



DHCC

Dental Hygiene
Committee
of California

SUNSET REVIEW MEETING September 7, 2013



**EMBASSY SUITES – SOUTH SAN FRANCISCO
MONTEREY/SARATOGA MEETING ROOM
250 GATEWAY BOULEVARD
SOUTH SAN FRANCISCO, CA 94080**



Notice is hereby given that a public meeting of the Dental Hygiene Committee of California will be held as follows:

FULL COMMITTEE MEETING AGENDA

The DHCC welcomes and encourages public participation in its meetings. The public may take appropriate opportunities to comment on any issue before the Committee at the time the item is heard.

Saturday, September 7, 2013
9:00 a.m.
Embassy Suites – South San Francisco
Monterey/Saratoga Meeting Room
250 Gateway Boulevard
South San Francisco, CA 94080

9:00 a.m. Dental Hygiene Committee of California (DHCC) – Full Committee – Open Session

Roll Call/Establishment of Quorum.

1. Public Comment for Items Not on the Agenda
2. Discussion and Possible Action on the 2014 DHCC Sunset Review Report
3. The California Dental Hygiene Association's Report on the 2014 DHCC Sunset Review
4. Adjournment

Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-1978 or access DHCC's Web Site at www.dhcc.ca.gov.

The meeting facilities are accessible to individuals with physical disabilities. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Anthony Lum at (916) 576-5004, via e-mail at: anthony.lum@dca.ca.gov or send a written request to DHCC at 2005 Evergreen Street, Ste. 1050, Sacramento, CA 95815. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.



Saturday, September 7, 2013

Dental Hygiene Committee of California

Full Committee – Sunset Review

Agenda Item 1

Public Comment for Items Not on the Agenda



Saturday, September 7, 2013

Dental Hygiene Committee of California

Full Committee – Sunset Review

Agenda Item 2

Discussion and Possible Action on the 2014
Sunset Review Report



MEMORANDUM

DATE	September 7, 2013
TO	DHCC Committee Members
FROM	Anthony Lum, Administrative Analyst
SUBJECT	Agenda Item 2 - Discussion and Possible Action on the 2014 Sunset Review Report

Attached is the DRAFT - 2014 DHCC Sunset Review Report to be discussed at the meeting. The report is due to the Senate Business, Professions and Economic Development Committee by November 1, 2013.

Staff Recommendation:

Staff recommends approval of the DRAFT - 2014 DHCC Sunset Review Report.

STAFF
BILL GAGE
Chief Consultant
G.V. AYERS
LE ONDRA CLARK
SARAH MASON
KATHLEEN SULLIVAN
Committee Assistant



MEMBERS
Vice Chair – BILL EMMERSON
ELLEN M. CORBETT
CATHLEEN GALGIANI
ED HERNANDEZ, O.D.
JERRY HILL
ALEX PADILLA
MARK WYLAND
LELAND YEE

California Legislature
Senate Committee on Business, Professions & Economic Development

Senator
Curren D. Price, Jr.
Chair

Memorandum

To: Boards and Bureaus Subject to Review in 2013-2014
From: Senator Curren D. Price, Jr.
Date: April 17, 2013
Subject: Request for Information and Issues to be Addressed for 2013-2014 Oversight Review

This is to inform you that the Senate Business, Professions and Economic Development Committee will begin our oversight review in the fall of 2013. The Assembly Business, Professions and Consumer Protection Committee, will also jointly participate in the review as was done earlier this year. The Committees will review the following boards¹:

- Acupuncture Board
- Bureau of Automotive Repair
- Cemetery and Funeral Bureau
- Common Interest Development Managers
- Dental Hygiene Committee of California
- Bureau of Electronic, Appliance Repair, Home Furnishings and Thermal Insulation
- California Massage Therapy Council
- Bureau for Private Postsecondary Education
- Professional Fiduciaries Bureau
- Bureau of Security and Investigative Services
- Structural Pest Control Board
- California Tax Preparer Education Council

You are also receiving by email attachment a Report Form that should be completed and submitted to the Committees by November 1, 2013. The Report has been significantly revised in the last few years to simplify the reporting process and to focus more clearly on issues of interest to the Committees. The first sections of the Report provide an overview of the board's current regulatory program, and contain pre-

¹ "Board" refers to board, bureau, commission, program, committee, or private certifying organization.
STATE CAPITOL, ROOM 2053 SACRAMENTO, CA 95814 (916) 651-4104



formatted tables and charts to be completed by the board. The latter sections focus on responses by the board to particular issues raised by the individual board or that are raised by the Committees.

We ask that you complete the tables and charts and provide the appropriate statistical information for the fiscal years indicated. Please respond to all questions in the Report. In the event that some information may not pertain to your particular board, please note it on your response, but be sure to include information that is relevant to your activities and programs.

In completing your Report, please note the following sections:

Section 10 – Board Action and Response to Prior Sunset Issues. This should reflect the board's response to each individual issue and recommendation that was raised by the Committee during the prior review of the board.

Section 11 – New Issues. This is the board's opportunity to raise new issues and make recommendations to the Committee. The Committee may also have additional issues that the board will need to address during this review. We encourage the board to request a meeting with staff of the Committees to review possible issues to be addressed within this document for the 2013-2014 review.

Along with the Report Form, you are also being sent a *Guide for Completing Tables in the Oversight Review Questionnaire*. Most of the tables may be completed from data in standard reports that the board already receives. If your board does not use the Department of Consumer Affairs' report and data processes, please report information using the definitions given in the Guide.

Each board should submit 16 printed copies of its final Report to the Senate Committee, and 19 printed copies to the Assembly Committee. You are also asked to submit an electronic copy to each of the Committees (you may submit a PDF version, but we also request a MS-Word copy).

Staff of the Committees will be responsible for reviewing and analyzing information provided by the board, and for preparing a background paper with issues to be addressed by the board and by interested parties during our public hearings to be held early in 2014.

We expect to announce the dates for the hearings sometime in December. We would request that once the hearing dates are set, that the board notify (by mail or email) its interested parties list of organizations, groups or individuals regarding the Committees' public hearings.

If you have any questions about the attached documents or the review process, please contact G. V. Ayers of my staff at (916) 651-4104.



STATUTES TO ADD, AMEND, OR REPEAL

Amend § 1901 - to eliminate the jurisdiction language and change Committee to Board

Remove § 1905 (a) (8) - deletes requirement to make recommendations to the Dental Board regarding dental hygiene scope of practice issues

Remove §1905.2 – eliminate requirement for Dental Board to respond in writing regarding reasons for not accepting recommendations within 30 days

Add §1905 (a) (10) – to require a seal for the Dental Hygiene Board of California

Amend § 1944 - increase statutory cap for all license renewal fees

Add - new section of law regarding statute of limitations for enforcement actions

Add - new section of law to implement penalties for unprofessional conduct regarding failure to report convictions or falsifying renewal notice

Amend §1910 - to move the direct supervision duties in 1909 into 1910, General Supervision Duties

Amend § 1926 (d) - to allow an RDHAP to continue an established practice when a designated shortage area is changed.

Amend §1936.1 - add continued competency

Amend §1928 – allow for insurance payment of services rendered by RDHAP's

Amend §1917 (b) – eliminated the term clinical to allow for the development of alternative pathways for licensure



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**DRAFT - DENTAL HYGIENE COMMITTEE OF
CALIFORNIA**
**BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT
REGULATORY PROGRAM**
As of [**August 30, 2013**]

Section 1

Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the board.¹ Describe the occupations/profession that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).

In 2002, the Joint legislative Sunset Review Committee agreed that “dental hygienists had reached the point where their responsibilities warranted a regulatory body, separate from DBC.” The Dental Hygiene Committee of California (DHCC) was created in fiscal year (FY) 2009/10 as result of the passage of SB 853 (Ch. 31, Statutes of 2008) in 2008.

As an independent committee, the DHCC, represents the only self-regulating dental hygiene agency of its kind in the United States. The DHCC has the authority regarding all aspects of the licensing of dental hygienists, all enforcement and investigation authority regarding all dental hygienists, and the approval of educational programs that provide the prerequisite education to become a licensed dental hygienist. According to the Business and Professions Code (BPC) Section 1900, the purpose for the committee is “to permit the full utilization of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions in order to meet the dental care needs of all of the state's citizens.”

The DHCC is responsible for overseeing three categories of dental hygienists: registered dental hygienist (RDH), registered dental hygienist in alternative practice (RDHAP), and registered dental hygienist in extended functions (RDHEF). As a self-regulating agency, the DHCC develops and administers written and clinical licensing examinations, conducts occupational analyses of the various professional categories, evaluates educational courses, establishes the regulations, approves educational program and has licensing and enforcement responsibilities. The DHCC also participates in outreach and support of the dental and dental hygiene community with the goal of ensuring the highest quality of oral healthcare for all Californians. DHCC regulates the dental hygiene profession by the guidance of its statutes contained in the BPC Sections 1900 – 1966.6.

1. Describe the make-up and functions of each of the board’s committees (cf., Section 12, Attachment B).

The make-up of the DHCC consists of nine members (four dental hygienists, four public members, and one practicing dentist) appointed by the Governor. The function of the DHCC is to discuss, deliberate, address, hear public comment, and possibly act upon any programmatic, legislative, or

¹ The term “board” in this document refers to a board, bureau, commission, committee, department, division, program, or agency, as applicable. Please change the term “board” throughout this document to appropriately refer to the entity being reviewed.

other issue(s) that may affect its professional population, interested stakeholders, but most of all, the consumers of California.

The make-up and function of each of the DHCC’s Subcommittees are:

Make-up: each subcommittee consists of three to four members as appointed by the DHCC President to review, discuss, deliberate, hear public comment, and vote on any issue(s) that pertain to the specific subcommittee’s jurisdiction and bring forth recommendation(s) to the full Committee consisting of all DHCC members to discuss and take possible action.

- a) **Education and Outreach Subcommittee** – The purpose of the Education and Outreach Subcommittee is to provide recommendations to the DHCC on the development of informational brochures and other publications, planning of outreach events for consumers and licensees, preparing articles for submission in trade magazines and attending trade shows.
- b) **Enforcement Subcommittee** – The purpose of the Enforcement Subcommittee is to advise the DHCC on policy matters that relate to protecting the health and safety of consumers. This includes maintenance of disciplinary guidelines, and other recommendations on the enforcement of the statutes and regulations.
- c) **Legislative and Regulatory Subcommittee** – The purpose of the Legislative and Regulatory Subcommittee is to review and track legislation which affects the DHCC’s licensees and consumers, and recommends positions on legislation. It also provides information and recommendations to the DHCC on regulatory additions or changes.
- d) **Licensing and Examination Subcommittee** – The purpose of the Licensing and Examination Subcommittee is to advise the DHCC on policy matters relating to the examining and licensing of individuals who want to practice dental hygiene in California. The subcommittee may also provide information and recommendations on issues relating to curriculum and school approval, exam appeals, laws and regulations.

Table 1a. Attendance			
Member: Susan Good, Public Member			
Date Appointed: April 5, 2013			
Meeting Type	Meeting Date	Meeting Location	Attended?
September 7, 2013 DHCC Sunset Review Meeting	9/7/2013	South San Francisco, CA	
September 6, 2013 DHCC Meeting	9/6/2013	South San Francisco, CA	
May 2013 DHCC Meeting	5/3/2013	Glendale, CA	Yes
Member: Sherrie-Ann Gordon, Public Member			
Date Appointed: April 5, 2013			
Meeting Type	Meeting Date	Meeting Location	Attended?
September 7, 2013 DHCC Sunset Review Meeting	9/7/2013	South San Francisco, CA	
September 6, 2013 DHCC Meeting	9/6/2013	South San Francisco, CA	
May 2013 DHCC Meeting	5/3/2013	Glendale, CA	Yes

Table 1a. Attendance (continued)

Member: Michelle Hurlbutt, RDH Educator			
Date Appointed: October 21, 2009 ; Re-appointed: 8/23/2012			
Meeting Type	Meeting Date	Meeting Location	Attended?
September 7, 2013 DHCC Sunset Review Meeting	9/7/2013	South San Francisco, CA	
September 6, 2013 DHCC Meeting	9/6/2013	South San Francisco, CA	
May 2013 DHCC Meeting	5/3/2013	Glendale, CA	Yes
February 2013 Teleconference Meeting	2/27/2013	Loma Linda, CA	Yes
December 2012 DHCC Meeting	12/4/2012	Sacramento, CA	Yes
December 2012 Legislative and Regulatory Subcommittee Meeting	12/3/2012	Sacramento, CA	Yes
December 2012 Licensing and Regulatory Subcommittee Meeting	12/3/2012	Sacramento, CA	Yes
July 2012 Teleconference Meeting	7/9/2012	N/A	No
April 2012 DHCC Meeting	4/17/2012	San Diego, CA	Yes
April 2012 Licensing and Examination Subcommittee Meeting	4/16/2012	San Diego, CA	Yes
April 2012 Legislative and Regulatory Subcommittee Meeting	4/16/2012	San Diego, CA	Yes
April 2012 Enforcement Subcommittee Meeting	4/16/2012	San Diego, CA	Yes
December 2011 DHCC Meeting	12/13/2011	Sacramento, CA	Yes
December 2011 Licensing and Examination Subcommittee Meeting	12/12/2011	Sacramento, CA	Yes
December 2011 Legislative and Regulatory Subcommittee Meeting	12/12/2011	Sacramento, CA	Yes
April 2011 DHCC Meeting	4/29/2011	El Segundo, CA	Yes
December 2010 DHCC Meeting	12/6/2010	Sacramento, CA	Yes
December 2010 Legislative and Regulatory Subcommittee Meeting	12/5/2010	Sacramento, CA	Yes
December 2010 Education and Outreach Subcommittee Meeting	12/5/2010	Sacramento, CA	Yes
December 2010 Licensing and Examination Subcommittee Meeting	12/4/2010	Sacramento, CA	Yes
September 2010 DHCC Meeting	9/28/2010	Sacramento, CA	Yes
September 2010 Legislative and Regulatory Subcommittee Meeting	9/27/2010	Sacramento, CA	Yes
September 2010 Licensing and Examination Subcommittee Meeting	9/27/2010	Sacramento, CA	Yes
September 2010 Education and Outreach Subcommittee Meeting	9/27/2010	Sacramento, CA	Yes
September 2010 DHCC Strategic Plan Meeting	9/26/2010	Sacramento, CA	Yes
July 2010 DHCC Strategic Plan Meeting	7/28/2010	Sacramento, CA	Yes

Table 1a. Attendance (continued)

June 2010 Teleconference Meeting	6/8/2010	Upland, CA	Yes
March 2010 DHCC Meeting	3/22/2010	Ontario, CA	Yes
January 2010 Licensing and Examination Subcommittee Meeting	1/10/2010	Sacramento, CA	Yes
December 2009 DHCC Meeting	12/10/2009	Sacramento, CA	Yes
Member: Noel Kelsch, RDHAP			
Date Appointed: August 23, 2012			
Meeting Type	Meeting Date	Meeting Location	Attended?
September 7, 2013 DHCC Sunset Review Meeting	9/7/2013	South San Francisco, CA	
September 6, 2013 DHCC Meeting	9/6/2013	South San Francisco, CA	
May 2013 DHCC Meeting	5/3/2013	Glendale, CA	Yes
February 2013 Teleconference Meeting	2/27/2013	Plattsburg, NY	Yes
December 2012 DHCC Meeting	12/4/2012	Sacramento, CA	Yes
December 2012 Enforcement Subcommittee Meeting	12/3/2012	Sacramento, CA	Yes
December 2012 Legislative and Regulatory Subcommittee Meeting	12/3/2012	Sacramento, CA	Yes
December 2012 Licensing and Examination Subcommittee Meeting	12/3/2012	Sacramento, CA	Yes
Member: Timothy Martinez, DMD			
Date Appointed: August 23, 2012			
Meeting Type	Meeting Date	Meeting Location	Attended?
September 7, 2013 DHCC Sunset Review Meeting	9/7/2013	South San Francisco, CA	
September 6, 2013 DHCC Meeting	9/6/2013	South San Francisco, CA	
May 2013 DHCC Meeting	5/3/2013	Glendale, CA	Yes
February 2013 Teleconference Meeting	2/27/2013	Pomona, CA	Yes
December 2012 DHCC Meeting	12/4/2012	Sacramento, CA	Yes
December 2012 Legislative and Regulatory Subcommittee Meeting	12/3/2012	Sacramento, CA	Yes
December 2012 Licensing and Examination Subcommittee Meeting	12/3/2012	Sacramento, CA	Yes
December 2012 Education and Outreach Subcommittee Meeting	12/3/2012	Sacramento, CA	Yes
Member: Nicolette Moultrie, RDH			
Date Appointed: August 23, 2012			
Meeting Type	Meeting Date	Meeting Location	Attended?
September 7, 2013 DHCC Sunset Review Meeting	9/7/2013	South San Francisco, CA	

Table 1a. Attendance (continued)

September 6, 2013 DHCC Meeting	9/6/2013	South San Francisco, CA	
May 2013 DHCC Meeting	5/3/2013	Glendale, CA	Yes
February 2013 Teleconference Meeting	2/27/2013	Martinez, CA	Yes
December 2012 DHCC Meeting	12/4/2012	Sacramento, CA	Yes
December 2012 Enforcement Subcommittee Meeting	12/3/2012	Sacramento, CA	Yes
December 2012 Education and Outreach Subcommittee Meeting	12/3/2012	Sacramento, CA	Yes
Member: Garry Shay, Public Member			
Date Appointed: April 5, 2013			
Meeting Type	Meeting Date	Meeting Location	Attended?
September 7, 2013 DHCC Sunset Review Meeting	9/7/2013	South San Francisco, CA	
September 6, 2013 DHCC Meeting	9/6/2013	South San Francisco, CA	
May 2013 DHCC Meeting	5/3/2013	Glendale, CA	Yes
Member: Evangeline Ward, RDH			
Date Appointed: February 12, 2012			
Meeting Type	Meeting Date	Meeting Location	Attended?
September 7, 2013 DHCC Sunset Review Meeting	9/7/2013	South San Francisco, CA	
September 6, 2013 DHCC Meeting	9/6/2013	South San Francisco, CA	
May 2013 DHCC Meeting	5/3/2013	Glendale, CA	Yes
February 2013 Teleconference Meeting	2/27/2013	Vacaville, CA	Yes
December 2012 DHCC Meeting	12/4/2012	Sacramento, CA	Yes
December 2012 Legislative and Regulatory Subcommittee Meeting	12/3/2012	Sacramento, CA	Yes
December 2012 Licensing and Examination Subcommittee Meeting	12/3/2012	Sacramento, CA	Yes
July 2012 Teleconference Meeting	7/9/2012	Vacaville, CA	Yes
April 2012 DHCC Meeting	4/17/2012	San Diego, CA	Yes
April 2012 Legislative and Regulatory Subcommittee Meeting	4/16/2012	San Diego, CA	Yes
April 2012 Licensing and Examination Subcommittee Meeting	4/16/2012	San Diego, CA	Yes

Table 1b. Board/Committee Member Roster					
Member Name (Include Vacancies)	Date First Appointed	Date Re-appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Susan Good	4/05/13	N/A	1/1/14	Governor	Public
Sherrie-Ann Gordon	4/05/13	N/A	1/1/16	Governor	Public
Michelle Hurlbutt, RDH Educator	10/21/09	8/23/12	1/1/16	Governor	Professional, RDH Educator
Noel Kelsch, RDHAP	8/22/12	N/A	1/1/16	Governor	Professional, RDH, RDHAP
Timothy Martinez, DMD	8/23/12	N/A	1/1/14	Governor	Professional, Public Health Dentist
Nicolette Moultrie, RDH	8/23/12	N/A	1/1/14	Governor	Professional, RDH, RDHAP
Garry Shay	4/05/13	N/A	1/1/14	Governor	Public
Evangeline Ward, RDH	2/12/12	N/A	1/1/14	Governor	Professional, RDH
Vacant Member	N/A	N/A	N/A	Governor	Public

2. In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?

The DHCC has been privileged to have dedicated members (both currently and in the past) that participate in the DHCC meetings and activities. Whenever there has been a scheduled meeting, the number of members participating has either met or exceeded the minimum number (e.g., five members required to establish a quorum) required to vote and act upon an issue presented at a meeting. As such, the DHCC has never had an inability to conduct its meetings due to a quorum issue over the past four years.

3. Describe any major changes to the board (Committee) since the last Sunset Review, including:

- Internal Changes (i.e., reorganization, relocation, change in leadership, strategic planning)

Over the past two fiscal years, the DHCC has experienced a major reorganization and change in leadership as seven out of eight DHCC members were replaced with new Governor appointees and only a single member remained as the veteran member to maintain and continue the institutional memory and program knowledge. This member, President Michelle Hurlbutt, is an original founding member of the DHCC and had an instrumental role in the creation of the current DHCC strategic plan and program functions.

The DHCC is planning to relocate its office location in the near-future, as the current suite cannot accommodate additional authorized staff. The Department of Consumer Affairs (DCA) is working with the DHCC to accommodate additional office space in anticipation for new authorized staff to address current and additional programmatic workloads. The relocation is pending until two other DCA programs relocate and then the DHCC will backfill one of those program's office suites. Until the office relocation occurs, there is a programmatic issue to address any new workload due to a lack of office space for new staff, equipment, and supplies.

The DHCC originally met in July 2010 to determine the important issues that should be contained in its strategic plan. In September 2010, the DHCC voted to approve its first strategic plan that detailed the mission, goals, and objectives to be completed over the next three years. In May 2013, the DHCC voted to extend its strategic plan from a 3-year to a 5-year plan with an expiration date in 2015. Although many of the Strategic Plan goals have been completed, there are still many of the complex and time-consuming objectives contained in its original plan that could not be completed within the original three year time frame.

- All legislation sponsored by the board and affecting the board since the last sunset review.

The DHCC worked with the California Dental Hygienists' Association (CDHA), the sponsors of SB 1202 (Leno) effective January 1, 2013. The legislative changes enacted by this bill are:

- Registered dental hygienists licensed in another state can teach in a California dental hygiene college without being licensed in California if they are issued a special permit by the DHCC.
- New educational programs must provide a feasibility study to the DHCC demonstrating the need for a new program before seeking approval for initial accreditation from the Commission on Dental Accreditation (CODA).
- Any examinee for a registered dental hygienist license who fails the California state or Western Regional Examining Board (WREB) clinical exam in three attempts or who fails the state clinical examination as a result of imposing gross trauma on a patient, is not eligible for further examination until he or she successfully completes a remedial education course approved by the DHCC.
- Clarifies the requirement that all applicants must complete the DHCC-approved course in soft tissue curettage, administration of local anesthesia, and administration of nitrous oxide and oxygen for licensure.
- Extramural dental hygiene facilities associated with a dental hygiene program must register with the DHCC.
- RDHAPs may operate a mobile dental hygiene unit after applying for a permit.
- RDHAPs must register where they practice.
- RDHAPs who own more than one office location must obtain additional office permits from the DHCC.
- New fee caps were established. Any changes to fees must be voted on and approved by the DHCC.

The DHCC had an active role in SB 1575, Senate Business, Professions and Economic Development (BPED) (Chapter 799, Statutes of 2012). This bill gave the DHCC the authority to do the following:

- Collect survey data from licensees as part of the initial licensure and any subsequent application for renewal of a license.

- Require licensees who change their physical address of record or e-mail address to notify the DHCC within 30 days of the change.
- Deny a license to anyone who is required to register as a sex offender.

The DHCC also included legislative language within SB 821 (BPED - 2013-14) amending the Welfare and Institutions Code to cover the necessary dental hygiene services rendered by an RDH, RDHAP, or RDHEF as long as the services are within the scope of Denti-Cal benefits and other minor technical corrections.

- All regulation changes approved by the board since the last sunset review. Include the status of each regulatory change approved by the board.

Section 1906(a) of the BPC gives the DHCC the authority to adopt, amend, and revoke regulations. The DHCC is in the process of writing the regulations required to implement the provisions of Article 9 of the BPC. To do this, the DHCC has developed a three phase process to implement all of the current regulations pertaining to dental hygiene practice, education, examination, licensure, and enforcement. The three phases consist of:

1. Phase I contains regulatory sections relative to definitions, delegations to the Executive Officer (EO), examinations, and minimum standards for infection control, as these sections are of the first priority for the DHCC to address.
2. Phase II regulatory sections involve the approval of educational programs, remedial education, and continuing education (CE).
3. Phase III regulatory sections are those that will require the DHCC to obtain statutory authority prior to requesting the changes through the rulemaking process, such as continued competency and rules for dental hygiene corporations.

The following table shows each regulatory phase and the regulatory sections addressed in each one. The placeholders are regulatory sections that will be addressed in the future.

DHCC REGULATORY PHASES

Phase 1	California Code of Regulations (CCR) Regulatory Sections
Article 1: Definitions	1100 Definitions
Article 2: Administration	1101 Delegation to DHCC's Executive Officer (EO)
Article 6: Examinations	<p>1121 Dental Hygiene Written Examinations</p> <p>1122 General Procedures for the DHCC Written Examination</p> <p>1123 Dental Hygiene Clinical Examinations</p> <p>1124 General Procedures for the DHCC Clinical Examinations</p> <p>1125 DHCC Clinical Examination</p> <p>1126 Conduct of DHCC Clinical</p> <p>1127 DHCC Clinical Examination Review: Procedures and Appeals Examination</p> <p>1128 Western Regional Examination Board (WREB) Clinical Dental Hygiene Examination</p>

Phase 2	CCR Regulatory Sections
Article 3: Educational Programs	1103 Definitions
	1104 Approval of RDH Educational Programs
	1105 Requirements for RDH Educational Programs
	1106 Radiation Safety
	1109 Approval of RDHAP Educational Programs
	1110 Requirements of RDHAP Educational Programs
	1111 Approval of RDHEF Educational Programs
	1114 List of Approved Schools
	1115 Posting of Notice Experimental Dental Health Program
	1129 Remedial Education
Article 9: Continuing Education (CE)	1134 Purpose
	1135 CE Providers and Courses
	1136 CE Units Required for Renewal of License
	1137 Inactive Licenses
	1146 Additional Offices
Phase 3	CCR Regulatory Sections
Article 4: Duties	1116 RDH Procedures
Article 12: Dental Hygiene Corporation	1145 Professional Relationships, Responsibilities, and Conduct Not Affected
	1147 Security for Claims Against a Dental Corporation
	1148 Shares: Ownership and Transfer
Place Holders	CCR Regulatory Sections
	1102, 1107,1108,1112,1113,1130

The following regulatory packets have been approved by the DHCC:

- Disciplinary Guidelines: This regulatory packet was forwarded to the DCA/Agency for review on May 7, 2013 for review. As of August 29, 2013, the packet is still under review.
- Educational Programs, Licensing and Exam Requirements: Language approved to be set for notice.
- Soft Tissue Curettage, Local Anesthetic, Nitrous Oxide Courses: Language approved and a public hearing was conducted on August 21, 2013.
- Remedial Education: Language drafted to be approved.
- Sponsored Free Healthcare Clinics regulation has been completed
- Retroactive Fingerprint regulation has been completed

4. Describe any major studies conducted by the board (cf. Section 12, Attachment C).

The DHCC initiated a regional exam survey to obtain examination information from all of the regional examination boards from around the U.S. to explore the possibility of accepting all five regional dental hygiene examinations. To date, the DHCC is continuing to gather the information in support of the survey. The results are still to be determined.

The DHCC has also conducted an ongoing workforce survey where all licensees are required to disclose on their renewal applications their practice and employment status. Information is also collected regarding their cultural background and foreign language proficiency. This information is shared with the Healthcare Workforce Clearing House so that an occupational fact sheet can be produced.

The DHCC's intention is to pursue further study in other areas such as alternative pathways to licensure.

5. List the status of all national associations to which the board belongs.

- Does the board's membership include voting privileges?
- List committees, workshops, working groups, task forces, etc., on which board participates.
- How many meetings did board representative(s) attend? When and where?
- If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?

Currently, the DHCC does not belong to any national, regional, local associations, or regional testing agencies at this time. The DHCC does require licensee candidates to pass the dental hygiene national examination prior to applying for the DHCC clinical licensure examination.

The National Dental Hygiene Board Exam (NDHBE) fulfills the written examination requirement needed for a dental hygiene student to successfully complete an accredited dental hygiene program. Proof of graduation from a dental hygiene program that has been accredited by CODA is required prior to taking the state clinical licensure exam necessary for licensure.

The Joint Commission on National Dental Examinations (JCNDE) is the agency responsible for the development and administration of the NBDHE. The 15 member commission includes representatives from dental schools, dental practices, state dental examining boards, dental hygienists, dental students, and the public. A standing committee of the JCNDE includes other dental hygienists who serve as consultants regarding this examination.

Section 2
Performance Measures and Customer Satisfaction Surveys

- 6. Provide each quarterly and annual performance measure report as published on the DCA website
 The DHCC Performance Measures for the last three years are attached in **Appendix XX** at the end of the report.
- 7. Provide results for each question in the customer satisfaction survey broken down by fiscal year. Discuss the results of the customer satisfaction surveys. (Note: the data is presented by calendar year, as that is the methodology used to collect the data by the contracted vendor).

SURVEY QUESTION	2009*	2010	2011	2012	2013**
1. During the past 12 months, how often have you contacted the Dental Hygiene Committee of California?					
• 1-5 Times	0	10	23	15	16
• 6-10 Times	0	7	3	1	2
• More than 10 times	0	4	2	5	3
• Skipped Question	0	0	1	0	2
2. Which of the following best describes you?					
• Current Licensee	0	9	17	14	13
• Applicant for Licensure	0	4	9	5	8
• Consumer of Dental Hygiene Services	0	2	1	1	1
• Educator	0	4	3	1	2
• Employer	0	1	0	0	0
• Other (please specify)	0	4	2	3	4
• Skipped Question	0	1	1	0	0
3. Did you receive the service/assistance you requested?					
• Yes	0	16	16	4	16
• No	0	5	12	17	7
• Skipped Question	0	13	4	17	7

SURVEY QUESTIONS (continued)

4. Please rate the Dental Hygiene Committee of California's staff in the following					
• Accessibility					
Excellent	0	9	6	3	10
Good	0	6	4	1	4
Fair	0	1	4	2	5
Poor	0	1	4	2	1
Unsatisfied	0	4	6	11	0
• Courtesy/Helpfulness					
Excellent	0	12	9	3	12
Good	0	3	3	1	2
Fair	0	2	1	2	5
Poor	0	2	3	2	0
Unsatisfied	0	2	9	8	2
• Knowledge/Expertise					
Excellent	0	11	9	2	12
Good	0	4	3	2	1
Fair	0	3	3	2	5
Poor	0	0	2	1	1
Unsatisfied	0	3	8	9	2
• Successful Resolution					
Excellent	0	11	9	2	12
Good	0	3	2	1	2
Fair	0	2	0	1	3
Poor	0	1	2	2	1
Unsatisfied	0	4	12	11	3
• Overall Satisfaction					
Excellent	0	10	9	2	12
Good	0	4	2	1	2
Fair	0	1	0	0	4
Poor	0	1	2	2	0
Unsatisfied	0	5	12	13	3
• Skipped Question	0	4	4	2	2
5. Do you find the Dental Hygiene Committee of California's Website useful?					
• Yes	0	19	19	7	19
• No	0	1	10	13	5
• Skipped Question	0	2	10	14	4

SURVEY QUESTIONS (continued)

6. How do you rate the Dental Hygiene Committee of California's Website?					
• Easy to Navigate					
Excellent	0	8	8	3	11
Good	0	8	13	6	6
Fair	0	4	3	3	2
Poor	0	0	3	3	2
Unsatisfied	0	1	1	3	0
• Information Easy to Find					
Excellent	0	7	8	2	10
Good	0	7	9	6	9
Fair	0	5	3	3	2
Poor	0	0	3	3	0
Unsatisfied	0	1	3	3	1
• I regularly visit the Committee's Website					
Excellent	0	7	7	2	9
Good	0	6	7	5	4
Fair	0	7	5	5	5
Poor	0	0	3	1	1
Unsatisfied	0	1	0	1	0
• Skipped Question	0	0	1	2	0
7. Have you interacted with any other state licensing/regulatory agency?					
• Yes	0	8	15	10	10
• No	0	12	14	9	12
• Skipped Question	0	1	12	2	1
8. Would you be willing to provide an email address to receive a newsletter?					
• Yes	0	12	14	7	13
• No	0	9	13	11	7
• Skipped Question	0	0	2	3	3
9. Please provide additional comments or suggestions.	0	10	11	14	13
• Skipped Question	0	11	18	7	10

*No data because DHCC was created in 2009

**For 2013, data through 8/23/2013

The survey data above indicates that compared to the number of individuals who utilize the DHCC's website on a daily basis, only a fraction of the users participate in the satisfaction survey. Many of the individuals that participated in the survey were licensees who were satisfied with the website's ease of use and found it useful with all of the information it contains. Individuals who were unsatisfied that completed the survey cited as reasons for their dissatisfaction responses: non-qualification for an exam, inadequate information to renew a license, additional information required to issue a license, etc.

The DHCC staff continually directs applicants, individuals, licensees, and the public to the website in order to obtain answers to their inquiries. Then, if any questions remain, the DHCC staff is readily available to provide further information for clarity. The information on the DHCC website is continually updated to provide licensees, interested stakeholders, and the public the most current information possible.

The DHCC receives many comments through its online survey; however, there are no discernable trends on the specific issues identified. Some examples of the topics received in the survey comments range from great to poor DHCC customer service, suggestions to change the DHCC procedures or forms, and requests to provide an online license renewal service which is currently in progress with the BreEZe project. A majority of the survey users elected to leave the comment section of the survey blank with no response.

Section 3 Fiscal and Staff

Fiscal Issues

8. Describe the board's current reserve level, spending, and if a statutory reserve level exists.

The DHCC's current fund reserve is projected to be very low by the end of FY 2013/14 to approximately 1.1 months which is equivalent to about \$141,000. The DHCC currently spends approximately \$100,000 to \$130,000 per month on expenditures, depending upon the month. This includes salary and wages and operating expenses and equipment (OE&E). The funding is used to run its programs of licensing, enforcement, examinations, outreach/education, and administration, including legislation and regulation. The projected 1.1 months reserve (\$141,000) is not adequate for today's programmatic operations and the fund is threatened with insolvency by FY 2014/15 without additional revenue. One expensive lawsuit or an extensively involved enforcement case could cause the fund to be insolvent even sooner than projected. The decrease in the fund reserve is considered a normal occurrence resulting from the increased cost of doing business with no additional revenue being added to the fund.

The DHCC's statutory fund reserve limit is 24 months as per BPC, Section 128.5, and with the projected 1.1 months reserve by the end of FY 2013/14, is well within the reserve limit.

9. Describe if/when a deficit is projected to occur and if/when fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.

The DHCC is projected to experience a fund reserve deficiency in FY 2014/15; however, there will be a very low fund reserve (1.1 months) by the end of FY 2013/14. Without a means to increase revenue and replenish the fund reserve, the DHCC's fund is threatened with insolvency. The reasons for the decrease in the fund reserve are:

- a) The costs of doing business continually increase as contracted services, equipment and supplies, salary and wages, etc. progressively increase each year.
- b) The DHCC was restricted from raising its primary revenue generating fee (RDH license renewal fee), as it was already at its statutory maximum of \$80. Once the maximum fee ceiling was increased by SB 1202 (Ch. 331, Statutes of 2012), staff was able to present fee increase scenarios to the DHCC. These scenarios would increase revenue to sustain its fund and avoid insolvency.

- c) A decrease in the number of examination candidates who are electing to take the California Clinical Examination in preference over the WREB exam has lowered the amount of examination revenue.
- d) The amount of overall revenue that the DHCC collected has decreased since its inception in FY 2009/10, with a substantial drop in FY 2012/13 due to a decrease in the number of applicants taking the California clinical examination. As such, the existing fund reserve was used to pay for the increased cost of doing business and thus, gradually depleted the reserve. Without any additional revenue, the current revenue generation is projected to remain flat for the foreseeable future and will not maintain the fund's solvency.

An overdue fee increase to collect additional revenue to avoid insolvency is anticipated by January 1, 2014. The primary revenue generating fees that will have a substantial effect on the fund balance to avoid insolvency are the biennial license and delinquent renewal fees for each of the licensure categories of RDH, RDHAP, and RDHEF.

At its September 2013 meeting, the DHCC approved an increase of the license renewal fees by \$80.00 (to \$160 biennially) effective January 1, 2014. This fee increase is comparable or lower than the same fee in other regions of the United States (i.e., Nevada = \$300 biennially; Arizona = \$300 triennially; Oregon = \$155 biennially). To avoid insolvency of its fund, it was necessary for the DHCC to make this decision to increase its revenue. The increase in revenue is projected to sustain the fund's solvency for three to five years, if no new mandates are imposed or new programmatic expenses arise.

Table 2 displays the DHCC's fund condition for the FYs indicated.

Table 2. Fund Condition						
(Dollars in Thousands)	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Beginning Balance*	\$85	\$423	\$714	\$888	\$565	\$141
Revenues and Transfers**	\$1,350	\$1,305	\$1,119	\$1,089	\$1,106	\$1,105
Total Revenue	\$1,435	\$1,728	\$1,833	\$1,977	\$1,671	\$1,246
Budget Authority	\$1,521	\$1,193	\$1,354	\$1,409	TBD	TBD
Expenditures	\$1,009	\$1,032	\$945	\$1,412	\$1,530	\$1,553
Loans to General Fund	N/A	N/A	N/A	N/A	N/A	N/A
Accrued Interest, Loans to General Fund	N/A	N/A	N/A	N/A	0	0
Loans Repaid From General Fund	N/A	N/A	N/A	N/A	0	0
Fund Balance	\$426	\$696	\$888	\$565	\$141	-\$307
Months in Reserve	5.0	8.8	7.5	4.4	1.1	-2.3

*Beginning Balance is the amount of reserve from the prior FY remaining in the fund.

**Reflects the revenue that is received by the DHCC per FY.

10. Describe the history of general fund loans. When were the loans made? When were payments made? What is the remaining balance?

Since the DHCC's genesis in FY 2009/10, there have not been any loans to the State's General Fund and, as such, no outstanding payments or remaining balances exist to be repaid to the DHCC fund.

11. Describe the amounts and percentages of expenditures by program component. Use *Table 3. Expenditures by Program Component* to provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

The DHCC's expenditures by program component are broken down by each FY. The expenditures for each program are calculated at the following percentages:

Enforcement = 25%, Examination = 37%, Licensing = 25%, and Administration = 13%

Table 3. Expenditures by Program Component								
	FY 2009/10		FY 2010/11		FY 2011/12		FY 2012/13	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	81,482	124,016	107,881	103,962	105,360	106,880	146,229	135,896
Examination	105,138	209,070	138,087	170,370	134,860	249,796	187,730	155,347
Licensing	91,259	100,675	120,826	85,357	118,003	98,292	163,776	102,799
Administration *	48,889	53,933	64,728	45,492	63,216	52,666	87,737	55,071
DCA Pro Rata	N/A	233,261	N/A	132,912	N/A	227,716	N/A	259,471
Diversion (if applicable)	N/A	1,482	N/A	0	N/A	0	N/A	6,469
TOTALS	\$326,768	\$722,437	\$431,522	\$538,093	\$421,439	\$735,350	585,472	715,053

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

The DHCC expenditures have fluctuated over the past four years primarily due to staffing issues. With a variable number of staff during this time, personnel services expenditures change and thus affect the amount of OE&E cost the DHCC incurs over a FY. The DHCC experienced difficulty with filling its vacant positions over the past four years due to the state's hiring freeze and economic climate. Consequently, less was spent on personnel services, and many programmatic functions were difficult to complete. However, in FY 2011/12 when the state hiring freeze was eliminated, the DHCC was able to hire three new analysts to fill vacant positions in the administration, enforcement, and examination/licensing programs. These hires resulted in higher personnel service expenditures. This is the primary reason for the increase in personnel and OE&E expenditures over the past two FYs.

12. Describe license renewal cycles and history of fee changes in the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citation) for each fee charged by the board.

The DHCC is a special fund agency that generates its revenue from its fees. The DHCC's main source of revenue is from its applicants and licensees through the collection of examination, licensing, and renewal fees. These fees support the license, examination, enforcement, and administration programs, which includes processing and issuing licenses, maintaining DHCC records, administration of the California Dental Hygiene Clinical Examination, the law and ethics examination, mediating consumer complaints, enforcing statutes, disciplinary actions, personnel expenditures, general operating expenses, etc.

The DHCC's authority to charge the fees in its schedule is provided by BPC, Section 1944.

Because the DHCC was created in FY 2009/10, the history of fee changes can only be provided for the past four (4) years. When the DHCC began operations in FY 2009/10, the primary means of revenue, the RDH biennial license renewal fee, was at its maximum ceiling of \$80.

In FY 2011/12, SB 1202 (Ch. 331, Statutes of 2012), increased the RDH biennial renewal fee ceiling to \$160, in addition to creating new permit categories for additional office spaces for RDHAPs, extramural clinical facilities for educational institutions, teaching permits for out-of-state licensees, mobile dental hygiene clinics, and their associated renewal fees. Although these new fee categories were created in FY 2012/13, they will not generate enough continuous and reliable revenue to sustain the fund to avoid insolvency.

With the DHCC's fund threatened with insolvency by FY 2014/15, staff prepared scenarios to increase revenue to avoid insolvency. The only continuous and reliable source of revenue to remain solvent is to increase all renewal and delinquency fees. The DHCC's license renewals for all license types are based on biennial renewal cycles. Table 4 displays the fee schedule and revenue over the FYs indicated. Some of the fees in the table are no longer valid due to a change in the rate or did not exist in the particular FY, but are listed because some licensees are required to pay prior fees from earlier charges in order to validate their license.

Table 4. Fee Schedule and Revenue							
Fee	Current Fee Amount	Statutory Limit	FY 2009/10 Revenue	FY 2010/11 Revenue	FY 2011/12 Revenue	FY 2012/13 Revenue	% of Total Revenue ^a
APPLICATION FEES							
RDH Application Fee (\$50)	\$50	\$250	8,900	49,350	46,350	30,800	Various %
RDH Application Fee (\$20)	\$20	\$250	3,520	N/A	N/A	N/A	Various %
RDHAP Application Fee (\$50)	\$50	\$250	1,200	3,650	3,000	2,700	Various %
RDHEF Application Fee (\$50)	\$50	\$250	0	0	0	0	0%
CE Provider Application Fee (\$250)	\$250	\$500	0	0	0	0	0%
EXAMINATION FEES							
RDH Clinical Exam Fee (\$525)	\$525	Actual Cost of Exam	184,790	481,374	309,225	100,800	Various %
RDHEF Clinical Exam Fee (\$250)	\$250	Actual Cost of Exam	0	0	0	0	0%
Dental Student Exam Fee (\$525)	\$525	Actual Cost of Exam	0	0	0	0	0%
LICENSURE FEES							
RDH Original License Application Fee* (\$100)	\$100	\$250	N/A	N/A	N/A	26,400	Various %
RDHAP Initial License Fee (\$100)	\$100	\$250	N/A	N/A	N/A	2,700	Various %
RDHAP License Fee (\$250)	\$250	\$250	10,250	18,250	15,000	13,500	Various %
RDHAP FNP Initial License Fee (\$80)	\$80	\$250	400	1,920	3,040	1,840	Various %
RDHAP FNP ½ Initial License Fee (\$40)	\$40	\$125	120	320	560	240	Various %

Table 4. Fee Schedule and Revenue (continued)

RENEWAL FEES							
RDH Biennial Renewal Fee (\$80)	\$80	\$160	620,920	706,290	701,030	736,640	Various %
RDH Biennial Renewal Fee (\$70)	\$70	\$80	7,060	3,430	770	N/A	Various %
RDH Biennial Renewal Fee (\$55)	\$55	\$80	1,100	990	275	N/A	Various %
RDH Biennial Renewal Fee (\$35)	\$35	\$80	210	660	315	N/A	Various %
RDHAP Biennial Renewal Fee (\$80)	\$80	\$160	9,440	11,680	15,520	16,160	Various %
RDHAP FNP Biennial Renewal Fee (\$80)	\$80	\$80	0	800	2,240	2,960	Various %
RDHAP FNP ½ Biennial Renewal Fee (\$40)	\$40	\$80	0	0	0	0	Various %
RDHAP FNP ½ Biennial Renewal Fee (\$35)	\$35	\$70	0	0	35	N/A	0%
RDHEF Biennial Renewal Fee (\$80)	\$80	\$160	1,440	640	1,760	720	Various %
RDH Delinquent Renewal Fee (\$40)	\$40	½ License Renewal Fee	10,020	11,230	12,680	13,040	Various %
RDH Delinquent Renewal Fee (\$35)	\$35	½ License Renewal Fee	2,870	1,530	70	N/A	Various %
RDH Delinquent Renewal Fee (\$25)	\$25	½ License Renewal Fee	625	825	150	N/A	Various %
RDHAP Delinquent Renewal Fee (\$40)	\$40	½ License Renewal Fee	190	120	160	80	Various %
RDHAP FNP Delinquent Renewal Fee (\$40)	\$40	½ License Renewal Fee	0	40	120	0	Various %
RDHEF Delinquent Renewal Fee (\$40)	\$40	½ License Renewal Fee	0	0	0	0	0%
OTHER DHCC PROGRAM FEES							
Duplicate License Fee (\$25)	\$25	\$25	7,025	6,100	6,750	8,625	Various %
Certification of Licensure Fee (\$25)	\$25	½ License Renewal Fee	2,275	1,875	2,150	1,950	Various %
CE Course Review Fee* (\$300)	\$300	\$300	N/A	N/A	N/A	300	0%
CE Provider Annual Renewal Fee (\$250)	\$250	\$250	0	0	0	0	0%
Curriculum Review & Site Evaluation Fee* (\$2,100)	\$2,100	\$2,100	N/A	N/A	N/A	0	Various %
RDHAP Additional Office Permit Fee* (\$100)	\$100	\$250	N/A	N/A	N/A	0	Various %
RDHAP Additional Office Permit Renewal Fee* (\$100)	\$100	\$250	N/A	N/A	N/A	0	Various %
Extramural Dental Facility Fee* (\$200)	\$200	\$250	N/A	N/A	N/A	200	Various %

Table 4. Fee Schedule and Revenue (continued)

Mobile Dental Hygiene Unit Permit Fee* (\$100)	\$100	\$250	N/A	N/A	N/A	0	Various %
Mobile Dental Hygiene Unit Permit Renewal Fee* (\$100)	\$100	\$250	N/A	N/A	N/A	0	Various %
Special Permit (Teaching)* (\$80)	\$80	\$160	N/A	N/A	N/A	0	Various %
Special Permit (Teaching) Renewal Fee* (\$80)	\$80	\$160	N/A	N/A	N/A	0	Various %

Note: Revenue data is listed as per CALSTARS reports; N/A = not applicable due to fee change or not implemented

*Fees effective as of January 1, 2013

a) Total Revenue: FY 2009/10 = \$1,349,526; FY 2010/11 = \$1,307,531; FY 2011/12 = \$1,121,228; FY 2012/13 = \$972,256

13. Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.

Despite the poor economic climate in the state that has existed since the creation of the DHCC in 2009, the DHCC has worked diligently to maximize its resources while staying within budget parameters set by the Governor’s Office, Department of Finance, and the DCA. However, the inability to successfully fill requested positions has meant that the DHCC has not been able to meet all of the targeted Strategic Plan goals. Table 5 displays the budget change proposals (BCPs) presented to address programmatic issues and their results.

Table 5. Budget Change Proposals (BCPs)								
BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	\$ Requested	\$ Approved	\$ Requested	\$ Approved
N/A	2011/12	Staff for Continuing Education Program	1.0, Staff Services Analyst	0	\$63,000	0	\$13,000	0
1110-01L	2012/13	Special Permits (created by SB 1202 – Ch. 331, Statutes of 2012)	1.0 (Office Technician – typing)	1.0 (Office Technician – typing)	\$53,000	\$53,000	\$13,000	\$13,000

Staffing Issues

14. Describe any staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

The DHCC’s vacancy rate is roughly 13% which equals to about one vacant position per year out of the eight positions the DHCC is currently authorized. In FY 2010/11, and part of FY 2011/12, the DHCC had difficulty in filling vacated positions due to the state’s hiring freeze that was in place at the time. Once the hiring freeze was lifted, the DHCC has not had any issue with recruiting qualified individuals to fill its vacant positions. The DHCC previously requested additional staff through a BCP to address programmatic workloads. However, due to the economic climate within the state at that time, the request was denied.

In 2013, the DHCC attempted to re-class one of its vacant positions to create a managerial position to assist the Executive Officer (EO) with program oversight and management. This would free the EO to address other pressing issues such as enforcement, outreach, and communication with associations, dental hygiene schools, Legislature, DCA Executive Office, and other interested stakeholders. Unfortunately, the DCA Office of Human Resources informed the DHCC that the request was denied. Their explanation was that the request did not conform to CalHR current standards due to an insufficient number of analytical staff that the manager would supervise.

Another issue that affects the DHCC's staff expansion and recruitment efforts to tackle workload issues is a lack of office space. The DHCC has no additional workspace to accommodate any new positions at this time. The DCA is working to provide the DHCC with additional office space in the current building; however, it may take up to a year to appropriately prepare and convert existing office space to accommodate the DHCC's current staff, equipment, supplies, records, reference materials, and new space for the anticipated additional programmatic growth. Until then, no staff growth is expected, which could cause workload backlogs resulting in the inability to provide consumer protection.

The DHCC has been involved with the DCA's master succession plan and will continue to participate in its development. Because the DHCC is such a small program, there is ample opportunity for cross-training and professional growth.

15. Describe the board's staff development efforts and how much is spent annually on staff development.

The DHCC is fortunate to be a part of the DCA, who provide a plethora of educational and training courses for all staff to participate at minimal or no cost to the program. The DCA training program is called SOLID Training Solutions. They provide the majority of education and training courses in topics such as contracts, project management, purchasing, sexual harassment, business writing, and many other topics that apply to the state's work environment. As such, the DHCC may spend approximately \$500 - \$1,000 each year for training staff utilizing external vendors.

Section 4 Licensing Program

The California Dental Practice Act (DPA), with related statutes and regulations, establishes the requirements for an RDH license. There are three pathways to obtain licensure in California. The three pathways are:

- California clinical exam (utilizes live patients)
- WREB exam
- Licensure by Credential (LBC)

16. What are the board's performance targets/expectations for its licensing² program?

The DHCC's performance targets/expectations for its licensing program meets the guidelines as presented in California Code of Regulations (CCR) section §1069 Permit Reform Act of 1981, pertaining to application processing times. This regulation provides a detailed timeline for the processing of permits, applications, certifications, registrations, or other form of authorization

² The term "license" in this document includes a license certificate or registration.

required by a state agency to engage in a particular activity or act. The DHCC follows these timelines to process its applications and maintains a processing period that is less than the maximum.

As stated in the regulation, the maximum period of time allotted to notify an applicant that their application is complete or deficient is 90 days. The DHCC is currently processing applications within 30 days, which is well within the specified timeframe of 120 days.

Is the board meeting those expectations?

The DHCC is not only meeting, but exceeding its expectations and takes an average of 30 days to process a completed application. If an application is incomplete or deficient, the processing time increases to an average of 58 days to complete an application, which is still within the allotted timeline of 120 days.

If not, what is the board doing to improve performance?

The DHCC continues to improve its efficiencies in processing applications and intends to remain well within the allotted timelines to process all applications and permits. The DHCC is part of a department-wide effort to replace its two antiquated computer systems with a single system called BreEZe. The BreEZe system, when implemented, is a computer program that will increase all existing program efficiencies. Some examples of the BreEZe system capabilities are to allow licensees to renew their license online with a credit card in real time, improve the tracking of applicant and licensee data in a single source, make address and name changes in real time by the licensee rather than having to rely on program staff, and other programmatic efficiency changes associated with a new modern computer system.

17. Describe any increase or decrease in average time to process applications, administer exams and/or issue licenses.

There has not been a significant increase or decrease in the average time to process applications or issue licenses for the DHCC. The processing time remains constant and well within the allotted timeframe to complete the processing of the applications as indicated above.

Have pending applications grown at a rate that exceeds completed applications?

The DHCC has not experienced a growth rate in pending applications that exceeds the completed applications.

If so, what has been done to address them?

N/A.

What are the performance barriers and what improvement plans are in place?

Currently, there are no performance barriers for the DHCC to complete the timely processing of its examination and licensure applications or permits.

What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

If any performance issues arise for the DHCC to properly process its applications, it will promulgate regulations, submit BCP(s), or pursue legislation to address and alleviate those issues.

18. How many licenses or registrations does the board issue each year? How many renewals does the board issue each year?

The DHCC issues approximately 800 licenses and approximately 9,000 renewals per year.

The DHCC is responsible for the license renewal and oversight of over 18,000 active licentiates and over 30,000 licenses total inclusive of those licenses on an inactive status. Table 6 displays the breakdown of each license category and the number of active licenses. With 30 dental hygiene programs now operating in the state, the number of new graduates is over 800 per year.

Table 7b displays the total number of license renewals that the DHCC issued for the past three fiscal years. On average, the number of renewals for active licentiates per year is 8,484 for RDH, RDHEF, and RDHAP licenses.

Table 6. Licensee Population					
		FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13
Registered Dental Hygienist (RDH)	Active	17,472	17,964	18,139	18,548
	Out-of-State	N/A	N/A	N/A	N/A
	Out-of-Country				
	Delinquent	1,823	1,876	2,168	2,205
Registered Dental Hygienist Alternative Practice (RDHAP)	Active	288	339	403	445
	Out-of-State	N/A	N/A	N/A	N/A
	Out-of-Country	N/A	N/A	N/A	N/A
	Delinquent	15	17	13	16
Registered Dental Hygienist Extended Function (RDHEF)	Active	31	30	31	31
	Out-of-State	N/A	N/A	N/A	N/A
	Out-of-Country	N/A	N/A	N/A	N/A
	Delinquent	1	2	1	1
Fictitious Name Permit (FNP)	Active	6	36	85	106
	Out-of-State	N/A	N/A	N/A	N/A
	Out-of-Country	N/A	N/A	N/A	N/A
	Delinquent	2	1	3	8

Table 7a. Licensing Data by Type											
Application Type		Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	Outside Board control*	Within Board control*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2010/11	(Exam)	682	81%			-	-	-	-	-	-
	(License)	550				-	-	-	-	-	-
	(Renewal)	N/A		n/a		-	-	-	-	-	-
FY 2011/12	(Exam)	656	87%								
	(License)	564									
	(Renewal)	N/A		n/a							
FY 2012/13	(Exam)	533	88%								
	(License)	471									
	(Renewal)	N/A		n/a							

* Optional. List if tracked by the board.

Table 7b. Total Licensing Data			
	FY 2010/11	FY 2011/12	FY 2012/13
Initial Licensing Data:			
Initial License/Initial Exam Applications Received (California)	619	546	375
Initial License/Initial Exam Applications Received {includes Registered Dental Hygienist (RDH) California Clinical, Licensure By Credential (LBC) & Western Regional Examination Board (WREB)}	702	858	721
Initial License/Initial Exam Applications Approved (RDH)	384	210	15
Initial License/Initial Exam Applications Approved (WREB)	193	282	311
Initial License/Initial Exam Applications Approved (LBC)	42	54	49
Initial License/Initial Exam Applications Received {Registered Dental Hygienist in Alternative Practice (RDHAP)}	72	61	44
Initial License/Initial Exam Applications Approved (RDHAP)	53	62	52
Initial License/Initial Exam Applications Received {Fictitious Name Permits (FNP)}	28	52	28
Initial License/Initial Exam Applications Approved (FNP)	6	51	28
Initial License/Initial Exam Applications Closed	N/A	N/A	N/A
License Issued RDH	764	779	739
License Issued RDHAP	53	62	52
License Issued FNP	6	51	28
Initial License/Initial Exam Pending Application Data:			
Pending Applications (total at close of FY)	5	3	23
Pending Applications (outside of board control)*	5	3	23
Pending Applications (within the board control)*	0	0	0
Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):			
Average Days to Application Approval (All - Complete/Incomplete)			
Average Days to Application Approval (incomplete applications)*			58
Average Days to Application Approval (complete applications)*			
License Renewal Data:			
License Renewed	6,199	10,106	9,149
* Optional. List if tracked by the board. Note: a) The number of licenses issued does not reflect the number of applications received in any given FY. b) The pending applications outside of the DHCC's control include applicants awaiting fingerprint clearances from the DOJ and/or FBI.			

19. How does the board verify information provided by the applicant?

- a. What process is used to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant?

The DHCC requires all applicants to provide electronic fingerprints (livescan), any pertinent court documents, and a letter of explanation about the unlawful act from the applicant.

- b. Does the board fingerprint all applicants?

The DHCC requires fingerprinting of all its applicants using the livescan process.

c. Have all current licensees been fingerprinted? If not, explain.

The DHCC promulgated regulations requiring all active licensees to be electronically fingerprinted. The DHCC has completed the fingerprinting of approximately 90% of the dental hygiene licensing population. The remaining 10% are either in an inactive license status, making them exempt from the fingerprinting requirement, or reside outside of California. Many licensees reside outside of California or elect to place their license on an inactive status, exempting them from the fingerprint requirement because they are not practicing in the state.

d. Is there a national databank relating to disciplinary actions?

Yes, the National Practitioner Databank is the repository for reporting DHCC licensee disciplinary actions.

Does the board check the national databank prior to issuing a license?

The DHCC checks this databank prior to issuing a license.

Renewing a license?

No, the DHCC does not check the national databank for license renewals. The DHCC receives subsequent arrest reports from the Department of Justice (DOJ) and FBI, which are reviewed by the DHCC enforcement program.

e. Does the board require primary source documentation?

The DHCC requires primary source documentation as per BPC, section 1917, to obtain a California dental hygiene license. The documentation consists of:

- Proof of satisfactory completion directly from the NDHBE;
- Proof of satisfactory completion from WREB; and
- Proof of graduation directly from a dental hygiene educational program approved by the DHCC and accredited by CODA.

20. Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

The DHCC does not differentiate between out-of-state, out-of-country, and in-state applicants. The legal requirements and process for licensure for all applicants are the same pursuant to BPC, Sections 1917 and 1917.1.

21. Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis?

Yes, the DHCC sends a notice to the DOJ whenever a license is revoked. An individual who had a license revoked and petitions the DHCC for reinstatement, must start the licensure process as a new applicant including electronic fingerprints.

Is this done electronically?

The DHCC sends No Longer Interested notifications to the DOJ by either fax or regular mail.

Is there a backlog? If so, describe the extent and efforts to address the backlog.

The DHCC does not have a workload backlog for No Longer Interested notifications to the DOJ.

Examinations

Table 8 summarizes the examination data over the past four (4) years for each of the licensure categories indicated.

Table 8. Examination Data				
California Examination (include multiple language) if any:				
	License Type	RDH	RDH	RDHAP
	Exam Title	CA Clinical	Law and Ethics	Law and Ethics
FY 2009*	# of 1 st Time Candidates	783	486	14
	Pass %	83	98	100
FY 2010*	# of 1 st Time Candidates	682	674	38
	Pass %	81	80	84
FY 2011*	# of 1 st Time Candidates	656	700	73
	Pass %	86	78	70
FY 2012*	# of 1 st time Candidates	533	739	65
	Pass %	88	75	72
	Date of Last OA	1998	2010	2010
	Name of OA Developer	DCA/OPES*	DCA/OPES	DCA/OPES
	Target OA Date			
National Examination (include multiple language) if any: PLEASE SEE NOTE BELOW**				
	License Type	RDH		
	Exam Title	NDHBE		
FY 2009/10	# of 1 st Time Candidates	N/A		
	Pass %	N/A		
FY 2010/11	# of 1 st Time Candidates	N/A		
	Pass %	N/A		
FY 2011/12	# of 1 st Time Candidates	N/A		
	Pass %	N/A		
FY 2012/13	# of 1 st time Candidates	N/A		
	Pass %	N/A		
	Date of Last OA	N/A		
	Name of OA Developer	N/A		
	Target OA Date	N/A		

Note:

- a) *The exam data for 2009, 2010, 2011, and 2012 are calendar years, not fiscal years, as that encapsulates complete exam cycles.
- b) **The National Dental Hygiene Board Examination (NDHBE) maintains its own records and does not readily share the examination data with outside agencies. As such, the DHCC could not obtain the information requested about the national examination.

22. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required?

There are three examinations required for licensure: the NDHBE, the state clinical licensure exam, or the WREB, and the California Law and Ethics Exam that all candidates must pass.

The purpose of the NDHBE is to ensure that each examination candidate and applicant for licensure has achieved the level of knowledge, skill, and judgment necessary to practice in a safe and responsible manner. Accordingly, all candidates are expected to pass the examination on their own merit without assistance, and are expected to maintain the confidentiality of the examination. Members of the public who entrust dental hygienists with their well-being expect that they are trustworthy and competent individuals.

The NBDHE is a comprehensive examination consisting of 350 multiple-choice examination items. The examination has two components; a discipline based component and a case based component. The discipline-based component includes 200 items addressing three major areas: 1) Scientific Basis for Dental Hygiene Practice; 2) Provision of Clinical Dental Hygiene Services; and 3) Community Health/Research Principles.

The case-based component includes 150 case-based items that refer to 12 to 15 dental hygiene patient cases. These cases presented in this component contain information dealing with adult and child patients by means of patient histories, dental charts, radiographs, and clinical photographs. Information about the ADA NDHBE is available in their 2013 Guide on their website at: www.ada.org.

The purpose of the WREB is to evaluate an applicant's ability to utilize professional judgment and clinical competency in providing oral health care to a patient.

The WREB exam consists of two examinations: a Local Anesthesia Exam and a Dental Hygiene Examination. The Local Anesthesia Exam and the Dental Hygiene Exam are two-part exams with written and clinical components with patient treatment required. Overall successful completion of the WREB Local Anesthesia Examination and the Dental Hygiene Examination requires a passing score in both the written exam and the clinical exam components.

The Local Anesthesia Written examination includes a 55 question, multiple-choice, computer administered exam. The Local Anesthesia Clinical examination requires two nerve block injections to be performed during the test. The Dental Hygiene Clinical examination covers patient qualifications, calculus detection and removal, and periodontal probing and recession measurements. The written exam is an interactive computer exam that simulates the process of dental hygiene care in a clinical setting. Information about the WREB (Western Regional Examination Board) Dental Hygiene Exam is available in their 2013 Guide on their website at: www.wreb.org.

RDH's are licensed in California by the DHCC. Applicants must pass both clinical and written examinations in ethics and California dental law and undergo a criminal history investigation, prior to receiving a license. Protection of the public shall be the highest priority for the DHCC in exercising its licensing, regulatory, and disciplinary functions. CCR, Section 1902.1}

The State Clinical Licensure exam is designed to ensure that all candidates for licensure are clinically competent. Each candidate must pass a clinical examination which includes an examination of a patient and complete scaling and root planing of one or two quadrants. Each

applicant for licensure as a RDH who attains a grade of 75% in the practical examination designated by the DBC shall be considered as having passed the examination as per CCR, Section 1083(a).

Prior to issuance of a license, an applicant for licensure as a registered dental hygienist shall successfully complete a supplemental written examination in California Law and Ethics. The California Dental Law and Ethics exam as stated in CCR, Section 1082.3 requires that:

- (a) The examination shall test the applicant’s knowledge of California Law as it relates to the practice of dental hygiene.
- (b) The examination on ethics shall test the applicant’s ability to recognize and apply ethical principles as they relate to the practice of dental hygiene.
- (c) An examinee shall be deemed to have passed the examination if his/her score is at least 75% in each examination.

23. What are pass rates for first time vs. retakes in the past four fiscal years? (Refer to Table 8: Examination Data)

In 2009, the pass rate for first time California Clinical Exam takers was 83% and the exam retake pass rate was 50%. In 2010, the pass rate for first timers was 81%, while the retake pass rate was 59%. In 2011, the first time pass rate was 87% and the retake pass rate was 65%. In 2012, the first timer pass rate was 88% and the retake pass rate was 69%. The table below summarizes the exam pass rates for first time exam takers and the percentage of pass rates for individuals retaking the exam in their respective years. The data is presented in calendar year rather than fiscal year to coincide with the examination schedule.

Calendar Year	California Clinical Exam Pass Rate – 1 st Time	California Clinical Exam Pass Rate - Retake
2009	83%	50%
2010	81%	59%
2011	87%	65%
2012	88%	69%

24. Is the board using computer based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

The California RDH and RDHAP Law and Ethics examinations are computer-based tests. The Law and Ethics Exam is available at multiple testing centers statewide and are administered on a continuous basis. Applicants schedule their own examination appointments at their convenience. The DHCC uses a secured vendor, Psychological Services, Incorporated (PSI Services, Inc.), as part of the department-wide contract to administer the law and ethics examinations.

25. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

Currently, there are no existing statutes that hinder the efficiency of processing the DHCC applications.

School approvals

26. Describe legal requirements regarding school approval.

~~The DHCC's legal requirements for approval of schools requires the educational program to submit a feasibility study demonstrating the need for a new educational program and shall apply for approval from the DHCC prior to seeking approval from CODA of the American Dental Association (ADA) or an equivalent body. The educational program for RDHs is a program provided by a college or institution of higher education that is accredited by a regional accrediting agency recognized by the United States Department of Education. Its primary purpose is to provide college level courses leading to an associate or higher degree that is either affiliated with or conducted by a dental school approved by the DBC.~~

~~The dental hygiene legal requirements regarding school approvals require the requesting school to submit the following to the DHCC:~~

- ~~• A completed application;~~
- ~~• Submit a feasibility study demonstrating the need for a new dental hygiene program in the state;~~
- ~~• Obtain approval by the DHCC prior to applying for their initial accreditation from CODA; and~~
- ~~• Obtain approval from the regional accreditation body recognized by the United States Department of Education.~~

~~Dental hygiene educational programs for RDH, RDHAP, and RDHEF must continuously maintain a high quality standard of instruction and, where appropriate, meet the minimum standards set by the CODA of the ADA or an equivalent body as determined by the DHCC.~~

Who approves your schools?

As of January 2013, the DHCC has authority to approve or renew the dental hygiene educational programs in California. Prior to this date, the DHCC only had statutory authority to accept educational programs accredited by CODA.

What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?

The highest priority of the DHCC and the DCA Bureau for Private Postsecondary Education (BPPE) is the protection of the public. The DHCC has met with BPPE and have conferred on issues of mutual concern regarding approval of educational programs. The DHCC and BPPE have formed a Memorandum of Understanding to collaborate between agencies in the private postsecondary school approval process.

Please see appendix

Both agencies have agreed that a person shall not open, conduct, or do business as a private postsecondary educational institution in this state without obtaining an approval to operate (BPC, Section 94886). An approval to operate shall be granted only after an applicant has presented sufficient evidence to the DHCC, and the DHCC has independently verified the information provided by the applicant through site visits or other methods deemed appropriate by the DHCC, that the applicant has the capacity to satisfy the minimum operating standards. The DHCC shall deny an application for an approval to operate if the application does not satisfy these standards (BPC, Sections 94887 and 1941)

If the DHCC provides an approval to offer an educational program and the institution already has a valid approval to operate issued by the BPPE, the DHCC's educational program approval may satisfy the requirements without further review by the BPPE. The BPPE may incorporate the educational program into the institution's approval to operate when the BPPE receives documentation signifying the conferral of the educational program approval by the DHCC (BPC, Section 94892).

The DHCC and BPPE maintain constant communication and share information with regard to the dental hygiene educational programs throughout the state. The BPPE concentrates its efforts on private, non-exempt schools, while the DHCC oversees all dental hygiene educational programs. The DHCC will also promulgate new regulations to require new dental hygiene schools to obtain approval from the BPPE prior to implementing their program.

27. How many schools are approved by the board? How often are schools reviewed?

The DHCC has current oversight of 30 CODA accredited dental hygiene educational programs in the state. These programs are reviewed by CODA every seven years and must continue to meet strict requirements in order to continue their accreditation. The DHCC relied on CODA's review of the educational programs to remain in compliance in the past; however, starting in January 2013, the DHCC began to review all new and existing dental hygiene programs to ensure that they meet the minimum standards as set by CODA and contained in the DHCC statutes and regulations.

The DHCC has requested the accreditation approval information from all of the California educational programs to be placed on file. The DHCC intends to utilize its resources to review all of the educational programs in the state to ensure they are in compliance with all applicable laws and regulations. Since the DHCC has just begun to review the dental hygiene educational programs, the frequency at which the schools are reviewed is still to be determined. If an issue arises to where an additional review of a school is warranted, the DHCC will act immediately to initiate a review.

28. What are the board's legal requirements regarding approval of international schools?

The DHCC does not have statutory authority to review or approve any international schools.

Continuing Education/Competency Requirements

29. Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.

a. How does the board verify CE or other competency requirements?

The DHCC requires, as a condition of biennial license renewal, that licensees complete 25 hours (RDH & RDHEF licensees) or 35 hours (RDHAP licensees) of CE, of which two (2) hours of CE is in infection control standards and two (2) hours of CE is in the California Dental Practice Act. In addition, completion of certification in basic life support is required (CCR, Section 1017). Licensees sign an affidavit that the number of CE units (hours) have been met as well as the mandatory courses have been completed.

In addition, the DHCC voted to amend BPC, Section 1936.1 to include continued competency requirements in SB 1202 (Ch. 331, Statutes of 2012). Continued competence assures the assurance to the public that practitioners continue to be competent and safe years after

completing education and first becoming licensed. In the legislative process, it was recommended that the language for continued competence be removed from the bill.

- b. Does the board conduct CE audits on its licensees? Describe the board's policy on CE audits.

The DHCC has the authority to conduct CE audits pursuant to CCR, Section 1017(a)(n)(o). Currently, the DHCC only conducts CE audits for licensees under investigation for enforcement issues. Once the DHCC is fully staffed, CE compliance audits will be conducted on approximately 3% of all hygiene licensees per month, which is about 45 licensees (18,000 licensees/12 months x 3% = 45 audits/month).

- c. What are consequences for failing a CE audit?

All licensees who fail to show proof of CE requirements during an audit are provided notice that their license has been placed on an inactive status and that they must cease the practice of dental hygiene until the non-compliance status is cleared and their license is re-activated by the DHCC. The licensee is also subject to fines.

- d. How many CE audits were conducted in the past four fiscal years? How many fails?

The DHCC conducted XX CE compliance audits in the last four years. The limited numbers of audits were due to a lack of staffing during the state's economic downturn and hiring freeze. A BCP was submitted for an additional position starting in FY 2011/12 to address the CE audit workload; however, the request was denied. Of the XX number of audits conducted, none failed.

- e. What is the board's course approval policy?

Until the DHCC is able to promulgate their own regulations for approval of CE providers, they are authorized to accept the DBC's approved providers.

- f. Who approves CE providers?

Until the DHCC is able to promulgate their own regulations, the DBC approves all CE providers and courses.

Who approves CE courses? If the board approves them, what is the board application review process?

Currently, the DBC approves all CE courses and providers. The DHCC will determine its own application review process as it promulgates regulations to approve CE providers and courses.

- g. How many applications for CE providers and CE courses were received?

There have been no applications for CE providers and courses received by the DHCC. Once the DHCC promulgates regulations to approve CE providers and courses, the DHCC anticipates receiving a moderate number of applications.

How many were approved?

None.

h. Does the board audit CE providers?

Until the DHCC promulgates regulations to approve CE providers, the DBC approves all CE providers. The DHCC will audit CE providers once the new regulations are approved and additional staff is hired.

If so, describe the board's policy and process.

Once implemented, the DHCC plans to conduct a random audit on a certain percentage of CE providers on a biennial basis. The exact process in which the DHCC will audit CE providers is still to be determined.

i. Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance based assessments of the licensees' continuing competence.

The DHCC submitted statutory language in SB 1202 (Ch. 331, Statutes of 2012); however, it was stricken during the legislative process. The DHCC will continue its efforts to implement statutory language for continued competency.

Section 5 Enforcement Program

30. What are the board's performance targets/expectations for its enforcement program?

The DCA's system of quarterly performance measurements <<(See Appendix XX – Performance Measurements)>> has the following objectives for investigations:

1. Intake of Investigations within 30 days.
2. Intake and Investigation within 120 days.

The DCA performance measurement objectives are the guidelines the DHCC follows for its targets/expectations for its enforcement program. The DHCC's highest priority is the protection of the public and is committed to investigate all complaints as quickly as possible. The DHCC is currently meeting and exceeding the above stated targets/expectations.

Is the board meeting those expectations? If not, what is the board doing to improve performance?

The DHCC's statistics show that the DCA Performance Measurement expectations are being met. For example in Quarter 2 of 2012, our average for the intake of investigations was two (2) days and for intake and investigations, it was 97 days. The DHCC Enforcement program is exceeding its expectations in processing its enforcement cases and, as such, will monitor its current efficiencies and modify them as needed to improve performance.

31. Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending, or other challenges.

In the last few years, the DHCC has seen an increase in the number of complaints received. For example, in FY 2011/12, 10 complaints were received and in FY 2012/13, a total of 23 complaints were received, which is a 130% increase in the number of complaints received. The number of AG cases initiated in FY 2011/12 was four cases, while in FY 2012/13, a total of 13 cases were initiated, which is a 225% increase in the number of cases initiated. The number of accusations filed against a licensee has also increased. In FY 2011/12, one accusation was filed but in 2012/13 a total of eight accusations were filed.

What are the performance barriers?

One main performance barrier that affects the DHCC is the six to twelve month long process when referring cases to the AG’s office for administrative discipline. Due to the AG’s heavy workload and shortage of staff, there are always delays when they prepare accusations and statements of issues for the DHCC cases.

What improvement plans are in place?

The DHCC enforcement staff regularly communicates with the AG’s office regarding the status of its cases. But because the AG’s office has a heavy workload and is understaffed, the DHCC can only request a quicker processing of its cases to reduce the time to complete accusations or statement of issues. Whether the DHCC’s request is fulfilled is dependent upon the current caseload at the AG’s office.

What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

Recently, the DHCC has exercised its statutory authority to issue initial probationary licenses to applicants who are not qualified for a non-restrictive license due to a criminal background (BPC, Section 1932). The DHCC’s ability to issue a probationary license without referring to the AG’s office has dramatically decreased the time required for enforcement action in this instance.

In the future as the amount of enforcement actions increase, the DHCC may need to request the following in order to address enforcement workload issues:

- 1) Review the DHCC enforcement policies and procedures to improve efficiencies.
- 2) Increase the number of enforcement staff through the BCP process to address the additional workload;
- 3) Submit regulatory requests depending upon new mandates or needs;
- 4) Request new legislation to expand the DHCC’s enforcement mandates;

The DHCC’s Enforcement Statistics are shown in Tables 9(a)(b)(c) and Table 10.

Table 9a. Enforcement Statistics			
	FY 2010/11	FY 2011/12	FY 2012/13
COMPLAINT			
Intake (Use CAS Report EM 10)			
Received	18	10	23
Closed	0	0	0
Referred to INV	19	10	22
Average Time to Close	16 days	3 days	4 days
Pending (close of FY)	0	0	1
Source of Complaint (Use CAS Report 091)			
Public	8	5	11
Licensee/Professional Groups	0	1	1
Governmental Agencies	105	205	164
Other	8	2	5
Conviction / Arrest (Use CAS Report EM 10)			
CONV Received	103	203	162
CONV Closed	107	210	161

Table 9a. Enforcement Statistics (continued)

Average Time to Close	28 days	4 days	1 day
CONV Pending (close of FY)	7	0	1
LICENSE DENIAL (Use CAS Reports EM 10 and 095)			
License Applications Denied	0	0	0
SOIs Filed	1	0	2
SOIs Withdrawn	0	0	0
SOIs Dismissed	0	0	0
SOIs Declined	0	0	0
Average Days SOI	-		
ACCUSATION (Use CAS Report EM 10)			
Accusations Filed	3	1	8
Accusations Withdrawn	0	0	0
Accusations Dismissed	0	0	0
Accusations Declined	0	0	0
Average Days Accusations	112 days	35 days	216 days
Pending (close of FY)	7	8	14

Table 9b. Enforcement Statistics			
	FY 2010/11	FY 2011/12	FY 2012/13
DISCIPLINE			
Disciplinary Actions (Use CAS Report EM 10)			
Proposed/Default Decisions	1	1	3
Stipulations	1	1	2
Average Days to Complete	1,545 days	785 days	581 days
AG Cases Initiated	4	4	13
AG Cases Pending (close of FY)	7	8	14
Disciplinary Outcomes (Use CAS Report 096)			
Revocation	1	1	2
Voluntary Surrender	0	0	1
Suspension	0	0	0
Probation with Suspension	0	0	0
Probation	2	1	2
Probationary License Issued	0	0	0
Other	1	0	0
PROBATION			
New Probationers	1	1	2
Probations Successfully Completed	0	0	1
Probationers (close of FY)	7	8	8
Petitions to Revoke Probation	0	0	0
Probations Revoked	0	0	0
Probations Modified	0	0	0
Probations Extended	0	0	0
Probationers Subject to Drug Testing	0	0	0
Drug Tests Ordered	0	0	0
Positive Drug Tests	0	0	0
Petition for Reinstatement Granted	0	0	1

Table 9b. Enforcement Statistics (continued)

DIVERSION			
New Participants	0	1	0
Successful Completions	0	0	0
Participants (close of FY)	1	2	2
Terminations	0	0	0
Terminations for Public Threat	0	0	0
Drug Tests Ordered	0	0	0
Positive Drug Tests	0	0	0

Table 9c. Enforcement Statistics			
	FY 2010/11	FY 2011/12	FY 2012/13
INVESTIGATION			
All Investigations (Use CAS Report EM 10)			
First Assigned	126	220	183
Closed	123	221	201
Average days to close	111 days	45 days	64 days
Pending (close of FY)	26	25	6
Desk Investigations (Use CAS Report EM 10)			
Closed	28	2	1
Average days to close	52 days	2	40
Pending (close of FY)	0	0	0
Non-Sworn Investigation (Use CAS Report EM 10)			
Closed	95	219	200
Average days to close	128 days	46 days	64 days
Pending (close of FY)	26	25	6
Sworn Investigation			
Closed (Use CAS Report EM 10)	0	0	0
Average days to close	0	0	0
Pending (close of FY)			
COMPLIANCE ACTION (Use CAS Report 096)			
ISO & TRO Issued	0	0	0
PC 23 Orders Requested	0	0	1
Other Suspension Orders	0	0	0
Public Letter of Reprimand	0	0	0
Cease & Desist/Warning	0	0	0
Referred for Diversion	0	0	0
Compel Examination	0	0	1
CITATION AND FINE (Use CAS Report EM 10 and 095)			
Citations Issued	0	0	8
Average Days to Complete	0	0	35
Amount of Fines Assessed	0	0	\$1,650
Reduced, Withdrawn, Dismissed	0	0	0
Amount Collected	0	0	\$1,400
CRIMINAL ACTION			
Referred for Criminal Prosecution	0	0	0

Table 10. Enforcement Aging						
	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	Cases Closed	Average %
Attorney General Cases (Average %)						
Closed Within:						
1 Year	0	0	0	2	2	20%
2 Years	0	0	1	2	3	30%
3 Years	0	1	1	1	3	30%
4 Years	0	0	0	1	1	10%
Over 4 Years	0	1	0	0	1	10%
Total Cases Closed	0	2	2	6	10	100%
Investigations (Average %)						
Closed Within:						
90 Days	56	76	185	156	473	75%
180 Days	15	27	16	21	79	13%
1 Year	1	13	15	17	46	7%
2 Years	8	6	5	1	20	3%
3 Years	1	1	0	2	4	1%
Over 3 Years	1	0	0	1	0	1%
Total Cases Closed	82	123	221	198	622	100%

32. What do overall statistics show as to increases or decreases in disciplinary action since the last review.

The overall statistics show that the DHCC has a steady increase in the number of disciplinary cases referred to the AG's Office. The increase of cases is the result of having full time enforcement staff, the implementation of new disciplinary guidelines, and the notifications of subsequent arrests from the DOJ and FBI that notify the DHCC of new arrests and convictions of licensees. In FY 2010/11, four cases were initiated and referred to the AG's office compared to thirteen cases in FY 2012/13; a 225% increase in the number of cases referred to the AG's office.

33. How are cases prioritized?

When complaints are received, they are reviewed and prioritized based upon the type of alleged violation(s) involved (i.e., quality of care, criminal conviction, drug or alcohol abuse, sexual misconduct, etc.). The DHCC has a zero tolerance policy for drugs or abuse of alcohol. An example of a priority 1 complaint would be if a hygienist is requested to call in prescriptions by the dentist to a pharmacy for patients, but the hygienist is accused of ordering unauthorized prescriptions for herself.

What is the board's complaint prioritization policy?

The urgent priority violations are considered the most serious and may pose a risk to the public. High and routine priority violations are less serious but may still be referred to the AG's office for formal disciplinary action. The DHCC prioritizes its complaints using:

1. Urgent Priority - (requires immediate attention and has the highest priority) A case involving sexual misconduct, quality of care issues, arrest(s) or conviction(s), drug or alcohol abuse, or other serious offenses.
2. High Priority - (second highest priority type) A case involving unlicensed activity, negligence, or incompetence without serious bodily injury.

3. Routine Priority - (handled in the normal course of business) A case involving false or misleading advertising, fraud, or record keeping violations.

Is it different from DCA's *Complaint Prioritization Guidelines for Health Care Agencies* (August 31, 2009)?

The DHCC Complaint Prioritization Policy is the same as the DCA Complaint Prioritization Guidelines for Health Care Agencies (August 31, 2009).

If so, explain why.

The complaint prioritization policies are the same between the DHCC and the DCA.

34. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report actions taken against a licensee.

- Penal Code (PC), Section 11105.2 – This section requires the DOJ to report to the DHCC whenever a licensee is arrested and convicted of crime(s).
- BPC, Section 803 – This section requires the clerk of a court that renders a judgment that a licensee has committed a crime, or is liable for any death or personal injury resulting in a judgment for an amount of \$30,000 caused by the licensee's negligence, error or omission in practice, or his or her rendering of unauthorized professional services, must report that judgment to the DHCC within 10 days after the judgment is entered.
- BPC, Section 1950.5(x) – This section requires the licensee to report to the DHCC in writing within seven days any death of his or her patient during the performance of any dental hygiene procedure or the discovery of the death of a patient which was related to a dental hygiene procedure performed by him or her.
- BPC, Section 1950.5(y) – This section requires the licensee to report to the DHCC all deaths occurring in his or her practice with a copy sent to the dental office.
- PC, Section 11164 et seq. – This section requires the licensee to report any child abuse and neglect.
- Welfare and Institutions Code, Section 15600 et seq. – This section requires the licensee to report elder abuse.

Are there problems with receiving the required reports?

In cases that involve criminal convictions, the DHCC must request documentation from law enforcement agencies and from the various state and federal courts. Some of these agencies take months to respond to our requests. Also, several arresting agencies and courts are now requiring a fee for certified arrest and court records which can cause a longer delay to receive the needed documentation due to the payment process.

If so, what could be done to correct the problems?

Correcting the problems in obtaining required reports is difficult because the DHCC has to rely on outside agencies to take the time to retrieve the record(s) requested and copy and mail it to the DHCC. If there is a payment involved for the record(s), the process could be delayed even longer, as requests for payments take time to process in addition to the delay in processing the record request by the outside agency.

The only option available to the DHCC to correct the problem is to consistently and frequently follow-up with the outside agency from where the record(s) are being requested.

35. Does the board operate with a statute of limitations?

BPC, Section 1670.2 requires the DHCC to operate within a statute of limitations on initiating proceedings for violations of the Act. For example, depending on the alleged action, an accusation must be filed within three years after the DHCC discovers the act or omission alleged or within seven years after the act or omission occurs, whichever occurs first. In an alleged action committed on a minor, the seven-year or ten year period would be tolled until the minor reaches the age of majority.

If so, please describe and provide citation.

Depending on the alleged act, an accusation must be filed within three years after the act or omission alleged is discovered or within seven or ten years after the act or omission, whichever occurs first. In an alleged action committed on a minor, the seven-year or ten year period would be tolled until the minor reaches the age of majority. An accusation alleging fraud or willful misrepresentation is not subject to the limitation (BPC, Section 1670.2).

If so, how many cases were lost due to statute of limitations?

To date, no cases have been lost due to the DHCC's statute of limitations.

If not, what is the board's policy on statute of limitations?

The public's protection is the highest priority for the DHCC and the current statute of limitations policy allows a case to be filed in a timely manner.

36. Describe the board's efforts to address unlicensed activity and the underground economy.

To prevent unlicensed activity, information is presented to educate the public and all licensees on the DHCC's website, newsletter articles, and several outreach programs. In addition, a supplemental Law and Ethics examination is required for all applicants with an emphasis on personal ethics and morals. When renewing a license, mandatory CE courses are required for the licensees that pertain to the laws, dental billing practices, professional misconduct, and ethical issues.

To date, there have been no reported instances to the DHCC of dental hygienists operating in the underground economy.

Cite and Fine

37. Discuss the extent to which the board has used its cite and fine authority.

Since the DHCC's regulation to issue citations and fines was initiated in December 2012, approximately 10 citations for violations of the law have been issued. Due to statutory and regulatory changes (i.e., retroactive fingerprinting requirements and SB 1202, Ch. 331, Statutes of 2012), the DHCC expects the number of citations and fines to increase as more violations are reported.

Discuss any changes from last review and last time regulations were updated.

This is the first Sunset Review for the DHCC, so there are no changes that have occurred since the last review. Also, the DHCC is in the process of implanting its own regulatory framework and as part of that process, updating all regulatory sections pertaining to dental hygiene.

Has the board increased its maximum fines to the \$5,000 statutory limit?

The DHCC has not increased its maximum fines to the \$5,000 statutory limit because to date, there has not been any citable action to warrant a \$5,000 fine.

38. How is cite and fine used?

Citation and fines are used by the DHCC as a means to notify the licensee that a violation has occurred and that they are not in compliance with the law. In situations where the DHCC does not seek to suspend or revoke a license, a citation and fine may be issued to impose a monetary fine and/or order of abatement.

What types of violations are the basis for citation and fine?

If a licensee commits a violation that is not serious enough to warrant referral to the AG's Office for formal discipline, the DHCC may issue a citation and fine. Two examples are:

- If a licensee fails to notify the DHCC of an address change within 30 days; and
- Failure to properly notate the services performed in the patient's treatment record.

39. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals in the last 4 fiscal years?

Currently, the DHCC has not received any requests for an informal conference or administrative hearing in the last four years. When a citation is issued, the licensee may request an informal conference within 10 days after issuance of the citation. The informal conference would allow the licensee to present additional information to the EO. The EO may affirm, modify, or dismiss the original citation after the informal conference. In addition to requesting an informal conference, the licensee may request an administrative hearing within 30 days after issuance of the citation. The administrative law judge will render a decision which will be presented to the DHCC for adoption or rejection.

40. What are the 5 most common violations for which citations are issued?

The five most common violations are listed in the chart below.

BPC Section	Citation
1934	Change of address or Name: Failure to notify the Committee of an address change within 30 days and for a name change, it is within 10 days.
1950(a)	Consequences of conviction of crime substantially related to the licensee's qualifications, functions, or duties: DUI
1950.5(e)	The use of any false or fictitious name in advertising: False advertising on website and brochure.
1950.5(v)	Any action or conduct that would have warranted the denial of the license: False entry on a license renewal application.
1953(a)	Failure to identify in patient record services performed and treatment entries.

41. What is average fine pre and post appeal?

The allowable fines range from \$50 to \$5,000 per violation, depending on prior violations, the gravity of the violation, the harm committed, if any, to the complainant, client, or public, and other mitigating evidence.

The average fine issued by the DHCC is \$250. At this time, the DHCC has not received any requests for an appeal.

42. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines.

The DHCC has not used the Franchise Tax Board (FTB) intercept or collect any outstanding fines; however, if the DHCC chooses to use this method, the procedure would be as follows:

The FTB would collect funds that are otherwise unobtainable by the DHCC. The cost of using this method is lower than other collection programs. California residents who owe delinquent debts to government agencies and are scheduled to receive state income tax refunds, unclaimed property, or state lottery winnings, will have those funds garnished and transferred to pay their debt to agencies such as the DHCC.

Cost Recovery and Restitution

43. Describe the board's efforts to obtain cost recovery.

BPC, Section 125.3 authorizes the recovery of investigation costs that are associated with the formal discipline of a licensee. The DHCC's policy is to seek cost recovery in all cases where it is authorized. As a result, the DHCC's Disciplinary Guidelines lists the reimbursement of costs as a standard term of probation and is included when settling cases with a stipulated settlement, and most, but not all, administrative hearing decisions. When initially meeting with a probationer, the reimbursement of costs is discussed and an installment plan may be made at that time.

Discuss any changes from the last review.

Since this is the first Sunset Review for the DHCC, there have not been any changes since the last review.

44. How many and how much is ordered for revocations, surrenders and probationers?

Typically, costs are included in all stipulated surrenders and revocations. The amount is determined by the investigation time and by costs incurred by the AG's office. In the past four years, the DHCC revoked four licenses and two licenses were surrendered. The amount ordered for cost recovery in these instances was \$18,824, an average of \$3,137 per case. During that same time period, five licenses were placed on probation. The amount ordered for cost recovery was \$29,091, an average of \$5,812 per case. In probation cases, the amount ordered is paid in installments during the probationary period and must be paid in full by the end of the probation term.

How much do you believe is uncollectable? Explain.

Costs awarded with a penalty of license revocation or license surrender are considered uncollectible until the licensee either petitions the DHCC for reinstatement or reapplies for licensure. At that time, the costs are due upon reinstatement or reissuance of the license.

45. Are there cases for which the board does not seek cost recovery?

After a hearing, the ALJ may find that it would be an extreme hardship on the licensee to reimburse the DHCC the cost of their case and will not seek cost recovery. Another scenario where the DHCC would not seek cost recovery is in a statement of issues matter.

Why?

The DHCC does not have the statutory authority to seek cost recovery in a statement of issues case.

46. Describe the board's use of Franchise Tax Board intercepts to collect cost recovery.

The DHCC will first complete an FTB Cost Recovery Form and submit it to the DCA for processing. The DCA will then notify the DHCC of the collections by sending a copy of the Notice of Collections letter that was sent to the licensee.

47. Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.

Obtaining restitution for individual consumers is an additional condition of probation in the DHCC's Disciplinary Guidelines and is included in stipulations or in an ALJ's decision after a hearing. To date, the DHCC has not had any reports of consumer harm to warrant a request for restitution for individual consumers.

Tables 11 and 12 show the amount of cost recovery and restitution the DHCC has received over the respective years.

Table 11. Cost Recovery				
	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13
Total Enforcement Expenditures	\$205,498	\$211,843	\$212,240	\$282,125
Potential Cases for Recovery *	0	0	0	0
Cases Recovery Ordered	2	1	1	1
Amount of Cost Recovery Ordered	\$7,709	\$1,950	\$6,332	\$13,100
Amount Collected	\$2,450	\$3,450	\$250	\$5,518
* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.				

Table 12. Restitution				
	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13
Amount Ordered	0	0	0	\$10,000
Amount Collected	0	0	0	\$2,616.21

Section 6

Public Information Policies

48. How does the board use the internet to keep the public informed of board activities?

The DHCC uses its website/internet to communicate the laws and regulations that govern the practice of dental hygiene and posts any new information or announcements to both the public and licensees on the homepage of the website. The latest information from the DHCC that is contained in the newsletter and final meeting minutes are on the website and staff occasionally use email blasts to notify email subscribers of new and updated information.

Does the board post board meeting materials online? When are they posted? How long do they remain on the website?

The DHCC posts its meeting materials and agenda on its website/online within five to ten calendar days prior to each meeting complying with the Bagley-Keene Open Meetings Act. The current meeting materials remain on the website/online for approximately a year, and then are moved to an archived meeting materials folder where the materials stay indefinitely so that the public or any other interested party has access. A link is posted on the DHCC's meeting calendar to access the archived meeting materials at any time.

When are draft meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?

The draft meeting minutes for the prior meeting are contained in the materials for the current meeting to be approved and are posted five to ten calendar days prior to the meeting. After the draft minutes from the prior meeting have been approved at the subsequent meeting, the final version of the minutes are posted on the website/internet meeting calendar under the same meeting date and are available at any time. Eventually, the minutes will be moved into the archive file where the minutes remain indefinitely and are still accessible on the website.

49. Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings?

The DHCC fully supports webcasting and has webcast two of its meetings in the past. The DCA webcast team was low on staff and availability, but has recently hired new videographers and is available to schedule meetings to be webcast. As such, the DHCC plans to arrange and provide webcast for future meetings. The most recent webcast meetings over the past year are posted on the DCA website and prior webcasts are archived for a year before being removed completely from the site.

50. Does the board establish an annual meeting calendar, and post it on the board's web site?

The DHCC establishes an annual meeting calendar approved by the DHCC at its annual December meeting for the next calendar year. The meeting calendar is posted on the DHCC's website for access to interested stakeholders and the public.

51. Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*?

The DHCC uses the DCA's Recommended Minimum Standards for Consumer Complaint Disclosure.

Does the board post accusations and disciplinary actions consistent with DCA's *Web Site Posting of Accusations and Disciplinary Actions* (May 21, 2010)?

The DHCC posts accusations and disciplinary actions against its licensees in accordance with the DCA's *Web Site Posting of Accusations and Disciplinary Actions*.

52. What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

The DHCC provides the following information about its licensees so the public can be informed that the individual performing dental hygiene procedures is licensed and has no enforcement action taken against their license. The DHCC releases through its website the licentiate name, license type, license number, license status, license expiration date, license issue date, the county the licentiate indicated for their address of record, and whether there are any formal disciplinary actions against the license. There is also a section to list any related licenses, registrations, or permits, if applicable. The DHCC website is updated on a daily basis to capture any new information on an existing licentiate and those individuals who have recently become licensed.

53. What methods are used by the board to provide consumer outreach and education?

The DHCC uses a variety of methods to provide consumer outreach and education to interested stakeholders. The DHCC has presented at student regional meetings, visited many of the dental hygiene schools throughout the state, attended both dental and dental hygiene association events and meetings, participated in health fairs, public health events, and educational institution outreach functions, issues email blasts to the DHCC email subscribers and educational program directors, and has a newsletter that is readily available electronically or hardcopy to inform the public, students, associations, and educational institutions about the DHCC programs and authority.

Section 7 Online Practice Issues

54. Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the board regulate online practice? Does the board have any plans to regulate Internet business practices or believe there is a need to do so?

The DHCC believes the prevalence of online practice is emerging and there have been no reports of unlicensed activity. There are no legal prohibitions to using technology in the practice of dental hygiene, as long as the practice is done by a California licensed dental hygienist. Telehealth is not a telephone conversation, email/instant messaging conversation, or fax; it typically involves the application of videoconferencing or "store and forward" technology to provide or support health care delivery. Teledentistry is growing in popularity and the DHCC is aware of some RDHs and RDHAPs who are participating in patient care utilizing this technology. The DHCC has no special/limited license for out-of-state practitioners who want to enter the state remotely to practice dental hygiene. The DHCC will work to regulate business practices as the need arises.

Section 8

Workforce Development and Job Creation

55. What actions has the board taken in terms of workforce development?

The DHCC has been very proactive in seeking ways to implement BPC, Section 1900 which states:

“It is the intent of the Legislature by enactment of this article to permit the full utilization of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions in order to meet the dental care needs of all of the state's citizens.”

It is well understood that one of the primary reasons for the lack of access to care for many of the consumers of dental hygiene services is due to restrictive supervision levels, scope of practice restrictions that limit the services that dental hygienists are allowed to provide and the inability for dental hygiene practitioner's such as the RDHAP to obtain payment for services rendered.

The DHCC has been actively working towards legislative changes that will remove supervision restrictions, to increase the scope of practice to allow dental hygienists to provide the full range of services that they are qualified to provide, as well as to require insurance companies to reimburse RDHAP's for services that they are legally allowed to provide.

The DHCC worked actively with the CDHA on SB 1202 which allows RDHAP's to own and operate mobile clinics. By allowing RDHAP's to own and operated mobile clinics, more of the states underserved populations will have access to dental hygiene services.

In addition to working towards the legislative changes needed to support the full utilization of dental hygienists; the DHCC has approved regulatory language to allow for additional programs to offer coursework in administration of local anesthesia, nitrous oxide-oxygen analgesia, and soft tissue curettage. Due to the fact that most states do not allow dental hygienists to perform these functions, dental hygienists seeking licensure in California are required to successfully pass a course in these procedures to be licensed. By expanding the number of courses available, there will be increased access which will lead to an increase in the number of licensed dental hygienists.

The DHCC supported legislation to allow registered RDHAPs to own mobile clinics to provide dental hygiene services to the public who are not part of the traditional dental delivery system. In addition, the DHCC collects data on workforce characteristics pursuant to BPC, Section 1902.2 that includes employment status of the licensee, practice location, and information regarding a licensee's cultural background and foreign language proficiency. This information is published annually on the DHCC website. The DHCC currently monitors the number of RDHAPs that take the required additional training and subsequent licensing exam. The DHCC plans to also monitor the number of entry level dental hygiene graduates in the state compared with the number of initial California licenses issued. The DHCC will use this information to determine how to best serve the public relating to workforce development.

56. Describe any assessment the board has conducted on the impact of licensing delays.

The DHCC is fortunate to not have experienced any licensing delays. The DHCC is currently issuing licenses within 30 days of receipt of a complete application package which is well within the 120 days the DHCC is allowed to issue a license.

57. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

The DHCC sends email blasts to the dental hygiene educational program directors for all of the dental hygiene programs in California with information that pertains to potential licensees (students) regarding examination and licensure. Through networking with professional organizations, CDHA, and the California Dental Hygiene Educators Association (CDHEA), the DHCC has attended meetings for students and educators and presented information regarding licensing requirements and the licensing process.

In addition, the DHCC posts updates pertaining to licensing requirements and the licensing process on the webpage, as well as having a link to this information. The DHCC has also developed a newsletter that is emailed to all subscribers, potential licentiates, and all interested parties.

58. Provide any workforce development data collected by the board, such as:

a. Workforce shortages

The DHCC monitors reports from the Office of Statewide Health Planning and Development (OSHPD) and the industry on workforce shortages. Current data indicates there is no longer a shortage of dental hygienists in the state. There continues to be a mal-distribution of dental hygienists due to practice limitations that require dental hygienists to work for a dentist. The category RDHAP was enacted by the legislature to increase access to dental hygiene services in dental shortage areas. The number of RDHAP's has increased by 87% from 2009 (238 licensees) to 2013 (445 licensees). However, the requirement for a prescription from a dentist or physician has hindered the RDHAP's ability to provide dental hygiene services in some of these areas due to a lack of dentists and physicians in the area and/or the unwillingness of the dentist or physician to sign a prescription allowing the RDHAP to provide care.

b. Successful training programs.

The most successful training program has been the programs for the RDHAP license. These programs allow RDH's with additional education to provide services in residences for the homebound, in schools, residential care facilities, and other institutions and dental health professional shortage areas. There are currently two RDHAP programs in the state. These programs are providing the necessary additional education to qualify an individual for licensure.

Currently, the DHCC is monitoring Health Workforce Pilot Project 172. This project utilizes dental hygienists as intake personnel providing assessments via exams and the taking of radiographs (x-rays). The dental hygienist then is able to send the assessment electronically records via the teledentistry model to a dentist for review and dental diagnosis. The project also has a training component to allow the dental hygienists in the project to place interim therapeutic restorations (ITR's). By allowing dental hygienists to place ITRs, patients with no access to a dentist can receive palliative care to arrest decay and alleviate pain until the patient can have treatment from a dentist.

59. What is the status of the board's implementation of the Uniform Standards for Substance Abusing Licensees?

The DHCC has worked diligently to implement the Uniform Standards, pursuing regulations in the form of Disciplinary Guidelines containing language that specifies that the DHCC will require a clinical diagnostic evaluation of a licensee to determine if there is a substance abuse problem. In the meantime, the licensee is required to cease practice until the results are received. The Guidelines require a probationary licensee to provide the name, address(es), and phone numbers of all employers or supervisors, and authorize the DHCC to communicate with the supervisor or employer regarding the probationer's work status, performance, and monitoring. The Guidelines specify a testing schedule and exceptions that conform to #4 of the Uniform Standards, and if a probationer tests positive for a banned substance, the Guidelines specify that the probationer must cease practice and the DHCC notify the probationer's employer. The Guidelines specify criteria mirroring Uniform Standards #11 and #12 that a probationer must meet to petition to return to practice and for reinstatement of an unrestricted license, and allows group meeting participation and any inpatient or outpatient treatment to be considered as evidence of sustained compliance and rehabilitation. The Guidelines specify requirements for worksite monitoring, to ensure that probationers comply with the terms of their probation. Several of the Uniform Standards relate to a diversion program, which the DHCC does not have.

Proposed CCR, Section 1138 states that the Disciplinary Guidelines apply to all disciplinary matters and the uniform standards describe the consequences that apply to a substance abuser. A public hearing was held and no comments were received on the regulations and the rulemaking file is in the review process.

60. What is the status of the board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?

The DHCC has addressed some items through statute and some in both statute and Disciplinary Guidelines. The DHCC successfully sought legislation to require denial of a dental hygiene license to a registered sex offender and permanent revocation of a license for sexual misconduct. The DHCC pursued legislation that imposes substantial fines on licensees and health care facilities that fail to comply with a court order to provide documents and has proposed regulatory language within its Disciplinary Guidelines that specifies penalties for a licensee's failure to cooperate with an investigation. Regulatory language has been drafted to specify the DHCC may delegate stipulated settlements to its EO and require a medical or psychological evaluation of an applicant. Although licensees are currently required to certify at the time of each license renewal, penalties for failure to report an arrest or conviction will be the subject of upcoming regulations, as will a prohibition of confidentiality agreements.

61. Describe how the board is participating in development of BreEZe and any other secondary IT issues affecting the board.

To date, the DHCC has provided program specifics to the DCA Office of Information Services (OIS) in order to develop the correct program parameters that meet the DHCC needs. The DHCC staff has also participated in multiple training programs and exercises to identify programmatic issues during the development of the BreEZe system. The DHCC also “loaned” a staff person, who is very knowledgeable in the creation and implementation of these types of complex computer systems, to OIS for about a year. This staff person was subsequently offered a position in OIS to continue the work of implementing the BreEZe system.

Section 10

Board Action and Response to Prior Sunset Issues

Include the following:

1. Background information concerning the issue as it pertains to the board.

The DHCC was created upon the recommendation of the JLSRC in 2002 for the establishment of an entity to regulate the profession of dental hygiene. The recommendation came as a result of the 2002 Sunset Review for the DBC and the Committee on Dental Auxiliaries (COMDA). According to the Background Paper for the Hearing for the DBC:

The JLSRC and the Department of Consumer Affairs (DCA) identified a number of issues and problem areas concerning this Board. There had been longstanding dissatisfaction with the deliberations and actions of the Board by the various organizations representing dental auxiliaries and others for a variety of reasons. The complaints and concerns expressed were virtually the same as when the Board was reviewed by the JLSRC in 1996. Some of these concerns or problems have been noted in audits by the California State Auditor and by an independent review of the Board’s investigative program and the need for sworn peace officers. The Board was criticized for being controlled by its dentist majority and favorable to their interests over those of the public and the licensed dental auxiliaries. It was accused of being unduly absorbed with minutiae – extensive deliberations on whether or not particular duties or functions may be performed by one or more of the categories of dental auxiliaries – the so-called “duty of the month” debate over the scopes of practice of dental auxiliaries.

As a result of the findings from the JLSRC, legislation was enacted to create the Dental Hygiene Committee of California (DHCC).

2. Short discussion of recommendations made by the Committee/Joint Committee during prior sunset review.

The JLSRC recommendation to form a separate entity to oversee the profession of dental hygiene was incorporated into the language for SB 583-(Ch. 31, Statutes of 2008) which was chaptered June 13, 2008.

3. What action the board took in response to the recommendation or findings made under prior sunset review.

The DHCC, since its inception, has been the regulatory entity for all aspects of dental hygiene licensure, education, examination, and enforcement. The creation of the DHCC has improved consumer access to dental hygiene services, reduced the barriers to changes in the practice of dental hygiene, and the regulation of dental hygienists.

4. Any recommendations the board has for dealing with the issue, if appropriate.

The DHCC recommends that the jurisdiction language in BPC Section 1901 be removed. The DHCC has functioned as an independent agency since it was created in 2009. The use of language that states that the DHCC is under the jurisdiction of the DBC has led to confusion as to the authority of the DHCC to act as a self-regulating agency. Licentiates, the public, and other nationally recognized associations and governing entities view the jurisdiction language as restricting the ability of the DHCC to act independently in matters pertaining to the regulation of dental hygienists. Per the definition of the functions of an independent agency, the DHCC is not subject to restrictions set by the DBC and does act independent of the DBC. Furthermore, the DBC has no statutory authority to regulate the practice of dental hygiene.

The DHCC recommends amendment of Section 1901 as follows:

1901. (a) There is hereby created ~~within the jurisdiction of the Dental Board of California a~~ the Dental Hygiene Committee Board of California in which the administration of this article is vested.
(b) This article may be hereby known as the Dental Hygiene Practice Act.
(b) (c) This section shall remain in effect only until January 1, 2015, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2015, deletes or extends that date. Notwithstanding any other provision of law, the repeal of this section renders the committee subject to review by the appropriate policy committees of the Legislature.

The DHCC has the full responsibilities of a Board and should be called a board rather than a committee. Therefore, the DHCC recommends that its designation should be changed to the Dental Hygiene Board of California (DHBC). As with the legislation changing the Physician's Assistant Committee to a Board, legislation needs to be enacted for this change to occur.

The DHCC also recommends that the language in BPC, Sections 1905. (a)(8) and 1905.2. be removed. BPC, Section 1905 (a)(8) and Section 1905.2 require the DHCC to make recommendations to the DBC regarding dental hygiene scope of practice issues. As an independent regulatory agency, the DHCC should not have to make recommendations to the DBC on issues that impact the practice of dental hygiene. In addition, the DBC has no authority over the dental hygiene scope of practice. Inclusion of this language in the statute creates the same problems that existed when dental hygiene was regulated by the DBC. The dentist majority on the DBC has been criticized in being supportive of their interests over those of the consumer.

Senator Don Perata in his July 23, 2010 letter of intent (see attached letter) sent to the chair of the DHCC and the president of the DBC stated the following in regard to these sections:

"...BPC, Section 1905.2 is also causing some confusion. In my investigation of this section I realized that, inadvertently, this language, which represents old Dental Auxiliaries language, was left in SB 853. It is my recommendation that it be removed, as the sections immediately preceding BPC, Section 1905.2, as well as the sections after BPC, Section 1905.2 clearly delineate the charge of the DHCC, which includes setting regulations, licensure and enforcement for dental hygienists. The DHCC is to carry out these functions autonomously."

Scope of practice changes have to be done through the legislature. In the legislative process, the DBC would be able to provide input. The legislature would then have the ability to determine if a change in the scope of practice for dental hygienists would be warranted taking into the

consideration whether the change would fulfill the legislative intent for full utilization of registered dental hygienists without compromising the need for consumer protection.

The DHCC further recommends that BPC, Section 1905(a) to add:

(10) The board shall have and use a seal bearing the name, “Dental Hygiene Board of California.”

Section 11 New Issues

This is the opportunity for the board to inform the Committee of solutions to issues identified by the board and by the Committee. Provide a short discussion of each of the outstanding issues, and the board’s recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., legislative changes, policy direction, and budget changes) for each of the following:

1. Issues that were raised under prior Sunset Review that have not been addressed.
All of the issues raised under prior Sunset Review have been addressed in Section 10.
2. New issues that are identified by the board in this report.
 - Increase to the License Renewal Fee Ceiling to allow additional future revenue collection, when warranted and justified.
 - Increase the RDH, RDHAP, and RDHEF license and delinquent renewal fees
 - Additional managerial staff to oversee program staff to alleviate the EO from direct office oversight and be allowed to concentrate on EO functions.
 - Additional staffing to appropriately implement the CE audit and provider review program.
 - Additional office space to accommodate more staff to address an increased workload in support of the DHCC programs.
 - Implement a Statute of Limitations for enforcement actions.
 - Implement penalties for Failure to Report unprofessional conduct (BPC, Section 1950.5).
 - Access to Care

Ensuring access to dental hygiene services is a primary concern of the DHCC. There are statutory restrictions that have been imposed that restrict access to care. Removal of these restrictions would allow for greater access to care for the consumer and would enable the skills of the dental hygienists to be used to their full extent without jeopardizing the health and safety of the consumer. The following restrictions have a significant impact of the consumers access to care and to the full utilization of the dental hygienist (BPC, Section 1909): the delineation of duties that are to be performed under direct supervision, and the language in Section 1926 (d) which requires that requires that the RDHAP practice in a dental health professional area as certified by the OSHPD.

BPC, Section 1909 requires that following duties are to be performed under the direct supervision of a dentist who must be in the office while the procedure is being performed: administration of local anesthetic, and nitrous oxide-oxygen analgesia and soft tissue

curettage. Currently, there are seven states that allow dental hygienists to administer local anesthetic under general supervision (the dentist does not have to be in the office). In these states, there have been no reported instances of consumer harm. In three states, nitrous oxide-oxygen analgesia is done under general supervision-again with no reported incidences of consumer harm. Removal of these restrictions would allow dental hygienists to provide these services without the restriction of having the dentist in the office, allowing patients to have access to these services when the dentist is out of the office. The absence of reported incidences of consumer harm supports the DHCC's contention that these procedures can be done safely without supervision restrictions. Soft tissue curettage is done as an adjunct therapy with scaling and root planing which is done under general supervision and therefore, should not require direct supervision. The change in the level of supervision would not allow the dental hygienist to perform these duties unsupervised. These duties would be then moved to BPC, Section 1910. Procedures dental hygienists are authorized to perform under general supervision.

Section 1926(d) allows an RDHAP to open a practice in a dental health professional shortage area as designated by OSHPD. Problems have arisen when an RDHAP sets up a practice in a dental health shortage area and over time the designation changes. The law would require that the RDHAP close down the practice as it is no longer in a dental health professional shortage area. Closure of the practice would leave the patients with no access to dental hygiene services due to a lack of provider. The DHCC would recommend that the language be amended to read:

BPC, Section 1926(d)

(d) Dental health professional shortage areas, as certified by the Office of Statewide Health Planning and Development in accordance with existing office guidelines. An alternative dental hygiene practice established within a designated shortage area will remain in full effect regardless of designation period.

- Continued Competency

The issue of continued competency has been raised by the DHCC and the profession of dental hygiene. In the interest of public protection, the DHCC has strict requirements for obtaining initial licensure. However, requirements for licensure renewal are much less stringent. A critical regulatory issue that has been discussed among many healing art boards across the country and in California is the issue of continued competence. Continued competence speaks to the assurance to the public that practitioners continue to be competent and safe years after completing their education and first becoming licensed. Because licensure is a privilege, the licensee has responsibility to the DHCC and to the public who receives dental hygiene services. This responsibility includes the duty to attain and maintain licensure.

At this time, CE requirements could be deemed an avenue to ensure continued competence; however, it has been debated that CE does little to ensure that licensees remain competent and provide quality care. Continued competence moves beyond CE and speaks to the ongoing application of professional knowledge, skills and abilities, which relate to the occupational performance objectives in a range of possible encounters that is defined by the individual scope of practice and practice setting. Because of this, the DHCC believes that statutory authority should be in place to allow for implementation of continued competence. This could be accomplished by amending 1936.1 by adding:

(c) The committee may also, as a condition of license renewal, establish a measure of continued competency as a condition of license renewal as adopted in regulations by the committee. During the regulatory process, all of the questions and concerns surrounding implementing continued competency can be vetted and addressed.

3. New issues not previously discussed in this report.

- Payment for Services Rendered

RDHAPs have provided quality preventive oral health care services to underserved communities throughout California. In recent years, it has come to our attention that insurance companies outside of California are refusing payment of services rendered by the RDHAP. Their reasoning is that not all states have the RDHAP provider status and therefore are not eligible for reimbursement.

The DHCC has the statutory authority to make a change to existing language. It is recommended that BPC, Section 1928 be amended to include:

BPC, Section 1928. Registered dental hygienist in alternative practice, submitting of insurance and reimbursement of providers

- a) A registered dental hygienist in alternative practice may submit or allow to be submitted any insurance or third-party claims for patient services performed as authorized pursuant to this article.
- b) Whenever any such insurance policy or plan provides for reimbursement for any service which that may be lawfully performed by a person licensed in this state for the practice of dental hygiene, reimbursement under such policy or plan shall not be denied when such service is rendered by a person so licensed.
- c) Nothing in this article shall preclude an insurance company from setting different fee schedules in an insurance policy for different services performed by different professions, but the same fee schedule shall be used for those portions of health services which are substantially identical although performed by different professions.

- Alternative licensure options

The utilization of a clinical examination process has been the backbone of assessment and qualification for initial licensure of dental hygienists for many decades.

Although the use of patients as part of the examination process continues to be the pathway to licensure for all dental hygienists, there are several emerging alternative platforms in dentistry that do not include the use of human subjects. The DHCC has identified the need to explore alternative pathways for licensure. To that end, the DHCC will require statutory authority to implement any of these alternative pathways. This will require amending BPC, Section 1917. (b) to read:

Satisfactory performance on the state clinical examination, or satisfactory completion of the dental hygiene examination given by the Western Regional Examining Board or any other ~~clinical~~ dental hygiene examination approved by the committee.

4. New issues raised by the Committee.

Change the DHCC from a committee to a board since the DHCC already functions similarly to a board. Some of the functions that the DHCC already performs within the DCA are:

- Appointed multiple (nine) individuals consisting of both professional and public members that will discuss, deliberate, and act upon issues that affect the DHCC in the interest of consumer protection;
- Create standing committees to deal with examinations, enforcement, licensing, and other subjects the DHCC deems appropriate;
- Has the authority to request regulatory and legislative changes;
- Mandates that the protection of the public is the highest priority in exercising its licensing, regulatory, examination, and disciplinary functions; and
- Oversees the examination, licensing, enforcement, and administration programmatic functions for the dental hygiene profession.

With the DHCC performing the functions listed above autonomously, it stands to reason that the nomenclature of the DHCC be changed from a committee to a board. The DHCC is a special fund agency that generates its revenue from its fees. As such, the DHCC would have no impact on the state's General Fund.

Section 12 Attachments

Please provide the following attachments:

- A. Board's administrative manual.

Attached <<Appendix XX>>

- B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).

Attached <<Appendix XX>>

- C. Major studies, if any (cf., Section 1, Question 4).

Major Studies Completed <<Appendix XX>>

- D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).

Attached <<Appendix XX>>

- E. Performance Measures.

The Performance Measures for the last three (3) years are attached <<Appendix XX>>.

This section only applies to the specific boards indicated below.

Section 13 Board Specific Issues

Diversion

Discuss the board's diversion program, the extent to which it is used, the outcomes of those who participate, the overall costs of the program compared with its successes

Diversion Evaluation Committees (DEC) (for BRN, Dental, Osteo and VET only)

1. DCA contracts with a vendor to perform probation monitoring services for licensees with substance abuse problems, why does the board use DEC?

The DHCC does not use a DEC at this time. The DHCC relies on the DBC to monitor its diversion participants to ensure that they are in compliance of the diversion program.

What is the value of a DEC?

For questions 2 – 11, the DHCC does not use a DEC, so the questions do not pertain to the DHCC.

2. What is the membership/makeup composition?
3. Did the board have any difficulties with scheduling DEC meetings? If so, describe why and how the difficulties were addressed.
4. Does the DEC comply with the Open Meetings Act?
5. How many meetings held in each of the last three fiscal years?
6. Who appoints the members?
7. How many cases (average) at each meeting?
8. How many pending? Are there backlogs?
9. What is the cost per meeting? Annual cost?
10. How is DEC used? What types of cases are seen by the DEC?
11. How many DEC recommendations have been rejected by the board in the past four fiscal years (broken down by year)?

Disciplinary Review Committees (Board of Barbering and Cosmetology and BSIS only)

1. What is a DRC and how is a DRC used? What types of cases are seen by the DRCs?
2. What is the membership/makeup composition?
3. Does the DRC comply with the Open Meetings Act?
4. How many meeting held in last three fiscal years?
5. Did the board have any difficulties with scheduling DRC meetings? If so, describe why and how the difficulties were addressed.

6. Who appoints the members?
7. How many cases (average) at each meeting?
8. How many pending? Are there backlogs?
9. What is the cost per meeting? Annual cost?
10. Provide statistics on DRC actions/outcomes.



Saturday, September 7, 2013

Dental Hygiene Committee of California

Full Committee – Sunset Review

Agenda Item 3

The California Dental Hygiene Association's
Report on the 2014 Sunset Review



Saturday, September 7, 2013

Dental Hygiene Committee of California

Full Committee – Sunset Review

Agenda Item 4

Adjournment of the September 7, 2013
Full Committee Meeting – Sunset Review