



DENTAL HYGIENE FULL COMMITTEE MEETING MINUTES

**Hilton Los Angeles North - Glendale
Montrose Executive Meeting Center
100 West Glenoaks Boulevard
Glendale, CA 91202
Friday, May 3, 2013**

Roll Call – The Dental Hygiene Committee of California (Committee) President called the meeting to order with roll call at 8:10 a.m. With eight Committee members present, a quorum was established.

Committee members present:

Susan Good, Public Member
Sherrie-Ann Gordon, Public Member
Michelle Hurlbutt, President, Registered Dental Hygienist (RDH) Educator
Joyce Noel Kelsch, Registered Dental Hygienist in Alternative Practice (RDHAP)
(arrived at 1:30 p.m.)
Timothy Martinez, DMD
Nicolette Moultrie, RDH
Garry Shay, Public Member
Evangeline Ward, RDH

Committee members absent:

None

Staff present:

Lori Hubble, Executive Officer (EO)
Anthony Lum, Administrative Analyst
Donna Kantner, Retired Annuitant
Richard Wallinder, Retired Annuitant

Claire Yazigi, Department of Consumer Affairs' (DCA) Legal Representative

Public present:

Carmen Dones, West Los Angeles College
Katie Dawson, California Dental Hygienist Association (CDHA)
Karen Fischer, Executive Officer, Dental Board of California (DBC)
JoAnn Galliano, Program Director, Chabot College
Rebecca Howard, Western Regional Examining Board (WREB)
Lisa Kamibayashi, Educator, West Los Angeles College

Kim Laudenslager, Director of Dental Hygiene Examinations, Central Regional
Dental Testing Service (CRDTS)
Huong Le, DDS, President, DBC
Bill Lewis, California Dental Association (CDA)
Lin Sarfaraz, RDH, CDHA
Vickie Kimbrough-Walls, Director, Southwestern College Dental Hygiene
Program, CDHA

President's Announcement –

President Hurlbutt introduced three new public Committee members:

- Susan Good
- Sherrie-Ann Gordon
- Garry Shay

She stated that the new members are an excellent addition to the Committee.

FULL 1 – Public Comment for Items Not on the Agenda

Bill Lewis from the California Dental Association (CDA) informed the members about the third annual CDA Cares Clinic in San Jose. He noted that it will be held May 18-19, 2013 at the San Jose Convention Center. He explained that the event is similar to the Remote Area Medical (RAM) events that have taken place for the last several years. He added that the difference is that this is a dental only event.

Mr. Lewis said that CDA held this event in Modesto and Sacramento last year and over the course of four days (two days for each location) almost 4,000 patients were seen. He indicated that the patients received dental hygiene care, temporary dentures, and extractions.

Lisa Kamibayashi, an educator with West Los Angeles College, shared her opinion that the \$200 annual fee charged for the extramural sites for dental hygiene programs in California inhibits dental hygiene education in California because it restricts the dental hygiene students' experiences by forcing them to have limited clinical rotations.

President Hurlbutt asked for any further public comment. There was no further public comment.

FULL 2 – Approval of the February 27, 2013 Teleconference Meeting Minutes

President Hurlbutt asked for a motion to accept the February 27, 2013 Teleconference Meeting minutes.

- **Evangeline Ward moved to accept the February 27, 2013 Teleconference Committee Meeting Minutes.**

Nicolette Moultrie seconded the motion.

President Hurlbutt requested to include the location of each Committee member for the teleconference meeting in the minutes.

President Hurlbutt then asked for any comments from the Committee members or the public. There was no comment.

President Hurlbutt asked for a vote of the Committee members who were present at the February 2013 teleconference meeting.

Vote: The motion passed (4 – 0; Noel Kelsch was absent for the vote)

FULL 3 – President's Report

President Hurlbutt reported that at the last Committee meeting (December 3-4 , 2012), Alex Calero was elected President and Ms. Hurlbutt was elected Vice-President. She stated that in January 2013, Committee members and staff learned that Mr. Calero and the other two public members (Rita Fujisawa and Andrew Wong respectively) were not re-appointed to the Committee. Consequently, she indicated that she assumed the role of President and will fill the unexpired term until December 2013.

President Hurlbutt then thanked former public members Alex Calero, Rita Fujisawa, and Andrew Wong for their dedication and service to the Committee. She stated that the former members had enriched the Committee with their depth of experience and knowledge.

President Hurlbutt reported that she had participated and will participate in the following activities as Committee President:

- Attended the annual California Dental Hygiene Educators Association Meeting in February 2013 with Lori Hubble, the Committee's EO. She and Ms. Hubble provided an update of the Committee activities to dental hygiene educators. She explained that this was the third annual presentation and each meeting has been very beneficial for both regulators and educators as it provides an opportunity to discuss matters of hygiene education.
- Presided over the February 27, 2013 Committee Teleconference meeting.
- Met with Committee staff and Subject Matter Experts (SME) regarding draft regulatory language concerning educational program regulations.
- Met with Committee staff and chief examiners of the California Clinical Examination to discuss examination procedures.
- Discussed examination procedures via teleconference with the Committee clinic supervisor.
- Will attend her 4th Teledentistry evaluation meeting as a member of the Office of Statewide Health Planning and Development (OSHPD) evaluating the Teledentistry project next week in Visalia.
- Will attend the Committee examiners' orientation in June 2013 at West Coast University. She explained that once a year, the Committee has an orientation for the examiners on the day before the clinical examination. She will attend the orientation only and not the Committee's clinical examination. She explained that as an educator, she does not attend any clinical examinations where students from Loma Linda University may be present.

President Hurlbutt said that she will be contacting each of the Committee's members to poll them about their interest to either remain on the subcommittee they are assigned or appoint them to a new subcommittee.

President Hurlbutt then thanked the Committee staff as well as the Department of Consumer Affairs (DCA) Legal Counsel, Claire Yazigi, for their hard work on Committee programs and projects. She noted that Ms. Hubble had worked hard to bring capable staff on board and was ably directing them through some very difficult times.

FULL 4 – Executive Officer's Report

Ms. Hubble said that the first item she wanted to share with the Committee members was information concerning the Committee's Sunset Review. She noted that Section 1901 of the California Business and Professions Code (BPC) states that effective January 1, 2015, the Committee will sunset. She then reported that she had recently received a memo from the Senate Business and Professions and Economic Development Committee (BPED) with a list of questions that the Committee staff will need to answer. She explained that the Committee's responses will then be returned to the BPED for review. She continued that based on a review of the Committee's responses to the questions, the BPED will draft a report that will serve as the basis for a hearing in early 2014, at which the Committee will respond to any questions from the Legislators or legislative staff. She noted that the Committee's response to the BPED questions is due back to them by November 1, 2013. She added that prior to submitting the report to the BPED, the Committee will hold a meeting in September 2013 for the Committee to review and approve it.

JoAnn Galliano, representing CDHA Legislative Council, inquired whether there needs to be legislation in 2014 to prevent the Committee from being sunsetted in 2015. Ms. Hubble stated that legislation would be needed in 2014. She indicated that a legislative public hearing would be held in early 2014 and that legislation would then be introduced soonafter.

Ms. Galliano noted that in past Sunset Reviews, the professional organizations have had the opportunity to complete a report utilizing the questions posed to the Committee by the BPED. Ms. Hubble said that she would forward the questions to Ms. Galliano for her review and use. Ms. Galliano stated that prior CDHA reports have usually supported the continuance of the Committee's existence.

Ms. Hubble then reported that the BreEZe project is a new computer system that the DCA is implementing to replace two antiquated computer systems. She indicated that DCA staff is working with several boards on Release 1 and that the Committee will be part of Release 2 sometime in the future. She noted that this project is taking a large amount of staff resources and time to initiate it. She explained that the Committee has assigned Traci Wesley-Smith (Napper) to represent the Committee as a staff participant on the project. She also said that she has been very involved in the project to obtain an understanding of the new computer system. She reported that there is no current date for Release 1 to implement the program. She stated that November of 2013 has been projected as the implementation date; however, it may be postponed due to quality control

issues. She reported that over the next few months, the Committee staff will be dedicated to the BreEZe project workload and, consequently, will be working with a minimal crew to maintain day-to-day operations. She indicated that the contributions of the Committee's two retired annuitants will become very valuable during this time to maintain program operations.

In response to a question from Ms. Gordon concerning what BreEZe was supposed to do, Ms. Hubble indicated that the BreEZe system would replace the existing antiquated applicant tracking system, licensee tracking system, as well as provide functions that are currently not available to Committee licensees (e.g., register for examinations online, renew licenses online in real time, and allow address and name changes online). She also stated that Enforcement staff will have an improved method to track Enforcement statistics and that this is just some of the features of what the system can do.

Ms Hubble reported that the BreEZe system would be brought online in three phases. She explained that the larger boards, like the Medical Board, will participate in Phase I, during which time they will undergo user acceptance testing to ensure that all of the business processes are functioning correctly.

President Hurlbutt asked if there was an estimate of cost for the BreEZe project. Anthony Lum responded that the current costs for the BreEZe system are approximately \$45,000 - \$50,000 per year. He indicated that ongoing costs have not been determined as the operating parameters have not been finalized. Ms. Hubble noted that ongoing costs will be lower than those for establishing the program because the DCA Office of Information Service (OIS) will oversee the computer program once the contracted vendor has finished its implementation.

Ms. Hubble then directed the Committee members to the charts in the meeting materials showing the number of Internet hits for the Committee's website and a worldwide map showing the activity from other countries.

In reporting about the Committee staffing, Ms. Hubble noted that she was pleased to report that the Committee currently has six permanent staff. She reminded the Committee members that for two years there were hiring freezes that kept the Committee at only two staff plus the EO and as a result of the lack of staff, only essential, mission critical functions were completed during that time. She stated that in addition to the six permanent staff, the Committee also has two retired annuitants (RA) through June 30, 2013. She added that in light of the BreEZe project and other mission critical activities, an exemption to keep the RAs for an additional two years has been submitted to the Governor's office for review.

Ms. Hubble reported that there is one current staff vacancy, which is being advertised to fill. She stated that Tom Jurach accepted a position with the DCA OIS and will be working on the BreEZe project.

Ms. Hubble closed her report noting that the Committee was approved a new Office Technician position starting July 1, 2013 as a result of the legislative language from Senate Bill (SB) 1202 (Ch. 331 Statutes of 2012) that became effective January 1, 2013 establishing a special permit program.

FULL 5* – Update from the Dental Board of California (DBC)

President Hurlbutt introduced Dr. Huong Le, President of the Dental Board of California (DBC), and Karen Fischer, EO of the DBC.

President Hurlbutt informed the Committee members that she was excited about having Dr. Le and Ms. Fischer attend today's Committee meeting as this had never occurred before.

Dr. Le informed the Committee members that 14 of the 15 Dental Board member positions were filled. She stated that on April 5, 2013, the DBC appointed Karen Fischer as their EO and that she had served as Interim EO since December 2012 when Richard DeCuir, the prior EO, retired. She indicated that before this current appointment as EO, Ms. Fischer had worked for four years as a special assistant to Mr. DeCuir.

Dr. Le noted that for 2013, the DBC has a very ambitious regulatory project schedule.

- In May 2013, the DBC staff is moving forward with the Final Statement of Reasons for the Uniform Standards Related to Substance Abuse in licensees.
- DBC staff is also preparing a regulatory package for a fee increase for dentists, as the Dental licensing fees have not increased in over 14 years.
- DBC staff is also preparing a regulatory package for the portfolio pathway for licensure for dentists who graduate from California dental schools.

Dr. Le indicated that she would provide further updates on these regulatory packages at the next Committee meeting.

Dr. Le informed the Committee members that the DBC's regulations relating to Sponsored Health Pre-care events became effective December 7, 2012. She stated that one of the first events this year was the RAM where patients received free vision and dental services. The DBC received a report that five out-of-state licensed dentists participated in the Santa Ana Free Health Care event held on April 11-14, 2013. She indicated that the five dentists who went through the process to obtain a temporary license in California were associated with Columbia University of New York. She added that these dentists provided free services to 115 patients over a two-day period.

Dr. Le stated that the next DBC meeting will be held on May 16-17, 2013 in Oakland and invited the Committee President and EO to attend the meeting. She indicated that she hoped that the future president of the DBC could attend the Committee meeting in December 2013, as she thought that participating in this meeting was the beginning of a great partnership in which the DBC and the Committee could work together on issues of shared concern. She then thanked the Committee for the invitation to the meeting.

Ms. Fischer thanked the Committee for the opportunity to attend the meeting. She stated that there is a lot of work to do at the DBC as many individuals had

retired in December 2012, including both the EO and Assistant EO (AEO). She indicated that to date, the AEO position has not been filled.

Ms. Fischer informed the Committee members that DBC elections would be held at the November 2013 DBC meeting and a new president will be chosen at that time. She indicated that she has every intention to attend the Committee's December 2013 meeting.

FULL 6 – Budget Report

Mr. Lum stated that his report would provide a fiscal status of the Committee's budget as the report would review both expenditures and revenue. He indicated that he had provided a quick review and explanation of the budget documents the past few meetings for new members appointed to the Committee and would do so again to assist the newly appointed members. He reviewed the expenditure projection sheet that is used to estimate the Committee's expenditures through the end of the fiscal year (FY). He explained that for ease of use, all of the documents that would be presented in the budget report could be viewed column by column to correspond to an individual issue or FY rather than attempting to decipher what all of the numbers and titles represent in the document. He explained that the first two columns showed what was spent in the previous year, while the remaining columns reflect the Committee's current year budget allotment, the amount of the current year budget that has been spent to date, the projected amount that may be spent through the end of the FY, and the remaining balance in the Committee's yearly budget after all of the current year expenditures.

In response to a request from Ms. Hubble, Mr. Lum informed members that the FY for State budgets is from July 1st to June 30th of each year.

In response to a question from President Hurlbutt, Mr. Lum explained that the C/P Services Internal (Consultative and Professional Services within DCA) was a line-item that was created for contracts between the DCA and the Committee for DCA consultative and professional services, if needed. He continued that because the Committee had not expended any funds from this line item, they have been re-distributed to other line items within the Committee's budget.

Mr. Lum then reviewed the Annual Expenditure and Revenue Tracking document. He noted that as requested at a previous meeting, he included information concerning exam revenue. He reported that the revenue received from the Committee's clinical examinations has declined over the past two years due to the availability of the Western Regional Examination Board's (WREB) exam.

President Hurlbutt asked what is considered a prudent fund reserve to have a healthy fund condition. Mr. Lum stated that agencies within DCA are expected to sustain a three to six month fund reserve, but given that expenses can quickly drain its reserve, he opined that a 12-month reserve is more appropriate for any unexpected expenses.

President Hurlbutt requested for Mr. Lum to provide a breakout of the expenditures for the BreEZe project on the Analysis of the Fund Condition for the Committee's September 2013 meeting.

FULL 7 – Discuss and Possible Action on Increase of RDH License Renewal Fees

Mr. Lum referred the Committee members to the Fund Condition hand-out in their meeting packet.

Mr. Lum said that originally he had drafted a proposal for the Committee to review an increase to the dental hygienists biennial license renewal fees; however, due to a last minute discovery in the current fee structure and statutory language, the original fee recommendation was in need of revision to ensure that the proposed fee increases are adequate to keep the Committee's fund solvent.

Mr. Lum suggested that in light of his new discovery and review, he recommended tabling any discussion or action on the agenda item at this meeting to allow for further research so that a complete revenue generating recommendation to avoid insolvency can be presented at the September 2013 meeting.

- **Evangeline Ward moved to table agenda item 7 on fees until the next meeting.**

Nicolette Moultrie seconded the motion.

Vote: The motion passed (7 – 0; Noel Kelsch was absent for the vote).

FULL 8 – Discuss and Possible Action to Extend DHCC's Strategic Plan

Mr. Lum stated that the current strategic plan was developed as a 3-year plan (from 2010 – 2013) during the Committee's inception in FY 2009/10. He stated that the Committee's staff has been working diligently since that time to complete as many objectives as possible; however, because many of the objectives were directed at establishing the Committee as a stand-alone program and were time and staff intensive, the current plan could not be fully accomplished within the timeframe allotted. He noted that many of the plan's objectives require legislation and/or regulations and both of these processes can take one to two years or more to complete. He indicated that staff has also faced other hurdles in the past few years such as furloughs, staff shortages, and travel restrictions that hindered the progress of the plan's objectives.

He reminded the Committee members that at the December 2012 meeting, the members approved scheduling a Strategic Planning session in 2013 to re-evaluate and update the plan's objectives and priorities; however, due to the addition of the Sunset Review and the BreEZe project workloads, he indicated that staff was requesting a revision to the recommendation approved at the December 2012 meeting. He suggested extending the current plan's end date from 2013 to 2015, thus changing the current 3-year Strategic Plan to a 5-year plan. He explained that this change would allow staff to complete the Sunset Review process, manage the BreEZe project workload, and further address lengthy issues in the current plan such as regulations.

Ms. Hubble stated that in discussions with DCA staff that assist with drafting Strategic Plans, she was informed that traditionally, Strategic Plans should be a 5-year plan. She added that as the Committee will be going through Sunset Review, there will be recommendations provided by BPED's review which would give the Committee opportunities to incorporate some of their recommendations into the Strategic Plan.

- **Nicolette Moultrie moved to extend the Committee's Strategic Plan from a 3-year plan to a 5-year plan ending in 2015.**

Timothy Martinez seconded the motion.

President Hurlbutt asked for any comments from the Committee or public. Ms. Galliano complimented the Committee on having completed so many objectives within the Strategic Plan in such a short amount of time.

Vote: The motion passed (7 – 0; Noel Kelsch was absent for the vote).

FULL 9 – Discuss and Possible Action on Diversion Program: §1966 – 1966.6 of the Business and Professions Code

Mr. Lum shared with the Committee members that the Diversion program is a means to identify and rehabilitate licensees whose competency may be impaired due to the abuse of dangerous drugs or alcohol. The program's purpose is to treat those licensees who are afflicted and return them to the practice of dental hygiene in a manner that will not endanger the public health and safety. He noted that Diversion may be a voluntary self-referral by the licensee on a confidential basis or as ordered by the Committee as a condition of a licensee's disciplinary probation. The program is intended to be a voluntary alternative approach to traditional disciplinary actions.

He noted that Business and Professions Code (BPC) Section 1966.1 states that the Committee shall establish the criteria for the acceptance, denial, or termination of licensees in a Diversion program. Unless ordered by the Committee as a condition of a licensee's disciplinary probation, only those licensees who have voluntarily requested diversion treatment and supervision by a Diversion Evaluation Committee shall participate in a Diversion program.

Mr. Lum said that a Diversion program may be appropriate for programs that have a need and want to direct their licensees and resources to such a program. He explained, however, that the following three reasons are why a Committee Diversion program should not be considered at this time:

- 1) Although the Legislature's intent was for the Committee to establish a Diversion program when BPC section 1966 was written, there is no current overwhelming need by licensees for a Diversion program to be addressed by the Committee [currently there are two participants from over 25,000 licensees since the Committee's inception in 2009];
- 2) In the instance that there is a licensee in need of Diversion treatment, the Committee has a solution where it would utilize the DBC's Diversion program

contract with Maximus for the Diversion services rendered. To date for the two participants, this arrangement has been conducted through invoicing; however, the Committee staff will begin to work with DBC on a Memorandum of Understanding (MOU) for Diversion treatment for its licensees rather than absorb the full cost of a Diversion contract for a program that is not in demand. The MOU will document each program's role for the Diversion treatment rather than simply billing through an invoice.

- 3) The cost to implement a separate Committee Diversion program is expensive and the necessary resources that are needed for such a program could be utilized by other Committee issues more efficiently.

Mr. Lum explained that for these reasons, Committee staff will be working in the near future to create the MOU with the DBC for the continuation of the existing Diversion Treatment Program for its licensees.

Ms. Hubble summarized Mr. Lum's presentation stating that the Committee currently provides Diversion for its licentiates utilizing the DBC Diversion program. She noted that a dental hygienist sits on the DBC's Diversion Program Committee and that while the Committee currently has an informal understanding with the DBC, by creating an MOU, there would be a more formal agreement.

Garry Shay asked if the Committee advertises the Diversion program's existence and how would a licentiate know to volunteer for it. Ms. Hubble noted that information about the Diversion Program is available on the Committee's website.

Mr. Shay said that the Committee needs to make sure that dental hygienists know that this program exists. Mr. Wallinder advised the Committee that this information can be an item in the next Committee newsletter.

Ms. Ward noted that classes required to maintain an RDH license include information about the Diversion Program.

President Hurlbutt commented that the Committee is bound by statute to have a Diversion Program. She said that she thought the staff's recommendation to establish a formalized MOU with the DBC would be appropriate for the Committee at this time.

President Hurlbutt inquired whether having a separate Committee Diversion program would increase Committee costs for the program. Mr. Lum stated that it would increase the cost of the program. He noted that per participant, administrative costs by Maximus, the contractor, are about \$300 per month per participant. He reported that to date, Diversion program costs were roughly \$6,000 for the two participants. Mr. Lum added that a Diversion program participant is usually in the program for an average of five years.

In response to a question from Ms. Ward, Mr. Lum explained that the licensee is responsible for paying for testing, medical expenses, etc., and the Committee pays for administrative costs to have the program in place. Ms. Hubble said that it would be her recommendation that the MOU be in effect for the length of the Maximus contract. There was no objection from any of the Committee members for this recommendation.

FULL 10 – Discuss and Possible Action Regarding RDHAP’s Established Practice in Underserved Areas

Donna Kantner said that there has been some question about practice locations of RDHAPs. She informed the Committee members that according to the provisions of BPC Section 1926, RDHAPs may perform their authorized dental hygiene duties in only four specified locations:

1. Residences of the homebound.
2. Schools.
3. Residential facilities and other institutions.
4. Dental health professional shortage areas (as certified by the OSHPD in accordance with existing office guidelines).

She stated that since this statute became law in 1998, RDHAPs have worked in these locations and established practices serving the dental hygiene needs of patients in designated underserved areas. She explained that RDHAPs are concerned that they may lose their ability to work in an area where they have established a practice because by establishing a practice and serving the area’s consumers, it may lose its designation as an underserved area. She said that the Committee staff is asking for direction as to the necessary actions needed to pursue this issue.

Ms. Kantner added that in talking with Ms. Yazigi, DCA legal counsel observed that it would be an unfortunate consequence that an area is no longer considered underserved because an RDHAP has a practice in what had been considered an underserved area. She underscored her viewpoint noting that dismantling the practice would eventually return the area to being underserved.

Ms. Kantner explained that the Committee could pursue regulations to clarify underserved work areas for RDHAPs; however, staff is not sure that the Committee has the legal authority to set aside the requirement that the RDHAP work in an underserved area.

President Hurlbutt informed the Committee members that the situation Ms. Kantner described had occurred. She cited an example that an RDHAP had established a practice in a medically underserved/shortage area and when it came up for review as a designated underserved area, it was determined that the practice location would no longer be considered medically underserved, thus impacting the RDHAP’s ability to practice in that location. She indicated that in challenging the decision, it was determined that the formula was calculated incorrectly and the area was still considered an underserved area.

President Hurlbutt asked if the Committee staff could define that establishing an office by a sole proprietor must be done in an underserved area. Ms. Yazigi stated that she could review the matter and update the Committee at a future meeting.

After a Committee discussion, it was decided that Committee staff would continue to investigate RDHAPs establishing their practice in an underserved area and report its findings to the Committee with recommendations at a later date. It was also suggested that a resolution may be included in the Committee's Sunset Review.

Ms. Hubble noted that one of the questions in the Sunset Review questionnaire pertains to identifying some challenging areas facing the Committee and its licensees. She suggested that staff could list this item as one of the Committee's challenges for review by the BPED.

FULL 11 – Update on Enforcement Statistics

Ms. Hubble informed the Committee members that the Enforcement statistics were prepared by Nancy Gaytan, the Committee's Enforcement Analyst, and provided the following summary:

Open Investigations – 3:

- Working Outside Scope (1)
- Fraud (2)

Records Requests - 22 (received rap sheets for licensees/applicants):

- Drugs/Alcohol (17)
- Petty Theft (1)
- Corporal Injury/Assault (3)
- Hit and Run (1)

Cases Referred to Attorney General's Office (AG) - 13:

- Preliminary Accusations/Statement of Issues (SOI): 7
- Filed Accusations/SOI: 6

Probationers – 9 (see Table 1 below):

Table one displays the reasons for probation and the number of probationers in each category. Tolling (pending) probation is used for individuals that leave the state and, upon their return, resume their probationary status.

Table 1. Probationers

| Table 1 Active: 4 | Tolling: 5 |
|--------------------------|-------------------------|
| Drugs/Alcohol (1) | Drugs/Alcohol (3) |
| Unlicensed Practice (1) | Negligence (1) |
| Subversion of Exam (1) | Unlicensed Practice (1) |
| Reinstatement (1) | |

President Hurlbutt asked Ms. Hubble to explain the difference between a preliminary accusation and a filed accusation. Ms. Hubble explained that a preliminary accusation is a matter that has been forwarded to the AG’s Office for formal legal action. She stated that a filed accusation is one that has been prepared by the Deputy Attorney General (DAG) and signed by the EO pending a hearing or stipulation. She added that the accusation will become a public document 30 days after filing.

FULL 12 – Update on Department of Consumer Affairs (DCA) Performance Measures

Ms. Hubble explained that the DCA Performance Measures are a means for the Committee to determine its progress in meeting its enforcement goals and targets. She then reviewed the informational charts in the member’s meeting materials, noting that for every measure shown, the Committee was meeting its goals.

FULL 13 – Discuss and Possible Action on DCA Legal Division’s Policy Regarding Petition for Reinstatement Procedures

Ms. Hubble stated that at the December 2012 Committee meeting, a licensee petitioned for reinstatement of their license. She indicated that prior to the Committee beginning their deliberations in closed session to discuss and decide the matter, the DCA legal counsel is normally allowed to attend the closed session to offer legal advice to the Committee members to assist them in making a decision.

Ms. Hubble explained that in this case; however, the assigned Administrative Law Judge (ALJ) informed the Committee members that they had a choice where either the DCA legal counsel (Ms. Yazigi) left the room during deliberations or the ALJ would leave. She stated that as a result of this unexpected action by the ALJ, Committee members and staff decided that a policy needed to be developed to avoid this situation in the future and would be submitted to the Office of Administrative Hearings when the Committee scheduled another petition for reinstatement hearing.

Ms. Yazigi noted that the language included in the Committee members’ meeting materials was language that another board within the DCA had drafted and that Ms. Hubble and Ms. Gaytan modified the policy to meet the Committee’s needs.

The Committee reviewed the proposed policy and the following amendments were suggested (underlined and *italics*):

4. During closed session, the ALJ, if any, may assist the Committee with its deliberations. The Committee's legal counsel shall be present to advise the Committee in its decision making, unless directed otherwise by the Committee.

- **Gary Shay moved to adopt the amended proposal to be submitted to the Office of Administrative Law.**

Sherrie-Ann Gordon seconded the motion.

Vote: The motion passed (7 – 0; Noel Kelsch was absent for the vote).

Ms. Moultrie directed members to the final sentence of the proposed policy. She suggested that the words “if present” be struck.

- **Nicolette Moultrie moved to adopt the additional amendment to strike “if present” from the final sentence of the proposal for the Office of Administrative Law.**

Susan Good seconded the motion.

Vote: The motion passed (7 – 0; Noel Kelsch was absent for the vote).

FULL 14 – Update on DHCC Clinical and Written Examination Statistics

Ms. Hubble informed the Committee members that there were no clinical examination statistics to report because there was no March 2013 clinical examination administration.

Ms. Hubble directed members to the information in their meeting materials that provided statistics for both the RDH and RDHAP results for the written Law and Ethics Examination from November 13, 2012 to April 22, 2013. Table 2 shows the law and ethics examination results.

Table 2. Law and Ethics Exam Results

| RDH Law and Ethics Exam Results (11/13/12 – 4/22/13) | RDHAP Law and Ethics Exam Results (11/13/12 – 4/22/13) |
|---|---|
| Passed = 58 (77%) | Passed = 20 (71%) |
| Failed = 17 (23%) | Failed = 8 (29%) |
| Total RDH Examinees = 75 | Total RDHAP Examinees = 28 |

President Hurlbutt asked when the Law and Ethics exam had last been updated. Ms. Hubble responded that the RDH and RDHAP written exams had been recently updated and contained information about recent legislative changes.

FULL 15 – Update on Licensure Statistics

Ms. Hubble noted that Ms. Wesley-Smith (Napper) of the Committee staff had prepared the information concerning the Update on the Committee's licensure statistics.

Ms. Hubble directed the Committee members to the information provided in their meeting materials. She provided a brief history of the Licensure by Credential (LBC) license type noting that its purpose was to increase the number of hygienists working in underserved areas of California.

Ms. Galliano asked what the acronyms FNP and RP represented. Ms. Hubble answered that FNP was for Fictitious Name Permits and that RP was for a Registered Provider of dental hygiene services.

FULL 16* – Discuss and Possible Action on the Combined DHCC and DBC Infection Control Subcommittee's Review of §1005 of Title 16 of the California Code of Regulations Relevant to the Annual Review of Minimum Standards for Infection Control

Ms. Hurlbutt asked that this item be tabled until after lunch so that Committee member Noel Kelsch could participate in the discussion.

President Hurlbutt informed the Committee members that both the DBC and the Committee were required by law to annually review the minimum standards for infection control. She stated that the DBC has an Infection Control Subcommittee that reviews these standards and the Committee sends a representative to attend these meetings. She indicated that Ms. Kelsch was the Committee representative for the Infection Control Subcommittee.

Ms. Hubble reported that she and Ms. Fischer held a telephone conference meeting with the Subject Matter Experts who are part of the Infection Control Subcommittee. She stated that Ms. Kelsch, Denise Romero, and Dr. Le also participated in the February 4, 2013 teleconference meeting.

Ms. Hubble reported that the following two items were discussed at length in the teleconference meeting:

- Concern about "other potentially infectious materials;" and
- Concerns with the "heavy glove" language.

Ms. Hubble emphasized that the public is protected with the current existing infection control guidelines. She noted that the guidelines were updated in 2011 and suggested that Committee staff keep a list of the items that may be of concern regarding the guidelines and incorporate these changes through a future regulation amendment.

Ms. Fischer reported that the DBC reviewed these guidelines at their February 2013 meeting. The DBC members voted to accept the Infection Control Subcommittee's recommendation to keep a list of items that would be changed to better protect the public. She explained that these changes, should they be needed, would be incorporated in a regulatory package.

Ms. Kelsch commended the Infection Control Subcommittee participants for being able to work so well together.

President Hurlbutt commented that it seemed cumbersome to review the guidelines every year. She asked if there was a way during the Sunset Review process to change the current review timeframe to a 2-year review. Ms. Kelsch commented that this was something the subcommittee members had discussed. She stated that a review of the guidelines could be conducted every two years while maintaining effective regulations for infection control. Ms. Hubble said that because DBC and the Committee do a lot of companion activities, this is an issue that both agencies can review.

FULL 17 – Discuss and Possible Action on the Following Regulations:

a) DHCC Uniform Standards Related to Substance Abuse and Disciplinary Guidelines - §1138, Title 16, Division 11 of the California Code of Regulations

Ms. Kantner reported that at its April 2012 meeting, the Committee approved language relative to the Uniform Standards for substance abusing licensees and Disciplinary Guidelines. She stated that the Committee directed staff to take all necessary steps to initiate the formal rulemaking process including noticing the proposed language for the 45-day public comment period, setting the proposed language for a public hearing, and authorizing the EO to make any non-substantive changes to the rulemaking package.

Ms. Kantner stated that under the direction of the Committee, an Initial Statement of Reasons was prepared according to the requirements that each proposed subsection meet the six Administrative Procedures Act standards: authority, clarity, consistency, necessity, non-duplication, and reference and that the regulatory process was initiated by noticing a public hearing for April 16, 2013. She indicated that the hearing was conducted and there were no comments received.

Ms. Kantner stated that Committee staff is preparing the Final Statement of Reasons for the regulation package and other documents that will complete the rulemaking file. She explained that upon completion, the file will be submitted to DCA's Legal Office, Office of Legislation and Policy Review, and Executive Office for review and approval. She indicated that once the rulemaking file is approved by all three DCA offices, the file will be submitted to the State and Consumer Services Agency for review and approval. She continued that if the file is deemed to have a fiscal impact, it may require a review and approval by the Department of Finance. She stated that after all of the above entities have reviewed and approved the rulemaking file, it will be submitted to the Office of Administrative Law (OAL) for a final review. She continued that OAL has 30 working days to complete its review of the rulemaking file before notifying the Committee.

b) DHCC Retroactive Fingerprint Requirements - §1132, Title 16, Division 11 of the California Code of Regulations

Ms. Kantner reported that the California Code of Regulations (CCR), Section 1132 requires, as a condition of renewal for a license expiring on or after July 1, 2011, a licensee who was initially licensed prior to January 1, 1994, or for whom an electronic record of the submission of fingerprints no longer exists, must furnish to the California Department of Justice (DOJ) a full set of electronic fingerprints for the purpose of conducting a criminal history record check and to undergo a state and federal level criminal offender record information search conducted through the DOJ.

Ms. Kantner stated that at its April 2012 meeting, the Committee adopted an amendment to CCR Section 1132 to exempt inactive licensees from the current fingerprinting requirement until the license is reactivated. She explained that this amendment was proposed because licensees who hold an inactive license and live out of state have said that the fingerprinting requirement creates a financial hardship as they are unable to travel to California to have their fingerprints completed electronically.

Ms. Kantner stated that on March 6, 2013, the completed rulemaking file for retroactive fingerprint requirements was submitted to the OAL, which, by law has 30 working days to review the file, or until April 19, 2013. She reported that on April 17, 2013, OAL sent notice that the file was approved and will be effective as of July 1, 2013.

c) Sponsored Free Healthcare - §1149 - 1153, Title 16, Division 11 of the California Code of Regulations

Ms. Kantner reported that on December 20, 2012, Committee staff submitted the regulatory file pertaining to Sponsored Free Health Clinics to the OAL. She indicated that on February 1, 2013, Committee staff was notified of OAL's pending disapproval of the package for concerns relating to the necessity and clarity of the regulations, as well as certain non-substantive changes needed. She continued that all non-substantive corrections were made, and the Staff Counsel at OAL was contacted several times in an effort to clarify the two remaining issues; however, OAL disapproved the file on February 6, 2013. She added that by law, the Committee has 120 days to address the concerns identified by OAL and resubmit the rulemaking package for review. She noted that staff drafted amendments to the text addressing OAL's concerns that were approved by the Committee at its February 27, 2013 teleconference meeting. She stated that there were no comments on the amendments and Committee staff resubmitted the file to OAL on March 11, 2013 for its review. She added that the Committee staff was notified on April 10, 2013, that this rulemaking was approved, and due to the Committee staff's justification, is effective immediately.

FULL 18* – Discuss and Possible Action on Regulations Regarding Gingival Tissue Curettage, Administration of Local Anesthesia, and Administration of Nitrous Oxide-Oxygen Analgesia - §1107 – 1108, Title 16, Division 11 of the California code of Regulations

President Hurlbutt informed the Committee that since 2011 there has been a task force of Committee members as well as SMEs working on these regulations concerning the providers of the courses. She stated that at the Committee's last meeting, the question was asked of the status on the regulations.

Ms. Kantner reported that the need for regulatory language in this area was discussed at the Committee's December 2009 meeting, and progress was reported at several meetings since, but due to staffing shortages and other workload and regulatory priorities, the text was only recently completed and the associated application and forms finalized.

President Hurlbutt reminded the Committee members that currently if an applicant does not graduate from a California school, or graduate from a school where the Committee accepts the educational program for injections, nitrous oxide administration, and performing soft tissue curettage, an applicant for licensure must attend an approved course. She explained that after successfully completing the course, the individual would receive a certificate and continues forward with the licensing process. Ms. Kantner added that all California hygiene programs have these programs contained within their educational program for their students; however, most California schools choose not to offer these programs for applicants coming from other states.

Ms. Yazigi suggested a number of non-substantive changes to the regulatory language for consistency (see Attachment A).

- **Evangeline Ward moved to approve the proposed modified text for a 45-day public comment period and delegate to the EO the authority to adopt those regulatory changes as modified. If there are no adverse comments received during the 45-day comment period, also to delegate to the EO the authority to make any technical or non-substantive changes that may be required in completing the rule making file.**

Garry Shay seconded the motion.

Vote: The motion passed (8 – 0).

FULL 19* – Discuss and Possible Action on Regulations to Implement Business and Professions Code Sections 114.3 (AB 1588) Regarding Military Reservists Licensees: Fees and Continuing Education

Ms. Kantner reported that Assembly Bill (AB) 1588 became effective January 1, 2013, requiring all boards, commissions, and bureaus under the DCA to waive professional license renewal fees and continuing education (CE) requirements for licensees called to active duty in the United States armed forces, if the following conditions are met:

- a) The license was in good standing at the time the reservist was called to active duty;
- b) The waiver is only for the period when the reservist is on active duty service; and,
- c) Written proof of active duty service must be provided to the board.

Ms. Kantner said that this new law provides for waivers from professional license renewal fees and CE requirements for active duty military members. Additionally, the licensee must meet all renewal requirements within six months of the date of discharge from active duty service, and must notify the Committee within 60 days of his or her notice of discharge. No private practice is permitted during the period of active duty. Committee staff estimated that a very small number of current active licensees will qualify for this waiver. Regulations will need to be implemented for these new provisions of law.

Ms. Kantner reminded members that at the December 3, 2012 Committee meeting, the Committee asked staff to prepare sample proposed language for consideration at its next meeting. She directed the Committee members to their meeting materials for reference.

Ms. Yazigi informed members that the language she drafted was to add substance and detail to the requirements of BPC Section 114.3. She indicated that what the Legislature wanted to do was give licensees who are also service members a break if they are current and active with their license and called up to active military duty, and at some point during their active duty, their license is set to expire.

After a lengthy discussion, the Committee directed staff to develop a definition for the term “call to active duty” so that Committee members have a clear idea of who this legislation impacts.

The Committee also directed staff to review subsection (b) and add in language that clearly requires that the mandatory course work (i.e., Basic Life Support, California Dental Practice Act, infection control, and law and ethics) for license renewal are met.

FULL 20 – Update on Phase I of the Transfer and Possible Amendment of Dental Hygiene Regulations into Division 11 of Title 16, Articles 1-12 of the California Code of Regulations

Ms. Kantner informed the Committee members that these proposed regulations were the bulk of the regulations that exist in the DBC regulations.

At the December 10, 2011 meeting, Committee members approved staff’s recommendation to complete the regulatory process in a three phase plan. The phases are:

- Phase 1 - existing regulations from the Dental Practice Act (DPA) with none or minor revisions (non-substantive changes)(Sections 1067 – 1088). These regulations have been in place for a number of years in the DPA. Transfer from the DPA to the Dental Hygiene Committee with non-substantive changes.

- Phase 2 - regulations that have been revised with substantive changes.
- Phase 3 - new regulations – the Committee currently has no statutory authority to implement.

Ms. Kantner reported that in drafting the Initial Statement of Reasons for the regulations in Phase I, the Committee staff noticed that portions of the text used outdated language and other portions are simply unclear – which violates one of the six standards of regulations – clarity. Additionally, she reported that some sections of statute are duplicative and, as written, the draft regulations would not pass a review by OAL as they violate two of the six standards: clarity and duplication. She indicated that Committee staff is working on regulatory text revisions that will be reviewed by Ms. Yazigi prior to bringing it forward for the Committee’s consideration at the September 2013 meeting.

FULL 21 – Discuss and Possible Action on the Following Legislation:

a) Assembly Bill (AB) 50 (Pan) – Healthcare Coverage: Medi-Cal Eligibility

President Hurlbutt shared with members that normally a subcommittee would have met earlier and reviewed the legislative materials and brought its recommendations concerning what action to take to the full Committee. She indicated that since there was no subcommittee meetings conducted for recommendations, the full Committee would work together on this agenda item.

Ms. Kantner informed the Committee members that she had prepared an analysis for a number of bills she was tracking that pertain to the practice of dental hygiene, or potentially pertain to the practice of dental hygiene. She explained that this bill (AB 50) is being tracked due to its potential impact relating to the Federal Patient Protection and Affordable Care Act. She indicated that Committee staff will continue to monitor the bill and inform the Committee of any impacts on the practice of dental hygiene. She recommended a “watch” position; however, she reminded the Committee that they were not required to take a position. She explained that this bill would require the Department of Health Services to implement a process by a specific date to inform enrollees of their options. She added that at this time, the legislation does not impact the Committee or its licensees.

There was no further comment from the Committee on the issue.

b) AB 186 (Maienschein) – Professions and Vocations: Military Spouses Licenses

Ms. Kantner informed the Committee members that the bill (AB 186) as originally drafted did not impact the Committee. She stated that the bill allows boards to issue a temporary license to someone who is the spouse or domestic partner of a member of the armed forces that is currently assigned to duty in California. However, she explained that since the requirement was discretionary and the Committee does not have the authority to issue a temporary license, there was little concern for the Committee with this legislation. She noted that this concern changed with the amendments made to the bill on April 1, 2013 when any discretionary action was removed and all boards would be required to issue a temporary license.

Ms. Kantner noted that the bill's only requirement for issuing a temporary license is that the individual be licensed in at least one other state and that they submit fingerprints to the Committee, though the fingerprint results do not have to be received prior to licensure. She added that the temporary license would be valid for 12 months and it would not rollover into a permanent license.

Ms. Kantner indicated that the potential impact of this bill could be significant, since the Committee does not currently issue provisional or temporary licenses to applicants. She stated that to ensure public protection, the Committee issues licenses only to qualified applicants who have met all statutory and regulatory licensing requirements, including mandatory fingerprinting requirements for a background check for all applicants and licensees. She explained that the Committee would need to create a process for issuance of a temporary license, which would be burdensome utilizing the current computer system. She did not know whether such a process might interface with the BreEZe computer system already underway.

- **Evangeline Ward moved to oppose the bill unless amended.**

Noel Kelsch seconded the motion.

Vote: The motion passed (8 – 0).

c) AB 213 (Logue) – Healing Arts: Licensure Requirements: Military Experience

Ms. Kantner informed the Committee that existing law provides for licensure for all qualified professionals. She explained that this bill would require that if a board accredits or approves schools that offer educational programs for meeting the licensing requirements, the schools that seek to be approved by the Committee by July 1, 2015 would need to have procedures in place to evaluate the applicant's military education and training and practical experience toward the completion of an educational program that would qualify an individual to apply for licensure.

Ms. Kantner stated that this bill would impact dental hygiene educational programs applying for approval, as they would be required to submit proof of a process for evaluating an applicant's military education, training, and experience.

The Committee members decided to take no action on this bill.

d) AB 512 (Rendon) Healing Arts: Licensure Exemption

Ms. Kantner explained that this bill is the extension of the Sunset date for the sponsored health care events. She stated that existing law allows until January 1, 2014, for exemption of licensure requirements for health care professionals who hold a current, active license in another state who offers or provides services through a sponsored event, as defined by:

- (1) Services provided to uninsured or underinsured persons;
- (2) A short-term voluntary basis;

- (3) Association with a sponsoring entity that registers with the applicable healing arts board and provides specified information to the county health department of the county in which the health care services are provided; and
- (4) Charge no fee to the recipient or a 3rd party on behalf of the recipient.

She stated that this bill would extend those provisions until January 1, 2018.

Ms. Kantner reported that AB 512, as currently written, would have no impact on the Committee, as the process is in place through regulation to comply with existing law.

- **Nicolette Moultrie moved to support AB 512.**

Sherrie-Ann Gordon seconded the motion.

Vote: The motion passed (8 – 0).

e) AB 555 (Salas) – Amended to have no impact to the DHCC

Ms. Kantner reported that this bill was no longer of any interest to the Committee, as it had been revised and amended to an issue that did not pertain to the Committee.

f) AB 1174 (Bocanegra/Logue) – Dental Professionals: Teledentistry under Medi-Cal

President Hurlbutt informed the Committee members that this legislation would implement the findings of the Teledentistry Project.

She stated that the Teledentistry Project had identified two activities that would give Registered Dental Assistants in Extended Functions and Registered Dental Hygienists the following additional duties:

- After submitting evidence of education to the Committee of a Committee-approved course, they would be able to determine the appropriate radiograph to perform based on the symptoms that a patient presents; and,
- Place an interim therapeutic restoration upon the order of a licensed dentist.

Ms. Kantner said that one of the important components of this bill is that the Teledentistry aspect of the legislation is also considered a billable service under Medi-Cal. She also noted that regulations would be necessary to define an approved course of instruction.

After discussion, Committee members raised concerns as to whether the placement of interim therapeutic restorations is not already allowed by current law. Committee members also wanted clarification as to what is meant by an adhesive restorative material.

Ms. Galliano suggested that the Committee members take a support if amended position on this legislation, as such a position would allow the Committee to be called into a dialog with the author concerning any amendments.

- **Susan Good moved to support if amended (strike line 26 regarding the determination of the type of radiographs to perform) then continue to monitor.**

Evangeline Ward seconded the motion.

Vote: The motion passed (8 – 0).

g) Senate Bill (SB) 28 (Hernandez) – California Health Benefit Exchange

Ms. Kantner informed the Committee that this legislation requires the Department of Health Services, starting October 1, 2013, to designate an Exchange for the New Patient Protection Affordable Health Care Act. She explained that this bill is being tracked due to its potential impact relating to the Federal Patient Protection and Affordable Care Act (ACA).

Mr. Lewis stated that:

- Pediatric dental care is mandatory under the ACA and that it is offered as part of the essential benefits package that anyone purchasing through the Exchange process must have.
- There are many details being worked out at the Exchange level and through legislation. He reported that another bill: AB 18 (Pan) would deal with some of the specific issues about how dental plans and dental benefits are offered through the Exchange.
- Federal law only mandated children’s benefits be offered and was inconclusive as to whether parents have to purchase it for their children. This point is being clarified through legislation.
- The Exchange is also planning to offer adult benefits through the Exchange mechanism but those benefits will be an add-on negotiated in a similar way with dental plans – but no one would be required to purchase it.
- The other issue of the ACA that impacts the dental profession is the expansion of Medicaid benefits to childless adults.

The Committee took no action on the bill and directed Committee staff to continue to monitor it.

h) SB 176 (Galgani) – Administrative Procedures: California Regulatory Notice Register

Ms. Kantner explained that there are certain requirements for regulations known as Administrative Procedures. She stated that this bill would add more requirements to the regulatory process.

Ms. Kantner indicated that the bill would require the Committee to submit for publication in the California Regulatory Notice Register notification 15 days prior to any meeting date or report that seeks input from the public. She explained that

it would include any Committee workshops, informational hearings, scoping hearings, preliminary meetings, public and stakeholder outreach meetings, 15-day comment period notices, and posting of Internet Web site links to informational and state reports prepared for public review and comment.

Ms. Kantner stated that the bill would create an additional administrative workload for Committee staff and increase the already lengthy timeframe involved in promulgating regulations. She indicated that all the Committee meetings would need to be noticed in the California Regulatory Notice Register since there is normally the opportunity for public discussion and input regarding current regulatory actions and any proposed future regulations at each meeting. She continued that it is unclear as to what format these notifications would require. She added that if the meeting agenda must be part of the notice, it will require additional time for review and finalization of all meeting agendas so that they will meet the deadline to be posted in the Public Register.

Ms. Hubble indicated that the legislation was in conflict with the Bagley-Keene Open Meetings Act requirement of a 10-day notice period prior to a meeting. Ms. Yazigi added that if the notice that appears in the Public Register is the meeting notice itself, then the current 10-day requirement is superseded by a 15-day notice. Such a requirement ties the Committee's hands with the agility with which it can cancel a meeting and re-notice or amend a meeting agenda. Additionally, publishing in the Register is very cumbersome in that it is only published on Fridays. Ms. Kantner added that if the Committee misses a publishing deadline, the next available deadline is a week later which could cause scheduling problems for meetings.

- **Susan Good moved to support the bill if amended to include an exemption for any agency, board, or commission operating under the requirements of the Bagley-Keene Open Meetings Act.**

Noel Kelsch seconded the motion.

Vote: The motion passed (8 – 0).

i) SB 456 (Padilla) – Healthcare Coverage

Ms. Kantner stated that this is a “spot bill” (legislation that is created as a placeholder to introduce new or additional language) intended to revisit last year’s proposed SB 694 that would have created a statewide Office of Oral Health within the Department of Public Health. She indicated that the Committee is still waiting for revisions to the legislation from the author.

Mr. Lewis commented that Senator Padilla decided not to move forward with the legislation because of a lack of funding sources.

j) SB 821 (Senate Committee on Business, Professions and Economic Development) – Omnibus Bill

Ms. Kantner explained that this bill is the DCA’s Omnibus bill, which contains various non-substantive and technical changes to statutory law governing boards,

bureaus, and committees under the DCA. The Committee proposed technical corrections for inclusion in the bill

- **Nicolette Moultrie moved to support SB 821.**

Noel Kelsch seconded the motion.

Vote: The motion passed (8 – 0).

FULL 22 – CLOSED SESSION

There was no closed session for this meeting.

FULL 23 – Future Agenda Items

Ms. Hubble stated that the following would be listed for future agenda items:

- Renewal fees for all licensees
- Sunset Review report
- Extramural facility fee
- AB 562 – Portable Dental Units
- AB 836 – Dentists (retired) – Continuing Education Requirements

President Hurlbutt asked for any comments from the Committee members or the public. There was no comment.

FULL 24 – Next Scheduled Committee Meeting

Ms. Hubble informed those present that the remaining meetings for 2013 are:

- 1) September 6-7, 2013 in the San Francisco Bay area;
- 2) December 6-7, 2013 in Sacramento at the Committee's headquarters building.

President Hurlbutt asked for any comments from the Committee members or the public. There was no comment.

FULL 25 – Adjournment

President Hurlbutt asked for any comments prior to adjournment from the Committee members or the public. There was no comment.

The Full Committee meeting adjourned at 6:33 p.m.

**Agenda items taken out of order to accommodate speakers or time constraints*

ATTACHMENT A

Dental Hygiene Committee of California

PROPOSED LANGUAGE

Adopt Section 1107 Division 11 of Title 16 of the California Code of Regulations to read as follows:

§1107. Approval of RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage

The Committee shall approve only those educational courses for these duties in dental hygiene which continuously meet all course requirements. This article governs the approval of educational programs for courses in local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage. Continuation of approval will be contingent upon compliance with these requirements.

(a) A course in local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage is a course that provides instruction in the following duties:

(1) Administration of local anesthetic agents, infiltration and conductive, limited to the oral cavity;

(2) Administration of nitrous oxide and oxygen when used as an analgesic; utilizing fail-safe type machines containing no other general anesthetic agents; and

(3) Periodontal soft tissue curettage.

(b) An applicant course provider shall submit an "Application for Approval of a Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage" (DHCC SLN-01 05/2013) hereby incorporated by reference, accompanied by the appropriate fee, for approval of a new course and shall receive approval prior to operation. If the Committee denies approval of a course, the committee shall provide to the applicant the specific reasons for denial in writing within ninety (90) days.

(c) The Committee may withdraw approval at any time it determines a course does not meet the requirements established in this section or other requirements of law.

(d) All courses shall be at the postsecondary educational level.

(e) Each approved course shall be subject to review by the Committee at any time.

(f) Each approved course shall submit a biennial report "Report of a Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage" (DHCC SLN-03 05/2013) hereby incorporated by reference.

Note Authority cited: Section 1905, 1906, 1909 and 1944, Business and Professions Code. Reference: Section 1905, 1909, and 1944, Business and Professions Code.

Adopt Section 1108 Division 11 of Title 16 of the California Code of Regulations to read as follows:

§1108. Requirements for Approval of Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage

(a) Administration. Each course shall provide the resources necessary to accomplish education as specified in this section. Course providers shall be responsible for informing the Committee of any changes to the course content, physical facilities, and faculty, within 10 days of such changes. Upon successful completion of the course, students shall receive a certificate of completion. The course provider shall require students to possess current certification in Basic Life Support for health care providers as required by Title 10, Chapter 1, Article 4, Section 1016 (C) of the California Code of Regulations (CCR) in order to be eligible for admission to the course, and either:

- (1) Possess a valid active license to practice dental hygiene; or,
- (2) Graduate from an educational program for dental hygienists approved by the Commission on Dental Accreditation.

(b) Faculty. Faculty, including course director and supervising dentist(s) shall:

- (1) possess a valid, active California license to practice dentistry or dental hygiene for at least two (2) years immediately preceding any provision of course instruction.
- (2) provide pre-clinical and clinical instruction only in procedures within the scope of practice of their respective licenses.
- (3) have education in educational methodology within the last two (2) years and must be calibrated.

(c) Facilities and Equipment. Physical facilities and equipment shall be maintained and replaced in a manner designed to provide students with an educationally optimal environment. A physical facility shall have all of the following:

- (1) A lecture classroom, a patient clinic area, a radiology area, and a laboratory for use by the students.
- (2) All students shall have access to equipment necessary to develop dental hygiene skills in these duties.
- (3) Infection control equipment shall be provided according to the requirements of CCR Title 16, Division 11, Chapter 1, Article 1, Section 1005.

(d) Health and Safety. Course providers must document compliance with health and safety policies in accordance with local, state, and federal laws and regulations.

- (1) All students shall have access to the course's hazardous waste management plan for the disposal of needles, cartridges, medical waste and storage of oxygen and nitrous oxide tanks.
- (2) All students shall have access to the course's clinic and radiation hazardous communication plan.
- (3) All students shall receive a copy of the course's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.

(e) Clinical Education. As of January 1, 2016, each course's clinical training shall be given at a dental or dental hygiene school or facility approved by the Committee, which has a written contract of affiliation for such training with a dental or dental hygiene program. Such written contract of affiliation shall include a description of the settings in which the clinical training may be received and shall provide for direct supervision of such training by faculty designated by the dental or dental hygiene school. An affiliated facility shall not include a dental office unless such office is an extramural facility approved by the Committee. Each course shall provide the

clinical facilities and clinical resources necessary to accomplish education in local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage as provided in California Code of Regulations (CCR) Title 16, Division 10, Section 1072.1(g)(4).

(f) Recordkeeping. Course providers must possess and maintain for a period of not less than 5 years:

- (1) Copies of curriculum containing a course syllabus.
- (2) Copies of written examinations, lab and clinic rubrics, and competency evaluations.
- (3) Copies of faculty credentials, licenses, and certifications including documented background in educational methodology within previous two years.
- (4) Individual student records, including those necessary to establish satisfactory completion of the course.
- (5) Student course evaluations and summaries.

(g) Curriculum Organization and Learning Resources.

- (1) The organization of the curriculum for the course shall be flexible, creating opportunities for adjustments to and research of advances in the administration of local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage as provided in subdivision (g)(4)(C) of Section 1105 of this article [or Section 1072.1 of Article 2, Chapter 3 of Division 10].
- (2) Curriculum shall provide students with a basic understanding of these procedures as provided in subdivision (g)(4)(C) of Section 1105 of this article [or Section 1072.1 of Article 2, Chapter 3 of Division 10] and an ability to perform each procedure with competence and judgment.
- (3) Curriculum shall prepare the student to assess, plan, implement, and evaluate these procedures as provided and in accordance with subdivision (g)(4)(C) of Section 1105 of this article [or Section 1072.1 of Article 2, Chapter 3 of Division 10].
- (4) Curriculum must include remediation policy and procedures.
- (5) Students shall be provided a course syllabus that contains:
 - (A) Course learning outcomes,
 - (B) Textbook(s) published within the previous 5 years,
 - (C) Content objectives,
 - (D) Grading criteria which includes competency evaluations and lab and clinic rubrics to include problem solving and critical thinking skills that reflect course learning outcomes, and
 - (E) Remediation policy and procedures.
- (6) Students shall have reasonable access to dental and medical reference textbooks, current scientific journals, audio visual materials and other relevant resources.

(h) General Curriculum Content. Areas of didactic, laboratory, preclinical and clinical instruction shall include:

- (1) Indications and contraindications for all patients of:
 - (A) periodontal soft tissue curettage;
 - (B) administration and reversal of local anesthetic agents;
 - (C) nitrous oxide-oxygen analgesia agents
- (2) Head and neck anatomy;
- (3) Physical and psychological evaluation procedures;
- (4) Review of body systems related to course topics;
- (5) Theory and psychological aspects of pain and anxiety control;

- (6) Selection of pain control modalities;
- (7) Pharmacological considerations such as action of anesthetics and vasoconstrictors, reversal and nitrous oxide-oxygen analgesia agents;
- (8) Recovery from and post-procedure evaluation of periodontal soft tissue curettage, local anesthesia and nitrous oxide/oxygen analgesia;
- (9) Complications and management of periodontal soft tissue curettage, local anesthesia & nitrous oxide-oxygen analgesia emergencies;
- (10) Armamentarium required and current technology available for local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage;
- (11) Technique of administration of maxillary and mandibular local infiltrations, field blocks and nerve blocks, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage;
- (12) Proper infection control techniques according to the provisions of CCR Title 16, Division 11, Chapter 1, Article 1, Section 1005;
- (13) Patient documentation, including computation of maximum recommended dosages for local anesthetics and total lung capacity for nitrous oxide-oxygen analgesia;
- (14) Medical and legal considerations including patient consent, standard of care, and patient privacy;
- (15) Student course evaluation mechanism.

(i) Specific Curriculum Content.

- (1) Local anesthetic agents curriculum must include at least thirty (30) hours of instruction, including at least fifteen (15) hours of didactic, preclinical and/or laboratory instruction and at least fifteen (15) hours of clinical instruction that includes at least three (3) clinical experiences per injection on three different patients, of which only one may be on a student. Curriculum must include maxillary and mandibular anesthesia techniques for local infiltration, field block and nerve block to include anterior superior alveolar (ASA) nerve block (infraorbital), middle superior alveolar nerve block (MSA), anterior middle superior alveolar nerve block (AMSA), posterior superior alveolar nerve block (PSA), greater palatine nerve block, nasopalatine (P-ASA) nerve block, supraperiosteal, inferior alveolar nerve block (to include Gow-Gates technique), lingual nerve block, buccal nerve block, mental nerve block, incisive nerve block and intraseptal injections. One of these clinical experiences per injection will be used as a clinical competency. The competency evaluation for each injection and technique must be achieved at a minimum of 75%.
- (2) Nitrous oxide-oxygen analgesia curriculum must include at least eight (8) hours of instruction, including at least four (4) hours of didactic, preclinical and/or laboratory instruction and at least four (4) hours of clinical instruction. This includes at least three (3) clinical experiences on patients, of which only one may be on a student and one of which will be used as a clinical competency. Each clinical experience shall include the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia. The competency evaluation must be achieved at a minimum of 75%.
- (3) Periodontal soft tissue curettage curriculum must include at least six (6) hours of instruction, including at least three (3) hours of didactic, laboratory and/or preclinical instruction and at least three (3) hours of clinical instruction. Education may include soft tissue laser. This includes at least three (3) clinical experiences on patients, of which

only one may be on a student and one of which will be used as a clinical competency.
The competency evaluation for this procedure must be achieved at a minimum of 75%.

(j) Certificate of Completion. A course provider shall issue a certificate of completion
“Certification in Administration of Local Anesthesia, Nitrous Oxide-Oxygen Analgesia, and
Periodontal Soft Tissue Curettage, (DHCC SLN-02 05/2013) hereby incorporated by reference,
only after a student has achieved clinical competency of the three procedures.

Note Authority cited: Sections 1905, 1906 and 1909, Business and Professions Code. Reference: Sections 1905 and 1909 Business and Professions Code.