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SB-1453 Dentistry. (2023-2024)

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Date Published: 09/23/2024 09:00 PM

Senate Bill No. 1453

CHAPTER 483

An act to amend Sections 1601.1, 1628.7, 1632, 1632.5, 1632.55, 1634.1, 1635.5, 1638.1, 1645, 1646, 1646.1, 1646.2, 1646.3, 1646.9, 1647.2, 1647.3, 1647.6, 1647.18, 1647.19, 1647.20, 1647.22, 1647.30, 1647.31, 1647.32, 1682, 1684.1, 1700, 1701, 1701.1, 1718.3, 1724, 1740, 1750, 1750.1, 1750.2, 1750.3, 1750.4, 1750.5, 1752.4, 1753, 1753.5, 1753.55, 1753.6, 1804, and 1907 of, to amend, repeal, and add Section 1752.1 of, to add Sections 1646.12, 1647.37, 1647.38, 1707, 1753.51, 1753.52, 1754.5, and 1755 to, to repeal Sections 1607, 1632.1, 1749.1, 1753.7, and 2079 of, and to repeal and add Sections 1647.35, 1647.36, 1701.5, and 1741 of, the Business and Professions Code, relating to healing arts.

[Approved by Governor September 22, 2024. Filed with Secretary of State September 22, 2024.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1453, Ashby. Dentistry.

Existing law, the Dental Practice Act, establishes the Dental Board of California to license and regulate the practice of dentistry, and establishes requirements for meetings of the board, admission to, and practice of, dentistry, licensure and regulation of dental auxiliaries, the use of anesthesia and sedation, and the use of fictitious business names by dental corporations. Existing law requires that the board consist of 8 practicing dentists, a registered dental hygienist, a registered dental assistant, and 5 public members. Existing law also makes certain violations of the act a crime, including engaging in the practice of dentistry without causing to be displayed in a conspicuous place in their office the name of each person employed there in the practice of dentistry.

This bill, among other changes to the act, would remove the requirement that the board include a registered dental hygienist and, instead, require the inclusion of 2 registered dental assistants. The bill would delete a provision requiring the board to meet regularly once each year in the San Francisco Bay Area and once each year in southern California. The bill would revise application, examination, and continuing education requirements and requirements for the application and issuance of an elective facial cosmetic surgery permit.

Existing law governs the use of deep sedation, general anesthesia, moderate sedation, oral conscious sedation for adults, and pediatric minimal sedation.

This bill would revise and recast the requirements for obtaining authorization for, and the administration of, general anesthesia and sedation, including requirements relating to the physical presence of a dentist administering or ordering general anesthesia or deep sedation. The bill would make certain patient records submitted to the board confidential and not subject to disclosure pursuant to the California Public Records Act. The bill would provide for the expiration of a pediatric endorsement, and would revise requirements for the administration of general anesthesia by a physician and surgeon.

This bill would make it a crime, punishable as a misdemeanor, for a person to engage in the practice of dentistry without causing to be displayed in an area that is likely to be seen by all patients who use the facility, the original or copy of the current license, permit, or registration of each person employed at the facility to practice dentistry. The bill would authorize the board to post an administrative citation issued for a violation of certain provisions on the board's internet website. The bill would also revise requirements and conditions for obtaining a permit for, and practicing under, a fictitious name. The bill would revise provisions affecting the cancellation of expired licenses, and would establish a fee for a pediatric endorsement for a general anesthesia permit or moderate sedation permit of up to \$1,000, and a renewal fee for a pediatric endorsement not to exceed \$600, which would be deposited into the State Dentistry Fund.

Existing law provides for the licensure and regulation of dental auxiliaries, including registered dental assistants, registered dental assistants in extended functions, orthodontist assistants, and dental sedation assistants, and sets forth duties and functions that those dental auxiliaries are authorized to perform.

This bill would, among other changes, revise requirements and conditions of supervision of dental assistants by employers and licensed dentists, training and education requirements for dental assistants, and the functions and duties a dental assistant is authorized to perform. The bill would establish requirements for courses in radiation safety and infection control for certain unlicensed dental assistants.

Existing law establishes requirements for obtaining an orthodontist assistant permit or a dental sedation assistant permit from the board, including licensure as a registered dental assistant, and sets forth the duties and functions that a person holding an orthodontic assistant permit or a dental sedation assistant permit may perform.

The bill would revise and recast the requirements to obtain an orthodontic assistant permit or a dental sedation assistant permit, and would revise the duties and functions that a person holding an orthodontic assistant permit or dental sedation assistant permit is authorized to perform. The bill would revise requirements for licensure and practice as a registered dental assistant and a registered dental assistant in extended functions, and would revise specified requirements for applying for and receiving a license as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions. The bill would revise the requirements on a provider of specified educational programs or courses that require board approval, and would authorize the board to issue an administrative citation if the board has probable cause to believe that a person, company, or association is advertising with respect to offering or provision of an educational program or course that requires board approval without being properly approved by the board.

The bill would make other related and conforming changes. By expanding the scope of a crime under the act, the bill would impose a state-mandated local program.

Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 1601.1 of the Business and Professions Code is amended to read:

1601.1. (a) There shall be in the Department of Consumer Affairs the Dental Board of California in which the administration of this chapter is vested. The board shall consist of eight practicing dentists, two registered dental assistants, and five public members. Of the eight practicing dentists, one shall be a member of a faculty of any California dental college, and one shall be a dentist practicing in a nonprofit community clinic. The appointing powers, described in Section 1603, may appoint to the board a person who was a member of the prior board. The board shall be organized into standing committees dealing with examinations, enforcement, and other subjects as the board deems appropriate.

(b) For purposes of this chapter, any reference in this chapter to the Board of Dental Examiners shall be deemed to refer to the Dental Board of California.

(c) The board shall have all authority previously vested in the existing board under this chapter. The board may enforce all disciplinary actions undertaken by the previous board.

(d) This section shall remain in effect only until January 1, 2029, and as of that date is repealed. Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 2. Section 1607 of the Business and Professions Code is repealed.

SEC. 3. Section 1628.7 of the Business and Professions Code is amended to read:

1628.7. (a) The board may deny licensure to any applicant who is guilty of unprofessional conduct or of any cause that would subject a licensee to revocation or suspension of their license. The board may, upon an applicant's successful completion of the board's licensure requirements, in its sole discretion, issue a probationary license to an applicant for licensure as a dentist or dental auxiliary. The board may require, as a term or condition of issuing the probationary license, the applicant to do any of the following, including, but not limited to:

- (1) Successfully complete a professional competency examination.
- (2) Submit to a medical or psychological evaluation.
- (3) Submit to continuing medical or psychological treatment.
- (4) Abstain from the use of alcohol or drugs.
- (5) Submit to random fluid testing for alcohol or controlled substance abuse.
- (6) Submit to continuing participation in a board-approved rehabilitation program.
- (7) Restrict the type or circumstances of practice.
- (8) Submit to continuing education and coursework.
- (9) Comply with requirements regarding notification to employer and changes of employment.
- (10) Comply with probation monitoring.
- (11) Comply with all laws and regulations governing the practice of dentistry.
- (12) Limit practice to a supervised structured environment in which the licensee's activities shall be supervised by another dentist.
- (13) Submit to total or partial restrictions on drug prescribing privileges.

(b) The board shall provide the decision placing the applicant on probation in plain view on the board's internet website.

(c) Unless otherwise specified by the board, the term of probation shall be for three years and the licensee may petition the board for early termination, or modification of a condition of, the probation in accordance with subdivision (b) of Section 1686.

(d) An applicant shall not be eligible to reapply for licensure for a minimum of one year from the effective date of the denial of their application.

(e) Upon successful completion of all terms and conditions of probation or termination of the probationary terms and conditions pursuant to subdivision (c), the board may issue an unrestricted license to the licensee.

(f) Adjudication under the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code) shall not be required to issue a probationary license pursuant to subdivision (a).

SEC. 4. Section 1632 of the Business and Professions Code is amended to read:

1632. (a) The board shall require each applicant to successfully complete the written examination of the National Board Dental Examination of the Joint Commission on National Dental Examinations.

(b) The board shall require each applicant to successfully complete an examination in California law and ethics developed and administered by the board. The board shall provide a separate application for this examination. The board shall ensure that the law and ethics examination reflects current law and regulations, and ensure that the examinations are randomized. Applicants shall submit this application and required fee to the board in order to take this examination. In addition to the aforementioned application, the only other requirement for taking this examination shall be certification from the dean of the qualifying dental school or the dean's delegate attended by the applicant that the applicant has graduated, or will graduate, or is expected to graduate. Applicants who submit completed applications and certification from the dean at least 15 days prior to a scheduled

examination shall be scheduled to take the examination. Successful results of the examination shall, as established by board regulation, remain valid for two years from the date that the applicant is notified of having passed the examination.

(c) Except as otherwise provided in Section 1632.5, the board shall require each applicant to have taken and received a passing score on one of the following:

(1) A clinical and written examination administered by the Western Regional Examining Board within five years prior to the date of their application for a license under this section.

(2) The clinical and written examination developed by the American Board of Dental Examiners, Inc., within five years prior to the date of their application for a license under this section.

(d) Notwithstanding subdivision (b) of Section 1628, the board is authorized to do either of the following:

(1) Approve an application for examination from, and to examine an applicant who is enrolled in, but has not yet graduated from, a reputable dental school approved by the board.

(2) Accept the results of an examination described in subdivision (c) submitted by an applicant who was enrolled in, but had not graduated from, a reputable dental school approved by the board at the time the examination was administered.

In either case, the board shall require the dean of that school or the dean's delegate to furnish satisfactory proof that the applicant will graduate within one year of the date the examination was administered.

(e) The board may determine the testing format, as related to patients, for the examination provided pursuant to paragraph (2) of subdivision (c).

SEC. 5. Section 1632.1 of the Business and Professions Code is repealed.

SEC. 6. Section 1632.5 of the Business and Professions Code is amended to read:

1632.5. (a) Prior to implementation of paragraph (1) of subdivision (c) of Section 1632, the department's Office of Professional Examination Services shall review the Western Regional Examining Board examination to ensure compliance with the requirements of Section 139 and to certify that the examination process meets those standards. If the department determines that the examination process fails to meet those standards, paragraph (1) of subdivision (c) of Section 1632 shall not be implemented.

(b) The Western Regional Examining Board examination process shall be regularly reviewed by the department pursuant to Section 139.

(c) The Western Regional Examining Board examination shall meet the mandates of subdivision (a) of Section 12944 of the Government Code.

(d) As part of its next scheduled sunset review by the appropriate committees of the Legislature, the Dental Board of California shall report to that committee and the department on the pass rates of applicants who sat for the Western Regional Examining Board examination, compared with the pass rates of applicants who sat for the state clinical and written examination administered by the Dental Board of California. This report shall be a component of the evaluation of the examination process that is based on psychometrically sound principles for establishing minimum qualifications and levels of competency.

SEC. 7. Section 1632.55 of the Business and Professions Code is amended to read:

1632.55. (a) Prior to implementation of paragraph (2) of subdivision (c) of Section 1632, the department's Office of Professional Examination Services shall review the American Board of Dental Examiners, Inc. examination to ensure compliance with the requirements of Section 139 and to certify that the examination process meets those standards, and deliver this review to the Dental Board of California. If the department determines that the examination process fails to meet those standards, does not deliver the review to the Dental Board of California, or if the American Board of Dental Examiners, Inc. fails to pay the costs and expenses the board incurs, as described in subdivision (d), paragraph (2) of subdivision (c) of Section 1632 shall not be implemented.

(b) The American Board of Dental Examiners, Inc. examination process shall be regularly reviewed by the department pursuant to Section 139.

(c) The American Board of Dental Examiners, Inc. examination shall meet the mandates of subdivision (a) of Section 12944 of the Government Code.

(d) The American Board of Dental Examiners, Inc. shall pay all reasonable costs and expenses the board incurs for the purposes of implementing this section.

(e) The American Board of Dental Examiners, Inc. examination may only be accepted for licensure by a candidate after it is determined that the examination has met the requirements of this section. Examinations taken prior to that date may not be used for licensure.

SEC. 8. Section 1634.1 of the Business and Professions Code is amended to read:

1634.1. Notwithstanding Section 1634, the board may grant a license to practice dentistry to an applicant who submits all of the following to the board:

(a) A completed application form and all fees required by the board.

(b) Satisfactory evidence of having graduated from a dental school approved by a national accrediting body approved by the board or by the Commission on Dental Accreditation of the American Dental Association.

(c) Satisfactory evidence of having completed a clinically based advanced education program in general dentistry or an advanced education program in general practice residency that is, at minimum, one year in duration and is accredited by either the Commission on Dental Accreditation of the American Dental Association or a national accrediting body approved by the board. The advanced education program shall include a certification of clinical residency program completion approved by the board, to be completed upon the resident's successful completion of the program in order to evaluate the resident's competence to practice dentistry in the state. The certification shall be within two years prior to the date of the resident's application for a license under this section. Completion of the program shall be within two years prior to the date of their application for a license under this section.

(d) Satisfactory evidence of having successfully completed the written examination of the National Board Dental Examination of the Joint Commission on National Dental Examinations.

(e) Satisfactory evidence of having successfully completed an examination in California law and ethics.

(f) Proof that the applicant has not failed a state, regional, or national examination for licensure to practice dentistry under this chapter within five years prior to the date of the application for a license under this chapter. If the applicant subsequently passed the examination for licensure, the prior failure shall not make the applicant ineligible under this subdivision.

SEC. 9. Section 1635.5 of the Business and Professions Code is amended to read:

1635.5. (a) Notwithstanding Section 1634, the board may grant a license to practice dentistry to an applicant who has not taken an examination before the board, if the applicant submits all of the following to the board:

(1) A completed application form and all fees required by the board.

(2) Proof of an active and unrestricted license issued by another state, district, or territory of the United States to practice dentistry that is not subject to any current or pending disciplinary action such as revocation, suspension, or probation.

(3) Proof that the applicant has either been in active clinical practice in another state, district, or territory of the United States, has been engaged in full-time nonclinical practice requiring an active dentist's license for federal, state, or local public health programs in another state, district, or territory of the United States for at least five years immediately preceding the application, or has been a full-time faculty member in an accredited dental education program and in active clinical practice for a total of at least 5,000 hours within the past five years immediately preceding the date of the application under this section. The clinical practice requirement may be met by submitting documentation of any of the following:

(A) If the applicant has completed a residency training program accredited by the American Dental Association Commission on Dental Accreditation, including, but not limited to, a general practice residency, an advanced education in general dentistry program, or a training program in a specialty recognized by the American Dental Association, the applicant may receive credit of 1,000 hours for each year, up to 2,000 hours, of clinical practice completed in the residency training program.

(B) The applicant agrees to practice dentistry full time for a minimum of 32 hours per week for two years in at least one primary care clinic licensed under subdivision (a) of Section 1204 of the Health and Safety Code or primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code, or a clinic owned or operated by a public hospital or health system, or a clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code. The applicant shall submit written documentation, executed by the authorized agent of the clinic, verifying compliance with this requirement. The board may periodically request verification of compliance with these requirements.

(C) The applicant agrees to teach or practice dentistry in California for a minimum average of 40 hours per week for two years in at least one accredited dental education program approved by the board. The applicant shall submit written documentation, executed by the authorized agent of the program, verifying compliance with this requirement. The board may periodically request verification of compliance with these requirements.

(4) Proof that the applicant has not been subject to disciplinary action by any state in which the applicant is or has been previously licensed to practice dentistry. If the applicant has been subject to disciplinary action, the board shall review that action to determine if it presents sufficient evidence of a violation of Article 4 (commencing with Section 1670) to warrant the submission of additional information from the applicant or the denial of the application for licensure.

(5) A signed release allowing the disclosure of information from the National Practitioner Data Bank and the verification of registration status with the federal Drug Enforcement Administration. The board shall review this information to determine if it presents sufficient evidence of a violation of Article 4 (commencing with Section 1670) to warrant the submission of additional information from the applicant or the denial of the application for licensure.

(6) Proof that the applicant has not failed a state, regional, or national examination for licensure to practice dentistry under this chapter within five years prior to the date of the application for a license under this section. If the applicant subsequently passed the examination for licensure, the prior failure shall not make the applicant ineligible under this paragraph.

(7) An acknowledgment by the applicant executed under penalty of perjury and automatic forfeiture of license, of the following:

(A) That the information provided by the applicant to the board is true and correct, to the best of their knowledge and belief.

(B) That the applicant has not been convicted of an offense involving conduct that would violate Section 810.

(8) Documentation of 50 units of continuing education completed within two years of the date of the application under this section. The continuing education shall include the mandatory coursework prescribed by the board pursuant to subdivision (b) of Section 1645.

(9) Any other information as specified by the board to the extent it is required of applicants for licensure by examination under this article.

(b) The board shall provide in the application packet to each out-of-state dentist pursuant to this section the following information:

(1) The location of dental personnel shortage areas that exist in the state.

(2) Those not-for-profit clinics and public hospitals seeking to contract with licensees for dental services.

(c) (1) The board shall review the impact of this section on the availability of dentists in California and report to the appropriate policy and fiscal committees of the Legislature by January 1, 2008. The report shall include a separate section providing data specific to those dentists who intend to fulfill the alternative clinical practice requirements of subparagraph (B) of paragraph (3) of subdivision (a). The report shall include, but not be limited to, all of the following:

(A) The total number of applicants from other states who have sought licensure.

(B) The number of dentists from other states licensed pursuant to this section, as well as the number of licenses not granted and the reasons why each license was not granted.

(C) The location of the practice of dentists licensed pursuant to this section.

(D) The number of dentists licensed pursuant to this section who establish a practice in a rural area or in an area designated as having a shortage of practicing dentists or no dentists at all.

(E) The length of time dentists licensed pursuant to this section maintained their practice in the reported location. This information shall be reported separately for dentists described in subparagraphs (C) and (D).

(2) In identifying a dentist's location of practice, the board shall use medical service study areas or other appropriate geographic descriptions for regions of the state.

(3) If appropriate, the board may report the information required by paragraph (1) separately for primary care dentists and specialists.

(d) The board is authorized to contract with a third party or parties to review applications filed under this section and to advise the board as to whether the applications are complete. The contracting party, its agents, and its employees shall agree to be bound by all provisions of law applicable to the board, its members, and staff, governing custody and confidentiality of materials submitted by applicants for licensure.

(e) The board may issue a temporary, restricted license, valid for two years, to an applicant qualified under subparagraph (B) or (C) of paragraph (3) of subdivision (a), that authorizes the holder to practice dentistry only in the facilities described in subparagraph (B) of paragraph (3) of subdivision (a) or only to practice or teach dentistry at the accredited dental education programs described in subparagraph (C) of paragraph (3) of subdivision (a). The board shall immediately revoke the temporary license issued pursuant to this subdivision upon a finding that the requirements of subparagraph (B) or (C) of paragraph (3) of subdivision (a), as applicable, have not been met. Upon revocation of the license, the board shall issue a notice of revocation that shall require the licensee to immediately cease dental practice. Upon the licensee's completion of the license requirements under this section and the expiration of the two-year term, all location restrictions on the license shall be removed and an unrestricted license shall be issued.

(f) Notwithstanding any other provision of law, a holder of a license issued by the board before January 1, 2006, under this section who committed to complete the remainder of the five years of clinical practice requirement by a contract either to practice dentistry in a facility described in subparagraph (B) of paragraph (3) of subdivision (a) or to teach or practice dentistry in an accredited dental education program approved by the board pursuant to subparagraph (C) of paragraph (3) of subdivision (a) shall be required to complete only two years of service under the contract in order to fulfill the obligation under this section. Upon the expiration of that two-year term, all location restrictions on the license shall be removed and the holder is authorized to practice dentistry in accordance with this chapter in any allowable setting in the state.

(g) A license issued pursuant to this section shall be considered a valid, unrestricted license for purposes of Section 1972.

SEC. 10. Section 1638.1 of the Business and Professions Code is amended to read:

1638.1. (a) A dentist shall possess a current license in good standing and an elective facial cosmetic surgery permit to perform elective facial cosmetic surgical procedures authorized by this section.

(b) The board may issue an elective facial cosmetic surgery permit to perform one of the following categories of elective facial cosmetic surgical procedures:

(1) Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty.

(2) Cosmetic contouring or rejuvenation of the facial soft tissue, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation.

(3) Procedures under both paragraphs (1) and (2).

(c) A licensee who desires to perform elective facial cosmetic surgery shall apply to the board on an application form prescribed by the board and submit all of the following:

(1) Proof of successful completion of an oral and maxillofacial surgery residency program accredited by the Commission on Dental Accreditation of the American Dental Association.

(2) Proof that the licensee has satisfied all of the criteria specified in either subparagraph (A) or (B):

(A) (i) The licensee is certified, or is a candidate for certification, by the American Board of Oral and Maxillofacial Surgery.

(ii) A letter from the program director of the accredited residency program, or from the director of a postresidency fellowship program accredited by the Commission on Dental Accreditation of the American Dental Association, stating that the licensee has the education, training, and competence necessary to perform the surgical procedures set forth in paragraph (1), (2), or (3) of subdivision (b) that the licensee has notified the board the licensee intends to perform.

(iii) Documentation of at least 10 operative reports from residency training or proctored surgical procedures performed at minimum in the role of surgical first assistant within five years from the date of application for each category of permit set forth in paragraph (1) or (2) of subdivision (b) for which the licensee seeks a permit. If the licensee seeks a permit set forth in paragraph (3) of subdivision (b), the licensee shall submit 10 operative reports for each category specified in paragraphs (1) and (2) of subdivision (b). Each operative report shall indicate all of the following:

(I) Name of the licensee.

(II) Category of procedure and specific type of procedure performed.

(III) Date of the procedure.

(IV) The role in which the licensee participated in the procedure.

(iv) Documentation showing the surgical privileges the licensee possesses at any licensed general acute care hospital and any licensed outpatient surgical facility in this state.

(B) (i) The licensee has been granted privileges by the medical staff at a licensed general acute care hospital to perform the surgical procedures set forth in paragraphs (1) to (3), inclusive, of subdivision (b) at that hospital.

(ii) Documentation described in clause (iii) of subparagraph (A).

(3) Proof that the licensee is on active status on the staff of a general acute care hospital and maintains the necessary privileges based on the bylaws of the hospital to maintain that status.

(d) The application shall be accompanied by an application fee required by the board for an initial permit. The fee to renew a permit shall not exceed the maximum amount prescribed in Section 1724.

(e) (1) The board shall appoint a credentialing committee to review the qualifications of each applicant for a permit. Upon completion of the review of an applicant, the committee shall make a recommendation to the board on whether to issue or not issue a permit to the applicant. The permit may be unqualified, entitling the permitholder to perform any facial cosmetic surgical procedure authorized by this section, or it may contain limitations if the credentialing committee is not satisfied that the applicant has the training or competence to perform certain classes of procedures, or if the applicant has not requested to be permitted for all procedures authorized by this section.

(2) The credentialing committee shall be comprised of five members, as follows:

(A) A physician and surgeon with a specialty in plastic and reconstructive surgery who maintains active status on the staff of a licensed general acute care hospital in this state.

(B) A physician and surgeon with a specialty in otolaryngology who maintains active status on the staff of a licensed general acute care hospital in this state.

(C) Three oral and maxillofacial surgeons licensed by the board who are board certified by the American Board of Oral and Maxillofacial Surgeons, and who maintain active status on the staff of a licensed general acute care hospital in this state, at least one of whom shall be licensed as a physician and surgeon in this state. Two years after the effective date of this section, any oral and maxillofacial surgeon appointed to the committee who is not licensed as a physician and surgeon shall hold a permit pursuant to this section.

(3) The board shall solicit from the following organizations input and recommendations regarding members to be appointed to the credentialing committee:

(A) The Medical Board of California.

(B) The California Dental Association.

(C) The California Association of Oral and Maxillofacial Surgeons.

(D) The California Medical Association.

(E) The California Society of Plastic Surgeons.

(F) Any other source that the board deems appropriate.

(4) The credentialing committee shall meet at a time and place directed by the board to evaluate applicants for permits. A quorum of three members shall be required for the committee to consider applicants and make recommendations to the board.

(f) The board may adopt regulations for the issuance of the permit that it deems necessary to protect the health, safety, and welfare of the public.

(g) A licensee may not perform any elective, facial cosmetic surgical procedure except at a general acute care hospital, a licensed outpatient surgical facility, or an outpatient surgical facility accredited by the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC), the Medicare Program, or an accreditation agency approved by the Medical Board of California pursuant to subdivision (g) of Section 1248.1 of the Health and Safety Code.

(h) For purposes of this section, the following terms shall have the following meanings:

(1) "Elective cosmetic surgery" means any procedure defined as cosmetic surgery in subdivision (d) of Section 1367.63 of the Health and Safety Code, and excludes any procedure that constitutes reconstructive surgery, as defined in subdivision (c) of Section 1367.63 of the Health and Safety Code.

(2) "Facial" means those regions of the human body described in Section 1625 and in any regulations adopted pursuant to that section by the board.

(i) A holder of a permit issued pursuant to this section shall not perform elective facial cosmetic surgical procedures unless the permitholder has malpractice insurance or other financial security protection that would satisfy the requirements of Section 2216.2 and any regulations adopted thereunder.

(j) A holder of a permit shall comply with the requirements of subparagraph (D) of paragraph (2) of subdivision (a) of Section 1248.15 of the Health and Safety Code, and the reporting requirements specified in Section 2240, with respect to any surgical procedure authorized by this section, in the same manner as a physician and surgeon.

(k) Any violation of this section constitutes unprofessional conduct and is grounds for the revocation or suspension of the person's permit, license, or both, or the person may be reprimanded or placed on probation. Proceedings initiated by the board under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein.

(l) A permit issued pursuant to this section shall be valid for a period of two years and must be renewed by the permitholder at the time the dentist license is renewed.

(m) A permitholder shall be required to complete 24 hours of approved courses of study related to elective cosmetic surgery as a condition of renewal of a permit. Those courses of study shall be credited toward the total continuing education hours required by the board pursuant to Section 1645.

(n) Permits issued prior to January 1, 2025, that limit the type of procedure under the general permit category provided under paragraph (1) or (2) of subdivision (b) authorized to be performed by the permitholder shall not be renewed. This subdivision shall not apply to a permit that authorized the permitholder to practice any procedure under the general permit category specified under paragraph (1) or (2) of subdivision (b). The permitholder who seeks to continue performing the procedure previously limited by the permit shall submit an application to the board for issuance of a new permit under paragraphs (1) to (3), inclusive, of subdivision (b) and the board may request the permitholder to submit additional documentation demonstrating the permitholder's competency for issuance of such permit. The application shall be treated as a renewal application for purposes of subdivision (m) of Section 1724.

(o) On or before January 1, 2025, and every four years thereafter, the board shall report to the appropriate committees of the Legislature on all of the following:

(1) The number of persons licensed pursuant to Section 1634 who apply to receive a permit to perform elective facial cosmetic surgery from the board pursuant to this section.

(2) The number of persons receiving a permit from the board to perform elective facial cosmetic surgery.

(3) The number of complaints filed by or on behalf of patients who have received elective facial cosmetic surgery by persons who have received a permit from the board to perform elective facial cosmetic surgery.

(4) Action taken by the board resulting from complaints filed by or on behalf of patients who have received elective facial cosmetic surgery by persons who have received a permit from the board to perform elective facial cosmetic surgery.

(p) As used in this section, "good standing" means the license is active and unrestricted by disciplinary action taken pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, is not the subject of an unresolved complaint or review procedure, and is not the subject of any unresolved disciplinary proceeding.

SEC. 11. Section 1645 of the Business and Professions Code is amended to read:

1645. (a) (1) All holders of licenses under this chapter shall continue their education after receiving a license as a condition to the renewal thereof, and shall obtain evidence satisfactory to the board that they have, during the preceding two-year period, obtained continuing education relevant to developments in the practice of dentistry and dental assisting consistent with regulations established by the board.

(2) The board shall adopt regulations providing for the suspension of the licenses at the end of the two-year period until compliance with this section is accomplished.

(b) The board may also, as a condition of license renewal, require licensees to successfully complete a portion of the required continuing education hours in specific areas adopted in regulations by the board. The board may prescribe this mandatory coursework within the general areas of patient care, health and safety, law and ethics, and the risks of addiction associated with the use of Schedule II drugs. The mandatory coursework prescribed by the board shall not exceed 15 hours per renewal period

for dentists, and 7.5 hours per renewal period for dental auxiliaries. Any mandatory coursework required by the board shall be credited toward the continuing education requirements established by the board pursuant to subdivision (a).

(c) For a retired dentist who provides only uncompensated care, the board shall not require more than 60 percent of the hours of continuing education that are required of other licensed dentists. Notwithstanding subdivision (b), all of the hours of continuing education as described in this subdivision shall be gained through courses related to the actual delivery of dental services to the patient or the community, as determined by the board. Nothing in this subdivision shall be construed to reduce any requirements imposed by the board pursuant to subdivision (b).

(d) Satisfactory completion of courses in the following subjects shall count as continuing education in courses in the actual delivery of dental services to the patient or the community:

(1) Licensee mental health and wellness and its impact on the delivery of dental services.

(2) Diversity, equity, and inclusion and its impact on the delivery of dental services.

SEC. 12. Section 1646 of the Business and Professions Code is amended to read:

1646. As used in this article, the following definitions apply:

(a) "Deep sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

(b) "General anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

(c) "Good standing" means the license or permit is active and unrestricted by disciplinary action taken pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, is not the subject of an unresolved complaint or review procedure, and is not the subject of any unresolved disciplinary proceeding.

SEC. 13. Section 1646.1 of the Business and Professions Code is amended to read:

1646.1. (a) A dentist shall possess an active dentist license or a permit under Section 1638 or 1640 issued by the board and an active general anesthesia permit in order to administer or order the administration of deep sedation or general anesthesia on an outpatient basis for dental patients.

(b) A dentist shall maintain current certification in Advanced Cardiac Life Support (ACLS).

(c) A dentist shall possess a pediatric endorsement of their general anesthesia permit to administer or order the administration of deep sedation or general anesthesia to patients under seven years of age.

(d) A dentist who administers or orders the administration of general anesthesia or deep sedation shall be physically present in the treatment facility while the patient is under general anesthesia or deep sedation.

(e) For patients under 13 years of age, all of the following shall apply:

(1) The operating dentist and at least two additional personnel shall be present throughout the procedure involving deep sedation or general anesthesia.

(2) If the operating dentist is the permitted anesthesia provider, then both of the following shall apply:

(A) The operating dentist and at least one of the additional personnel shall maintain current certification in Pediatric Advanced Life Support (PALS) or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8. The additional personnel who is certified in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management shall be solely dedicated to monitoring the patient and shall be trained to read and respond to monitoring equipment including, but not limited to, pulse oximeter, cardiac monitor, blood pressure, pulse, capnograph, and respiration monitoring devices.

(B) The operating dentist shall be responsible for initiating and administering any necessary emergency response.

(3) If a dedicated permitted anesthesia provider is monitoring the patient and administering deep sedation or general anesthesia, both of the following shall apply:

(A) The anesthesia provider and the operating dentist, or one other trained personnel, shall be present throughout the procedure and shall maintain current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8.

(B) The anesthesia provider shall be responsible for initiating and administering any necessary emergency response and the operating dentist, or other trained and designated personnel, shall assist the anesthesia provider in emergency response.

(f) This article does not apply to the administration of local anesthesia, minimal sedation, or moderate sedation.

SEC. 14. Section 1646.2 of the Business and Professions Code is amended to read:

1646.2. (a) A dentist who desires to administer or order the administration of deep sedation or general anesthesia shall apply to the board on an application form prescribed by the board. The dentist shall possess a dentist license or a permit under Section 1638 or 1640 issued by the board that is in good standing, submit an application fee and produce evidence showing that the dentist has successfully completed a minimum of one year of advanced training in anesthesiology and related academic subjects approved by the board, or equivalent training or experience approved by the board, beyond the undergraduate school level, and current certification in Advanced Cardiac Life Support (ACLS).

(b) The application for a permit shall include documentation that equipment and drugs required by the board are on the premises.

(c) A dentist may apply for a pediatric endorsement for the general anesthesia permit by providing proof of successful completion of all of the following:

(1) A Commission on Dental Accreditation (CODA)-accredited or equivalent residency training program that provides competency in the administration of deep sedation and general anesthesia on pediatric patients.

(2) At least 20 cases of deep sedation or general anesthesia to patients under seven years of age in the 24-month time period directly preceding application for a pediatric endorsement to establish competency, both at the time of initial application and at renewal. The applicant or permit holder shall maintain and be able to provide proof of these cases upon request by the board for up to three permit renewal periods. Patient records submitted to the board pursuant to this paragraph shall be confidential and shall not be disclosed pursuant to any state law, including, but not limited to, the California Public Records Act (Division 10 (commencing with Section 7920.000) of the Government Code), except for disclosure pursuant to a lawfully issued subpoena or a written request from a government agency responsible for either enforcement of civil or criminal laws or the professional licensing of individuals that is conducting an investigation about the applicant.

(3) Current certification in Pediatric Advanced Life Support (PALS) or other board-approved training in pediatric life support and airway management, pursuant to Section 1601.8, for the duration of the permit.

(d) Applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of pediatric sedation to patients under seven years of age may administer deep sedation and general anesthesia to patients under seven years of age under the direct supervision of a general anesthesia permit holder with a pediatric endorsement. The applicant may count these cases toward the 20 cases required to qualify for the applicant's pediatric endorsement.

SEC. 15. Section 1646.3 of the Business and Professions Code is amended to read:

1646.3. (a) A physical evaluation and medical history shall be taken before the administration of deep sedation or general anesthesia.

(b) Medical history, physical evaluation, deep sedation, and general anesthesia records shall be maintained as required by board regulations.

SEC. 16. Section 1646.9 of the Business and Professions Code is amended to read:

1646.9. (a) A physician and surgeon licensed by the Medical Board of California or Osteopathic Medical Board of California pursuant to Chapter 5 (commencing with Section 2000) may administer deep sedation or general anesthesia in the office of a licensed dentist for dental patients, without regard to whether the dentist possesses a permit issued pursuant to this article, if all of the following conditions are met:

(1) The physician and surgeon possesses an active license to practice medicine in this state.

(2) The physician and surgeon holds an active general anesthesia permit issued by the Dental Board of California pursuant to subdivision (b).

(3) The physician and surgeon meets the requirements of subdivision (e) of Section 1646.1.

(b) A physician and surgeon who desires to administer deep sedation or general anesthesia as set forth in subdivision (a) shall possess a license issued by the Medical Board of California or the Osteopathic Medical Board of California, as applicable, that is in good standing, shall apply to the board on an application form prescribed by the board, and shall submit all of the following:

(1) Certified license history issued by the Medical Board of California or Osteopathic Medical Board of California, as applicable to the applicant's license, showing the physician and surgeon license number and current license status.

(2) The payment of an application fee prescribed by this article.

(3) Evidence showing that the applicant has successfully completed a postgraduate residency training program in anesthesiology that is recognized by the Accreditation Council for Graduate Medical Education.

(4) Documentation demonstrating that all equipment and drugs required by the board are on the premises for use in any dental office in which the applicant administers deep sedation or general anesthesia.

(5) Information relative to the current membership of the applicant on hospital medical staffs.

(c) Prior to issuance or renewal of a permit pursuant to this section, the board may, at its discretion, require an onsite inspection and evaluation of the facility, equipment, personnel, including, but not limited to, the physician and surgeon, and procedures utilized. At least one of the persons evaluating the procedures utilized by the physician and surgeon shall be a licensed physician and surgeon expert in outpatient deep sedation or general anesthesia who has been authorized or retained under contract by the board for this purpose.

(d) The permit of a physician and surgeon who has failed an onsite inspection and evaluation shall be automatically suspended 30 days after the date on which the board notifies the physician and surgeon of the failure unless within that time period the physician and surgeon has retaken and passed an onsite inspection and evaluation. Every physician and surgeon issued a permit under this article shall have an onsite inspection and evaluation at least once every five years. Refusal to submit to an inspection shall result in automatic denial or revocation of the permit.

(e) A physician and surgeon who additionally meets the requirements of paragraphs (2) and (3) of subdivision (c) of Section 1646.2 may apply to the board for a pediatric endorsement to provide deep sedation or general anesthesia to a child under seven years of age. A physician and surgeon without sufficient cases to obtain a pediatric endorsement may qualify for the endorsement pursuant to the requirements of subdivision (d) of Section 1646.2.

SEC. 17. Section 1646.12 is added to the Business and Professions Code, to read:

1646.12. A pediatric endorsement shall expire on the date specified in Section 1715 that next occurs after its issuance, unless it is renewed as provided in this article.

SEC. 18. Section 1647.2 of the Business and Professions Code is amended to read:

1647.2. (a) A dentist may administer or order the administration of moderate sedation on an outpatient basis for a dental patient if the dentist possesses an active dentist license or permit under Section 1638 or 1640 issued by the board and either an active general anesthesia permit or a moderate sedation permit.

(b) A moderate sedation permitholder shall obtain a pediatric endorsement on the moderate sedation permit prior to administering moderate sedation to a patient under 13 years of age.

(c) (1) A moderate sedation permitholder who administers or orders the administration of moderate sedation shall be physically present in the treatment facility while the patient is sedated.

(2) For patients under 13 years of age, there shall be at least two support personnel in addition to the operating dentist present at all times during the procedure involving moderate sedation. The operating dentist and one personnel member shall maintain current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8. The personnel member with current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management shall be dedicated to monitoring the patient during the procedure involving moderate sedation and may assist with interruptible patient-related tasks of short duration, such as holding an instrument.

(d) A moderate sedation permitholder shall possess the training, equipment, and supplies to rescue a patient from an unintended deeper level of sedation.

(e) This article shall not apply to the administration of local anesthesia, minimal sedation, deep sedation, or general anesthesia.

SEC. 19. Section 1647.3 of the Business and Professions Code is amended to read:

1647.3. (a) A dentist who desires to administer or to order the administration of moderate sedation shall possess a dentist license or a permit under Section 1638 or 1640 issued by the board that is in good standing and apply to the board on an application form prescribed by the board. The dentist shall submit an application fee and produce evidence showing that the dentist has successfully completed training in moderate sedation that meets the requirements of subdivision (c).

(b) The application for a permit shall include documentation that equipment and drugs required by the board are on the premises.

(c) Training in the administration of moderate sedation shall be acceptable if it meets all of the following as approved by the board:

(1) Consists of at least 60 hours of instruction.

(2) Requires satisfactory completion of at least 20 cases of administration of moderate sedation for a variety of dental procedures.

(3) Complies with the requirements of the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students of the American Dental Association, including, but not limited to, certification of competence in rescuing patients from a deeper level of sedation than intended, and managing the airway, intravascular or intraosseous access, and reversal medications.

(d) A dentist may apply for a pediatric endorsement for a moderate sedation permit by confirming all of the following:

(1) Successful completion of residency in pediatric dentistry accredited by the Commission on Dental Accreditation (CODA) or the equivalent training in pediatric moderate sedation, as determined by the board.

(2) Successful completion of at least 20 cases of moderate sedation to patients under 13 years of age to establish competency in pediatric moderate sedation, both at the time of the initial application and at renewal. The applicant or permitholder shall maintain and shall provide proof of these cases upon request by the board for up to three permit renewal periods.

(3) In order to provide moderate sedation to children under seven years of age, a dentist shall establish and maintain current competency for this pediatric population by completing 20 cases of moderate sedation for children under seven years of age in the 24-month period immediately preceding application for the pediatric endorsement and for each permit renewal period.

(4) Current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8.

(e) A moderate sedation permitholder with a pediatric endorsement shall maintain current and continuous certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8, for the duration of the permit.

(f) Applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of moderate sedation to patients under 13 years of age may administer moderate sedation to patients under 13 years of age under the direct supervision of a general anesthesia or moderate sedation permitholder who possesses a pediatric endorsement. The applicant may count these cases toward the 20 required in order to qualify for the applicant's pediatric endorsement.

(g) Moderate sedation permitholders with a pediatric endorsement seeking to provide moderate sedation to children under seven years of age, but who lack sufficient cases of moderate sedation to patients under seven years of age pursuant to paragraph (3) of subdivision (d), may administer moderate sedation to patients under seven years of age under the direct supervision of a general anesthesia or moderate sedation permitholder who possesses a pediatric endorsement to administer general anesthesia or moderate sedation to patients under seven years of age.

(h) Patient records submitted to the board pursuant to paragraph (2) of subdivision (c) and paragraphs (2) and (3) of subdivision (d) shall be confidential and shall not be disclosed pursuant to any state law, including, but not limited to, the California Public Records Act (Division 10 (commencing with Section 7920.000) of the Government Code), except for disclosure pursuant to a lawfully issued subpoena or a written request from a government agency responsible for either enforcement of civil or criminal laws or the professional licensing of individuals that is conducting an investigation about the applicant.

(i) If the procedures under paragraph (2) of subdivision (c) or paragraph (3) of subdivision (d) are performed in a dental office located in this state, the following shall apply:

(1) All office facility, equipment, and staff requirements for moderate sedation permit holders shall be met.

(2) The procedures shall be performed under the direct supervision of a California-licensed dentist who holds a board-issued general anesthesia or moderate sedation permit.

(3) For procedures performed under paragraph (3) of subdivision (d), the procedures shall be performed under the direct supervision of a California-licensed dentist who holds a board-issued general anesthesia or moderate sedation permit with a pediatric endorsement issued by the board.

(4) The procedures shall be supervised in compliance with subdivision (a) of Section 1682.

(j) For purposes of this section, "good standing" means the license or permit is active and unrestricted by disciplinary action taken pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, is not the subject of an unresolved complaint or review procedure, and is not the subject of any unresolved disciplinary proceeding.

SEC. 20. Section 1647.6 of the Business and Professions Code is amended to read:

1647.6. (a) A physical evaluation and medical history shall be taken before the administration of moderate sedation.

(b) Records of the physical evaluation, medical history, and moderate sedation procedures used shall be maintained as required by board regulations.

SEC. 21. Section 1647.18 of the Business and Professions Code is amended to read:

1647.18. As used in this article, the following terms have the following meanings:

(a) "Adult patient" means a dental patient 13 years of age or older.

(b) "Good standing" means the license or permit is active and unrestricted by disciplinary action taken pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, is not the subject of an unresolved complaint or review procedure, and is not the subject of any unresolved disciplinary proceeding.

(c) "Oral conscious sedation" means a minimally depressed level of consciousness produced by oral medication that retains the patient's ability to maintain independently and continuously an airway, and respond appropriately to physical stimulation or verbal command. "Oral conscious sedation" does not include dosages less than or equal to the single maximum recommended dose that can be prescribed for home use.

(1) The drugs and techniques used in oral conscious sedation shall have a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is reflex withdrawal from painful stimuli would not be considered to be in a state of oral conscious sedation.

(2) For the handicapped individual, incapable of the usually expected verbal response, a minimally depressed level of consciousness for that individual should be maintained.

SEC. 22. Section 1647.19 of the Business and Professions Code is amended to read:

1647.19. (a) A dentist may administer or order the administration of oral conscious sedation on an outpatient basis to an adult patient if the dentist possesses an active dentist license or permit issued under Section 1638 or 1640 and an active general anesthesia permit, moderate sedation permit, or adult oral conscious sedation certificate pursuant to Section 1647.20.

(b) An adult oral conscious sedation certificate shall expire on the date specified in Section 1715 that next occurs after its issuance, unless it is renewed as provided in this article.

(c) This article shall not apply to the administration of local anesthesia or a mixture of nitrous oxide and oxygen, or to the administration, dispensing, or prescription of postoperative medications.

SEC. 23. Section 1647.20 of the Business and Professions Code is amended to read:

1647.20. A dentist who desires to administer, or order the administration of, oral conscious sedation for adult patients, who does not hold a general anesthesia permit, as provided in Sections 1646.1 and 1646.2, or a moderate sedation permit, as provided in Sections 1647.2 and 1647.3, shall possess a dentist license or a permit under Section 1638 or 1640 issued by the board that is in good standing, apply to the board on an application form prescribed by the board, and submit the certification fee and evidence showing that the dentist satisfies any of the following requirements:

(a) Satisfactory completion of a postgraduate program in oral and maxillofacial surgery approved by either the Commission on Dental Accreditation or a comparable organization approved by the board.

(b) Satisfactory completion of a pediatric dental, periodontics, or general practice residency or other advanced education in a general dentistry program approved by the board.

(c) Satisfactory completion of a board-approved educational program on oral medications and sedation.

SEC. 24. Section 1647.22 of the Business and Professions Code is amended to read:

1647.22. (a) A physical evaluation and medical history shall be taken before the administration of oral conscious sedation to an adult. Records of the physical evaluation, medical history, and oral conscious sedation procedures used shall be maintained as required by the board regulations.

(b) A dentist who administers, or orders the administration of, oral conscious sedation for an adult patient shall be physically present in the treatment facility while the patient is sedated, and shall be present until discharge of the patient from the facility.

(c) The drugs and techniques used in oral conscious sedation to adults shall have a margin of safety wide enough to render unintended loss of consciousness unlikely.

SEC. 25. Section 1647.30 of the Business and Professions Code is amended to read:

1647.30. As used in this article, the following definitions apply:

(a) "Minimal sedation" means a drug-induced state during which patients respond normally to verbal commands, and conforms to all of the following:

(1) Although cognitive function and coordination may be impaired, airway reflexes, ventilatory, and cardiovascular functions are unaffected.

(2) The drugs and techniques used in minimal sedation shall have a margin of safety wide enough to render unintended loss of consciousness unlikely.

(3) Patients who require tactile stimulation to elicit a response to verbal commands shall not be considered to be in a state of minimal sedation.

(4) For the very young or developmentally delayed individual, incapable of the usually expected verbal response, a minimally depressed level of consciousness should be maintained.

(b) "Good standing" means the license or permit is active and unrestricted by disciplinary action taken pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, is not the subject of an unresolved complaint or review procedure, and is not the subject of any unresolved disciplinary proceeding.

SEC. 26. Section 1647.31 of the Business and Professions Code is amended to read:

1647.31. (a) A dentist may administer or order the administration of pediatric minimal sedation on an outpatient basis for pediatric dental patients under 13 years of age, if the dentist possesses an active dentist license or permit under Section 1630 or 1640 issued by the board and an active general anesthesia permit, moderate sedation permit with a pediatric endorsement, or a pediatric minimal sedation permit.

(b) A dentist who administers or orders the administration of pediatric minimal sedation shall be physically present in the treatment facility while the patient is sedated.

(c) A dentist with a pediatric minimal sedation permit shall possess the training, equipment, and supplies to rescue a patient from an unintended deeper level of sedation.

(d) This article does not apply to the administration of local anesthesia, moderate sedation, deep sedation, or general anesthesia.

SEC. 27. Section 1647.32 of the Business and Professions Code is amended to read:

1647.32. (a) A dentist who desires to administer or order the administration of pediatric minimal sedation shall apply to the board on an application form prescribed by the board. The dentist shall possess a dentist license or permit under Section 1638 or 1640 in good standing, submit an application fee, and produce evidence showing that the dentist has successfully completed training in pediatric minimal sedation that meets the requirements of subdivision (c).

(b) The application for a permit shall include documentation that equipment and drugs required by the board are on the premises.

(c) Training in the administration of pediatric minimal sedation shall be acceptable if it meets either of the following as approved by the board:

(1) Consists of at least 24 hours of pediatric minimal sedation instruction in addition to one clinical case. The pediatric minimal sedation instruction shall include training in pediatric monitoring, airway management, and resuscitation and patient rescue from moderate sedation.

(2) Completion of a residency accredited by the Commission on Dental Accreditation (CODA) in pediatric dentistry.

(d) A dentist shall be limited to administering a single drug whose primary purpose is sedative via the oral route, either singly or in divided doses, not to exceed the manufacturer's maximum recommended dose, plus a mix of nitrous oxide and oxygen and adjunctive agents such that the drugs either singly or in combination are unlikely to produce a state of unintended moderate sedation. This section shall not be construed to restrict the administration of adjunctive medication intended to relieve pain, affect the onset or duration of the primary sedative agent, or to reduce the side effects of sedation, including nausea or emesis.

(e) The operating dentist and a minimum of one additional personnel who are both trained in the monitoring and resuscitation of pediatric patients, as approved by the board, shall be present during the administration of minimal sedation.

SEC. 28. Section 1647.35 of the Business and Professions Code is repealed.

SEC. 29. Section 1647.35 is added to the Business and Professions Code, to read:

1647.35. A pediatric minimal sedation permitholder shall be required to complete a minimum of seven hours of approved courses of study related to pediatric minimal sedation as a condition of renewal of the permit. Those courses of study shall be credited toward the total continuing education required by the board pursuant to Section 1645.

SEC. 30. Section 1647.36 of the Business and Professions Code is repealed.

SEC. 31. Section 1647.36 is added to the Business and Professions Code, to read:

1647.36. (a) A physical evaluation and medical history shall be taken before the administration of pediatric minimal sedation.

(b) Records of the physical evaluation, medical history, and pediatric minimal sedation procedures used shall be maintained as required by board regulations.

SEC. 32. Section 1647.37 is added to the Business and Professions Code, to read:

1647.37. A pediatric minimal sedation permit shall expire on the date specified in Section 1715 that next occurs after its issuance, unless it is renewed as provided in this article.

SEC. 33. Section 1647.38 is added to the Business and Professions Code, to read:

1647.38. An oral conscious sedation for minor patients permitholder who has a permit that was issued before January 1, 2022, that authorized the permitholder to administer or order the administration of oral conscious sedation for minor patients under prior Article 2.85 (commencing with Section 1647.10) may follow the terms of that existing permit until it expires. Any pediatric minimal sedation permit issued or renewed pursuant to this article on or after January 1, 2022, shall require the permitholder to follow the requirements of this article.

SEC. 34. Section 1682 of the Business and Professions Code is amended to read:

1682. In addition to other acts constituting unprofessional conduct under this chapter, it is unprofessional conduct for:

(a) Any dentist performing dental procedures to have more than one patient undergoing moderate sedation, deep sedation, or general anesthesia on an outpatient basis at any given time unless each patient is being continuously monitored on a one-to-one ratio while sedated by either the dentist or another licensed health professional authorized by law to administer moderate sedation, deep sedation, or general anesthesia.

(b) Any dentist with patients recovering from moderate sedation, deep sedation, or general anesthesia to fail to have the patients closely monitored by licensed health professionals experienced in the care and resuscitation of patients recovering from moderate sedation, deep sedation, or general anesthesia. If one licensed professional is responsible for the recovery care of

more than one patient at a time, all of the patients shall be physically in the same room to allow continuous visual contact with all patients and the patient to recovery staff ratio should not exceed three to one.

(c) Any dentist with patients who are undergoing deep sedation, general anesthesia, or moderate sedation to fail to have these patients continuously monitored during the dental procedure with a pulse oximeter or similar or superior monitoring equipment and ventilation continuously monitored using at least two of the three following methods:

(1) Auscultation of breath sounds using a precordial stethoscope.

(2) Monitoring for the presence of exhaled carbon dioxide with capnography.

(3) Verbal communication with a patient under moderate sedation. This method shall not be used for a patient under deep sedation or general anesthesia.

(d) Any dentist with patients who are undergoing moderate sedation to have dental office personnel directly involved with the care of those patients who are not certified in basic cardiac life support (CPR) and recertified biennially.

(e) (1) Any dentist to fail to obtain the written informed consent of a patient prior to administering moderate sedation, deep sedation, or general anesthesia. In the case of a minor, the consent shall be obtained from the child's parent or guardian.

(2) The written informed consent for general anesthesia, in the case of a minor, shall include, but not be limited to, the following information:

"The administration and monitoring of deep sedation or general anesthesia may vary depending on the type of procedure, the type of practitioner, the age and health of the patient, and the setting in which anesthesia is provided. Risks may vary with each specific situation. You are encouraged to explore all the options available for your child's anesthesia for their dental treatment, and consult with your dentist, family physician, or pediatrician as needed."

(3) Nothing in this subdivision shall be construed to establish the reasonable standard of care for administering or monitoring adult oral conscious sedation, pediatric minimal sedation, moderate sedation, deep sedation, or general anesthesia.

SEC. 35. Section 1684.1 of the Business and Professions Code is amended to read:

1684.1. (a) (1) A licensee who fails or refuses to comply with a request for the dental records of a patient, that is accompanied by written authorization of the patient or the patient's representative, as defined in subdivision (e) of Section 123105 of the Health and Safety Code, for release of record to the board, within 15 days of receiving the request and authorization, shall pay to the board a civil penalty of two hundred fifty dollars (\$250) per day for each day that the documents have not been produced after the 15th day, up to a maximum of five thousand dollars (\$5,000) unless the licensee is unable to provide the documents within this time period for good cause.

(2) A health care facility shall comply with a request for the dental records of a patient that is accompanied by that patient's written authorization for release of records to the board together with a notice citing this section and describing the penalties for failure to comply with this section. Failure to provide the patient's dental records to the board within 30 days of receiving this request, authorization, and notice shall subject the health care facility to a civil penalty, payable to the board, of up to two hundred fifty dollars (\$250) per day for each day that the documents have not been produced after the 30th day, up to a maximum of five thousand dollars (\$5,000), unless the health care facility is unable to provide the documents within this time period for good cause. This paragraph shall not require health care facilities to assist the board in obtaining the patient's authorization. The board shall pay the reasonable cost of copying the dental records.

(b) (1) A licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board shall pay to the board a civil penalty of one thousand dollars (\$1,000) per day for each day that the documents have not been produced after the date by which the court order requires the documents to be produced, unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(2) Any licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board is guilty of a misdemeanor punishable by a fine payable to the board not to exceed five thousand dollars (\$5,000). The fine shall be added to the licensee's renewal fee if it is not paid by the next succeeding renewal date. Any statute of limitations applicable to the filing of an accusation by the board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(3) A health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of patient records to the board, that is accompanied by a notice citing this section and describing the penalties for failure to comply with this section, shall pay to the board a civil penalty of up to one thousand dollars (\$1,000) per day for each

day that the documents have not been produced, up to ten thousand dollars (\$10,000), after the date by which the court order requires the documents to be produced, unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals.

(4) Any health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board is guilty of a misdemeanor punishable by a fine payable to the board not to exceed five thousand dollars (\$5,000). Any statute of limitations applicable to the filing of an accusation by the board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals.

(c) Multiple acts by a licensee in violation of subdivision (b) shall be punishable by a fine not to exceed five thousand dollars (\$5,000) or by imprisonment in a county jail not exceeding six months, or by both that fine and imprisonment. Multiple acts by a health care facility in violation of subdivision (b) shall be punishable by a fine not to exceed five thousand dollars (\$5,000) and shall be reported to the State Department of Health Care Services and shall be considered as grounds for disciplinary action with respect to licensure, including suspension or revocation of the license or certificate.

(d) A failure or refusal to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board constitutes unprofessional conduct and is grounds for suspension or revocation of the licensee's license.

(e) Imposition of the civil penalties authorized by this section shall be in accordance with the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Division 3 of Title 2 of the Government Code).

(f) For the purposes of this section, a "health care facility" means a clinic or health care facility licensed or exempt from licensure pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code.

SEC. 36. Section 1700 of the Business and Professions Code is amended to read:

1700. Any person, company, or association is guilty of a misdemeanor, and upon conviction thereof shall be punished by imprisonment in the county jail not less than 10 days nor more than one year, or by a fine of not less than one hundred dollars (\$100) nor more than one thousand five hundred dollars (\$1,500), or by both fine and imprisonment, who:

(a) Assumes the degree of "doctor of dental surgery," "doctor of dental science," or "doctor of dental medicine" or appends the letters "D.D.S.," or "D.D.Sc." or "D.M.D." to their name without having had the right to assume the title conferred upon them by diploma from a recognized dental college or school legally empowered to confer the same.

(b) Assumes any title, or appends any letters to their name, with the intent to represent falsely that they have received a dental degree or license.

(c) Engages in the practice of dentistry without causing to be displayed in an area that is likely to be seen by all patients who use the facility, the original or copy of the current license, permit, or registration of each person employed at the facility to practice dentistry.

(d) Within 10 days after demand is made by the executive officer of the board, fails to furnish to the board the name and address of all persons practicing or assisting in the practice of dentistry in the office of the person, company, or association, at any time within 60 days prior to the demand, together with a sworn statement showing under and by what license or authority this person, company, or association and any employees are or have been practicing dentistry. This sworn statement shall not be used in any prosecution under this section.

(e) Is under the influence of alcohol or a controlled substance while engaged in the practice of dentistry in actual attendance on patients to an extent that impairs their ability to conduct the practice of dentistry with safety to patients and the public.

SEC. 37. Section 1701 of the Business and Professions Code is amended to read:

1701. (a) Any person is for the first offense guilty of a misdemeanor and shall be punishable by a fine of not less than two hundred dollars (\$200) or more than three thousand dollars (\$3,000), or by imprisonment in a county jail for not to exceed six months, or both, and for the second or a subsequent offense is guilty of a felony and upon conviction thereof shall be punished by a fine of not less than two thousand dollars (\$2,000) nor more than six thousand dollars (\$6,000), or by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code, or by both such fine and imprisonment, who:

(1) Sells or barter or offers to sell or barter any dental degree or any license or transcript made or purporting to be made pursuant to the laws regulating the license and registration of dentists.

(2) Purchases or procures by barter any such diploma, license or transcript with intent that the same shall be used in evidence of the holder's qualification to practice dentistry, or in fraud of the laws regulating such practice.

(3) With fraudulent intent, makes or attempts to make, counterfeits or alters in a material regard any such diploma, certificate or transcript.

(4) Uses, attempts or causes to be used, any such diploma, certificate or transcript that has been purchased, fraudulently issued, counterfeited or materially altered, either as a license to practice dentistry, or in order to procure registration as a dentist.

(5) In an affidavit, required of an applicant for examination, license or registration under this chapter, willfully makes a false statement in a material regard.

(6) Practices dentistry or offers to practice dentistry as it is defined in this chapter, either without a license, or when the license has been revoked or suspended.

(7) Under any false, assumed or fictitious name, either as an individual, firm, corporation or otherwise, or any name other than the name under which the license is issued, the licensee practices, advertises or in any other manner indicates that the licensee is practicing or will practice dentistry, except such name as is specified in a valid permit issued pursuant to Section 1701.5.

(b) The board may post an administrative citation issued pursuant to Section 148 on the board's internet website for an offense described in subdivision (a).

SEC. 38. Section 1701.1 of the Business and Professions Code is amended to read:

1701.1. (a) Notwithstanding Sections 1700 and 1701, a person who willfully, under circumstances or conditions that cause or create risk of bodily harm, serious physical or mental illness, or death, practices or attempts to practice, or advertises or holds themselves out as practicing dentistry without having at the time of so doing a valid, unrevoked, and unsuspended certificate, license, registration, or permit as provided in this chapter, or without being authorized to perform that act pursuant to a certificate, license, registration, or permit obtained in accordance with some other provision of law, is guilty of a public offense, punishable by a fine not exceeding ten thousand dollars (\$10,000), by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code, by imprisonment in a county jail not exceeding one year, or by both the fine and either imprisonment.

(b) A person who conspires with or aids and abets another to commit any act described in subdivision (a) is guilty of a public offense and subject to the punishment described in subdivision (a).

(c) The board may post an administrative citation issued pursuant to Section 148 on the board's internet website for an offense described in subdivisions (a) and (b).

(d) The remedy provided in this section shall not preclude any other remedy provided by law.

SEC. 39. Section 1701.5 of the Business and Professions Code is repealed.

SEC. 40. Section 1701.5 is added to the Business and Professions Code, to read:

1701.5. (a) Any dentist who as a sole proprietor, dentists who are organized as an association, partnership, or group, or a dental corporation that desires to practice under any name that would otherwise be in violation of Section 1701 may practice under this name if the dentist, association, partnership, group, or dental corporation obtains and maintains in current status a fictitious name permit issued by the board under this section.

(b) To obtain or renew a fictitious name permit, the dentist, association, partnership, group, or dental corporation shall apply to the board on an application form prescribed by the board and provide all of the following information:

(1) The names, license numbers, and contact information for each applicant engaging in practice under the fictitious name.

(2) The address of the place or establishment, or the portion thereof, where the applicant or applicants practice under the fictitious name.

(3) Evidence that the place or establishment, or the portion thereof, identified in paragraph (2) is owned or leased by the applicant or applicants, and the practice conducted at the place or establishment, or portion thereof, is wholly owned and entirely controlled by the applicant or applicants.

(4) The fictitious name under which the applicant or applicants propose to engage in dental practice that contains at least one of the following designations: "dental group," "dental practice," "dental office," or "dental corporation," as applicable pursuant to

Section 1804, and is in conformity with Section 651 and subdivisions (i) and (l) of Section 1680.

(c) All applicants shall hold an active license that is not subject to any pending license enforcement action.

(d) Initial permit application and renewal fees shall be submitted to the board in accordance with Section 1724.5.

(e) A permit issued under this section by the board shall be issued for a two-year term.

(f) Any permit issued under this section may be revoked or suspended at any time that the board finds that any one of the requirements for original issuance of a permit is no longer being fulfilled by the holder to whom the permit was issued. Proceedings for revocation or suspension shall be governed by Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(g) A fictitious name permit issued to a dentist as the sole proprietor shall be suspended or revoked in the event the dentist's license to practice dentistry is suspended or revoked.

(h) In the event charges of unprofessional conduct are filed against a member of an association, or partnership, group, or dental corporation to whom a permit has been issued under this section, proceedings shall not be commenced for revocation or suspension of the permit issued under this section until final determination of the charges of unprofessional conduct and unless the charges have resulted in revocation or suspension of the member's license, registration, or permit.

(i) Any departures of dentists engaged in practice under the fictitious name shall be reported by the departing dentist to the board within 30 days of such departure. If a departing dentist is the dentist whose family name was used in the fictitious name, the departing dentist shall be removed as a permitholder, as applicable, and the remaining permitholders shall apply to the board to change the fictitious name to remove only the family name of the departing dentist.

(j) If an additional dentist desires to engage in practice under the fictitious name, the fictitious name permit shall be canceled and a new fictitious name permit application shall be submitted to the board.

SEC. 41. Section 1707 is added to the Business and Professions Code, to read:

1707. (a) If upon investigation, the board has probable cause to believe that a person, company, or association is advertising with respect to the offering or provision of an educational program or course that requires board approval without being properly approved by the board to offer or provide the educational program or course, the board may issue a citation in accordance with Section 148.

(b) Each citation issued pursuant to subdivision (a) may contain:

(1) An assessment of an administrative fine. Administrative fines shall range from fifty dollars (\$50) to five thousand dollars (\$5,000), inclusive, for each violation. Any sanction authorized for activity under this section shall be separate from and in addition to any other civil or criminal remedies.

(2) An order of correction that requires the violator to do both of the following:

(A) Cease the unlawful advertising.

(B) Notify the telephone company furnishing services to the violator to disconnect the telephone service furnished to any telephone number contained in the unlawful advertising.

(c) This action is stayed if the person to whom a citation is issued under subdivision (a) notifies the board in writing that they intend to contest the citation. The board shall afford an opportunity for a hearing, as specified in Section 125.9.

(d) If the person to whom a citation and order of correction is issued under subdivision (a) fails to comply with the order of correction after that order is final, the board shall inform the Public Utilities Commission of the violation and the Public Utilities Commission shall require the telephone corporation furnishing services to that person, company, or association to disconnect the telephone service furnished to any telephone number contained in the unlawful advertising.

(e) The good faith compliance by a telephone corporation with an order of the Public Utilities Commission to terminate service issued pursuant to this section shall constitute a complete defense to any civil or criminal action brought against the telephone corporation arising from the termination of service.

SEC. 42. Section 1718.3 of the Business and Professions Code is amended to read:

1718.3. A license that is not renewed within five years after its expiration shall be canceled and shall not be renewed, restored, reinstated, or reissued thereafter, but the holder of the license may apply for and obtain a new license if the following

requirements are satisfied:

(a) No fact, circumstance, or condition exists which would justify denial of licensure under Section 480.

(b) The licenseholder pays all of the fees that would be required if the licenseholder were then applying for the license for the first time and all delinquency fees, if any, that have accrued since the date on which the licenseholder last renewed the license. Delinquency fees shall not accrue after the license has been canceled pursuant to this section.

(c) The licenseholder applies for licensure, as a new applicant, through one of the available licensing pathways under this division and meets all the requirements for licensure outlined therein.

(d) For purposes of subdivision (c), a licenseholder who was previously eligible for examination pursuant to subdivision (e) of Section 1628 shall be eligible to take the examination required by Section 1632 pursuant to the terms of subdivision (e) of Section 1628.

SEC. 43. Section 1724 of the Business and Professions Code is amended to read:

1724. The amount of charges and fees for dentists licensed pursuant to this chapter shall be established by the board as is necessary for the purpose of carrying out the responsibilities required by this chapter as it relates to dentists, subject to the following limitations:

(a) The fee for an application for licensure qualifying pursuant to paragraph (1) of subdivision (c) of Section 1632 shall not exceed one thousand five hundred dollars (\$1,500). The fee for an application for licensure qualifying pursuant to paragraph (2) of subdivision (c) of Section 1632 shall not exceed one thousand dollars (\$1,000).

(b) The fee for an application for licensure qualifying pursuant to Section 1634.1 shall not exceed one thousand dollars (\$1,000).

(c) The fee for an application for licensure qualifying pursuant to Section 1635.5 shall not exceed one thousand dollars (\$1,000).

(d) The fee for an initial license and for the renewal of a license is five hundred twenty-five dollars (\$525). On and after January 1, 2016, the fee for an initial license shall not exceed six hundred fifty dollars (\$650), and the fee for the renewal of a license shall not exceed six hundred fifty dollars (\$650). On and after January 1, 2018, the fee for an initial license shall not exceed eight hundred dollars (\$800), and the fee for the renewal of a license shall not exceed eight hundred dollars (\$800).

(e) The fee for an application for a special permit shall not exceed one thousand dollars (\$1,000), and the renewal fee for a special permit shall not exceed six hundred dollars (\$600).

(f) The delinquency fee shall be 50 percent of the renewal fee for such a license or permit in effect on the date of the renewal of the license or permit.

(g) The penalty for late registration of change of place of practice shall not exceed seventy-five dollars (\$75).

(h) The fee for an application for an additional office permit shall not exceed seven hundred fifty dollars (\$750), and the fee for the renewal of an additional office permit shall not exceed three hundred seventy-five dollars (\$375).

(i) The fee for issuance of a replacement pocket license, replacement wall certificate, or replacement engraved certificate shall not exceed one hundred twenty-five dollars (\$125).

(j) The fee for a provider of continuing education shall not exceed five hundred dollars (\$500) per year.

(k) The fee for application for a referral service permit and for renewal of that permit shall not exceed twenty-five dollars (\$25).

(l) The fee for application for an extramural facility permit and for the renewal of a permit shall not exceed twenty-five dollars (\$25).

(m) The fee for an application for an elective facial cosmetic surgery permit shall not exceed four thousand dollars (\$4,000), and the fee for the renewal of an elective facial cosmetic surgery permit shall not exceed eight hundred dollars (\$800).

(n) The fee for an application for an oral and maxillofacial surgery permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of an oral and maxillofacial surgery permit shall not exceed one thousand two hundred dollars (\$1,200).

(o) The fee for an application for a general anesthesia permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a general anesthesia permit shall not exceed six hundred dollars (\$600).

(p) The fee for an onsite inspection and evaluation related to a general anesthesia or moderate sedation permit shall not exceed four thousand five hundred dollars (\$4,500).

(q) The fee for an application for a moderate sedation permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a moderate sedation permit shall not exceed six hundred dollars (\$600).

(r) The fee for an application for an adult oral conscious sedation certificate shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of an adult oral conscious sedation certificate shall not exceed six hundred dollars (\$600).

(s) The fee for an application for a pediatric minimal sedation permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a pediatric minimal sedation permit shall not exceed six hundred dollars (\$600).

(t) The fee for an application for a pediatric endorsement for a general anesthesia permit or moderate sedation permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a pediatric endorsement shall not exceed six hundred dollars (\$600).

(u) The fee for a certification of licensure shall not exceed one hundred twenty-five dollars (\$125).

(v) The fee for an application for the law and ethics examination shall not exceed two hundred fifty dollars (\$250).

SEC. 44. Section 1740 of the Business and Professions Code is amended to read:

1740. It is the intention of the Legislature by enactment of this article to permit the full utilization of dental assistants in order to meet the dental care needs of all the state's citizens. The Legislature further intends that the classifications of dental assistants established by this article permit the continual advancement of persons to successively higher levels of licensure with additional education and training. The Legislature further intends that the Dental Board of California, in implementing this article, consider the recommendations of the Dental Assisting Council, established pursuant to Section 1742.

SEC. 45. Section 1741 of the Business and Professions Code is repealed.

SEC. 46. Section 1741 is added to the Business and Professions Code, to read:

1741. As used in this article:

(a) "Alternative dental assisting program" means a program offered by an institution of secondary or postsecondary education that has a current accreditation from the Commission on Dental Accreditation or is accredited or approved by an agency recognized by the United States Department of Education or State Department of Education, including career health and technical education programs, regional occupation centers or programs, or apprenticeship programs registered by the State Department of Education or Division of Apprenticeship Standards of the Department of Industrial Relations in allied dental programs, and whereby a certificate of completion from the program shall serve as a pathway component for licensure as a registered dental assistant.

(b) "Basic supportive dental procedures" means procedures that have technically elementary characteristics, are completely reversible, and are unlikely to precipitate potentially hazardous conditions for the patient being treated, including extraoral tasks involving sterilization procedures and infection control and disease prevention tasks.

(c) "Board" means the Dental Board of California.

(d) "Certified dental assistant" means an individual who has successfully passed the general chairside assisting, radiation health and safety, and infection control examinations administered by the Dental Assisting National Board and has an active certification satisfactory to terms and conditions of the Dental Assisting National Board at the time of application for a dental assisting license. A current and valid certified dental assistant certificate is not required for subsequent licensure renewals.

(e) "Certificate of completion" means a certificate that shall include, at minimum, the participant's name, the name of the course or program completed, the name of the course or program provider, including the board-issued approval number, the date or date range of completion of the course or program, the number of completed hours of the course or program, and the signature of the course or program provider, director, administrator, or their designee that verifies the participant has successfully completed any of the following:

(1) A board-approved educational course or program in dental assisting.

(2) A continuing education course provided by a board-approved continuing education provider.

(3) An alternative dental assisting program.

(f) "Continuing education" means a course of study specific to the performance of dental-related procedures where the education is directly related to the clinical and supplemental duties and functions of dental assistants, registered dental assistants, registered dental assistants in extended functions, and dental assisting permitholders, as defined in this article. The continuing

education coursework must follow the provisions outlined in board regulations. Continuing education units obtained shall be limited to no more than eight units per day. The following shall apply to the continuing education units:

- (1) Live interactive coursework units obtained shall not total more than eight units per day.
- (2) Nonlive or self-paced online coursework units shall not be more than eight units per day within a range of dates during a seminar, workshop, or educational series where more than one day is required to complete the coursework.
- (g) "Coronal polishing" means a procedure limited to the removal of plaque and stain from exposed tooth surfaces.
- (h) "Council" means the Dental Assisting Council of the Dental Board of California.
- (i) "Course" means an educational offering, class, presentation, meeting, or other similar event.
- (j) "Dental assistant" means an individual who, without a license, may perform only basic supportive dental procedures described in Sections 1750 and 1750.1.
- (k) "Direct supervision" means supervision of dental procedures based on instructions given by a licensed dentist, who shall be physically present in the treatment facility during the performance of those procedures.
- (l) "General supervision" means supervision of dental procedures based on instructions given by a licensed dentist but not requiring the physical presence of the supervising dentist during the performance of those procedures.
- (m) "Good standing" means the licensee or permit holder has not been disciplined, is not the subject of an unresolved complaint or review procedures, and is not the subject of any unresolved disciplinary proceeding.
- (n) "Interim therapeutic restoration" means a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment. An interim therapeutic restoration consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. An interim therapeutic restoration may also be applied to a tooth with caries that has been confirmed by the treating dentist to be arrested through the use of a caries arresting agent with or without further removal of tooth structure. Local anesthesia shall not be necessary for interim therapeutic restoration placement.
- (o) "Preceptee" means an unlicensed dental assistant who is supervised by a California-licensed dentist or dentists in good standing and is participating in a preceptorship in dental assisting to learn the clinical skills and acquire procedural knowledge through work experience and supplemental dental assisting coursework.
- (p) "Preceptor" means a California-licensed dentist in good standing who directly supervises and provides on-the-job training to a preceptee in a preceptorship in dental assisting by evaluating clinical competence, documenting completion of clinical chairside work experience, learning, and clinical progress, teaching and promoting clinical reasoning, and ensuring the preceptee has completed course requirements before performing dental assisting duties pursuant to Section 1750.1. A preceptee may have more than one California-licensed dentist serve as a preceptor.
- (q) "Preceptorship in dental assisting" means supervised on-the-job training of a preceptee by a preceptor in the performance of duties specified in Section 1750.1 in a competent manner as determined by the preceptor pursuant to the requirements set forth in paragraph (5) of subdivision (a) of Section 1752.1.
- (r) "Registered dental assistant" means a person licensed by the board to perform all procedures authorized under Section 1752.4.
- (s) "Registered dental assistant in extended functions" means a person licensed by the board to perform all procedures authorized under Section 1753.5.
- (t) "Satisfactory work experience" means performance of the duties specified in Section 1750.1 in a competent manner as determined by the supervising dentist or dentists, who shall certify under penalty of perjury under the laws of the State of California the applicant's completion of the work experience.

SEC. 47. Section 1749.1 of the Business and Professions Code is repealed.

SEC. 48. Section 1750 of the Business and Professions Code is amended to read:

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

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

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

(d) The employer shall maintain evidence for the length of the employment for the dental assistant at the supervising dentist's treatment facility to verify the dental assistant has met and maintained all certification requirements as dictated by statute and regulation.

(e) The employer shall inform the dental assistant of the educational requirements described in subdivision (f) to maintain employment as an unlicensed dental assistant.

(f) The employer of a dental assistant shall be responsible for ensuring that the dental assistant who has been employed continuously or on an intermittent basis by that employer for one year from the date of first employment provides evidence to the employer that the dental assistant has already successfully completed, or successfully completes, all of the following within one year of the first date of employment:

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

(2) Current certification in basic life support issued by the American Red Cross, the American Heart Association, the American Safety and Health Institute, the American Dental Association's Continuing Education Recognition Program, or the Academy of General Dentistry's Program Approval for Continuing Education, in accordance with both of the following:

(A) The dental assistant shall be responsible for maintaining current certification in basic life support to perform duties involving patients.

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

(3) To perform radiographic procedures, a dental assistant shall complete a board-approved course in radiation safety. The original or a copy of the current, valid certificate issued by a board-approved radiation safety course provider shall be publicly displayed at the treatment facility where the dental assistant performs dental services.

(4) To perform coronal polishing prior to licensure as a registered dental assistant, an unlicensed dental assistant shall complete a board-approved coronal polishing course and obtain a certificate of completion. Prior to taking the coronal polishing course, the dental assistant shall provide evidence to the course provider of having completed a board-approved eight-hour course in infection control and a current, valid certification in basic life support.

(A) Coronal polishing performed pursuant to this paragraph shall be performed under the direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist, who shall, at minimum, evaluate each patient after coronal polishing procedures are performed by the dental assistant.

(B) The original or a copy of the current, valid certificate issued by a board-approved coronal polishing course provider shall be publicly displayed at the treatment facility where the dental assistant performs dental services.

SEC. 49. Section 1750.1 of the Business and Professions Code is amended to read:

1750.1. (a) A dental assistant may perform the following duties under the general supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:

(1) Extraoral duties specified by the supervising licensee that meet the definition of a basic supportive dental procedure specified in subdivision (b) of Section 1741. These duties may include a procedure that requires the use of personal protective equipment, laboratory functions, and sterilization and disinfection procedures described in Section 1005 of Title 16 of the California Code of Regulations and Section 5193 of Title 8 of the California Code of Regulations.

(2) Operate dental radiography equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of paragraph (4) of subdivision (f) of Section 1750.

(3) Perform intraoral and extraoral photography.

(b) A dental assistant may perform the following duties under the direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:

(1) Apply nonaerosol and noncaustic topical agents, including all forms of topical fluoride.

(2) Take intraoral impressions for all nonprosthodontic appliances.

(3) Take facebow transfers and bite registrations.

(4) Place and remove rubber dams or other isolation devices.

(5) Place, wedge, and remove matrices for restorative procedures.

(6) Remove postextraction dressings after inspection of the surgical site by the supervising licensed dentist.

(7) Perform measurements for the purposes of orthodontic treatment.

(8) Cure dental materials with a light curing device.

(9) Examine orthodontic appliances.

(10) Place and remove orthodontic separators.

(11) Remove ligature ties and archwires.

(12) After adjustment by the dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient.

(13) Remove periodontal dressings.

(14) Remove sutures after inspection of the site by the dentist.

(15) Place patient monitoring sensors.

(16) Adjust the flow of nitrous oxide and oxygen gases if deemed necessary and directed by the supervising dentist who shall be present in the operatory directly supervising the adjustment.

(17) Extraoral functions specified by the supervising dentist that meet the definition of basic supportive dental procedures specified in subdivision (b) of Section 1741. Such duties may include patient monitoring, placing monitoring sensors, taking of vital signs, or other extraoral procedures related to the scope of their practice.

(18) In response to a medical emergency and under the direct supervision, order, control, and full professional responsibility of the licensed dentist, a dental assistant may administer or assist in the administration of oxygen.

(c) The board may specify additional allowable duties by regulation.

(d) The duties of a dental assistant or a dental assistant holding a permit in orthodontic assisting or in dental sedation shall not include any of the following procedures unless specifically allowed by law:

(1) Diagnosis and comprehensive treatment planning.

(2) Placing, finishing, or removing permanent restorations.

(3) Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.

(4) Prescribing medication.

(5) Starting the flow of nitrous oxide and oxygen gases.

(6) Administration of local or general anesthesia or sedation.

(e) Unless otherwise permitted in this section, the duties of a dental assistant do not include any duty or procedure that only a registered dental assistant, registered dental assistant in extended functions, orthodontic assistant, dental sedation assistant, registered dental hygienist, or registered dental hygienist in alternative practice is allowed to perform.

(f) The placement of pit and fissure sealants may only be performed by a registered dental assistant, registered dental assistant in extended functions, registered dental hygienist, or registered dental hygienist in alternative practice.

SEC. 50. Section 1750.2 of the Business and Professions Code is amended to read:

1750.2. (a) The board may issue an orthodontic assistant permit to a person who files a completed application, pays the applicable fee, and provides evidence, satisfactory to the board, of the following eligibility requirements:

(1) Successful completion, within two years before the date the application is received by the board, of a two-hour board-approved course in the Dental Practice Act and an eight-hour board-approved course in infection control, and, within five years before the date the application is received by the board, of a board-approved course in ultrasonic scaling.

(2) Current certification in basic life support issued by American Red Cross, American Heart Association, American Safety and Health Institute, American Dental Association's Continuing Education Recognition Program, or Academy of General Dentistry's Program Approval for Continuing Education.

(3) Successful completion of a board-approved orthodontic assistant course.

(4) A full set of fingerprints for purposes of conducting a criminal history record check.

(5) Passage of a written examination administered by the board after completion of all of the other requirements of this subdivision. The written examination shall encompass the knowledge, skills, and abilities necessary to competently perform the duties specified in Section 1750.3.

(b) A person who holds a permit pursuant to this section shall be responsible for obtaining recertification in basic life support as part of permit renewal and completing the continuing education requirements as established by the board pursuant to Section 1645 and the renewal requirements of Article 6 (commencing with Section 1715).

(c) The original or a copy of the current, valid permit issued by the board shall be publicly displayed at the treatment facility where the permitholder performs dental services.

(d) Preparation or execution of false documentation of satisfaction of any requirement under this section shall be considered unprofessional conduct and grounds for license denial, revocation, or suspension.

SEC. 51. Section 1750.3 of the Business and Professions Code is amended to read:

1750.3. (a) A person holding an orthodontic assistant permit pursuant to Section 1750.2 may perform under the general supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist all duties that a dental assistant is allowed to perform under subdivision (a) of Section 1750.1, and the following duties under the direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:

(1) All duties that a dental assistant is allowed to perform under subdivision (b) of Section 1750.1.

(2) Isolate, condition, etch, and prepare teeth for provisional attachments, bonded attachments, aligner buttons, aligner connections, orthodontic brackets, and appliances.

(3) Size, fit, and secure orthodontic bands using appropriate materials.

(4) Prepare teeth for bonding and select, preposition, and cure orthodontic brackets after their position has been approved by the supervising licensed dentist.

(5) Remove orthodontic bands, brackets, and attachments and remove excess cement from supragingival surfaces of teeth with a hand instrument, with the removal of any remaining material by the supervising licensed dentist or registered dental assistant in extended functions licensed on or after January 1, 2010.

(6) Place and ligate archwires.

(7) Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.

(8) Any additional duties that the board may prescribe by regulation.

(b) The original or a copy of the current, valid permit issued by the board shall be publicly displayed at the treatment facility where the permitholder performs dental services.

SEC. 52. Section 1750.4 of the Business and Professions Code is amended to read:

1750.4. (a) The board may issue a dental sedation assistant permit to a person who files a completed application, pays the applicable fee, and provides evidence, satisfactory to the board, of all of the following eligibility requirements:

(1) Current, active, and valid licensure as a registered dental assistant or registered dental assistant in extended functions, or completion of at least 12 months of verifiable work experience as a dental assistant.

(2) Successful completion, within two years before the date the application is received by the board, of a two-hour board-approved course in the Dental Practice Act and an eight-hour board-approved course in infection control.

(3) Current certification in basic life support issued by American Red Cross, American Heart Association, American Safety and Health Institute, American Dental Association's Continuing Education Recognition Program, or Academy of General Dentistry's Program Approval for Continuing Education.

(4) Successful completion of a board-approved dental sedation assistant course, which may commence after the completion of six months of work experience as a dental assistant.

(5) A full set of fingerprints for purposes of conducting a criminal history record check.

(6) Passage of a written examination administered by the board after completion of all of the other requirements of this subdivision. The written examination shall encompass the knowledge, skills, and abilities necessary to competently perform the duties specified in Section 1750.5.

(b) A person who holds a permit pursuant to this section shall be responsible for obtaining recertification in basic life support as part of permit renewal and completing the same continuing education requirements as established by the board pursuant to Section 1645 and the renewal requirements of Article 6 (commencing with Section 1715).

(c) The original or a copy of the current, valid permit issued by the board shall be publicly displayed at the treatment facility where the permitholder performs dental services.

(d) Preparation or execution of false documentation of satisfaction of any requirement under this section shall be considered unprofessional conduct and grounds for license denial, revocation, or suspension.

SEC. 53. Section 1750.5 of the Business and Professions Code is amended to read:

1750.5. (a) A person who holds a dental sedation assistant permit pursuant to Section 1750.4 may perform under general supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist all duties that a dental assistant is allowed to perform under subdivision (a) of Section 1750.1 and the following duties under the direct supervision and pursuant to the order, control, and full professional responsibility of a current, valid licensed dentist or other licensed health care professional authorized to administer moderate sedation, deep sedation, or general anesthesia in the treatment facility:

(1) All duties that a dental assistant is allowed to perform under subdivision (b) of Section 1750.1.

(2) Monitor patients undergoing moderate sedation, deep sedation, or general anesthesia utilizing data from noninvasive instrumentation such as pulse oximeters, electrocardiograms, capnography, blood pressure, pulse, and respiration rate monitoring devices. Evaluation of the condition of a sedated patient shall remain the responsibility of the supervising dentist or the licensed health care professional authorized to administer moderate sedation, deep sedation, or general anesthesia, who shall be at the patient's chairside while moderate sedation, deep sedation, or general anesthesia is being administered.

(3) Drug identification and draw, limited to identification of appropriate medications, ampule and vial preparation, and withdrawing drugs of correct amount as verified by the supervising licensed dentist, or the licensed health care professional authorized to administer moderate sedation, deep sedation, or general anesthesia.

(4) Add drugs, medications, and fluids to intravenous lines using a syringe, provided that a supervising licensed dentist is present at the patient's chairside, limited to determining patency of intravenous line, selection of injection port, syringe insertion into injection port, occlusion of intravenous line and blood aspiration, line release, and injection of drugs for appropriate time interval. The exception to this duty is that the initial dose of a drug or medication shall be administered by the supervising licensed dentist or licensed health care professional authorized to administer moderate sedation, deep sedation, or general anesthesia.

(5) Removal of intravenous lines.

(6) Any additional duties that the board may prescribe by regulation.

(b) The duties listed in paragraphs (1) to (5), inclusive, of subdivision (a) may not be performed in any setting other than a dental office or dental clinic.

(c) The original or a copy of the current, valid permit issued by the board shall be publicly displayed at the treatment facility where the permitholder performs dental services.

SEC. 54. Section 1752.1 of the Business and Professions Code is amended to read:

1752.1. (a) The board may license as a registered dental assistant a person who files an application and submits written evidence, satisfactory to the board, of one of the following eligibility requirements:

(1) Graduation from an educational program in registered dental assisting approved by the board, and satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board.

(2) For individuals applying prior to January 1, 2010, evidence of completion of satisfactory work experience of at least 12 months as a dental assistant in California or another state and satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board.

(3) For individuals applying on or after January 1, 2010, evidence of completion of satisfactory work experience of at least 15 months as a dental assistant in California or another state and satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board.

(b) For purposes of this section, "satisfactory work experience" means performance of the duties specified in Section 1750.1 in a competent manner as determined by the employing dentist, who shall certify to such satisfactory work experience in the application.

(c) The board shall give credit toward the work experience referred to in this section to persons who have graduated from a dental assisting program in a postsecondary institution approved by the Department of Education or in a secondary institution, regional occupational center, or regional occupational program, that are not, however, approved by the board pursuant to subdivision (a). The credit shall equal the total weeks spent in classroom training and internship on a week-for-week basis. The board, in cooperation with the Superintendent of Public Instruction, shall establish the minimum criteria for the curriculum of nonboard-approved programs. Additionally, the board shall notify those programs only if the program's curriculum does not meet established minimum criteria, as established for board-approved registered dental assistant programs, except any requirement that the program be given in a postsecondary institution. Graduates of programs not meeting established minimum criteria shall not qualify for satisfactory work experience as defined by this section.

(d) In addition to the requirements specified in subdivision (a), each applicant for registered dental assistant licensure shall provide evidence of having successfully completed board-approved courses in radiation safety and coronal polishing as a condition of licensure. The length and content of the courses shall be governed by applicable board regulations.

(e) In addition to the requirements specified in subdivisions (a) and (d), individuals applying for registered dental assistant licensure on or after January 1, 2010, shall demonstrate satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board and shall provide written evidence of successful completion within five years prior to application of all of the following:

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

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

(3) A course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

(f) A registered dental assistant may apply for an orthodontic assistant permit or a dental sedation assistant permit, or both, by submitting written evidence of the following:

(1) Successful completion of a board-approved orthodontic assistant or dental sedation assistant course, as applicable.

(2) Passage of the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board that shall encompass the knowledge, skills, and abilities necessary to competently perform the duties of the particular permit.

(g) A registered dental assistant with permits in either orthodontic assisting or dental sedation assisting shall be referred to as an "RDA with orthodontic assistant permit," or "RDA with dental sedation assistant permit," as applicable. These terms shall be used for reference purposes only and do not create additional categories of licensure.

(h) Completion of the continuing education requirements established by the board pursuant to Section 1645 by a registered dental assistant who also holds a permit as an orthodontic assistant or dental sedation assistant shall fulfill the continuing education requirements for the permit or permits.

(i) The board shall, in consultation with the Office of Professional Examination Services, conduct a review to determine whether a practical examination is necessary to demonstrate competency of registered dental assistants, and if so, how this examination should be developed and administered. The board shall submit its review and determination to the appropriate policy committees of the Legislature on or before July 1, 2017.

(j) Notwithstanding any other law, if the review conducted by the Office of Professional Examination Services pursuant to subdivision (i) concludes that the practical examination is unnecessary or does not accurately measure the competency of

registered dental assistants, the board may vote to suspend the practical examination. The suspension of the practical examination shall commence on the date the board votes to suspend the practical examination.

(k) The Registered Dental Assistant Combined Written and Law and Ethics Examination required by this section shall comply with Section 139.

(l) This section shall remain in effect only until July 1, 2025, and as of that date is repealed.

SEC. 55. Section 1752.1 is added to the Business and Professions Code, to read:

1752.1. (a) The board may license as a registered dental assistant a person who files an application, pays the applicable fee, and submits written evidence, satisfactory to the board, of one of the following eligibility requirements:

(1) Graduation from an educational program in registered dental assisting approved by the board.

(2) Completion of satisfactory work experience performing the duties of a dental assistant, as defined in Section 1750.1, which includes at least 15 months and a minimum of 1,280 hours before the submission of the application.

(3) Current, valid certification as a certified dental assistant, as issued by the Dental Assisting National Board.

(4) Completion of an alternative dental assisting program as defined in subdivision (a) of Section 1741 that includes all the following:

(A) At least 500 hours of didactic and laboratory coursework in dental assisting-related topics that shall encompass all aspects of clinical chairside assisting, including, but not limited to, medical and dental emergencies, first aid and safety precautions, protocols and armamentaria associated with a variety of dental assisting chairside procedures, dental materials, and skill development courses associated with operative and specialty dentistry and that include education as specified in subdivision (c).

(B) At least 300 hours of clinical chairside work experience, involving the allowable duties described in Section 1750.1, directly supervised, evaluated, and documented by a supervising licensed dentist.

(5) Completion of a preceptorship in dental assisting that includes all the following:

(A) At least 500 hours of clinical chairside work experience documented on a form furnished by the board, involving allowable duties described in Section 1750.1, directly supervised, evaluated, and documented by a preceptor, who certifies under penalty of perjury under the laws of the State of California to the applicant's completion of the clinical chairside work experience. Clinical work experience that meets the eligibility requirements of this term performed as a dental assistant within the two years immediately preceding the effective date of this section may be used to satisfy this requirement.

(B) At least 300 hours documented on a form furnished by the board of coursework in dental assisting-related topics, inclusive of the education required in subdivision (c), which may be obtained concurrent to the work experience and satisfies all the following:

(i) The coursework shall include education defined in subdivision (c) and encompass all aspects of clinical chairside assisting, including, but not limited to, medical and dental emergencies, first aid and safety precautions, protocols and armamentaria associated with a variety of dental assisting chairside procedures, dental materials, and skill development courses associated with operative and specialty dentistry.

(ii) Courses shall be obtained through a board-approved dental assisting educational program or course provider, a board-registered provider of continuing education courses, the American Dental Association's Continuing Education Recognition Program, or a provider approved by the Academy of General Dentistry Program Approval for Continuing Education.

(iii) The preceptee's completion of the coursework shall be verified by the preceptor, who shall certify under penalty of perjury under the laws of the State of California verification of the preceptee's completion of the required coursework.

(b) The board shall give credit toward the work experience referred to in this section to persons who have graduated from a dental assisting program in a postsecondary institution approved by the Department of Education or in a secondary institution, regional occupational center, or regional occupational program, that are not, however, approved by the board pursuant to subdivision (a). The credit shall equal the total weeks spent in classroom training and internship on a week-for-week basis. The board, in cooperation with the Superintendent of Public Instruction, shall establish the minimum criteria for the curriculum of nonboard-approved programs. Additionally, the board shall notify those programs only if the program's curriculum does not meet established minimum criteria, as established for board-approved registered dental assistant programs, except any requirement

that the program be given in a postsecondary institution. Graduates of programs not meeting established minimum criteria shall not qualify for satisfactory work experience as defined by this section.

(c) In addition to the requirements specified in subdivision (a), individuals applying for registered dental assistant licensure shall provide written evidence of successful completion of all of the following:

(1) Within two years before the date of the application received by the board:

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

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

(2) Within five years before the date of the application received by the board:

(A) A board-approved course in pit and fissure sealants.

(B) A board-approved course in coronal polishing.

(3) Within 10 years before the date of the application received by the board, a board-approved course in radiation safety.

(4) Current certification in basic life support issued by American Red Cross, American Heart Association, American Safety and Health Institute, American Dental Association's Continuing Education Recognition Program, or Academy of General Dentistry's Program Approval for Continuing Education.

(5) Satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board.

(d) Notwithstanding subdivisions (a) to (c), inclusive, individuals with current and active California licensure as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions whose initial license was issued on or after January 1, 2006, applying for licensure as a registered dental assistant shall comply with this subdivision and satisfy all of the following:

(1) File an application with the board and pay the applicable fee.

(2) Submit evidence of current certification in basic life support issued by American Red Cross, American Heart Association, American Safety and Health Institute, American Dental Association's Continuing Education Recognition Program, or Academy of General Dentistry's Program Approval for Continuing Education.

(3) Demonstrate satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board.

(e) Individuals applying for registered dental assistant licensure shall submit a full set of fingerprints for purposes of conducting a criminal history record check.

(f) A registered dental assistant with permits in either orthodontic assisting or dental sedation assisting shall be referred to as an "RDA with orthodontic assistant permit," or "RDA with dental sedation assistant permit," as applicable. These terms shall be used for reference purposes only and do not create additional categories of licensure.

(g) Completion of the continuing education requirements established by the board pursuant to Section 1645 by a registered dental assistant who also holds a permit as an orthodontic assistant or dental sedation assistant shall fulfill the continuing education requirements for the permit or permits.

(h) The Registered Dental Assistant Combined Written and Law and Ethics Examination required by this section shall comply with Section 139.

(i) This section shall become operative on July 1, 2025.

SEC. 56. Section 1752.4 of the Business and Professions Code is amended to read:

1752.4. (a) A registered dental assistant may perform all of the following duties and procedures of a dental assistant as specified in subdivisions (a), (b), and (c) of Section 1750.1 and may perform all the following duties under the general supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:

(1) All duties that a dental assistant is allowed to perform.

(2) Mouth-mirror inspections of the oral cavity, to include charting of obvious lesions, existing restorations, and missing teeth.

(3) Apply and activate bleaching agents using a nonlaser light-curing device.

(4) Use of automated caries detection devices and materials and recording of such findings before placement of pit and fissure sealants.

(5) Obtain intraoral images for computer-aided design (CAD), milled restorations.

(6) Pulp vitality testing and recording of findings.

(7) Place bases, liners, etch, and bonding agents for restorative procedures.

(8) Chemically prepare teeth for bonding for restorative procedures.

(9) Place, adjust, and finish direct provisional restorations.

(10) Fabricate, adjust, cement, and remove indirect provisional restorations, including stainless steel crowns when used as a provisional restoration.

(11) Place post-extraction dressings after inspection of the surgical site by the supervising licensed dentist.

(12) Place periodontal dressings.

(13) Dry endodontically treated canals using absorbent paper points.

(14) Perform sore-spot adjustment only of dentures extraorally.

(15) Perform tissue conditioning and soft relines of dentures.

(16) Remove excess cement from surfaces of teeth with a hand instrument.

(17) Polish coronal surfaces of the teeth.

(18) Place ligature ties and archwires.

(19) All duties that the board may prescribe by regulation.

(b) A registered dental assistant may only perform the following additional duties after successfully completing a board-approved registered dental assistant educational program or board-approved course in those duties.

(1) Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.

(2) The allowable duties of an orthodontic assistant permitholder as specified in Section 1750.3. A registered dental assistant shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument.

(3) The allowable duties of a dental sedation assistant permitholder as specified in Section 1750.5.

(4) The application of pit and fissure sealants.

(c) Except as provided in Section 1777, the supervising licensed dentist shall be responsible for ensuring completion of courses to perform additional duties and determining whether each authorized procedure performed by a registered dental assistant should be performed under general or direct supervision.

(d) The supervising dentist shall be responsible for determining whether each authorized procedure in subdivision (a) performed by a registered dental assistant should be performed under general or direct supervision.

(e) A registered dental assistant may perform the following duties under direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:

(1) Isolate, etch, bond, and attach composite buttons for orthodontic procedures.

(2) Size, fit, secure, and remove orthodontic bands using appropriate dental materials.

(f) Notwithstanding subdivision (b), a registered dental assistant may perform a duty specified in this section using contemporary techniques and materials designed for use in the performance of that duty under the direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist if the registered dental assistant has completed the appropriate education and training, and whose skill, knowledge, and education in the use of such contemporary technique or material has been determined clinically competent by the supervising licensed dentist.

SEC. 57. Section 1753 of the Business and Professions Code is amended to read:

1753. (a) On and after January 1, 2010, the board may license as a registered dental assistant in extended functions a person who files a completed application, pays the applicable fee, and submits written evidence, satisfactory to the board, of all of the following eligibility requirements:

(1) Current, active, and valid licensure as a registered dental assistant.

(2) A full set of fingerprints for purposes of conducting a criminal history check.

(3) Successful completion of either of the following:

(A) An extended functions postsecondary program approved by the board in all of the procedures specified in Section 1753.5.

(B) An extended functions postsecondary program approved by the board to teach the duties that registered dental assistants in extended functions were allowed to perform pursuant to board regulations prior to January 1, 2010, and a course approved by the board in the procedures specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Section 1753.5.

(4) Current certification in basic life support issued by American Red Cross, American Heart Association, American Safety and Health Institute, American Dental Association's Continuing Education Provider Recognition Program, or Academy of General Dentistry's Program Approval for Continuing Education.

(5) Successful completion of a board-approved pit and fissure sealant course.

(6) Passage of a written examination administered by the board. The board shall designate whether the written examination shall be administered by the board.

(b) A registered dental assistant in extended functions with permits in either orthodontic assisting or dental sedation assisting shall be referred to as an "RDAEF with orthodontic assistant permit," or "RDAEF with dental sedation assistant permit," as applicable. These terms shall be used for reference purposes only and do not create additional categories of licensure.

(c) Completion of the continuing education requirements established by the board pursuant to Section 1645 by a registered dental assistant in extended functions who also holds a permit as an orthodontic assistant or dental sedation assistant shall fulfill the continuing education requirement for such permit or permits.

(d) The licensee shall be responsible for complying with all applicable licensure renewal requirements, including continuing education pursuant to Section 1645.

SEC. 58. Section 1753.5 of the Business and Professions Code is amended to read:

1753.5. (a) A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform all duties and procedures that a registered dental assistant is authorized to perform as specified in and limited by Section 1752.4, and the duties in this section.

(b) A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform the following additional procedures under direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:

(1) Perform oral health assessments, including intraoral and extraoral soft tissue evaluations to identify oral lesions, classifying occlusion, performing myofunctional evaluations, and oral cancer screenings as authorized by the supervising dentist.

(2) Perform oral health assessments in school-based, community health project settings under the direction of a dentist, registered dental hygienist, or registered dental hygienist in alternative practice.

(3) Gingival retraction for impression and restorative procedures.

(4) Size and fit endodontic master points and accessory points.

(5) Cement endodontic master points and accessory points.

(6) Perform post, core, and build-up procedures in conjunction with direct and indirect restorations.

(7) Take final impression for permanent indirect restorations.

(8) Take final impressions for tooth-borne removeable prosthesis.

(9) Place, contour, finish, and adjust all direct restorations.

(10) Adjust and adhere all permanent indirect restorations.

(11) Other procedures authorized by regulations adopted by the board.

(c) A registered dental assistant in extended functions licensed on or after January 1, 2010, may perform a duty specified in this section using contemporary techniques and materials designed for use in the performance of that duty under the direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist if the registered dental assistant in extended functions has completed the appropriate education and training, and whose skill, knowledge, and education in the use of such contemporary technique or material has been determined clinically competent by the supervising licensed dentist.

SEC. 59. Section 1753.51 is added to the Business and Professions Code, to read:

1753.51. (a) Unless otherwise specified in this section, a registered dental assistant in extended functions licensed on or after January 1, 2010, who successfully completes a board-approved course in interim therapeutic restoration and radiographic decisionmaking, is authorized to perform the following enhanced duties pursuant to the order, control, and full professional responsibility of the supervising licensed dentist:

(1) Under general supervision, determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. The registered dental assistant in extended functions shall follow protocols established by the supervising dentist.

(2) Under direct supervision, place interim therapeutic restorations to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment.

(b) Place interim therapeutic restorations after the supervising dentist confirms a diagnosis and provides instruction to perform the procedure in the following settings:

(1) In a dental office setting, under the direct or general supervision of a dentist.

(2) In public health settings, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, Head Start and preschool programs, and community clinics, under the general supervision of a dentist.

(c) The board shall identify, on the statewide license verification internet website, the enhanced duty of interim therapeutic restoration for a registered dental assistant in extended functions who files a completed verification form issued by the board including the applicable fee.

SEC. 60. Section 1753.52 is added to the Business and Professions Code, to read:

1753.52. (a) On or after January 1, 2026, a provider of a course for instruction in interim therapeutic restorations and radiographic decisionmaking for a registered dental assistant in extended functions shall apply for board approval to offer the course and submit all of the following to the board:

(1) An application prescribed by the board that shall specify the name of the course or educational program administrator or director, the name of the course provider, the name of the course, and the location where the course will be offered.

(2) The application fee prescribed by regulation.

(3) A detailed course curriculum evidencing that the course is sufficient in length for the students to develop competency in placement of protective restorations, but shall be, at a minimum, 16 hours in length and include all of the following:

(A) Four hours of didactic training, which may take place in an in-person or online environment, and shall include:

(i) Review of pulpal anatomy.

(ii) Theory of adhesive restorative materials used in the placement of adhesive protective restorations, including mechanisms of bonding to tooth structure, handling characteristics of the materials, preparation of the tooth prior to material placement, and placement techniques.

(iii) Criteria used in clinical dentistry pertaining to the use and placement of adhesive protective restorations, which shall include:

(I) Patient factors, as follows:

- (ia) According to the American Society of Anesthesiologists Physical Status Classification, the patient is Class III or less.
- (ib) The patient is cooperative enough to have the interim therapeutic restoration placed without the need for special protocols, including sedation or physical support.
- (ic) The patient, or responsible party, has provided consent for the interim therapeutic restoration procedure.
- (id) The patient reports that the tooth is asymptomatic, or if there is mild sensitivity that stops within a few seconds of the removal of the offending stimulus.

(II) Tooth factors, as follows:

- (ia) The lesion is accessible without the need for creating access using a dental handpiece.
 - (ib) The margins of the lesion are accessible so that clean, noninvolved margins can be obtained around the entire periphery of the lesion with the use of hand instrumentation.
 - (ic) The depth of the lesion is more than two millimeters from the pulp on radiographic examination or is judged by the supervising licensed dentist to be a shallow lesion such that the treatment does not endanger the pulp or require the use of local anesthetic.
 - (id) The tooth is restorable and does not have other significant pathology.
- (iv) The protocols to deal with adverse outcomes used in the placement of adhesive protective restorations, including mechanisms of bonding to tooth structure, handling characteristics of the materials, preparation of the tooth prior to material placement, and placement techniques.
- (v) Criteria for evaluating successful completion of adhesive protective restorations, including, but not limited to, restorative material not in hyper occlusion, no marginal voids, and minimal excess material.
- (vi) Protocols for adverse outcomes after interim therapeutic restoration placement, including, but not limited to, exposed pulp, tooth fracture, gingival tissue injury, high occlusion, open margins, tooth sensitivity, rough surface, complications, or unsuccessful completion of adhesive protective restorations, including situations requiring immediate referral to a dentist.
- (vii) Protocols for followup of adhesive protective restorations, including, but not limited to, at least two followup examinations of the interim therapeutic restoration within a 12-month period.

(B) Four hours of laboratory training, which shall be held at a physical facility, and include placement of 10 adhesive protective restorations where students demonstrate competency in this technique on typodont teeth.

(C) Eight hours of clinical training, which shall be held at a physical facility, and include experiences where students demonstrate, at minimum, placement of five interim therapeutic restorations under direct supervision of faculty.

(4) A detailed course curriculum evidencing that the course is sufficient in length for the students to develop competency in making decisions about which radiographs to expose to facilitate diagnosis and treatment planning by a dentist, but shall be, at a minimum, four hours in length and include all of the following:

(A) Didactic instruction, including all of the following:

- (i) The concept of managing caries and individualizing treatment based on a caries risk assessment.
- (ii) Guidelines for radiographic decisionmaking, including, but not limited to, both of the following concepts:
 - (I) The American Dental Association's Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure (Revised 2012).
 - (II) The American Academy of Pediatric Dentistry's Guidelines on Prescribing Dental Radiographs.
- (iii) The guidelines developed by Pacific Center for Special Care at the University of the Pacific Arthur A. Dugoni School of Dentistry (Pacific) for use in training for Health and Workforce Pilot Project No. 172, including both of the following:
 - (I) Instruction on specific decisionmaking guidelines that incorporate information about the patient's health, radiographic history, time span since previous radiographs were taken, and availability of previous radiographs.

(II) Instruction pertaining to the general condition of the mouth, including the extent of dental restorations present and visible signs of abnormalities, including broken teeth, dark areas, holes in teeth, demineralization, visible carious lesions, and remineralization.

(B) Laboratory training that includes case-based examination with various clinical situations where trainees make decisions about which radiographs to expose and demonstrate competency to faculty based on these case studies.

(C) Simulated clinical experiences consisting of a review of various clinical cases with instructor-led discussion about radiographic decisionmaking in these clinical situations.

(5) Evidence of student access to adequate equipment and facilities to satisfy the educational requirements as specified in this section.

(6) Evidence that the physical facilities required under this section have all of the following:

(A) A patient clinic area, laboratory, and radiology area.

(B) Access to equipment necessary to develop dental assisting skills in radiographic decisionmaking.

(C) Infection control equipment as required by the board.

(7) Evidence that the physical facilities and equipment are maintained and replaced in a manner designed to provide students with a course that will meet the educational objectives set forth in this section.

(8) Evidence that all students have access to all of the following:

(A) A hazardous waste management plan for the disposal of needles, cartridges, medical waste, and storage of oxygen and nitrous oxide tanks.

(B) A clinic hazard communication plan.

(C) A copy of the course's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.

(9) Written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other federal, state, and local requirements. The course provider shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space shall be provided for preparing and sterilizing all armamentaria.

(10) Evidence that the course is established at the postsecondary educational level.

(b) The course content may be incorporated into a current registered dental assistant in extended functions program.

(c) For course enrollment, the course provider shall ensure submission by the student of satisfactory evidence of both of the following requirements:

(1) A current, active license as a registered dental assistant in extended functions issued on or after January 1, 2010.

(2) A current certification in basic life support from American Red Cross, American Heart Association, American Safety and Health Institute, American Dental Association's Continuing Education Recognition Program, or Academy of General Dentistry's Program Approval for Continuing Education.

(d) The program or course director shall do both of the following:

(1) Ensure all faculty involved in clinical evaluation of students maintain currency in evaluation protocols for interim therapeutic restoration placement and radiographic decisionmaking.

(2) Ensure that all faculty responsible for clinical evaluation have completed a one-hour methodology course in clinical evaluation for interim therapeutic restoration placement and radiographic decisionmaking before instruction.

(e) Satisfactory completion of a course in interim therapeutic restoration and radiographic decisionmaking is determined using criteria-referenced completion standards, where the instructor determines when the trainee has achieved competency based on these standards, but trainees take varying amounts of time to achieve competency. Any student who does not achieve competency in this duty in the specified period of instruction may receive additional training and evaluation. In cases where, in the judgment of the faculty, students are not making adequate progress, they shall be discontinued from the program.

(f) Each student shall pass a written examination which reflects the entire curriculum content.

(g) Each student shall pass a simulated clinical examination in which the student successfully completes the application of three of the five interim therapeutic restoration placements required for clinical instruction under faculty supervision.

(h) Each approved course shall be subject to board review at any time for compliance with the requirements under this section. The board may withdraw approval at any time that it determines that the course does not meet the requirements set forth in this section.

(i) The program or course director shall be responsible for notifying the board in writing of any changes to the course content, physical facilities, and faculty within 10 days of such changes.

(j) The board may adopt regulations to implement this section.

SEC. 61. Section 1753.55 of the Business and Professions Code is amended to read:

1753.55. (a) A registered dental assistant in extended functions is authorized to perform the additional duties as set forth in subdivision (b) pursuant to the order, control, and full professional responsibility of a supervising dentist, if the licensee meets one of the following requirements:

(1) Is licensed on or after January 1, 2010.

(2) Is licensed before January 1, 2010, and has successfully completed a board-approved course in the additional procedures specified in Section 1753.5.

(b) (1) Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. In these circumstances, the dental assistant in extended functions shall follow protocols established by the supervising dentist. This paragraph only applies in the following settings:

(A) In a dental office setting.

(B) In public health settings, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, Head Start and preschool programs, and community clinics, under the general supervision of a dentist.

(2) Place protective restorations, which for this purpose are identified as interim therapeutic restorations, and defined as a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment. An interim therapeutic restoration consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary for interim therapeutic restoration placement. Interim therapeutic restorations shall be placed only in accordance with both of the following:

(A) In either of the following settings:

(i) In a dental office setting, under the direct or general supervision of a dentist as determined by the dentist.

(ii) In public health settings, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, Head Start and preschool programs, and community clinics, under the general supervision of a dentist.

(B) After the diagnosis, treatment plan, and instruction to perform the procedure provided by a dentist.

(c) The functions described in subdivision (b) may be performed by a registered dental assistant in extended functions only after completion of a program that includes training in performing those functions, or after providing evidence, satisfactory to the board, of having completed a board-approved course in those functions.

(d) The board may issue a permit to a registered dental assistant in extended functions who files a completed application, including the fee, to provide the duties specified in this section after the board has determined the registered dental assistant in extended functions has completed the coursework required in subdivision (c).

SEC. 62. Section 1753.6 of the Business and Professions Code is amended to read:

1753.6. Each person who holds a license as a registered dental assistant in extended functions on the operative date of this section may only perform those procedures that a registered dental assistant is allowed to perform as specified in and limited by Section 1752.4, and the procedures specified in subdivisions (a) to (d), inclusive, until the person provides evidence of having completed a board-approved course in the additional procedures specified in Sections 1753.5 and 1753.55:

- (a) Gingiva retraction for impression and restorative procedures.
- (b) Take final impressions for permanent direct and indirect restorations.
- (c) Apply pit and fissure sealants.
- (d) Remove excess cement from subgingival tooth surfaces with a hand instrument.
- (e) Fit trial endodontic filling points.
- (f) Formulate indirect patterns for post and core castings.

SEC. 63. Section 1753.7 of the Business and Professions Code is repealed.

SEC. 64. Section 1754.5 is added to the Business and Professions Code, to read:

1754.5. (a) A radiation safety course shall have the primary purpose of providing theory, laboratory, and clinical application in radiographic techniques. The board shall approve only those courses that adhere to the minimum requirements of this section.

(b) A radiation safety course provider applying for initial board approval shall submit a completed application for course approval, on a form provided by the board, accompanied by the applicable fee. The board may approve or deny approval after it evaluates all components of the course.

(c) Continuation of approval will be contingent upon continued compliance with Sections 1070 and 1070.1 of Title 16 of the California Code of Regulations and all requirements set forth in this section. The board may withdraw approval at any time that it determines that the course does not meet the requirements set forth in this subdivision.

(d) Providers shall make adequate provisions for appropriate supervision, operation, and facilities when used for laboratory and preclinical instruction.

(e) A course in radiation safety shall be of sufficient duration for the student to achieve minimum competence, but in no event less than 32 hours, including at least 8 hours of didactic instruction, at least 12 hours of laboratory instruction, and at least 12 hours of supervised clinical instruction.

(f) A course shall establish specific instructional objectives. The theoretical aspects of the course shall provide the content necessary for students to make safe and ethical judgments regarding radiation safety.

(g) Objective evaluation criteria shall be used for measuring student progress. Students shall be provided with specific performance objectives and the evaluation criteria that will be used for all evaluation and testing procedures.

(h) Areas of didactic instruction shall include, at a minimum, all of the following:

- (1) Radiation physics and biology.
- (2) Radiation protection and safety.
- (3) Recognition of normal intraoral and extraoral anatomical landmarks.
- (4) Radiograph exposure and processing techniques.
- (5) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of the oral cavity.
- (6) Intraoral techniques including holding devices and image receptors.
- (7) Proper use of patient protection devices and personal protective equipment for operator use.
- (8) Identification and correction of faulty radiographs.
- (9) Introduction to contemporary equipment and devices including the use of computerized digital radiography and extraoral imaging that may include panographs or cone-beam imaging.
- (10) Techniques and exposure guidelines for a variety of patients including, but not limited to, adult, pediatric, edentulous, partially edentulous, endodontic, and patients with special needs.
- (11) Radiographic record management.

(i) For the student to achieve minimum competence in the application of dental radiographic techniques and radiation safety, all the following shall be met by a board-approved course:

(1) Successful completion of laboratory experiences consisting of at least two bitewing radiographic series and two full mouth intraoral radiographic series using an x-ray training mannequin designed for radiographic exposures utilizing any dental radiographic image receptor or device deemed appropriate by the course director.

(2) Successful completion of clinical experiences consisting of at least three full-mouth intraoral radiographic series using any dental radiographic image receptor or device deemed appropriate by the course director or supervising dentist.

(j) All clinical radiographs shall be made using diagnostic criteria established by the course of instruction and shall in no event exceed three reexposures per series.

(k) Before the student's performance of procedures on patients, the student shall provide evidence to the radiation safety course provider of having completed a board-approved eight-hour course in infection control and current, valid certification in basic life support.

(l) Completion of student and instructor written evaluations of each radiographic series identifying errors, causes of error, correction of errors, and, if applicable, the number of reexposures necessary for successful completion of a series to clinical competency.

(m) The student shall successfully complete a comprehensive written exam prior to the completion of the course. The exam shall include questions specific to items addressed in Article 4 (commencing with Section 30305) of Group 3 of Subchapter 4 of Chapter 5 of Division 1 of Title 17 of the California Code of Regulations relative to the special requirements for the use of x-ray in the healing arts.

(n) Extramural dental facilities may be utilized by a course for the purposes of clinical experiences. Clinical oversight shall be performed under the general supervision of a licensed dentist who shall authorize the student to perform, at minimum, three radiographic series. Didactic and laboratory instruction shall be provided only by course faculty or instructional staff prior to clinical performances.

(o) Programs and courses using extramural dental faculties for dental radiographic clinical experiences shall provide to the board, upon request or renewal of provider status, copies of all contracts of affiliation and documentation demonstrating compliance with board regulations.

(p) Upon successful completion of the course, students shall receive a certificate of completion as defined in subdivision (e) of Section 1741.

(q) The board may adopt regulations to implement this section.

SEC. 65. Section 1755 is added to the Business and Professions Code, to read:

1755. (a) A course in infection control is one that has as its main purpose providing theory and clinical application in infection control practices and principles where the protection of the public is its primary focus.

(b) An unlicensed dental assistant not enrolled in a board-approved program for registered dental assisting or an alternative dental assisting program as defined in subdivision (a) of Section 1741, shall complete one of the following infection control certification courses:

(1) A board-approved eight-hour course, with six hours being didactic instruction and two hours being laboratory instruction.

(2) A board-approved eight-hour course, with six hours of didactic instruction and at least two hours of laboratory instruction using video or a series of video training tools, all of which may be delivered using asynchronous, synchronous, or online learning mechanisms or a combination thereof.

(c) A course shall establish specific instructional objectives. Instruction shall provide the content necessary for students to make safe and ethical judgments regarding infection control and asepsis.

(d) Objective evaluation criteria shall be used for measuring student progress. Students shall be provided with specific performance objectives and the evaluation criteria that will be used for didactic testing.

(e) Didactic instruction shall include, at a minimum, all of the following as they relate to Cal/OSHA regulations, as set forth in Sections 300 to 344.85, inclusive, of Title 8 of the California Code of Regulations, and the board's Minimum Standards for Infection Control, as set forth in Section 1005 of Title 16 of the California Code of Regulations:

(1) Basic dental science and microbiology as they relate to infection control in dentistry.

(2) Legal and ethical aspects of infection control procedures.

(3) Terms and protocols specified in Section 1005 of Title 16 of the California Code of Regulations regarding the minimum standards for infection control.

(4) Principles of modes of disease transmission and prevention.

(5) Principles, techniques, and protocols of hand hygiene, personal protective equipment, surface barriers and disinfection, sterilization, sanitation, and hazardous chemicals associated with infection control.

(6) Principles and protocols of sterilizer monitoring and the proper loading, unloading, storage, and transportation of instruments to work area.

(7) Principles and protocols associated with sharps management.

(8) Principles and protocols of infection control for laboratory areas.

(9) Principles and protocols of waterline maintenance.

(10) Principles and protocols of regulated and nonregulated waste management.

(11) Principles and protocols related to injury and illness prevention, hazard communication, general office safety, exposure control, postexposure requirements, and monitoring systems for radiation safety and sterilization systems.

(f) Upon successful completion of the course, students shall receive a certificate of completion as defined in subdivision (e) of Section 1741.

(g) The board may adopt regulations to implement this section.

SEC. 66. Section 1804 of the Business and Professions Code is amended to read:

1804. Notwithstanding subdivision (i) of Section 1680 and paragraph (7) of subdivision (a) of Section 1701, the name of a dental corporation and any name or names under which it may be rendering professional services shall include the words "dental corporation" or wording or abbreviations denoting corporate existence.

SEC. 67. Section 1907 of the Business and Professions Code is amended to read:

1907. The following functions may be performed by a registered dental hygienist, in addition to those authorized pursuant to Sections 1908 to 1914, inclusive:

(a) All functions that may be performed by a registered dental assistant.

(b) All persons holding a license as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions as of December 31, 2005, are authorized to perform the duties of a registered dental assistant specified in this chapter. All persons issued a license as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions on or after January 1, 2006, shall apply for and receive a registered dental assistant license in accordance with subdivision (d) of Section 1752.1 and successfully complete any additional education required by subdivision (b) of Section 1752.4 prior to performance of the duties of a registered dental assistant specified in this chapter.

SEC. 68. Section 2079 of the Business and Professions Code is repealed.

SEC. 69. The Legislature finds and declares that Sections 14 and 19 of this act, which amend Sections 1646.2 and 1647.3 of the Business and Professions Code, imposes a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

Making records confidential regarding patient records submitted to the board protects the individual's right to privacy in that person's medical history and the personal information included within those records, documents, or forms.

SEC. 70. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.