

# Summary of the Meeting of the Dental Board of California

January 24-25, 2008

## Prepared for the California Society of Pediatric Dentistry

*The Dental Board of California met January 24-25, 2008, in Sacramento. The following summarizes actions and issues coming before the Board pertinent to pediatric oral health*

### **Dental Board Sunset**

As a result of the Governor's veto last year of SB 534, which would have created a new Dental Hygiene Committee of California, the Dental Board will become inoperative July 1 of this year and its functions transferred to a bureau of the Department of Consumer Affairs (DCA). The bill contained a provision that would have extended the "sunset date" authorizing continued existence of the Board until 2012. Efforts to pass legislation extending the Board's sunset during a special legislative session called by the Governor late last year were unsuccessful. Legislation expected to be passed this year, which would again authorize a Dental Board of California, would not become effective until January 1, 2009. Examination, licensing, disciplinary and regulatory operations of the Board will therefore fall under the authority of the Director of the Department of Consumer Affairs for at least the final six months of 2008.

*Comment: This would not be the first time that a regulatory board has become temporarily a bureau of the DCA. It is expected, although not guaranteed, that current members of the Dental Board would serve in an "advisory capacity" to the DCA. Their actions, however, would have only the force of recommendations to the Director of the Department. It is, in my opinion, very likely that staff changes will result in less efficient and delayed processing of examination results, licensing requests, and disciplinary matters, and that regulatory issues will become the wild card of the process.*

### **Licensure by Post Graduate Education**

SB 683, passed by the legislature and signed by the Governor in 2006, provides a pathway to California dental licensure by successful completion of a one year program of General Residency Education or Advanced Education in General Dentistry. Implementation, which was expected early in 2008, has been delayed by the regulatory and rulemaking processes.

*Comment: Although the law allows the Board to seek what is known as "emergency regulations" to expedite implementation, the Office of Administrative Law will make the final determination as to whether establishment of a licensing program meets the criteria for accelerated processing. If it does not, it will be at least another six months before the law can take effect, leaving current candidates to licensure by this route waiting far longer than they had anticipated for the ability to practice.*

### **General Anesthesia and Conscious Sedation**

Following passage by the ADA House of Delegates in October of revisions to the ADA's *Guidelines for the Use of Sedation and General Anesthesia by Dentists* and *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*, the Board's Committee on General Anesthesia/Conscious Sedation has proposed a review of the documents and a report to the Board on any implications to current law and regulation. That report is expected to be delivered to the Committee in March.

*Comment: The ADA Guidelines provide that for children 12 years of age and under, the American Dental Association supports the use of the [American Academy of Pediatrics / American Academy of Pediatric Dentistry Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures](#). Therefore, a review of the ADA documents is incomplete unless the AAP/AAPD Guidelines are included in that review. In this regard, in public testimony the Committee was reminded of the deferral to AAP/AAPD Guidelines for children 12 and under and a copy of the Guidelines subsequently provided to them.*

### **Dental Assistant Training and Licensure**

SB 1546 of 2004 placed into statute new dental assisting categories of Registered Restorative Assistant, Registered Orthodontic Assistant, and Registered Surgical Assistant. Subsequent legislation in 2006 and 2007 preserved a work experience pathway to licensing, made numerous changes to training, examination, and licensure renewal, and moved the effective date of implementation to January 1, 2010. *A more complete report on the proposed changes to auxiliary licensing is available in the Advocacy, Legislation, and Regulatory Matters section of the CSPD website (cspd.org).* Before this series of legislative initiatives can be implemented, the Board must approve and adopt a complex package of regulations relating to required coursework, on-the-job training, examination content and protocol, and a host of other matters. During public testimony on the development of proposed regulations, the Board heard from a number of speakers questioning the wisdom of continuing with the projected licensing scheme and voted unanimously to suspend deliberation on regulations and to move to the agenda of the next meeting a reconsideration of the entire concept and process.

*Comment: There appears to be a general consensus on the Board and among most parties of interest that the proposed process and regulatory scheme is extremely problematic. A report of the Board's Licensure, Certification and Permits Committee indicates there are approximately 34,000 active dental licenses and only 33,000 active RDA licenses, a troubling ratio. I am among those who feel the proposed changes, if not significantly modified, will only heighten, not relieve the problem of expanded function and a career ladder for dental assisting. Equally troubling is a report of the Board's Examination Committee which reveals a 48% failure rate (2,160 candidates) on the RDA written examination during the most recent six month period. Clearly, there is a problem of either training or testing with such a high failure rate that needs to be addressed as evaluation of the regulatory process continues.*

Respectfully Submitted,

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