

BACKGROUND PAPER FOR The Dental Board of California

**Joint Sunset Review Oversight Hearing, March 12, 2024
Senate Committee on Business, Professions, and Economic Development
and Assembly Committee on Business and Professions
IDENTIFIED ISSUES, BACKGROUND AND RECOMMENDATIONS**

BRIEF OVERVIEW OF THE DENTAL BOARD OF CALIFORNIA

History and Function of the Dental Board of California

The Dental Board of California (DBC or Board) is responsible for licensing and regulating dental professionals in California. The DBC was originally created as the Board of Dental Examiners in 1885 during the twenty-sixth session of the California Legislature. Enacted “to ensure the better education of practitioners of dental surgery, and to regulate the practice of dentistry in the State of California,” the original Dental Practice Act (Act) required all persons engaged in the practice of dentistry to register with a board of appointed professionals, with a registration fee of one dollar. The Act further allowed for dentists to voluntarily appear before the board of examiners to demonstrate their “knowledge and skill in dental surgery” in exchange for state certification of their qualifications.

Today, the DBC licenses an estimated 112,000 dental professionals, of which approximately 43,500 are dentists; 46,000 are registered dental assistants (RDAs); and 2,300 are registered dental assistants in extended functions (RDAEFs). The DBC is also responsible for setting the duties and functions of unlicensed dental assistants. Dental hygienists are licensed and regulated by a separate and distinct regulatory body, the Dental Hygiene Board of California.

Statute defines dentistry as “the diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures; and such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation.” Dentists are health care practitioners authorized to write and issue prescriptions for controlled substances. Oral and maxillofacial surgeons are a surgically trained specialty of dentistry that have completed additional residency requirements.

The Dental Assisting Council within the DBC makes recommendations regarding the DBC’s regulation of dental assistants. Three categories of dental assistants are regulated by the DBC, distinguished by what duties they may perform based on their training. This includes unlicensed dental assistants, authorized to perform “basic supportive dental procedures”; RDAs, authorized to perform more complex duties; and RDAEFs, authorized to perform additional restorative procedures following diagnosis and intervention by a dentist.

The current DBC mission statement, as stated in its 2022-2025 Strategic Plan, is as follows:

The Dental Board of California's mission is to protect and promote the oral health and safety of California consumers by ensuring the quality of dental health care within the State.

The DBC’s regulation of dental professionals includes licensing, regulatory, and disciplinary responsibilities. The DBC reviews and approves applications for initial or renewed licensure, determining whether an applicant has sufficient education and training to possess a license, certification, or permit. The DBC also engages in disciplinary activities through its own enforcement division, investigating potential violations of the Dental Practice Act and taking action against professional misconduct. The DBC additionally monitors licensees who have been placed on probation and manages a diversion program for licensees whose practice may be impaired due to abuse of drugs or alcohol.

DBC is comprised of 15 members, including eight practicing dentists, one registered dental hygienist (RDH), one RDA, and five public members. Of the eight practicing dentists, one is required to be a member of a faculty of any California dental college, and one is required to be a dentist practicing in a nonprofit community clinic. The professional members are required to have been in practice for a minimum of five years prior to their appointment. Each board member may serve a maximum of two full four-year terms. The Governor is responsible for appointing three of the public members, the RDA member, the RDH member, and the eight licensed dentist members of the board; the Speaker of the Assembly and the Senate Committee on Rules are each responsible for appointing one additional public member.

All Board meetings are subject to the Bagley-Keene Open Meetings Act. The following is a listing of the current members of the Board:

Name and Short Bio	Appointment Date	Term Expiration Date	Appointing Authority
<p>Alan L. Felsenfeld, M.A., DDS, President 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.</p>	1/26/23	1/1/27	Governor
<p>Joanne Pacheco, RDH, MAOB, Vice President 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</p>	5/19/21	1/1/25	Governor

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 January 1, 2025)			
Lilia Larin, DDS, Board Secretary 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 (AAWD). She is a current board member of the San Diego County Dental Society, where she works as President-elect. She is also 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 (ADPAC). She has also 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 dental 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.	6/1/21	1/1/25	Governor
Steven D. Chan, DDS 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.	4/7/21	1/1/25	Governor
Kevin Cheng Mr. Cheng has been Director of Construction at the City of Hope since 2021 and was a Senior Manager there from 2017 to 2021. He was a Construction Manager for Shapell Properties from 2016 to 2017 and a Project Manager for Prestige Homes from 2013 to 2016. Mr. Cheng earned a Juris Doctor degree from the University of the Pacific, McGeorge School of Law and a Bachelor of Science degree in Business Administration from the University of California, Riverside.	2/29/24		Governor
Robert David Mr. David has been a self-employed Health Care Consultant since 2020. He was Director of the Office of Statewide Health Planning and Development from 2012 to 2020. Mr. Davis earned a Bachelor of Arts degree in Political Science from the University of California, Berkeley.	2/29/24		Governor
Joni Forge, DDS Dr. Forge is a general dentist who has practiced in the Los Angeles area	7/29/22	1/1/25	Governor

<p>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.</p>			
<p>Meredith McKenzie, ESQ 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 Law and a Bachelor of Science in Electrical Engineering from MIT.</p>	8/18/20	1/1/24	Governor
<p>Angelita (Angie) Medina, MHS 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 nonprofits 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.</p>	2021	1/1/25	Speaker of the Assembly
<p>Sonia Molina, DMD, MPH 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.</p>	10/21/20	1/1/24	Governor
<p>Rosalinda Olague, Ph.D.(c), RDA Ms. Olague has been a 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.</p>	4/13/18	1/1/25	Governor

<p>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.</p>			
<p>Yogita Thakur, M.S., DDS Dr. Thakur is a board-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.</p>	<p>1/26/23</p>	<p>1/1/27</p>	<p>Governor</p>
<p>James Yu, M.S., DDS 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.</p>	<p>7/28/20</p>	<p>1/1/24</p>	<p>Governor</p>

The Dental Practice Act requires the DBC to be “organized into standing committees dealing with examinations, enforcement, and other subjects as the board deems appropriate.” DBC has nine Committees, four established in statute and one statutorily designated Council. In addition to those required by law, the DBC has elected to establish several other committees to meet identified needs.

- *Access to Care Committee* maintains awareness of the changes and challenges within the dental community. An ongoing objective is to identify areas where the DBC can assist with workforce development and according to DBC, bring increased diversity in the dental profession. DBC reports that at an August 2023 Board meeting, the Board moved to authorize this committee to:
 - 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.

- *Anesthesia Committee* considers issues concerning the administration of anesthesia to patients, review anesthesia evaluation statistics, and make recommendations to the DBC regarding policy issues relating to the administration of anesthesia during dental procedures.
- *Diversion Evaluation Committee (BPC § 1695.2)* The DBC has established two separate Diversion Evaluation Committees—one in Southern California and one in Northern California. Each committee is comprised 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 DBC.
- *Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee (BPC § 1638.1)* Senate Bill (SB) 438 of 2006 authorized the DBC to issue EFCS permits to qualified licensed dentists and established the EFCS Permit Credentialing Committee to review the qualifications of each applicant for a permit. The Committee is comprised 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 DBC. Committee members review the qualifications of an applicant for an EFCS permit in closed session at Committee meetings. Upon completion of the application review, the Committee makes a recommendation to the DBC on whether or not to issue a permit to the applicant.
- *Enforcement Committee (BPC § 1601.1)* reviews complaint and compliance case aging statistics, citation and fine information, and investigation case aging statistics in order to identify trends that might require changes in policies, procedures, and/or regulations. The Committee also receives updates on the DBC's Diversion Program.
- *Examination Committee (BPC § 1601.1)* reviews examination statistics and receives reports on all examinations administered by the DBC. Any issues relating to examinations may be brought before the Committee by consumers, stakeholders, or board members.
- *Legislative and Regulatory Committee* monitors legislation relative to the field of dentistry that may impact the DBC, consumers, and/or licensees, and makes recommendations to the full board whether or not to support, oppose, or watch the legislation. The Chair attends Senate and Assembly Committee hearings and may meet with legislators if the DBC so directs. The Committee also discusses prospective legislative proposals and pending regulatory actions.
- *Licensing, Certification, and Permits Committee* reviews licensing and permit statistics and looks for trends that might indicate efficiency and effectiveness or might identify areas in the licensing units that need modification.
- *Substance Use Awareness Committee* examines issues related to prescription drug overdoses and develops strategies to address the issue within the practice of dentistry. Originally established as the Prescription Drug Abuse Committee in 2014, in May 2017, it was renamed to the Substance Use Awareness Committee to broaden the focus on all substance use disorders rather than only prescription drug overdoses.

Legislation enacted in 2011 created the Dental Assisting Council within the DBC. The Dental Assisting Council is required to “consider all matters relating to dental assistants in this state, on its own initiative or upon the request of the board, and make appropriate recommendations to the board and the standing committees of the board.” The DBC is required to approve, modify, or reject any recommendations made by the Dental Assisting Council within 120 days of submission of the recommendation to DBC. The Dental Assisting Council is comprised of five RDAs appointed by the DBC, the Board’s RDA member, and another Board member. Two of the five RDA members must be dental assisting educational program faculty members and 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 public safety net or dental health care clinics.

DBC is a member of the American Association of Dental Boards (AADB) and as such, pays annual dues. Since 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. DBC is also a member of the 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), 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.

Fiscal, Fund and Fee Analysis

As a special fund entity, DBC receives no General Fund (GF) support, relying solely on revenue collected from licensees. Renewal fees are collected on a biennial basis with the exception of a Special Permit, which is renewed annually. All revenues are deposited and maintained in one fund, The State Dentistry Fund which supports operating expenses and equipment and personnel services (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 fund reserve. Based on budget projections provided by the Department of Consumer Affairs (DCA), the State Dentistry Fund is currently stable but does show a declining balance in future years due to a projected structural imbalance. In FY 2020–21, a GF loan was made from the State Dentistry Fund in the amount of \$5 million. The loan has not been repaid. The Fund’s reserves are projected to stay stationary but expenditures are projected to increase by three percent, maintaining a healthy fiscal situation through fiscal year (FY) 2027-28, although unforeseen expenditures may cause this to change.

Fund Condition – State Dentistry Fund							
(Dollars in Thousands)	FY 2018–19	FY 2019–20	FY 2020–21	FY 2021–22	FY 2022–23	FY 2023–24	FY 2024–25
Beginning Balance*	\$8,141	\$11,391	\$14,180	\$12,737	\$13,774	\$17,639	\$15,018
Revenues and Transfers	\$16,005	\$16,244	\$13,677	\$18,492	\$19,175	\$18,797	\$18,797
Total Revenue	\$24,146	\$27,635	\$27,857	\$31,229	\$32,919	\$36,436	\$38,815
Budget Authority	\$14,142	\$15,514	\$17,404	\$18,804	\$19,882	\$20,016	\$20,616
Expenditures**	\$11,890	\$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	\$11,280	\$14,318	\$12,447	\$13,519	\$17,639	\$15,018	\$16,823
Months in Reserve	10.2	11.1	8.8	8.9	9.9	8.2	9.1

Expenditures by Program Component (Dental Board of California)* (list dollars in thousands)										
	FY 2018–19		FY 2019–20		FY 2020–21		FY 2021–22		FY 2022–23	
	Personnel Services	OE&E								
Enforcement	\$1,795	\$1,537	\$1,776	\$1,608	\$1,785	\$2,284	\$1,817	\$2,510	\$1,963	\$3,163
Examination	\$1,283	\$780	\$1,270	\$654	\$1,276	\$369	\$1,299	\$802	\$1,404	\$832
Licensing	\$1,833	\$179	\$1,815	\$280	\$1,823	\$347	\$1,856	\$355	\$2,005	\$380
Administration* *	\$1,973	\$179	\$1,958	\$280	\$1,962	\$347	\$2,006	\$355	\$2,152	\$380
DCA Pro Rata	\$-	\$2,289	\$-	\$2,473	\$-	\$2,476	\$-	\$2,695	\$-	\$2,513
Diversion (if applicable)	\$38	\$4	\$38	\$6	\$38	\$7	\$39	\$8	\$42	\$8
TOTALS	\$6,922	\$4,968	\$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 fiscal year.

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

Licensing

DBC has a robust licensing program that ensures licenses and permits are only issued to applicants who meet statutory and regulatory requirements and who are not precluded from licensure based on past incidents or activities. In addition to licensing dentists, DBC issues and maintains licenses and permits for a wide range of professions and services, as noted below, and including dental assisting educational programs and courses:

Additional Office Permit
Dental Sedation Assistant Permit
Extramural Dental Facility
General Anesthesia Permit for Dentists
Mobile Dental Clinic Permit
Oral Conscious Sedation for Adult Patients Permit

Board-Approved Continuing Education Provider Permit
Elective Facial Cosmetic Surgery Permit
Fictitious Name Permit
Medical General Anesthesia Permit for Physicians
Moderate Sedation Permit

Oral and Maxillofacial Surgery Permit for a dually licensed dentist/physician	
Orthodontic Assistant Permit	Pediatric Endorsement for General Anesthesia Permit
Pediatric Endorsement for Moderate Sedation Permit	Pediatric Minimal Sedation Permit
Referral Services Permit	Registered Dental Assistant
Registered Dental Assistant in Extended Functions	Special Permit for Faculty

Applicants for licensure are required to submit proof that they have met certain education requirements. For example, applicants for licensure, with the exception of the Licensure by Credential pathway, as dentists must demonstrate that they have “completed at dental school or schools the full number of academic years of undergraduate courses required for graduation.” The DBC accepts the findings of the American Dental Association Commission on Dental Accreditation (CODA) when they approve a dental school located within the United States. These schools are accredited and re-evaluated by CODA every seven years. There are currently six CODA-approved dental schools in California.

The DBC is also responsible for approving Dental Assistant Educational Programs and Courses, including RDA Educational Programs, RDAEF Educational Programs, Coronal Polishing Courses, Orthodontic Assistant Permit Courses, and other courses whose requirements are outlined in Board statutes and regulations. The approval of several Dental Assisting programs is an administrative responsibility. The Bureau for Private Postsecondary Education, which generally regulates private for-profit colleges, may also approve programs.

In addition to the payment of fees and the completion of prelicensure education requirements, dentist applicants are required to make a final demonstration of their readiness to practice dentistry through one of several pathways:

- *Dentist – Licensure by Credential (LBC)*. Pursuant to 2001 legislation (AB 1428, Aaenestad, Chapter 507, Statutes of 2001) DBC is authorized to license a dentist who is currently practicing in another state, within the United States or a U.S. territory, who meets the specific requirements. There are no national- or California-specific examinations required if applying through the LBC pathway.
- *Dentist – Licensure by Residency (LBR)*. 2006 legislation (SB 683, Aaenestad, Chapter 805, Statutes of 2006) allowed DBC to begin issuing licenses by residency to dentists who complete at least one additional year of clinical training in an advanced education program in general practice or advanced education program in general dentistry residency program that is accredited by CODA, after graduating from an approved dental school, without taking a clinical examination. These individuals must also successfully complete and pass the written California Law and Ethics examination as well as 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 DBC. The applicant must pass a final assessment of the portfolio examination by the end of their dental school program. These individuals must also successfully complete and pass the written California Law and Ethics examination as well as successfully complete and pass the written National Board Dental Examination.
- *Dentist – Licensure by Western Regional Examining Board (WREB)*. Beginning in 2004, individuals who passed the WREB clinical and written examination within five years preceding

the date of the application, as well as successfully completed and passed the written California Law and Ethics examination and National Board Dental Examination, are eligible for licensure.

- *Dentist – Licensure by American Board of Dental Examiners (ADEX)*. AB 1519 (Low, Chapter 865, Statutes of 2019) amended BPC section 1632 to allow DBC to accept the clinical and written examination results of the ADEX examination. DBC voted to accept ADEX results taken and passed on or after November 15, 2019. The individual must pass the ADEX clinical and written examination within five years preceding the date of the application as well as successfully complete and pass the written California Law and Ethics examination and National Board Dental Examination.
- *Registered Dental Assistant (RDA)*. An applicant must pass the RDA Combined General and Law and Ethics examination outlined in the Dental Practice Act. While AB 1519 (Low, Chapter 865, Statutes of 2019) repealed BPC section 1752.3, which explicitly required the examination, language in BPC section 1752.1 referring to RDA Practical Examination remains.
- *Registered Dental Assistant in Extended Functions (RDAEF)*. An applicant must pass the California-specific RDAEF Written Competency Examination outlined in the Dental Practice Act.
- *Orthodontic Assistant (OA)*. An applicant must pass the California-specific OA Written Competency Examination outlined in in the Dental Practice Act.
- *Dental Sedation Assistant (DSA)*. An applicant must pass the California-specific DSA Written Competency Examination outlined in in the Dental Practice Act.

DBC has established performance targets and expectations to issue a dentist license within 90 days of receipt of a completed application and to complete an application for renewal within 30 to 90 days. The Board is exceeding these expectations and reports that in 2023, it processed dentist licenses on average within 38 days and the processing of renewals was completed on average within 5 days.

The Dental Assisting Program has a similar regulation for processing times and is meeting this goal with an average timeframe of 24 days to approve an application that is complete when submitted to DBC. An incomplete application is processed in an average of 159 days, with delays stemming from an applicant not providing the necessary information to complete the application process. The processing of renewals was completed on average within 9 days. DBC saw an increase in applications received for the dentist license in FY 2020–21 of 36 percent from the previous fiscal year, but numbers have remained steady. RDAEF license applications also increased in FY 2021–22, up 31 percent from the previous fiscal year.

DBC identifies applicants who indicate they are military service veterans or spouses through submission of documentation proving military status. The military requires dentists to already have been licensed before they can report for duty in the armed services. DBC will consider military clinical practice hours toward satisfying the 5,000-hour clinical practice requirement for one of the licensure pathways. DBC’s Dental Assisting Unit considers military education, training, and experience if the applicant includes this under the general work experience or education requirements for RDA licensure or for certain permitting. In FY 2022–23, DBC waived fees and requirements for 59 licensees and expedited approximately 165 initial applications for licensure under requirements to do so for military spouses.

All applicants must obtain fingerprint criminal record checks from both the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) prior to the issuance of a license in California. DBC queries the National Practitioner Databank, a confidential information clearinghouse created by Congress to improve health care quality, protect the public, and reduce health care fraud and abuse in the U.S., for dental applicants with issues of concern disclosed on the application or during the application process as well as dental applicants who disclose that they hold a license in another state, territory or province.

Continuing Education (CE)

Dental professionals licensed by the DBC are required to complete CE as a condition of license renewal. Pursuant to regulations, the DBC has adopted standards for the CE of its licensees. 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.

DBC approves providers that in turn may offer licensees coursework to satisfy CE requirements. Course outlines, brochures, and/or summaries are required as part of the application process, but the Board does not approve every individual class offered by an approved provider. Providers of coursework in Infection Control, California Dental Practice Act, and Responsibilities and Requirements of Prescribing Schedule II Opioids are required to submit their course content outlines to DBC for review and approval. 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.

Within the past five fiscal years, the Board received approximately 529 registered provider applications. Of these applications, 354 providers were approved.

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 their 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 their license. Unlicensed dental assistants in California must complete a DBC-approved eight-hour Infection Control course, a DBC-approved two-hour Dental Practice Act course, and a course in Basic Life Support through the American Red Cross or the American Heart Association. General Anesthesia (GA) permit holders must undergo an onsite inspection and evaluation at least once every five years. Moderate Sedation (MS) permit holders must undergo an onsite inspection and evaluation at least once every six years.

As part of the renewal process, licensees certify under penalty of perjury that they have completed mandatory coursework and have taken minimum number of units required for the active license or permit. The DBC is working to conduct random CE audits of one-twelfth of one percent of the total active renewal population for each license type (approximately 15 DDS and 15 RDA licensees per month). Audited licensees are required to supply certificates of completion as proof of meeting the continuing education requirements. If the licensee cannot provide proof of meeting the CE requirements, they are issued a citation and fine. The citation may include an abatement order 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. 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.

Enforcement

The DBC investigates complaints against licensees through its Enforcement Division. The number of complaints received 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. DBC received 4,401 complaints in FY 2022–23 compared to 3,569 in FY 2018–19.

For complaints that are subsequently investigated and meet the necessary legal prerequisites, a Deputy Attorney General (DAG) in the OAG drafts formal charges, known as an “Accusation”. A hearing before an Administrative Law Judge (ALJ) is subsequently scheduled, at which point settlement negotiations take place between the DAG, the licensee and their attorney and DBC staff. Final disciplinary action is subject to a vote by the Board.

DBC prioritizes potential disciplinary cases based on guidelines outlined in the Department of Consumer Affairs’s 2009 (Rev 2017 & 2024) memorandum titled Complaint Prioritization for Health Care Agencies. These guidelines are integrated early in the process during complaint intake and followed throughout the investigation. The standard is for cases to be prioritized during complaint intake with prime consideration assigned to those cases where there has been or is likely to be imminent consumer harm.

Allegations involving patient death, sexual misconduct, pharmaceutical or substance abuse, or physical mental incapacity, as well as unlicensed activity, will receive an “urgent” priority, depending on the details of the allegation. These cases are immediately referred to a sworn investigator. Cases prioritized as “urgent” may reveal the need for immediate action—for example, obtaining an interim suspension order, a temporary restraining order, or compelling a licensee to undergo a mental or physical examination to determine their ability to practice.

Complaints and investigations evaluated as having a “high” priority level include allegations relating to actions that do not pose an immediate threat to the public’s health, safety, or welfare. For example, cases alleging negligence or incompetence, physical or mental abuse (without injury), prescription-related allegations, unlicensed activity (i.e., no-harm), aiding and abetting unlicensed activity, or multiple prior complaints. Depending on the facts behind the allegation, high priority cases may be assigned to a sworn Investigator, or to non-sworn staff. These cases are then also prioritized by investigators based on caseload.

Complaints deemed to be “worked by the board” may include allegations relating to general quality of care, billing fraud, patient abandonment, documentation/records, conviction notifications, out-of-state discipline, and malpractice settlements and judgments. These routine complaints may be assigned to investigators or enforcement staff. After assignment, these too are prioritized within each investigator’s caseload.

DBC reports that the average timeframe to close investigations has improved as investigator positions have been filled and investigator staff have been trained. In FY 2022–23, desk investigations, from assignment to investigation closure, averaged 158 days. For sworn investigations, the average number of days to close a case has improved between FY 2018–19 and FY 2022–23. The average number of days to close a case has been reduced by 25 days, a 93 percent reduction.

Licensing boards often resolve a disciplinary matter through negotiated settlement, typically referred to as a “stipulated settlement.” This may be done, rather than going to the expense of lengthy administrative hearing on a disciplinary matter. According to information from the Citizen Advocacy Center, (a national organization focusing on licensing regulatory issues nationwide) “It is not uncommon for licensing boards to negotiate consent orders [stipulated settlements] 80% of the time or more.” Similar to a plea bargain in criminal court, a licensee admits having violated charges set forth in the accusation and accepts penalties for those violations. A stipulated settlement is not necessarily good or bad from a public protection standpoint. However, it is important for a licensing board to look critically at its practices to make sure that it is acting in the public’s interest when it enters into a stipulated settlement and that it is acting in the best way to protect the public in each of these stipulated decisions.

Over the past five years, the Board has settled 174 cases post accusation. Overall, 28 percent of cases resulted in administrative hearing and 56 percent resulted in settlements. DBC is authorized to recoup costs for enforcement work from licensees and continues to seek full cost recovery related to the investigation and prosecution of cases that result in administrative discipline.

In addition to full disciplinary action against licensees, the DBC has cite and fine authority. 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 DBC’s goal is not to be punitive. Rather, the DBC seeks to protect consumers by getting the subject dentist’s attention, re-educating them, and emphasizing the importance of following dental practices that fall within the community’s standard of care. A variety of factors are considered when deciding whether to issue a citation. DBC’s issuance of administrative citations increased by 70 percent in FY 2022–23 from the previous three FYs. Citations are commonly issued to licensees for violations such as failure to produce patient records, failure to follow Infection Control guidelines, and unprofessional conduct. In addition to using citations to address less egregious violations that would not result in meaningful discipline, the DBC views citation as a means of establishing a public record of an event that might otherwise have been closed without action, and thereby remain nondisclosable. Moreover, citations can address skills and training concerns promptly. In the event that 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. Statute also authorizes the DBC to take disciplinary action for failure to pay a fine within 30 days.

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.

PRIOR SUNSET REVIEW: CHANGES AND IMPROVEMENTS

DBC was last reviewed by the Legislature through sunset review in 2018-2019. During the previous sunset review, 15 issues were raised. In January 2024, DBC submitted its required sunset report to the Senate Committee on Business, Professions, and Economic Development and Assembly Committee on Business and Professions (Committees). In this report, DBC described actions it has taken since its prior review to address the recommendations made. The following are some of the more important programmatic and operational changes, enhancements and other important policy decisions or regulatory changes made. For those which were not addressed, and which may still be of concern to the Committees, they are addressed and more fully discussed under “Current Sunset Review Issues.”

- **DBC transitioned to new leadership, filled important vacancies, and continues to work on staffing efforts.** In November 2022, the Board appointed a new Executive Officer who subsequently hired a new Assistant Executive Officer in December 2022. The Board also promoted an investigator to the new Northern California Enforcement Chief position. The Board filled existing manager vacancies and now all vacant positions are in the selection process. To address staffing issues and challenges, DBC 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.
- **A new strategic plan was adopted.** DBC engaged in the strategic planning process, including taking steps to inform policies, programs and services to more effectively advance equity and respond to identified disparities. DBC adopted a 2022-2025 strategic plan.
- **Updated IT systems are in place to increase efficiency.** In collaboration with the DCA Office of Information Services DBC migrated to Microsoft Teams as a means of increasing real-time collaboration and communication, meetings, and file sharing.
- **Occupational analyses of licensed professions are ongoing and tests are being reviewed.** DBC conducted occupational analyses of the dentist profession, RDA profession, RDAEF profession, OA profession and will undertake an analysis of the DS Analysis position in the coming months in order to ensure that the requirements for new licensees allow them to perform safely and competently at the time of licensure. DBC also requested a review of the Joint Commission on National Dental Examinations (JCNDE) Integrated National Board Dental Examination (INBDE) to evaluate the suitability of the examination for use in California licensure of dentists. The Board requested review of the Joint Commission on National Dental Examinations (JCNDE) Dental Licensure Objective Structured Clinical Examination (DLOSCE) to evaluate whether the exam could be used in evaluating applicants for dentist licensure and if it could serve as an alternative to the ADEX, and in addition to the INBDE. DBC also requested that OPES complete a comprehensive review of the WREB dental examination and requested a technical evaluation following the merger of the WREB and ADEX dental examinations.
- **Regulatory updates are happening.** DBC has responded to various issues and new legislation impacting the program by working to promulgate regulations and further implement new requirements. DBC adopted regulations in 2021 to ensure compliance with AB 2138 (Chiu, Chapter 995, Statutes of 2018) related to the 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. DBC further: increased administrative fine amounts; updated the standard for passing the supplemental examination in California law and ethics required for licensure as dentists; made comprehensive changes to the regulations for the ordering and/or administering of sedation and anesthesia and the associated permits and endorsements, as well as 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); updated CE requirements; and formalized the necessary training, CE, notification, California Department of Public Health immunization registry, and recordkeeping requirements for dentists to continue to administer influenza or COVID-19 vaccines.

- **Required reports have been completed and submitted.** As required by SB 501 (Glazer, Chapter 929, Statutes of 2018) and BPC section 1601.4, subdivision (a)(2), DBC submitted a mandatory *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.
- **Efforts are underway to make enforcement more efficient.** DBC is participating in the DCA's Enlighten Enforcement Project (EEP), 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 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 DBC staff, DCA's Organizational Improvement Office, and subject matter experts in enforcement and IT. DBC also participates in DCA's Enforcement Users Group meetings with other boards and bureaus to report problems encountered by the BreEZe system and regularly reviews all enforcement processes, including enforcement activity tracking in the BreEZe system. DBC management utilizes BreEZe and QBIRT to run reports to analyze case aging, complaint and compliance activities, investigation activities, transmission of cases to the OAG, disciplinary timelines, and tracking of inspections.

CURRENT SUNSET REVIEW ISSUES

The following are unresolved issues pertaining to DBC or areas of concern that should be considered, along with background information for each issue. There are also recommendations Committee staff have made regarding particular issues or problem areas DBC needs to address. DBC and other interested parties have been provided with this Background Paper and DBC will respond to the issues presented and the recommendations of staff.

DBC ADMINISTRATION ISSUES

ISSUE #1: (BOARD COMPOSITION AND ORGANIZATIONAL STRUCTURE.) Is DBC reflective of its licensing population and are there potential efficiencies that could be realized through updated DBC composition or structural changes?

Background: DBC is comprised of 15 members, including eight practicing dentists, one registered dental hygienist (RDH), one RDA, and five public members. DBC's structure includes four statutorily established committees and one statutorily designated council. In addition to those required by law, the DBC has established several other subject or issue-specific committees to meet identified needs.

The statutorily mandated credentialing committee reviews the qualifications of each applicant seeking an Elective Facial Cosmetic Surgery (EFCS) Permit. Established by SB 438 (Migden, Chapter 909, Statutes of 2006), the EFCS Permit Credentialing Committee makes recommendations to DBC about whether to issue or deny a permit to an applicant, but DBC is ultimately responsible for the mechanics of this permitting process. Committee members are not DBC members and in practice, their important work reflects that similar to other highly trained subject matter experts which regulatory entities may consult with or receive specified information from.

DBC recommends a number of changes related to the ECFS permit process in order to improve clarity and reflect other updates to the Act in recent years, including: revising the permit requirements to be consistent with the new anesthesia and sedation permit requirements; replacing 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; and adding a definition of good standing. DBC has also suggested the elimination of the EFCS Permit Credentialing Committee. It would be helpful to understand the additional value a statutorily established review committee has and the cost implications to DBC for this added step in its determination of who should be issued a EFCS permit, particularly if there are rising costs incurred for maintaining committee operations and work as, has been the experience of virtually every DCA program for the past number of years. It would be helpful for the Committees to understand whether the EFCS Permit Credentialing Committee's input can still be provided without a formal, statutory construct and to understand the benefits to either retaining this body or eliminating it and absorbing its functions into DBC operations, given that DBC ultimately determines permit approval or denial. It would be helpful for the Committees to understand whether there are other means by which the oral surgeon profession can advise DBC.

The issue of dental auxiliary professional input at DBC and pathways to appropriate regulation of these licensees has long been a source of Legislative interest. In 1974, the Legislature created the Committee on Dental Auxiliaries (COMDA) to provide advice on the functions of and work settings of dental auxiliaries, including dental assistants and dental hygienists. COMDA was vested with the authority to administer dental auxiliary license examinations, issue and renew dental auxiliary licenses, evaluate auxiliary educational programs, and recommend regulatory changes regarding dental auxiliaries. SB

853 (Perata, Chapter 31, Statutes of 2008) abolished COMDA and transferred the regulation of dental hygienists to a Dental Hygiene Committee within DBC's jurisdiction, and the regulation of RDAs and RDAEFs to DBC. The bill also stated legislative intent that DBC create and implement an effective forum where dental assistant services and regulatory oversight of dental assistants can be heard and discussed in full and where all matters relating to dental assistants can be discussed, including matters related to licensure and renewal, duties, standards or conduct and enforcement. In response to SB 853, in 2009, DBC established two groups to deal with dental assisting issues: The Dental Assisting Committee composed of DBC members and chaired by the RDA appointee to DBC; and the Dental Assisting Forum, composed of RDAs and RDAEFs. The Dental Assisting Committee met at every board meeting and the Dental Assisting Forum held short meetings sporadically. Advocates for dental assistants at the time weighed in during the DBC's 2011 sunset review oversight about frustration related to the practical implementation of these efforts, including a lack of consistency in how these entities met and provided valuable input to DBC. It was determined that the establishment of two groups to deal with dental assisting issues at DBC resulted in a very inefficient and ineffective process so the DBC's 2011 sunset bill (SB 540, Price, Chapter 385, Statutes of 2011) created a formal Dental Assisting Council to provide recommendations on dental assisting matters. At the time, dental hygienists were still regulated by a committee within DBC's jurisdiction – today, dental hygienists are regulated by a standalone Dental Hygiene Board.

Despite the single Dental Assisting Council structure within DBC, concerns remain that dental assisting issues are not effectively promoted at the board level. Dental assistant representatives like the California Dental Assistants Association, California Association of Dental Assisting Teachers, and the California Extended Functions Association note that Dental Assisting Council recommendations made to the DBC are not supported and voted down, regulations packages developed almost 10 years ago have stalled and scope of practice evaluations have not been undertaken appropriately and may not reflect current dentistry needs. It would be helpful for the Committees to understand challenges that may exist from maintaining a separate, but formal entity, within DBC's structure and how dental assistants play a role in DBC oversight of the profession.

Given the costs and workload associated with maintaining entities like the Dental Assisting Council and EFCS within the broader DBC organization, and fact that DBC accepts recommendations from these other entities that do not necessarily have to be acted on, it would be helpful for the Committees to understand whether there is a more meaningful way for DBC to maintain expertise for the regulation of all individuals it licenses and permits.

Staff Recommendation: *DBC should inform the Committees of options that exist to ensure participation at the board level for all licensees. DBC should provide information to the Committees about efficiencies that may be gained in its functions through various organizational efforts, while ensuring that it retains expertise and knowledge about all DBC-regulated professions.*

ISSUE #2: (BOARD MEETINGS.) The Act specifies timeframes and locations for DBC meetings. Is the Act too prescriptive and are updates necessary?

Background: Unless otherwise provided by statute, existing law requires DCA boards to meet at least two times each calendar year, at least once in northern California and once in southern California. (BPC section 101.7 (a)). The Act, however, requires DBC to meet regularly once each year in the San Francisco Bay area and once each year in southern California (BPC section 1607). There are concerns that specific statutory references may be limiting and should be updated so that DBC instead only has to conform to BPC section 101.7 (a).

Staff Recommendation: *DBC should provide the Committees information about the practical impacts of this proposal. The Committees may wish to amend the Act to ensure greater DBC meeting flexibility.*

ISSUE #3: (FOREIGN DENTAL SCHOOL APPROVAL.) DBC relies on accreditation of dental schools to ensure program standards and quality. Accrediting bodies have expertise in educational program oversight that a state regulatory program like DBC does not. DBC appears to be effectively recognizing graduates of foreign dental schools who are eligible for licensure.

Background: Applicants for licensure as dentists in California are required to submit proof to DBC that they have met certain education requirements, including a requirement that they have “completed at dental school or schools the full number of academic years of undergraduate courses required for graduation.” For schools located within the United States and Canada, the DBC accepts the findings of CODA when they approve or reapprove a dental school located within the United States.

Prior to 2015, CODA did not offer an accreditation process for foreign dental schools located outside the United States and Canada, and therefore education programs offered outside those countries could not become approved through the same CODA process. As a result, foreign-trained dental students could not present their degrees to the DBC for purposes of licensure as dentists.

Attempts to solve this issue began in the 1970s, when California allowed international graduates who could pass a restorative technique exam performed to qualify to take the state’s licensure exam, without additional education at a CODA-accredited school. However, concerns grew that this process risked licenses being granted to underqualified foreign-trained dentists, and stakeholders engaged in extensive discussions and negotiations to determine what type of alternative accreditation process could be established for purposes of international schools not eligible for accreditation by CODA.

In 1996, AB 1116 (Keeley) was signed into law, creating a new process through which the DBC itself would approve international dental schools not accredited by CODA. Between 1996 and 2019, only two foreign dental schools were ever approved by the DBC. The first, La Universidad De La Salle Bajío (“De La Salle”) was first approved in 2004 and is located in Leon, Guanajuato, Mexico. The second, the State of Medicine and Pharmacy “Nicolae Testemintanu” of the Republic of Moldova, received a two-year provisional approval in December 2016 and full approval in May 2018.

While the DBC has conducted site visits for one other applicant, no other schools were approved over the approximately 23 years. Over a number of years, policymakers questioned whether continuing to charge the DBC with responsibility for approving foreign dental schools continued to make sense.

In the sunset review background paper during the DBC’s 2015 sunset review oversight, Issue #6 posed the question, “Is the process for approving foreign dental school sufficient? Should the Board consider heavier reliance on accrediting organizations for foreign school approvals if those options become available?” At that time, only De La Salle had ever been approved by the DBC, and the Moldova dental school was struggling to complete its application.

In November 2015, the American Dental Association House of Delegates officially established the CODA Standing Committee on International Accreditation, announcing that a review and approval process for foreign dental schools was now available from the same accrediting entity that had long approved schools located within the United States and Canada.

Following the establishment of the CODA accreditation program for international dental schools, the issue of whether authority should be retained by the DBC was raised once again during the board's sunset review oversight in 2019. In a joint background paper published in February 2019, the Committees asked again: "Should the current process by which the DBC approves foreign dental schools continue?" In its formal response to the background paper, the DBC made the following statement: "The DBC believes that the best way to meet the legislature's need to ensure that graduates of foreign dental schools have received an education that is equivalent to that of accredited institutions in the United States is to require foreign dental schools to successfully complete the CODA international consultation and accreditation process that is currently available to all foreign dental schools."

Another driver behind the Legislature's reconsideration of whether the DBC should continue to approve foreign dental schools came from growing concerns about whether the State of Medicine and Pharmacy "Nicolae Testemintanu" of the Republic of Moldova should have been granted approval by DBC. Shortly following the school's full approval, members of the DBC grew concerned that additional details of the Moldova school's recruitment program and admission standards were not disclosed in the application or to the DBC site evaluation team during the review.

Ultimately, the DBC's 2019 sunset bill finally transitioned the responsibility for approving foreign dental schools from the DBC to CODA. These provisions were strongly supported by the DBC itself, which stated openly that it did not feel it had the resources or expertise to effectively review and approve foreign schools, as evidenced by its approval of the dental school in Moldova. While representatives of the University of Moldova USA Inc. opposed the bill, it was not opposed by De La Salle, which was actively going through the CODA accreditation process.

Both foreign dental schools approved by the DBC remained approved by DBC until January 1, 2024, by which time they are required to have received CODA accreditation. The transition to CODA accreditation only included specific language to ensure graduates of a foreign dental school whose programs were approved at the time of graduation remain eligible for licensure by the DBC.

In 2021, the Legislature was again asked to weigh in on this issue to ensure students currently enrolled at DBC-approved schools were not disqualified from seeking licensure upon graduation. It is unclear why the Moldova school enrolled students in 2019 given that it was made aware, in May 2018, pursuant to the terms of approval, that its DBC-approval would expire December 31, 2023, however representatives indicated that statutory updates were necessary in order to accommodate students whose graduation would not occur until June 2024. In order to ensure students remained eligible for licensure, SB 607 (Min, Chapter 367, Statutes of 2021) specified that a foreign dental school whose program was approved prior to January 1, 2020, through any date between January 1, 2024, and December 31, 2026, can remain approved through that date, so that those schools may maintain their approval without it being prematurely terminated before they can obtain CODA approval. Further, the bill would allow for students who enrolled in a foreign dental school under those circumstances prior to January 1, 2020 to be eligible for licensure.

The Legislature has addressed student eligibility issues, timeframes for schools to achieve CODA accreditation, and it does not appear that any outstanding issues remain.

Staff Recommendation: *The Act should not be amended to grant DBC any new role over foreign dental schools. The Act should not be amended to extend the timeframe for DBC program approval.*

The Act should not be amended to allow graduates to remain eligible for licensure in California if they enrolled in a foreign dental school after January 1, 2020 that is not CODA approved.

DBC BUDGET ISSUES

ISSUE # 4: (COST RECOVERY STAFF.) DBC has important work to do and may not have appropriate staffing to carry out its cost recovery work.

Background: DBC continues to request full cost recovery for enforcement cases that result in administrative discipline. Due to staffing vacancies and what DBC calls “higher priority Board activities,” DBC notes that it has been challenging to do this specific cost recovery work. DBC believes it would benefit from the authority to hire one dedicated staff tasked with cost recovery work to ensure DBC recoups costly enforcement expenditures.

Staff Recommendation: *DBC should advise the Committees on this effort and what staffing challenges exist that may impose barriers on DBC’s ability to carry out its functions.*

DBC LICENSING ISSUES

ISSUE #5: (DENTAL ASSISTANTS.) DBC regulates registered dental assistants (RDAs), registered dental assistants in extended functions (RDAEFs), is responsible for setting the duties and functions of unlicensed dental assistants, and issues permits to other specified assistants. Are updates to the Act necessary?

Background: Three categories of dental assistants (DAs) are regulated by the DBC, distinguished by what duties they may perform based on their training. This includes unlicensed DAs, authorized to perform “basic supportive dental procedures”; RDAs, authorized to perform more complex duties; and RDAEFs, authorized to perform additional restorative procedures following diagnosis and intervention by a dentist. DAs are unlicensed, thus not registered with the DBC or directly regulated by the DBC.

In response to concerns about dental workforce shortages, AB 481 (Carrillo) was introduced in 2023 to create new licensure pathways and expand the duties of DAs. Proponents cited data from DBC showing that half of the state’s 58 counties are experiencing a shortage of dental assistants and noted a 2021 survey that found 44% of providers indicated that trouble filling vacant staff positions had limited their practice’s ability to treat more patients. The bill made a number of changes intended to decrease barriers to licensure and expanding safe opportunities for the dental workforce.

Staff Recommendation: *The Committees may wish to ensure that appropriate updates and modernization are made to the Act to support patient-centric opportunities within the dental industry by amending the Act to incorporate provisions of AB 481 pursuant to ongoing stakeholder discussions and in order to reflect changes that DBC can effectively implement.*

ISSUE #6: (LICENSURE BY PORTFOLIO.) The prior sunset review oversight for DBC asked DBC to characterize the success of this licensure pathway and the impact it has on students seeking to practice dentistry within and outside California. Is this pathway still feasible?

Background: Licensure by portfolio is a relatively recently enacted alternative pathway to licensure as a dentist in California, available to applicants since November 2014. 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 Parts I and II of the National Board Written Examinations.

The portfolio option gives students an alternative to being tested on a live patient over the course of one weekend, which is the method of assessing competency used in the WREB exam process, as well as other examinations throughout the country.

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. DBC was tasked during the prior sunset review oversight in 2019 with answering whether the process is an effective alternative to conventional examinations. Following the sunset review oversight discussions, DBC 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, a proposal that DBC ultimately approved, suggesting to amend BPC sections 1632, 1632.5, and 1632.55, and repeal BPC section 1632.1.

DBC notes in its sunset report that this pathway has been utilized by a small number of applicants since it was originally established but requires a significant amount of time and effort to maintain, including updating the necessary examination for licensure through this pathway.

Staff Recommendation: *DBC should provide the Committees information about the practical impacts of this proposal. DBC should provide the Committees with an update on any evaluations of a potential substitute pathway to facilitate dental student opportunities. The Committees may wish to amend the Act to ensure enhanced licensure portability.*

ISSUE #7: (LICENSURE BY CREDENTIAL.) Applicants through this licensure pathway have expressed the need for clarification in the Act. What changes are necessary?

Background: According to DBC, current requirements in BPC section 1635.5 for the LBC 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.

DBC recommends amending 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. DBC would also like to 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. This would further specify how many hours per week an applicant must work and/or teach under such a contractual agreement. DBC would be authorized 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. It would be helpful for the Committees to understand if this proposal should also include nonclinical settings and the potential use of a license beyond clinical practice, which could have the unintended consequence of impacting dentists in the field of dental public health.

Staff Recommendation: *DBC should provide the Committees information about the practical impacts of this proposal. The Committees may wish to amend the Act to ensure greater applicant clarity while balancing existing opportunities for licensees.*

ISSUE #8: (FICTITIOUS NAME PERMITS.) Clarification may also be necessary on certain aspects of Fictitious Name Permit applications.

Background: BPC section 1701.5, states, “...Any association or partnership or corporation or group of three or more dentists, engaging in practice under any name that would otherwise be in violation of Section 1701 may practice under this name if, and only if, the association, partnership, corporation or group holds an outstanding, unexpired, unsuspended, and unrevoked permit issued by the board under this section.” BPC section further 1804 specifies that a DBC-issued Fictitious Name Permit is not required by a corporation if it is practicing under a corporate name according to certain requirements and is not required for an individual practicing under their with a practice area, for example, Dr. Terry Jones, General Dentistry, or Dr. Pat Smith, practice limited to orthodontics.

DBC requires applicants to provide certain information, including articles of incorporation, accompanies by a fee. DBC reports that it has received questions about aspects of the application process related to 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.

Staff Recommendation: *DBC should provide the Committees information about the practical impacts of this proposal. The Committees may wish to amend the Act to ensure greater applicant clarity.*

ISSUE #9: (SB 501 IMPLEMENTATION.) DBC has been working to implement important statutory updates related to pediatric sedation and anesthesia. Further amendments to the Act may still be necessary in order to ensure it is effectively implemented. The Legislature has also been tasked with determining whether SB 501 provisions for pediatric patients should be extended to all patients.

Background: In February 2016, the Senate Committee on Business, Professions and Economic Development sent a letter to the DBC requesting that a subcommittee be formed to investigate pediatric anesthesia in dentistry, and requested that information from that investigation be reported back to the Legislature no later than January 1, 2017. The DBC concluded that existing California law was sufficient to provide protection of pediatric patients during dental sedation; however, it made several recommendations to enhance statute and regulations to provide a greater level of public protection.

Senate Bill 501 (Glazer, Chapter 929, Statutes of 2018) was the culmination of years of policy discussion that followed the tragic death of young boy while undergoing dental work under anesthesia and established a series of new requirements and minimal standards for the use of sedation and anesthesia in pediatric dental procedures. Specifically, the bill created a new process for the DBC to issue general anesthesia permit (that may include a pediatric endorsement) as well as moderate and pediatric minimal sedation permits to applicants based on their level of experience and training; and established new requirements for general anesthesia or sedation administered to patients under thirteen years of age. The bill also required the DBC to review data on adverse events related to general anesthesia and sedation and all relevant professional guidelines for purposes of reporting to the Legislature on any relevant findings.

DBC has been working to fully implement the provisions of SB 501 and has continued to identify areas in the Act where technical cleanup and clarification may be necessary, including to 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.
- Medical recordkeeping requirement consistency.
- Ensuring patient safety and compliance with minimal sedation administration requirements by requiring that all minimal sedation procedures, including those performed to obtain a minimal sedation permit, in a private dental office meet established requirements for minimal sedation permit holders.

In addition to DBC's continued work to implement these important provisions, legislation in 2021 sponsored by The California Association of Oral and Maxillofacial Surgeons would have extended current requirements for patients under 13 to all patients, regardless of age. It would be helpful for the Committees to understand the patient and public benefit of this proposal as well as the impacts and feasibility of this update.

Staff Recommendation: *DBC should provide an update on its implementation of SB 501. DBC should advise the Committees of the appropriateness of extending SB 501 provisions to all patients, when implementation is underway. DBC should advise the Committees on any access to care issues that could arise from related changes. The Committees may wish to amend the Act to further the notable patient safety goals of SB 501 pursuant to DBC's clarifying and technical requests.*

ISSUE #10: (PROBATIONARY LICENSES.) Does DBC need additional flexibility to issue probationary licenses as the authority was originally intended?

Background: According to DBC, when an 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 applicant submits a request to appeal the denial, a case is opened and transmitted to the Office of the Attorney General for preparation of a Statement of Issues (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 potentially settle the matter through a stipulated settlement that would allow for issuance of the license with certain 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, they are signed by the parties and submitted to DBC for consideration. DBC's options include adopting the stipulated settlement to issue the license on probation, denying the stipulated settlement, or denying the stipulated settlement and proposing 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 DBC 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.

BPC section 1628.7, enacted in 1996 to authorize the issuance of a probationary license, was intended to provide an efficient and cost-effective path to allow DBC to review license applications and offer probationary licenses to applicants without a lengthy process pursuant to Administrative Procedure Act (APA) provisions. DBC notes in its sunset report that BPC section 1628.7 still requires the APA process before a probationary license can be issued. DBC believes that amendments to BPC section 1628.7 are necessary in order to be more consistent with the probationary license procedures of the Medical Board of California, which in turn will result in an easier process both for DBC and for applicants who may be issued probationary licenses.

DBC would like to amend the Act to:

- 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) which outlines the requirement to comply with APA 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. DBC notes that this is not relevant to the issuance of probationary licenses, as DBC’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 APA.
- Make other clarifying, non-substantive amendments, including renumbering the subdivisions and removing outdated language.

It would be helpful for the Committees to understand the cost savings and efficiencies these changes could bring about, as well as the impacts to applicant due process in the licensure process. It would be helpful for the Committees to understand how frequently DBC issues probationary licenses and the frequency that application denial occurs.

Staff Recommendation: *DBC should inform the Committees about the challenges DBC has faced since the law was implemented and what updates have been made historically to ensure its intent is realized. DBC should inform the Committees about discussions it has engaged in with stakeholders and the public about this proposal and impacts it may have.*

ISSUE #11: (CE.) Should DBC accept CE credits in mental health and wellness toward a licensee’s mandatory coursework completion necessary for licensure renewal?

Background: Dentists are required to complete 50 units of continuing education in order to renew their license. If a dentist has certain permitting (dental sedation, etc.), they may have additional requirements.

Currently, CE credit is provided for courses in “the actual delivery of dental services to the patient or the community” (California Code of Regulations (CCR) Title 16, Section 1016) like:

- Courses in preventive services, diagnostic protocols and procedures (including physical evaluation, radiography, dental photography) comprehensive treatment planning, charting of the oral conditions, informed consent protocols and recordkeeping.
- Courses dealing primarily with nutrition and nutrition counseling of the patient.
- Courses in esthetic, corrective and restorative oral health diagnosis and treatment.
- Courses in dentistry's role in individual and community health emergencies, disasters, and disaster recovery.
- Courses that pertain to the legal requirement governing the licensee in the areas of auxiliary employment and delegation of responsibilities; the Health Insurance Portability and Accountability Act (HIPAA); actual delivery of care.

- Courses pertaining to federal, state and local regulations, guidelines or statutes regarding workplace safety, fire and emergency, environmental safety, waste disposal and management, general office safety, sexual harassment prevention, and all training requirements set forth by the California Division of Occupational Safety and Health (Cal-DOSH) including the Bloodborne Pathogens Standard.
- Courses pertaining to the administration of general anesthesia, moderate sedation, oral conscious sedation or medical emergencies.
- Courses pertaining to the evaluation, selection, use and care of dental instruments, sterilization equipment, operatory equipment, and personal protective attire.
- 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.
- Courses in behavioral sciences, behavior guidance, and patient management in the delivery of care to all populations including special needs, pediatric and sedation patients when oriented specifically to the clinical care of the patient.
- Courses in the selection, incorporation, and use of current and emerging technologies.
- Courses in cultural competencies such as bilingual dental terminology, cross-cultural communication, provision of public health dentistry, and the dental professional's role in provision of care in non-traditional settings when oriented specifically to the needs of the dental patient and will serve to enhance the patient experience.
- Courses in dentistry's role in individual and community health programs.
- Courses pertaining to the legal and ethical aspects of the insurance industry, to include management of third party payer issues, dental billing practices, patient and provider appeals of payment disputes and patient management of billing matters.

CE courses areas “considered to primarily benefit the licensee shall be limited to a maximum of 20% of a licensee's total required course unit credits for each license or permit renewal period”:

- Courses to improve recall and scheduling systems, production flow, communication systems and data management.
- Courses in organization and management of the dental practice including business planning and operations, office computerization and design, ergonomics, and the improvement of practice administration and office operations.
- Courses in leadership development and team development.
- Coursework in teaching methodology and curricula development.
- Coursework in peer evaluation and case studies that include reviewing clinical evaluation procedures, reviewing diagnostic methods, studying radiographic data, study models and treatment planning procedures.
- Courses in human resource management and employee benefits.

Notably, CE courses “considered to be of direct benefit to the licensee or outside the scope of dental practice in California...shall not be recognized for continuing education credit”:

- Courses in money management, the licensee's personal finances or personal matters such as financial or estate planning, and personal investments.
- Courses in general physical fitness, weight management or the licensee's personal health.
- Presentations by political or public figures or other persons that do not deal primarily with dental practice or issues impacting the dental profession.
- Courses designed to make the licensee a better business person or designed to improve licensee personal profitability, including motivation and marketing.

- Courses pertaining to the purchase or sale of a dental practice, business or office; courses in transfer of practice ownership, acquisition of partners and associates, practice valuation, practice transitions, or retirement.
- Courses pertaining to the provision of elective facial cosmetic surgery as defined by the Dental Practice Act in Section 1638.1, unless the licensee has a special permit obtained from the Board to perform such procedures pursuant to Section 1638.1 of the Code.

In order 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, it would be helpful for the Committees to understand what steps are available through the Act and what additional efforts are necessary to promote licensee well-being while balancing patient welfare and safe practice.

Staff Recommendation: *DBC should inform the Committees of efforts it has taken to support licensee mental health and wellness. The Committees may wish to update the Act to ensure that licensees can receive necessary support but still obtain CE credit.*

DBC ENFORCEMENT ISSUES

ISSUE # 12: (LICENSURE DISPLAY.) Licensees are required to display licenses in a conspicuous place. Clarification may be necessary as to what “conspicuous” means for purposes of complying with this important requirement.

Background: Existing law, BPC section 1700 (c) 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. Questions have been raised about 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.

Staff Recommendation: *DBC should provide the Committees information about the practical impacts of this proposal. The Committees may wish to amend the Act to ensure greater applicant clarity.*

ISSUE #13: (DENTAL ASSISTANT PROGRAMS.) Educational programs that advertise Board-approval without actually being approved harm students and the public who may undertake a program only to realize they are not eligible for licensure. DBC believes specific enforcement authority in the Act for this behavior is necessary.

Background: DBC is concerned that some dental assisting educational programs or courses are advertising claims of “Board accreditation” or “Board approval” that are either untrue or misrepresent facts. Fraudulent advertising or other misrepresentations made to potential students can have a detrimental impact on their lives, particularly if they spend time and money to complete a specified training program they believe will lead to licensure, but they end up not actually being eligible since the program was not actually Board-approved. RDAs can qualify for licensure by graduating from a

Board-approved educational program in registered dental assisting; RDAEFs must graduate from a Board-approved extended functions postsecondary educational program.

Some DA training programs are also approved by the Bureau for Private Postsecondary Education and subject to requirements outlined in the Private Postsecondary Act. Education Code section 94905 prohibits an institution from executing an enrollment agreement with a student that is known to be ineligible for licensure, unless the student's stated objective is other than licensure. It would be helpful to understand if DBC has partnered with BPPE to jointly ensure students who believe they are participating in an approved training program that would lead to licensure.

To combat fraudulent statements and misrepresentations by dental assisting programs and courses, DBC requests additional authority to pursue administrative enforcement actions, beyond withdrawal or denial of program and/or course approval. DBC believes that a clear enforcement action statute, with prescribed DBC administrative enforcement actions, such as issuing a citation with an administrative penalty to an educational program or course in violation of false or misleading advertising, could assist in efforts to hold programs accountable.

Staff Recommendation: *DBC should advise the Committees on its efforts to promote student protection, including collaboration with the Bureau for Private Postsecondary Education to determine where that program may be able to take action against an institution that offers a program that does not lead to licensure. DBC should update the Committees on steps, including amendments to the Act, that may lead to enhanced program quality and limitations on potentially fraudulent programs.*

ISSUE #14: (UNLICENSED ACTIVITY.) **Unlicensed activity can harm patients, the public, and licensees alike. While DBC has authority to post public enforcement actions against licensees, it may be limited in making this information available about unlicensed operators. Should the Act be updated?**

Background: DBC is authorized to issue an administrative citation for unlicensed practice pursuant to BPC section 148 and regulations (CCR Title 16, section 1023.7). Pursuant to BPC section 27, DBC is authorized to post enforcement actions against licensees on its websites, but given that the code is silent about the authority to do so for unlicensed activity, DBC believes an amendment to the Act is necessary. Specifically, DBC requests language to authorize DBC to post citations on the Board's website 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.

Staff Recommendation: *DBC should update the Committees on its unlicensed activity enforcement actions, including the frequency of citations and the recourse that exists to deter unlicensed activity. The Committees may wish to amend the Act to ensure patients and the public are aware of action DBC takes against unlicensed actors.*

ISSUE #15: (DIVERSION.) DBC manages a Diversion Program that provides for the confidential rehabilitation of licensed dental professionals whose competency may be impaired due to substance abuse issues. The program accepts licensed dentists, RDAs, and RDAEFs. Does the Diversion Program prevent licensee-related issues with substance abuse?

Background: The Act establishes Legislative intent for DBC to “seek ways and means to identify and rehabilitate licentiates whose competency may be impaired due to abuse of dangerous drugs or alcohol, so that licentiates so afflicted may be treated and returned to the practice of dentistry in a manner that will not endanger the public health and safety.” According to DBC’s website, DBC’s Diversion Program services include:

- Confidential consultation with professionals in the field of substance use disorders
- Intervention services
- Assessment of treatment needs and referral to appropriate resources
- Assistance in the development of a recovery plan
- Monitoring of compliance
- Encouragement and peer support

DBC’s website notes that, “Dental professionals are at risk of substance abuse disorders due to the availability of drugs in the workplace and to the work-related stresses that accompany a practice.” All requests for information and assistance from the Diversion Program are strictly confidential. After a dental professional contacts the program, arrangements are made for a confidential evaluation by a licensed professional. After the evaluation, the individual meets with the DBC’s Diversion Evaluation Committee (DEC) for formal acceptance into the Diversion Program. The DEC members, who are appointed by the Board, are fellow dental professionals and experts in the field of substance use disorders.

Records maintained by the Diversion Program are confidential and not subject to discovery or subpoena. However, in compliance with BPC section 1695.5(f), program records may be provided to DBC’s enforcement program or used in a disciplinary proceeding if the licensee fails to comply with the Diversion Program requirements or is determined to be a threat to the public or to their own health and safety. If the licensee tests positive for a banned substance, the positive test result will be provided to DBC’s enforcement program and may be used in a disciplinary proceeding.

The Diversion Program has long been a focus of Legislative attention and it would be helpful for the Committees to understand the status of the Diversion Program’s efforts, the costs related to ongoing Diversion Program functions, whether DBC as a state licensing entity remains the most appropriate source for licensee substance abuse assistance and whether the Diversion Program is effective in preventing substance abuse-related practice issues that may harm patients.

Staff Recommendation: *DBC should provide an update on the Diversion Program, DEC efforts, Diversion Program costs and expenditure trends, and whether the Diversion Program is successful. The Committees may wish to evaluate the Diversion Program, including necessary updates to this model within the functions of a licensing and regulatory program.*

TECHNICAL CHANGES

ISSUE #16: (TECHNICAL CHANGES MAY IMPROVE EFFECTIVENESS OF THE ACT AND DBC OPERATIONS.) There are amendments to the Act that are technical in nature but may improve DBC operations and the enforcement of the Act.

Background: There are instances in the Act where technical clarifications may improve Commission operations and application of the statutes governing the Commission's work. For example, reference in the Act remains to a now obsolete RDA Practical Examination. Additionally, if changes outlined above go into effect related to the LBC pathway, additional clarity may need to be made related to LBR licensing in order to ensure that an applicant provides proof they have not failed a dental examination in the prior five years before. DBC may also benefit from updates to the timeframe within which a licensee may apply for a new license after not renewing a license, as well as updating related fees and examination requirements for these applicants.

Staff Recommendation: *The Committees may wish to amend the Act to include technical clarifications.*

CONTINUED REGULATION OF BY THE CURRENT DENTAL BOARD OF CALIFORNIA

ISSUE #17: (CONTINUED REGULATION BY THE DENTAL BOARD OF CALIFORNIA.) Should the licensing and regulation of dental health professionals be continued and regulated by DBC?

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. DBC continues to make important programmatic changes and updates aimed at serving the public and licensees. DBC maintains a number of entities within its larger organization and should continue working to engage its robust licensing and permitted population in a constructive way.

Staff Recommendation: *The Board should be continued, and reviewed again on a future date to be determined.*