



**DENTAL BOARD OF CALIFORNIA
DENTAL ASSISTING COUNCIL
MEETING MINUTES
FEBRUARY 9, 2023**

The Dental Assisting Council (Council) of the Dental Board of California (Board) met by teleconference/WebEx Events on Thursday, February 9, 2023, with the following location available for Council and public member participation:

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

Members Present:

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

Staff Present:

Tracy A. Montez, Ph.D., Executive Officer
Paige Ragali, Chief of Dental Programs and Customer Support
Carlos Alvarez, Chief of Enforcement Field Offices
Jessica Olney, Anesthesia Unit Manager
Rikki Parks, Dental Assisting Program Manager
Wilbert Rumbaoa, Administrative Services Unit Manager
David Bruggeman, Legislative and Regulatory Specialist
Kelly Silva, Sacramento Enforcement Field Office Investigator
Mirela Taran, Administrative Analyst
Karen Okicich, Office of Professional Examination Services (OPES), Department of Consumer Affairs (DCA)
Bryce Penney, Office of Public Affairs, DCA
Trisha St. Clair, SOLID, DCA
Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division, DCA

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

Council Chair, Ms. Traci Reed-Espinoza, called the meeting to order at 9:05 a.m.; seven members of the Council were present, and a quorum was established.

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

Melodi Randolph, Dental Assisting Alliance representative and President of the California Association of Dental Assisting Teachers (CADAT), brought to the Council's attention Assembly Bill (AB) 481. Ms. Randolph commented that AB 481 was introduced by the California Dental Association (CDA) and authored by Assembly Member Carrillo, and is quite extensive and addresses many areas of the scope of practice for dental auxiliaries. She noted that the Alliance had met with CDA on a number of occasions to discuss the bill, and their questions and concerns had been met with defensive rebuttal. The Alliance was not entirely opposed to some of the critical changes the bill would make to the dental auxiliary scope of practice, most notably removing the on-the-job training pathway to registered dental assistant (RDA) licensure and replacing it with what CDA was calling a "preceptorship." Ms. Randolph stated the Alliance found many areas of concern in the details and believed the execution of the changes would be extremely difficult given the confusing language of the bill. Ms. Randolph disclosed that the Alliance had hired a lobbyist and would oppose this bill, unless their concerns were fully heard and they are able to work collaboratively with CDA to amend the problematic areas of the language. The Alliance urged all Council and Board members to spend time reading this bill as it would have significant ramifications on the Board and the dental assisting profession at large.

Agenda Item 3: Discussion and Possible Action on November 17, 2022 Meeting Minutes

Motion/Second/Call the Question (M/S/C) (Miyasaki/Pacheco) to approve the November 17, 2022 Meeting Minutes.

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

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

Ayes: Epps-Robbins, Fowler, Miyasaki, Olague, Pacheco, Pliss, Reed-Espinoza.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed and the minutes were approved.

Agenda Item 4: Executive Officer Report

Dr. Tracy Montez shared that Dr. Alan Felsenfeld and Dr. Yogita Thakur were reappointed to the Board, and the Board welcomed its new Assistant Executive Officer, Ms. Christy Bell. She noted that that the Board had 12 vacancies out of its 84 positions and expressed that Board staff was processing licensing applications that had been received at the end of January. Additionally, the Board recently had five new courses

and one program approved. Dr. Montez provided a report on continuing education audits, Schedule II opioid courses, DCA's updated logo, and the Board's upcoming newsletter, which would be released in May.

Chair Reed-Espinoza requested public comment on this item. The Council received public comment.

Joan Greenfield, representing the EF Association, made a comment to Dr. Montez that in the length of time that the Council had been under the purview of the Board, there had never been an Executive Officer respond so quickly to the Association's requests and comments. She voiced that they genuinely appreciate what Dr. Montez, as well as the Council, was doing.

Agenda Item 5: Update on Dental Assisting Examination Statistics

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

Chair Reed-Espinoza requested public comment on this item. There were no public comments made on this item.

Agenda Item 6: Update on Registered Dental Assistant in Extended Functions General Written Examination

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

Chair Reed-Espinoza inquired how many questions were presently on the written examination for the Registered Dental Assistant in Extended Functions 2's (RDAEF2). Ms. Parks responded that there were 100 scorable questions.

Council Member Jeri Fowler noted that in the meeting materials of this agenda item, it stated "educators can encourage candidates to provide comments on any questions that they think are problematic. The Office of Professional Examination Services (OPES) test specialists review the comments regularly". She asked where do candidates provide comments on the questions that they think are problematic. Ms. Parks replied that while the candidate is taking the exam, there is a tool where they can type in questions or concerns, and those are part of the monitoring that OPES conducts. Dr. Montez added that there are various avenues of providing that feedback, including postcards that candidates can take after the exam that they can complete and send in. Additionally, they can also contact the Board, and the Board would forward their comments to OPES.

Council Member De'Andra Epps-Robbins asked at what point was a test question that an individual finds in which they cannot find any validity to and there was no supportive document within their study material to have answered that question eliminated from the exam and whether it was readdressed and the study materials updated. Dr. Montez replied that the exam questions or items go through a rigorous validation process. They are written by subject matter experts (SMEs) who are licensees, reviewed, selected for

a particular exam, and then put on the particular exam form. At all times, the questions are reviewed for licensees to confirm their validity. Dr. Montez stressed it was important to note that when a test question is written, it is written to a reference and to the exam plan. The exam plan is linked to the occupational analysis, which is the large-scale study that determines what are critical competencies that are to be expected at the time of licensure. Dr. Montez reiterated that there was a whole series of exam development steps to ensure the validity of the question. If an item escapes review, which happens occasionally, OPES was monitoring the exam and the statistics; the statistics or the comments would indicate that possibly something had changed, and the item had to be re-evaluated. If that was the case, it was pooled and reevaluated by psychometricians and SMEs and then a decision is made whether to retain it in the exam or to eliminate it. If it is eliminated, the exam is re-scored, and individuals are given credit; candidates are not penalized for questions that may have escaped that intense review process. Dr. Montez also noted that the exam is not tied to the academic school program directly; it is not a final exam but a licensure exam which narrows the focus to what is most critical for entry to licensure.

Karen Okicich voiced that exam questions are developed by SMEs, and every question is tied to that examination outline; it is tied to a specific task and a specific knowledge, and every question is tied from the reference list that is available. She indicated that OPES does monitor those statistics on an ongoing basis to ensure that they are performing as intended. If OPES does see a statistical problem, it will delve further into that issue and take appropriate action to correct that. Furthermore, candidates are welcome to provide comments or input, which OPES will evaluate on a very regular basis and make adjustments if needed.

Chair Reed-Espinoza asked if there was a certain percentage that must be reached before it gets reviewed. Ms. Okicich replied that there was more than one statistic that OPES would look at. There are several different factors that they look at so that it is evaluated on multiple levels. Dr. Montez added that one of the reasons as to why OPES is constantly monitoring the statistics is because the exposure of items will change the difficulty of each question. At times, questions are very hard when it is assessing something new, and over time, it becomes less difficult. She expressed that exam questions are created fairly to challenge the candidate for entry level competence. By the nature of the content of an item, it would fluctuate, which is why each item is looked at every time a form of the exam is put together.

Chair Reed-Espinoza requested public comment on this item. There were no public comments made on this item.

Agenda Item 7: Review of Dental Assisting Licensing Statistics

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

Council Vice Chair Cara Miyasaki verbalized that looking at the “Dental Assisting Applications Approved FY 22/23” on page 26 of the meeting materials, she observed

that in September, there were 846 applications approved, 380 in October, almost 500 in November, and 338 in December. On the “Dental Assisting Licenses Issued in FY 22/23”, from September to October it looked like about less than a thousand licenses were issued. Comparing the numbers of applications that were approved and the numbers that were issued, she wondered what the barrier for these approved applications was to actually taking and passing the exam. She asked if that was something that should be looked at through an educational process and suggested that the Council consider a survey for the applicants who have not applied yet to find out what are the reasons they are not taking the exam.

Council Member Fowler asked what might have caused the 50 percent drop from 2019 to the present on the “Dental Assisting Applications Received in FY 22/23.” Vice Chair Miyasaki noted that she received the American Dental Education Association (ADEA) annual survey of dental assisting programs approved by the Commission on Dental Accreditation (CODA), and their report for the last academic year showed that the dental assisting graduates were down 45 percent among all the CODA approved programs in the United States. She suggested that it was seemingly a reflection of what is happening in California. In response to Vice Chair Miyasaki’s comment about the difference in the approval rate versus the license issue rate, Jessica Olney added that the approval rate for the applications reflects applicants who qualify and meet the requirements to test. The latter chart included those who had passed their examination, had their fingerprint clearance, and met all of the requirements for the license. Candidates are allowed to test before the Board receives their fingerprints and are given approval for testing. She indicated that the wording on that chart may need to be updated as those are applications that are approved to test.

Chair Reed-Espinoza requested public comment on this item. There were no public comments made on this item.

Agenda Item 8: Update and Discussion on Status of Surveys Regarding Registered Dental Assistant in Extended Functions Administration of Local Anesthesia and Nitrous Oxide – Jeri Fowler, CDA, RDAEF, OA, and Traci Reed-Espinoza, RDAEF

Vice Chair Miyasaki noted that looking at the letters of concern from the different organizations, it was evident that a large majority of the letters had to do with curriculum issues and course content. She wondered if this was being considered and something that could be moved forward if the curriculum issues and the robustness of the laboratory and clinical skills met the requirements of dental or dental hygiene programs.

Council Member Fowler stated that the survey gathered data on the procedures performed by RDAEFs that required the administration of local anesthesia, the percentages of cases that required additional administration of local anesthesia during those procedures, the impact of additional administration of local anesthesia on the patients, the use of the nitrous oxide during procedures performed by RDAEFs, the impact that included administration of local anesthesia and nitrous oxide under the RDA scope of practice and what it would have on the patients and on the delivery of dental

health services. She wanted to summarize a few points in the report. She noted that OPES found that the responses from the RDAEFs and the dentist to the survey were consistent. Both the RDAEFs and the dentists reported that the administration of local anesthesia was required for a significant proportion of procedures performed by the RDAEFs. Both also reported that the RDAEFs spent the majority of the time performing these procedures, and both groups reported that administration of the additional local anesthesia was frequently required while RDAEFs were performing those procedures. The dentists who supervised the RDAEFs, as well as the RDAEFs, supported the scope of practice to allow the RDAEFs to administer local anesthesia nitrous oxide after receiving specialized training. Council Member Fowler communicated that to determine if the RDAEF scope of practice should be expanded to include local anesthesia and nitrous oxide, there were two questions that needed to be addressed. The first question being should the scope be expanded. The survey results would show that there was an average of 15 to 20 minutes wait time for patients in pain to receive additional anesthesia before the RDAEF could complete the procedure. Additionally, the survey also showed the majority of dentists and RDAEFs were in support of expanding the scope of practice to include the administration of local anesthesia nitrous oxide after receiving that specialized training. She believed the relevant non-biased survey data supported the decision for expansion of the scope. Ms. Fowler voiced that a discussion needed to occur to determine a robust comprehensive local anesthesia nitrous oxide program for the RDAEF in order to ensure competency. She recommended assigning a committee to this task.

Tara Welch reminded the Council that the Board does not sponsor legislation to expand the scope of practice and that part of the motion appeared to attempt to encourage the Board to expand the scope of practice for RDAEFs. She cautioned the Council on this matter and to perhaps consider limiting the motion to submit the survey to the Board for review. As far as next steps to expand the scope for nitrous oxide for RDAEFs, she voiced that was more of an association issue they would need to bring before the Legislature to expand the scope of practice.

Chair Reed-Espinoza asked if the Council could add to the motion to research possible education requirements for a program. Ms. Welch replied that the Council should consider who might be performing the research as Board staff was overwhelmed and unable to perform this type of research. She noted that if Chair Reed-Espinoza wanted the current subcommittee to research this, she could ask them to do that at this level. Chair Reed-Espinoza expressed that she would like to designate the subcommittee to research possible education requirements.

(M/S/C) (Fowler/Olague) to submit the OPES survey results to the Board for review.

Chair Reed-Espinoza requested public comment before the Council acted on the motion. The Council received the following public comments.

Ms. Greenfield, representing the EF Association, voiced that in the Dental Practice Act (DPA), at the end of the scope of practice for RDAEFs, there was verbiage that stated in addition to all the functions that were listed there, the Board may also add regulatory change. In regard to nitrous oxide, there was no such limit on who can administer nitrous oxide and, therefore, through regulation, according to her interpretation, was something that the Council and the Board could move forward as it would not require statutory change.

Tooka Zokaie, CDA representative, noted that as listed in the meeting materials, on January 30, 2023, CDA sent a letter to the Board sharing their concerns on the proposal to allow RDAEFs the scope of administering additional local anesthesia and nitrous oxide oxygen to patients. She indicated that the eligible dental team members who currently provide this level of sedation have the appropriate level of foundational knowledge in anatomy, pharmacology, and anesthesia; that was different than training to be able to perform the anesthesia or nitrous oxide itself. If the RDAEF scope of practice would expand to include anesthesia and nitrous oxide oxygen to patients, there would be an additional cost and time for proper training to gain foundational knowledge. She noted that was a concern when trying to decrease barriers to licensure. Ms. Zokaie communicated that patient safety is optimized when the most highly trained members of the dental team are providing care, and this expansion could potentially compromise patient safety as outlined in the letter. She added that some of the questions in the dentist questionnaire were leading and biased toward the expansion, and there was language that included the verbiage “benefits if” in the last two questions. As there was no language about potential barriers or concerns, there was a bias in the survey. Ms. Zokaie voiced that overall, they had significant concerns about how this would impact access to care, foundational knowledge, and patient safety.

Dr. Bruce Witcher, CDA, noted that with respect to the survey, there were two populations present. The first survey initially only surveyed RDAEFs, and in the second survey, both dentists and RDAEFs were surveyed. He claimed that both populations had an inherent tendency to want expansion, expressed that there was an inherent bias in the study, and urged the Council to reconsider their proposal.

Dr. Lila Zarrinam, private practice owner and instructor for dental anesthesia to dental hygiene students, voiced that this proposal was aimed towards practices that were larger and trying to get assistance to be able to administer nitrous and anesthesia in a larger setting while the assistants do not have the proper background information. The safety of the patient was at risk due to the fact that the scope of training would be very limited. She stated that students that take anesthesia at the West LA Community College Dental Hygiene program have a background of information when coming into the program and take physiology, medical emergency, dental anatomy, and a vast number of other courses before they take an anesthesia course, which is about a 72-hour clinic where students practice administering anesthesia to each other.

Dr. Kimbrough supported Dr. Witcher's comments and the letters written by CDA, California Dental Hygienists' Association (CDHA), and the California Dental Hygiene Educators' Association (CDHEA). She also supported the statement that the science courses be mandatory to gain a foundation, and voiced that dental hygiene programs require about two years of science courses before someone can enter a hygiene program. She stated that allowing RDAEFs who are on the job trained out of high school to administer anesthesia and nitrous oxide would come with high risks, which includes death. She expressed that there was inherent bias as the survey only addressed RDAEFs and their employers and excluded general dentists and regular hygienists. She did not know that the survey truly was unbiased although she appreciated the work that was put into it and supported the comments that had been made in opposition.

Dr. Michelle Hurlbutt, dental hygiene educator and former educator of dental students, voiced that she had taught research and recommended the Council take a hard deeper dive into that survey. She agreed that in looking at the questions, this research was extremely biased and suggested the Council do a follow-up survey so they can have valuable data to send to the Board.

Heather Moreno commented that an RDAEF does require additional schooling and are not merely on the job trained. She added that there was additional schooling for an RDAEF to be licensed in the state of California.

[The Moderator read into the record Natalie Ferrigno's written comment from the WebEx Question and Answer feature, which stated that she supported Dr. Witcher, CDA, and Dr. Kimbrough's comments, as well as the opposition letter sent in by CDA and was curious as to why this survey was not submitted to the entire licensed dental community.]

Chair Reed-Espinoza called for the vote on the proposed motion. Ms. Taran took a roll call vote on the proposed motion.

Ayes: Epps-Robbins, Fowler, Miyasaki, Olague, Pliss, Reed-Espinoza.

Nays: Pacheco.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

Council Member Fowler commented that the original survey's purpose was to gather data specifically related to patient care when it comes to local anesthesia and reinforcement of that local anesthesia. The original survey had to be given to the RDAEFs and the dentists that supervise those RDAEFs in order to obtain certain data such as finding out if there was a wait time or whether additional anesthesia was

needed. She voiced that was the reason it was specifically given to them and not to the dental community as a whole. Ms. Fowler expressed that there may be a need for another survey once this data is obtained from the offices that are utilizing those RDAEFs.

Council Member Fowler voiced that she wanted to move that the Council assign a committee to discuss an educational program for the local anesthesia nitrous oxide for the RDAEF to ensure competency. She stated that she would like to have a three-member committee, with a hygienist involved. Chair Reed-Espinoza replied that the Council would prefer to do a two-member committee in regard to this research and asked Council Member Fowler if she would like to continue with both of them as members of the committee. Council Member Fowler replied that that would be acceptable.

Ms. Welch clarified that the Council might want to use a two-member group for efficiency's sake. It was not that the Council was trying to not be transparent in discussions and research of these issues, it was to allow the two members to discuss amongst themselves without having to go through the Bagley-Keene Open Meeting requirements for public notice and public meetings if there were three or more members on the committee. She expressed that a two-member group allows the two members to communicate more freely, quickly, and efficiently and get a bunch of research done to present to the Council at the next meeting.

(M/S/C) (Fowler/Reed-Espinoza) to recommend assigning a two-member working group to the task of discussing a robust, comprehensive local anesthesia nitrous oxide program for the EF to ensure competency. Chair Reed-Espinoza seconded.

Ms. Welch inquired, and Ms. Fowler confirmed, the program noted in the motion was an educational program.

Ms. Miyasaki requested the motion separate the two [local anesthesia from nitrous oxide] because she believed there was precedence in Colorado where dental assistants can administer nitrous oxide. She stated perhaps the motion could be divided into two motions where the [local anesthesia and nitrous oxide] would not have to be taught or agreed upon together. Ms. Miyasaki rescinded this request but requested the research be put together with consideration that nitrous oxide is already approved for administration by dental assistants in Colorado.

Ms. Welch inquired whether it was possible for the working group to consider exactly what level of supervision would be required for an RDAEF to perform these functions if they were properly educated. Ms. Welch indicated the Council may be missing the overarching issue. She noted that as Ms. Greenfield pointed out that the Board has the ability to promulgate regulations to list the duties that an RDAEF can perform. However,, she continued, the statute then lists separately the duties that an RDAEF can perform under direct supervision. She thought that the overarching issue was whether

the administration of local anesthesia or nitrous oxide should require direct supervision by a dentist, and if so, then that would require a legislative change, not a regulatory change. Researching all the educational components to administer or perform that task may be able to be put off for a while, as an association seeks a legislative proposal or an author for that to expand the scope for RDAEF duties to administer local anesthesia and nitrous oxide under direct supervision. She asked Council Member Fowler to consider in her motion adding a component for the working group to consider whether an RDAEF's performance of these duties, administering local anesthesia and nitrous oxide, would require direct supervision and whether she wanted to have the working group research an educational program to perform those duties.

Council Member Fowler asked for clarification that if it does require direct supervision, then the Council should not form a committee yet as the Council would need to focus on getting a legislative proposal first. Ms. Welch replied that she was not recommending that the working group, the Council, or the Board prepare a legislative proposal to expand the scope of RDAEF duties under direct supervision. She indicated that she was suggesting that the Council consider whether RDAEF performance of these duties would necessarily require direct supervision. If the Council believed the working group should report back on the issue of whether or not direct supervision would be required, that would be really instructive. If direct supervision by a dentist is necessary for the RDAEF to perform these duties, a legislative proposal would need to be prepared by an outside association, individual, or group because the Board does not prepare or sponsor expansion of scope of practice bills. Council Member Fowler voiced that in order to do local anesthesia and nitrous oxide, it would have to be under direct supervision by a licensed dentist. She vocalized that since the Council was jumping the gun by having a committee to discuss education, she rescinded her motion to put together a working group on the educational program.

Agenda Item 9: Update and Discussion on Research of Dental Auxiliary Certification and Education Requirements and Review of Applicable Statutes and Regulations Regarding Board Approval of Registered Dental Assistant and Registered Dental Assistant in Extended Functions Educational Programs and Courses for Potential Amendments – Joanne Pacheco, RDH, MAOB, and Cara Miyasaki, RDA, RDHEF, MS
Vice Chair Miyasaki summarized the report that she and Council Member Joanne Pacheco finalized, which is available in the meeting materials. She noted that they were requesting additional time to review the results of the survey. However, they had several observations, with one being that there are multiple course approvals containing the same content for a course that has already been approved but it is only submitted due to the course being taught at a different clinical site. This multiplies the amount of work needed for the approval process and the amount of work by Board staff. Vice Chair Miyasaki voiced that the [working group] proposed that once a course has been approved, it would be approved regardless of the clinical site the course is or will be taught at, and this would allow the providers of the courses, such as infection control, coronal polishing, and pit and fissure sealants, to be taught at the actual clinical site where the student or candidate was working in. This would help ensure that the student

is familiar with the equipment, materials, and supplies that are available at their office. Equipment materials and supplies could be supplemented by the provider if anything was missing or needed. She expressed that the two-member working group proposed a motion to change the language for a provider of a dental assistant continuing education course requiring lab, clinical, free clinical, and/or clerical requirements to omit the need to apply for a course that was already approved simply because the course was taught at a different location. This would minimize the number of applications received by Board staff.

Ms. Welch replied that she believed the [working group] was recommending changes to regulations and due to that, the Board would need to give proper notice to the public that the Council was considering changes to the regulations. She recommended moving forward with the staff recommendation to look at the regulations, and at the next meeting, the two-member group could bring forward a regulatory proposal that laid out what their specific proposed amendments would look like.

Dr. Montez voiced that any comments the two-member working group would like to bring forward would be important for the record. However, it would take time to do a thorough review, and it would be unlikely the Council will have anything ready for the May meeting. She voiced that it was beneficial to have ongoing check-ins to talk about this issue as Board staff was uncovering a lot that could be done to streamline, revise, and clarify. Vice Chair Miyasaki shared that the [working group] believed that it was of vital importance that the radiation safety course be modified to make the analog full mouth series optional or actually remove the requirement.

Council Member Rosalinda Olague noted that it was mentioned that the Board had one program applying for a course. She asked if a rough estimate on the number was known if they were individually applying and there are three locations underneath them. Ms. Parks replied that she would look into that and provide information on what the Board currently had approved. Council Member Olague asked what the percentage was that was impacting where they were doing three applications for three locations. Dr. Montez replied that Board staff was happy to look into it and that it was going to be challenging to get the data as there had been a little inconsistency on how it had been tracked and approached. Given this, that was the reason Board staff wanted to streamline the process.

Vice Chair Miyasaki noted that there were still multiple names in multiple locations for the same exact course. She believed that the meeting materials showed there may be program providers that may already be doing this, which was not appropriate. She indicated that it was a barrier for the applicants to travel to a clinical site that might be two or three hours away if they live in a rural area. Ms. Pacheco responded that for clarification purposes, Board staff would continue approving RDA and RDAEF educational programs and courses as currently implemented. Dr. Montez replied that the Board would continue to follow its regulations until something was needed to change that.

Chair Reed-Espinoza requested public comment on this item. The Council received public comment.

Dr. Ariane Terlet, speaking on behalf of CDA, thanked the Council for this discussion and expressed that CDA was sponsoring AB 481 that would create a pathway for dental assistants from states outside of California to apply for licensure. She stated that the Dental Assisting National Board (DANB) coursework completed for the certified dental assistant was substantially similar to the coursework required to be eligible to sit for the RDA exam, specifically Radiation Health and Safety (RHS) and the Infection Control (ICE) coursework. She articulated that this may change the trajectory of the proposition to review applicable statutes and regulations regarding Board approval for RDAs and RDAEFs and requested that the Council table this item until a future Board meeting so that the Council and the Board had the opportunity to review their proposed language and have further discussion. She noted that many of the items that the Council was discussing presently was included in their language.

Dr. Lipsey, director for a number of approved programs at two locations, commented that one thing that concerned him was that he had seen people get a program approved at one location and then become a mass duplication at a number of locations around the state where there was very little supervision. He voiced that that is something that he knew had happened and was happening, and in some instances, some of these unapproved locations have been shut down.

Agenda Item 10: Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code Section 1750 Regarding Unlicensed Dental Assistant Course Requirements

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

Chair Reed-Espinoza voiced her understanding that in Business and Professions Code (BPC) section 1750, subdivision (d)(2), an eight-hour course of infection control was being crossed out. Mr. Bruggeman replied that because of the previously approved proposal, the infection control course was now in subdivision (c) in this full legislative proposal. That language was previously approved by the Council and the Board in 2021. Dr. Montez added that when this was brought to the Council, Board staff was reminded that the Council had looked at the infection control piece earlier. Therefore, it was then decided to implement both of them together and bring it back to the Council to look at the entire package and then move it on to the Board. She verbalized that the Board staff goal was that the Council members approve this proposal as it was stated without substantive changes. As a part of this had already been approved by the Council and the Board, Board staff was recommending that the clarification on the 120 days would be acceptable, and Board staff could continue moving this forward.

Mr. Bruggeman clarified that if the Council opted to take suggested motion option three, only the highlighted text would not go forward, as everything else mentioned had already been approved by the Council and by the Board.

(M/S/C) (Miyasaki/Reed-Espinoza) to recommend to the Board inclusion in the Board's Sunset Review Report of the revised legislative proposal to amend BPC section 1750 to add new subdivision (c) to clarify infection control course requirements, renumber the subdivisions, and amend subdivision (d) to clarify the timing of the completion of the other required courses.

Chair Reed-Espinoza requested public comment before the Council acted on the motion. The Council received the following public comment.

Ms. Randolph, representing the Dental Assisting Alliance, mentioned that they were thrilled with this language. For public safety as well as employee safety and in collaboration with Occupational Safety and Health Administration (OSHA) requirements of needing to have training prior to exposure to blood and opium, this had been long-awaited, and they were excited to see this move forward.

Dr. Marty Lipsey, director of two approved eight-hour infection control programs, expressed that this was a significant positive improvement in language. The only addition to that he wanted to bring up was that it was clear in the wording of subdivision (c) and (d) that the employer is the responsible party. He expressed his uncertainty with whether the employer was responsible for the cost of these programs. If the intention was that the employer should bear the cost, he thought it would be very helpful especially to unlicensed dental assistants.

Dr. Terlet, representing CDA, stated they are supportive of optimizing patient safety and provider training. Currently, unlicensed dental assistants must complete the course within 120 days of employment, which allows for optimal time for foundation training and for understanding the application of the education offered. CDA was in support of changing that language from 120 to a year, as there was currently no evidence of infectious disease outbreaks with the current training protocol for dental assistants. She conveyed that unlicensed dental assistants are learning appropriately on the job and gain context and experience for the more in-depth coursework that they have to complete in a year. Additionally, the two-hour OSHA required bloodborne pathogens course was substantial in offering foundational education to apply infection control measures while performing basic supportive dental procedures involving potential exposure to blood, saliva, and other potentially infectious materials. She voiced that CDA respectfully opposed the need for the infection control class prior to being able to treat patients, and they were introducing legislation that would actually contradict this. This legislation would contradict the opportunity for new dental assistants to start training and practice in the dental office in the time frame that was currently acceptable. Furthermore, dental assistants would not have the context of applicability until initial

exposure to dental offices. She expressed that they ask that this be tabled so that the Council could look at their language moving forward before a decision is made.

In response to Dr. Lipsey's concern about whether or not this proposal would require the supervising dentist to pay the cost of the courses, Ms. Welch reported that this proposal does not change the existing requirement for dentists to ensure the individual has completed the courses. She indicated that the proposal does not include an additional cost component and does not specifically state that the dentist or employer has to ensure and pay the cost of the course. Therefore, the Council was not recommending that the employer pay the cost of the courses. However, that would be potentially a good practice on the part of employers to assist their employees with complying with the law.

Chair Reed-Espinoza called for the vote on the proposed motion. Ms. Taran took a roll call vote on the proposed motion.

Ayes: Epps-Robbins, Fowler, Miyasaki, Olague, Pacheco, Pliss, Reed-Espinoza.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 11: Adjournment

Chair Reed-Espinoza adjourned the meeting at 10:52 a.m.