual agreement to teach and/or practice dentistry to submit written documentation verifying compliance with the requirement. It further would specify how many hours per week an applicant must work and/or teach under such a contractual agreement. The proposal would grant the Board authority to cancel the temporary license granted under this statute if it finds that the licensee has not met the terms of the contractual agreement, as applicable. This proposal was approved at the February 2023 Board meeting.

Amend BPC sections 1701.5 and 1804 concerning the requirements for Fictitious Name Permits and dental corporation names. The proposal would expand and clarify the information that applicants must provide in support of their permit application. The proposal also would eliminate the family name requirement and establish reporting procedures for when a named dentist has left the business. This proposal was approved at the August 2022 Board meeting and revised at the February 2023 Board meeting.

Amend BPC section 1700 to specify the requirements for the display of a license, permit, or registration in terms of the location for display, the persons employed at the office who must display a license, permit, or registration, and what must be displayed. This proposal was approved at the February 2023 Board meeting.

Repeal BPC section 1607, which requires the Board to regularly meet once each year in the San Francisco Bay Area and once each year in southern California, to instead require, in accordance with BPC section 101.7, the Board to meet once in northern California and once in southern California each year. This proposal was approved at the February 2023 Board meeting.

Amend BPC sections related to SB 501. These proposals would provide technical cleanup and clarification to the new laws related to anesthesia and sedation established through SB 501. The proposals would address the following topics:

- Implementation of the new general anesthesia and sedation permits.
- Fees for general anesthesia and sedation permits.
- Ambiguities in the general anesthesia and sedation permits for physicians and surgeons.
- Outdated language for Oral Conscious Sedation for Adults certificates.
- CE requirements and expiration dates for Pediatric Minimal Sedation Permits.
- Physical presence requirements when administering or ordering the administration of general anesthesia or sedation.
- Confidentiality concerns over submission of patient case information.
- Pediatric Minimal Sedation Permit requirements for physical evaluation and medical history.
- The definition of “good standing” and moving the good standing requirement to the sections on permit applications.
- Which kind of permit (and endorsement, if applicable) a permit holder should have, if not already specified.
- Make the medical recordkeeping requirements consistent with similar requirements in Board regulations.
- Ensure patient safety and compliance with MS administration requirements by requiring that all MS procedures, including those performed to obtain an MS permit, in a private dental office meet Moderate Sedation (MS) Permit and/or pediatric endorsement office, facility, and staff requirements for MS permit holders. These procedures also would need to be performed under the supervision of a California-licensed dentist who holds either a General Anesthesia (GA) or MS permit, with a pediatric endorsement (as applicable), and the one-to-one patient ratio required by BPC section 1682, subdivision (a), would need to be maintained. The proposal also would require that the case information submitted for MS permits be subject to the same confidentiality provisions as the case information submitted for pediatric endorsements.

The proposed changes are to add BPC sections 1646.12, 1647.35, 1647.36, and 1636.37; amend BPC sections 1646.1, 1646.2, 1646.9, 1647.2, 1647.3, 1647.18, 1647.19, 1647.20, 1647.22, 1647.35, 1647.36, and 1724; and repeal BPC section 2079. These proposals were approved at the November 2021, August 2022, and February 2023 Board meetings. The combined and consolidated proposal was approved at the May 2023 Board meeting, and amended at the October 2023 Board meeting to add additional revisions to BPC section 1647.3.

Amend BPC section 1634.1 regarding Licensure by Credential requirements. The proposal would revise the requirement to provide proof that an applicant has not failed a dental examination within the five years prior to application. The proposal would allow a successful

examination completion following a failure to be used for licensure under this pathway. This proposal was approved at the May 2023 Board meeting.

Amend BPC section 1638.1 regarding EFCS Permit requirements. The proposal would be a significant overhaul of the existing permit requirements, eliminating the EFCS Permit Credentialing Committee and including the following changes:

- Revise the permit requirements to be consistent with the new anesthesia and sedation permit requirements.
- Replace the six-year check on continued competency with a requirement for permit holders to complete 24 hours of CE courses related to elective cosmetic surgery in order to renew the permit.
- Add a definition of good standing.

This proposal was approved at the August 2023 Board meeting.

Amend BPC section 1718.3 regarding obtaining a new license if the license holder's previous license has not been renewed for at least five years. The proposal would make non-substantive clarifying changes to the law, and clarify what fees (renewal and/or delinquency) would be due if applying for a new license. The proposal also would:

- Remove the separate examination requirement that is redundant with the licensing pathways application requirement.
- Eliminate accrualment of delinquency fees after the date of license cancellation.
- Maintain that graduates of a foreign dental school would still be able to apply for licensure pursuant to BPC section 1628.

This proposal was approved at the August 2023 Board meeting.

Amend BPC section 1628.7 regarding Probationary Licenses. The proposal would align the Board's process for issuing a probationary license more closely with the procedure of the Medical Board of California. The denial of an application due to unprofessional conduct or other actions that would be grounds for suspension or revocation of a license, or the issuance of a probationary license, would NOT be subject to the hearing requirements of the Administrative Procedure Act (Gov. Code § 11340 et seq.). The proposal also would eliminate the requirement for developing probationary guidelines, prohibit reapplication for those denied applications for at least one year following denial, require the Board to post probationary license decisions on its website, and authorize the Board to grant an unrestricted license after the completion or termination of the probationary term. This proposal was approved at the August 2023 Board meeting.

Amend BPC sections 1632, 1632.5, and 1632.55 and repeal BPC section 1632.1 regarding Licensure by Portfolio. The proposal would eliminate the License by Portfolio pathway to licensure for dentists. This proposal was approved at the August 2023 Board meeting.

Establish enforcement action and penalties for fraudulent advertising and misleading information of dental assisting educational programs and/or course providers.

The Board has received information that some dental assisting educational programs or courses are advertising claims of “Board accreditation” or “Board approval” that are either untrue or misrepresent facts. Such fraudulent advertising or other misrepresentations are made to potential students, who may spend time and money to complete the dental assisting program or course but not actually qualify for RDA licensure as the program or course was not actually Board-approved. Since the Board does not issue a license, registration, or permit to approved dental assisting programs or courses, the Board is unable to effectively discipline the dental assisting programs or courses. To combat fraudulent statements and misrepresentations by dental assisting programs and courses, the Board is seeking authority to pursue administrative enforcement actions beyond withdrawal or denial of program and/or course approval. The Board proposes that such statutory enforcement action may include issuing to an educational program or course in violation of false or misleading advertising a citation with an administrative penalty to be determined by the California State Legislature. This proposal was approved at the August 2023 Board meeting.

4. Describe any major studies conducted by the Board (cf. Section 12, Attachment C).

Occupational Analysis of the Registered Dental Assistant Profession, June 2023

The Board requested that DCA’s Office of Professional Examination Services (OPES) conduct an occupational analysis of RDA practice in California. The purpose of the occupational analysis is to define practice for RDAs in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis serve as the basis for the RDA licensure examinations. The final report was completed in June 2023 and presented at the November 2023 Board meeting.

Review of the Dentist Portfolio Examination, June 2023

The Board requested that OPES review the Board’s Dentist Portfolio Examination (Portfolio) for continued use in California licensure of dentists. Several psychometric issues of concern were presented and discussed. The Board chose to accept the recommendation to initiate a process for eliminating the Portfolio as a pathway to licensure. The final confidential report was completed in June 2023, and a summary was presented at the August 2023 Board meeting.

Review of the Joint Commission on National Dental Examinations (JCNDE) Integrated National Board Dental Examination (INBDE), June 2023

The Board requested that OPES complete a comprehensive review of the Integrated National Board Dental Examination (INBDE), which is developed by the Joint Commission on National Dental Examinations (JCNDE) and administered by Prometric, Inc. The purpose of this review was to evaluate the suitability of the examination for use in California licensure of dentists. The examination is used by all 50 states and some territories. The results of the evaluation supported the Board’s continued use of the INBDE. The final report was completed in June 2023 and presented at the November 2023 Board meeting.

Review of the Joint Commission on National Dental Examinations (JCNDE) Dental Licensure Objective Structured Clinical Examination (DLOSCE), June 2023

The Board requested that OPES complete a comprehensive review of the Dental Licensure Objective Structured Clinical Examination (DLOSCE), which is developed by JCNDE and administered by Prometric, Inc. The purpose of this review was to evaluate the suitability of the examination for use in California licensure of dentists. The examination is accepted by six states. The results of the evaluation support the potential use of the DLOSCE as an alternative to the ADEX, and in addition to the INBDE. The final report was completed in June 2023 and presented at the November 2023 Board meeting.

Review of the Western Regional Examining Board (WREB) dental examination, October 2020

The Board requested that OPES complete a comprehensive review of the WREB dental examination. The purpose of the review was to evaluate the suitability of the WREB for continued use in California licensure. The results of the evaluation supported the Board's continued use of the WREB. The final report was completed in October 2020 and presented at the December 2020 Board meeting.

Merging of the Western Regional Examining Board (WREB) and American Board of Dental Examiners (ADEX) dental examinations, May 2023

With the merger of the WREB, the Commission on Dental Competency Assessments (CDCA), and the Council of Interstate Testing Agencies, Inc. (CITA), the Board requested that a technical evaluation be provided. A committee of subject matter experts (SMEs), informed by psychometric analyses of data from both the WREB and ADEX examinations, determined that the WREB dental examination would adopt the content, criteria, and scoring of ADEX examination components for the completion of WREB examinations started by candidates in 2022.

Report to the California State Legislature Regarding Findings Relevant to Inform Dental Anesthesia and Sedation Standards, December 2021

Supplemental Report to California State Legislature Regarding Findings Relevant to Inform Dental Anesthesia and Sedation Standards, May 2022

As required by SB 501 (Glazer, Chapter 929, Statutes of 2018) and BPC section 1601.4, subdivision (a)(2), the Board submitted the Report to the California State Legislature Regarding Findings Relevant to Inform Dental Anesthesia and Sedation Standards on December 22, 2021. The Board subsequently submitted a supplemental report in response to concerns of the American Association of Oral and Maxillofacial Surgeons (AAOMS) that the initial report omitted specificity data and intended patient sedation level data, among other things. The Board submitted a Supplemental Report to California State Legislature Regarding Findings Relevant to Inform Dental Anesthesia and Sedation Standards on May 22, 2022. Both studies are included in the Attachments section of this 2024 Sunset Review Report.

5. List the status of all national associations to which the Board belongs.

The Board is a member of the American Association of Dental Boards (AADB); Commission on Dental Competency Assessments - Western Regional Examining Board - Council of Interstate Testing Agencies (CDCA-WREB-CITA); and the Council on Licensure, Enforcement and Regulation (CLEAR).

- Does the Board's membership include voting privileges?

The Board pays annual dues to continue its membership in the AADB. However, because the AADB meets out of state, Board members have been unable to attend AADB meetings due to the Governor's restriction on out-of-state travel. If Board members attend as individuals, they do so at their own expense. If state representatives were able to travel out of state to attend this meeting, they would have voting privileges.

The Board participates as a member state with CDCA-WREB-CITA. A Board member acts as a liaison but attends these meetings at their own expense.

The Board is a member of CLEAR, which is an association of individuals, agencies, and organizations that comprise the international community of professional and occupational regulation, providing a forum for improving the quality and understanding of regulation to enhance public protection.

- List committees, workshops, working groups, task forces, etc., on which the Board participates.

Board staff participates in the following:

- **DCA Crossover Workgroup** – This new workgroup meets to discuss issues with med-spas and licensees who appear to venture into other areas of practice.
- **CURES 2.0** – This workgroup involves sworn and non-sworn users of the Department of Justice (DOJ) Controlled Substance Utilization and Evaluation System. Board staff attending provide input to DOJ as system upgrades are designed. Meetings are conducted as needed.
- **Diversion Program Managers (DPM)** – This workgroup consists of participants from boards and bureaus that have diversion-type programs, as well as the contracted vendor; meetings are held monthly. A Board manager attends; discussions focus on monitoring and compliance processes and best practices.
- **Executive Officer / Board President / Bureau Chief Meetings** – DCA holds meetings to share departmental information. These meetings are held quarterly and are attended by the Board's Executive Officer and Board President.
- **Dental Hygiene Board of California (DHBC) Meeting** – The Board's Executive Officer and Board President attend this meeting twice per year. An update of Board activities is shared with the DHBC, including activities in licensing, examinations, and enforcement.
- **Prescription Opioid Misuse and Overdose Workgroup** – This workgroup consists of staff from several state public health agencies and stakeholders. The group is dedicated

to greater education and prevention of prescription drug overdoses. There are no regularly scheduled meetings with this workgroup.

- **Western States Information Network (WSIN)** – This organization provides law enforcement officers with deconfliction intelligence. Sworn Board staff are participating members of WSIN and use this centralized organization as a resource prior to any undercover operations or search warrant service to reduce personnel risks. Sworn Board staff share information on an as-needed basis; there are no regularly scheduled meetings with this organization.
- **BreEZe Executive Officer Meetings** – Board and bureau executives meet with DCA leadership to discuss and evaluate the business processes or information systems of the organization. Meetings are held monthly and are attended by the Board’s Executive Officer or Assistant Executive Officer.
- **Portfolio Governance Council (PGC) Meetings** – The PGC reviews and approves cross-organizational projects and system change requests. The PGC evaluates projects that lead to improvements in the business processes or information systems. The meetings are held monthly and are attended by Board staff.
- **BreEZe Licensing User Group (LUG) Meetings** – The LUG comprises DCA board and bureau licensing staff who meet to discuss issues and concerns with business processes affecting applicants and licensees when using the BreEZe Versa online and Versa Regulation back-office systems. The meetings are held quarterly and are attended by Board staff.
- **BreEZe Enforcement User Group (EUG) Meetings** – The EUG comprises DCA board and bureau enforcement staff who meet to discuss issues and concerns with business processes in the Versa Regulation back-office system. The meetings are held quarterly and are attended by Board staff.
- **BreEZe Cashier User Group (CUG) Meetings** – The CUG comprises DCA board and bureau cashiering staff who meet to discuss issues and concerns with the cashiering process of the Versa Regulation back-office system. The meetings are held quarterly and are attended by Board staff.
- **BreEZe Release Scrum Meetings** – These meetings are attended by DCA board and bureau staff who have been assigned as single points of contact (SPOCs) to work on reported issues with the BreEZe system. These reported issues are submitted to OIS. SPOCs work with OIS staff to test and validate updates and fixes. The meetings are held daily and attended by Board SPOCs.
- How many meetings did Board representative(s) attend? When and where?

Board representatives may attend several different meetings throughout the year at various locations. These include:

1. WREB meetings held in the month of October.
2. CDCA ADEX examination meetings held annually.
3. California Department of Public Health, Oral Health Program Advisory Committee meetings held biannually.

4. California Dental Society of Anesthesiology (CDSA) meetings held annually.

- If the Board is using a national exam, how is the Board involved in its development, scoring, analysis, and administration?

The Board uses three different national examinations that are requirements associated with different pathways to licensure: NBDE, WREB, and ADEX. The ADEX examination was reviewed and adopted by the Board on November 15, 2019, for use as an examination for licensure. The national examinations required by the applicants are dependent on the pathway each applicant applies through. The only pathway to licensure that does not require passage of a national examination is the Licensure by Credential (LBC) pathway.

The Board is not directly involved in the development, scoring, analysis, or administration of the national examinations. Pursuant to BPC section 139, the Board, in coordination with OPES, periodically reviews these examination programs to ensure that they meet professional guidelines and technical standards associated with fair and valid licensure examinations.

Section 2 – Fiscal and Staff

Fiscal Issues

6. Is the Board's fund continuously appropriated? If yes, please cite the statute outlining this continuous appropriation.

The Board is a special fund agency in which all revenue is generated from the collection of fees. The Board's revenue is derived from applicants and licensees through the collection of application, renewal, and examination fees. The revenue that is collected enables the Board to support its licensing, examination, enforcement, inspection, and administrative programs.

7. Describe the Board's current reserve level, spending, and if a statutory reserve level exists.

The Board is a self-supporting, special fund agency that obtains its revenue from licensing and permit fees of dentists, RDAs, and RDAEFs. The revenue is deposited and maintained in one fund. The State Dentistry Fund supports operating expenses and equipment (OE&E) and personnel services for dentists, RDAs, and RDAEFs. AB 1519 (Low, Chapter 865, Statutes of 2019) abolished the State Dental Assistant Fund, effective July 1, 2022, and any remaining funds were deposited into the State Dentistry Fund. Although there is no statutory requirement, the Board's objective is to maintain a three-month reserve of funds for economic uncertainties and to operate with a prudent reserve in each fund. As shown in Table 2a. below, the fund is solvent with a healthy annual reserve. The fund maintains a good balance between revenues and expenditures.

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8. Describe if/when a deficit is projected to occur and if/when a fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the Board.

Based on budget projections provided by DCA, the State Dentistry Fund is currently stable. However, it shows a declining balance in future years due to a projected structural imbalance. The fund’s reserves are projected to stay stationary, and the fund’s expenditures are projected to increase by 3%. The fund should remain healthy through fiscal year 2028-29, although unforeseen expenditures may cause this to change. The Board will continue to evaluate its fund condition in the context of future budget modifications, including augmentations and spending restrictions. The Board works closely and collaboratively with the DCA Budget Office to ensure solvency.

Table 2a. Fund Condition – State Dentistry Fund						
(Dollars in Thousands)	FY 2019–2020	FY 2020–2021	FY 2021–2022	FY 2022–2023	FY 2023–2024	FY 2024–2025
Beginning Balance*	\$11,391	\$14,180	\$12,737	\$13,774	\$17,639	\$15,018
Revenues and Transfers	\$16,244	\$13,677	\$18,492	\$19,175	\$18,797	\$18,797
Total Revenue	\$27,635	\$27,857	\$31,229	\$32,919	\$36,436	\$38,815
Budget Authority	\$15,514	\$17,404	\$18,804	\$19,882	\$20,016	\$20,616
Expenditures**	\$12,159	\$14,309	\$15,527	\$16,569	\$20,016	\$20,616
Loans to General Fund	\$-	\$5,000	\$-	\$-	\$-	\$-
Accrued Interest, Loans to General Fund	\$-	\$-	\$-	\$-	\$-	\$26
Loans Repaid From General Fund	\$-	\$-	\$-	\$-	\$-	\$5,000
Fund Balance	\$14,318	\$12,447	\$13,519	\$17,639	\$15,018	\$16,823
Months in Reserve	11.1	8.8	8.9	9.9	8.2	9.1

* After prior year adjustments.

** Expenditures include DA as of FY 2020–21.

Table 2b. Fund Condition – State Dental Assistant Fund						
(Dollars in Thousands)	FY 2019–2020	FY 2020–2021	FY 2021–2022	FY 2022–2023	FY 2023–2024	FY 2024–2025
Beginning Balance*	\$2,258	\$2,910	\$2,985	\$2,963	\$-	\$-
Revenues and Transfers	\$2,536	\$189	\$11	-\$2,963	\$-	\$-
Total Revenue	\$4,794	\$3,099	\$2,996	\$-	\$-	\$-
Budget Authority**	\$2,599	\$-	\$-	\$-	\$-	\$-
Expenditures	\$1,698	\$-	\$-	\$-	\$-	\$-
Loans to General Fund	\$-	\$-	\$-	\$-	\$-	\$-
Accrued Interest, Loans to General Fund	\$-	\$-	\$-	\$-	\$-	\$-
Loans Repaid From General Fund	\$-	\$-	\$-	\$-	\$-	\$-
Fund Balance	\$2,915	\$2,943	\$2,963	\$-	\$-	\$-
Months in Reserve	12.4	N/A	N/A	N/A	N/A	N/A

* After prior year adjustments.

** In FY 2020–21, the State Dental Assistant Fund merged with the State Dentistry Fund. Funds were transferred per BPC § 205.2.

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9. Describe the history of general fund loans. When were the loans made? When have payments been made to the Board? Has interest been paid? What is the remaining balance?

In fiscal year 2020–21, a loan was made to the State General Fund from the State Dentistry Fund in the amount of \$5 million. The loan has not been repaid.

<i>Fiscal Year</i>	<i>Loan Repayment</i>	<i>Interest</i>	<i>Total Returned</i>
FY 2004–05	\$600,000	\$17,000	\$617,000
FY 2005–06	\$2,500,000	\$194,000	\$2,694,000
FY 2006–07	\$2,500,000	\$248,000	\$2,748,000
FY 2007–08	\$-	\$-	\$-
FY 2008–09	\$-	\$-	\$-
FY 2009–10	\$-	\$-	\$-
FY 2010–11	\$-	\$-	\$-
FY 2011–12	\$1,700,000	\$210,000	\$1,910,000
FY 2012–13	\$-	\$-	\$-
FY 2013–14	\$2,700,000	\$384,000	\$3,084,000
FY 2014–15	\$-	\$-	\$-
FY 2015–16	\$-	\$-	\$-
FY 2016–17	\$-	\$-	\$-
FY 2017–18	\$-	\$-	\$-
FY 2018–19	\$-	\$-	\$-
FY 2019–20	\$-	\$-	\$-
FY 2020–21	\$-	\$-	\$-
FY 2021–22	\$-	\$-	\$-
FY 2022–23	\$-	\$-	\$-
FY 2023–24	\$-	\$-	\$-
FY 2024–25 (Projected)	\$5,000,000	\$26,000	\$5,026,000

10. Describe the amounts and percentages of expenditures by program component. Use **Table 3. Expenditures by Program Component** to provide a breakdown of the expenditures by the Board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

[FY 2018–19 data will be included after October Board Meeting.]

The Board’s expenditures by program component are broken down by fiscal years in Table 3a. and Table 3b.

	FY 2018–19		FY 2019–20		FY 2020–21		FY 2021–22		FY 2022–23	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement			\$1,776	\$1,608	\$1,785	\$2,284	\$1,817	\$2,510	\$1,963	\$3,163

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	FY 2018–19		FY 2019–20		FY 2020–21		FY 2021–22		FY 2022–23	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Examination			\$1,270	\$654	\$1,276	\$369	\$1,299	\$802	\$1,404	\$832
Licensing			\$1,815	\$280	\$1,823	\$347	\$1,856	\$355	\$2,005	\$380
Administration**			\$1,958	\$280	\$1,962	\$347	\$2,006	\$355	\$2,152	\$380
DCA Pro Rata			\$0	\$2,473	\$0	\$2,476	\$0	\$2,695	\$0	\$2,513
Diversion (if applicable)			\$38	\$6	\$38	\$7	\$39	\$8	\$42	\$8
TOTALS			\$6,857	\$5,301	\$6,884	\$5,830	\$7,017	\$6,725	\$7,566	\$7,276

* Projected by authorized position count at the end of each FY.

** Administration includes costs for executive staff, board, administrative support, and fiscal services.

	FY 2018–19		FY 2019–20		FY 2020–21		FY 2021–22		FY 2022–23	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement			\$0	\$121	\$0	\$356	\$0	\$394	\$0	\$169
Examination			\$0	\$96	\$0	\$115	\$0	\$142	\$0	\$183
Licensing			\$669	\$163	\$723	\$54	\$711	\$119	\$823	\$112
Administration**			\$1	\$0	\$2	\$0	\$2	\$0	\$2	\$0
DCA Pro Rata			\$0	\$649	\$0	\$345	\$0	\$416	\$0	\$438
Diversion (if applicable)			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS			\$670	\$1,029	\$725	\$870	\$713	\$1,071	\$825	\$902

* Projected by authorized position count at the end of each FY.

** Administration includes costs for executive staff, board, administrative support, and fiscal services.

11. Describe the amount the Board has contributed to the BreEZe program.

The State Dentistry Fund has contributed approximately \$3,672,400, and the State Dental Assistant Fund has contributed approximately \$2,403,005 from fiscal year 2009–10 through fiscal year 2021–22. The cost incurred by both funds includes vendor costs, costs for DCA staff, and other related costs. Please see the table below for year-by-year contributions.

	BreEZe Project Phase							
	FY 2009–2010	FY 2010–2011	FY 2011–2012	FY 2012–2013	FY 2013–2014	FY 2014–2015	FY 2015–2016	FY 2016–2017
State Dentistry Fund (0741)	\$9,412	\$47,782	\$77,332	\$56,614	\$144,378	\$277,414	\$592,338	\$553,328
State Dental Assisting Fund (3142)	\$3,334	\$-	\$57,386	\$37,568	\$101,409	\$201,974	\$439,348	\$410,533

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	BreEZe Maintenance Phase				
	FY 2017–2018	FY 2018–2019	FY 2019–2020	FY 2020–2021	FY 2021–2022
State Dentistry Fund (0741)	\$513,292	\$463,972	\$372,557	\$224,674	\$339,307
State Dental Assisting Fund (3142)	\$387,680	\$351,434	\$281,963	\$130,376	\$-

12. Describe license renewal cycles and history of fee changes in the past 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citation) for each fee charged by the Board.

The Board is a self-supporting, special fund agency that obtains its revenue from the 18 license and permit types that it issues. Renewal fees are collected on a biennial basis with the exception of the Special Permit, which is renewed annually. The revenues are deposited and maintained in one fund. Although there is no statutory requirement, the Board’s objective is to maintain a three-month reserve of funds for economic uncertainties and to operate with a prudent fund reserve.

Fee Changes in Past 10 Years

1. Increased the fee for an application for the GA permit (for dentist and physician licensees) to \$524.
2. Set a new fee for an application for a MS Permit to \$524.
3. Set a new fee for an application for Pediatric Minimal Sedation Permit at \$459.
4. Set a new Pediatric Minimal Sedation Permit renewal fee at \$182.
5. Increased the fee for an application for adult oral conscious sedation certificate to \$459.
6. Set a new fee for the application for pediatric endorsement for GA Permit at \$532.
7. Set a new fee for the pediatric endorsement for MS Permit at \$532.

Amended CCR, title 16, section 1021 to:

1. Provide grammatical changes and other nonsubstantive changes to add references to the “Business and Professions Code” or the “Code” to existing subsections (a)–(p).
2. Strike references to “conscious sedation” and replace with references to “moderate sedation” in subsections (q), (s), and (u) (re-lettered from current (t)).
3. Establish fees for the following: (q) an application for general anesthesia (dentist or physician) or moderate sedation permit (\$524); (s) application for pediatric minimal sedation permit (\$459); (t) pediatric minimal sedation permit renewal (\$182); (ae) application for adult oral conscious sedation certificate (\$459); (af) adult oral conscious sedation certificate renewal (\$168); (ag) application for pediatric endorsement for general anesthesia permit

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(dentist or physician) (\$532); and, (ah) application for pediatric endorsement for moderate sedation permit (\$532).

Table 4a. Fee Schedule and Revenue – State Dentistry Fund (0741)								
(list revenue dollars in thousands)								
Fee*	Current Fee Amount	Statutory Limit	FY 2019–2020 Revenue	FY 2020–2021 Revenue	FY 2021–2022 Revenue	FY 2022–2023 Revenue	Total Revenue	% of Total Revenue
License Certification (BPC § 1724(t); 16 CCR § 1021(ac))	\$50	\$125	\$47	\$52	\$58	\$61	\$218	0.33%
Late Change of Practice Registration (BPC § 1724(g); 16 CCR § 1021(l))	\$50	\$75	\$0	\$0	\$0	\$0	\$0	0.00%
Substitute Certificate (BPC § 1724(i); 16 CCR § 1021(i))	\$50	\$125	\$19	\$24	\$24	\$25	\$92	0.14%
Administrative Fines (BPC § 125.9; 16 CCR § 1023.2)	Various	Various	\$109	\$44	\$60	\$107	\$320	0.49%
Duplicate Certificate (BPC § 1725(i); 16 CCR § 1022(w))	\$50	\$100	\$0	\$0	\$0	\$0	\$0	0.00%
Fictitious Name Permit (BPC § 1724.5(a); 16 CCR § 1021(m))	\$650	\$800	\$381	\$372	\$376	\$366	\$1,495	2.27%
Fictitious Name Permit Renewal (BPC § 1724.5(a); 16 CCR § 1021(n))	\$325	\$400	\$140	\$147	\$144	\$126	\$557	0.85%
Mobile Dental Clinic Application (BPC § 1724(h); 16 CCR § 1049(b))	\$100	\$750	\$2	\$1	\$1	\$1	\$5	0.01%
Initial Application LBR Pathway (BPC § 1724(b); 16 CCR § 1021(b))	\$800	\$1,000	\$138	\$109	\$98	\$47	\$392	0.60%
Initial Application WREB Pathway (BPC § 1724(a); 16 CCR § 1021(a))	\$400	\$1,000	\$309	\$397	\$276	\$238	\$1,220	1.86%
Initial Application for EFCS Permit (BPC § 1724(m); 16 CCR § 1021(w))	\$850	\$4,000	\$3	\$1	\$3	\$2	\$9	0.01%
Onsite Inspection and Evaluation for GA and MS Permits (BPC § 1724(p); 16 CCR § 1021(t))	\$2,000	\$4,500	\$428	\$364	\$410	\$484	\$1,686	2.56%
Application LBC Pathway (BPC § 1724(c); 16 CCR § 1021(d))	\$525	\$1,000	\$108	\$117	\$120	\$133	\$478	0.73%
Foreign Dental School Registration (BPC § 1636.4(g); 16 CCR § 1024.7(a))	\$1,000	\$1,000	\$0	\$0	\$0	\$0	\$0	0.00%
Initial Application Fee Clinical Exam (BPC § 1724(a); 16 CCR § 1021(a)) Amended text	\$100	\$500	\$0	\$0	\$0	\$0	\$0	0.00%
GA Permit Application (BPC § 1724(o); 16 CCR § 1021(q))	\$524	\$1,000	\$45	\$45	\$39	\$40	\$169	0.26%
CS Permit Application (BPC § 1724(q); 16 CCR § 1021(q))	\$500	\$1,000	\$20	\$28	\$26	\$2	\$76	0.12%
Clinical Examination Fee (BPC § 1724(c); 16 CCR § 1021(a)) Amended text	\$450	\$800	\$1	\$0	\$2	\$1	\$4	0.01%
OMS Permit (BPC § 1724(n); 16 CCR § 1021(z))	\$500	\$1,000	\$4	\$2	\$4	\$2	\$12	0.02%
Additional Office Permit Application (BPC § 1724(h); 16 CCR § 1021(j))	\$350	\$750	\$209	\$171	\$150	\$144	\$674	1.03%
Special Permit Application (BPC § 1724(e); 16 CCR § 1021(v))	\$1,000	\$1,000	\$4	\$5	\$5	\$6	\$20	0.03%
CE Provider Application (BPC § 1724(j); 16 CCR § 1021(p))	\$410	\$500	\$41	\$26	\$36	\$48	\$151	0.23%
Initial Dentist License (BPC § 1724(d); 16 CCR § 1021(e))	VARIOUS	\$800	\$440	\$572	\$505	\$571	\$2,088	3.18%
Oral Conscious Sedation Permit Application (BPC § 1724(r); 16 CCR § 1021(ae))	\$368	\$1,000	\$42	\$46	\$47	\$40	\$175	0.27%

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Table 4a. Fee Schedule and Revenue – State Dentistry Fund (0741) (list revenue dollars in thousands)								
Fee*	Current Fee Amount	Statutory Limit	FY 2019–2020 Revenue	FY 2020–2021 Revenue	FY 2021–2022 Revenue	FY 2022–2023 Revenue	Total Revenue	% of Total Revenue
Portfolio Examination Fee (BPC § 1724(a); 16 CCR § 1021(c))	\$400	\$1,500	\$0	\$2	\$1	\$1	\$4	0.01%
Law and Ethics Examination (BPC § 1724(u); 16 CCR § 1021(ad))	\$125	\$250	\$136	\$174	\$146	\$162	\$618	0.94%
Initial Application ADEX Pathway (BPC § 1724(a); 16 CCR § 1021(a))	\$400	\$1,000	\$7	\$127	\$142	\$258	\$534	0.81%
MS Permit Application (BPC § 1724(q); 16 CCR § 1021(q))	\$524	\$1,000	\$0	\$0	\$0	\$104	\$104	0.16%
PMS Permit Application (BPC § 1724(s); 16 CCR § 1021(r))	\$459	\$1,000	\$0	\$0	\$0	\$47	\$47	0.07%
PE-GA Application (16 CCR § 1021(ag))	\$532	N/A	\$0	\$0	\$0	\$21	\$21	0.03%
Mobile Dental Clinic License Renewal (BPC § 1724(h); 16 CCR § 1049(b))	\$100	\$750	\$2	\$2	\$1	\$3	\$8	0.01%
Renewal Fee EFCS (BPC § 1724(m); 16 CCR § 1021(x))	\$800	\$800	\$10	\$11	\$11	\$11	\$43	0.07%
Special Permit Renewal (BPC § 1724(e); 16 CCR § 1021(w))	\$125	\$600	\$4	\$4	\$4	\$4	\$16	0.02%
Dentist Biennial Renewal, Retired (BPC § 1724(d); BPC § 1716.1(a); 16 CCR § 1021(g))	\$325	\$400	\$216	\$291	\$192	\$265	\$964	1.47%
OMS Permit Renewal (BPC § 1724(n); 16 CCR § 1021(aa))	\$650	\$1,200	\$31	\$26	\$33	\$31	\$121	0.18%
Dentist Renewal, Inactive Status (BPC § 1724(d); 16 CCR § 1021(g))	\$650	\$800	\$248	\$249	\$226	\$243	\$966	1.47%
Dentist Renewal, Disability Status (BPC § 1724(d); BPC § 1716.1(b); 16 CCR § 1021(g))	\$325	\$400	\$19	\$17	\$16	\$14	\$66	0.10%
Restore Dentist License, Inactive To Active (BPC § 1724(d); 16 CCR § 1021(g))	\$650	\$800	\$23	\$12	\$21	\$19	\$75	0.11%
Foreign Dental School Renewal (BPC § 1636.4(g); 16 CCR § 1024.7(b))	\$500	\$500	\$0	\$0	\$0	\$0	\$0	0.00%
CS Permit Renewal (BPC § 1724(q); 16 CCR § 1021(q))	\$325	\$600	\$77	\$88	\$80	\$44	\$289	0.44%
Additional Office Permit Renewal (BPC § 1724(h); 16 CCR § 1021(k))	\$250	\$375	\$281	\$328	\$254	\$292	\$1,155	1.76%
GA Permit Renewal (BPC § 1724(o); 16 CCR § 1021(s))	\$325	\$600	\$151	\$159	\$166	\$166	\$642	0.98%
Fictitious Name Permit Renewal (BPC § 1724.5(a); 16 CCR § 1021(n))	\$325	\$800	\$1,019	\$1,122	\$922	\$1,032	\$4,095	6.23%
CE Provider Renewal (16 CCR § 1021(ab))	\$325	N/A	\$164	\$112	\$133	\$103	\$512	0.78%
Oral Conscious Sedation Permit Renewal (BPC § 1724(r); 16 CCR § 1021(af))	\$168	\$600	\$187	\$196	\$186	\$138	\$707	1.08%
MS Permit Renewal (BPC § 1724(q); 16 CCR § 1021(s))	\$325	\$600	\$0	\$0	\$0	\$3	\$3	0.00%
PMS Permit Renewal (BPC § 1724(s); 16 CCR § 1021(ag))	\$182	\$600	\$0	\$0	\$0	\$0	\$0	0.00%
Mobile Dental Clinic License Delinquent Renewal (BPC § 1724(f); 16 CCR § 1049(e))	\$50	\$50	\$0	\$0	\$0	\$0	\$0	0.00%
Special Permit Delinquency Renewal (BPC § 1724(f); 16 CCR § 1021(h))	\$63	\$300	\$0	\$0	\$0	\$0	\$0	0.00%

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Fee*	Current Fee Amount	Statutory Limit	FY 2019–2020 Revenue	FY 2020–2021 Revenue	FY 2021–2022 Revenue	FY 2022–2023 Revenue	Total Revenue	% of Total Revenue
Dentist License Delinquent Renewal, Retired Status (BPC § 1724(f); BPC § 1716.1(a); 16 CCR § 1021(g))	\$163	\$163	\$6	\$10	\$8	\$8	\$32	0.05%
GA Permit, Delinquent Renewal (BPC § 1724(f); 16 CCR § 1021(s))	\$163	\$163	\$1	\$2	\$2	\$1	\$6	0.01%
Delinquent Fee Additional Office Permit (BPC § 1724(f); 16 CCR § 1021(k))	\$125	\$125	\$11	\$18	\$19	\$24	\$72	0.11%
Dentist License Delinquent Renewal (BPC § 1724(f); 16 CCR § 1021(g))	\$325	\$325	\$118	\$131	\$148	\$161	\$558	0.85%
Fictitious Name Permit, Delinquent Fee 1/2 (BPC § 1724 (f); 16 CCR § 1021(o))	\$163	\$163	\$41	\$45	\$72	\$98	\$256	0.39%
OMS Permit Delinquent Renewal (BPC § 1724(f); 16 CCR § 1021(aa))	\$325	\$325	\$0	\$0	\$0	\$1	\$1	0.00%
CS Permit Delinquent Renewal (BPC § 1724(f); 16 CCR § 1021(f))	\$163	\$163	\$1	\$0	\$0	\$0	\$1	0.00%
OCS Permit Delinquent Renewal (BPC § 1724(f); 16 CCR § 1021(f))	\$84	\$84	\$4	\$3	\$6	\$3	\$16	0.02%
EFCS Permit, Delinquent Renewal (BPC § 1724(f); 16 CCR § 1021(f))	\$400	\$400	\$0	\$0	\$0	\$0	\$0	0.00%
Dentist License Biennial Renewal (BPC § 1724(d); 16 CCR § 1021(g))	\$650	\$800	\$10,654	\$10,629	\$10,949	\$10,657	\$42,889	65.23%
Miscellaneous Revenue*	Various		343	171	47	\$532	\$1,093	1.66%
Total			\$16,244	\$16,452	\$16,169	\$16,890	\$65,755	100%

* All fees related to Dentist License unless otherwise indicated.

Fee	Current Fee Amount	Statutory Limit	FY 2019–2020 Revenue	FY 2020–2021 Revenue	FY 2021–2022 Revenue	FY 2022–2023 Revenue	Total Revenue	% of Total Revenue
RDA Practical Exam Fee (BPC § 1725(b); 16 CCR § 1022(d))	\$100	\$100	\$0	\$0	\$0	\$0	\$0	0.00%
RDAEF Clinical Exam (BPC § 1725(f); 16 CCR § 1022(e))	\$500	\$500	\$144	\$68	\$2	\$1	\$215	2.24%
Curriculum Review and Site Eval. for RDA Educational Programs (BPC § 1725(j); 16 CCR § 1022(n))	\$1,400	\$7,500	\$1	\$1	\$3	\$0	\$5	0.05%
Review for Approval, Application or Course Reevaluation (BPC § 1725(k); 16 CCR § 1022(p-v))	\$300	\$2,000	\$4	\$3	\$3	\$4	\$14	0.15%
RDA Application Fee (BPC § 1725(a); 16 CCR § 1022(a))	\$120	\$200	\$295	\$293	\$319	\$344	\$1,251	13.03%
RDAEF Application Fee (BPC § 1725(g); 16 CCR § 1022(a))	\$120	\$200	\$20	\$15	\$22	\$26	\$83	0.86%
RDA Biennial License Renewal (BPC § 1725(g); 16 CCR § 1022(f))	\$100	\$200	\$1,693	\$1,702	\$1,622	\$1,574	\$6,591	68.63%
RDAEF Biennial License Renewal (BPC § 1725(g); 16 CCR § 1022(g))	\$100	\$200	\$78	\$80	\$80	\$92	\$330	3.44%
RDA Delinquent Renewal Fee (BPC § 1725(h); 16 CCR § 1022(j))	\$50	\$50	\$92	\$98	\$90	\$101	\$381	3.97%
RDAEF Delinquent Renewal Fee (BPC § 1725(h); 16 CCR § 1022(k))	\$50	\$50	\$3	\$3	\$2	\$3	\$11	0.11%

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Table 4b. Fee Schedule and Revenue – State Dental Assistant Fund (3142) (list revenue dollars in thousands)								
Fee	Current Fee Amount	Statutory Limit	FY 2019–2020 Revenue	FY 2020–2021 Revenue	FY 2021–2022 Revenue	FY 2022–2023 Revenue	Total Revenue	% of Total Revenue
OA* Course Permit Application (BPC § 1725(k); 16 CCR § 1022(p))	\$300	\$2,000	\$2	\$2	\$4	\$4	\$12	0.12%
DSA** Course Permit Application (BPC § 1725(f); 16 CCR § 1022(q))	\$300	\$2,000	\$1	\$3	\$2	\$1	\$7	0.07%
DSA** Application (BPC § 1725(c); 16 CCR § 1022(b))	\$120	\$200	\$2	\$1	\$2	\$2	\$7	0.07%
OA* Application (BPC § 1725(c); 16 CCR § 1022(c))	\$120	\$200	\$31	\$27	\$32	\$30	\$120	1.25%
DSA** Biennial Renewal (BPC § 1725(g); 16 CCR § 1022(h))	\$100	\$200	\$2	\$2	\$2	\$2	\$8	0.08%
OA* Biennial Renewal (BPC § 1725(g); 16 CCR § 1022(i))	\$100	\$200	\$61	\$60	\$69	\$70	\$260	2.71%
DSA** Delinquent Renewal (BPC § 1725(h); 16 CCR § 1022(l))	\$50	\$50	\$0	\$0	\$0	\$0	\$0	0.00%
OA* Delinquent Renewal (BPC § 1725(h); 16 CCR § 1022(m))	\$50	\$50	\$2	\$3	\$3	\$3	\$11	0.11%
License Certification (BPC § 1725(i); 16 CCR § 1022(w))	\$50	\$100	\$0	\$0	\$0	\$0	\$0	0.00%
Duplicate Certification (BPC § 1725(i); 16 CCR § 1022(w))	\$50	\$100	\$31	\$32	\$33	\$31	\$127	1.32%
Ultrasonic Scaling Course Application (BPC § 1725(k); 16 CCR § 1022(v))	\$300	\$2,000	\$0	\$1	\$2	\$1	\$4	0.04%
Infection Control Application (BPC § 1725(k); 16 CCR § 1022(r))	\$300	\$2,000	\$2	\$4	\$3	\$5	\$14	0.15%
AEF Program Application (BPC § 1725(j); 16 CCR § 1022(o))	\$1,400	\$7,500	\$0	\$0	\$0	\$3	\$3	0.03%
Application Fee RDAEF2 (BPC § 1725(j); 16 CCR § 1022(o))	\$120	\$200	\$1	\$1	\$1	\$0	\$3	0.03%
Coronal Polish Application Fee (BPC § 1725(k); 16 CCR § 1022(s))	\$300	\$2,000	\$2	\$4	\$5	\$2	\$13	0.14%
Pit and Fissure Application Fee (BPC § 1725(k); 16 CCR § 1022(t))	\$300	\$2,000	\$2	\$3	\$3	\$2	\$10	0.10%
Application Fee for Fictitious Name Permit (BPC § 1724.5(a); 16 CCR § 1021(m))	\$650	\$800	\$0	\$0	\$1	\$0	\$1	0.01%
Initial Application WREB (BPC § 1724(a); 16 CCR § 1021(a))	\$400	\$1,000	\$0	\$0	\$2	\$0	\$2	0.02%
Onsite Inspection GA/CS/MS Permits*** (BPC § 1724(p); 16 CCR § 1021(t))	\$2,000	\$4,500	\$0	\$0	\$2	\$0	\$2	0.02%
Application Licensure by Credential*** (BPC § 1724(c); 16 CCR § 1021(d))	\$525	\$1,000	\$0	\$0	\$2	\$0	\$2	0.02%
Dentist Law and Ethics Exam*** (BPC § 1724(u); 16 CCR § 1021(ad))	\$125	\$250	\$0	\$0	\$1	\$0	\$1	0.01%
Renewal Dentist License*** (BPC § 1724(d); 16 CCR § 1021(g))	\$650	\$800	\$0	\$1	\$5	\$0	\$6	0.06%
Renewal Fictitious Name Permit*** (BPC § 1724.5(a); 16 CCR § 1021(n))	\$325	\$800	\$0	\$0	\$2	\$0	\$2	0.02%
Renewal CE Provider*** (16 CCR § 1021(ab))	\$325	N/A	\$0	\$0	\$1	\$0	\$1	0.01%
Miscellaneous Revenue	Various	Various	\$65	15	16	11	107	1.11%
Total			\$2,534	\$2,422	\$2,336	\$2,312	\$9,604	100.00%

* OA refers to Orthodontic Assistant.

** DSA refers to Dental Sedation Assistant.

*** The Board is unable to clarify at this time why these fees related to dentist licensure were classified as revenue of the State Dental Assistant Fund.

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13. Describe Budget Change Proposals (BCPs) submitted by the Board in the past five fiscal years.

The Board understands that to meet its mandatory functions, it must have the staff and resources to perform the necessary duties. The Board is also mindful not to increase position authority unless there is justifiable increase in workload or new legislation. See Table 5a. and Table 5b. for the Board’s BCPs over the past five fiscal years.

Table 5a. Budget Change Proposals (BCPs) – State Dentistry Fund (0741)								
BCP ID #	FY	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	\$ Requested	\$ Approved	\$ Requested	\$ Approved
1111-002-BCP-2019-GB	2019–2020	Licensing, Examination, and Administration Unit Allocation	0.5 SSA, 0.2 AGPA, (permanent position authority only)	0.5 SSA, 0.2 AGPA, (permanent position authority only)	\$0	\$0	\$0	\$0
1111-013-BCP-2019-GB	2019–2020	Chapter 929, Statutes of 2018 (SB 501)	1.0 SSM I, 2.0 AGPA, 1.0 SSA	1.0 SSM I, 2.0 AGPA, 1.0 SSA (3-Yr LT)	\$424,000	\$424,000	\$123,000	\$123,000
1111-075-BCP-2022-GB	2022–2023	Permanent Resources for Chapter 929, Statutes of 2018 (SB 501)	1.0 SSM I, 2.0 AGPA, 1.0 SSA	1.0 SSM I, 2.0 AGPA, 1.0 SSA	\$486,000	\$486,000	\$302,000	\$302,000

Table 5b. Budget Change Proposals (BCPs) – State Dental Assisting Fund (3142)								
BCP ID #	FY	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	\$ Requested	\$ Approved	\$ Requested	\$ Approved
1111-002-BCP-2019-GB	2019–2020	Program Manager and CE Auditor	1.0 SSM I, 1.0 SSA (permanent position authority only)	1.0 SSM I, 1.0 SSA (permanent position authority only)	\$0	\$0	\$0	\$0
1111-036-BCP-2020-GB	2020–2021	Chapter 995, Statutes of 2018 (AB 2138)	1.0 Office Technician (Typing)	1.0 Office Technician (Typing)	\$77,000	\$77,000	\$33,000	\$33,000

Staffing Issues

14. Describe any Board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

On average, the Board's vacancy rate during the last four of five years has been 22%. The Board has worked exceptionally hard to fill vacancies. The recruitment process typically allows vacancies to be filled within 1–2 months, except for vacancies for sworn positions (peace officers). Evaluation of sworn position applicants requires a full background assessment, which can take 6–9 months to complete. To date, all vacant positions are in the selection process and the Board's vacancy rate has been hovering around 8%. The only current application for a vacant sworn position is in the medical and psychological phase of the background assessment.

To address staffing issues and challenges, Board executive leadership meets bimonthly with division and unit managers, monthly with all managers together, and biannually in an all-staff forum. The goal has been to improve communication and service coordination by conducting regular meetings and involving managers across divisions and units.

The Board has not experienced any significant staffing issues and continues to successfully work with the DCA Office of Human Resources on employee selection and performance management.

15. Describe the Board's staff development efforts and total spent annually on staff development (see Section 12, Attachment D).

To meet the Board's goals and objectives outlined in its strategic plan and carry out its mission to protect the public, efforts are implemented to ensure that Board staff are given the resources and tools to perform their jobs.

Regarding education, Board staff and Board members must comply with mandated trainings such as Ethical Decision Making (Gov. Code § 11146.3), Sexual Harassment Prevention (DCA Policy EEO 22-01), Information Security Awareness Fundamentals (State Administrative Manual § 5300.3), and Defensive Driving (State Administrative Manual § 751) for staff who operate a vehicle on state business.

Further, Gov. Code section 19995.4 requires multi-level integrated leadership training and development for managers and supervisors. Therefore, all new Board managers and supervisors must take 40–80 hours of training, depending on their respective classification. Further, ongoing leadership training and development requirements are defined by Gov. Code section 19995.4, subdivisions (c)–(e). Each manager and supervisor must receive a minimum of 20 hours of leadership training and development biennially.

To improve awareness and improve customer service, Board staff also participated in Diversity, Equity, and Inclusion (DEI): Inclusive Leaders for Regulators training in summer 2023.

For all other education and training, Board managers are responsible for meeting with Board staff and planning their developmental needs to meet professional goals. This is accomplished annually through written evaluations documented in Individual Development Plans (IDPs) or Performance Appraisals (PAs). Board staff are encouraged to take classes through the DCA

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SOLID Training Unit, which are offered to Board employees at no cost and provides outstanding training opportunities.

Finally, the California Commission on Peace Officer Standards and Training (POST) has established minimum and continuing training standards for the Board's sworn investigators. Peace officers must attend a minimum of 24 hours of Continuing Professional Training within a two-year cycle. Of this, 12 hours must include training in Arrest and Control and Tactical Firearms.

Over the past five fiscal years, the Board has spent the following amounts on training for administrative, licensing, and enforcement staff:

[This information will be provided after the October 2023 Board meeting.]

Fiscal Year	Administrative and Licensing Staff	Enforcement Staff	Fiscal Year Totals
FY 2018–19	\$	\$	\$
FY 2019–20	\$	\$	\$
FY 2020–21	\$	\$	\$
FY 2021–22	\$	\$	\$
FY 2022–23	\$	\$	\$
Program Totals	\$	\$	\$

Section 3 – Licensing Program

The Board's mission is to protect and promote the health and safety of consumers of the State of California. The Dental Practice Act and implementing regulations establish the requirements for licensure within dentistry. It is the responsibility of the Board's Licensing Program to ensure that licenses and permits are only issued to applicants who meet minimum requirements and not present with factors that would warrant denial.

In addition to the licensure of dentists, the Board licenses and issues permits for the following professions and services:

Additional Office (AO) Permit

Board-Approved Continuing Education (CE) Provider Permit

Dental Sedation Assistant (DSA) Permit

Elective Facial Cosmetic Surgery (EFCS) Permit

Extramural Dental Facility

Fictitious Name Permit (FNP)

General Anesthesia (GA) Permit (Dentist)

Medical General Anesthesia (MGA) Permit (Physician)

Mobile Dental Clinic (MDC) Permit

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Moderate Sedation (MS) Permit¹

Oral Conscious Sedation for Adult Patients (OCS-A) Permit

Oral Conscious Sedation for Pediatric Patients (OCS-M) Permit

Oral and Maxillofacial Surgery (OMS) Permit (dually licensed dentist/physician)

Orthodontic Assistant (OA) Permit

Pediatric Endorsement for General Anesthesia Permit (PE-GA)

Pediatric Endorsement for Moderate Sedation Permit (PE-MS)

Pediatric Minimal Sedation (PMS) Permit

Referral Services Permit (RP)

Registered Dental Assistant (RDA)

Registered Dental Assistant in Extended Functions (RDAEF)

Special Permit (SP) (for Faculty)

In addition, the Board issues approval of dental assisting educational programs and courses.

16. What are the Board's performance targets/expectations for its licensing² program? Is the Board meeting those expectations? If not, what is the Board doing to improve performance?

The Board's performance targets/expectations for its Licensing Program are found in CCR, title 16, section 1061. Issuance of a dentist license should be completed within 90 days of receipt of a completed application, and a renewal application should be completed within 30 to 90 days. The Board is exceeding these expectations. Currently, there are five pathways to licensure for dentists, which include licensure by residency (LBR), licensure by WREB, licensure by ADEX, licensure by portfolio (PORT), and licensure by credential (LBC). In 2023, initial application processing for a dentist license by LBR, WREB, ADEX, PORT, and LBC was completed on average within 38 days. Once an applicant has met all the requirements for a dentist license based on the pathway applied for, a separate application for the issuance of a license number is required. Approval of the application and issuance of the license number is typically done automatically through the online system, BreEZe. The processing of renewals was completed on average within 5 days.

The Dental Assisting Program has a similar regulation for processing times (CCR, tit. 16, § 1069). As stated in the regulation, the Board should take no longer than 90 days to notify an applicant that their application is complete or deficient, with a licensing decision within 180 days. License renewal review should be completed within 30 days with issuance within 90 days maximum.

At present, the average time from receipt of a *completed* RDA, RDAEF, OA, or DSA application to approval is 24 days. Upon approval of the application, a notice of examination eligibility is issued to the applicant. An *incomplete* application is processed in an average of 159 days; these delays are a result of the applicant not providing the necessary information to complete the application process. The processing of renewals was completed on average within 9 days. The

¹ The Moderate Sedation (MS) Permit has effectively replaced the Conscious Sedation (CS) Permit, which is no longer being issued or renewed due to SB 501 (Glazer, Chapter 929, Statutes of 2018).

² The term "license" in this document includes a license certificate or registration.

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Board is exceeding the performance expectations for licensing of RDAs, RDAEFs, OAs, and DSAs.

17. Describe any increase or decrease in the Board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the Board to address them? What are the performance barriers and what improvement plans are in place? What has the Board done and what is the Board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

The volume of incoming applications has remained steady for nearly every licensing category over the previous sunset report four-year period, with the exception of applications received for the dentist and RDAEF licenses. The Board saw an increase in applications received for the dentist license in fiscal year 2020–21 of 36% from the previous fiscal year, but numbers have remained steady. RDAEF license applications saw an increase in fiscal year 2021–22 of 31% from the previous fiscal year.

Overall, backlogs have not exceeded the regulatory expectations for processing of complete applications. The Board's licensing management team monitors any challenges that occur with the processing of applications and issuing of licenses. Board staff have implemented changes or made corrections to BreEZe when issues have been discovered.

During the past five years, licensing managers also have cross-trained Board staff to ensure that backlogs do not occur when employees are out of the office for long periods of time (e.g., due to illness or vacation). Licensing managers have worked on various legislative proposals to clarify licensure and permit requirements and processes (see response to Question 3).

For applicants and licensees, Board management have updated the Board's website to improve the ability to navigate and locate important application and licensing information.

18. How many licenses or registrations has the Board denied over the past five years based on criminal history that is determined to be substantially related to the qualifications, functions, or duties of the profession, pursuant to BPC section 480? Please provide a breakdown of each instance of denial and the acts that the Board determined were substantially related.

In the past five years, the Board has denied 47 applications based on criminal history. The 4 denied applications for a dentist license, the 42 denied applications for an RDA license, and the 1 denied application for an OA permit are listed below:

- Dentist License Applicant was denied based on their criminal convictions for felony financial fraud.
- Dentist License Applicant was denied based on their criminal convictions for possession of drugs.
- Dentist License Applicant was denied based on their criminal convictions for identity theft and forgery.
- Dentist License Applicant was denied based on their criminal convictions for inflicting corporal injury on spouse/cohabitant.

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- OA Applicant was denied based on their criminal convictions for disorderly conduct while intoxicated, receiving stolen property, possession of personal ID with intent to defraud, taking vehicle without consent, and receiving stolen property.
- RDA Applicant was denied based on their criminal convictions for attempted murder and assault with a deadly weapon.
- RDA Applicant was denied based on their criminal convictions for providing false identification to a peace officer, prostitution, and driving on a suspended license.
- RDA Applicant was denied based on their criminal convictions for DUI with a blood alcohol level at or above the legal limit, driving while license suspended, petty theft, willful cruelty to a child, and battery (multiple convictions).
- RDA Applicant was denied based on their criminal convictions for DUI (multiple convictions) and hit and run resulting in property damage.
- RDA Applicant was denied based on their criminal convictions for carrying a loaded firearm in a public place and DUI (multiple convictions).
- RDA Applicant was denied based on their criminal convictions for assault by means likely to produce great bodily injury.
- RDA Applicant was denied based on their criminal convictions for DUI (multiple convictions) and driving while license suspended.
- RDA Applicant was denied based on their criminal convictions for DUI (multiple convictions) and driving without a license.
- RDA Applicant was denied based on their criminal convictions for grand theft, DUI (multiple convictions), disturbing the peace, and under the influence of a controlled substance.
- RDA Applicant was denied based on their criminal convictions for theft (multiple convictions), burglary, DUI (multiple convictions), and fraud.
- RDA Applicant was denied based on their criminal convictions for DUI (multiple convictions) and driving while license suspended.
- RDA Applicant was denied based on their criminal convictions for driving without a license, willful cruelty to child, and assault.
- RDA Applicant was denied based on their criminal convictions for assault with a deadly weapon with possible great bodily injury.
- RDA Applicant was denied based on their criminal convictions for possession of a stolen vehicle and taking vehicle without owner consent that resulted in incarceration.
- RDA Applicant was denied based on their criminal convictions for driving under the influence of alcohol with a blood alcohol level above the legal limit, operating a motor vehicle at a time when their driving privilege was suspended because of DUI (multiple convictions), and driving a motor vehicle while holding a cell phone.
- RDA Applicant was denied based on their criminal convictions for assault with a deadly weapon and willfully causing or permitting a child to suffer.
- RDA Applicant was denied based on their criminal convictions for DUI (multiple convictions), including one that resulted in bodily injury.

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- RDA Applicant was denied based on their criminal convictions for DUI (multiple convictions), one with injury to others and violating terms of probation.
- RDA Applicant was denied based on their criminal convictions for DUI that resulted in injury to multiple victims.
- RDA Applicant was denied based on their criminal convictions for assault with force and possible great bodily injury, theft, driving without a license, and driving while license suspended.
- RDA Applicant was denied based on their criminal convictions for DUI (multiple convictions), including one that resulted in bodily injury.
- RDA Applicant was denied based on their criminal convictions for reckless driving (multiple convictions) and driving on a suspended license.
- RDA Applicant was denied based on their criminal convictions for DUI (multiple convictions), driving without a license, and driving on suspended license.
- RDA Applicant was denied based on their criminal convictions for burglary and battery with serious bodily injury.
- RDA Applicant was denied based on their criminal convictions for gross vehicular manslaughter while intoxicated.
- RDA Applicant was denied based on their criminal convictions for DUI (multiple convictions), hit and run with property damage, and driving on suspended license.
- RDA Applicant was denied based on their criminal convictions for providing false records.
- RDA Applicant was denied based on their criminal convictions for unresolved charges and a bench warrant for using and being under the influence of scheduled and controlled drugs.
- RDA Applicant was denied based on their criminal convictions for DUI (multiple convictions) and driving on suspended license.
- RDA Applicant was denied based on their criminal convictions for petty theft, DUI (multiple convictions), driving while license suspended, and inflicting corporal injury to cohabitant.
- RDA Applicant was denied based on their criminal convictions for multiple DUIs.
- RDA Applicant was denied based on their criminal convictions for multiple DUIs.
- RDA Applicant was denied based on their criminal convictions for multiple DUIs.
- RDA Applicant was denied based on their criminal convictions for DUI (multiple convictions), including a hit and run.
- RDA Applicant was denied based on their criminal convictions for assault by means of force likely to produce great bodily harm.
- RDA Applicant was denied based on their criminal convictions for using or being under the influence of a controlled substance and has multiple DUI convictions with three or more within ten years.
- RDA Applicant was denied based on their criminal convictions for prostitution (multiple convictions) and reckless driving.
- RDA Applicant was denied based on their criminal convictions for multiple DUIs.

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- RDA Applicant was denied based on their criminal convictions for Vehicle Code violations that resulted in warrants and time served in jail. Applicant had multiple arrests over a span of four years for violation of the Health and Safety Code (HSC) that resulted in numerous warrants and time served in jail. Applicant was incarcerated, released, and placed on parole, and later violated parole, which resulted in incarceration.
- RDA Applicant was denied based on their criminal convictions for disorderly conduct and loitering with intent to engage in prostitution (multiple convictions).
- RDA Applicant was denied based on their criminal convictions for assault by means likely to produce great bodily injury.
- RDA Applicant was denied based on their criminal convictions for kidnapping for ransom and kidnapping to commit robbery.

		FY 2018– 2019	FY 2019– 2020	FY 2020– 2021	FY 2021– 2022	FY 2022– 2023
Dentist License (DDS)	Active ³	34,404	34,586	34,922	34,619	34,710
	Out of State	2,565	4,054	2,614	2,369	2,343
	Out of Country	-	-	-	-	-
	Delinquent/Expired	5,405	5,445	5,540	6,002	6,180
	Retired Status <i>if applicable</i>	1,682	1,274	1,297	1,251	1,168
	Inactive	1,826	1,784	1,751	1,727	1,691
	Other ⁴	108	106	98	95	87
Additional Office (AO)	Active ⁵	2,527	2,717	2,750	2,556	2,375
	Out of State	-	-	-	-	-
	Out of Country	-	-	-	-	-
	Delinquent/Expired	870	890	992	1,204	1,390
	Retired Status <i>if applicable</i>	Not Applicable				
	Inactive	Not Applicable				
	Other ⁶	Not Applicable				
Conscious Sedation (CS)	Active ⁷	531	535	543	554	380
	Out of State	-	-	-	-	-
	Out of Country	-	-	-	-	-
	Delinquent/Expired	41	38	43	63	219
	Retired Status <i>if applicable</i>	Not Applicable				
	Inactive	Not Applicable				
	Other ⁸	Not Applicable				
Elective Facial Cosmetic Surgery (EFCS)	Active ⁹	29	29	30	29	27
	Out of State	-	-	-	-	-
	Out of Country	-	-	-	-	-
	Delinquent/Expired	4	5	5	6	6
	Retired Status <i>if applicable</i>	Not Applicable				

³ Active status is defined as able to practice. This includes licensees that are renewed, current, and active.

⁴ Other is defined as a status type that does not allow practice in California, other than retired or inactive.

⁵ Active status is defined as able to practice. This includes licensees that are renewed, current, and active.

⁶ Other is defined as a status type that does not allow practice in California, other than retired or inactive.

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⁹ Active status is defined as able to practice. This includes licensees that are renewed, current, and active.

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Table 6. Licensee Population						
		FY 2018–2019	FY 2019–2020	FY 2020–2021	FY 2021–2022	FY 2022–2023
	Inactive	Not Applicable				
	Other ¹⁰	Not Applicable				
Extramural Dental Facilities (EMDF)	Active ¹¹	182	186	203	205	60
	Out of State	-	-	-	-	-
	Out of Country	-	-	-	-	-
	Delinquent/Expired	Not Applicable				
	Retired Status <i>if applicable</i>	Not Applicable				
	Inactive	Not Applicable				
	Other ¹²	Not Applicable				
Fictitious Name (FNP)	Active ¹³	6,790	7,099	7,250	6,782	6,485
	Out of State	-	-	-	-	-
	Out of Country	-	-	-	-	-
	Delinquent/Expired	1,695	1,706	1,782	2,394	2,855
	Retired Status <i>if applicable</i>	Not Applicable				
	Other ¹⁴	Not Applicable				
General Anesthesia (GA)	Active ¹⁵	881	897	918	925	949
	Out of State	-	-	-	-	-
	Out of Country	-	-	-	-	-
	Delinquent/Expired	31	22	31	38	41
	Retired Status <i>if applicable</i>	Not Applicable				
	Other ¹⁶	Not Applicable				
General Anesthesia – M.D. (MGA)	Active ¹⁷	86	111	136	156	153
	Out of State	-	-	-	-	-
	Out of Country	-	-	-	-	-
	Delinquent/Expired	29	27	30	27	32
	Retired Status <i>if applicable</i>	Not Applicable				
	Other ¹⁸	Not Applicable				
Mobile Dental Clinic (MDC)	Active ¹⁹	40	45	55	44	45
	Out of State	-	-	-	-	-
	Out of Country	-	-	-	-	-
	Delinquent/Expired	47	43	29	44	39
	Retired Status <i>if applicable</i>	Not Applicable				
	Other ²⁰	Not Applicable				

¹⁰ Other is defined as a status type that does not allow practice in California, other than retired or inactive.
¹¹ Active status is defined as able to practice. This includes licensees that are renewed, current, and active.
¹² Other is defined as a status type that does not allow practice in California, other than retired or inactive.
¹³ Active status is defined as able to practice. This includes licensees that are renewed, current, and active.
¹⁴ Other is defined as a status type that does not allow practice in California, other than retired or inactive.
¹⁵ Active status is defined as able to practice. This includes licensees that are renewed, current, and active.
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¹⁷ Active status is defined as able to practice. This includes licensees that are renewed, current, and active.
¹⁸ Other is defined as a status type that does not allow practice in California, other than retired or inactive.
¹⁹ Active status is defined as able to practice. This includes licensees that are renewed, current, and active.
²⁰ Other is defined as a status type that does not allow practice in California, other than retired or inactive.

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Table 6. Licensee Population						
		FY 2018–2019	FY 2019–2020	FY 2020–2021	FY 2021–2022	FY 2022–2023
Moderate Sedation (MS)	Active ²¹	N/A	N/A	N/A	N/A	192
	Out of State	N/A	N/A	N/A	N/A	-
	Out of Country	N/A	N/A	N/A	N/A	-
	Delinquent/Expired	N/A	N/A	N/A	N/A	1
	Retired Status <i>if applicable</i>	Not Applicable				
	Inactive	Not Applicable				
	Other ²²	Not Applicable				
Oral and Maxillofacial Surgery (OMS)	Active ²³	92	96	93	94	96
	Out of State	-	-	-	-	-
	Out of Country	-	-	-	-	-
	Delinquent/Expired	5	4	10	10	9
	Retired Status <i>if applicable</i>	Not Applicable				
	Inactive	Not Applicable				
	Other ²⁴	Not Applicable				
Oral Conscious Sedation (OCS)	Active ²⁵	2,420	2,402	2,391	2,352	1,971
	Out of State	-	-	-	-	-
	Out of Country	-	-	-	-	-
	Delinquent/Expired	661	647	10	702	386
	Retired Status <i>if applicable</i>	Not Applicable				
	Inactive	Not Applicable				
	Other ²⁶	Not Applicable				
Pediatric Minimal Sedation (PMS)	Active ²⁷	N/A	N/A	N/A	N/A	102
	Out of State	N/A	N/A	N/A	N/A	-
	Out of Country	N/A	N/A	N/A	N/A	-
	Delinquent/Expired	N/A	N/A	N/A	N/A	1
	Retired Status <i>if applicable</i>	Not Applicable				
	Inactive	Not Applicable				
	Other ²⁸	Not Applicable				
Referral Services (RS)	Active ²⁹	156	157	159	161	7
	Out of State	-	-	-	-	-
	Out of Country	-	-	-	-	-
	Delinquent/Expired	Not Applicable				
	Retired Status <i>if applicable</i>	Not Applicable				
	Inactive	Not Applicable				
	Other ³⁰	Not Applicable				
	Active ³¹	945	901	854	744	746
	Out of State	-	-	-	-	-

²¹ Active status is defined as able to practice. This includes licensees that are renewed, current, and active.

²² Other is defined as a status type that does not allow practice in California, other than retired or inactive.

²³ Active status is defined as able to practice. This includes licensees that are renewed, current, and active.

²⁴ Other is defined as a status type that does not allow practice in California, other than retired or inactive.

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Table 6. Licensee Population						
		FY 2018–2019	FY 2019–2020	FY 2020–2021	FY 2021–2022	FY 2022–2023
Registered Provider – Continuing Education (RP)	Out of Country	-	-	-	-	-
	Delinquent/Expired	803	810	744	776	660
	Retired Status <i>if applicable</i>	Not Applicable				
	Inactive	Not Applicable				
	Other ³²	Not Applicable				
Special Permit – Dental School Practice (SP)	Active ³³	40	37	35	35	34
	Out of State	Not Applicable				
	Out of Country	Not Applicable				
	Delinquent/Expired	11	9	9	7	6
	Retired Status <i>if applicable</i>	Not Applicable				
	Inactive	Not Applicable				
Pediatric Endorsement for General Anesthesia Permit (PE-GA)	Other ³⁴	Not Applicable				
	Active ³⁵	Not Applicable				60
	Out of State	Not Applicable				-
	Out of Country	Not Applicable				-
	Delinquent/Expired	Not Applicable				-
	Retired Status <i>if applicable</i>	Not Applicable				N/A
	Inactive	Not Applicable				N/A
Pediatric Endorsement for Moderate Sedation Permit (PE-MS)	Other ³⁶	Not Applicable				
	Active ³⁷	Not Applicable				18
	Out of State	Not Applicable				-
	Out of Country	Not Applicable				-
	Delinquent/Expired	Not Applicable				-
	Retired Status <i>if applicable</i>	Not Applicable				N/A
Registered Dental Assistant (RDA)	Inactive	Not Applicable				N/A
	Other ³⁸	Not Applicable				
	Active ³⁹	30,116	30,465	30,317	28,902	28,437
	Out of State	-	-	-	-	-
	Out of Country	-	-	-	-	-
	Delinquent/Expired	11,471	11,636	11,802	12,992	13,543
	Retired Status <i>if applicable</i>	Not Applicable				
Registered Dental Assistant in Extended Functions (RDAEF)	Inactive	4,401	4,321	4,155	3,991	3,790
	Other ⁴⁰	Not Applicable				
	Active ⁴¹	1,542	1,584	1,522	1,756	1,950
	Out of State	-	-	-	-	-
	Out of Country	-	-	-	-	-
	Delinquent/Expired	212	213	251	298	305
	Retired Status <i>if applicable</i>	Not Applicable				

³² Other is defined as a status type that does not allow practice in California, other than retired or inactive.

³³ Active status is defined as able to practice. This includes licensees that are renewed, current, and active.

³⁴ Other is defined as a status type that does not allow practice in California, other than retired or inactive.

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⁴¹ Active status is defined as able to practice. This includes licensees that are renewed, current, and active.

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Table 6. Licensee Population						
		FY 2018– 2019	FY 2019– 2020	FY 2020– 2021	FY 2021– 2022	FY 2022– 2023
	Inactive	72	75	74	75	77
	Other ⁴²	Not Applicable				
Dental Sedation Assistant (DSA)	Active ⁴³	30	36	38	38	45
	Out of State	-	-	-	-	-
	Out of Country	-	-	-	-	-
	Delinquent/Expired	16	15	13	16	17
	Retired Status <i>if applicable</i>	Not Applicable				
	Inactive	2	2	3	2	4
	Other ⁴⁴	Not Applicable				
Orthodontic Assistant (OA)	Active ⁴⁵	1,137	1,281	1,340	1,407	1,602
	Out of State	-	-	-	-	-
	Out of Country	-	-	-	-	-
	Delinquent/Expired	109	158	109	286	333
	Retired Status <i>if applicable</i>	Not Applicable				
	Inactive	19	23	19	44	46
	Other ⁴⁶	Not Applicable				
Note: 'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both.						

⁴² Other is defined as a status type that does not allow practice in California, other than retired or inactive.

⁴³ Active status is defined as able to practice. This includes licensees that are renewed, current, and active.

⁴⁴ Other is defined as a status type that does not allow practice in California, other than retired or inactive.

⁴⁵ Active status is defined as able to practice. This includes licensees that are renewed, current, and active.

⁴⁶ Other is defined as a status type that does not allow practice in California, other than retired or inactive.

Dental Board of California 2024 Sunset Review Report

Table 7a. Licensing Data by Type

Application Type	Received	Approved/Issued	Closed	Pending Applications			Cycle Times		
				Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
DDS (Exam)	1,109	1,056	48	100	-	-	13	24	-
(Initial)	1,494	1,208	1,103	584	-	-	24	70	-
(License)	1,218	1,217	0	7	-	-	0	-	-
(Renewal)	18,847	17,772	861	9,198	-	-	5	-	-
AO (Exam)	Not Applicable								
(License)	581	415	85	288	-	-	19	50	-
(Renewal)	1,476	1,127	220	1,100	-	-	6	-	-
CS (Exam)	Not Applicable								
(License)	53	44	7	9	-	-	10	41	-
(Renewal)	280	257	18	108	-	-	1	-	-
EFCS (Exam)	Not Applicable								
(License)	6	2	9	5	-	-	106	230	-
(Renewal)	16	16	1	5	-	-	7	-	-
FNP (Exam)	Not Applicable								
(License)	1,087	775	190	644	-	-	23	67	-
(Renewal)	3,689	3,150	335	2,354	-	-	5	-	-
GA (Exam)	Not Applicable								
(License)	58	42	2	26	-	-	5	24	-
(Renewal)	449	421	28	116	-	-	2	-	-
MGA (Exam)	Not Applicable								
(License)	21	17	4	2	-	-	12	24	-
(Renewal)	44	38	19	36	-	-	22	-	-
MDC (Exam)	Not Applicable								
(License)	10	7	1	3	-	-	5	45	-
(Renewal)	32	22	2	52	-	-	23	-	-
MS (Exam)	Not Applicable								
(License)	Not Applicable								
(Renewal)	Not Applicable								
OMS (Exam)	Not Applicable								
(License)	9	3	5	3	-	-	18	57	-
(Renewal)	42	41	3	19	-	-	4	-	-
OCS (Exam)	Not Applicable								
(License)	144	135	10	20	-	-	14	32	-
(Renewal)	1,307	1,163	125	909	-	-	2	-	-
PMS (Exam)	Not Applicable								
(License)	Not Applicable								
(Renewal)	Not Applicable								
RP (Exam)	Not Applicable								
(License)	126	91	35	186	-	-	17	78	-
(Renewal)	473	342	97	922	-	-	65	-	-
SP (Exam)	8	5	1	2	-	-	4	-	-
(License)	7	3	1	3	-	-	28	25	-

FY 2018–2019

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Table 7a. Licensing Data by Type

Application Type	Received	Approved/Issued	Closed	Pending Applications			Cycle Times		
				Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
(Renewal)	38	37	1	17	-	-	11	-	-
PE-GA (Exam)	Not Applicable								
(License)	Not Applicable								
(Renewal)	Not Applicable								
PE-MS (Exam)	Not Applicable								
(License)	Not Applicable								
(Renewal)	Not Applicable								
RDA (Exam)	2,912	2,297	328	924	-	-	12	72	-
(License)	2,305	2,299	945	2,478	-	-	219	891	-
(Renewal)	18,590	16,317	1,656	16,114	-	-	13	-	-
RDAEF (Exam)	135	128	6	8	-	-	24	44	-
(License)	127	102	3	85	-	-	151	-	-
(Renewal)	783	756	20	414	-	-	14	-	-
DSA (Exam)	4	5	1	3	-	-	7	136	-
(License)	5	8	2	1	-	-	138	705	-
(Renewal)	18	13	0	19	-	-	6	-	-
OA (Exam)	368	314	34	101	-	-	12	72	-
(License)	314	270	70	252	-	-	149	344	-
(Renewal)	490	452	3	282	-	-	8	-	-
DDS (Exam)	1,146	1,021	58	170	-	-	9	24	-
(Initial)	1,490	1,048	427	601	-	-	21	62	-
(License)	1,068	1,060	8	6	-	-	0	74	-
(Renewal)	18,884	17,661	917	9,493	-	-	4	-	-
AO (Exam)	Not Applicable								
(License)	562	468	87	293	-	-	25	51	-
(Renewal)	1,379	1,094	198	1,375	-	-	6	-	-
CS (Exam)	Not Applicable								
(License)	45	40	11	2	-	-	5	40	-
(Renewal)	269	246	26	87	-	-	2	-	-
EFCS (Exam)	Not Applicable								
(License)	4	1	1	7	-	-	-	312	-
(Renewal)	14	13	0	6	-	-	8	-	-
FNP (Exam)	Not Applicable								
(License)	1,074	788	353	586	-	-	19	67	-
(Renewal)	3,624	3,137	344	2,686	-	-	5	-	-
GA (Exam)	Not Applicable								
(License)	60	61	4	20	-	-	4	32	-
(Renewal)	440	423	34	112	-	-	4	-	-
MGA (Exam)	Not Applicable								
(License)	35	37	0	0	-	-	9	25	-
(Renewal)	44	35	14	35	-	-	13	-	-

FY 2019-2020

Dental Board of California 2024 Sunset Review Report

Table 7a. Licensing Data by Type

Application Type	Received	Approved/Issued	Closed	Pending Applications			Cycle Times		
				Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
MDC (Exam)	Not Applicable								
(License)	16	10	3	6	-	-	4	28	-
(Renewal)	29	12	9	63	-	-	18	-	-
MS (Exam)	Not Applicable								
(License)	Not Applicable								
(Renewal)	Not Applicable								
OMS (Exam)	Not Applicable								
(License)	7	7	2	1	-	-	-	61	-
(Renewal)	48	48	1	16	-	-	11	-	-
OCS (Exam)	Not Applicable								
(License)	122	108	18	16	-	-	6	46	-
(Renewal)	1,251	1,097	132	924	-	-	3	-	-
PMS (Exam)	Not Applicable								
(License)	Not Applicable								
(Renewal)	Not Applicable								
RP (Exam)	Not Applicable								
(License)	107	89	161	42	-	-	7	66	-
(Renewal)	594	440	130	921	-	-	61	-	-
SP (Exam)	5	4	3	2	-	-	0	10	-
(License)	4	5	1	3	-	-	-	35	-
(Renewal)	38	32	8	17	-	-	10	-	-
PE-GA (Exam)	Not Applicable								
(License)	Not Applicable								
(Renewal)	Not Applicable								
PE-MS (Exam)	Not Applicable								
(License)	Not Applicable								
(Renewal)	Not Applicable								
RDA (Exam)	2,531	2,379	319	756	-	-	22	98	-
(License)	2,387	2,013	862	1,979	-	-	165	439	-
(Renewal)	19,062	16,957	1,855	16,311	-	-	13	-	-
RDAEF (Exam)	171	92	5	82	-	-	16	37	-
(License)	91	78	5	93	-	-	157	-	-
(Renewal)	884	843	34	402	-	-	16	-	-
DSA (Exam)	13	6	2	8	-	-	15	61	-
(License)	6	7	0	0	-	-	48	447	-
(Renewal)	20	18	2	18	-	-	10	-	-
OA (Exam)	269	242	22	105	-	-	23	115	-
(License)	242	205	44	245	-	-	184	127	-
(Renewal)	682	625	6	318	-	-	8	-	-
FY 2020-2021 DDS (Exam)	1,503	1,439	57	176	-	-	13	31	-
(Initial)	2,317	1,493	516	905	-	-	15	76	-
(License)	1,438	1,430	1	19	-	-	0	8	-

Dental Board of California 2024 Sunset Review Report

Table 7a. Licensing Data by Type

Application Type	Received	Approved/Issued	Closed	Pending Applications			Cycle Times		
				Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
(Renewal)	19,002	17,962	1,083	9,494	-	-	4	-	-
AO (Exam)	Not Applicable								
(License)	587	373	66	293	-	-	19	75	-
(Renewal)	1,596	1,339	158	1,298	-	-	6	-	-
CS (Exam)	Not Applicable								
(License)	66	46	9	14	-	-	11	26	-
(Renewal)	285	264	10	115	-	-	2	-	-
EFCS (Exam)	Not Applicable								
(License)	2	2	4	3	-	-	-	143	-
(Renewal)	14	13	1	8	-	-	3	-	-
FNP (Exam)	Not Applicable								
(License)	1,042	763	197	533	-	-	20	78	-
(Renewal)	3,927	3,405	369	2,633	-	-	6	-	-
GA (Exam)	Not Applicable								
(License)	70	62	16	12	-	-	9	33	-
(Renewal)	459	432	8	126	-	-	2	-	-
MGA (Exam)	Not Applicable								
(License)	37	36	1	0	-	-	6	14	-
(Renewal)	74	61	6	48	-	-	6	-	-
MDC (Exam)	Not Applicable								
(License)	27	22	2	9	-	-	8	44	-
(Renewal)	26	23	16	47	-	-	167	-	-
MS (Exam)	Not Applicable								
(License)	Not Applicable								
(Renewal)	Not Applicable								
OMS (Exam)	Not Applicable								
(License)	3	3	1	0	-	-	4	15	-
(Renewal)	47	41	0	24	-	-	2	-	-
OCS (Exam)	Not Applicable								
(License)	136	136	10	6	-	-	15	38	-
(Renewal)	1,278	1,143	148	903	-	-	2	-	-
PMS (Exam)	Not Applicable								
(License)	Not Applicable								
(Renewal)	Not Applicable								
RP (Exam)	Not Applicable								
(License)	71	45	23	47	-	-	-	45	-
(Renewal)	431	348	138	874	-	-	101	-	-
SP (Exam)	4	4	0	0	-	-	6	49	-
(License)	5	4	1	1	-	-	-	107	-
(Renewal)	39	33	6	15	-	-	7	-	-
PE-GA (Exam)	Not Applicable								
(License)	Not Applicable								

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Table 7a. Licensing Data by Type

Application Type	Received	Approved/Issued	Closed	Pending Applications			Cycle Times		
				Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
(Renewal)	Not Applicable								
PE-MS (Exam)	Not Applicable								
(License)	Not Applicable								
(Renewal)	Not Applicable								
RDA (Exam)	2,515	1,910	157	1,208	-	-	20	97	-
(License)	1,920	1,728	255	1,906	-	-	171	737	-
(Renewal)	18,697	16,675	1,798	16,146	-	-	15	-	-
RDAEF (Exam)	136	179	6	33	-	-	21	96	-
(License)	179	5	6	261	-	-	457	-	-
(Renewal)	819	760	27	452	-	-	6	-	-
DSA (Exam)	8	3	3	10	-	-	-	35	-
(License)	3	3	0	0	-	-	67	-	-
(Renewal)	18	16	2	18	-	-	13	-	-
OA (Exam)	249	173	42	139	-	-	17	105	-
(License)	175	129	47	243	-	-	177	-	-
(Renewal)	670	609	7	405	-	-	5	-	-
DDS (Exam)	1,237	936	85	392	-	-	24	46	-
(Initial)	1,768	1,139	429	1,105	-	-	39	93	-
(License)	1,178	1,168	6	19	-	-	0	-	-
(Renewal)	18,757	17,414	1,121	8,127	-	-	3	-	-
AO (Exam)	Not Applicable								
(License)	446	273	78	392	-	-	28	94	-
(Renewal)	1,450	987	239	1,492	-	-	2	-	-
CS (Exam)	Not Applicable								
(License)	63	56	17	3	-	-	7	33	-
(Renewal)	389	348	94	5	-	-	0	-	-
EFCS (Exam)	Not Applicable								
(License)	4	1	0	6	-	-	-	172	-
(Renewal)	17	15	1	7	-	-	0	-	-
FNP (Exam)	Not Applicable								
(License)	1,041	615	212	728	-	-	30	79	-
(Renewal)	3,715	2,802	466	2,986	-	-	4	-	-
GA (Exam)	Not Applicable								
(License)	61	46	19	8	-	-	9	43	-
(Renewal)	985	634	360	46	-	-	1	-	-
MGA (Exam)	Not Applicable								
(License)	37	33	2	2	-	-	4	12	-
(Renewal)	162	83	85	30	-	-	2	-	-
MDC (Exam)	Not Applicable								
(License)	12	7	2	12	-	-	20	176	-
(Renewal)	25	9	13	45	-	-	81	-	-

FY 2021-2022

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Table 7a. Licensing Data by Type

Application Type	Received	Approved/Issued	Closed	Pending Applications			Cycle Times			
				Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	combined, IF unable to separate out	
MS (Exam)	Not Applicable									
(License)	Not Applicable									
(Renewal)	Not Applicable									
OMS (Exam)	Not Applicable									
(License)	8	4	1	3	-	-	-	41	-	
(Renewal)	51	50	4	16	-	-	5	-	-	
OCS (Exam)	Not Applicable									
(License)	151	127	17	12	-	-	6	31	-	
(Renewal)				431	-	-			-	
PMS (Exam)	Not Applicable									
(License)	Not Applicable									
(Renewal)	Not Applicable									
RP (Exam)	Not Applicable									
(License)	92	49	22	67	-	-	27	72	-	
(Renewal)	504	375	151	828	-	-	50	-	-	
SP (Exam)	7	6	1	0	-	-	0	-	-	
(License)	6	3	1	3	-	-	-	54	-	
(Renewal)	34	33	4	9	-	-	6	-	-	
PE-GA (Exam)	Not Applicable									
(License)	Not Applicable									
(Renewal)	Not Applicable									
PE-MS (Exam)	Not Applicable									
(License)	Not Applicable									
(Renewal)	Not Applicable									
RDA (Exam)	2,732	1,895	408	1,635	-	-	37	128	-	
(License)	1,902	1,475	296	2,030	-	-	132	447	-	
(Renewal)	18,398	15,416	2,082	15,587	-	-	10	-	-	
RDAEF (Exam)	196	171	17	43	-	-	35	75	-	
(License)	177	329	12	97	-	-	364	927	-	
(Renewal)	885	805	49	426	-	-	6	-	-	
DSA (Exam)	18	6	5	17	-	-	-	134	-	
(License)	6	5	0	1	-	-	94	-	-	
(Renewal)	25	22	3	16	-	-	0	-	-	
OA (Exam)	288	156	73	197	-	-	34	123	-	
(License)	156	169	41	189	-	-	200	575	-	
(Renewal)	762	682	20	401	-	-	4	-	-	
FY 2022-2023	DDS (Exam)	1,395	1,391	62	960	-	-	24	44	-
	(Initial)	1,888	1,362	213	584	-	-	35	114	-
	(License)	1,354	1,351	8	0	-	-	0	-	-
	(Renewal)	21,274	17,779	-	-	-	-	4	-	-
	AO (Exam)	Not Applicable								

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Table 7a. Licensing Data by Type

Application Type	Received	Approved/Issued	Closed	Pending Applications			Cycle Times		
				Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
(License)	437	306	152	9,198	-	-	40	110	-
(Renewal)	1,670	1,201	235	-	-	-	1	-	-
CS (Exam)	Not Applicable								
(License)	0	0	0	0	0	0	0	0	0
(Renewal)	0	0	0	0	0	0	0	-	0
EFCS (Exam)	Not Applicable								
(License)	3	0	0	5	-	-	0	0	-
(Renewal)	15	12	1	5	-	-	1	-	-
FNP (Exam)	Not Applicable								
(License)	998	677	362	644	-	-	54	119	-
(Renewal)	4,425	3,194	425	2,354	-	-	3	-	-
GA (Exam)	Not Applicable								
(License)	64	54	10	26	-	-	5	34	-
(Renewal)	335	273	17	116	-	-	2	-	-
MGA (Exam)	Not Applicable								
(License)	25	18	4	2	-	-	9	23	-
(Renewal)	71	45	13	36	-	-	10	-	-
MDC (Exam)	Not Applicable								
(License)	9	3	6	3	-	-	37	209	-
(Renewal)	39	33	7	52	-	-	191	-	-
MS (Exam)	Not Applicable								
(License)	209	196	4	0	-	-	5	24	-
(Renewal)	17	11	0	0	-	-	0	-	-
OMS (Exam)	Not Applicable								
(License)	3	3	3	3	-	-	0	73	-
(Renewal)	49	44	1	19	-	-	9	-	-
OCS (Exam)	Not Applicable								
(License)	95	78	18	20	-	-	6	57	-
(Renewal)	650	480	80	909	-	-	2	-	-
PMS (Exam)	Not Applicable								
(License)	108	100	2	0	-	-	5	21	-
(Renewal)	7	4	0	0	-	-	0	-	-
RP (Exam)	Not Applicable								
(License)	133	80	30	186	-	-	35	83	-
(Renewal)	451	293	187	922	-	-	71	-	-
SP (Exam)	13	8	5	2	-	-	22	3	-
(License)	6	7	1	3	-	-	25	70	-
(Renewal)	38	28	6	17	-	-	12	-	-
PE-GA (Exam)	Not Applicable								
(License)	67	60	4	3	-	-	14	28	-
(Renewal)	0	0	0	0	-	-	-	-	-
PE-MS (Exam)	Not Applicable								

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Table 7a. Licensing Data by Type

Application Type	Received	Approved/Issued	Closed	Pending Applications			Cycle Times		
				Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
(License)	9	9	0	0	-	-	6	56	-
(Renewal)	0	0	0	0	-	-	-	-	-
RDA (Exam)	2,983	3,049	188	2,980	-	-	38	131	-
(License)	3,051	2,052	236	3,051	-	-	126	473	-
(Renewal)	21,148	15,308	2,084	17,112	-	-	10	-	-
RDAEF (Exam)	234	227	7	232	-	-	17	62	-
(License)	227	237	4	227	-	-	65	-	-
(Renewal)	1,121	913	42	509	-	-	10	-	-
DSA (Exam)	21	17	6	21	-	-	47	186	-
(License)	17	11	0	17	-	-	100	-	-
(Renewal)	22	16	2	20	-	-	3	-	-
OA (Exam)	267	318	48	267	-	-	30	157	-
(License)	319	267	94	319	-	-	100	1,097	-
(Renewal)	948	717	22	525	-	-	4	-	-

* Optional. List if tracked by the Board.

Table 7b. License Denial

	FY 2018–2019	FY 2019–2020	FY 2020–2021	FY 2021–2022	FY 2022–2023
License Applications Denied (no hearing requested)	4	5	9	1	5
Statements of Issues (SOIs) Filed	4	8	6	5	8
Average Days to File SOI (from request for hearing to SOI filed) *	N/A	N/A	N/A	N/A	N/A
SOIs Declined	0	0	0	0	0
SOIs Withdrawn	1	1	2	5	2
SOIs Dismissed (license granted)	0	0	1	0	0
License Issued with Probation / Probationary License Issued	1	0	0	0	0
Average Days to Complete (from SOI filing to outcome)	238	219	0	230	168

* Coding was not used to indicate the date of appeal; we are unable to retrieve this data for the years above.

19. How does the Board verify information provided by the applicant?

- a. What process does the Board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant? Has the Board denied any licenses over the past five years based on the applicant’s failure to disclose information on the application, including failure to self-disclose criminal history? If so, how many times and for what types of crimes (please be specific)?

All licensing applicants are required to provide fingerprints either electronically (Live Scan) or by hard card if they reside outside of California. As of July 1, 2020, the Board is no longer able to require applicants to disclose criminal convictions on licensure applications pursuant

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to BPC section 480, subdivision (f)(2). The Board's authority to deny applications based on criminal convictions also has changed due to changes to law enacted by AB 2138 (Chiu, Chapter 995, Statutes of 2018), which made amendments to BPC section 480. However, affirmative responses (arrests or convictions) received from the DOJ may trigger the Board to offer the applicant an opportunity to provide an explanation in writing describing the event or submit mitigating evidence for purposes of determining substantial relation or rehabilitation. These responses also are reviewed by the Board's enforcement chiefs and Executive Officer to determine whether the convictions warrant denial of the license based on the Board's statutory authority. If the applicant discloses any professional discipline, such as license denials, license surrenders, or prior discipline, the Board requires a full explanation in writing, pursuant to CCR, title 16, section 1028, subsections (b)(12), (14), and (15), and to determine substantial relationship and rehabilitation in accordance with BPC section 480, subdivision (a)(2), and CCR, title 16, section 1020 and section 1019, subsections (a) and (c).

In instances when an applicant has qualifying criminal history information, Board staff are responsible for requesting certified copies of the arrest and conviction records for consideration by the enforcement chiefs and licensing managers. Certified records also may be introduced in a Statement of Issues (SOI) hearing, if necessary. Subsequent to any written explanation provided by an applicant, the Board will review the nature of the act(s) to determine if they may be substantially related to the qualifications, functions, or duties of the profession or the convictions were dismissed or expunged, pursuant to BPC section 480 and CCR, title 16, section 1019. This information, along with any mitigating documentation, will be considered by the Board. The applicant may be denied, offered a probationary license, or approved for licensure without restriction. Regardless, the Board maintains a record of the criminal action as a part of the license history. Since July 1, 2020, the Board no longer can deny based on self-disclosure pursuant to BPC section 480.

b. Does the Board fingerprint all applicants?

Yes, the Board fingerprints all applicants.

c. Have all current licensees been fingerprinted? If not, explain.

All licensees have been fingerprinted in compliance with BPC section 1629, subdivision (b), and CCR, title 16, section 1008, with the following exceptions: (1) licensees who have placed their license in an inactive status, or (2) active-duty military personnel. Inactive licensees will be required to provide electronic fingerprints upon renewal to active status. Military personnel remain exempt until they leave military service. Licensees who may have fingerprints that are not compliant with current requirements are contacted by the Board and notified of those requirements and to submit fingerprints prior to their upcoming renewal cycle. If the fingerprints are not submitted, the renewal is held until proof of submission of fingerprints is received.

d. Is there a national databank relating to disciplinary actions? Does the Board check the national databank prior to issuing a license? Renewing a license?

Board statutes mandate a query of the National Practitioners Data Bank (NPDB) as part of the application process for all dentist license applicants. (BPC § 1629(c).) Only dental

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applicants that have been previously licensed in another state may have disciplinary actions included in the NPDB. All applicants are required to disclose the following:

1. Prior disciplinary action(s) taken against the applicant regarding any dentist license or other healing arts license;
2. Whether the applicant is currently the subject of any pending investigation by a governmental agency; and
3. Information regarding any licensing denials or surrenders. Applicants certify their responses under penalty of perjury.

Although the Board does not access the NPDB for renewals, all licensees are required to disclose the following on their renewal application:

1. Any convictions or discipline that has taken place since their most recent renewal. Licensees certify their responses under penalty of perjury.

In addition to self-disclosure, many entities (e.g., hospital and dental society peer reviews, insurance providers, governmental agencies, and civil courts) are required to report judgments, settlements, and awards against licensees for the Board to consider in licensing decisions.

e. Does the Board require primary source documentation?

No, the Board does not require the sealed certification of completion letter to come directly from the dental schools. However, the dentist licensing program still requires the applicant to provide a dean's certification of completion of the educational requirement for most of the pathways to licensure. The documentation by the dental school must include the school's seal and the signature of the dean of the dental school. To reduce barriers to licensure and allow for more efficient processing of applications, Board staff will accept this documentation via email sent directly from the school or by mail with an original signature and raised seal, if applicable.

For the RDA Education pathway, the Board accepts a signed and sealed verification from the school, or copies of diplomas. For the RDA Work Experience pathway, the Board requires a signature from a licensed dentist certifying the length of employment, the hours worked per week, and that the work performed was at the dental assistant level as required.

20. Describe the Board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

Pursuant to BPC sections 1632 and 1634.1, graduates of a Board-approved or CODA-approved dental school can qualify for licensure by passing the WREB examination, or by completing at least one year of post-graduate training in an Advanced Education in General Dentistry or General Practice Residency. As of November 15, 2019, graduates of a Board-approved or CODA-approved dental school also can qualify for licensure by passing the ADEX examination. Applicants are also required to pass the National Board Dental Examination and the California Law and Ethics examination.

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BPC section 1635.5 allows applicants to qualify for Licensure by Credential regardless of where they graduated, provided the following requirements are met:

- Evidence that the applicant has a current license issued by another state to practice dentistry that is not revoked or suspended or otherwise restricted.
- Evidence that the applicant has either been in active clinical practice or has been a full-time faculty member in an accredited dental education program and in active clinical practice for a total of 5,000 hours in five of the seven consecutive years immediately preceding the date of their application.
- Credit for two of the five years will be given to applicants who complete a residency program approved by CODA.
- Applicants not meeting the 5,000-hour requirement may enter a two-year, full-time contract with an approved dental school or community/public clinic.
- Evidence that the applicant has not been subject to disciplinary action by any state in which the applicant has been previously licensed to practice dentistry. If the applicant has been subject to disciplinary action, the Board shall review that action to determine if it presents sufficient evidence of cause for license discipline under the Dental Practice Act to warrant the submission of additional information from the applicant or the denial of the application for licensure.
- Submit a signed release allowing the disclosure of information from the National Practitioner Data Bank and the verification of registration status with the federal Drug Enforcement Administration. The Board shall review this information to determine if it presents sufficient evidence of cause for license discipline under the Dental Practice Act to warrant the submission of additional information from the applicant or the denial of the application for licensure.
- Evidence that the applicant has not failed the examination for licensure to practice dentistry within five years prior to the date of their application for a dentist license.
- Submit an acknowledgment executed under penalty of perjury and automatic forfeiture of license, of the following:
 1. That the information provided by the applicant to the Board is true and correct, to the best of the applicant's knowledge and belief.
 2. That the applicant has not been convicted of insurance fraud under BPC section 810.
- Evidence of 50 units of CE, as specified, completed within two years of the date of their dentist license application.
- Fingerprint clearance from the DOJ and the Federal Bureau of Investigation.

Out of Country Applicants

BPC section 1628 allows an applicant who has been issued a diploma from a foreign dental school to attend an international dental studies program at a Board-approved or CODA-approved school. Successful completion of a minimum of two academic years of education and issuance of a degree of Doctor of Dental Medicine or Doctor of Dental Surgery, or its equivalent, will allow the applicant to become eligible for licensure pursuant to BPC sections 1632 and 1634.1.

If an out of country applicant holds a valid and unrestricted license from another U.S. state or territory, and meets the clinical practice requirements, or can secure a two-year full-time contract with an approved dental school or community/public clinic, they may qualify for licensure through the Licensure by Credential pathway.

21. Describe the Board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

At present, the U.S. military requires dentists to already have been licensed before they can report for duty in the armed services. The Board will consider military clinical practice hours toward satisfying the 5,000-hour clinical practice requirement for LBC. The Board's Dental Auxiliary Unit will consider military education, training, and experience if the applicant includes this under the general work experience or education requirements.

- a. Does the Board identify or track applicants who are veterans? If not, when does the Board expect to be compliant with BPC section 114.5?

Yes; since 2017, the Board has issued 35 dentist licenses, 2 GA permits, 1 MGA permit, 5 conscious sedation (CS) permits, 6 OCS permits, 7 RDA licenses, 1 RDAEF license, and 4 MS permits to applicants who identified themselves as a veteran at the time of initial application. At present, licensees can also request military status showing that they are currently serving or have served in the military. If the licensee indicates that they are currently serving or have served, Board staff enter a military modifier to their license within the BreEZe computer system. There have been approximately 5,184 military responses tracked in BreEZe since 2014.

- b. How many applicants offered military education, training, or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training, or experience accepted by the Board?

The Board does not track whether an applicant uses military education, training, or experience towards meeting licensing or credentialing requirements. The Board accepts military clinical practice hours toward satisfying the 5,000-hour clinical practice requirement for LBC. The Board also will accept military education, training, and experience if the applicant lists this under the general work experience or education requirements for RDA licensure or for OA and/or DSA permitting.

- c. What regulatory changes has the Board made to bring it into conformance with BPC section 35?

The Board is in compliance with BPC section 35, and therefore has not needed to make regulatory changes. The Board's existing requirements do not hinder military personnel from having their application or license renewals processed promptly. The Board's current internal business processes are meeting the intent of the statute.

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- d. For how many licensees has the Board waived fees or requirements pursuant to BPC section 114.3, and what has the impact been on Board revenues?

In the prior fiscal year of 2022–23, the Board has waived fees and requirements for 59 licensees. This volume of fee waivers (less than 1% of the annual renewal population) did not have a significant impact on the Board’s licensing revenue.

- e. How many applications has the Board expedited pursuant to BPC § 115.5?

In the prior fiscal year of 2022-23, Board staff estimate that approximately 165 initial applications for licensure have been expedited. Of the 165 applications submitted, 136 initial applications were received by the Dental Licensing Unit, and 29 were received by the Dental Auxiliary Unit.

22. Does the Board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

With the implementation of the BreZE system, an interface with the DOJ automatically generates the No Longer Interested (NLI) form when a license status is changed to deceased, cancelled, revoked, or if an application has been abandoned. The interface sends the notice to DOJ within 60 days of the license or application status change. The interface runs electronically and is running on an ongoing basis. To date, there are no known backlogs.

Examinations

Table 8. Examination Data⁴⁷									
California Examination (include multiple language) if any: None									
License Type		Dentist	SP	RDA	OA	DSA	RDAEF		
Exam Title		Law & Ethics Written	Law & Ethics Written	General and Law & Ethics Written	Written	Written	Clinical	Practical	Written
FY 2018–19	Number of Candidates	1,181	4	4,107	605	9	153	141	149
	Overall Pass %	90%	100%	55%	43%	89%	60%	71%	63%
	Overall Fail %	10%	-	45%	57%	11%	40%	29%	37%
FY 2019–20	Number of Candidates	1,025	4	3,603	438	6	80	85	149
	Overall Pass %	95%	100%	57%	46%	100%	50%	49%	68%
	Overall Fail %	5%	-	43%	54%	N/A	50%	51%	32%
FY 2020–21	Number of Candidates	1,877	4	2,519	346	5	N/A	N/A	184
	Overall Pass %	81%	100%	66%	38%	60%	N/A	N/A	85%

⁴⁷ This table includes all examinations for all license types as well as the pass/fail rate. (Include as many examination types as necessary to cover all examinations for all license types.)

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Table 8. Examination Data⁴⁷									
California Examination (include multiple language) if any: None									
	Overall Fail %	19%	-	34%	62%	40%	N/A	N/A	17%
FY 2021–22	Number of Candidates	1,445	3	2,557	226	6	68	77	268
	Overall Pass %	71%	100%	58%	63%	80%	68%	75%	57%
	Overall Fail %	29%	-	42%	37%	20%	32%	25%	43%
FY 2022–23	Number of Candidates	1,948	6	2,881	355	10	N/A	N/A	324
	Overall Pass %	78%	83%	69%	68%	90%	N/A	N/A	64%
	Overall Fail %	22%	17%	31%	32%	10%	N/A	N/A	36%
Date of Most Recent OA		2018		2023	2021	2009	2021		
Name of OA Developer		Office of Professional Examination Services							
Target OA Date		2025		2028	2026	2024	N/A	N/A	2028

National Examination (include multiple language) if any: N/A				
License Type		N/A	N/A	N/A
Exam Title		N/A	N/A	N/A
FY 2018–19	Number of Candidates	N/A	N/A	N/A
	Overall Pass %	N/A	N/A	N/A
	Overall Fail %	N/A	N/A	N/A
FY 2019–20	Number of Candidates	N/A	N/A	N/A
	Overall Pass %	N/A	N/A	N/A
	Overall Fail %	N/A	N/A	N/A
FY 2020–21	Number of Candidates	N/A	N/A	N/A
	Overall Pass %	N/A	N/A	N/A
	Overall Fail %	N/A	N/A	N/A
FY 2021–22	Number of Candidates	N/A	N/A	N/A
	Overall Pass %	N/A	N/A	N/A
	Overall Fail %	N/A	N/A	N/A
FY 2022–23	Number of Candidates	N/A	N/A	N/A
	Overall Pass %	N/A	N/A	N/A
	Overall Fail %	N/A	N/A	N/A
Date of Most Recent OA		N/A	N/A	N/A
Name of OA Developer		N/A	N/A	N/A
Target OA Date		N/A	N/A	N/A

23. Describe the examinations required for licensure. Is a national examination used? Is a California-specific examination required? Are examinations offered in a language other than English?

Pursuant to BPC section 1630, the examination of applicants for licensure to practice dentistry in this state, as described in BPC section 1632, shall be sufficiently thorough to test the fitness of the applicant to practice dentistry, and shall include assessing competency in the areas of diagnosis, treatment planning, restorative, endodontic, periodontic, and prosthetic dentistry. Both questions and answers shall be written in the English language. The examinations required for licensure vary by license type. Both national- and California-specific examinations are required to be eligible for licensure, varying by pathway. The requirements are as follows:

Dentist – Licensure by Credential (LBC)

Legislation was enacted (AB 1428, Aanestad, Chapter 507, Statutes of 2001) that authorized the Board to license, without examination, a dentist who is currently practicing in another state, within the United States or a U.S. territory, who meets the specific requirements outlined in BPC section 1635.5.

There are no national- or California-specific examinations required if applying through the LBC pathway.

Dentist – Licensure by Residency (LBR)

SB 683 (Aanestad, Chapter 805, Statutes of 2006) allowed the Board to begin issuing licenses by residency to dentists who complete at least one additional year of clinical training after graduating from an approved dental school, without taking a clinical examination.

- Must successfully complete and pass the written California Law and Ethics examination.
- Must successfully complete and pass the written National Board Dental Examination.

Dentist – Licensure by Portfolio (PORT)

AB 1524 (Hayashi, Chapter 446, Statutes of 2010) allowed dental students, while enrolled in a dental school program at a board-approved school located in California, to assemble a portfolio of clinical experiences and competencies, as approved by the Board. The applicant must pass a final assessment of the portfolio examination by the end of their dental school program.

- Must successfully complete and pass the written California Law and Ethics examination.
- Must successfully complete and pass the National Board Dental Examination.

Dentist – Licensure by WREB

SB 1865 (Committee on Budget and Fiscal Review, Chapter 670, Statutes of 2004) allowed the Board to accept the clinical examination results of the WREB.

- Must pass the WREB clinical and written examination within five years preceding the date of the application.

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- Must successfully complete and pass the written California Law and Ethics examination.
- Must successfully complete and pass the National Board Dental Examination.

Dentist – Licensure by ADEX

AB 1519 (Low, Chapter 865, Statutes of 2019) amended BPC section 1632 to allow the Board to accept the clinical and written examination results of the ADEX examination. The Board voted to accept ADEX results taken and passed on or after November 15, 2019.

- Must pass the ADEX clinical and written examination within five years preceding the date of the application, when applicable.
- Must successfully complete and pass the written California Law and Ethics examination.
- Must successfully complete and pass the National Board Dental Examination.

Registered Dental Assistant (RDA)

- Must pass the RDA Combined General and Law and Ethics examination as outlined in BPC section 1749.1, and CCR, title 16, section 1081.
- Must pass the RDA Practical Examination as outlined in BPC section 1752.3 (repealed effective January 1, 2020). The RDA Practical Examination requirement was suspended in 2017, continued through 2019, and then abolished in 2020. This requirement was removed from statute.

The examinations required for RDA licensure are California-specific examinations. A national examination is not being utilized currently.

Registered Dental Assistant in Extended Functions (RDAEF)

- Must pass the RDAEF Written Competency Examination as outlined in BPC section 1753.

The examination required for RDAEF licensure is a California-specific examination. A national examination is not being utilized currently. SB 607 (Min, Chapter 367, Statutes of 2021), which became effective on January 1, 2022, removed the clinical and/or practical examination requirements to become an RDAEF.

Orthodontic Assistant (OA)

- Must pass the OA Written Competency Examination as outlined in BPC section 1750.2.

The examination required for OA licensure is a California-specific examination. A national examination is not being utilized currently.

Dental Sedation Assistant (DSA)

- Must pass the DSA Written Competency Examination as outlined in BPC section 1750.4.

The examination required for DSA licensure is a California-specific examination. A national examination is not being utilized currently.

24. What are pass rates for first time vs. retakes in the past 4 fiscal years? (Refer to Table 8. Examination Data above.) Are pass rates collected for examinations offered in a language other than English?

The data requested in Table 8. includes overall percentage pass and fail rates for California-specific examinations required for licensure as a dentist or dental auxiliary in the past five fiscal years. The data is not broken down between first time and retakes. The average pass rate for first time dentist applicants is 83%, and the average pass rate for retakes is 82%. The average pass rate for first time RDA applicants is 70%, and the average pass rate for retakes is 44%. The following information summarizes the data in Table 8. above.

The RDA Written and Law and Ethics examinations were combined into one exam in May 2018. It is now referred to as the RDA General and Law and Ethics Written Examination. The average overall RDA General and Law and Ethics Written Examination pass rate is 69%, and the average overall fail rate is 31% for the past five fiscal years. The overall pass rate for this examination has slightly increased, and the overall fail rate has slightly decreased over the past five years.

The RDA Practical Examination requirement was suspended in April 2017. The suspension was continued through 2019, and the practical exam was repealed in 2020. During this time, applicants who completed all other requirements were licensed. There is no data available for this examination.

From March 2020 through August 2021, the RDAEF Clinical/Practical examination was not conducted due to the Governor's Declaration of Emergency and the COVID-19 pandemic. Prior to January 1, 2022, successful passage of the clinical and/or practical examination was a requirement to become an RDAEF. From July 1, 2018 through December 31, 2021, the average overall pass rate for the RDAEF Clinical/Practical was 58%, and the average overall fail rate was 43%. For the RDAEF written examination, the average overall pass rate from July 1, 2018 through December 31, 2021 was 72%, and the fail rate was 29%.

Based on an occupational analysis conducted for the Board, the RDAEF written examination was revised to include the procedures tested on during the clinical and practical examinations, which are no longer required. The revised RDAEF written examination was implemented January 1, 2022. The average overall RDAEF written examination pass rate from January 1, 2022 through June 30, 2023 was 60%, and the average overall fail rate was 40%.

Through fiscal year 2018–19 to fiscal year 2020–21, the OA written examination overall pass rates were consistently at or below 40%, with the overall failure rate at or above 60%. An occupational analysis was conducted, and a new examination was implemented in 2021. As of fiscal year 2021–22, the overall pass rates increased. It remained consistently above 65% through fiscal year 2022–23, while reducing the number of candidates requiring reexamination.

The number of DSA examinations administered is very small. The average overall pass rate for the DSA written examination is 84%, and the average overall fail rate is 16%.

The pass rates for the Dentistry Law and Ethics Examination saw a slight decrease in pass rates over the past five fiscal years. The pass rate for the Dentistry Law and Ethics Examination was consistently above 90% for fiscal years 2018–19 and 2019–20. The data in Table 8. does not account for retakes for this examination. In 2022, CCR, title 16, section 1031, subsection (c), was

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amended to include a new criterion-referenced passing score for this examination, which is established by the modified Angoff standard setting method. Since the implementation of the new method of scoring, the overall pass rates have been around 70%, and the overall failure rate has been 25–30%.

The NBDE, ADEX, and WREB examinations are administered by external sources. As such, pass rates specific to California dentist applicants are not reported to the Board. Pursuant to BPC section 1630, all examinations offered by the Board must be completed in English. Examinations are not offered in any other language.

25. Is the Board using computer-based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

All written examinations administered as a condition of licensure are computer-based. The Dental (DDS), RDA, RDAEF, OA, DSA, and California Law and Ethics examinations are offered by a contracted vendor, PSI. PSI offers the exams at 20 locations throughout California for all license types. PSI also offers 22 examination sites in other states for dentist applicants. The examinations are offered six days per week and allow applicants to schedule their exam date directly with the vendor. PSI also is able to provide reasonable accommodations upon request in coordination with the Board and the applicant.

26. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

Currently, there are no statutory barriers in the administration of licensing examinations. However, Board staff have identified issues with the LBC requirements in BPC section 1635.5. These issues include out-of-state dentist license requirements, clinical practice experience, residency credit, and proof that the applicant has not previously failed the WREB or ADEX examination, among other requirements for licensure under this section.

The LBR statute, BPC section 1634.1, subdivision (f), requires applicants to provide proof that the “applicant has not failed the examination for licensure to practice dentistry under this chapter within five years prior to the date of the resident’s application,” and it does not allow for an applicant who has subsequently passed the examination to qualify for licensure.

The Board approved a legislative proposal at its February 2023 meeting to recommend amending BPC section 1635.5 to clarify the work requirements and how much credit residency programs will count towards the total hours required. The proposal also would add a requirement for those seeking work credit through a contractual agreement to teach and/or practice dentistry to submit written documentation verifying compliance with the requirement. The proposal would specify how many hours per week an applicant must work and/or teach under such a contractual agreement. The proposal would authorize the Board to issue a temporary, restricted two-year license for LBC applicants, and require the Board to cancel the temporary license if the Board finds that the licensee has not met the terms of the contractual agreement, as applicable.

The Board approved a legislative proposal at its May 2023 meeting to recommend amending BPC section 1634.1 to clarify the requirement to provide proof that an applicant has not failed a dental examination within the five years prior to application. The proposal would allow a

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successful examination completion following a failure to be used for licensure under the licensure by residency (LBR) pathway.

In the previous sunset report, a potential barrier to RDA licensure was identified in BPC section 1752.1, subdivision (j), which required the RDA Practical Examination to be reinstated as of January 1, 2020. Based on a psychometric study, the California State Legislature took action to eliminate that examination requirement (AB 1519, Low, Chapter 865, Statutes of 2019).

27. When did the Board last conduct an occupational analysis that validated the requirement for a California-specific examination? When does the Board plan to revisit this issue? Has the Board identified any reason to update, revise, or eliminate its current California-specific examination?

The Board conducts occupational analyses to provide validation evidence to support the requirements for California-specific examinations as needed. The following examinations had occupational analysis completed within the past five fiscal years:

- *Occupational Analysis of the Dentist Profession* – completed 2018. The next occupational analysis of this profession is in progress and scheduled to be completed in June 2024.
- *Occupational Analysis of the Registered Dental Assistant Profession* – completed 2023.
- *Occupational Analysis of the Registered Dental Assistant in Extended Functions Profession* – completed 2021.
- *Occupational Analysis of the Orthodontic Assistant Profession* – completed 2021.
- *Occupational Analysis of the Dental Sedation Assistant Profession* – completed 2009 and published 2011. The next occupational analysis of this profession is in progress and scheduled to be completed in June 2024.

The chart below shows the Board's plan to conduct occupational analyses for the upcoming years:

License Title(s)	Most Recent Occupational Analysis	Next Scheduled Occupational Analysis Year
Dentist	2018	2024
RDA	2023	2028
RDAEF	2021	2026
Orthodontic Assistant Permit	2021	2026
Dental Sedation Assistant Permit	2011	2024

The Board determines whether revisions, updates, or recommendations to eliminate California-specific examinations are needed at the conclusion of each occupational analysis.

School Approvals

28. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the Board work with BPPE in the school approval process?

The Board is authorized to accept the findings of CODA when CODA approves or re-approves a dental school located within the U.S. California dental schools are accredited and re-evaluated every seven years according to CODA's Evaluation and Operational Policies, which state that the validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years. The validity and reliability of accreditation standards that apply to DDS programs four years in length will be assessed seven years after implementation. A program that is three years in length will be assessed six years after implementation.

The Board is authorized to approve international dental schools that meet the requirements of BPC section 1636.4.

The Board is also authorized to approve all Dental Assistant Educational programs and courses pursuant to BPC sections 1750, 1750.2, 1750.4, 1752.1, 1752.4, 1752.6, and 1753. These include:

- Radiation Safety Courses that meet the requirements outlined in CCR, title 16, sections 1014, 1014.1, 1070, and 1070.1.
- Registered Dental Assistant Educational Programs that meet the requirements outlined in CCR, title 16, sections 1070, 1070.1, and 1070.2.
- Pit and Fissure Sealant Courses that meet the requirements outlined in CCR, title 16, sections 1070, 1070.1, and 1070.3.
- Coronal Polishing Courses that meet the requirements outlined in CCR, title 16, sections 1070, 1070.1, and 1070.4.
- Ultrasonic Scaling Courses that meet the requirements outlined in CCR, title 16, sections 1070, 1070.1, and 1070.5.
- Infection Control Courses that meet the requirements outlined in CCR, title 16, sections 1070, 1070.1, and 1070.6.
- Orthodontic Assistant Permit Courses that meet the requirements outlined in CCR, title 16, sections 1070, 1070.1, and 1070.7.
- Dental Sedation Assistant Permit Courses that meet the requirements outlined in CCR, title 16, sections 1070, 1070.1, and 1070.8.
- RDAEF Educational Programs that meet the requirements outlined in CCR, title 16, sections 1070, 1070.1, and 1071.
- Interim Therapeutic Restorations Courses that meet the requirements outlined in BPC, section 1753.55.

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The Bureau for Private Postsecondary Education does not have a role in the approval of dental schools but does provide oversight to some dental assisting educational programs.

29. How many schools are approved by the Board? How often are approved schools reviewed? Can the Board remove its approval of a school?

California has six dental schools that are CODA-approved and one new school that has been granted provisional approval by the Board as of February 11, 2022. There are currently two international dental schools, one in Mexico and one in Moldova, that have been approved by the Board. The CODA-approved schools undergo re-evaluation every seven years. Until January 1, 2024, international dental schools approved by the Board must submit a renewal application every seven years, according to BPC section 1636.4, subdivision (g). Beginning on January 1, 2024, BPC section 1636.4, subdivision (b), will require a school seeking approval as a foreign dental school to have successfully completed the international consultative and accreditation process with CODA. In accordance with CCR, title 16, section 1024.12, the Board may at any time withdraw its approval of an institution that no longer meets the requirements of the Dental Practice Act.

The following dental schools are currently approved:

- Loma Linda University School of Dentistry
- University of California, Los Angeles School of Dentistry
- University of Southern California Herman Ostrow School of Dentistry
- Western University of Health Sciences College of Dental Medicine
- University of California, San Francisco School of Dentistry
- University of the Pacific, Arthur A. Dugoni School of Dentistry
- California Northstate University, College of Dental Medicine
- De La Salle University, Leon, Mexico, School of Dentistry
- The State University of Medicine and Pharmacy Nicolae Testemitanu of the Republic of Moldova

As discussed under Question 28, the Board is authorized to approve all dental assistant educational programs and courses. The Dental Assisting Program has 87 active RDA and 11 active RDAEF programs. Pursuant to CCR, title 16, section 1070, all RDA and RDAEF programs shall be re-evaluated approximately every seven years but may be subject to re-evaluation or inspection at any time to review. The Board may withdraw approval at any time that it determines that a program or course does not meet requirements in the Dental Practice Act. A current list of the California Board-approved educational programs and courses can be found on the Board's website: https://www.dbc.ca.gov/applicants/become_ce_provider.shtml#rda.

30. What are the Board's legal requirements regarding approval of international schools?

The Board is responsible for the approval of international dental schools based on standards established pursuant to BPC section 1636.4, subdivision (d). The process for application,

evaluation, and approval of international dental schools is outlined in BPC section 1636.4 and CCR, title 16, sections 1024.3–1024.12.

Until January 1, 2024, foreign dental schools shall submit a renewal application every seven years in accordance with BPC section 1636.4, subdivision (g). At present, there are two international dental schools that have been approved by the Board: De La Salle University School of Dentistry, located in Leon, Guanajuato, Mexico, and the State University of Medicine and Pharmacy Nicolae Testemitanu of the Republic of Moldova, located in Chisinau, Moldova. Beginning on January 1, 2024, a school seeking approval as a foreign dental school will to have successfully complete the international consultative and accreditation process with CODA. (BPC § 1636.4(b).)

Continuing Education/Competency Requirements

31. Describe the Board's continuing education/competency requirements, if any. Describe any changes made by the Board since the previous review.

Continuing Education (CE)

Pursuant to BPC section 1645, subdivision (a), the Board adopted standards for CE of its licensees. CCR, title 16, sections 1016–1017 outline the CE categories and units required for renewal of a license or permit.

At the time of license renewal, the licensee must certify completion of mandatory coursework and the minimum number of units required for each license and/or permit held. Mandatory coursework includes two units of a Board-approved course in Infection Control, two units of a Board-approved course on the Dental Practice Act, two units of a Board-approved course in Responsibilities and Requirements of Prescribing Schedule II Opioids (Dentist only), and BLS certification completed through the American Red Cross (ARC), American Heart Association (AHA), or a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE).

Dentist licensees are required to complete a minimum of 50 units of CE, including mandatory coursework, during the two-year period immediately preceding the expiration of the license.

RDA, RDAEF, OA, and DSA licensees are required to complete a minimum of 25 units of CE, including mandatory coursework, during the two-year period immediately preceding the expiration of the license.

Unlicensed dental assistants in California must complete a Board-approved, eight-hour Infection Control course; a Board-approved, two-hour Dental Practice Act course; and a course in BLS through the ARC or the AHA.

The Board has made several changes to the CE requirements during the past five fiscal years. On September 7, 2022, the Office of Administrative Law approved amendments to CCR, title 16, sections 1016 and 1017 and the adoption of CCR, title 16, section 1016.2, which became effective on January 1, 2023. This regulatory action expanded the current CE requirements and included a new mandatory course for dentist license renewal on the responsibilities and

requirements of prescribing Schedule II opioid drugs. At a minimum, this course shall include the practices for pain management in dentistry, regulatory requirements for prescribers and dispensers, and dental office procedures for managing vulnerable or substance use disorder patients.

The mandatory requirement for certification in BLS must be met by the completion of an ARC or AHA BLS course or a BLS course approved by CERP or PACE. (CCR, tit. 16, § 1016, subs. (b)(1)(C).) In addition, effective January 1, 2023, a BLS course taught by a provider approved by the American Safety and Health Institute (ASHI) will now be accepted to fulfill the mandatory certification in BLS. (CCR, tit. 16, § 1016, subs. (b)(1)(C)(iii).) This increases the number of providers of courses in which applicants and licensees can complete the BLS course requirement.

The Board limits certain courses considered to be primarily to the benefit of the licensee to a maximum of 20% of the licensee's total required course unit credits for each license or permit renewal period. (CCR, tit. 16, § 1016, subs. (b)(3).) As of January 1, 2023, CE courses in business planning and operations will be accepted as part of the maximum of 20%. (CCR, tit. 16, § 1016 (b)(3)(B).)

As of January 1, 2023, the Board now accepts for CE compliance courses related to sexual harassment prevention. (CCR, tit. 16, § 1016, subs. (b)(2)(F).)

Courses considered to be of direct benefit to the licensee or outside the scope of dental practice in California shall not be recognized for CE credit. (CCR, tit. 16, § 1016, subs. (b)(4).) Such courses include money management, the licensee's personal finances or personal matters, such as financial or estate planning, and personal investments. CCR, title 16, section 1016, subsection (b)(4), provides a sample list of courses that shall not be recognized for CE credit.

Dentists who provide direct patient care as an unpaid volunteer at a free public health care event or non-profit community health clinic can earn up to three units of CE at a rate of one unit per hour as of January 1, 2023. (CCR, tit. 16, § 1017, subs. (i).)

As of January 1, 2023, CE for retired dentists in only uncompensated practice shall include the mandatory courses and courses directly related to the delivery of dental services and shall be no less than 30 units. (CCR, tit. 16, § 1017, subs. (u).)

Competency Requirements

The Board has initial and ongoing competency requirements for GA and Conscious Sedation (CS) permit holders. Pursuant to BPC section 1646.4, GA permit holders must undergo an onsite inspection and evaluation at least once every five years. In accordance with BPC section 1647.7, CS permit holders must undergo an onsite inspection and evaluation at least once every six years.

- a. How does the Board verify CE or other competency requirements? Has the Board worked with the Department to receive primary source verification of CE completion through the Department's cloud?

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As part of the renewal process, licensees certify under penalty of perjury that they have completed mandatory coursework and the minimum number of units required for the active license or permit. In accordance with CCR, title 16, section 1017, subsection (n), the licensee must retain the CE certificates of completion for three renewal periods (six years). The Board also conducts monthly random CE audits (see response below). Currently, the Board does not work with the Department to receive primary source verification of CE completion.

- b. Does the Board conduct CE audits of licensees? Describe the Board's policy on CE audits.

The Board conducts random CE audits at the close of each renewal cycle. At the beginning of each month, Board staff randomly audit one-twelfth of one percent of the total active licensee population for each license type (approximately thirty licensees per month). Audited licensees are required to supply certificates of completion as proof of meeting the CE requirements. Each audited licensee is given 30 calendar days to respond to the audit. Extensions are granted on a case-by-case basis. Audit notices are sent via regular and certified mail to ensure receipt of the notice by the audited licensee. If the licensee fails to respond within the 30-day time frame, they may be considered as a no response, and an automatic failure is assigned. Coursework submitted in response to the audit will be evaluated in accordance with CCR, title 16, sections 1016–1017. If the licensee meets the requirements as outlined, the licensee will receive a letter stating they have passed the audit. A licensee that fails to meet the requirements as outlined will receive a citation and possibly a fine.

- c. What are consequences for failing a CE audit?

If the licensee cannot provide proof of meeting the CE requirements, they are issued a citation and possibly a fine. The citation may include an abatement condition requiring the licensee to remediate the deficient CE within a specified period of time. Units required for an order of abatement may be counted toward the minimum number of units required for the next renewal cycle. A licensee who fails to pay the fine or comply with the order of abatement shall be referred for discipline, and a hold is placed on their license.

- d. How many CE audits were conducted in the past five fiscal years? How many fails? What is the percentage of CE failure?

As of June 30, 2023, approximately 496 dentist licenses were audited for CE: 121 licensees, or 24.4% of dentist licensees, failed the audit. As of June 30, 2023, approximately 520 RDA, RDAEF, OA, and DSA licenses were audited for CE: 156 licensees, or 30% of those licensees, failed the audit.

- e. What is the Board's CE course approval policy?

Following an application process, the Board approves registered providers to offer CE coursework. Excluding mandatory courses, the Board does not approve individual courses offered by a registered provider.

- f. Who approves CE providers? Who approves CE courses? If the Board approves them, what is the Board application review process?

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Registered providers are approved by the Board. Course outlines, brochures, and/or summaries are required as part of the application process, but the Board does not approve each individual course offered by the provider. As part of the registered provider application process, the provider must certify that they have read BPC section 1645 and CCR, title 16, sections 1016–1017, which provide the standards for registration as an approved provider and list the courses recognized by the Board for CE credit.

The minimum requirements for course content for all mandated CE courses is set forth in CCR, title 16, section 1016, subsection (b)(1)(A-C). Providers must adhere to the minimum requirements for course content or risk losing their registered provider status.

Providers of Infection Control, California Dental Practice Act, and Responsibilities and Requirements of Prescribing Schedule II Opioids courses are required to submit their course content outlines to the Board for review and approval. A Board staff analyst approves the courses based upon the submitted course outline and the course requirements in regulation.

If a provider wishes to make any significant changes to the content of a previously approved mandatory course, the provider is required to submit a new course content outline to the Board. A provider may not offer the course until the new course outline is approved.

In accordance with CCR, title 16, section 1016, subsection (i)(1), courses completed through a provider approved by CERP or PACE may also be recognized for CE credit.

- g. How many applications for CE providers and CE courses were received? How many were approved?

Within the past five fiscal years, the Board received approximately 529 registered provider applications. Of these applications, 354 providers were approved by the Board. The Board does not approve individual CE courses.

- h. Does the Board audit CE providers? If so, describe the Board's policy and process.

Currently, the Board does not audit CE providers.

- i. Describe the Board's effort, if any, to review its CE policy for purpose of moving toward performance-based assessments of the licensee's continuing competence.

The Board is not currently planning to implement performance-based assessments, as the Board does not have the staff resources to implement such assessments. Based on overall complaint and enforcement data, the Board does not believe this type of assessment is warranted. If a licensee's competency is questioned, there are mechanisms within the *Dental Board of California Disciplinary Guidelines with Model Language* that require the licensee to prove they are competent to practice. See response to Question 65 for additional information.

Type	Frequency of Renewal	Number of CE Hours Required Each Cycle	Percentage of Licensees Audited
Dentist	Biennially	50	1% of licensees who renew monthly

Table 8a. Continuing Education			
AO	Biennially	N/A	-
CS	Biennially	15	1% of licensees who renew monthly
EFCS	Biennially	N/A	
GA	Biennially	24	1% of licensees who renew monthly
MGA	Biennially	N/A	-
MDC	Biennially	N/A	-
MS	Biennially	15	1% of licensees who renew monthly
OCS	Biennially	7	1% of licensees who renew monthly
OMS	Biennially	N/A	-
PMS	Biennially	N/A	-
RP	Biennially	N/A	-
SP	Annually	25	1% of licensees who renew monthly
RDA	Biennially	25	1% of licensees who renew monthly
RDAEF	Biennially	25	1% of licensees who renew monthly
DSA	Biennially	25	1% of licensees who renew monthly
OA	Biennially	25	1% of licensees who renew monthly

Section 4 – Enforcement Program

32. What are the Board’s performance targets/expectations for its enforcement program? Is the Board meeting those expectations? If not, what is the Board doing to improve performance?

DCA and the Board have the following Performance Measures (PM):

PM 2 – Intake: The average time from complaint receipt to the date the complaint is acknowledged and assigned to an analyst or investigator. BPC section 129, subdivision (b), requires that complaints are acknowledged within 10 days of receipt. The Board sends notification to the complainant by mail acknowledging receipt of their complaint. The intake target is 10 days. For fiscal years 2018–19, 2019–20, 2020–21, 2021–22, and 2022–23, the average intake time was four days. The Board is meeting this expectation.

PM 3 – Intake and Investigations: The average time from complaint receipt to closure of the investigative process. The intake and investigation target is 270 days. For fiscal years 2018–19, 2019–20, 2020–21, 2021–22, and 2022–23, the average intake and investigation cycle time was 213 days. The Board is meeting this expectation.

PM 4 – Formal Discipline: The average number of days to complete the entire enforcement process for cases resulting in formal discipline. The formal discipline target is 540 days. For fiscal

years 2018–19, 2019–20, 2020–21, 2021–22, and 2022–23, the average is 1,142 days. The Board is not meeting this expectation.

PM 7 – Probation Intake: The average number of days from the probation monitor assignment to the date the monitor makes first contact with the probationer. The probation target is 10 days. For fiscal 2018–19, 2019–20, 2020–21, 2021–22, and 2022–23, the average number was six days. The Board is meeting this expectation.

PM 8 – Probation Violation Response: The average number of days from the date a violation of probation is reported to the Board, to the date the assigned probation monitor initiates appropriate action. The probation violation response target is 15 days. For fiscal years 2018–19, 2019–20, 2020–21, 2021–22, and 2022–23, the average time was three days. The Board is meeting this expectation.

33. Explain trends in enforcement data and the Board’s efforts to address any increase in volume, time frames, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the Board done and what is the Board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

Trends in Enforcement Data (Tables 9. and 10.)

Number of complaints received

The number of complaints received by the Board decreased during the COVID-19 pandemic. During fiscal year 2019–20, the first pandemic fiscal year, the Board received 265 fewer complaints than in fiscal year 2018–19. After essential health care professionals in California were again able to provide in-person health care services to consumers, incoming complaints increased annually each year. The Board received 4,401 complaints in fiscal year 2022–23 compared to 3,569 in fiscal year 2018–19.

Number of complaints opened in response to an arrest and/or conviction of a licensee

The number of complaints opened in response to an arrest and/or conviction of a Board licensee averaged 680 during this five-year sunset period. Complaints are opened upon receipt of a subsequent arrest report (SAR), which is generated automatically when a licensee is arrested or convicted, and their fingerprints are taken and entered in the California DOJ database. All Board licensees are required to submit fingerprints to the DOJ as a condition of licensure or renewal if an electronic record of the fingerprint does not exist.

Average number of days to close investigations

The average number of days to close investigations has improved as investigator positions are filled and investigators are trained. In fiscal year 2022–23, desk investigations, from assignment to investigation closure, averaged 158 days. In the prior four fiscal years, the average was 281 days. During fiscal years 2019–20, 2020–21, and 2021–22, the Enforcement Division experienced numerous vacancies for both non-sworn and sworn investigator positions. The Enforcement Division has been successful in filling these vacant positions.

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For sworn investigators, the average number of days to close a case has improved between fiscal year 2018–19 and fiscal year 2022–23. The average number of days to close a case has been reduced by 25 days, a 93% reduction.

Average number of days to the imposition of formal discipline

The Board has exceeded **Performance Measure 4 – Formal Discipline** and greatly reduced the average number of days from the closure of investigation to imposing formal discipline. In fiscal year 2019–20, the average number of days was 608 days. In the following three fiscal years, the average number of days was 442 days, a reduction of 166 days from the average. Since the previous sunset review, the Board has continued to improve the average number of days to complete a case that has been referred to the Office of the Attorney General for disciplinary action. In fiscal year 2015–16, the average number of days was 1,645; in fiscal year 2017–18, the average number of days was 1,863. In the past five years, the average number of days from receipt of a complaint to the imposition of formal discipline was 1,142 days.

Issuance of administrative citations

The issuance of administrative citations increased by 70% in fiscal year 2022–23 from the previous three fiscal years. BPC section 125.9 authorizes the Board to issue administrative citations, which allows the Board to address violations that do not meet merit to proceed with an accusation to the Office of the Attorney General. Typically, citations are issued for violations of statutes or regulations relating to the practice of dentistry which do not present a substantial probability that either death or serious physical harm to a patient will result.

Improvements

Board enforcement chiefs and managers conduct regular audits of cases assigned to Board staff. These audits ensure that cases are accounted for, are being worked, and are within the statute of limitations prescribed in BPC section 1670.2. The manager and investigator can troubleshoot any complications or problems with the case.

The Board is participating in the DCA's Enlightened Enforcement Project (EPP), focusing on the units within the Board's Enforcement Division: the Complaint and Compliance Unit, Investigative Analysis Unit, Sworn Investigative Unit, Inspection/Probation Monitoring Unit, and Discipline Coordination Unit.

The purpose of the EPP is to make enforcement processes more efficient by identifying and implementing best practices. The project will produce recommendations to streamline and improve enforcement services while reducing time frames and lowering costs through more efficient workflows. The project brings together Board staff, DCA's Organizational Improvement Office (OIO), and SMEs in enforcement and IT.

The Board participates in DCA's Enforcement Users Group meetings with other boards and bureaus to report problems encountered by the BreZE system. OIS periodically releases updates to the system to fix the issues discussed.

The Board regularly reviews all enforcement processes, including enforcement activity tracking in the BreZE system. Management utilizes BreZE to run reports to analyze case aging, complaint

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and compliance activities, investigation activities, transmission of cases to the Office of the Attorney General, disciplinary timelines, and tracking of inspections. To capture accuracy and transparency in the enforcement program, management identifies BreEZe entries and activity codes that at times cause challenges to investigation timelines. Management collects the deficiency data and collaborates with Board staff to evaluate the BreEZe system and procedures. Management then collaborates with the Enforcement Users Group to address best BreEZe system practices. The Board and the Enforcement Users Group may elect to create a “Global” BreEZe change to create and improve system functionality, allowing the Board’s enforcement program to be successful with timelines.

Table 9. Enforcement Statistics

	FY 2018– 2019	FY 2019– 2020	FY 2020– 2021	FY 2021– 2022	FY 2022– 2023
COMPLAINTS					
Intake					
Received	3566	3301	3718	3846	4401
Closed without Referral for Investigation	9	7	0	1	5
Referred to INV	3568	3264	3778	3837	4398
Pending (close of FY)	12	40	28	8	5
Conviction/Arrest					
CONV Received	800	665	586	706	643
CONV Closed Without Referral for Investigation	0	1	0	0	1
CONV Referred to INV	751	686	576	691	653
CONV Pending (close of FY)	56	13	35	15	0
Source of Complaint ⁴⁸	4330	3992	3760	4591	5043
Public	2565	2254	2770	3084	3210
Licensee / Professional Groups	456	337	229	300	362
Governmental Agencies	847	702	212	692	645
Internal	274	270	142	108	372
Other	33	36	16	103	33
Anonymous	155	393	391	304	421
Average Time to Refer for Investigation (from receipt of complaint / conviction to referral for investigation)	3	7	6	1	2
Average Time to Closure (from receipt of complaint / conviction to closure at intake)	3	5	9	2	2
Average Time at Intake (from receipt of complaint / conviction to closure or referral for investigation)	3	5	9	2	2
INVESTIGATION					
Desk Investigations					
Opened	3361	3914	3441	4258	4808
Closed	3992	3467	3617	4505	4777
Average days to close (from assignment to investigation closure)	145	61	86	80	72
Pending (close of FY)	790	1239	1044	2842	1268
Non-Sworn Investigation					
Opened	366	120	288	243	427

⁴⁸ Source of complaint refers to complaints, criminal history reports of convictions, and public agency disciplinary action information received. The summation of intake and convictions should match the total of source of complaint.

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Table 9. Enforcement Statistics					
	FY 2018–2019	FY 2019–2020	FY 2020–2021	FY 2021–2022	FY 2022–2023
Closed	549	96	182	288	427
Average days to close (from assignment to investigation closure)	270	251	307	297	158
Pending (close of FY)	146	172	276	195	191
Sworn Investigation					
Opened	622	356	478	335	436
Closed	671	424	500	466	395
Average days to close (from assignment to investigation closure)	378	378	363	403	353
Pending (close of FY)	565	552	584	308	274
All investigations⁴⁹					
Opened	929	3950	4354	4528	5051
Closed	1433	3836	3977	4505	6040
Average days for all investigation outcomes (from start investigation to investigation closure or referral for prosecution)	205	150	154	215	189
Average days for investigation closures (from start investigation to investigation closure)	200	150	146	217	174
Average days for investigation when referring for prosecution (from start investigation to referral for prosecution)	565	608	539	649	708
Average days from receipt of complaint to investigation closure	202	124	154	218	185
Pending (close of FY)	599	2249	2677	2842	2110
CITATION AND FINE					
Citations Issued	259	206	72	55	370
Average Days to Complete (from complaint receipt / inspection conducted to citation issued)	221	70	301	776	183
Amount of Fines Assessed	231,450	102,900	42,450	46,700	\$159,200
Amount of Fines Reduced, Withdrawn, Dismissed	67,000	18,000	0	10,500	\$15,350
Amount Collected	89,750	64,225	21,650	55,350	\$103,350
CRIMINAL ACTION					
Referred for Criminal Prosecution	12	4	6	2	1
ACCUSATION					
Accusations Filed	80	60	96	96	38
Accusations Declined	3	0	1	2	1
Accusations Withdrawn	5	1	1	14	4
Accusations Dismissed	0	0	5	2	2
Average Days from Referral to Accusations Filed (from Attorney General (AG) referral to Accusation filed)	119	114	90	62	107
INTERIM ACTION					
ISO & TRO Issued	N/A	1	1	1	1
PC 23 Orders Issued	1	3	5	1	0
Other Suspension/Restriction Orders Issued	2	2	6	2	0
Referred for Diversion	1	0	0	2	2
Petition to Compel Examination Ordered	2	1	2	3	2

⁴⁹ The summation of desk, non-sworn, and sworn investigations should match the total of all investigations.

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Table 9. Enforcement Statistics					
	FY 2018–2019	FY 2019–2020	FY 2020–2021	FY 2021–2022	FY 2022–2023
DISCIPLINE					
AG Cases Initiated (cases referred to the AG in that year)	152	83	209	157	104
AG Cases Pending Pre-Accusation (close of FY)	137	93	92	123	84
AG Cases Pending Post-Accusation (close of FY)	N/A	N/A	N/A	N/A	49
DISCIPLINARY OUTCOMES					
Revocation	13	15	21	15	19
Surrender	14	11	19	6	13
Suspension only	0	0	3	0	0
Probation with Suspension	0	0	0	0	0
Probation only	44	21	38	18	47
Public Reprimand / Public Reproval / Public Letter of Reprimand	24	16	7	11	13
Other	1	0	16	1	12
DISCIPLINARY ACTIONS					
Proposed Decision	22	14	21	20	8
Default Decision	14	12	8	9	5
Stipulations	51	54	31	31	7
Average Days to Complete After Accusation (from Accusation filed to imposing formal discipline) *(See NOTE at end of Table 9.)	376	370	477	360	405
Average Days from Closure of Investigation to Imposing Formal Discipline	1079 ⁵⁰	608	477	389	461
Average Days to Impose Discipline (from complaint receipt to imposing formal discipline)	1079	1179	1121	1070	1263
PROBATION					
Probations Completed	31	24	35	92	35
Probationers Pending (close of FY)	187	225	171	128	123
Probationers Tolled	39	26	16	10	7
Petitions to Revoke Probation/Accusation and Petition to Revoke Probation Filed	7	13	18	18	4
SUBSEQUENT DISCIPLINE⁵¹					
Probations Revoked	4	4	13	6	0
Probationer's License Surrendered	1	2	9	10	4
Additional Probation Only	0	0	3	3	3
Suspension Only Added	0	0	0	0	0
Other Conditions Added Only	0	0	0	0	1
Other Probation Outcome	0	0	0	1	0
SUBSTANCE-ABUSING LICENSEES					
Probationers Subject to Drug Testing	33	35	25	16	10
Drug Tests Ordered	394	368	319	194	80
Positive Drug Tests	30	24	43	58	19
PETITIONS					
Petition for Termination or Modification Granted	5	4	4	9	3
Petition for Termination or Modification Denied	2	0	1	3	3

⁵⁰ This number is identical to the number below. The Board is unable to clarify this anomaly.

⁵¹ Do not include these numbers in the Disciplinary Outcomes section above.

Table 9. Enforcement Statistics					
	FY 2018–2019	FY 2019–2020	FY 2020–2021	FY 2021–2022	FY 2022–2023
Petition for Reinstatement Granted	2	3	1	0	2
Petition for Reinstatement Denied	1	4	0	0	0
DIVERSION					
New Participants	6	1	3	3	2
Successful Completions	2	3	2	0	0
Participants (close of FY)	18	15	12	12	7
Terminations	2	3	1	4	3
Terminations for Public Threat	0	0	0	0	0
Drug Tests Ordered	727	498	415	352	334
Positive Drug Tests	0	0	1	3	0

* NOTE: Data not included or tracked on ENF-249 for fiscal years 2018–19, 2019–20, and 2020–21.

Table 10. Enforcement Aging							
	FY 2018–2019	FY 2019–2020	FY 2020–2021	FY 2021–2022	FY 2022–2023	Cases Closed	Average %
Investigations (Average %)							
Closed Within:							
90 Days	1,895	2051	2603	2754	3773	13076	57%
91–180 Days	1118	1080	601	596	858	4253	18%
181 Days – 1 Year	1002	313	190	372	402	2279	10%
1–2 Years	467	228	364	308	527	1894	8%
2–3 Years	256	145	190	424	423	1438	6%
Over 3 Years	57	19	29	51	57	213	1%
Total Investigation Cases Closed	4795	3836	3977	4,505	6040	23,153	100%
Attorney General Cases (Average %)							
Closed Within:							
0–1 Year	3	1	3	6	1	14	3%
1–2 Years	19	13	8	24	5	69	16%
2–3 Years	14	22	8	28	15	87	20%
3–4 Years	24	22	17	65	32	160	38%
Over 4 Years	22	26	14	14	21	97	23%
Total Attorney General Cases Closed	82	84	50	137	74	427	100%

34. What do overall statistics show as to increases or decreases in disciplinary action since the previous review?

Most disciplinary outcomes have shown little change. However, license surrenders have shown an increase over the past five fiscal years and probation cases have decreased. Since the previous review, cases initiated at the Office of the Attorney General have also decreased, which could impact the overall disciplinary outcomes.

Enforcement Aging

The Board has placed a high priority on case aging and continues to strive to reduce the number of cases in its oldest categories. Most cases referred to the Office of the Attorney General take 3–4 years to close. This is due to high caseloads for the Deputy Attorneys General in addition to hearing availability with the Office of Administrative Hearings.

35. How are cases prioritized? What is the Board's complaint prioritization policy? Is it different from DCA's *Complaint Prioritization Guidelines for Health Care Agencies* (August 31, 2009)? If so, explain why.

The Board uses the *DCA Complaint Prioritization and Referral Guidelines* (Rev. 12/2017) to prioritize complaints. Cases in priority categories 1 and 2 are referred to the Board's Sacramento or Orange Enforcement Office to be handled by the Board's sworn investigators. Those cases are the most serious complaints involving criminal activity, serious injury/death to a patient, unlicensed practice, impaired practitioners, and other serious complaints.

Cases in priority categories 3 and 4 are mostly investigated by non-sworn special investigators, inspectors, and analysts. There is an Investigative Analysis Unit in the Sacramento Field Office and another in the Orange Field Office. These cases are generally quality of care, advertising, recordkeeping, sanitary office conditions, subsequent arrest notifications, and general unprofessional conduct.

36. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the Board actions taken against a licensee. Are there problems with the Board receiving the required reports? If so, what could be done to correct the problems?

The Board relies on several reporting requirements to aid in identifying violations of the Dental Practice Act.

BPC section 881, subdivision (c) requires providers of professional liability insurance to report to the Board dental malpractice settlement or arbitration awards that exceed \$10,000. Insurers are required to notify the Board within 30 days of the signed settlement, or within 30 days after service of the award for awards that exceed \$10,000.

BPC section 802 obligates licensees who are not covered by professional liability insurance to report to the Board, within 30 days, any settlement, judgment, or arbitration award over \$3,000.

BPC section 802 specifies that, after a judgment of more than \$30,000 by a California court, the clerk of that court must report the judgment to the Board within ten days. It should be noted that judgments do not automatically meet the criteria for taking disciplinary action. Before the Board can decide what course of action to take as a result of a judgment, Board staff must obtain patient releases, as well as dental, medical, and/or legal records. Similar steps must be taken upon receipt of routine complaints received by the Board. The Board also can seek records through the issuance of subpoenas if releases cannot be obtained from involved parties.

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BPC section 805 mandates that peer review bodies, health care service plans, dental societies, and committees that review care must report to the Board (within 15 days) whenever any of the following occurs:

1. A licensee's application for staff privileges or membership is denied or rejected for a medical disciplinary cause or reason.
2. A licensee's membership, staff privileges, or employment is terminated or revoked for a medical disciplinary cause or reason.
3. Restrictions are imposed, or voluntarily accepted, on a licensee's staff privileges, membership, or employment for a cumulative total of 30 days or more for any 12-month period for a medical disciplinary reason.
4. The imposition of summary suspension of a licensee's staff privileges, membership, or employment, if the suspension remains in effect for more than 14 days.

BPC section 1680, subdivision (z), requires a licensed dental professional to self-report to the Board (within seven days) the following:

1. The death of the licensee's patient during the performance of any dental or dental hygiene procedure.
2. The discovery of the death of a patient whose death is related to a dental or dental hygiene procedure performed by the licensee.
3. The removal of a patient from the dental office to a hospital or emergency center for medical treatment when that patient was being treated with oral conscious sedation, conscious sedation, or general anesthesia, or any patient because of dental or dental hygiene treatment.

CCR, title 16, section 1018.05, subsection (b), requires Board licensees to report to the Board (within 30 days) the following:

1. The bringing of an indictment or information charging a felony against the licensee.
2. The conviction of the licensee of any felony or misdemeanor. This requirement excludes traffic infractions unless that conviction includes a fine that exceeds \$1,000 or more, or if the conviction involves alcohol or a controlled substance.
3. Any disciplinary action taken by another professional licensing entity or authority of California, another state, an agency of the federal government, or the U.S. military.

Penal Code section 11105.2 allows the DOJ to send reports to the Board when licensees are arrested, convicted of a crime, violate terms of criminal probation, or have been processed and taken into custody. The DOJ notifications are generated as a result of the applicant and licensee fingerprinting requirements when an arrest or conviction occurs to a licensee. However, there are times when the Board learns of arrest/conviction information without DOJ notification.

Board staff are assigned to process subsequent arrest notifications (SARs) received from DOJ. Board staff review the notification and begin the process of collecting records related to the arrest and conviction. Arrest reports, charging documents, and court records are analyzed to determine if further action is needed. Offenses involving controlled substances and alcohol are examined to determine if there is a public safety concern with the licensee and to consider possible license

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discipline or referral to the Board's Diversion Program. Serious crimes, crimes of violence, sexual abuse, and moral turpitude can be assigned directly to a Board investigator for immediate attention and appropriate enforcement action.

- a. What is the dollar threshold for settlement reports received by the Board?

BPC section 881, subdivision (c), requires providers of professional liability insurance to report to the Board dental malpractice settlement or arbitration awards that exceed \$10,000. Insurers are required to notify the Board within 30 days of the signed settlement, or within 30 days after service of the award for awards that exceed \$10,000. BPC section 802 obligates licensees who are not covered by professional liability insurance to report to the Board, within 30 days, any settlement, judgment, or arbitration award over \$3,000.

- b. What is the average dollar amount of settlements reported to the Board?

The Board does not currently track dollar amounts of settlements reported to the Board but will begin tracking this information.

37. Describe settlements the Board, and Office of the Attorney General on behalf of the Board, enter into with licensees.

- a. What is the number of cases, pre-accusation, that the Board settled for the past five years, compared to the number that resulted in a hearing?

The Board is not exempt from Gov. Code section 11415.60, subdivision (b), under the Administrative Procedure Act, which requires a pleading to be issued (e.g., accusation or SOI) before the Board can settle an adjudicative proceeding regarding discipline of a license. Once a pleading has been filed, the Board's Executive Officer and assigned Deputy Attorney General will evaluate whether the case is appropriate to negotiate settlement terms with the respondent. Stipulated settlements negotiated between the complainant (Executive Officer) and respondent (licensee or license applicant) are submitted to the Board for consideration. Accordingly, the Board does not have a number of cases, pre-accusation, that the Board settled for the past five years.

- b. What is the number of cases, post-accusation, that the Board settled for the past five years, compared to the number that resulted in a hearing?

The Board has settled 174 cases over the past five fiscal years. All settlements occurred after a pleading was filed. Eighty-five cases resulted in a hearing.

- c. What is the overall percentage of cases for the past five years that have been settled rather than resulting in a hearing?

In the past five years, 28% of cases resulted in a hearing, and 56% resulted in settlements. This information is consistent with the trends seen in the previous sunset report. About 50% or more cases result in settlements on average.

38. Does the Board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the Board's policy on statute of limitations?

Yes, complaints made to the Board are subject to a statute of limitations, which starts the day the complaint is received. BPC section 1670.2, subdivision (a) provides, in part:

Except as otherwise provided in this section, any proceeding initiated by the board against a licensee for the violation of any provision of this chapter shall be filed within three years after the board discovers the act or omission alleged as the ground for disciplinary action, or within seven years after the act or omission alleged as the ground for disciplinary action occurs, whichever occurs first.

There are exceptions in the statute for fraud, acts or omissions against a minor, and situations in which an effort was made to intentionally conceal the act or omission.

Cases are monitored to reduce the number of cases exposed to statute of limitations closures. Complaints received by the Board are subject to processing and research times. Delays can arise from corresponding with the patient, obtaining records from treatment providers, and having those records reviewed by a dental consultant, who evaluates those records and provides an opinion on the treatment. This process can take a significant amount of time to complete, impacting the time to complete the investigation.

Once the case is assigned to an investigator, the file is reviewed, further evidence is gathered, involved parties are interviewed, and expert services are sought. The expert review can take up to 45 days. Once the expert report is completed, determinations are made on the case path, e.g., referral to the Office of the Attorney General, issuance of a citation, or case closure. The expert acts as the Board's expert witness in the case. However, the involvement of the appropriate district attorney's office is added.

Complaints are sometimes received for which the statute of limitations may have already expired or will expire shortly due to the age of the treatment involved. The nature of these complaints will determine next steps.

39. Describe the Board's efforts to address unlicensed activity and the underground economy.

Over the past five years, the average annual number of reports of unlicensed activity received by the Board was 78, representing 2% of complaints. By comparison, 150 cases were reported in the prior sunset report. The Board suggests that the COVID-19 pandemic is responsible for this decrease. Reports of unlicensed activity cases are generally in two categories:

1. Reports of dental staff performing duties that their license does not permit them to perform (i.e., working out of scope) in the office of a licensed dental professional.
2. Dental procedures performed by unlicensed persons in facilities where no licensed dental professional operates.

When a complaint of out-of-scope activity is received, the Board may conduct an onsite inspection by utilizing an inspector. (BPC § 1611.5.) The goal is to determine whether the issue

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raised in the complaint (e.g., a dentist or dental assistant has violated a law or regulation) is substantiated. If the inspection reveals that there are violations, the case may be handled with a citation/discipline and/or education and training for the dentist and/or dental assistant. The severity of the issue(s) will determine the action taken by the Board.

The locations where dental procedures are performed by unlicensed individuals in the absence of licensed professionals are more challenging to investigate. These unlicensed dental offices or locations mostly provide services to low income, uninsured, and/or undocumented non-English speaking communities that have a general mistrust of law enforcement and fear for their immigration status. These locations have been found in dental labs, individual houses, party rental stores, office complexes, and even a dog grooming business.

The Board is fortunate to have bilingual Investigators who can assist in these investigations. The unlicensed practice of dentistry is investigated as a criminal offense. BPC section 1701 provides that the unlicensed practice of dentistry is a misdemeanor on the first offense and a felony on the second offense. Since the Board does not prosecute criminal cases, the Board is limited to issuing citations to individuals practicing dentistry without a license pursuant to BPC section 148 and CCR, title 16, section 1023.7. The Board employs investigators who are California Peace Officers, in accordance with Penal Code section 830.3, who have the power of arrest for criminal offenses. The Board investigators work closely with local, state, and federal prosecutorial agencies.

In July 2021, the Enforcement Division made a focused effort to investigate and visit unlicensed complaints received in southern California. Sworn investigators were split into teams and assigned specific cases. There were three cases referred for criminal prosecution and three locations where field admonishments were given.

These investigations were conducted in Los Angeles, San Diego, Riverside, and San Bernardino counties. A total of 46 cases were investigated and closed during this operation.

In September 2023, the Enforcement Division made another focused effort to respond to 22 reported cases of unlicensed activity. This operation also included a joint investigation with the Los Angeles County Department of Public Health Radiation Management Program. The Radiation Management Program assisted by conducting inspections of dental labs and facilities that were operating with X-ray machines and radioactive material sources. The Radiation Management Program conducted inspections to ensure that guidelines and procedures for radiation safety were being followed by the users and operators, and to protect patients from unnecessary radiation exposure from X-rays and radioactive devices. This operation resulted in ten arrests: eight misdemeanor arrests with a notice to appear in court for practicing dentistry without a license; one misdemeanor arrest with a notice to appear in court for aiding and abetting the practice of dentistry without a license; and one felony arrest for aiding and abetting the practice of dentistry without a license.

Cite and Fine

40. Discuss the extent to which the Board has used cite and fine authority. Discuss any changes from the most recent review and describe the last time regulations were updated and any changes that were made. Has the Board increased its maximum fines to the \$5,000 statutory limit?

BPC sections 125.9 and 148 authorize the Board to issue citations and fines for violations of the Dental Practice Act against licensees and unlicensed persons, respectively. BPC section 1611.5 is the guiding statute in use by the Board's inspection staff to review patient records and facilities to ensure a safe and sanitary experience for dental patients and maintain compliance with Cal/OSHA and infection control regulations. BPC section 1684.1, subdivision (a)(1), authorizes the Board to issue administrative citations to dentists who fail to produce requested patient records within the mandated 15-day time period. The Board continues to hold licensees accountable to this time frame. The Board issues citations with a \$250 per day fine, up to a maximum fine of \$5,000.

Since the previous sunset review, the Board has expanded and increased the use of cite and fine beyond record production and inspections. Cite and fine is used to address a wider range of violations that can be more efficiently and effectively addressed through citations, fines, abatement, or remedial education.

Effective February 10, 2021, the Board's regulations were updated to increase the maximum administrative fine for citations from \$2,500 to the \$5,000 statutory limit.

41. How is cite and fine used? What types of violations are the basis for citation and fine?

Citations may be used when patient harm is not found, but the quality of care provided to the consumer is substandard. When issuing citations, the Board's goal is not to punish. Rather, the Board seeks to protect California consumers by re-educating licensees about the Dental Practice Act and emphasizing the importance of following dental practices that fall within the professional standard of care. When determining whether to issue a citation and corresponding fine, the following factors are considered (pursuant to CCR, tit. 16, § 1023.4):

- The good or bad faith exhibited by the cited person.
- The nature and severity of the violation.
- Evidence that the violation was willful.
- History of violations of the same or similar nature.
- The extent to which the cited person has cooperated with the Board.
- The extent to which the cited person has mitigated or attempted to mitigate any damage or injury caused by their violation.

"Lesser" violations of the Dental Practice Act may not warrant referral to the Office of the Attorney General, and a citation and fine may be more appropriate. Such violations include documentation issues, such as deficient records or recordkeeping; advertising violations; failure to keep up with CE requirements; and unprofessional conduct for the failure to disclose or report convictions.

In addition to using citations as a tool to address less egregious violations that would not otherwise result in discipline, the Board views citation as a means of establishing a public record of an event that might otherwise have been closed without action, thereby remaining non-disclosable. Moreover, citations can promptly address skills and training concerns.

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In March 2020, the Governor proclaimed a State of Emergency due to COVID-19, and the Governor's Executive Order N-39-20, paragraph 5 waived some professional licensing requirements. The impact of the pandemic, the waiver of licensing CE requirements, and staff vacancies resulted in a decrease in citations for CE violations. With the return of CE audits, normal practices, and full staffing in fiscal year 2022–23, the numbers have increased. The increase in the number of citations issued between fiscal year 2021–22 to and fiscal year 2022–23 is 572%.

- Fiscal year 2018–19: 259 citations
- Fiscal year 2019–20: 206 citations
- Fiscal year 2020–21: 72 citations
- Fiscal year 2021–22: 55 citations
- Fiscal year 2022–23: 370 citations

42. How many informal office conferences, Disciplinary Review Committee reviews and/or Administrative Procedure Act appeals of a citation or fine in the past five fiscal years?

- Fiscal year 2018–19: 30 informal conferences
- Fiscal year 2019–20: 25 informal conferences
- Fiscal year 2020–21: 7 informal conferences
- Fiscal year 2021–22: 3 informal conferences
- Fiscal year 2022–23: 40 informal conferences

CCR, title 16, section 1023.5 specifies the procedures followed by the Board in relation to contest of citations.

43. What are the five most common violations for which citations are issued?

The Board's top five most common violations for which citations are issued are:

1. BPC section 1645 – CE requirements.
2. BPC sections 1670.1 and 1680, subdivision (n) or (r), and CCR, title 16, section 1018.05 – Failure to report conviction/discipline.
3. BPC section 1684.1 – Failure to provide records to the Board.
4. BPC section 1670 – Quality of care / unprofessional conduct.
5. BPC section 1680, subdivision (z) – Failure to report death/hospitalization.

44. What is average fine pre- and post- appeal?

- Fiscal year 2018–19: \$1,011 fine pre-appeal, \$718 post-appeal.
- Fiscal year 2019–20: \$557 fine pre-appeal, \$464 post-appeal.
- Fiscal year 2020–21: \$674 fine pre-appeal, \$674 post-appeal.

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- Fiscal year 2021–22: \$934 fine pre-appeal, \$724 post-appeal.
- Fiscal year 2022–23: \$491 fine pre-appeal, \$444 post-appeal.

45. Describe the Board's use of Franchise Tax Board intercepts to collect outstanding fines.

BPC section 125.9 authorizes the Board to add the amount of the assessed fine to the fee for license renewal. If a licensee fails to pay their fine, a hold is placed on the license, and it cannot be renewed without payment of the renewal fee and the fine amount. This statute also authorizes the Board to take disciplinary action for failure to pay a fine within 30 days from the date issued unless the licensee appeals the citation.

The Board continues to work toward increasing its participation in this program and is identifying appropriate cases that can be enrolled. Challenges will remain in instances when the license has surrendered, been revoked, and/or the former licensee has employment challenges resulting in their inability to generate a taxable income.

There have been no additional updates during the current fiscal year. The Board's current procedure is to submit to the Franchise Tax Board (FTB) the FTB offset program form along with respondent information and the balance owed to the Board. FTB redirects the funds per Gov. Code sections 12419.2, 12419.7, 12419.9, 12419.10, 12419.11, and 12419.12. Per BPC section 125.9, subdivision (b)(5), the Board will not renew the license without payment of the renewal fee and fine.

The Board uses these administrative tools for collecting outstanding fines. Since the previous sunset review, the Board has been using the FTB for interagency intercept collection. FTB operates an intercept program in conjunction with the State Controller's Office to assist the Board in collecting delinquent liabilities.

Cost Recovery and Restitution

46. Describe the Board's efforts to obtain cost recovery. Discuss any changes from the previous review.

The Board continues its policy and practice of requesting full cost recovery for investigation and prosecution of cases that result in administrative discipline.

BPC section 125.3 authorizes the Board to request reimbursement for costs incurred because of investigation and prosecution. Cost recovery is a standard probation term listed in the Board's Disciplinary Guidelines. Cost recovery is always sought when a case is resolved through stipulated settlement or administrative hearing.

Costs of investigation and prosecution requested in an accusation, as well as evidence of costs, is submitted to the presiding administrative law judge (ALJ), who decides how much of the Board's expenditures will be remunerated. The ALJ may award the Board full or partial cost recovery or may reject cost recovery request.

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When a Petition for Reinstatement is granted, and there are outstanding costs from the revocation or surrender proceeding, the ALJ may order full or partial recovery of costs for the Board.

There have been no changes in these policies and practices from the previous review.

47. How many and how much is ordered by the Board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

The amount ordered for revocations, surrenders, and probation through stipulated settlement varies widely and depends on many factors. (See Table 11. below.) These factors include the time it took to investigate a case and the costs incurred for the prosecution of the case with the Office of the Attorney General. In general, cost recovery imposed on probationers is collected as part of their required condition of probation. All probationers are required to satisfy their cost recovery with the Board no later than one year prior to the scheduled termination of probation.

The amount of cost recovery may be reduced as an incentive to reach a stipulated settlement. This strategy is beneficial for all parties involved because it reduces adjudication costs and processing timelines.

In cases of revocations or surrenders, the ordered costs are considered uncollectable until the licensee either petitions the Board for reinstatement or reapplies for licensure.

48. Are there cases for which the Board does not seek cost recovery? Why?

The Board's authority only allows for cost recovery to be imposed against licensees, not applicants for licensure. Therefore, the Board is unable to seek cost recovery in SOI cases. An SOI case is initiated when the Board denies an applicant a license, and the applicant appeals the denial pursuant to BPC section 485. In fiscal year 2021–22, five SOI cases were filed, and five SOI cases were withdrawn or dismissed. In fiscal year 2022–23, eight SOI cases were filed, and two SOI cases were withdrawn or dismissed.

49. Describe the Board's use of Franchise Tax Board intercepts to collect cost recovery.

The Board does not use the Franchise Tax Board to intercept and collect cost recovery. If a probationer fails to pay costs ordered, the probationer would be notified in writing of the probation violation. If the probationer fails to pay the costs due, then a petition to revoke probation would be filed by the Board.

In the cases of revocations or surrenders, the ordered costs are considered uncollectible until the licensee either petitions the Board for reinstatement or reapplies for licensure.

50. Describe the Board's efforts to obtain restitution for individual consumers, any formal or informal Board restitution policy, and the types of restitution that the Board attempts to collect (i.e., monetary, services, etc.). Describe the situation in which the Board may seek restitution from the licensee to a harmed consumer.

At present, BPC section 129, subdivision (c), provides for the Board's ability to request appropriate relief for a complainant, including the ability to meet and confer in order to mediate a

complaint. The Board may include a term for Restitution to the patient in a formal disciplinary decision in accordance with the Board’s Disciplinary Guidelines (see Table 12. below). In these circumstances, when the licensee submits restitution payments, the Board will track compliance and transfer the payments to designated parties. In unlicensed activity cases, restitution also may be ordered as a part of the criminal penalty. The Board is unable to track how much is collected for the victims because the funds are paid directly to the courts.

Table 11. Cost Recovery⁵²		(list dollars in thousands)			
	FY 2018–19	FY 2019–20	FY 2020–21	FY 2021–22	FY 2022–23
Total Enforcement Expenditures	pending	\$3,592	\$4,425	\$4,832	\$4,716
Potential Cases for Recovery *	N/A	60	96	96	38
Cases Recovery Ordered	N/A	52	66	44	79
Amount of Cost Recovery Ordered	\$314,341.15	\$358,147.45	\$274,282.04	\$727,271.98	\$558,520.42
Amount Collected	\$162,566.01	\$219,585.64	\$181,549.94	\$485,867.95	\$504,927.83

* Potential Cases for Recovery” are those cases in which disciplinary action has been taken based on violation of the license practice act.

Table 12. Restitution		(list dollars in thousands)		
	FY 2019–20	FY 2020–21	FY 2021–22	FY 2022–23
Amount Ordered	N/A	N/A	N/A	31
Amount Collected	0	0	0	0

Section 5 – Public Information Policies

51. How does the Board use the internet to keep the public informed of Board activities? Does the Board post Board-meeting materials online? When are they posted? How long do they remain on the Board’s website? When are draft-meeting minutes posted online? When does the Board post final meeting minutes? How long do meeting minutes remain available online?

The Board uses the internet to keep the public informed on pertinent news relating to the Board and regularly updates its website with the latest Board activities. These updates include, for example, a semiannual Board newsletter, Board meeting dates and locations, current laws and regulations, licensing and examination updates, and enforcement actions. The Board maintains an email list of interested parties and distributes emails via Listserv to these individuals whenever an alert, agenda, or meeting materials relating to Board or committee meetings are posted to the Board’s website. All Board meeting materials, including draft minutes from the prior meeting, are posted on the Board’s website at least one week prior to each meeting and remain available online indefinitely. The previous meeting’s draft minutes are normally approved at the next meeting and are posted soon after the Board votes to approve them; meeting minutes remain available online indefinitely.

52. Does the Board webcast its meetings? What is the Board’s plan to webcast future Board and committee meetings? How long do webcast meetings remain available online?

⁵² Cost recovery may include information from prior fiscal years.

The earliest webcast video the Board is from 2016. The Board intends to continue webcasting as many of its Board and committee meetings, as technical resources allow. According to DCA's Office of Public Affairs, webcasted Board meetings remain available in the Department's YouTube archive for approximately seven years.

53. Does the Board establish an annual meeting calendar, and post it on the Board's website?

The Board establishes tentative meeting dates for the next calendar year at its August or November Board meeting each year. Once the dates are approved by the Board, the dates are posted on the Board's website for public access. Because meeting logistics or member availability may impact a quorum, the dates are subject to change. The Board adheres to the Bagley-Keene Open Meeting Act (Gov. Code § 11120 et seq.), which, among other things, requires a state body to give at least 10 days advance written notice of each public meeting.

54. Is the Board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*? Does the Board post accusations and disciplinary actions consistent with DCA's *Web Site Posting of Accusations and Disciplinary Actions* (May 21, 2010)?

The Board's complaint disclosure policy is consistent with DCA's Recommended Minimum Standards for Consumer Complaint Disclosure to the extent that disclosure of any complaint information will not impede or impair current or future investigations and will not discourage or deter the filing of consumer complaints.

The Board posts all filed accusations, in their entirety, and disciplinary orders on its website consistent with DCA's Memorandum on Web Site Posting of Accusations and Disciplinary Actions (May 21, 2010) and the provisions of BPC section 27. The documents are available using the License Verification option on the home page of the Board's website. In addition, as of July 1, 2020, AB 1519 (Low, Chapter 865, Statutes of 2019) amended BPC section 1673, subdivision (d), requiring the Board to post detailed licensee probationary status and related information that is easily accessible; the Board is in compliance with this requirement. In addition, the Board posts monthly Hot Sheets, which are a list of all administrative actions filed against licensees by month. These Hot Sheets are also included in the Board's semiannual newsletter.

55. What information does the Board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

The Board provides the following information to the public through the BreZE database:

- Licensee's name
- Address of record
- License status
- License type
- Issue date
- Expiration date

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- Associated permits, endorsements, and licenses
- Disciplinary/enforcement actions (including accusations and disciplinary orders)

Upon request, the Board provides records of licensure and enforcement actions in accordance with the California Public Records Act (Gov. Code § 7920.000 et seq.), the Information Practices Act of 1977 (Civ. Code § 1798 et seq.), and BPC section 27.

56. What methods are used by the Board to provide consumer outreach and education?

The Board provides outreach presentations requested by dental schools, local dental societies, legislators, professional associations, and others. When the Board conducts presentations, Board staff explain the laws related to the dental profession, the Board's composition and purpose, and the various licenses and permits that the Board issues. The Board also distributes email to interested parties via Listserv.

The Board also networks with professional organizations, such as the California Dental Association (CDA), California Association of Oral and Maxillofacial Surgeons (CALAOMS), California Academy of General Dentistry, California Society of Pediatric Dentistry, California Association of Dental Assisting Teachers (CADAT), California Dental Assistants Association (CDAA), California Association of Orthodontists, Foundation for Allied Dental Education (FADE), and The FADE Institute, Inc. Outreach events were halted during the COVID-19 pandemic, but the Board has resumed attending events and conducting online meetings with dentistry, dental assisting program, and stakeholder groups in 2023.

In fiscal year 2022–23, Board staff attended outreach events, such as the CADAT/CDAA Conference and the Fresno Community Resource Fair, and gave presentations for local organizations, such as the Los Angeles Dental Society. Board staff created an enforcement PowerPoint presentation and other resources that will be posted on the Board's website and provide information on the Board's composition, purpose, and functions.

During fiscal year 2022–23, Board staff have also reinstated a newsletter, which features various articles relating to licensing, complaints, and enforcement functions and activities. The Board has also reactivated its Twitter account.

Section 6 – Online Practice Issues

57. Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the Board regulate online practice? Does the Board have any plans to regulate internet business practices or believe there is a need to do so?

The online practice of dentistry has grown since the Board's previous sunset review. There are several online providers of dental treatment that have become prevalent and provide services ranging from orthodontia to nightguard treatment offered to the public through an online platform.

Over the past ten years, several bills have addressed the practice of dentistry online (via telehealth). AB 1174 (Bocanegra, Chapter 662, Statutes of 2014) established limitations for

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dental auxiliaries aiding a dentist in completing a comprehensive diagnosis and treatment plan for a patient using telehealth. (BPC § 1684.5.) The Board's most recent sunset bill, AB 1519 (Low, Chapter 865, Statutes of 2019) made several changes regarding the practice of dentistry by telehealth. AB 1519 required telehealth dental services providers to make available the name, telephone number, practice address, and California state license number of any dentist involved in the provision of services to a patient prior to the rendering of services and when requested by a patient, and post licensure notice in a conspicuous location accessible to public view and accessible electronically for patients receiving dental services through telehealth. (BPC §§ 1611.3 and 1683.1.) AB 1519 also clarified that all laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice that apply to a health care provider under the provider's license shall apply while providing telehealth services. (BPC § 2290.5, subd. (g)). In addition, AB 1519 established grounds for unprofessional conduct for the failure of a treating dentist, prior to the initial diagnosis and correction of malpositions of human teeth or initial use of orthodontic appliances, to perform an examination, including the review of diagnostic dental images. (BPC § 1680, subd. (ah)).

If an online provider offers or performs dental services through telehealth to a person in California, the Board has jurisdiction, even if the provider is not located in California. The online provider must comply with provisions of the Dental Practice Act and state telehealth guidelines to provide dental services to California consumers. An online provider offering dental services to California consumers without a California dentist license or as a California professional dental corporation, as applicable, would be engaging in the unlicensed practice of dentistry.

When complaints are received concerning online practice or teledentistry, the Board must determine what service is being provided, whether a California-licensed dentist is involved, and who or what entity has the records of the treatment. The Board then must obtain the dental records involved in the treatment. This request may involve contacting a Dental Support Organization (DSO) that operates the business side of the practice. The DSO may be in another state and unfamiliar with the requirements of providing records to the Board, so a prolonged exchange can ensue to educate the entity about California law. Once dental records are received, they are reviewed for the following:

- Are the records complete?
- Are the records up to the standards required?
- Are images (X-rays, scans, photos) of diagnostic quality and in a format that can be viewed?
- Do the records clearly identify the providers involved?

Once records are gathered, the case is reviewed by a dental consultant. If the case is determined to have potential violations, it is sent for investigation. If the investigation finds violations of the Dental Practice Act, appropriate action is taken.

The Board has experienced complications when dealing with dental offices that employ a DSO as the "face" of their practice. The complications are compounded when the DSO is in another state, unfamiliar with California law and failing to cooperate.

DSOs typically contract with a dentist or professional dental corporation to provide administrative services for the dental practice. In this regard, the licensed dentist(s) remains responsible for the

diagnosis and treatment provided by the dental practice. Currently, the Board does not have authority to regulate DSOs, so a DSO is not subject to discipline from the Board for violations, such as failing to provide records. However, a California-licensed dentist utilizing the services of the DSO could be subject to enforcement action if the investigation can support discipline.

Currently, the Board does not have plans to regulate internet business practices. As DSOs become more commonplace, especially related to dental services provided through telehealth, it may be necessary for the California State Legislature to clarify the services that may be provided by DSOs and the services that are prohibited from being performed by DSOs, such as diagnosis and treatment plan development.

Section 7 – Workforce Development and Job Creation

58. What actions has the Board taken in terms of workforce development?

The Board continues to participate in legislatively mandated programs for gathering workforce data relating to access to care issues. The requirements for this data collection are found in three bills that were signed into law in 2007 and 2021: AB 269 (Eng, Chapter 262, Statutes of 2007); SB 139 (Scott, Chapter 522, Statutes of 2007); and AB 133 (Committee on Budget, Chapter 143, Statutes of 2021).

AB 269 (codified as BPC § 1715.5)

Pursuant to the requirements outlined in AB 269, the Board has been collecting workforce data since January 1, 2009. It was the intent of the California State Legislature, at that time, to determine the number of dentists and licensed or registered dental auxiliaries with cultural and linguistic competency who are practicing dentistry in California. AB 269 stated: “Collecting data on dentists and dental auxiliaries serving any given area allows for the consistent determination of the areas of California that are underserved by dentists and dental auxiliaries with cultural or linguistic competency.”

Workforce data is collected by means of a workforce survey developed by the Board in accordance with AB 269. Each licensee (e.g., dentist and RDA) is required to complete the survey upon initial licensure and at the time of license renewal. Importantly, however, the survey questions about ethnic background and foreign language fluency are optional. The survey questions include:

- License number
- License type
- Employment status
- Primary practice location (by ZIP code and number of hours worked at that location)
- Secondary practice location (by ZIP code and number of hours worked at that location)
- Postgraduate training

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- Dental practice/specialty and Board certifications or permits
- Ethnic background (optional)
- Foreign language fluency, other than English (optional).

The survey does not include questions related to earnings and benefits, job satisfaction, temporary departure from practice, or the future of working licensees. The online results of the survey are combined with the survey results that are submitted by mail and manually inputted by Board staff into a single data file. DCA downloads the raw data, and the aggregated data is posted to the Board's website, on or before July 1 of each year. The data is also shared with the Department of Health Care Access and Information (HCAI), formerly the Office of Statewide Health Planning and Development (OSHPD).

SB 139

In accordance with SB 139, OSHPD established a health care workforce clearinghouse to serve as the central source of health care workforce and educational data in the state. The Board, along with six other DCA healing arts boards, participated in the design phase of the OSHPD clearinghouse database project (data collection).

The clearinghouse was responsible for the collection, analysis, and distribution of information on the educational and employment trends for health care occupations in California. The activities of the clearinghouse were funded by appropriations made from the California Health Data and Planning Fund in accordance with HSC section 127280, subdivision (h).

OSHPD worked with the Employment Development Department's Labor Market Information Division, state licensing boards, and state higher education entities to collect, to the extent available, all the following data:

- The current supply of health care workers, by specialty.
- The geographical distribution of health care workers, by specialty.
- The diversity of the health care workforce, by specialty, including, but not necessarily limited to, data on race, ethnicity, and languages spoken.
- The current and forecasted demand for health care workers, by specialty.
- The educational capacity to produce trained, certified, and licensed health care workers, by specialty and by geographical distribution, including, but not necessarily limited to, the number of educational slots, the number of enrollments, the attrition rate, and the wait time to enter the program of study.

After the data was collected, OSHPD prepared an annual report to the California State Legislature that did all of the following:

- Identified education and employment trends in the health care profession.
- Reported on the current supply and demand for health care workers in California and gaps in the educational pipeline producing workers in specific occupations and geographic areas.
- Recommended state policy needed to address issues of workforce shortage and distribution.

AB 133

Effective July 1, 2022, AB 133, which impacted healing arts board licensees under DCA, renamed OSHPD as HCAI. AB 133 also eliminated the health care workforce clearinghouse and established the California Health Workforce Research and Data Center (Center) to serve as the state's central source of health care workforce and education data. That bill also established uniform requirements for the reporting and collection of workforce data from health care-related licensing boards by adding BPC section 502. As a result, DCA partnered with HCAI to collect the workforce data.

Board staff began working with the OIS to reconfigure the BreEZe system to include the HCAI survey in the online renewal transactions for all licensees. The BreEZe changes were implemented on July 13, 2022. Licensees who renew are directed to the HCAI website to complete a survey to collect the workforce data required by BPC section 502, subdivision (b), including the following information:

- Anticipated year of retirement
- Area of practice or specialty
- Location of practice
- Educational background
- Gender or gender identity
- Hours spent in direct patient care
- Languages spoken
- National Provider Identifier
- Ethnicity and/or race
- Practice setting
- Sexual orientation
- Work hours
- Disability status

The survey collects critical workforce-related data that will be used to inform stakeholders and for workforce policy development. In accordance with HSC section 128051, the Center will collect, analyze, and distribute information on educational and employment trends for health care occupations in the state. As required by HSC section 128052, the Center also will produce an annual report that identifies education and employment trends in the health care profession; the current supply and demand of the health care workforce, and gaps in the educational pipeline producing workers in specific occupations and geographic areas; and recommendations for state policy needed to address issues of workforce shortage and distribution.

59. Describe any assessment the Board has conducted on the impact of licensing delays.

The Board has not experienced delays in licensing, particularly during the COVID-19 pandemic. Board staff have worked closely with applicants and stakeholder groups to ensure that

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information related to application and licensure requirements is disseminated quickly using email and website alerts. The Board is currently issuing licenses within 30 to 45 days of receipt of a *complete* application package.

60. Describe the Board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

The Board provides outreach presentations requested by dental schools, professional conferences, and local dental societies. When the Board conducts presentations, Board staff educate the student population, faculty, and the dental community about the laws related to the profession, the Board, its composition, purpose, and the various licenses, permits, and certifications that the Board issues. The Board also disseminates emails to the public and the dental industry. These emails offer information pertaining to potential licensees (students) regarding the application, examination, and licensure processes.

The Board also networks with professional organizations such as the CDA, California Association of Oral and Maxillofacial Surgeons (CALAOMS), California Academy of General Dentistry, California Society of Pediatric Dentistry, the California Association of Dental Assisting Teachers (CADAT), the California Dental Assistants Association (CDAA), California Dental Extended Functions Association (Cal-DEFA), the California Association of Orthodontists (CAO), The Foundation for Allied Dental Education (FADE), and the FADE Institute, Inc. Outreach events were halted during the COVID-19 pandemic, but the Board has resumed attending events and conducting online meetings with dental and dental assisting programs and stakeholder groups by request in 2023.

In fiscal year 2022–23, Board staff attended outreach events, such as the CADAT/CDAA Conference and the Fresno Community Resource Fair, and gave presentations for local organizations such as the Los Angeles Dental Society. Board staff created a PowerPoint presentation on enforcement and other resources that provide information on the Board's composition, purpose, and functions. The presentation has been posted on the Board's website. Board staff will be available to present such information to stakeholder groups and schools upon request.

The Board meets with the staff of California dental schools on a regular basis to discuss new updates for pathways to licensure. These meetings usually include the registrar, delegates, or the dean. Additionally, the Board posts updates pertaining to licensing requirements and the licensing process on its webpage, as well as sending email blasts and alerts when applicable. During fiscal year 2022–23, Board staff have also reinstated a newsletter that features various articles relating to licensing, complaints, and enforcement functions and activities.

61. Describe any barriers to licensure and/or employment the Board believes exist.

Board staff have identified issues with the requirements for licensure by credential (LBC) under BPC section 1635.5. These include out-of-state dentist license requirements, clinical practice experience, residency credit, and proof that the applicant has not failed the WREB or the ADEX examination.

The LBC statute, BPC section 1635.5, subdivision (a)(6), requires applicants to provide proof that the "applicant has not failed the examination for licensure to practice dentistry under this chapter

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within five years prior to the date of his or her application,” and does not allow for an applicant who has subsequently passed the examination to qualify for licensure.

Similarly, the LBR statute, BPC section 1634.1, subdivision (f), also requires applicants to provide proof that the “applicant has not failed the examination for licensure to practice dentistry under this chapter within five years prior to the date of the resident’s application,” and does not allow for an applicant who has subsequently passed the examination to qualify for licensure.

Since the previous sunset report, legislative changes have been made to remove barriers to licensure for dental auxiliaries. SB 607 (Min, Chapter 367, Statutes of 2021), effective January 1, 2022, removes the clinical and/or practical examination requirements to become an RDAEF. Applicants for RDAEF licensure are required to take and pass a written examination.

AB 1707 (Low, Chapter 174, Statutes of 2017), effective August 7, 2017, authorized the Board to suspend the RDA practical examination until January 1, 2020, following a review by OPES. AB 1519 (Low, Chapter 865, Statutes of 2020) made statutory improvements in response to issues raised during the Board's sunset review process and eliminated the suspended RDA practical examination. Applicants for RDA licensure are now required to pass a Combined General and Law and Ethics Written Examination.

62. Provide any workforce development data collected by the Board, such as:

a. Workforce shortages

The Board re-established its Access to Care Committee in 2023. The Committee reviews studies and works in collaboration with various legislative caucuses, as well as other interested parties, including for-profit, non-profit, and stakeholder organizations. The goal is to bring increased diversity in the dental profession.

The Board has met with representatives from the Jewish Vocational Service (JVS), a non-profit working to close opportunity gaps in employment by supporting jobseekers. The meeting was held to discuss how to better help dental assistants interested in becoming licensed RDAs.

The Board has met with representatives from the California Primary Care Association (CPCA) to discuss ways to collaborate to facilitate efficient licensing of dental care providers. CPCA represents not-for-profit community health centers who provide health care services, primarily for low-income, uninsured, and underserved Californians.

The Board also continues to work with the professional organizations listed in the response to Question 60. The goal is to address workforce shortages through Board action, for example, through the legislative proposals included in this report.

The Board does not collect workforce development data on workforce shortages.

b. Successful training programs

The Board does not currently have the staff or the funding available to provide training programs for licensees or perform independent studies on workforce shortages and training programs. Thus, the Board has not collected such data. The Board relies on associations and schools to

provide training; the associations and schools may compile workforce shortage information and information on training programs.

63. What efforts or initiatives has the Board undertaken that would help reduce or eliminate inequities experienced by licensees or applicants from vulnerable communities, including low- and moderate-income communities, communities of color, and other marginalized communities, or that would seek to protect those communities from harm by licensees?

The Board is making efforts to become more engaged in communities throughout California. At the August 17–18, 2023 Board meeting, the Board moved to authorize its re-established Access to Care Committee to take action on four items:

- Explore strategies to improve licensure examination transparency, which includes adding more content to candidate information bulletins to assist with examination preparation.
- Evaluate the impact of examination administration time on candidates whose second language is English.
- Survey candidates to determine how they study for examinations and why they are failing them.
- Analyze the pathways to licensure for RDAs to determine if the pathways are facilitating access to practice in a fair and valid manner.

Since the end of the COVID-19 pandemic, Board staff have resumed attending community outreach events and participating in for-profit, non-profit, and stakeholder organization meetings. See the responses to Questions 60 and 62 above.

The unlicensed practice of dentistry impacts vulnerable communities. In September 2023, the Enforcement Division made a focused effort to respond to 22 reported cases of unlicensed activity. This operation included a joint investigation with the Los Angeles County Department of Public Health Radiation Management Program. The Radiation Management Program assisted by conducting inspections of dental labs and facilities that were operating with X-ray machines and radioactive material sources. The Radiation Management Program conducted inspections to ensure that guidelines and procedures for radiation safety were being followed by the users and operators, and to protect patients from unnecessary radiation exposure from X-rays and radioactive devices. This operation resulted in ten arrests: eight misdemeanor arrests with a notice to appear in court for practicing dentistry without a license; one misdemeanor arrest with a notice to appear in court for aiding and abetting the practice of dentistry without a license; and one felony arrest for aiding and abetting the practice of dentistry without a license.

Section 8 – Current Issues

64. What is the status of the Board’s implementation of the Uniform Standards for Substance Abusing Licensees?

The Board has been using the Uniform Standards for Substance Abusing Licensees since April 1, 2014, when the Board’s regulation (CCR, tit. 16, § 1018.01) and document entitled “Uniform

Standards Related to Substance-Abusing Licensees with Standard Language for Probationary Orders,” incorporated by reference in the regulation, became operative.

65. What is the status of the Board’s implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?

Based on the CPEI recommendations from DCA, the Board implemented three regulatory packages. The initial CPEI regulations became operative on March 9, 2012. The initial regulatory package further defined unprofessional conduct and gave the Board the authority to require examination of an applicant who may be impaired by a physical or mental illness that may affect competency. (CCR, tit. 16, §§ 1018.05 and 1020, subs. (a).) The second regulatory package became operative on January 1, 2015. It ensures that individuals who have violated the laws relating to sexual misconduct will be effectively disciplined in a manner that will protect the public. (CCR, tit. 16, § 1018, subs. (c) and (d).) The final regulatory package went into effect on July 1, 2016. This rulemaking authorized the Board’s Executive Officer to approve settlement agreements for the revocation, surrender, or interim suspension of a license without requiring the Board to vote to adopt the settlement, reducing the timeline for resolution of such disciplinary cases and providing better protection of the public. (CCR, tit. 16, § 1001, subs. (b).)

66. Describe how the Board is participating in development of BreEZe and any other secondary IT issues affecting the Board.

The Board has extensively participated in the development and implementation of the BreEZe computer system for Board use. Board staff participated in initial testing, updates, and training programs and exercises to identify programmatic issues. On an ongoing and as-needed basis, Board staff continue to test, evaluate, and communicate any issues or problems that arise to OIS. Board staff also participate in quarterly licensing and enforcement user group meetings, which are held to raise issues that may affect boards and bureaus across DCA.

a. Is the Board utilizing BreEZe?

Yes, the Board has been using the BreEZe computer system since the January 19, 2016 Release 2 date.

• What Release was the Board included in?

The Board was included in Release 2, implemented on January 19, 2016.

• What is the status of the Board’s change requests?

The Board is informed of the BreEZe change requests after submission through a list of release dates from OIS. The current change list has been consistent, and updates occur monthly. The Board’s specific change requests have been implemented quickly, and the cooperation between both parties on updates and any requested changes or information has been very good. With the implementation of legislative and regulatory changes, Board staff continue to work closely with OIS to ensure that requests are tested and completed timely.

- b. If the Board is not utilizing BreEZe, what is the Board's plan for future IT needs?

The Board is currently utilizing the BreEZe system for application processing, license maintenance, and enforcement needs.

- What discussions has the Board had with DCA about IT needs and options?

The Board continues regular discussions with DCA regarding the Board's IT needs and options. Board staff attend quarterly user group meetings and monthly DCA Portfolio Governance Council meetings.

- What is the Board's understanding of Release 3 boards?

The Board's understanding is that Release 3 boards opted to consider the BreEZe system, as well as alternate systems.

- Is the Board currently using a bridge or workaround system?

No, the Board currently uses BreEZe for all licensing and enforcement needs.

At the time of its sunset review, the Board is required to report on pediatric deaths related to general anesthesia in dentistry (BPC, § 1601.4, subd. (b)).

Introduction

AB 2235 (Thurmond, Chapter 519, Statutes of 2016), known as Caleb's Law, required the Board to provide a report to the California State Legislature, at the time of its sunset review, on pediatric deaths related to general anesthesia in dentistry. This requirement is codified in BPC section 1601.4, subdivision (b). SB 501 (Glazer, Chapter 929, Statutes of 2018) subsequently amended BPC section 1601.4, subdivision (b), to include pediatric deaths related to deep sedation.

SB 501 also required the Board to review available data on all adverse events related to general anesthesia and deep sedation, moderate sedation, and minimal sedation in dentistry and relevant professional guidelines, recommendations, or best practices for the provision of dental anesthesia and sedation care. (BPC § 1601.4, subd. (a)(1).) In addition, SB 501 required the Board to report to the California State Legislature, by January 1, 2022, any findings relevant to inform dental anesthesia and sedation standards. (BPC § 1601.4, subd. (a)(2).) The Board began collecting data on patient deaths and hospitalizations on January 1, 2017. As required by SB 501, the Board submitted the [Report to the California State Legislature Regarding Findings Relevant to Inform Dental Anesthesia and Sedation Standards](#) on December 22, 2021. The Board received a letter from the Association of Oral and Maxillofacial Surgeons (AAOMS) on November 17, 2021, expressing concerns that the report had omitted provider specificity data, intended patient sedation level data, and AAOMS anesthesia guidelines. It was determined that due to the last-minute nature of the concerns raised by AAOMS, Board staff would review the concerns and submit a supplemental report to the California State Legislature. On May 22, 2022, the Board submitted the [Supplemental Report to California State Legislature Regarding Findings Relevant to Inform Dental Anesthesia and Sedation Standards](#), which provided additional reporting categories and made corrections to the previously submitted report.

These reports of the Board meet the requirement of BPC section 1601.4, subdivision (b). For the purposes of this report, a pediatric or minor patient is defined as a patient under the age of 13. This definition is based on the specifications of SB 501 related to patient monitoring during the administration of general anesthesia, deep sedation, and moderate sedation. (BPC §§ 1646.1, subd. (d), and 1647.2, subd. (c)(2).)

After reviewing data on patient deaths and hospitalizations reported to the Board between January 1, 2017 and August 1, 2023, the Board identified one pediatric death in which general anesthesia or deep sedation was administered during the performance of a dental procedure. This death was investigated by the Board, and the findings appear below.

Background

BPC section 1680, subdivision (z), requires licensees to report all of the following:

- A. The death of a patient during the performance of any dental or dental hygiene procedure.
- B. The discovery of a death of a patient whose death is related to dental or dental hygiene procedure performed by the licensee.
- C. Except for a scheduled hospitalization, the removal to a hospital or emergency center for medical treatment of any patient to whom oral conscious sedation, conscious sedation, or general anesthesia was administered, or any patient as a result of dental or dental hygiene treatment.

Caleb's Law added the requirement that licensee reports be submitted on a form approved by the Board. (BPC § 1680, subd. (z)(2).) In 2017, the Board created the [Courtesy Form for Reporting Dental Patient Death or Hospitalization](#), which is available on the Board's website.

The form includes all of the following information:

- The date of the procedure.
- The patient's age in years and months, weight, and sex.
- The patient's American Society of Anesthesiologists (ASA) physical status.
- The patient's primary diagnosis.
- The patient's coexisting diagnoses.
- The procedures performed.
- The sedation setting.
- The medications used.
- The monitoring equipment used.
- The category of the provider responsible for sedation oversight.
- The category of the provider delivering sedation.
- The category of the provider monitoring the patient during sedation.

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- Whether the person supervising the sedation performed one or more of the procedures.
- The planned airway management.
- The planned depth of sedation.
- The complications that occurred.
- A description of what was unexpected about the airway management.
- Whether there was transportation of the patient during sedation.
- The category of the provider conducting resuscitation measures.
- The resuscitation equipment utilized.

Reported Findings

The Board collected data from all reports submitted to the Board via the Courtesy Form for Reporting Dental Patient Death or Hospitalization between January 1, 2017 and August 1, 2023. The Board also reviewed complaints submitted from patients, as well as from guardians, governmental agencies, and law enforcement. For this reporting period, the Board received 516 incident reports. Of the 516 incident reports, the Board determined that:

- 215 reports related to incidents in which oral conscious sedation, moderate sedation, deep sedation, or general anesthesia was administered, and the patient was subsequently hospitalized.
- 28 reports related to incidents in which oral conscious sedation, moderate sedation, deep sedation, or general anesthesia was administered, and the patient died during or shortly after the dental procedure.

Of the 28 reports of death during or shortly after a dental procedure in which sedation/anesthesia was administered, the Board found 1 report of an incident in which general anesthesia or deep sedation was administered to a pediatric patient resulting in a death during a dental procedure. A summary of the reported death is as follows:

On June 12, 2017, the patient presented for dental rehabilitation under general anesthesia, which was administered by a dental anesthesiologist in a dental office. During the procedure, the patient experienced a life-threatening cardiac rhythm that required emergency medication and defibrillation. The incident was reported to the Board on June 15, 2017. The case was assigned to an investigator on June 15, 2017. The investigative report and all records were sent to an anesthesia expert, who determined that the attending dentist did not deviate from the standard of care in the dentist's care and treatment of the patient. On February 1, 2018, the case was closed with no violation.

Section 9 – Board Actions and Responses to COVID-19

67. In response to COVID-19, did the Board take any steps or implement any policies regarding licensees or consumers? Has the Board implemented any statutory revisions, updates, or changes that were necessary to address the COVID-19 pandemic? Any additional changes needed to address a future State of Emergency Declaration.

Temporary Office Closure and Everyday Operations

In response to state and local stay-at-home orders to help reduce the spread of COVID-19, the Board temporarily closed all offices to the public in March 2020. Following a detailed risk assessment and implementation of the COVID-19 Prevention Plan, offices reopened to the public on June 15, 2020. The Board implemented DCA Telework Policy OHR 22-01. The health, safety, and well-being of the employees of the Board continue to be the daily priority of the Board's management team.

COVID-19 impacted the Board's everyday operations. For example, the Board moved its quarterly Board meeting and other public meetings from an in-person format to an online format until May 2022, when in-person meetings resumed. Online meetings were held through the WebEx platform.

The Licensing Program rapidly developed new procedures to adapt to a telework environment. Application processing times were kept within a 60-day time frame. Enforcement and investigation activities have been modified to incorporate video or telephonic means for conducting interviews and probation updates.

Examinations

For a brief period at the beginning of the pandemic, live, patient-based clinical examination administrations ceased or were postponed, inhibiting the spread of the virus when administering examinations.

On May 28, 2020, notification was sent to dentist license applicants and stakeholders that the Board could accept the manikin-based examinations of the WREB and ADEX, in accordance with BPC section 1632, subdivisions (2)(a) and (b). This change continues to give applicants the option to take a simulated examination or a patient-based examination, which remained available on a limited basis during the COVID-19 pandemic. The Board can accept either option because there is no statutory or regulatory authority to do otherwise. BPC section 1632, subdivision (c)(2), requires that candidates pass a written and clinical examination administered by either WREB or ADEX.

Due to concerns surrounding COVID-19, the examination testing locations at the University of California, Los Angeles and San Francisco dental schools were not available for the administration of the RDAEF clinical and practical examinations scheduled through 2020. The Board worked closely with the dental schools to secure examination dates, which resumed in August 2021. Based upon an occupational analysis conducted for the Board, the RDAEF written examination was revised to include the procedures tested on during the clinical and practical

examinations. The clinical and practical examinations are no longer required as of January 1, 2022.

Continuing Education Waiver

During the pandemic, the Board accepted the Order Waiving License Renewal Requirements (of March 31, 2020) implemented by the DCA Director to waive the completion of CE hours required to renew licenses for six months. As the pandemic continued, the waiver was extended. Licensees and stakeholders were informed of the waiver and that completion of CE was still required, but that the required CE was delayed by six months or the duration of the waiver, whichever duration was shorter.

Communications to Stakeholders

Beginning in March 2020, the Board began a series of communications to inform applicants, licensees, and consumers about important information and actions implemented in response to the COVID-19 pandemic. For example, the following communications were posted describing steps taken to address the pandemic:

- Updates on PSI Test Sites.
- Guidance Relating to Non-Discrimination in Medical Treatment for Novel Coronavirus 2019.
- Executive Order N-39-20 of March 30, 2020, authorizing the DCA Director to waive any of the professional licensing requirements relating to healing arts licensees found in division 2 of the BPC and any accompanying regulations. This included, but was not limited to, the examination, education, experience, and training requirements necessary to obtain and maintain licensure, and requirements governing the practice and permissible activities for licensees.
- California Department of Public Health – COVID-19 Guidance for Dentistry.
- California Department of Public Health – Guidance for Resuming Deferred and Preventative Dental Care.
- Updates on the RDAEF Programs and Applicants – Cancellation of June and August Examinations.
- Safety Protocols and Physical Distancing Measures.
- New Waiver Applicable to Dental Board of California Applicants – Order Extending Time to Satisfy Examination Requirements.
- Update on Waivers Issued to Out-of-State Licensed Providers to Work in California During Declared COVID-19 Emergency.
- DCA Order Waiving Restrictions on Dentists Relating to Ordering and Administering COVID-19 Vaccines, Waiver DCA-21-104 of January 4, 2021 – NOTE: Superseded by DCA Waiver DCA-21-111 of January 27, 2021.
- Update on DCA Order Waiving Restrictions on Internet-Based Continuing Education Training for Dental Professionals.
- Update on DCA Order Waiving License Renewal Requirements.

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- DCA Order Waiving Restrictions on Healthcare Providers with Expired, Inactive or Lapsed Licenses Ordering and Administering COVID-19 Vaccines in Association with State or Local Vaccination Efforts, Waiver DCA-21-140 of March 30, 2021.
- Waiver Applicable to Dental Board of California Applicants – Order Extending Time to Satisfy Examination Requirements.
- DCA Order Waiving License Reactivation or Restoration Requirements.
- Update on DCA Order Waiving Restrictions on Internet-Based Continuing Education Training for Dental Professionals.
- Update on DCA Order Terminating DCA Order Waiving Restrictions on Internet-Based Continuing Education Training for Dental Professionals.
- Changes to Continuing Education Courses Required for License Renewal, effective January 1, 2023.
- Frequently Asked Questions on Initiating and Administering COVID-19 Vaccines.

Implementation of New Vaccine Statutes

To protect the public from the COVID-19 pandemic, AB 526 (Wood, Chapter 653, Statutes of 2021) was enacted as an emergency statute and authorized dentists with specified requirements to independently prescribe and administer influenza and COVID-19 vaccines approved or authorized by the federal Food and Drug Administration for persons three years of age or older, as specified. (§§ 1625.6.) AB 526 also allowed licensed dentists and RDHs to utilize vaccine training programs, as specified, to fulfill CE requirements. (BPC § 1645.2.) To implement and clarify the vaccine statutes, the Board initiated an emergency rulemaking, which became operative on June 23, 2022, followed by submission of a certificate of compliance, filed on January 24, 2023, making the regulation permanent. (CCR, tit. 16, § 1066.)

Addressing Future State of Emergency Declarations

The Board did not request any statutory revisions because of the COVID-19 pandemic. The Board, however, learned several lessons from the pandemic to address a future State of Emergency Declaration. These lessons include actions related to going paperless and to performance management via teleworking. The Board welcomes permanent changes to the Bagley-Keene Open Meeting Act (Gov. Code § 11120 et seq.) to allow meetings to be conducted via an online platform. This would be an option for the Board to use at any time, even when California is not in a state of emergency. The option would save the Board money and time and increase public participation in Board matters. It also would protect Board members, staff, and the public when dangerous conditions arise, without the need to wait for an executive order permitting online meetings.

Section 10 – Board Action and Response to Prior Sunset Issues

Include the following:

1. Background information concerning the issue as it pertains to the Board.
2. Short discussion of recommendations made by the Committees during prior sunset review.
3. What action the Board took in response to the recommendation or findings made under prior sunset review.
4. Any recommendations the Board has for dealing with the issue, if appropriate.

Fiscal Issues

ISSUE #1: Merger of Special Funds. Should the State Dentistry Fund and the State Dental Assisting Fund be merged to simplify and streamline accounting and budgeting processes for the Board?

Background: Following discussions conducted during the Board's previous sunset review, Board staff researched the feasibility of merging the State Dentistry Fund and the State Dental Assisting Funds, in consultation with the DCA Budget Office. Board staff determined that merging the two funds would streamline certain processes. Combining the two separate funds and two separate appropriations into one would create efficiencies in budgeting and accounting processes in the long term and make budgeting issues simpler to understand.

Committees Recommendation: In light of the extensive research that was conducted into the feasibility and benefits of merging the State Dentistry and Dental Assisting Funds in the long term, the Committees recommended that the statute be amended to facilitate the process of combining the funds.

Action: The Board agreed with this recommendation and was given statutory authority to proceed with merging the funds (AB 1519, Low, Chapter 865, Statutes of 2019). The Board worked with the DCA Budget Office to merge the Dentistry and Dental Assisting Funds.

Administrative Issues

ISSUE #2: Dental Hygiene Board of California (DHBC). What is the current state of the Board's relationship with the DHBC, which also regulates licensees involved in the dental profession?

Background: After the dissolution of the Committee on Dental Auxiliaries, the Dental Hygiene Committee of California (DHCC) was formed in 2009 as the only stand-alone regulatory entity for dental hygienists in the nation. The committee was formally renamed the Dental Hygiene Board of California (DHBC) following its sunset review in 2018 in recognition of its functionality as an independent body with fully independent authority to regulate the practice of dental hygiene. The DHBC's sunset extension vehicle also struck language from statute misleadingly stating that the DHBC was an entity "within the jurisdiction of the Dental Board of California."

Committees Recommendation: The Board should provide the committees with an overview of how the Board operates collaboratively with the DHBC and describe whether any adjustments are being made in light of recent statutory changes made during the DHBC's latest sunset review.

Action: The executive officers of the Board and the DHBC have a collaborative relationship. The executive officers accompany their board presidents to each regular meeting to keep each board apprised of the issues of concern and activities of the other board. The lines of communication remain open. The Board and the DHBC work together on enforcement cases when appropriate and collaborated on a legislative proposal, submitted herewith, to revise RDA license applications submitted by RDHs.

ISSUE #3: Board Attorney. Does the Board have sufficient legal counsel?

Background: BPC section 1616 expressly provides the Board with "full power to ... appoint its own attorney, prescribe his duties and fix his compensation." However, the Board does not currently have its own dedicated attorney. Legal representation in disciplinary prosecution is provided by the Licensing Section of the Office of the Attorney General, and DCA offers legal counsel as part of the centralized services it provides to boards, including assistance with rulemaking, addressing legal issues that arise, and supporting the Board's compliance with open meeting laws. However, dedicated board counsel is considered to provide substantial value when questions of law occur regularly enough to warrant the presence of an attorney who specializes in the Dental Practice Act and the Board's areas of jurisdiction.

Committees Recommendation: The Board should give an update on the current structure under which the Board receives legal advice and representation; inform the committees of whether it believes the hiring of dedicated board counsel, as permitted in statute, would be of substantial benefit; and provide any background on why the board attorney position has not been filled.

Action: Although the California State Legislature authorized the appointment of an attorney, ongoing discussions between the Board Executive Officer and the Deputy Director of the DCA Legal Affairs Division resulted in a reasonable solution. The DCA Legal Affairs Division has assigned a legal counsel and a regulations attorney to the Board. The DCA Legal Affairs Division has also filled attorney positions and established a Regulations Unit. These efforts have significantly improved the legal and regulatory services provided to the Board. The Board has received exceptional services and greatly appreciates the collaborative relationship between the DCA Legal Affairs Division and the Board.

ISSUE #4: North Carolina State Board of Dental Examiners v. Federal Trade Commission. Are there any outstanding concerns that the Supreme Court's decision in this case could have implications for the Board?

Background: In 2015, the United States Supreme Court ruled in *North Carolina State Board of Dental Examiners v. Federal Trade Commission* (2015) 574 U.S. 494 that when a state regulatory board features a majority share of active market participants, any allegedly anticompetitive decision-making may not be subject to antitrust litigation immunity under *Parker v. Brown* (1943) 317 U.S. 341 unless there is "active state supervision" to ensure that all

delegated authority is being executed in the interest of the public and not the private commercial interests of the members.

Committees Recommendation: The Board should describe what efforts it has taken to ensure its decision-making is subject to sufficient state supervision so as to provide Board members with confidence that their actions are covered by *Parker* immunity from antitrust allegations.

Action: As part of DCA Board Member Orientation, Board members are provided with information and guidance regarding the North Carolina dental case. The guidance includes the following:

- Remember that the Board's mission is consumer protection.
- Be cognizant of how a Board decision could impact a particular marketplace as compared to the public policy benefits.
- Recognize that individual disciplinary decisions are not likely to trigger antitrust liability.
- Make regulatory and policy decisions after robust discussions that focus on consumer protection.
- Prepare and retain records and minutes that capture those discussions and consult with legal counsel as necessary.

Additionally, when the Board promulgates regulations, there are numerous levels of review in the initial phase of the regulatory process and several levels of review in the final phase of the regulatory process. The process is transparent and allows for public comment and oversight by other state agencies.

Since the most recent sunset review, the Board has been involved in litigation alleging, among other things, Board member violations of anti-competition affecting market participation. The Board has expended significant costs defending against these allegations brought by licensees disciplined by the Board for violations of the Dental Practice Act. To date, no such litigation has resulted in court judgment against the Board.

Education and Examination Issues

ISSUE #5: RDA Practical Examination. Should the practical examination requirement for RDAs be permanently eliminated?

Background: On April 6, 2017, the Board voted to suspend the RDA practical examination as a result of the findings of a review conducted by OPES. This review was prompted by issues highlighted during the Board's sunset review in 2015, when the average pass rate for the RDA practical examination had dropped from roughly 83% in 2014 to between 19% and 38%. AB 179 (Bonilla, Chapter 510, Statutes of 2015) authorized the Board to suspend the examination pending the results of the study. This suspension was then extended until January 1, 2020, by AB 1707 (Low, Chapter 174, Statutes of 2017).

Committees Recommendation: The Board should speak to whether it has received any complaints relating to RDAs that have not passed the suspended practical examination; whether it believes a practical examination is essential to measuring competency of RDAs; and whether it

believes this examination should be revived effective January 1, 2020, or if its current suspension should be made permanent.

Action: After discussions at various stakeholder meetings, and DAC and Board discussion at public meetings, upon recommendation of Board staff, the Board voted to repeal the RDA practical examination requirement. Proficiency in performing RDA abilities occurs after licensure and is related to the RDA gaining further practice and experience in dental offices under dentist supervision. Additionally, the supervising dentist is the ultimate judge and arbiter of the extent to which the RDA demonstrates sufficient proficiency to perform duties. The RDA practical examination was eliminated in the Board's previous sunset bill, AB 1519 (Low, Chapter 865, Statutes of 2019).

ISSUE #6: Portfolio Examinations. Is the Board's portfolio examination process adequately providing pathways to licensure for dental students as an effective alternative to conventional examinations?

Background: Licensure by Portfolio, which became effective on November 5, 2014, enacted an alternative pathway to licensure as a dentist in California. Under portfolio licensure requirements, instead of taking a single examination, students build a portfolio of completed clinical experiences and clinical competency examinations in six subject areas over the normal course of their clinical training during dental school. The portfolio option gives students in California an alternative to being tested on a live patient over the course of one weekend. The applicant's portfolio is assessed for demonstration of experiences and competencies, following a letter of good standing signed by the dean of the applicant's dental school. The applicant must also pass the National Board Written Examinations.

Committees Recommendation: The Board should characterize the success of licensure by portfolio examination and inform the committees of any issues relating to how this pathway to the dental profession impacts students seeking to practice dentistry within and outside California.

Action: Concerns have been raised that because California has the distinction of being one of the first states to pursue this method of qualifying for licensure, dentists who have obtained their license through the Portfolio pathway may face difficulties when seeking reciprocal acknowledgment of qualification by other states. The Board's successful implementation of licensure by portfolio demonstrates the effectiveness of regulatory innovation. However, if applicants are denied license portability as a result of the novel nature of this examination alternative, the Board should consider whether additional steps should be taken to safeguard license mobility.

The Board requested that OPES review the Portfolio Examination for continued use for California licensure of dentists. OPES completed its final confidential report on the Portfolio Examination in June 2023, and a summary was presented at the August 2023 Board meeting. OPES raised several psychometric issues of concern, which were discussed by the Board. OPES recommended that the Board initiate a process to eliminate the Portfolio Examination as a pathway to licensure. Board staff concurred with the recommendation, and the Board chose to accept it. The Board approved a legislative proposal, submitted herewith, to eliminate the Licensure by Portfolio pathway by amending BPC sections 1632, 1632.5, and 1632.55, and repealing BPC section 1632.1.

ISSUE #7: Foreign Dental Schools. Should the current process by which the Board approves foreign dental schools continue?

Background: To obtain dentist licensure in California, the applicant must furnish satisfactory evidence of having graduated from a Board-approved or CODA-accredited dental college. (BPC § 1628, subd. (b).) If the applicant has been issued a degree of doctor of dental medicine or doctor of dental surgery by a foreign dental school, the applicant is required to submit additional documentation, as specified. (BPC § 1628, subd. (b).) Further, an applicant who has been issued a dental diploma from a foreign dental school that has not, at the time of the applicant's graduation from the school, been approved by the Board, shall not be eligible for examination until the applicant successfully completes a minimum of two academic years of education at a dental college approved by the Board, as specified. (BPC § 1628, subd. (e).)

AB 1116 (Keeley, Chapter 792, Statutes of 1997) granted the Board responsibility for approving foreign dental schools, recognizing that "graduates of foreign dental schools who have received an education that is equivalent to that of accredited institutions in the U.S. and that adequately prepares their students for the practice of dentistry shall be subject to the same licensure requirements as graduates of approved dental schools or colleges." Schools outside the U.S. and Canada seeking approval to graduate students eligible for licensure as dentists in California must apply to the Board and undergo an evaluation process, with renewal applications required every seven years. Two foreign dental schools are currently approved by the Board: the University De La Salle School of Dentistry, located in Leon, Guanajuato, Mexico, and the State of Medicine and Pharmacy "Nicolae Testemintanu" of the Republic of Moldova.

Committees Recommendation: The Board should provide background on how foreign dental schools are currently approved and whether accrediting organizations such as CODA should play a larger role in the approval process.

Action: During the Board's previous sunset review, the Board believed that the best way to meet the California State Legislature's desire to ensure that graduates of foreign dental schools have received an education equivalent to that of accredited institutions in the U.S. was for foreign dental schools to complete a CODA accreditation process. CODA has implemented an international consultation and accreditation process for foreign dental schools which was not available when AB 1116 was enacted.

The California State Legislature amended the law with AB 1519 (Low, Chapter 865 Statutes of 2019) to require the Board to stop accepting new applications for schools seeking approval as foreign dental schools effective January 1, 2020. (BPC § 1636.4, subd. (h)(1).) Foreign dental schools are instead required to complete the process of CODA accreditation. (Ibid.) Previously approved foreign dental schools must complete CODA accreditation by January 1, 2024, to remain an approved foreign dental school in California. (BPC § 1636.4, subd. (i).)

With the pending deadline to obtain CODA accreditation to remain an approved foreign dental school in California, SB 607 (Min, Chapter 367, Statutes of 2021) amended the foreign dental school accreditation provisions to clarify the Board approval expiration deadlines and graduate license eligibility. (BPC §§ 1636.5 and 1636.6.) In July 2021, the Board began receiving requests for the Board to assist foreign dental schools whose Board approval was expiring to obtain an extension in the approval/accreditation, and on March 23, 2023, AB 1552 (Reyes, 2023) was gutted and amended to remove the CODA-accreditation provisions enacted in AB 1519. AB 1552

was held in the Assembly Committee on Business and Professions. In response to AB 1552 and the requests for Board assistance, during the Board's May 2023 meeting, the Board's Executive Officer explained in great detail the reasons the Board supported the legislative intent of AB 1519 and believed CODA was the appropriate mechanism to approve foreign dental schools. The Board was informed during the May 2023 meeting that CODA accreditation takes approximately two years. The Board continues to support the intent of AB 1519 and believes CODA accreditation is the appropriate mechanism for review and approval of foreign dental schools.

Enforcement Issues

ISSUE #8: Consumer Products. Does the Board have sufficient oversight over consumer products advertising self-applied corrective treatments for structural or aesthetic oral health conditions?

Background: Within the many professions and occupations regulated in California, the advent of new technologies has enhanced access and ease for service to consumers. Dentistry and oral health are no exception, and individuals seeking a "better smile" are able to participate in a growing marketplace for products enabling consumers to improve their oral health and appearance from the comfort of their homes. As with all services contained within the scope of a profession licensed by the state, however, there is benefit to analyzing the balance between convenience and potential risk of consumer harm.

Committees Recommendation: The Board should speak generally to its authority to oversee consumer products aimed at promoting oral health through self-applied corrective treatments and communicate any recommendations for statutory enhancements to the committees.

Action: Self-applied dental products are regulated by the federal Food and Drug Administration. The Board does not have authority to oversee consumer products aimed at promoting oral health through self-applied corrective treatments. The Board receives complaints regarding self-applied corrective treatments and investigates for violations of the Dental Practice Act.

ISSUE #9: Enforcement Targets. Does available data relating to enforcement timelines suggest any inefficiencies in discipline cases brought by the Board in collaboration with the Attorney General?

Background: Resolving complaints quickly both protects consumers and releases good actors from the cloud of an allegation. Various enforcement time frame targets have been identified for the Board to complete segments of the process for the approximately 3,750 complaints received each year. These targets are important for measuring performance. The targets were identified under the Consumer Protection Enforcement Initiative (CPEI). (BPC § 328.)

Committees Recommendation: The Board should identify what it believes to be any deficiencies in the enforcement process, describe efforts to improve overall enforcement timelines, and offer any available suggestions to improve the current framework for discipline cases brought by the Board.

Action: For the previous five fiscal years, the average number of days to complete the entire enforcement process for cases resulting in formal discipline is 1,142 days. The Board is not meeting the formal discipline target of 540 days. However, the average has improved since the

previous sunset review period. In fiscal year 2015–16, the average number of days was 1,645; in fiscal year 2017–18, the average number of days was 1,863.

The Board has restructured its Enforcement Division, filled critical investigator and inspector vacancies, and is participating in DCA's Enlighten Enforcement Project (EEP). The purpose of the EEP is to make enforcement processes more efficient by identifying and implementing best practices. The project will produce recommendations to streamline and improve enforcement services while reducing time frames and lowering costs through more efficient workflows. The project brings together Board staff, DCA's Organizational Improvement Office (OIO), and SMEs in enforcement and IT.

The Board also has increased the use of citations to address a wider range of violations. Certain practice violations can be more efficiently and effectively addressed through the cite and fine process with abatement and/or remedial education. More serious allegations are submitted to the Office of the Attorney General for potential formal disciplinary action.

Practice Issues

ISSUE #10: Opioid Crisis. What role do dentists play in the ongoing epidemic of opioid abuse and addiction, and how can the Board support efforts to curb overprescribing within the dental profession?

Background: In October 2017, the White House declared the opioid crisis a public health emergency, formally recognizing what had long been understood to be a growing epidemic responsible for devastation in communities across the country. According to the Centers for Disease Control and Prevention, as many as 50,000 Americans died of an opioid overdose in 2016, representing a 28% increase over the previous year. Additionally, the number of Americans who died of an overdose of fentanyl and other opioids more than doubled during that time to nearly 20,000 deaths. These death rates compare to, and potentially exceed, those at the height of the AIDS epidemic.

Committees Recommendation: The Board should describe the efforts it has taken to participate in the state's fight against the opioid crisis, the status of its proposed CE mandate regarding Schedule II drugs, and whether the new requirement that dental professionals consult the CURES database prior to prescribing controlled substances has been successful.

Action: SB 1109 (Bates, Chapter 693, Statutes of 2018) amended BPC section 1645, effective January 1, 2019, to add as an authorized CE subject matter area for dentist licensees courses on the risks of addiction associated with the use of Schedule II drugs. At the February 2019 Board meeting, the Board approved regulatory language that would require dentists to take two units of mandatory CE every two years upon license renewal. At a minimum, course content for a Board-approved course on the responsibilities and requirements of prescribing Schedule II opioid drugs must include the practices for pain management in dentistry, regulatory requirements for prescribers and dispensers, and dental office procedures for managing vulnerable or substance use disorder patients. In October 2021, the Board submitted a rulemaking file to the Office of Administrative Law to amend CCR, title 16, sections 1016, 1016.2, and 1017. The rulemaking file was approved on September 7, 2022, and became effective on January 1, 2023.

ISSUE #11: Probation Disclosure. Should dental professionals placed on probation by the Board be required to disclose their probation status to patients in a manner similar to other healing arts licensees?

Background: SB 1448 (Hill, Chapter 570, Statutes of 2018) enacted the Patient's Right to Know Act of 2018, requiring various healing arts licensees on probation for certain offenses to provide their patients with information about their probation status prior to the patient's first visit following the probationary order. This patient notification requirement was effective as of July 1, 2019. Licensees covered by SB 1448 included physicians and surgeons, podiatrists, chiropractors, acupuncturists, and naturopathic doctors. SB 1448 did not, however, include dentists. If the ultimate objective of probation disclosure is to protect patients from being unknowingly placed in vulnerable contexts, that is, under treatment by licensees placed on probation for serious offenses, there is no clear reason why dentists should be treated differently and excluded from the patient notification requirement.

Committees Recommendation: The Board should opine on whether probation status disclosure would be a valuable way to protect the public and provide transparency into discipline imposed by the Board.

Action: The Board continues to look for ways to ensure public protection when exercising its licensing, regulatory, and disciplinary functions. In accordance with BPC sections 138 and 1611.3, the Board promulgated regulations that require licensed dentists engaged in the practice of dentistry to provide notice to each patient that (1) the dentist is licensed and regulated by the Dental Board of California and (2) complaints against the dentist should be forwarded to the Board for review and possible disciplinary action. (CCR, tit. 16, § 1065.) The notice is required to include the Board's telephone number and internet address and must be posted prominently in a conspicuous location accessible to public view on the premises where the dentist provides the licensed services.

In accordance with BPC section 27, the Board also posts all citations and disciplinary actions taken against licensees on its website for the consumer to review. Disciplinary actions include, but are not limited to, accusations and Decisions and Orders regarding stipulated settlements, suspensions, and revocations. This information is also included in the Board's newsletter. The Board actively pursues revocation of a license for violations relating to sexual abuse or misconduct, drug or alcohol abuse, criminal convictions that directly involve harm to patient health, and inappropriate prescribing. In these cases, there would likely be no probation, and therefore probation status disclosure would not be necessary.

ISSUE #12: Dynamex. Does the new test for determining employment status, as prescribed in the court decision Dynamex Operations West Inc. v. Superior Court, have any potential implications for licensees working in the dental profession as independent contractors?

Background: In the spring of 2018, the California Supreme Court issued a decision in *Dynamex Operations West, Inc. v. Superior Court* (2018) 4 Cal.5th 903 that significantly confounded prior assumptions about whether a worker is legally an employee or an independent contractor. In a case involving the classification of delivery drivers, the California Supreme Court adopted a new test for determining whether a worker is an independent contractor, which comprises three necessary elements:

1. That the worker is free from the control and direction of the hirer in connection with the performance of the work, both under the contract for the performance of such work and in fact.
2. That the worker performs work that is outside the usual course of the hiring entity's business.
3. That the worker is customarily engaged in an independently established trade, occupation, or business of the same nature as the work performed for the hiring entity.

Commonly referred to as the "ABC test," the implications of the Dynamex decision are potentially far-reaching and could impact numerous fields and industries using workers previously believed to be independent contractors.

Committees Recommendation: The Board should inform the committees of any discussions it has had about the Dynamex decision and whether the ruling has potential to impact the current landscape of the dental profession.

Action: To date, the Board has not received any complaints regarding licensees working in the dental profession as independent contractors.

Implementation Issues

ISSUE #13: Pediatric Anesthesia. Does the Board anticipate a smooth implementation of Senate Bill 501 (Glazer), a recently enacted measure regarding pediatric dental anesthesia?

Background: When SB 501 (Glazer, Chapter 929, Statutes of 2018) was signed into law, it was the culmination of years of policy discussion following the tragic death of young boy while undergoing dental work under anesthesia.

Committees Recommendation: The Board should provide an overview of the actions it has taken to date to prepare for the effective date of SB 501 and discuss any potential obstacles to implementation that may be addressed administratively or by the California State Legislature.

Action: To implement the regulatory changes mandated by SB 501, the Board submitted a legislative Budget Change Proposal (BCP) to request additional staff. After the BCP was approved, the staff positions began to be filled through recruitment, and implementation of SB 501 began. In fiscal years 2020–21 and 2021–22, Board staff worked with SMEs and Board legal and regulations counsels to develop implementing regulations, which the Board approved at the November 2021 Board meeting. In parallel, Board staff worked with OIS to reconfigure the BreZE system to make modifications to existing permits and add two new permit types. Board staff issued notices to anesthesia and sedation permit holders regarding renewing old permits until the SB 501 implementing regulations could take effect and new permits could be issued. The regulations became effective on August 16, 2022, and the BreZE system updates went into production on August 19, 2022. Board staff continue to monitor the BreZE system for issues, and the configuration and maintenance of the BreZE system is ongoing. Board staff have experienced no delays in the processing of initial applications received, and applications are processed timely.

Technical Cleanup

ISSUE #14: Technical Cleanup. Is there a need for technical cleanup?

Background: As the dental profession continues to evolve and as new laws are enacted, many provisions of the BPC relating to dentistry become outmoded or superfluous. The Board should recommend cleanup amendments for statute.

Committees Recommendation: The Board should work with the committees to enact any technical changes to the BPC needed to add clarity and remove unnecessary language.

Action: The Board supports this recommendation and is happy to work with legislative staff to enact any technical changes to the BPC needed to add clarity and remove unnecessary language. In addition, the Board is submitting numerous legislative proposals herewith that, among other things, would provide technical cleanup amendments.

Continued Regulation of the Dental Profession by the Dental Board Of California

ISSUE #15: Continued Regulation. Should the licensing of dental professionals be continued and be regulated by the Dental Board of California?

Background: The health, safety, and welfare of patients are protected by the presence of a strong licensing and regulatory board with oversight over dental professionals. Dentists offer important healing art services requiring substantial training, and they, along with allied dental professionals, are trusted by millions of Californians to competently provide oral health care advice and perform complex dental procedures.

Committees Recommendation: The Board's current regulation of the dental profession should be continued, to be reviewed once again in four years.

Action: The Board supports this recommendation; the Board should be continued with a four-year extension of its sunset date.

Section 11 – New Issues

This is the opportunity for the Board to inform the Committees of solutions to issues identified by the Board and by the Committees. Provide a short discussion of each of the outstanding issues, and the Board's recommendation for action that could be taken by the Board, by DCA, or by the California State Legislature to resolve these issues (i.e., policy direction, budget changes, legislative changes) for each of the following:

1. Issues raised under prior Sunset Review that have not been addressed.

There are no issues raised under prior Sunset Review that have not been addressed.

2. New issues identified by the Board in this report.

New Issue #1: Course Requirements for Unlicensed Dental Assistants

BPC section 1750, subdivision (c), requires an employer of a dental assistant to be responsible for ensuring the dental assistant who has been in continuous employment for 120 days or more has already successfully completed, or successfully completes, Board-approved courses in the Dental Practice Act, infection control, and BLS, as specified, within a year of the date of employment. This requirement allows an unlicensed dental assistant to perform basic supportive dental procedures on patients for a year without taking a course in infection control, which compromises the health and safety of patients and the dental assistant. Further, the 120-day continuous employment requirement is ambiguous with respect to how long an unlicensed dental assistant must be employed before the provisions apply to that dental assistant and their employer.

The Board recommends an amendment to BPC section 1750 to require that unlicensed dental assistants complete an infection control course prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials. This legislative proposal was approved at the August 2021 Board meeting and later combined with the following proposal.

The Board also recommends an amendment to BPC section 1750 to clarify that the requirement for mandatory education courses for unlicensed dental assistants applies to those dental assistants who have been employed, even intermittently, for a year with one employer. This proposal includes the previously approved language requiring unlicensed dental assistants to have completed the infection control course prior to performing any basic supportive dental procedures in which they may be exposed to potentially infectious material. This proposal was approved at the February 2023 Board meeting.

New Issue #2: Specify Time Limits for Acceptance of Course Certifications for Orthodontic Assistant Permit and Dental Sedation Assistant (DSA) Permit Applications and Clarify Board-Approved Course Requirements for Registered Dental Assistant (RDA) Applicants

The course requirements for OA and DSA permit applicants do not specify a time frame for when the courses must be completed prior to permit application. (BPC §§ 1750.2 and 1750.4.) This poses the risk of a permit applicant having completed coursework that is outdated by the time of permit application. Further, the infection control and Dental Practice Act course requirements for RDA applicants lack specific hour requirements (BPC § 1752.1, subd. (e)(1) and (2)), which is not consistent with the requirements for unlicensed dental assistants. RDA applicants should be required to take infection control and Dental Practice Act courses that are at least the same standard as the courses required for unlicensed dental assistants (BPC § 1750, subd. (c)(1) and (2)).

The Board recommends amendments to BPC sections 1750.2, 1750.4, and 1752.1 to add the requirement that applicants for an OA permit or a DSA permit must have completed the required coursework in the Dental Practice Act, infection control, and BLS within five years prior to the date of application. The proposal also would clarify that the Dental Practice Act and infection control courses required for RDA licensure must be two hours and eight hours long, respectively. This proposal was approved at the February 2022 Board meeting.

New Issue #3: RDH Licensure as an RDA and Permitted Duties

Current statutes for an RDH applying for an RDA license effectively require an RDH to satisfy requirements that they would already have completed by virtue of licensure as an RDH. Current statutes also lack clarity about when an RDA may perform certain additional duties.

The Board recommends amendments to BPC sections 1752.1, 1752.4, and 1907 to clarify the requirements for an RDH applying for an RDA license and eliminate redundant requirements. This proposal was reviewed and accepted by DHBC staff and incorporates the proposed changes to BPC section 1752.1 approved in the Board's legislative proposal from February 2022. This proposal was approved at the November 2022 Board meeting.

New Issue #4: Licensure by Credential

Current requirements in BPC section 1635.5 for the Licensure by Credential pathway have prompted many questions and complaints from applicants seeking clarification on several aspects of the requirements: what qualifies as "otherwise restricted" under the law; minimal practice requirements for licensure; residency credit towards licensure; changes in clinical practice contracts; and what constitutes failure to comply or complete those contracts and the consequences to the underlying license.

The Board recommends an amendment to BPC section 1635.5 to clarify clinical practice work requirements and how much credit residency programs will count towards the total hours required for licensure. The legislative proposal also would add a requirement for those seeking work credit through a contractual agreement to teach and/or practice dentistry to submit written documentation verifying compliance with the requirement. It further would specify how many hours per week an applicant must work and/or teach under such a contractual agreement. The proposal would grant the Board authority to cancel the temporary license granted under this statute if it finds that the licensee has not met the terms of the contractual agreement, as applicable. This proposal was approved at the February 2023 Board meeting.

New Issue #5: Fictitious Name Permits and Dental Corporation Names

Applicants for Fictitious Name Permits have sought from Board staff clarification on the following aspects of the permit requirements: the application process; the allowable family name, specifically relating to past or prospective associates, partners, shareholders, or members of the group; the permit fees and term; and reporting changes in the practicing dentists at the location.

The Board recommends amendments to BPC sections 1701.5 and 1804 to expand and clarify the information that applicants must provide in support of their permit application, eliminate the family name requirement, and establish reporting procedures for when a named dentist has left the business. This proposal was approved at the August 2022 Board meeting and revised at the February 2023 Board meeting.

New Issue #6: Display of Licensure

Existing law provides that a person engaging in the practice of dentistry without causing to be displayed in a conspicuous place in the person's office the name of each and every person

employed there in the practice of dentistry is guilty of a misdemeanor. (BPC § 1700, subd. (c).) Licensees have asked Board staff for clarification on what constitutes a “conspicuous location” and whether or not licenses must be displayed in addition to the names of the licensees.

The Board recommends an amendment to BPC section 1700 to specify the requirements for the display of a license, permit, or registration in terms of the location for display; the persons employed at the office who must display a license, permit, or registration; and what must be displayed. This proposal was approved at the February 2023 Board meeting.

New Issue #7: Frequency and Location of Board Meetings

Unless otherwise provided by statute, existing law requires DCA boards to meet at least two times each calendar year, at least once in north California and once in southern California. (BPC § 101.7, subd. (a).) However, the Dental Practice Act requires the Board to meet regularly once each year in the San Francisco Bay area and once each year in southern California (BPC § 1607). Board staff consider the current requirement to hold one meeting each year in southern California and one meeting each year in the San Francisco Bay Area too restrictive.

The Board recommends repealing BPC section 1607 to allow the Board, in accordance with BPC section 101.7, to meet once in northern California and once in southern California each year rather than once in the San Francisco Bay Area and once in southern California. This proposal was approved at the February 2023 Board meeting.

New Issue #8: Anesthesia and Sedation Permits

SB 501 (Glazer, Chapter 929, Statutes of 2018) was a significant overhaul of the Dental Practice Act provisions on anesthesia and sedation permits. While implementing SB 501, Board staff identified several areas in the general anesthesia and sedation statutes that would benefit from clarification and/or technical cleanup.

The Board recommends amendments to multiple BPC sections related to SB 501. These amendments would provide technical cleanup and clarification to the new laws related to anesthesia and sedation established through SB 501. The amendments would address the following topics:

- Implementation of the new general anesthesia and sedation permits.
- Fees for general anesthesia and sedation permits.
- Ambiguities in the general anesthesia and sedation permits for physicians and surgeons.
- Outdated language for Oral Conscious Sedation for Adults certificates.
- CE requirements and expiration dates for Pediatric Minimal Sedation Permits.
- Physical presence requirements when administering or ordering the administration of general anesthesia or sedation.
- Confidentiality concerns over submission of patient case information.
- Pediatric Minimal Sedation Permit requirements for physical evaluation and medical history.

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- The definition of “good standing” and moving the good standing requirement to the sections on permit applications.
- Which kind of permit (and endorsement, if applicable) a permit holder should have, if not already specified.
- Make the medical recordkeeping requirements consistent with similar requirements in Board regulations.
- Ensure patient safety and compliance with MS administration requirements by requiring that all MS procedures, including those performed to obtain an MS permit, in a private dental office meet MS Permit and/or pediatric endorsement office, facility, and staff requirements for MS permit holders. These procedures also would need to be performed under the supervision of a California-licensed dentist who holds either a GA or MS permit, with a pediatric endorsement (as applicable), and the one-to-one patient ratio required by BPC section 1682, subdivision (a), would need to be maintained. The proposal also would require that the case information submitted for MS permits be subject to the same confidentiality provisions as the case information submitted for pediatric endorsements.

The proposed changes are to add BPC sections 1646.12, 1647.35, 1647.36, and 1636.37; amend BPC sections 1646.1, 1646.2, 1646.9, 1647.2, 1647.3, 1647.18, 1647.19, 1647.20, 1647.22, 1647.35, 1647.36, and 1724; and repeal BPC section 2079. These proposals were approved at the November 2021, August 2022, and February 2023 Board meetings. The combined and consolidated proposal was approved at the May 2023 Board meeting, and amended at the October 2023 Board meeting to add additional revisions to BPC section 1647.3.

New Issue #9: Licensure by Residency (LBR)

Proposed changes to the Licensure by Credential pathway (New Issue #4 above) will require changes to the LBR pathway to maintain consistency across pathways.

The Board recommends an amendment to BPC section 1634.1 to revise the requirement to provide proof that an applicant has not failed a dental examination within the five years prior to application. The proposal would allow a successful examination completion following a failure to be used for licensure under this pathway. This proposal was approved at the May 2023 Board meeting.

New Issue #10: Elective Facial Cosmetic Surgery (EFCS) Permit and Credentialing Committee

The EFCS Permit and Credentialing Committee has expressed concerns that several permit requirements, as well as the categories of permit, lack clarity and specificity.

The Board recommends amendments to BPC section 1638.1 to overhaul the existing permit requirements. This would eliminate the EFCS Permit and Credentialing Committee and would include the following changes:

- Revise the permit requirements to be consistent with the new anesthesia and sedation permit requirements.

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- Replace the six-year check on continued competency with a requirement for permit holders to complete 24 hours of CE courses related to elective cosmetic surgery in order to renew the permit.
- Add a definition of good standing.

This proposal was approved at the August 2023 Board meeting.

New Issue #11: Cancelled License

Under BPC section 1718.3, a license that is not renewed within five years after its expiration shall not be renewed, restored, reinstated, or reissued thereafter, but the license holder may apply for and obtain a new license after satisfying specified requirements. Board staff have identified several provisions in this statute that are ambiguous and/or redundant.

The Board recommends amendments to BPC section 1718.3 that would make non-substantive clarifying changes to the law and clarify what fees (renewal and/or delinquency) are due if applying for a new license. The proposal also would:

- Remove the separate examination requirement that is redundant with the licensing pathways application requirement.
- Eliminate accrual of delinquency fees after the date of license cancellation.
- Maintain that graduates of a foreign dental school are still able to apply for licensure pursuant to BPC section 1628.

This proposal was approved at the August 2023 Board meeting.

New Issue #12: Issuance of Probationary Licenses

When a license applicant is denied a license, for something such as a criminal conviction related to the practice of dentistry, the normal process is that the applicant will be advised of the license denial and informed of their ability to appeal the license denial. If the license applicant submits a request to appeal the denial, a case is opened and transmitted to the Office of the Attorney General for preparation of an SOI that describes the grounds for license denial. Once the SOI has been served on the license applicant, the Office of the Attorney General may enter discussions with the license applicant to settle the matter through a stipulated settlement that would issue the license with terms and conditions of probation. Once the terms and conditions of the stipulated settlement are finalized by the Board's Executive Officer, Office of the Attorney General, and license applicant, it is signed by the parties and submitted to the Board for consideration. The Board may adopt the stipulated settlement to issue the license on probation, deny the stipulated settlement, or deny the stipulated settlement and propose a counteroffer, which may contain revised terms and conditions of probation.

If the matter is not settled by stipulation, the case will go before an administrative law judge (ALJ) to receive evidence and testimony regarding whether to issue the license. After a hearing on the matter, the ALJ will prepare a proposed decision, which is submitted to the Board for consideration of whether to adopt the proposed decision, adopt the proposed decision with reduced penalties (lessen the terms and conditions of probation, if appropriate), or reject the proposed decision and decide the matter. Cases that are transmitted for formal hearing are costly

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and time-consuming for both the Board and the license applicant. Accordingly, SB 511 (Leslie, Chapter 492, Statutes of 1996) enacted BPC section 1628.7 to authorize the Board to issue probationary licenses. Notably, the Assembly Business and Professions Committee analysis for the May 7, 1996 hearing of SB 511 stated the bill was modeled after provisions similar to those contained in the Medical Practice and Pharmacy Acts. BPC section 2064.7 authorizes issuance of a probationary postgraduate training license to an applicant that does not require compliance with the ADA to issue the probationary license but authorizes an ALJ to hear a petition to modify or terminate the terms of the probation. Similarly, BPC section 2221 authorizes issuance of a probationary physician's and surgeon's certificate without ADA process.

BPC section 1628.7 was intended to provide an efficient and cost-effective path to allow the Board to review license applications and offer probationary licenses to applicants without the lengthy APA process. However, it was recently brought to Board staff's attention that BPC section 1628.7 still requires the APA process before a probationary license can be issued, which is contrary to the anticipated efficiencies intended by the California State Legislature. Board staff believe that amendments to BPC section 1628.7 are necessary to be more consistent with the probationary license procedures of the Medical Board of California, resulting in an easier process both for the Board and for applicants who may be issued probationary licenses.

The Board recommends amendments to BPC section 1628.7 to align the Board's process for issuing a probationary license more closely with the procedure of the Medical Board of California. The proposed amendments to BPC section 1628.7 would:

- Clarify requirements for licensure and add a sentence identifying the Board's ability to deny licensure based on unprofessional conduct.
- Add language to advise that the decision shall be posted on the Board's website.
- Remove subdivision (c) and the requirement to follow Administrative Procedure Act processes to issue a probationary license.
- Add language to advise that a new application cannot be submitted until at least one year has passed from the denial of the application.
- Add language to clarify that an unrestricted license would be issued to the licensee once the probationary term is completed or upon termination of the probationary term.
- Remove subdivision (d), which requires the Board to adopt written guidance regarding probationary assignments, because it is not relevant to the issuance of probationary licenses. The Board's Disciplinary Guidelines With Model Language and Uniform Standards Related to Substance-Abusing Licensees, with Standard language for Probationary Orders incorporated by reference in CCR, title 16, sections 1018 and 1018.01, respectively, provide appropriate guidance regarding probationary terms and conditions.
- Add language to ensure that the statute's intent is clear, and that issuance of a probationary license under this statute would not require adjudication under the Administrative Procedure Act.
- Make other clarifying, non-substantive amendments, including renumbering the subdivisions and removing outdated language.

This proposal was approved at the August 2023 Board meeting.

New Issue #13: Licensure by Portfolio

The Licensure by Portfolio pathway has been used by a small number of applicants since it was established in 2014. Yet, the Board expends significant time and effort to update the examination for this license pathway, and, in the opinion of Board staff, the investment is not justified.

The Board recommends amendments to BPC sections 1632, 1632.5, and 1632.55 and repeal of BPC section 1632.1 to eliminate the License by Portfolio pathway to licensure for dentists. This proposal was approved at the August 2023 Board meeting.

New Issue #14: Enforcement Action and Penalties for Fraudulent Advertising and Misleading Information of Dental Assisting Educational Programs and/or Course Providers

To qualify for the dental auxiliary licensures and permits, applicants are required to complete Board-approved dental assisting educational programs or courses, as specified in statute. The Board currently has authority to approve, provisionally approve, or deny approval of any educational program and course. (CCR, tit. 16, § 1070.) Further, the Board may withdraw approval at any time if it determines that a program or course does not meet the requirements either of the Dental Practice Act or supporting regulations. As a condition for Board approval of an educational program or course, the program director and faculty must maintain a license issued by the Board and be authorized by the Board to perform the procedure they are instructing.

The Board has received information that some dental assisting educational programs or courses are advertising claims of “Board accreditation” or “Board approval” that are either untrue or misrepresent facts. Such fraudulent advertising or other misrepresentations are made to potential students, who may spend time and money to complete the dental assisting program or course but not actually qualify for RDA licensure as the program or course was not actually Board-approved. A course taken by an applicant through a course provider that is not Board-approved must be retaken through a Board-approved provider. Such false or misleading advertising causes financial burden to the applicant, is a barrier to licensure, and impacts the workforce shortage.

Since the Board does not issue a license, registration, or permit to approved dental assisting programs or courses, the Board is unable to effectively discipline the dental assisting programs or courses. The Board may only withdraw or deny program and course approvals due to failure to comply with program and course requirements. (CCR, tit. 16, § 1070, subs. (a)(2) and (4).) To combat fraudulent statements and misrepresentations by dental assisting programs and courses, the Board is seeking authority to pursue administrative enforcement actions beyond withdrawal or denial of program and/or course approval. The Board proposes that such statutory enforcement action may include issuing to an educational program or course in violation of false or misleading advertising a citation with an administrative penalty to be determined by the California State Legislature. This proposal was approved at the August 2023 Board meeting.

3. New issues not previously discussed in this report.

New Issue #15: Interim Therapeutic Restoration and Radiographic Decision-Making Course Requirements

AB 1174 (Bocanegra, Chapter 662, Statutes of 2014), among other things, added BPC section 1753.55, subdivision (d), to require the Board, no later than January 1, 2018, to adopt regulations to establish requirements for courses of instruction in Interim Therapeutic Restoration performed by RDAEFs. The bill required the Board to work on the rulemaking with the DHCC, which was subsequently restructured to be removed from Board oversight and became a separate board, the DHBC (SB 1482 (Hill, Ch. 858, Stats. 2018)).

As instructed by AB 1174, the Board approved at its August 2017 meeting proposed regulatory text for RDAEF determination of radiographs and placement of Interim Therapeutic Restoration (proposed CCR, tit. 16, § 1071.1). This package would establish regulations for courses for RDAEF licensees to learn how to perform interim therapeutic restorations and radiographic decision-making.

After DHBC was restructured as a separate Board as of January 1, 2019, the DHBC separately adopted a regulation that provides curriculum requirements for Radiographic Decision-Making and Interim Therapeutic Restoration Courses for RDHs, RDHAPs, and registered dental hygienists in extended functions. The DHBC regulation, CCR, title 16, section 1109, became operative on January 1, 2022. Meanwhile, the Board's rulemaking was placed on hold pending the outcome of AB 481 (Carrillo, 2023).

AB 481, among other things, would establish Radiographic Decision-Making and Interim Therapeutic Restoration course requirements that were developed with Board staff. AB 481 was held in the Senate Appropriations Committee, and it is uncertain whether that bill will move forward next year.

Since legislative text to establish Radiographic Decision-Making and Interim Therapeutic Restoration course requirements has been reviewed and approved by various stakeholders, including the Board, the Committees may wish to include in a Board sunset bill the legislative text from AB 481 (Sec. 2, prop. BPC § 1741, subd. (n); Sec. 26, prop. am. to BPC § 1753.3; and Sec. 31, new prop. BPC § 1754), as amended on July 12, 2023. Including these course requirements in statute would implement them much sooner than continuing to implement them through the rulemaking process.

New Issue #16: Additional Staff for Cost Recovery Collection

As discussed in Section 4, the Board continues its policy and practice to request full cost recovery for cases that result in administrative discipline. Due to staffing vacancies and higher priority Board activities, it has been challenging to maintain this practice. The Board would benefit from one additional Staff Services Analyst whose primary task would be to track, collect, and maintain the Board's Cost Recovery Program. This position would collaboratively work with the Board's Administrative Services Unit and Enforcement Division, facilitating recovery of important costs.

New Issue #17: Unlicensed Practice

As discussed in Section 4, the Board is taking steps to address unlicensed activity. The Board can issue an administrative citation for unlicensed practice pursuant to BPC section 148 and CCR, title 16, section 1023.7. Pursuant to BPC section 27, the Board is authorized to post on its website enforcement actions against licensees, but that statute is silent on whether the Board can post citations for unlicensed activity.

The Board requests clarifying language to allow the Board to post on the Board's website citations issued for unlicensed activity. The Board believes that providing online access to this enforcement action information will better protect consumers, reducing inequities often experienced by individuals from vulnerable communities.

New Issue #18: Mental Health Continuing Education

Together with the California State Legislature, local officials, labor leaders, and community organizations, Governor Gavin Newsom proposed a modernization of the Mental Health Services Act for the March 2024 ballot. The goal of the effort is to expand access to care for those with severe mental health needs and substance use disorders.

To support the Governor's initiative on mental health and respond to the mental health needs of licensed dentists and dental auxiliaries, Board staff anticipate discussing and making a recommendation to the Board to consider accepting CE units in mental health and wellness to satisfy CE renewal requirements.

Board licensees are required to complete CE credits for license renewal. (BPC, § 1645, subd. (a).) The number of CE credits that must be completed for each type of license upon renewal is specified in CCR, title 16, section 1017, subsection (c). CE courses that are recognized for satisfaction of CE credits are described in CCR, title 16, section 1016. Currently, subsection (b)(2) recognizes CE credit for courses relating to the actual delivery of dental services to the patient or the community, such as "(I) courses in dependency issues and substance abuse such as alcohol and drug use as it relates to patient safety, professional misconduct, ethical considerations or malpractice"; and "(J) courses in behavioral sciences, behavior guidance, and patient management and the delivery of care to all populations including special needs, pediatric and sedation patients when oriented specifically to the clinical care of the patient." Amendments to these provisions are being considered to expand recognition of the effect of personal mental health issues on the practice and delivery of care to patients, particularly as it relates to professional misconduct, malpractice, or ethical considerations.

4. New issues raised by the Committees.