



DHCC
Dental Hygiene
Committee
of California

MAY 2-3, 2014 MEETINGS

**Western University of Health Sciences
College of Dental Medicine
Community Based Dental Education Offices
@The Village at Indian Hill
1460 E. Holt Avenue, Suite 150
Pomona, CA 91767**



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

DHCC 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.

Friday, May 2, 2014
9:00 a.m. – Adjournment
Western University of Health Sciences
College of Dental Medicine
Community Based Dental Education Offices
@ The Village at Indian Hill
1460 E. Holt Avenue, Suite 150
Pomona, CA 91767

9:00 a.m. Dental Hygiene Committee of California – Subcommittee Meetings

Roll Call

1. Public Comment for Items Not on the Agenda
2. President's Announcements

Subcommittee Meetings – See Attached Agendas for Subcommittee Items

3. Education Subcommittee:
See Attached Agenda
4. Enforcement Subcommittee:
See Attached Agenda
5. Legislative and Regulatory Subcommittee:
See Attached Agenda
6. Licensing and Examination Subcommittee:
See Attached Agenda
7. 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.



Friday, May 2, 2014

Dental Hygiene Committee of California

Education Subcommittee

Agenda



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

EDUCATION SUBCOMMITTEE MEETING

Friday, May 2, 2014
Western University of Health Sciences
College of Dental Medicine
Community Based Dental Education Offices
@ The Village at Indian Hill
1460 E. Holt Avenue, Suite 150
Pomona, CA 91767

Education Subcommittee Members

Nikki Moultrie, RDH, Chair
Sherrie Gordon, Public Member
Susan Good, Public Member
Michelle Hurlbutt, RDH Educator
Noel Kelsch, RDHAP

Agenda

EDU 1 – Roll Call

EDU 2 – Public Comment for Items Not on the Agenda

EDU 3 – Chairperson's Report

EDU 4 – Discussion and Possible Action on the DHCC's Rulemaking to add *California Code of Regulations (CCR), Title 16, Division 11, §§1103, 1105, 1105.1, 1105.2, 1105.3, 1105.4, and 1106* Relevant to Educational Programs.

EDU 5 – Discussion and Possible Action on the Feasibility Study Regulations - *CCR, Title 16, Division 11, §§ 1104, 1104.1, and 1104.2.*

EDU 6 – Approval of the December 6, 2013 Education and Outreach Subcommittee Meeting Minutes

EDU 7 – Future Agenda Items

EDU 8 – Adjournment

A quorum of the Committee may be present at the subcommittee meeting. However, Committee members who are not on the subcommittee may observe, but may not participate or vote. Public comments will be taken on agenda items at the time the specific item is raised. The subcommittee 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, for convenience, and to maintain a quorum. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-1978 or access the Committee'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 or e-mail anthony.lum@dca.ca.gov or send a written request to DHCC at 2005 Evergreen Street, Ste. 2050, Sacramento, CA 95815. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.



Friday, May 2, 2014

Dental Hygiene Committee of California

Education Subcommittee

Agenda Item 1

Roll Call: Establishment of a Quorum



Friday, May 2, 2014

Dental Hygiene Committee of California

Education Subcommittee

Agenda Item 2

Public Comments for Items Not on the Agenda



Friday, May 2, 2014

Dental Hygiene Committee of California

Education Subcommittee

Agenda Item 3

Chairperson's Report
A Verbal Report Will Be Given.



Friday, May 2, 2014

Dental Hygiene Committee of California

Education Subcommittee

Agenda Item 4

Discussion and Possible Action on the DHCC's
Rulemaking to add *California Code of
Regulations (CCR), Title 16, Division 11,
§§1103, 1105, 1105.1, 1105.2, 1105.3, 1105.4,
and 1106* Relevant to Educational Programs.



MEMORANDUM

DATE	May 2, 2014
TO	Dental Hygiene Committee of California Education Subcommittee
FROM	Donna Kantner, DHCC Staff
SUBJECT	EDU 4 – Discussion and Possible Action to Amend Proposed Regulatory Language as a result of Comments Received During the 45-Day Public Comment Period for the DHCC's Rulemaking to Add <i>California Code of Regulations (CCR), Title 16, Division 11, §1103, 1105, 1105.1, 1105.2, 1105.3, 1105.4 and 1106</i> Relevant to Educational Programs

Background

At its December meeting, the Committee approved proposed regulatory language relating to definitions and requirements for registered dental hygienist educational programs. A hearing is scheduled for April 28th.

To date, comments have been received from one educational program, and the Dental Board held a teleconference on April 9th to discuss providing formal comments regarding this rulemaking.

This item will be carried to the meeting to allow all comments received and staff's recommendations to be discussed by the Committee.

Committee Action Requested

- 1) Discuss each comment and either accept or reject staff's recommendation, providing a rationale to be included in the rulemaking file.
- 2) Take action to accept or reject each of the proposed amendments.
- 3) If any amendments are accepted, direct staff to notice the proposed changes for a 15-day comment period and delegate to the Executive Officer any nonsubstantive changes necessary to complete the rulemaking file.



Friday, May 2, 2014

Dental Hygiene Committee of California

Education Subcommittee

Agenda Item 5

Discussion and Possible Action on the Feasibility
Study Regulations - *CCR, Title 16, Division 11,*
§§ 1104, 1104.1, and 1104.2.



MEMORANDUM

DATE	May 2, 2014
TO	Dental Hygiene Committee of California Education Subcommittee
FROM	Donna Kantner, DHCC Staff
SUBJECT	EDU 5 – Discussion and Possible Action on Regulations Related to Feasibility Study, <i>California Code of Regulations (CCR), Title 16, Division 11, §§1104, 1104.1, 1104.2, and 1104.3</i>

Background

Statutes passed in 2012, Business and Professions Code Section 1941, require a new dental hygiene educational program submit a feasibility study to the Committee demonstrating a need for the new program before seeking accreditation from the Commission on Dental Accreditation or other equivalent accrediting body. This regulatory language regarding requirements for such a feasibility study has been prepared, reviewed, and edited by a workgroup consisting of staff, legal counsel and educators. These sections were originally intended to be included in the Educational Program regulations that the Committee approved in December, but will now be a separate rulemaking.

Committee Action Requested

Discuss and take action to approve the proposed regulatory language and direct staff to take all necessary steps to initiate the formal rulemaking process and set the proposed regulations for a public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package.

INSTRUCTIONS FOR INSTITUTIONS SEEKING APPROVAL OF A NEW EDUCATION PROGRAM FOR REGISTERED DENTAL HYGIENISTS

(Business and Professions Code Section 1941; California Code of Regulations Section 1104.1)

The Dental Hygiene Committee of California (DHCC) is the agency authorized to approve all new educational programs for Registered Dental Hygienists. Representatives of institutions proposing development of a new educational program are required by law to submit a feasibility study demonstrating a need for a new educational program (Business and Professions Code Section 1941).

§ 1941. Approval of educational programs; Need for new educational program

- (a) The committee shall grant or renew approval of only those educational programs for registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions that continuously maintain a high quality standard of instruction and, where appropriate, meet the minimum standards set by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the committee.
- (b) A new education program for registered dental hygienists shall submit a feasibility study demonstrating a need for a new educational program and shall apply for approval from the committee prior to seeking approval for initial accreditation from the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the committee. The committee may approve, provisionally approve, or deny approval of any such new educational program.
- (c) For purposes of this section, a new educational program for registered dental hygienists means 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 and that has as its primary degree, that is either affiliated with or conducted by a dental school approved by the dental board, or that is accredited to offer college level or college parallel programs by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the committee

FEE REQUIRED: A check made payable to the "Dental Hygiene Committee of California or DHCC", must be submitted with the feasibility study. *This fee is non-refundable.* **Payment of the fee does not guarantee DHCC approval.**

The process shall be completed within one year of submission unless an extension is granted by the DHCC. If the one year period expires, the process ends and a new fee shall be required for re-submission.

STEP 1 – Submit a Letter of Intent:

Submit a letter of intent to the DHCC at least one year in advance of the anticipated date for admission of students. The letter shall include:

- Name and address of the institution seeking approval
- Contact information for the person responsible for the feasibility study
- Type of degree granted
- Length of proposed program
- Anticipated enrollment
- Proposed start date

The letter shall be addressed to:

Executive Officer
Dental Hygiene Committee of California
2005 Evergreen Street, Suite 2050
Sacramento, CA 95815

The DHCC shall acknowledge receipt of the letter of intent. Upon receipt of the letter of acknowledgment from the DHCC, the institution shall have up to six (6) months to submit Step 2 - Feasibility Study.

STEP 2 – Submit Feasibility Study:

Submit a feasibility study to the DHCC documenting the need for a new educational program and the ability to develop, implement and sustain an educational program for registered dental hygienists. The feasibility study shall include the following:

A. The feasibility study shall contain a Table of Contents with the following required sections addressed in detail:

- 1) Rationale for Development of New Educational Program
- 2) Structure and Governance
- 3) Facilities and Resources
- 4) Cost-Revenue Projections with detailed 5-year budget
- 5) Students and Student Services

B. Pages in the body of the feasibility study shall be numbered consecutively to facilitate the review.

C. Attachments and appendices shall be tabbed and numbered consecutively.

D. Required Sections:

1) Rationale for the Development of New Educational Program

Provide rationale for development of a new program, including statistical data and other relevant information that addresses:

- a. Regional labor statistics regarding projected need for this type of licensee
 - Provide summary comments and tables as necessary and cite original source of information from the California Employment Development Department – Labor Market Information or an equivalent State or County agency

- b. Potential local/regional industry employment statistics regarding current open positions and projected needs for additional licensees including any workforce shortage areas.
 - Copy of source data used
 - Summary of findings
 - Tabulated results
- c. Description of the characteristics of the population in the community being served by the program including oral health needs
- d. Impact on dental hygiene education programs within a 100 miles radius of the proposed program by contacting all approved existing educational programs in regard to:
 - Locale, region, or state(s) from which students are drawn
 - Whether there is a "waiting list" or more qualified applicants than admitted annually
 - Length of time it takes licensed graduates to obtain gainful employment (at least 3 days per week) in dental hygiene.
- e. Description of the length of the program, type of degree granted, the intended start date, projected size of the first class, and enrollment projection for the first five years and method for determining the projected enrollment.
- f. Plans for promoting and marketing the proposed program.
- g. Projected timeline for planning and initiating program.

2) Structure and Governance

Description of the institution and the institution's experience providing dental hygiene or other health-related educational programs. The description must include:

- a. Institutional accreditation status and history such as date of initial accreditation, denials, revocations, warnings for the institution and any programs offered by the institution.
- b. History, organizational structure and programs (attach an organization chart).
- c. Geographic area (community) served by the institution and a description of the community and its population
- d. Institution's strategic plan
- e. Type of dental hygiene or other health-related programs including: number of students currently enrolled and graduates by program type; passage rate on any required certification or licensing examination for the past five years (as applicable); and status of the program with any state, regional, or federal agency
- f. If the educational program does not have a dental hygiene education program or other health-related programs, provide a statement related to the processes and resources it shall utilize to start and sustain a registered dental hygiene education program.

3) Facilities and Resources

Describe physical location of proposed program.

- a. Describe space committed to the program and provide copies of floor plans to include faculty and staff offices, classrooms, laboratories, clinical facilities, and storage areas.
- b. Provide status report on construction or renovation of physical facilities.
- c. List educational resources, equipment, supplies purchased or to be purchased for the program.

4) Cost-Revenue Projections

Start-up Budget and Funding Sources

- a. Local, state, and federal support
- b. Projected student fees
- c. Grant support
- d. Support from other entities such as funding from corporate, private industry, professional associations, donations
- e. Projected clinic revenue

Include a 5-year capital and operational line item budget that includes projected costs for proposed program which includes:

- I. Capital Expenditures
 - A. Facilities (for example):
 1. Clinic
 2. Laboratory
 3. Locker Room
 4. Reception Room
 5. Faculty & staff offices
 6. Other (specify)
 - B. Equipment (for example):
 1. Dental Units
 2. Radiography (unit,
 3. Laboratory
 4. Instructional equipment
 5. Other (specify)
- II. Non-capital Expenditures
 - A. Instructional materials, e.g., slides, films
 - B. Clinic supplies
 - C. Laboratory supplies
 - D. Office supplies
 - E. Program library collection
 1. Institutional
 2. Departmental
 - F. Equipment maintenance and replacement
 - G. Other (specify)
- III. Faculty
 - A. Salaries
 - B. Benefits
 - C. Professional Development
 - D. Travel for Student Supervision
 - E. Other (specify)
- IV. Staff
 - A. Secretarial Support
 - B. Clinic Support Staff
 - C. Other (specify)
- V. Other Categories, if any (specify)

5) Students and Student Services

Admission and progression criteria:

- a. Admission criteria
 - Institutional policies
 - Educational program selection policies
- b. Progression and graduation criteria:
 - Institutional criteria for progression and graduation
 - Educational program's criteria for progression and graduation, including grading policies

Student policies:

- a. Provisions for student health and housing
- b. Provisions for counseling and guidance
- c. Financial aid policies, scholarship and grant opportunities
- d. Appeals Provisions

The Educational Program shall submit two hard copies and one electronic copy in pdf format to:

Executive Officer
Dental Hygiene Committee of California
2005 Evergreen Street, Suite 2050
Sacramento, CA 95815

STEP 3 – Review of Feasibility Study

It is the responsibility of the educational program to have staff or a consultant(s) who possess the requisite knowledge and expertise to complete a feasibility study that conforms to the requirements specified in these instructions. Upon submission of the feasibility study, DHCC staff shall review the study and, if necessary, seek clarification of any areas in question.

- If DHCC staff determines the feasibility study is complete and complies with requirements specified in these Instructions, DHCC staff shall submit the feasibility study to the DHCC - Education Subcommittee (ES) for review and a recommendation shall be forwarded to the full Committee (Step 4).
- If the feasibility study is incomplete, the educational program shall be notified in writing by DHCC staff of any deficiencies and a deadline for submission of a revised feasibility study.
- If DHCC staff determines the revised feasibility study is complete, it shall be forwarded to its ES.
- If staff deems the revised feasibility study incomplete, it shall be returned to the program with a written notice of the deficiencies, and shall not be forwarded to its ES.
- If the revised feasibility study is returned because it is incomplete and the educational program still wishes to seek approval, the educational program must restart at Step 1. The Letter of Intent must include a statement summarizing the DHCC reason(s) for not accepting the prior revised feasibility study and subsequent corrective action the educational program has taken.

STEP 4 – Education Subcommittee (ES) Recommendation on the Feasibility Study

When the feasibility study is complete, it shall be submitted to the ES for discussion and action at a regularly scheduled meeting. The meeting is open to the public, and there are opportunities for public comment. The DHCC staff shall notify the educational program of the ES meeting date at which the ES shall discuss and may make a recommendation on the take action on the feasibility study. A representative of the program shall be invited to the ES meeting to respond to any questions or concerns. The ES shall recommend to the Committee the acceptance or non-acceptance of the feasibility study, or may defer action on the study to permit the institution time to provide additional information at a subsequent ES meeting. If the ES defers action, the educational program shall be notified in writing within ten (10) days of the deferred action, reason(s) for the deferral, and the date for submission of any additional information and/or documents. The ES considers the following criteria in determining its recommendation to the full Committee:

- Evidence of a need for a new educational program for registered dental hygienists
- Evidence of ability to initiate and maintain an educational program in compliance with all applicable Committee laws and regulations.
- Evidence of initial and sustainable budgetary provisions for the educational program.

STEP 5 - DHCC Action on the Feasibility Study

The ES recommendation on the feasibility study shall be submitted to the full Committee for discussion and action at a regularly scheduled DHCC meeting. All DHCC meetings are open to the public with opportunities for public comment. The DHCC shall approve, or deny the study.

The following action shall be taken:

- Within ten (10) days after the Committee decision on the feasibility study, the DHCC staff shall notify the educational program in writing of its decision.
- If the feasibility study is denied, the notice shall include the basis for its decision.
- If the feasibility study is approved, the educational program may apply for initial accreditation from the Commission on Dental Accreditation of the American Dental Association or an approved, equivalent accrediting body.

STEP 6 - Self-Study Report and Site Visit

Upon DHCC approval of the feasibility study, the educational program shall prepare the Commission on Dental Accreditation of the American Dental Association self-study for the proposed program. At least twelve (12) months prior to the projected date of student enrollment the program must submit to the DHCC the self-study that delineates how the proposed program plans to comply with accreditation standards.

The DHCC staff shall review the report and notify the program director of any deficiencies, issues, or concerns with the self-study. Once the DHCC staff has verified the self-study addresses the applicable standards and regulations, an on-site visit shall be scheduled. The DHCC staff shall visit selected clinical sites the program plans to use as part of the on-site visit. The DHCC staff shall complete a written report of the findings. This report shall be submitted to the ES for action and recommendation to the full Committee.

STEP 7 – Education Subcommittee (ES) and Full Committee Actions

The ES recommendation on the self-study and site visit shall be submitted for full Committee discussion and action at a regularly scheduled DHCC Committee meeting. The full Committee may approve, provisionally approve or deny the new educational program. If provisionally approved, the full Committee may defer action on program approval with an opportunity for the educational program to provide additional information.

The following action shall be taken:

- Within ten (10) days after the Committee decision on the program, the DHCC shall notify the educational program in writing of its decision.
- If the program is denied, the notice shall include the basis for its decision. The program may request an informal conference as specified in 1104.2.
- If the program is provisionally approved, the notice shall specify what additional information and documents are needed from the program and a due date requested for submission of the materials. The revisions shall be considered at a regularly scheduled ES and DHCC full Committee meeting after the due date for submission of materials. If the educational program is not granted approval, the DHCC shall notify the program in writing within ten (10) days; the notice shall include the basis for the Committee's decision.
- A denied program shall restart with Step 1 of the approval process. The Letter of Intent must include a statement summarizing the Committee's reason(s) for not accepting the prior submissions and subsequent corrective action the educational program has taken.

A material misrepresentation of fact by a new educational program in any information required to be submitted to the Committee is grounds for denial of approval and shall subject the program to a fine up to \$5,000.



Friday, May 2, 2014

Dental Hygiene Committee of California

Education Subcommittee

Agenda Item 6

Approval of the December 6, 2013 Education and
Outreach Subcommittee Meeting Minutes



DRAFT - DENTAL HYGIENE SUBCOMMITTEE MEETING MINUTES

**Evergreen Hearing Room
2005 Evergreen Street, 1st Floor
Sacramento, CA 95815
Friday, December 6, 2013**

Prior to taking roll, Dental Hygiene Committee President Michelle Hurlbutt swore in Susan Johnson as a new public member of the Dental Hygiene Committee of California.

Roll Call – The Dental Hygiene Committee of California (DHCC) President called the meeting to order with roll call at 9:00 a.m. With eight (8) DHCC members present, a quorum was established.

DHCC members present:

Sherrie-Ann Gordon, Public Member
Michelle Hurlbutt, President, Registered Dental Hygienist (RDH) Educator
Susan Johnson, Public Member
Joyce Noel Kelsch, Registered Dental Hygienist in Alternative Practice
(RDHAP) ,
Timothy Martinez, DMD
Nicolette Moultrie, RDH
Garry Shay, Public Member
Evangeline Ward, RDH

DHCC members absent:

Susan Good, Public Member

DHCC Staff present:

Lori Hubble, Executive Officer (EO)
Nancy Gaytan, Enforcement Analyst
Anthony Lum, Administrative Analyst
Donna Kantner, Retired Annuitant
Traci Napper, Program Analyst
Eleonor Steiner, Examination Coordinator
Richard Wallinder, Retired Annuitant
Claire Yazigi, Department of Consumer Affairs' (DCA) Legal
Representative

Public present:

Cindy Callahan, Educational Consultant
Guadalupe Castillo, DCA, Legislative and Policy Review Analyst
Corrine M. Fishman, DCA, Board and Bureau Relations
Karen Fischer, Executive Officer, Dental Board of California (DBC)
Maureen Fujimoto, DHCC Clinical Examination Subject Matter Expert
JoAnn Galliano, Program Director, Chabot College
Kim Laudenslager, Director of Dental Hygiene Examinations, Central
Regional Dental Testing Service (CRDTS)
Nadine Lavell, California Dental Hygiene Association (CDHA)
Bill Lewis, California Dental Association (CDA)
Susan Lopez, CDHA
Lisa Okamoto, CDHA
Narrine Strickland, CDHA
Maureen Titus, CDHA
Connie Selinski, Western Regional Examining Board (WREB)

FULL 1 – Public Comment for Items Not on the Agenda

President Hurlbutt asked for any public comment for items not on the agenda. There was no public comment.

FULL 2 – President’s Announcement

President Hurlbutt informed those present that after the Petition for Termination of Probation, the DHCC members would be meeting in closed session to deliberate on the petition for termination of probation and all closed session matters scheduled for Saturday, December 7, 2014. She added that subcommittee meetings would commence when the DHCC members returned from closed session.

FULL 3 – Full DHCC Meeting: Petition for Termination of Probation - Lorain Rice

Closed Session

The DHCC met in closed session to discuss administrative action regarding the petition for termination of probation for Lorain Rice.

<<Return to Open Session>>

DHCC SUBCOMMITTEE MEETINGS:

1. ENFORCEMENT SUBCOMMITTEE MEETING

ENF 1 – Roll Call

Garry Shay, Chair of the Enforcement Subcommittee, called the meeting to order at 11:17 a.m. with roll call. With all four (4) subcommittee members present, a quorum was established.

Enforcement Subcommittee members present:

Garry Shay, Chair, Public Member
Sherrie-Ann Gordon, Public Member
Noel Kelsch, RDHAP

Nicolette Moultrie, RDH

Enforcement Subcommittee members absent:

None

ENF 2 – Public Comment for Items Not on the Agenda

There was no public comment for items not on the agenda.

ENF 3 – Chairperson’s Report

There was no chairperson’s report for this subcommittee meeting.

ENF 4 – Enforcement Statistics

Nancy Gaytan, DHCC Enforcement Analyst, provided the subcommittee members with a written statistical summary chart of the DHCC Enforcement activity. She informed the subcommittee members that the chart covered the period from December 2012 through November 2013. She noted that there were five (5) main categories in the chart: complaints, allegations, citations, enforcement actions, and probation.

Within the Investigations category, she noted that 31 complaints had been received. She reported that 151 conviction/arrest reports had been received and that she was awaiting on information for one (1) pending report.

Ms. Gaytan reported that most of the allegations completed were related to drug and alcohol type offenses. She then stated that 26 citations had been issued from December 2012 through November 2013. She explained that the majority of the citations were issued for convictions related to drugs and alcohol.

Ms. Gaytan stated that the Enforcement Actions category provided a breakdown of the cases that were submitted to the Attorney General’s (AG’s) Office . She informed members that:

- 11 cases had been referred to the AG’s Office;
- 6 accusations had been filed;
- 1 Statement of Issues was filed; and
- 6 Decisions/Stipulations were adopted.

Under the Probation category, six (6) initial probationary licenses were issued. Additionally, nine (9) licensees are on active probation and five (5) are tolling their probation.

ENF 5 – Department of Consumer Affairs (DCA) Performance Measures

Ms. Gaytan reported that the DHCC was well within the performance measures (cycle time for intake, intake and investigation, formal discipline, probation intake, and probation violation and response) established by the DCA.

ENF 6 – Update on Citation and Fine Program

Ms. Gaytan informed the members that since regulations were approved in December 2012, 26 citations have been issued. Examples of the citations issued include false advertising and failure to notify the DHCC of a licensee's address or name change.

Ms. Gaytan added that part of the citation and fine program includes audits of licensees' continuing education (CE) requirements. She stated that if a licensee is found to be out of compliance with CE requirements, a fine of \$500 will be levied and the license inactivated until proof of CE completion is received by the DHCC.

ENF 7 – Update on Continuing Education Program

Ms. Gaytan explained that in the future, the DHCC will have a staff person dedicated to CE audits and follow-up for compliance. Until that person is hired, she will help other staff and the Executive Officer conduct the CE audits.

Ms. Gaytan informed the members that the DHCC recently conducted CE audits on four (4) licensed DHCC members, 100 examination personnel, and all 28 of the dental hygiene education program directors. She noted that only one (1) licensee was out of compliance. She added that the individual will receive a citation and fine for the non-compliance of CE.

ENF 8 – Future Agenda Items

There were no future agenda items for the subcommittee.

ENF 9 – Adjournment

The Enforcement Subcommittee meeting adjourned at 11:25 a.m.

2. EDUCATION AND OUTREACH SUBCOMMITTEE MEETING

EDU 1 – Roll Call

Sherrie-Ann Gordon, Chair of the Education and Outreach Subcommittee, called the meeting to order at 11:26 a.m. with a roll call. With three (3) of the four (4) members present, a quorum was established.

Education and Outreach Subcommittee members present:

Sherrie-Ann Gordon, Chair, Public Member
Timothy Martinez, DMD
Evangeline Ward, RDH

Education and Outreach Subcommittee members absent:

Susan Good, Public Member

EDU 2 – Public Comment for Items Not on the Agenda

There was no public comment for items not on the agenda.

EDU 3 – Chairperson’s Report

There was no chairperson’s report for this subcommittee.

EDU 4 – Review and Consideration of Changing the Nomenclature and Function of the Education and Outreach Subcommittee: Chapter 5 of the DHCC Member Guidelines and Procedure Manual

Traci Napper, DHCC program analyst, informed the subcommittee members that the DHCC staff is recommending a change to the name and function of the Education and Outreach Subcommittee to the Education Subcommittee. She noted that the Education and Outreach Subcommittee was created to provide current educational, licensure, and consumer information to the public and DHCC licensees.

Ms. Napper explained that it was anticipated that this information would be disseminated primarily at outreach events in the State; however, for the past several years, the DHCC has attempted to attend these events, but was limited due to the travel restrictions in place.

Ms. Napper also informed the subcommittee members that effective January 1, 2013, Senate Bill (SB) 1202 (Leno and Wayland) strengthened the DHCC’s authority to grant, renew, or deny approval of all dental hygiene educational programs. Since the DHCC will be overseeing all dental hygiene education programs, staff believed it was necessary to reorganize the subcommittee’s responsibilities to address this additional workload.

Some of the subcommittee new responsibilities will include:

- Determining the need for a new educational program by evaluating and reviewing feasibility studies and make a recommendation to the full Committee;
- Make recommendations for approval, provisional approval, or denial of any **new** educational program request;
- Make recommendations for renewal, denial, or revocation of an **existing** educational program;
- Make recommendations to withdraw or revoke a dental hygiene program’s approval if the Commission on Dental Accreditation (CODA) has indicated an **intent-to-withdraw** approval or has **withdrawn approval**; and
- Promulgate regulations for educational programs.

Ms. Napper added that Ms. Hubble will report to the DHCC any outreach performed by DHCC staff.

- **Motion: Evangeline Ward moved that a recommendation be made to the DHCC to change the name of the Education and Outreach Committee to the Education Subcommittee and to state that the purpose of the Education Subcommittee is to provide recommendations to the full committee on granting,**

renewing, and withdrawing approval of educational programs for registered dental hygienists, registered hygienists in extended functions, and registered dental hygienist in alternative practice and provide recommendations to the full committee regarding approval of a feasibility study for new educational programs. The subcommittee may also provide information and recommendations on issues relating to the curriculum and school approval.

Timothy Martinez seconded the motion.

Vote: The motion passed 3-0 (Susan Good was absent for the vote).

EDU 5 – Website Statistics

Ms. Napper directed members to a chart in the meeting materials that provided information about the number of DHCC website hits from January 1, 2013 to November 14, 2013. She noted that the first page showed just the hits for the DHCC homepage. The second handout provided information concerning the number of hits to other portions of the DHCC website (licensees renewals, forms and publications, license verifications, and how to become licensed).

- **Motion:** Evangeline Ward moved to receive and file Ms. Napper's report.

Timothy Martinez seconded.

Vote: The motion passed 3-0 (Susan Good was absent for the vote).

EDU 6 – Future Agenda Items

Lisa Okamoto, CDHA, asked if the DHCC could put a statement on its website whether or not RDH's as a whole are eligible to be classified as independent contractors.

EDU 7 – Adjournment

The Education and Outreach Subcommittee meeting adjourned at 11:42 a.m.

3. LEGISLATIVE AND REGULATORY SUBCOMMITTEE MEETING

LEG 1 – Roll Call

Nicollette Moultrie, Chair of the Legislative and Regulatory Subcommittee, called the meeting to order with a roll call at 1:30 p.m. With three (3) of the four (4) subcommittee members present, a quorum was established.

Legislative and Regulatory Subcommittee members present:

Nicollette Moultrie, Chair, RDH
Michelle Hurlbutt, RDH

Garry Shay, Public Member

Legislative and Regulatory Subcommittee members absent:

Susan Good, Public Member.

LEG 2 – Public Comment for Items Not on the Agenda

There was no public comment for items not on the agenda.

LEG 3 – Chairperson’s Report

Chair Moultrie informed the members that since the DHCC’s September meeting, she has been part of an ad-hoc committee that was formed to finalize the DHCC Sunset Review document and develop regulatory language to support Business and Professions Code (BPC), Section 1941 – the approval of the educational programs.

Chair Moultrie reported that the DHCC Sunset Review report was submitted to the Legislature on November 1, 2013, for their review and that questions may arise which the DHCC will address prior to the scheduled Sunset hearings sometime in March 2014.

LEG 4 – Legislative Update

Donna Kantner, DHCC Legislation and Regulatory Analyst, informed the members that the Legislature had just concluded the first half of its two-year legislative session. She directed the members to a chart in their meeting packet that listed the legislation DHCC staff had tracked since January 2013. She noted several of the bills tracked had become 2-year bills. She said that staff would continue to track these bills and any new legislation affecting DHCC applicants, licensees, and consumers when the Legislature re-convenes on January 6, 2014, for the second half of its 2-year session.

JoAnne Galliano, Legislative Consultant for CDHA, provided an update on Assembly Bill (AB) 1174 (Bocanegra, Teledentistry Under Medi-Cal). She noted that CDHA representatives had met with legislative staff for this bill to discuss the concerns that had been communicated in writing during the last session. She noted that these concerns had not been forwarded to the author, nor had they been addressed in the legislation. She said that the author and the sponsors of this bill do not fully appreciate the input from the DHCC in terms of the actual recommendation that was made where the determination of radiographs was an allowable duty for a Registered Dental Hygienist. She added that the authors and sponsors of the bill are not considering the impact of the language and the affect it would have on the dental hygiene profession and the DHCC as a decision making body. She recommended to CDHA and the DHCC that the DHCC change its position from support if ammended to oppose unless ammended.

Ms. Hurlbutt agreed. She noted that even though DHCC’s letter was sent over six months ago, it was evident that the author has not addressed any of the DHCC’s concerns.

- **Motion – Michelle Hurlbutt moved that the DHCC change its position on AB 1174 from support if amended to oppose unless amended.**

Garry Shay seconded the motion.

Vote: The motion passed 3-0 (Susan Good was absent for the vote).

Ms. Kantner said that a letter informing the author of the DHCC’s change in position would be sent to the author’s office. Mr. Shay asked staff to contact the author’s office within two (2) days of sending the letter to confirm that it was received.

LEG 5 – Discussion and Possible Action on Regulations Related to Educational Programs, California Code of Regulations (CCR), Title 16, Division 11, §§1103,1104, 1104.1, 1104.2, 1104.3, 1105, 1105.1, 1105.2, 1105.3, 1105.4, 1105.5, 1105.6, 1105.7, 1106, 1109, 1110, 1111, 1112, and 1114.

- **Motion – Garry Shay moved to recommend to the DHCC changes to pages 1-10 (see attached)**

Michelle Hurlbutt seconded the motion.

Vote: The motion passed 3-0 (Susan Good was absent for the vote).

LEG 6 – Future Agenda Items

There were no future agenda items for this subcommittee.

LEG 7 – Adjournment

The Legislative and Regulatory Subcommittee meeting adjourned at: 2:26 p.m.

4. LICENSING AND EXAMINATION SUBCOMMITTEE MEETING

LIC 1 – Roll Call

Michelle Hurlbutt, Chair of the Licensing and Examination Subcommittee, called the meeting to order at 2:27 p.m. With all four (4) members present, a quorum was established.

Licensing and Examinations Subcommittee members present:

Michelle Hurlbutt, Chair, RDH Educator
Noel Kelsch, RDHAP
Evangeline Ward RDH
Timothy Martinez, DMD

Licensing and Examination Subcommittee members absent:

None

LIC 2 – Public Comment for Items Not on the Agenda

Connie Selinsky introduced herself to subcommittee members and said that she was representing the Western Regional Examination Board (WREB) and was present to answer any questions concerning WREB.

LIC 3 – Chairperson’s Report

Chair Hurlbutt informed the subcommittee members that she had been in contact with Executive Officer Lori Hubble as needed regarding any licensing or examination issues. She reported that DHCC staff recently sent out surveys to the examination personnel to get their perspectives on the changes that were made to the California Clinical Licensure Examination cycle. The survey also asked questions regarding their attitudes and practices after participating in the latest examination orientation. She reported that the DHCC staff will be analyzing the survey data once they are returned. She then commended staff and examination personnel on doing an excellent job with regard to the California Clinical Licensure Examination.

LIC 4 – 2014 DHCC Clinical Exam Schedule

Eleonor Steiner, DHCC Examination Analyst, directed the subcommittee members to the handout in their meeting packet concerning the 2014 DHCC Clinical Licensure Examination schedule. She noted that the DHCC added a new testing site – San Joaquin Valley College in Visalia – to the list. She informed the subcommittee members that because the number of applicants requesting to take the California Clinical Licensure Examination has continually decreased, the DHCC would only administer the examination on one day rather than two, which had been the previous practice for the 2013 examination cycle.

Ms. Galliano asked whether the July 2014 examination would be a one-day examination. Ms. Steiner answered that the July exam is only a single day. Ms. Galliano then asked how many candidates could participate in that examination. Ms. Hubble replied that up to 140 candidates could be examined at that exam.

Chair Hurlbutt then stated that the DHCC had the ability to add a second date for examination if one was needed.

LIC 5 – Clinical and Written Examination Statistics

Ms. Steiner directed the subcommittee members to the Clinical and Written Examination Statistics handout in their meeting packets. She informed the members that in 2013, 328 candidates took the California Clinical Licensure Examination and 288 (88%) of those passed. She noted that the 88% passage rate was in line with the pass rates from previous years.

For the RDH Law and Ethics examination, Ms. Steiner said that 790 candidates completed the exam and 626 (79%) of those passed.

Ms. Steiner continued that 53 RDHAP candidates had taken the written Law and Ethics examination and 39 (74%) of them passed.

Ms. Steiner concluded her report noting that 393 WREB applicants were licensed to date in 2013. She noted that the number of applicants who were using the WREB examination to meet California licensing requirements was rising.

LIC 6 – Licensure Statistics

Ms. Napper directed the subcommittee members attention to the memo in their meeting packet that she prepared listing the licensure statistics for all of the licensing categories within the DHCC (active, inactive, delinquent, CE hold, revoked, and denied). She reported that the DHCC had issued a total number of 31,934 licenses as of November 13, 2013.

Chair Hurlbutt asked if in future reports, Ms. Napper could provide a legend that described each of the licensing categories so individuals reading the report would know that FNP means Fictitious Name Permit and RP means Registered Provider. She added that the Special Permit categories should also be listed. She noted that while the DHCC currently has not issued any special permits, it is considered a licensing category.

Chair Hurlbutt commented that the subcommittee might consider a future agenda item concerning establishing a retired status licensing category as an option for DHCC licensees.

Ms. Hubble asked Ms. Napper to explain the 30/150 Temp category in her chart. Ms. Napper explained that this category was established for individuals who had not met family support obligations. She added that a temporary hold is put on that license until the Superior Court notifies the DHCC that payment has been made concerning the licensee's family support obligations.

Ms. Kelsch asked if licensees could practice if a CE hold was placed on their license. Ms. Napper replied that the licensee could not practice with a CE hold placed on their license.

Mr. Shay asked if licensees could practice if they were delinquent on their State taxes. Ms. Napper responded that licensees who were delinquent on their State taxes could not practice.

LIC 7 – Presentation from Kim Laudenslager, Director of Dental Hygiene Examinations, about the Central Regional Dental Testing Services (CRDTS) Examination for Hygiene Licensure

Ms. Laudenslager provided a brief history of the regional examinations for dental hygiene, noting that CRDTS is used by approximately 40 states to meet dental hygiene licensing requirements. She continued with a full Powerpoint presentation highlighting the benefits for California to utilize the CRDTS examination to qualify for licensure and becoming a member

state. She stated that she would be available after the meeting and at anytime by phone or email to answer questions from the DHCC members or staff.

LIC 8 – Discussion and Possible Action on Acceptance of CRDTS Examination for Hygiene Licensure

In response to a question from Ms. Kelsch concerning the pros and cons of accepting CRDTS, Ms. Hubble stated that given the dwindling number of candidates who are taking the California Clinical Licensure Examination, it is likely that the examination will cease to be offered in the near future because applicants are choosing to take other examinations (i.e., WREB) instead of the California Clinical Licensure Examination. Consequently, if CRDTS is not accepted and the California Clinical Licensure Examination ceases to exist, that would leave California with only one licensing examination: WREB.

- **Motion – Noel Kelsch moved that the Licensing and Examination Subcommittee recommend to the full Committee that the DHCC accept the CRDTS examination as one of the clinical dental hygiene examinations approved by the DHCC for purposes of meeting licensure requirements as an RDH in California.**

Evangeline Ward seconded the motion.

Vote: the motion passed 4-0.

LIC 9 – Discussion and Possible Action on Remedial Education Regulations, California Code of Regulations (CCR), Title 16, Division 11 § 1108

Chair Hurlbutt informed the subcommittee members that the DHCC has statutory authority that requires remedial education for individuals who have failed to pass a clinical examination after three (3) attempts or fails to pass the clinical examination as a result of a single incidence of imposing gross trauma on a patient. Ms. Kantner added that the purpose of these regulations is two-fold:

- 1) It defines what remedial education may consist of for applicants who have failed the examination; and
- 2) Used in disciplinary cases where a licensee's lack of skill may have led to a decision by the DHCC to have a licensee complete remedial education before being allowed to practice.

The Subcommittee members voted to change the following in the regulatory language:

- Add "with no disciplinary actions" throughout the text when referring to a valid, active California license;
- In Subsection 1108(b)(4), add text requiring that faculty review the materials provided to students; and
- Revise the application form with the above changes.

- **Motion:** Noel Kelsch moved that the subcommittee recommend to the DHCC the approval of CCR, Title 16, Division 11, Section 1108, and all supporting documents, as amended.

Evangeline Ward seconded the motion.

Chair Hurlbutt asked for any comments from the Subcommittee members or the public.

There was no further comment from the members or the public.

Vote: the motion passed 4-0.

LIC 10 – Future Agenda Items

Chair Hurlbutt suggested the following items as future agenda items:

- Investigate creating a retired license status for RDH's; and
- Investigate becoming a member state of CRDTS.

LIC 11 – Adjournment

The Licensing and Examination Subcommittee adjourned at 4:28 p.m.



Friday, May 2, 2014

Dental Hygiene Committee of California

Education Subcommittee

Agenda Item 7

Future Agenda Items



Friday, May 2, 2014

Dental Hygiene Committee of California

Education Subcommittee

Agenda Item 8

Adjournment



Friday, May 2, 2014

Dental Hygiene Committee of California

Enforcement Subcommittee

Agenda



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

ENFORCEMENT SUBCOMMITTEE MEETING

Friday, May 2, 2014
Western University of Health Sciences
College of Dental Medicine
Community Based Dental Education Offices
@ The Village at Indian Hill
1460 E. Holt Avenue, Suite 150
Pomona, CA 91767

Enforcement Subcommittee Members:

Garry Shay, Public Member, Chair
Susan Johnson, Public Member
Evangeline Ward, RDH
Timothy Martinez, DMD

Agenda

ENF 1 – Roll Call

ENF 2 – Public Comment for Items Not on the Agenda

ENF 3 – Chairperson's Report

ENF 4 – Enforcement Statistics

ENF 5 – Department of Consumer Affairs Performance Measures

ENF 6 – Approval of the December 6, 2013 Enforcement Subcommittee Meeting Minutes

ENF 7 – Future Agenda Items

ENF 8 – Adjournment

A quorum of the Committee may be present at the subcommittee meeting. However, Committee members who are not on the subcommittee may observe, but may not participate or vote. Public comments will be taken on agenda items at the time the specific item is raised. The subcommittee 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, for convenience, and to maintain a quorum. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-1978 or access the Committee'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 or e-mail anthony.lum@dca.ca.gov or send a written request to DHCC at 2005 Evergreen Street, Ste. 2050, Sacramento, CA 95815. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.



Friday, May 2, 2014

Dental Hygiene Committee of California

Enforcement Subcommittee

Agenda Item 1

Roll Call: Establishment of a Quorum



Friday, May 2, 2014

Dental Hygiene Committee of California

Enforcement Subcommittee

Agenda Item 2

Public Comments for Items Not on the Agenda



Friday, May 2, 2014

Dental Hygiene Committee of California

Enforcement Subcommittee

Agenda Item 3

Chairperson's Report
A Verbal Report Will Be Given.



Friday, May 2, 2014

Dental Hygiene Committee of California

Enforcement Subcommittee

Agenda Item 4

Enforcement Statistics

STATISTICAL SUMMARY OF ENFORCEMENT ACTIVITY - DHCC

(From December 2013 - April 2014)

Investigations

	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Total
Complaints						
Received	6	2	3	1	0	12
Pending	1	1	4	4	4	4

	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Total
Convictions/Arrest Reports						
Received	12	10	6	4	0	32
Pending	3	1	1	1	1	1

Citations Issued

	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Total
Issued	6	5	0	3	2	16
Dismissed			1			1

Enforcement Actions

	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Total
Cases Referred to AG		2				2
Accusations Filed		1	2	1		4
Statement of Issues Filed				1		1
Decisions / Stipulations Adopted		1		1		2

Probation

	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	Total
Initial Probationary Licenses						
Issued					1	1

Probationers	Total
Active	10
Tolling	5



Friday, May 2, 2014

Dental Hygiene Committee of California

Enforcement Subcommittee

Agenda Item 5

Department of Consumer Affairs Performance Measures



MEMORANDUM

DATE	April 11, 2014
TO	Enforcement Committee Dental Hygiene Committee of California
FROM	Nancy Gaytan, Enforcement Analyst
SUBJECT	Agenda Item: Q3 Performance Measures (January – March 2014)

Performance Measures was established by DCA in order for each Board, Bureau or Committee to review its progress toward meeting its enforcement goals and targets.

Volume: 26 Total (6 Consumer complaints, 20 Conviction reports)
 Number of complaints and convictions received per quarter

Cycle Time:

- Intake – Target: 30 Days** **Q3 Average: 7 Days**
 Average cycle time from complaint receipt, to the date the complaint was acknowledged and assigned for processing.
- Intake & Investigation – Target: 120 Days** **Q3 Average: 63 Days**
 Average time from complaint receipt to closure of the investigation process (does not include cases sent to the Attorney General (AG) or other forms of formal discipline).
- Formal Discipline – Target: 540 Days** **Q3 Average: 685 Days**
 Average number of days to complete the entire enforcement process for cases resulting in formal discipline (includes intake and investigation by the Committee and prosecution by the AG).
- Probation Intake – Target: 10 Days** **Q3 Average: 0**
 Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer;

Probation Intake measures the time between when the probation monitor is assigned the case file and the date they meet with their assigned probationer to review monitoring terms and conditions. In some cases, probation monitoring may not take place until an applicant has completed all their licensing requirements. **None to report**

- Probation Violation Response – Target: 10 Days** **Q3 Average: 0**
 Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action. **None to report**

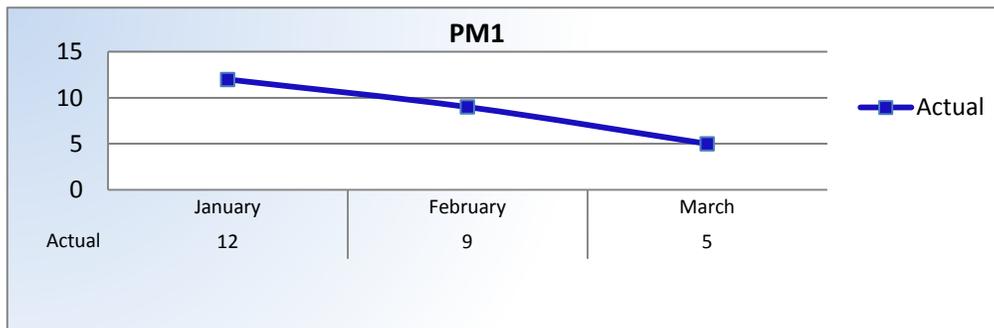
Performance Measures

Q3 Report (January - March 2014)

To ensure stakeholders can review the Committee's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

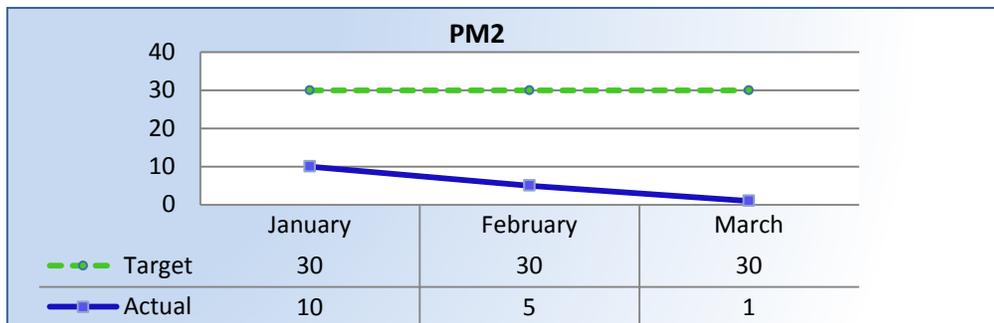


Total Received: 26 Monthly Average: 9

Complaints: 6 | Convictions: 20

PM2 | Intake

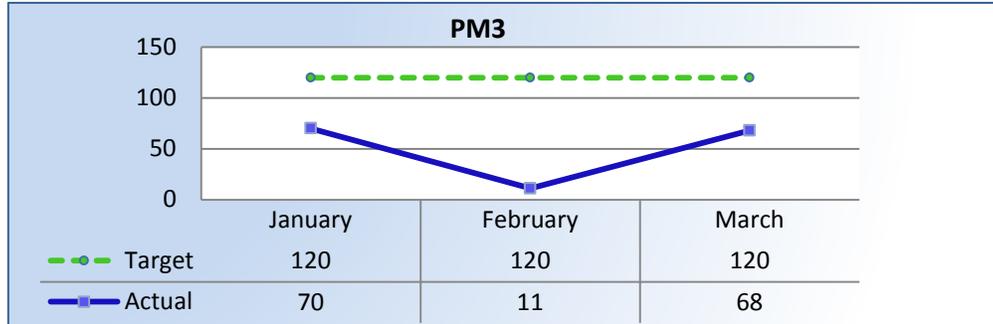
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 30 Days | Actual Average: 7 Days

PM3 | Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 120 Days | Actual Average: 63 Days

PM4 | Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Committee and prosecution by the AG).



Target Average: 540 Days | Actual Average: 685 Days

PM7 | Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

The Committee did not contact any new probationers this quarter.

Target Average: 10 Days | Actual Average: N/A

PM8 | Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

The Committee did not report any probation violations this quarter.

Target Average: 15 Days | Actual Average: N/A



Friday, May 2, 2014

Dental Hygiene Committee of California

Enforcement Subcommittee

Agenda Item 6

Approval of the December 6, 2013 Enforcement
Subcommittee Meeting Minutes



DRAFT - DENTAL HYGIENE SUBCOMMITTEE MEETING MINUTES

**Evergreen Hearing Room
2005 Evergreen Street, 1st Floor
Sacramento, CA 95815
Friday, December 6, 2013**

Prior to taking roll, Dental Hygiene Committee President Michelle Hurlbutt swore in Susan Johnson as a new public member of the Dental Hygiene Committee of California.

Roll Call – The Dental Hygiene Committee of California (DHCC) President called the meeting to order with roll call at 9:00 a.m. With eight (8) DHCC members present, a quorum was established.

DHCC members present:

Sherrie-Ann Gordon, Public Member
Michelle Hurlbutt, President, Registered Dental Hygienist (RDH) Educator
Susan Johnson, Public Member
Joyce Noel Kelsch, Registered Dental Hygienist in Alternative Practice (RDHAP) ,
Timothy Martinez, DMD
Nicolette Moultrie, RDH
Garry Shay, Public Member
Evangeline Ward, RDH

DHCC members absent:

Susan Good, Public Member

DHCC Staff present:

Lori Hubble, Executive Officer (EO)
Nancy Gaytan, Enforcement Analyst
Anthony Lum, Administrative Analyst
Donna Kantner, Retired Annuitant
Traci Napper, Program Analyst
Eleonor Steiner, Examination Coordinator
Richard Wallinder, Retired Annuitant
Claire Yazigi, Department of Consumer Affairs' (DCA) Legal Representative

Public present:

Cindy Callahan, Educational Consultant
Guadalupe Castillo, DCA, Legislative and Policy Review Analyst
Corrine M. Fishman, DCA, Board and Bureau Relations
Karen Fischer, Executive Officer, Dental Board of California (DBC)
Maureen Fujimoto, DHCC Clinical Examination Subject Matter Expert
JoAnn Galliano, Program Director, Chabot College
Kim Laudenslager, Director of Dental Hygiene Examinations, Central
Regional Dental Testing Service (CRDTS)
Nadine Lavell, California Dental Hygiene Association (CDHA)
Bill Lewis, California Dental Association (CDA)
Susan Lopez, CDHA
Lisa Okamoto, CDHA
Narrine Strickland, CDHA
Maureen Titus, CDHA
Connie Selinski, Western Regional Examining Board (WREB)

FULL 1 – Public Comment for Items Not on the Agenda

President Hurlbutt asked for any public comment for items not on the agenda. There was no public comment.

FULL 2 – President’s Announcement

President Hurlbutt informed those present that after the Petition for Termination of Probation, the DHCC members would be meeting in closed session to deliberate on the petition for termination of probation and all closed session matters scheduled for Saturday, December 7, 2014. She added that subcommittee meetings would commence when the DHCC members returned from closed session.

FULL 3 – Full DHCC Meeting: Petition for Termination of Probation - Lorain Rice

Closed Session

The DHCC met in closed session to discuss administrative action regarding the petition for termination of probation for Lorain Rice.

<<Return to Open Session>>

DHCC SUBCOMMITTEE MEETINGS:

1. ENFORCEMENT SUBCOMMITTEE MEETING

ENF 1 – Roll Call

Garry Shay, Chair of the Enforcement Subcommittee, called the meeting to order at 11:17 a.m. with roll call. With all four (4) subcommittee members present, a quorum was established.

Enforcement Subcommittee members present:

Garry Shay, Chair, Public Member
Sherrie-Ann Gordon, Public Member
Noel Kelsch, RDHAP

Nicolette Moultrie, RDH

Enforcement Subcommittee members absent:

None

ENF 2 – Public Comment for Items Not on the Agenda

There was no public comment for items not on the agenda.

ENF 3 – Chairperson’s Report

There was no chairperson’s report for this subcommittee meeting.

ENF 4 – Enforcement Statistics

Nancy Gaytan, DHCC Enforcement Analyst, provided the subcommittee members with a written statistical summary chart of the DHCC Enforcement activity. She informed the subcommittee members that the chart covered the period from December 2012 through November 2013. She noted that there were five (5) main categories in the chart: complaints, allegations, citations, enforcement actions, and probation.

Within the Investigations category, she noted that 31 complaints had been received. She reported that 151 conviction/arrest reports had been received and that she was awaiting on information for one (1) pending report.

Ms. Gaytan reported that most of the allegations completed were related to drug and alcohol type offenses. She then stated that 26 citations had been issued from December 2012 through November 2013. She explained that the majority of the citations were issued for convictions related to drugs and alcohol.

Ms. Gaytan stated that the Enforcement Actions category provided a breakdown of the cases that were submitted to the Attorney General’s (AG’s) Office . She informed members that:

- 11 cases had been referred to the AG’s Office;
- 6 accusations had been filed;
- 1 Statement of Issues was filed; and
- 6 Decisions/Stipulations were adopted.

Under the Probation category, six (6) initial probationary licenses were issued. Additionally, nine (9) licensees are on active probation and five (5) are tolling their probation.

ENF 5 – Department of Consumer Affairs (DCA) Performance Measures

Ms. Gaytan reported that the DHCC was well within the performance measures (cycle time for intake, intake and investigation, formal discipline, probation intake, and probation violation and response) established by the DCA.

ENF 6 – Update on Citation and Fine Program

Ms. Gaytan informed the members that since regulations were approved in December 2012, 26 citations have been issued. Examples of the citations issued include false advertising and failure to notify the DHCC of a licensee's address or name change.

Ms. Gaytan added that part of the citation and fine program includes audits of licensees' continuing education (CE) requirements. She stated that if a licensee is found to be out of compliance with CE requirements, a fine of \$500 will be levied and the license inactivated until proof of CE completion is received by the DHCC.

ENF 7 – Update on Continuing Education Program

Ms. Gaytan explained that in the future, the DHCC will have a staff person dedicated to CE audits and follow-up for compliance. Until that person is hired, she will help other staff and the Executive Officer conduct the CE audits.

Ms. Gaytan informed the members that the DHCC recently conducted CE audits on four (4) licensed DHCC members, 100 examination personnel, and all 28 of the dental hygiene education program directors. She noted that only one (1) licensee was out of compliance. She added that the individual will receive a citation and fine for the non-compliance of CE.

ENF 8 – Future Agenda Items

There were no future agenda items for the subcommittee.

ENF 9 – Adjournment

The Enforcement Subcommittee meeting adjourned at 11:25 a.m.

2. EDUCATION AND OUTREACH SUBCOMMITTEE MEETING

EDU 1 – Roll Call

Sherrie-Ann Gordon, Chair of the Education and Outreach Subcommittee, called the meeting to order at 11:26 a.m. with a roll call. With three (3) of the four (4) members present, a quorum was established.

Education and Outreach Subcommittee members present:

Sherrie-Ann Gordon, Chair, Public Member
Timothy Martinez, DMD
Evangeline Ward, RDH

Education and Outreach Subcommittee members absent:

Susan Good, Public Member

EDU 2 – Public Comment for Items Not on the Agenda

There was no public comment for items not on the agenda.

EDU 3 – Chairperson’s Report

There was no chairperson’s report for this subcommittee.

EDU 4 – Review and Consideration of Changing the Nomenclature and Function of the Education and Outreach Subcommittee: Chapter 5 of the DHCC Member Guidelines and Procedure Manual

Traci Napper, DHCC program analyst, informed the subcommittee members that the DHCC staff is recommending a change to the name and function of the Education and Outreach Subcommittee to the Education Subcommittee. She noted that the Education and Outreach Subcommittee was created to provide current educational, licensure, and consumer information to the public and DHCC licensees.

Ms. Napper explained that it was anticipated that this information would be disseminated primarily at outreach events in the State; however, for the past several years, the DHCC has attempted to attend these events, but was limited due to the travel restrictions in place.

Ms. Napper also informed the subcommittee members that effective January 1, 2013, Senate Bill (SB) 1202 (Leno and Wayland) strengthened the DHCC’s authority to grant, renew, or deny approval of all dental hygiene educational programs. Since the DHCC will be overseeing all dental hygiene education programs, staff believed it was necessary to reorganize the subcommittee’s responsibilities to address this additional workload.

Some of the subcommittee new responsibilities will include:

- Determining the need for a new educational program by evaluating and reviewing feasibility studies and make a recommendation to the full Committee;
- Make recommendations for approval, provisional approval, or denial of any **new** educational program request;
- Make recommendations for renewal, denial, or revocation of an **existing** educational program;
- Make recommendations to withdraw or revoke a dental hygiene program’s approval if the Commission on Dental Accreditation (CODA) has indicated an **intent-to-withdraw** approval or has **withdrawn approval**; and
- Promulgate regulations for educational programs.

Ms. Napper added that Ms. Hubble will report to the DHCC any outreach performed by DHCC staff.

- **Motion: Evangeline Ward moved that a recommendation be made to the DHCC to change the name of the Education and Outreach Committee to the Education Subcommittee and to state that the purpose of the Education Subcommittee is to provide recommendations to the full committee on granting,**

renewing, and withdrawing approval of educational programs for registered dental hygienists, registered hygienists in extended functions, and registered dental hygienist in alternative practice and provide recommendations to the full committee regarding approval of a feasibility study for new educational programs. The subcommittee may also provide information and recommendations on issues relating to the curriculum and school approval.

Timothy Martinez seconded the motion.

Vote: The motion passed 3-0 (Susan Good was absent for the vote).

EDU 5 – Website Statistics

Ms. Napper directed members to a chart in the meeting materials that provided information about the number of DHCC website hits from January 1, 2013 to November 14, 2013. She noted that the first page showed just the hits for the DHCC homepage. The second handout provided information concerning the number of hits to other portions of the DHCC website (licensees renewals, forms and publications, license verifications, and how to become licensed).

- **Motion:** Evangeline Ward moved to receive and file Ms. Napper's report.

Timothy Martinez seconded.

Vote: The motion passed 3-0 (Susan Good was absent for the vote).

EDU 6 – Future Agenda Items

Lisa Okamoto, CDHA, asked if the DHCC could put a statement on its website whether or not RDH's as a whole are eligible to be classified as independent contractors.

EDU 7 – Adjournment

The Education and Outreach Subcommittee meeting adjourned at 11:42 a.m.

3. LEGISLATIVE AND REGULATORY SUBCOMMITTEE MEETING

LEG 1 – Roll Call

Nicollette Moultrie, Chair of the Legislative and Regulatory Subcommittee, called the meeting to order with a roll call at 1:30 p.m. With three (3) of the four (4) subcommittee members present, a quorum was established.

Legislative and Regulatory Subcommittee members present:

Nicollette Moultrie, Chair, RDH
Michelle Hurlbutt, RDH

Garry Shay, Public Member

Legislative and Regulatory Subcommittee members absent:

Susan Good, Public Member.

LEG 2 – Public Comment for Items Not on the Agenda

There was no public comment for items not on the agenda.

LEG 3 – Chairperson’s Report

Chair Moultrie informed the members that since the DHCC’s September meeting, she has been part of an ad-hoc committee that was formed to finalize the DHCC Sunset Review document and develop regulatory language to support Business and Professions Code (BPC), Section 1941 – the approval of the educational programs.

Chair Moultrie reported that the DHCC Sunset Review report was submitted to the Legislature on November 1, 2013, for their review and that questions may arise which the DHCC will address prior to the scheduled Sunset hearings sometime in March 2014.

LEG 4 – Legislative Update

Donna Kantner, DHCC Legislation and Regulatory Analyst, informed the members that the Legislature had just concluded the first half of its two-year legislative session. She directed the members to a chart in their meeting packet that listed the legislation DHCC staff had tracked since January 2013. She noted several of the bills tracked had become 2-year bills. She said that staff would continue to track these bills and any new legislation affecting DHCC applicants, licensees, and consumers when the Legislature re-convenes on January 6, 2014, for the second half of its 2-year session.

JoAnne Galliano, Legislative Consultant for CDHA, provided an update on Assembly Bill (AB) 1174 (Bocanegra, Teledentistry Under Medi-Cal). She noted that CDHA representatives had met with legislative staff for this bill to discuss the concerns that had been communicated in writing during the last session. She noted that these concerns had not been forwarded to the author, nor had they been addressed in the legislation. She said that the author and the sponsors of this bill do not fully appreciate the input from the DHCC in terms of the actual recommendation that was made where the determination of radiographs was an allowable duty for a Registered Dental Hygienist. She added that the authors and sponsors of the bill are not considering the impact of the language and the affect it would have on the dental hygiene profession and the DHCC as a decision making body. She recommended to CDHA and the DHCC that the DHCC change its position from support if ammended to oppose unless ammended.

Ms. Hurlbutt agreed. She noted that even though DHCC’s letter was sent over six months ago, it was evident that the author has not addressed any of the DHCC’s concerns.

- **Motion – Michelle Hurlbutt moved that the DHCC change its position on AB 1174 from support if amended to oppose unless amended.**

Garry Shay seconded the motion.

Vote: The motion passed 3-0 (Susan Good was absent for the vote).

Ms. Kantner said that a letter informing the author of the DHCC’s change in position would be sent to the author’s office. Mr. Shay asked staff to contact the author’s office within two (2) days of sending the letter to confirm that it was received.

LEG 5 – Discussion and Possible Action on Regulations Related to Educational Programs, California Code of Regulations (CCR), Title 16, Division 11, §§1103,1104, 1104.1, 1104.2, 1104.3, 1105, 1105.1, 1105.2, 1105.3, 1105.4, 1105.5, 1105.6, 1105.7, 1106, 1109, 1110, 1111, 1112, and 1114.

- **Motion – Garry Shay moved to recommend to the DHCC changes to pages 1-10 (see attached)**

Michelle Hurlbutt seconded the motion.

Vote: The motion passed 3-0 (Susan Good was absent for the vote).

LEG 6 – Future Agenda Items

There were no future agenda items for this subcommittee.

LEG 7 – Adjournment

The Legislative and Regulatory Subcommittee meeting adjourned at: 2:26 p.m.

4. LICENSING AND EXAMINATION SUBCOMMITTEE MEETING

LIC 1 – Roll Call

Michelle Hurlbutt, Chair of the Licensing and Examination Subcommittee, called the meeting to order at 2:27 p.m. With all four (4) members present, a quorum was established.

Licensing and Examinations Subcommittee members present:

Michelle Hurlbutt, Chair, RDH Educator
 Noel Kelsch, RDHAP
 Evangeline Ward RDH
 Timothy Martinez, DMD

Licensing and Examination Subcommittee members absent:

None

LIC 2 – Public Comment for Items Not on the Agenda

Connie Selinsky introduced herself to subcommittee members and said that she was representing the Western Regional Examination Board (WREB) and was present to answer any questions concerning WREB.

LIC 3 – Chairperson’s Report

Chair Hurlbutt informed the subcommittee members that she had been in contact with Executive Officer Lori Hubble as needed regarding any licensing or examination issues. She reported that DHCC staff recently sent out surveys to the examination personnel to get their perspectives on the changes that were made to the California Clinical Licensure Examination cycle. The survey also asked questions regarding their attitudes and practices after participating in the latest examination orientation. She reported that the DHCC staff will be analyzing the survey data once they are returned. She then commended staff and examination personnel on doing an excellent job with regard to the California Clinical Licensure Examination.

LIC 4 – 2014 DHCC Clinical Exam Schedule

Eleonor Steiner, DHCC Examination Analyst, directed the subcommittee members to the handout in their meeting packet concerning the 2014 DHCC Clinical Licensure Examination schedule. She noted that the DHCC added a new testing site – San Joaquin Valley College in Visalia – to the list. She informed the subcommittee members that because the number of applicants requesting to take the California Clinical Licensure Examination has continually decreased, the DHCC would only administer the examination on one day rather than two, which had been the previous practice for the 2013 examination cycle.

Ms. Galliano asked whether the July 2014 examination would be a one-day examination. Ms. Steiner answered that the July exam is only a single day. Ms. Galliano then asked how many candidates could participate in that examination. Ms. Hubble replied that up to 140 candidates could be examined at that exam.

Chair Hurlbutt then stated that the DHCC had the ability to add a second date for examination if one was needed.

LIC 5 – Clinical and Written Examination Statistics

Ms. Steiner directed the subcommittee members to the Clinical and Written Examination Statistics handout in their meeting packets. She informed the members that in 2013, 328 candidates took the California Clinical Licensure Examination and 288 (88%) of those passed. She noted that the 88% passage rate was in line with the pass rates from previous years.

For the RDH Law and Ethics examination, Ms. Steiner said that 790 candidates completed the exam and 626 (79%) of those passed.

Ms. Steiner continued that 53 RDHAP candidates had taken the written Law and Ethics examination and 39 (74%) of them passed.

Ms. Steiner concluded her report noting that 393 WREB applicants were licensed to date in 2013. She noted that the number of applicants who were using the WREB examination to meet California licensing requirements was rising.

LIC 6 – Licensure Statistics

Ms. Napper directed the subcommittee members attention to the memo in their meeting packet that she prepared listing the licensure statistics for all of the licensing categories within the DHCC (active, inactive, delinquent, CE hold, revoked, and denied). She reported that the DHCC had issued a total number of 31,934 licenses as of November 13, 2013.

Chair Hurlbutt asked if in future reports, Ms. Napper could provide a legend that described each of the licensing categories so individuals reading the report would know that FNP means Fictitious Name Permit and RP means Registered Provider. She added that the Special Permit categories should also be listed. She noted that while the DHCC currently has not issued any special permits, it is considered a licensing category.

Chair Hurlbutt commented that the subcommittee might consider a future agenda item concerning establishing a retired status licensing category as an option for DHCC licensees.

Ms. Hubble asked Ms. Napper to explain the 30/150 Temp category in her chart. Ms. Napper explained that this category was established for individuals who had not met family support obligations. She added that a temporary hold is put on that license until the Superior Court notifies the DHCC that payment has been made concerning the licensee's family support obligations.

Ms. Kelsch asked if licensees could practice if a CE hold was placed on their license. Ms. Napper replied that the licensee could not practice with a CE hold placed on their license.

Mr. Shay asked if licensees could practice if they were delinquent on their State taxes. Ms. Napper responded that licensees who were delinquent on their State taxes could not practice.

LIC 7 – Presentation from Kim Laudenslager, Director of Dental Hygiene Examinations, about the Central Regional Dental Testing Services (CRDTS) Examination for Hygiene Licensure

Ms. Laudenslager provided a brief history of the regional examinations for dental hygiene, noting that CRDTS is used by approximately 40 states to meet dental hygiene licensing requirements. She continued with a full Powerpoint presentation highlighting the benefits for California to utilize the CRDTS examination to qualify for licensure and becoming a member

state. She stated that she would be available after the meeting and at anytime by phone or email to answer questions from the DHCC members or staff.

LIC 8 – Discussion and Possible Action on Acceptance of CRDTS Examination for Hygiene Licensure

In response to a question from Ms. Kelsch concerning the pros and cons of accepting CRDTS, Ms. Hubble stated that given the dwindling number of candidates who are taking the California Clinical Licensure Examination, it is likely that the examination will cease to be offered in the near future because applicants are choosing to take other examinations (i.e., WREB) instead of the California Clinical Licensure Examination. Consequently, if CRDTS is not accepted and the California Clinical Licensure Examination ceases to exist, that would leave California with only one licensing examination: WREB.

- **Motion – Noel Kelsch moved that the Licensing and Examination Subcommittee recommend to the full Committee that the DHCC accept the CRDTS examination as one of the clinical dental hygiene examinations approved by the DHCC for purposes of meeting licensure requirements as an RDH in California.**

Evangeline Ward seconded the motion.

Vote: the motion passed 4-0.

LIC 9 – Discussion and Possible Action on Remedial Education Regulations, California Code of Regulations (CCR), Title 16, Division 11 § 1108

Chair Hurlbutt informed the subcommittee members that the DHCC has statutory authority that requires remedial education for individuals who have failed to pass a clinical examination after three (3) attempts or fails to pass the clinical examination as a result of a single incidence of imposing gross trauma on a patient. Ms. Kantner added that the purpose of these regulations is two-fold:

- 1) It defines what remedial education may consist of for applicants who have failed the examination; and
- 2) Used in disciplinary cases where a licensee's lack of skill may have led to a decision by the DHCC to have a licensee complete remedial education before being allowed to practice.

The Subcommittee members voted to change the following in the regulatory language:

- Add "with no disciplinary actions" throughout the text when referring to a valid, active California license;
- In Subsection 1108(b)(4), add text requiring that faculty review the materials provided to students; and
- Revise the application form with the above changes.

- **Motion:** Noel Kelsch moved that the subcommittee recommend to the DHCC the approval of CCR, Title 16, Division 11, Section 1108, and all supporting documents, as amended.

Evangeline Ward seconded the motion.

Chair Hurlbutt asked for any comments from the Subcommittee members or the public.

There was no further comment from the members or the public.

Vote: the motion passed 4-0.

LIC 10 – Future Agenda Items

Chair Hurlbutt suggested the following items as future agenda items:

- Investigate creating a retired license status for RDH's; and
- Investigate becoming a member state of CRDTS.

LIC 11 – Adjournment

The Licensing and Examination Subcommittee adjourned at 4:28 p.m.



Friday, May 2, 2014

Dental Hygiene Committee of California

Enforcement Subcommittee

Agenda Item 7

Future Agenda Items



Friday, May 2, 2014

Dental Hygiene Committee of California

Enforcement Subcommittee

Agenda Item 8

Adjournment



Friday, May 2, 2014

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda



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

LEGISLATIVE AND REGULATORY SUBCOMMITTEE MEETING

Friday, May 2, 2014
Western University of Health Sciences
College of Dental Medicine
Community Based Dental Education Offices
@ The Village at Indian Hill
1460 E. Holt Avenue, Suite 150
Pomona, CA 91767

Legislative and Regulatory Subcommittee Members:

Susan Good, Chair
Nikki Moultrie, RDH
Michelle Hurlbutt, RDH Educator
Noel Kelsch, RDHAP
Susan Johnson, Public Member

Agenda

LEG 1 – Roll Call

LEG 2 – Public Comment for Items Not on the Agenda

LEG 3 – Chairperson's Report

LEG 4 – Discuss and Possible Action on the following Legislation:

- a. AB 318 (Logue) Dental Care: Telehealth
- b. AB 1174 (Bocanegra/Logue) – Oral health: Virtual Dental Homes
- c. AB 1758 (Patterson) – Healing arts: Initial License Fees: Proration
- d. AB 2058 (Wilk) – Open Meetings
- e. AB 2165 (Patterson) – Professions and Vocations: Licenses
- f. AB 2507 (Bocanegra) – Public Records Act: Exemptions: Pending Litigation
- g. SB 1245 (Lieu) – Dental Hygiene Committee of California
- h. Any Other Legislation of Interest to the Committee

LEG 5 – Approval of the December 6, 2013 Legislative and Regulatory Subcommittee Meeting Minutes

LEG 6 – Future Agenda Items

LEG 7 – Adjournment

A quorum of the Committee may be present at the subcommittee meeting. However, Committee members who are not on the subcommittee may observe, but may not participate or vote. Public comments will be taken on agenda items at the time the specific item is raised. The subcommittee 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, for convenience, and to maintain a quorum. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-1978 or access the Committee'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 or e-mail anthony.lum@dca.ca.gov or send a written request to DHCC at 2005 Evergreen Street, Ste. 2050, Sacramento, CA 95815. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.



Friday, May 2, 2014

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda Item 1

Roll Call: Establishment of a Quorum



Friday, May 2, 2014

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda Item 2

Public Comment for Items Not on the Agenda



Friday, May 2, 2014

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda Item 3

Chairperson's Report:
A Verbal Report will be given.



Friday, May 2, 2014

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda Item 4

Discussion and Possible Action on the following Legislation:

- a. AB 318 (Logue) Dental Care: Telehealth
- b. AB 1174 (Bocanegra/Logue) – Oral health: Virtual Dental Homes
- c. AB 1758 (Patterson) – Healing arts: Initial License Fees: Proration
- d. AB 2058 (Wilk) – Open Meetings
- e. AB 2165 (Patterson) – Professions and Vocations: Licenses
- f. AB 2507 (Bocanegra) – Public Records Act: Exemptions: Pending Litigation
- g. SB 1245 (Lieu) – Dental Hygiene Committee of California
- h. Any Other Legislation of Interest to the Committee



Bill Number: AB 318	AUTHOR: Assembly Member LOGUE
SPONSOR:	VERSION: 03/19/13
INTRODUCED: February 12, 2013	BILL STATUS : In Assembly Committee on Health
BILL LOCATION: Assembly Health Committee	HISTORY: 02/03/14 From committee: Filed with the Chief Clerk pursuant to Joint Rule 56. 01/31/14 Died pursuant to Art. IV, Sec. 10(c) of the Constitution. 04/09/13 In committee: Set, first hearing. Hearing canceled at the request of author. 03/20/13 Re-referred to Com. on HEALTH. 03/19/13 Referred to Com. on HEALTH. From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended. 02/13/13 From printer. May be heard in committee March 15. 02/12/13 Read first time. To print.
AGENDA ITEM: LEG 4 a.	
SUBJECT: Medi-Cal: teledentistry	

SUMMARY

Existing law provides for the Medi-Cal program, under which qualified low-income individuals receive health care services, including certain dental services, as specified. Existing law provides that, to the extent that federal financial participation is available, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for “teleophthalmology and teledermatology by store and forward,” as defined to mean the asynchronous transmission of medical information to be reviewed at a later time by a licensed physician or optometrist, at a distant site. This bill would enact similar provisions relating to the use of teledentistry. The bill would provide that, to the extent that federal financial participation is available, face-to-face contact between a health care provider and a patient shall not be required under the Medi-Cal program for “teledentistry by store and forward.” The bill would define that term to mean an asynchronous transmission of dental information to be reviewed at a later time by a licensed dentist at a distant site, where the dentist at the distant site reviews the dental information without the patient being present in real time. The bill would also provide that dentist participation in services provided at an intermittent clinic through the use of telehealth, as defined, shall be considered a billable encounter under Medi-Cal. The bill would also require, on or before January 1, 2017, the department to report to the Legislature the number and type of services provided, and the payments made related to teledentistry.

Analysis: This bill is effectively dead, since it failed to pass out of its house of origin.

TYPE OF BILL

Inactive	Non-State-Mandated Local Program
Non-Urgency	Fiscal
Non-Appropriations	Non-Tax Levy
Majority Vote Required	

ATTACHED:

- 1) Language

AMENDED IN ASSEMBLY MARCH 19, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL**No. 318****Introduced by Assembly Member Logue**

February 12, 2013

An act to add Section 14132.726 to the Welfare and Institutions Code, relating to dental care Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 318, as amended, Logue. ~~Dental care: telehealth—Medi-Cal: teledentistry.~~

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including certain dental services, as specified. Existing law provides that, to the extent that federal financial participation is available, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for "teleophthalmology and teledermatology by store and forward," as defined to mean the asynchronous transmission of medical information to be reviewed at a later time by a licensed physician or optometrist, as specified, at a distant site.

This bill would enact similar provisions relating to the use of teledentistry, as defined, under the Medi-Cal program. The bill would provide that, to the extent that federal financial participation is available, face-to-face contact between a health care provider and a patient shall not be required under the Medi-Cal program for "teledentistry by store and forward." The bill would define that term to mean an asynchronous transmission of dental information to be reviewed at a later time by a licensed dentist at a distant site, where the dentist at the distant site reviews the dental information without the patient being present in real time, as defined and as specified. The bill would also provide that dentist participation in services provided at an intermittent clinic, as defined, through the use of telehealth, as defined, shall be considered a billable encounter under Medi-Cal. The bill would also require, on or before January 1, 2017, the department to report to the Legislature the number and type of services provided, and the payments made related to the application of teledentistry, as specified.

Existing law, the Dental Practice Act, provides for the licensure and regulation by the Dental Board of California of those engaged in the practice of dentistry. Existing law provides that a person practices dentistry if the person, among other things, manages or conducts as manager, proprietor, conductor, lessor, or otherwise, in any place where dental operations are performed.

This bill would declare the intent of the Legislature to enact legislation that would promote the advancement of telehealth in dental care.

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~ yes. State-mandated local program: no.

The people of the State of California do enact as follows:

P2 1 SECTION 1.
Section 14132.726 is added to the Welfare and

2 *Institutions Code, to read:*

3 *14132.726.*

4 *(a) To the extent that federal financial participation*
5 *is available, face-to-face contact between a health care provider*
6 *and a patient shall not be required under the Medi-Cal program*
7 *for teledentistry by store and forward. Services appropriately*
8 *provided through the store and forward process are subject to*
9 *billing and reimbursement policies developed by the department.*

10 *(b) A patient receiving teledentistry by store and forward shall*
11 *be notified of the right to receive interactive communication with*
12 *the distant dentist, and shall receive an interactive communication*
13 *with the distant dentist, upon request. If requested, communication*
14 *with the distant dentist may occur either at the time of the*
15 *consultation, or within 30 days of the patient’s notification of the*
16 *results of the consultation.*

17 *(c) Dentist participation in services provided at an intermittent*
18 *clinic, as defined in Section 1206 of the Health and Safety Code,*
19 *through the use of telehealth, as defined in Section 2290.5 of the*
P3 1 *Business and Professions Code, shall be considered a billable*
2 *encounter under Medi-Cal.*

3 *(d) Notwithstanding Chapter 3.5 (commencing with Section*
4 *11340) of Part 1 of Division 3 of Title 2 of the Government Code,*
5 *the department may implement, interpret, and make specific this*
6 *section by means of all-county letters, provider bulletins, and*
7 *similar instructions.*

8 *(e) On or before January 1, 2017, the department shall report*
9 *to the Legislature the number and type of services provided, and*
10 *the payments made related to the application of store and forward*
11 *teledentistry as provided, under this section as a Medi-Cal benefit.*

12 *(f) For purposes of this section, the following definitions apply:*

13 *(1) "Asynchronous store and forward" means the transmission*
14 *of a patient’s dental information from an originating site to the*
15 *health care provider at a distant site without the presence of the*
16 *patient.*

17 *(2) "Distant site" means a site where a health care provider*
18 *who provides health care services is located while providing these*
19 *services via a telecommunications system.*

20 *(3) "Health care provider" means a person who is licensed*
21 *under Chapter 4 (commencing with Section 1600) of Division 2*
22 *of the Business and Professions Code.*

23 *(4) "Originating site" means a site where a patient is located*
24 *at the time health care services are provided via a*
25 *telecommunications system or where the asynchronous store and*
26 *forward service originates.*

27 *(5) "Synchronous interaction" means a real-time interaction*
28 *between a patient and a health care provider located at a distant*
29 *site.*

30 *(6) "Teledentistry" means the mode of delivering dental health*
31 *care services and public dental health via information and*
32 *communication technologies to facilitate the diagnosis,*
33 *consultation, treatment, education, care management, and*
34 *self-management of a patient’s dental health care while the patient*
35 *is at the originating site and the dental health care provider is at*
36 *a distant site. Teledentistry includes synchronous interactions and*

37 *asynchronous store and forward transfers.*
38 *(7) "Teledentistry by store and forward" means an*
39 *asynchronous transmission of dental information to be reviewed*
40 *at a later time by a licensed dentist at a distant site, where the*
P4 1 *dentist at the distant site reviews the dental information without*
2 *the patient being present in real time.*
3 ~~SECTION 1.~~
It is the intent of the Legislature to enact
4 ~~legislation to promote the advancement of telehealth in dental care.~~

O

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Bill Number: AB 1174	AUTHOR: Assembly Members BOCANEGRA and LOGUE
SPONSOR:	VERSION: 01/06/14
INTRODUCED: February 22, 2013	BILL STATUS : In Senate Committee on Business, Professions and Economic Development
BILL LOCATION: Senate	HISTORY: 02/06/14 Referred to Com. on B., P. & E.D. 01/27 In Senate. Read first time. To Com. on RLS. for assignment. 01/27 Read third time. Passed. Ordered to the Senate. (Ayes 76. Noes 0) 01/23 In committee: Set, first hearing. Referred to APPR. Suspend From committee: Do pass. (Ayes 16. Noes 0.) (January 23). Read second time. Ordered to third reading. 01/15 From committee: Do pass and re-refer to Com. on APPR (Ayes 17. Noes 0.) (January 14). Re-referred to Com. on APPR. 01/07 Re-referred to Com. on HEALTH. 01/06 From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended. 2013 04/30 In committee: Set, first hearing. Hearing canceled at author's request. 04/16 From committee: Do pass and re-refer to Com. on HEALTH. 04/10 Re-referred to Com. on B.,P. & C.P. 04/09 From committee chair, with author's amendments: Amend, and re-refer to Com. on B.,P. & C.P. Read second time and amended. 01/2013 Re-referred to Com. On B.,P & C.P. 03/21/13 Referred to Com. on B.,P. & C.P. From committee chair, with author's amendments: Amend, and re-refer to Com. on B.,P. & C.P. Read second time and amended. 02/25/13 Read first time. 02/24/13 From printer. May be heard in committee March 26. 02/22/13 Introduced. To print.
AGENDA ITEM: LEG 4 b)	
SUBJECT: Dental Professionals: teledentistry under Medi-Cal	

SUMMARY

Existing law establishes the Dental Board of California, and creates within its jurisdiction, a Dental Assisting Council that is responsible for regulation of dental assistants, registered dental assistants and registered dental assistants in extended functions. Existing law establishes a Dental Hygiene Committee of California that is responsible for the regulation of registered dental hygienists, registered dental hygienists in alternative practice and registered dental hygienists in extended functions. Existing law governs the practice of these professionals.

This bill would authorize a registered dental assistant to determine which radiographs to perform if he or she has completed a specified educational program. The bill would authorize a registered dental assistant in extended functions licensed on or after January 1, 2010, a registered dental hygienist, and a registered dental hygienist in alternative practice to choose radiographs, and place protective restorations as defined, and as specified.

Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including certain dental services, as specified. Existing law provides that face-to-face contact is not required for "teleophthamology and teledermatology by store and forward," as defined to mean the asynchronous transmission of medical information to be reviewed at a later time by a licensed physician or optometrist, as specified, at a distant site.

This bill would additionally provide that face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for teledentistry by store and forward, as defined.

The bill would also require the department to report to the Legislature, by January 1, 2017, the number and type of services provided and the payments made related to the application of teledentistry.

Analysis: There is a substantial potential impact of this bill on both dental hygiene and the Committee. Teledentistry is a new area, utilizing a combination of telecommunications (including the use of computers and the internet) and dentistry, involving the exchange of clinical information and images over remote distances. There is great potential for access to care in underserved areas by the expansion of dental hygienists' practice to serve patients in remote areas who may have difficulty accessing dental services otherwise. However, amendments to the bill may compromise the Committee's approved regulations, require additional education in order to perform a function that is currently practiced by California hygienists, and place new supervision requirements on registered dental hygienists in alternative practice.

Specifically, amendments to the bill:

- Place several definitions in statute that conflict with the Committee's definitions currently moving through the regulatory process
- Require California licensed hygienists to complete a 6 hour course in order to determine which radiographs should be taken to facilitate the dentist's evaluation
- Specify that radiographs be chosen according to protocols established by the supervising dentist, when the protocols are learned as part of the dental hygiene educational program
- Place a restriction on RDHAPs that a protective restoration may only be placed after a diagnosis and treatment plan by a dentist
- Allows for payment under Medi-Cal for these teledentistry services, subject to their billing and reimbursement policies
- Specify course requirements that expire January 1, 2018 necessitating regulations be in place by that date
- Will require additional staff be hired to review and process applications for course approval
- May require costly changes to the new BreEZe computer system, scheduled for DHCC implementation in October

TYPE OF BILL

Active

Non-Urgency

Appropriations

Majority Vote Required

Non-State-Mandated Local Program

Fiscal

Non-Tax Levy

ATTACHED:

- 1) Language

COMMITTEE POSITION:

The Committee took a support if amended position at its May 2013 meeting, however, new amendments resulted in the Committee taking an oppose unless amended position at its December 2013 meeting. Letters were carried to both authors regarding this change in December.

AMENDED IN ASSEMBLY JANUARY 6, 2014

AMENDED IN ASSEMBLY APRIL 9, 2013

AMENDED IN ASSEMBLY MARCH 21, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL**No. 1174****Introduced by Assembly Members Bocanegra and Logue**

February 22, 2013

An act to amend Sections 1752.4, ~~1753.5, 1753.6, and~~ 1910, and 1926 of, to amend, repeal, and add Section 1753.6 of, and to add, repeal, and add Sections 1753.55, 1910.5, and 1926.05 of, the Business and Professions Code, and to ~~add Section 14132.726 to amend Section 14132.725 of the Welfare and Institution Institutions Code,~~ relating to oral health.

LEGISLATIVE COUNSEL'S DIGEST

AB 1174, as amended, Bocanegra. Dental professionals: teledentistry under Medi-Cal.

(1) Existing law, the Dental Practice Act, establishes the Dental Board of California.

Existing law creates, within the jurisdiction of the board, a Dental Assisting Council that is responsible for the regulation of dental assistants, registered dental assistants, and registered dental assistants in extended functions and a Dental Hygiene Committee of California, that is responsible for the regulation of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions. Existing law governs the scope of practice for those professionals.

This bill would authorize a registered dental assistant *who has completed a specified educational program* to determine which radiographs to perform ~~if he or she has completed a specified educational program~~. The bill would authorize a registered dental assistant in extended functions licensed on or after January 1, 2010, ~~to place interim therapeutic restorations, as defined, pursuant to the order, control, and full professional responsibility of a licensed dentist, as specified. The bill would authorize a registered dental hygienist to, after submitting to the committee evidence of satisfactory completion of a course of instruction approved by the committee, determine which a registered dental hygienist, and a registered dental hygienist in alternative practice to choose radiographs to perform and place interim therapeutic protective restorations upon the order of a licensed dentist, as specified.~~

(2) Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including certain dental services, as specified. Existing law provides that, to the extent that federal financial participation is available, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for "teleophthalmology and teledermatology by store and forward," as defined to mean the asynchronous transmission of medical information to be reviewed at a later time by a licensed physician or optometrist, as specified, at a distant site.

~~This bill would enact similar provisions relating to the use of teledentistry, as defined,~~

~~under the Medi-Cal program. The bill would provide that, to the extent that federal financial participation is available, face-to-face contact between a health care provider and a patient shall not be required under the Medi-Cal program for “teledentistry by store and forward.” The bill would define that term to mean an asynchronous transmission of dental information to be reviewed at a later time by a licensed dentist at a distant site, where the dentist at the distant site reviews the dental information without the patient being present in real time, as defined and as specified. The bill would also provide that dentist participation in services provided at an intermittent clinic, as defined, through the use of telehealth, as defined, shall be considered a billable encounter under Medi-Cal. The bill would also require, on or before January 1, 2017, the department to report to the Legislature the number and type of services provided, and the payments made related to the application of teledentistry, as specified.~~

~~This bill would additionally provide that face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for teledentistry by store and forward, as defined.~~

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- P3 1 SECTION 1.
 Section 1752.4 of the *Business and Professions Code* is amended to read:
 2 Code is amended to read:
 3 1752.4.
 (a) A registered dental assistant may perform all of
 4 the following duties:
 5 (1) All duties that a dental assistant is allowed to perform.
 6 (2) Mouth-mirror inspections of the oral cavity, to include
 7 charting of obvious lesions, existing restorations, and missing
 8 teeth.
 9 (3) Apply and activate bleaching agents using a nonlaser
 10 light-curing device.
 11 (4) Use of automated caries detection devices and materials to
 12 gather information for diagnosis by the dentist.
 13 (5) Obtain intraoral images for computer-aided design (CAD),
 14 milled restorations.
 15 (6) Pulp vitality testing and recording of findings.
 16 (7) Place bases, liners, and bonding agents.
 17 (8) Chemically prepare teeth for bonding.
 18 (9) Place, adjust, and finish direct provisional restorations.
 19 (10) Fabricate, adjust, cement, and remove indirect provisional
 20 restorations, including stainless steel crowns when used as a
 21 provisional restoration.
 22 (11) Place postextraction dressings after inspection of the
 23 surgical site by the supervising licensed dentist.
 24 (12) Place periodontal dressings.
 25 (13) Dry endodontically treated canals using absorbent paper
 26 points.
 27 (14) Adjust dentures extra-orally.
 28 (15) Remove excess cement from surfaces of teeth with a hand
 29 instrument.
 30 (16) Polish coronal surfaces of the teeth.

31 (17) Place ligature ties and archwires.

32 (18) Remove orthodontic bands.

P4 1 (19) All duties that the board may prescribe by regulation.

2 (b) A registered dental assistant may only perform the following
3 additional duties if he or she has completed a board-approved
4 registered dental assistant educational program in those duties, or
5 if he or she has provided evidence, satisfactory to the board, of
6 having completed a board-approved course in those ~~duties~~. *duties*:

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

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

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

17 (4) The application of pit and fissure sealants.

18 (5) Determine which radiographs to perform.

19 (c) Except as provided in Section 1777, the supervising licensed
20 dentist shall be responsible for determining whether each
21 authorized procedure performed by a registered dental assistant
22 should be performed under general or direct supervision.

23 ~~SEC. 2.~~

24 ~~Section 1753.5 of the Business and Professions Code~~
25 ~~is amended to read:~~

~~1753.5.~~

26 ~~(a) A registered dental assistant in extended functions~~
27 ~~licensed on or after January 1, 2010, is authorized to perform all~~
28 ~~duties and procedures that a registered dental assistant is authorized~~
29 ~~to perform as specified in and limited by Section 1752.4, and those~~
30 ~~duties that the board may prescribe by regulation.~~

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

36 ~~(1) Conduct preliminary evaluation of the patient's oral health,~~
37 ~~including, but not limited to, charting, intraoral and extra-oral~~
38 ~~evaluation of soft tissue, classifying occlusion, and myofunctional~~
39 ~~evaluation.~~

40 ~~(2) Perform oral health assessments in school-based, community~~
41 ~~health project settings under the direction of a dentist, registered~~

P5 1 ~~dental hygienist, or registered dental hygienist in alternative~~
2 ~~practice.~~

3 ~~(3) Cord retraction of gingiva for impression procedures.~~

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

5 ~~(5) Cement endodontic master points and accessory points.~~

6 ~~(6) Take final impressions for permanent indirect restorations.~~

7 ~~(7) Take final impressions for tooth-borne removable prosthesis.~~

- 8 ~~(8) Polish and contour existing amalgam restorations.~~
- 9 ~~(9) Place, contour, finish, and adjust all direct restorations.~~
- 10 ~~(10) Adjust and cement permanent indirect restorations.~~
- 11 ~~(11) Other procedures authorized by regulations adopted by the~~
- 12 ~~board.~~

13 ~~(c) All procedures required to be performed under direct~~
 14 ~~supervision shall be checked and approved by the supervising~~
 15 ~~licensed dentist prior to the patient's dismissal from the office.~~

16 ~~(d) (1) A registered dental assistant in extended functions~~
 17 ~~licensed on or after January 1, 2010, is authorized to place interim~~
 18 ~~therapeutic restorations, defined as the removal of caries using~~
 19 ~~hand instruments and placement of an adhesive restorative material,~~
 20 ~~upon the order of the supervising dentist under general supervision,~~
 21 ~~except as authorized pursuant to paragraph (3), and pursuant to~~
 22 ~~the order, control, and full professional responsibility of a licensed~~
 23 ~~dentist.~~

24 ~~(2) A registered dental assistant in extended function may only~~
 25 ~~perform the functions authorized pursuant to paragraph (1) if he~~
 26 ~~or she has completed a board-approved registered dental assistant~~
 27 ~~in extended function education program in performing those~~
 28 ~~functions, or if he or she has provided evidence, satisfactory to the~~
 29 ~~board, of having completed a board-approved course in those~~
 30 ~~functions.~~

31 ~~(3) The supervising licensed dentist shall be responsible for~~
 32 ~~determining whether the functions authorized pursuant to paragraph~~
 33 ~~(1) may be performed under general or direct supervision.~~

34 *SEC. 2.*

35 *Section 1753.55 is added to the Business and*
 36 *Professions Code, to read:*
1753.55.

(a) For the purposes of this section, the following
 37 *definitions shall apply:*

38 *(1) "Clinical instruction" means instruction in which students*
 39 *receive supervised experience in performing procedures in a*
 40 *clinical setting on patients. Clinical instruction shall only be*
 P6 1 *performed upon successful demonstration and evaluation of*
 2 *preclinical skills. There shall be at least one instructor for every*
 3 *six students who are simultaneously engaged in clinical instruction.*

4 *(2) "Course" means a board-approved course preparing a*
 5 *registered dental assistant in extended functions to perform the*
 6 *duties described in subdivision (b).*

7 *(3) "Didactic instruction" means lectures, demonstrations, and*
 8 *other instruction without active participation by students. The*
 9 *approved provider or its designee may provide didactic instruction*
 10 *through electronic media, home study materials, or live lecture*
 11 *methodology if the provider has submitted that content to the board*
 12 *for approval.*

13 *(4) "Interim therapeutic restoration" means a direct provisional*
 14 *restoration placed to stabilize the tooth until a licensed dentist*
 15 *diagnoses the need for further definitive treatment.*

16 *(5) "Laboratory instruction" means instruction in which*
 17 *students receive supervised experience performing procedures*
 18 *using study models, mannequins, or other simulation methods.*

19 (6) "Preclinical instruction" means instruction in which students
20 receive supervised experience performing procedures on students,
21 faculty, or staff members. There shall be at least one instructor
22 for every six students who are simultaneously engaged in
23 preclinical instruction.

24 (7) "Program" means a board-approved registered dental
25 assistant in extended functions educational program.

26 (b) In addition to the duties specified in Section 1753.5, a
27 registered dental assistant in extended functions licensed on or
28 after January 1, 2010, is authorized to perform both of the
29 following additional duties pursuant to the order, control, and full
30 professional responsibility of a supervising dentist:

31 (1) Choose radiographs without the supervising dentist having
32 first examined the patient, following protocols established by the
33 supervising dentist and, consistent with the use of as low as
34 reasonably necessary radiation, for the purpose of diagnosis and
35 treatment planning by the dentist. The radiographs shall be taken
36 only in either of the following settings:

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

39 (B) In public health settings, including, but not limited to,
40 schools, head start and preschool programs, and residential
P7 1 facilities and institutions, under the general supervision of a
2 dentist.

3 (2) Place protective restorations, which for this purpose are
4 identified as interim therapeutic restorations, as defined by
5 paragraph (4) of subdivision (a), that compromise the removal of
6 soft material from the tooth using only hand instrumentation,
7 without the use of rotary instrumentation, and subsequent
8 placement of an adhesive restorative material. Local anesthesia
9 shall not be necessary. The protective restorations shall be placed
10 only in accordance with both of the following:

11 (A) In either of the following settings:

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

14 (ii) In public health settings, including, but not limited to,
15 schools, head start and preschool programs, and residential
16 facilities and institutions, under the general supervision of a
17 dentist.

18 (B) After a diagnosis and treatment plan by a dentist.

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

24 (1) A registered dental assistant in extended functions who has
25 completed the prescribed training in the Health Workforce Pilot
26 Project #172 established by the Office of Statewide Health
27 Planning and Development pursuant to Article 1 (commencing
28 with Section 128125) of Chapter 3 of Part 3 of Division 107 of the
29 Health and Safety Code shall be deemed to have satisfied the
30 requirement for completion of a course of instruction approved
31 by the board.

32 (2) In addition to the instructional components described in
 33 subdivision (d) or (e), a program shall contain both of the
 34 instructional components described in this paragraph:

35 (A) The course shall be established at the postsecondary
 36 educational level.

37 (B) All faculty responsible for clinical evaluation shall have
 38 completed a one-hour methodology course in clinical evaluation
 39 or have a faculty appointment at an accredited dental education
 40 program prior to conducting evaluations of students.

P8 1 (d) A program or course to perform the duties described in
 2 paragraph (1) of subdivision (b) shall contain all of the additional
 3 instructional components described in this subdivision.

4 (1) The program shall be of sufficient duration for the student
 5 to develop minimum competency making decisions about which
 6 radiographs to take to facilitate an evaluation by a dentist, but
 7 shall in no event be less than six hours, including at least two hours
 8 of didactic training, at least two hours of guided laboratory
 9 simulation training, and at least two hours of examination using
 10 simulated cases.

11 (2) Didactic instruction shall consist of instruction on both of
 12 the following topics:

13 (A) Guidelines for radiographic decisionmaking prepared by
 14 the American Dental Association and other professional dental
 15 associations.

16 (B) Specific decisionmaking protocols that incorporate
 17 information about the patient's health and radiographic history,
 18 the time span since previous radiographs were taken, the
 19 availability of previous radiographs, the general condition of the
 20 mouth including the extent of dental restorations present, and
 21 visible signs of abnormalities, including broken teeth, dark areas,
 22 and holes in teeth.

23 (3) Laboratory instruction shall consist of simulated
 24 decisionmaking using case studies containing the elements
 25 described in paragraph (2). There shall be at least one instructor
 26 for every 14 students who are simultaneously engaged in
 27 laboratory instruction.

28 (4) Examinations shall consist of decisionmaking where students
 29 make decisions and demonstrate competency to faculty on case
 30 studies containing the elements described in paragraph (2).

31 (e) A program or course to perform the duties described in
 32 paragraph (2) of subdivision (b) shall contain all of the additional
 33 instructional components described in this subdivision.

34 (1) The program shall be of sufficient duration for the student
 35 to develop minimum competency in the application of protective
 36 restorations, including interim therapeutic restorations, but shall
 37 in no event be less than 16 clock hours, including at least four
 38 hours of didactic training, at least four hours of laboratory
 39 training, and at least eight hours of clinical training.

P9 1 (2) Didactic instruction shall consist of instruction on all of the
 2 following topics:

3 (A) Pulpal anatomy.

4 (B) Theory of adhesive restorative materials used in the
 5 placement of adhesive protective restorations related to

6 mechanisms of bonding to tooth structure, handling characteristics
7 of the materials, preparation of the tooth prior to material
8 placement, and placement techniques.

9 (C) Criteria that dentists use to make decisions about placement
10 of adhesive protective restorations including all of the following:

11 (i) Patient factors:

12 (I) The patient's American Society of Anesthesiologists Physical
13 Status Classification is Class III or less.

14 (II) The patient is cooperative enough to have the restoration
15 placed without the need for special protocols, including sedation
16 or physical support.

17 (III) The patient, or responsible party, has provided consent for
18 the procedure.

19 (IV) The patient reports that the tooth is asymptomatic, or if
20 there is mild sensitivity to sweet, hot, or cold that the sensation
21 stops within a few seconds of the stimulus being removed.

22 (ii) Tooth factors:

23 (I) The cavity is accessible without the need for creating access
24 using a dental handpiece.

25 (II) The margins of the cavity are accessible so that clean
26 noncarious margins can be obtained around the entire periphery
27 of the cavity with the use of hand instruments.

28 (III) The depth of the lesion is more than two millimeters from
29 the pulp on radiographic examination or is judged by the dentist
30 to be a shallow lesion such that the treatment does not endanger
31 the pulp or require the use of local anesthetic.

32 (IV) The tooth is restorable and does not have other significant
33 pathology.

34 (D) Criteria for evaluating successful completion of adhesive
35 protective restorations including all of the following:

36 (i) The restorative material is not in hyperocclusion.

37 (ii) There are no marginal voids.

38 (iii) There is minimal excess material.

P10 1 (E) Protocols for handling sensitivity, complications, or
2 unsuccessful completion of adhesive protective restorations
3 including situations requiring immediate referral to a dentist.

4 (F) Protocols for followup of adhesive protective restorations.

5 (3) Laboratory instruction shall consist of placement of adhesive
6 protective restorations where students demonstrate competency
7 in this technique on typodont teeth.

8 (4) Clinical instruction shall consist of experiences where
9 students demonstrate placement of adhesive protective restorations
10 under direct supervision of faculty.

11 (f) This section shall remain in effect only until January 1, 2018,
12 and as of that date is repealed, unless a later enacted statute, that
13 is enacted before January 1, 2018, deletes or extends that date.

14 SEC. 3.

15 Section 1753.55 is added to the Business and
16 Professions Code, to read:

1753.55.

(a) For the purposes of this section, "interim

17 *therapeutic restoration” means a direct provisional restoration*
 18 *placed to stabilize the tooth until a licensed dentist diagnoses the*
 19 *need for further definitive treatment.*

20 *(b) In addition to the duties specified in Section 1753.5, a*
 21 *registered dental assistant in extended functions licensed on or*
 22 *after January 1, 2010, is authorized to perform both of the*
 23 *following additional duties pursuant to the order, control, and full*
 24 *professional responsibility of a supervising dentist:*

25 *(1) Choose radiographs without the supervising dentist having*
 26 *first examined the patient, following protocols established by the*
 27 *supervising dentist and, consistent with the use of as low as*
 28 *reasonably necessary radiation, for the purpose of diagnosis and*
 29 *treatment planning by the dentist. The radiographs shall be taken*
 30 *only in either of the following settings:*

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

33 *(B) In public health settings, including, but not limited to,*
 34 *schools, head start and preschool programs, and residential*
 35 *facilities and institutions, under the general supervision of a*
 36 *dentist.*

37 *(2) Place protective restorations through interim therapeutic*
 38 *restorations that remove soft material from the tooth using only*
 39 *hand instrumentation, without the use of rotary instrumentation,*
 40 *and subsequent placement of an adhesive restorative material,*
 P11 1 *without the use of local anesthesia. The protective restorations*
 2 *shall only be placed subject to both of the following:*

3 *(A) In either of the following settings:*

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

6 *(ii) In public health settings, including, but not limited to,*
 7 *schools, head start and preschool programs, and residential*
 8 *facilities and institutions, under the general supervision of a*
 9 *dentist.*

10 *(B) After a diagnosis and treatment plan by a dentist.*

11 *(c) This section shall become operative on January 1, 2018.*

12 ~~SEC. 3:~~

13 ~~SEC. 4.~~

14 Section 1753.6 of the *Business and Professions Code*
 is amended to read:

15 1753.6.

16 (a) Each person who holds a license as a registered
 17 dental assistant in extended functions on the operative date of this
 18 section may only perform those procedures that a registered dental
 19 assistant is allowed to perform as specified in and limited by
 20 Section 1752.4, and the procedures specified in paragraphs (1) to
 21 (6), inclusive, until he or she provides evidence of having
 22 completed a board-approved course in the additional procedures
 23 specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of
 24 subdivision (b), ~~and paragraph (1) of subdivision (d),~~ of Section
 1753.5, and an examination as specified in Section 1753.4:

25 (1) Cord retraction of gingiva for impression procedures.

26 (2) Take final impressions for permanent indirect restorations.

27 (3) Formulate indirect patterns for endodontic post and core

- 28 castings.
- 29 (4) Fit trial endodontic filling points.
- 30 (5) Apply pit and fissure sealants.
- 31 (6) Remove excess cement from subgingival tooth surfaces with
- 32 a hand instrument.

33 ~~(b) This section shall become operative on January 1, 2010.~~

34 (b) *This section shall remain in effect only until January 1, 2018,*

35 *and as of that date is repealed, unless a later enacted statute, that*

36 *is enacted before January 1, 2018, deletes or extends that date.*

37 **SEC. 5.**

Section 1753.6 is added to the Business and Professions

38 *Code, to read:*

39 **1753.6.**

(a) *Each person who holds a license as a registered*

40 *dental assistant in extended functions on the operative date of this*

P12 1 *section may only perform those procedures that a registered dental*

2 *assistant is allowed to perform as specified in and limited by*

3 *Section 1752.4, and the procedures specified in paragraphs (1) to*

4 *(6), inclusive, until he or she provides evidence of having completed*

5 *a board-approved course in the additional procedures specified*

6 *in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision*

7 *(b) of Section 1753.5, procedures specified in Section 1753.55,*

8 *and an examination as specified in Section 1753.4:*

9 (1) *Cord retraction of gingiva for impression procedures.*

10 (2) *Take final impressions for permanent indirect restorations.*

11 (3) *Formulate indirect patterns for endodontic post and core*

12 *castings.*

13 (4) *Fit trial endodontic filling points.*

14 (5) *Apply pit and fissure sealants.*

15 (6) *Remove excess cement from subgingival tooth surfaces with*

16 *a hand instrument.*

17 (b) *This section shall become operative on January 1, 2018.*

18 ~~**SEC. 4.**~~

19 **SEC. 6.**

Section 1910 of the Business and Professions Code is

20 *amended to read:*

21 **1910.**

A registered dental hygienist is authorized to perform

22 *the following procedures under general supervision:*

23 (a) *Preventive and therapeutic interventions, including oral*

24 *prophylaxis, scaling, and root planing.*

25 (b) *Application of topical, therapeutic, and subgingival agents*

26 *used for the control of caries and periodontal disease.*

27 (c) *The taking of impressions for bleaching trays and application*

28 *and activation of agents with nonlaser, light-curing devices.*

29 (d) *The taking of impressions for bleaching trays and placements*

30 *of in-office, tooth-whitening devices.*

31 (e) *After submitting to the committee evidence of satisfactory*

32 *completion of a course of instruction approved by the committee,*

33 *the following:*

34 (1) *Determine which radiographs to perform.*

35 (2) Place interim therapeutic restorations, defined as the removal
 36 of caries using hand instruments and placement of an adhesive
 37 restorative material, upon the order of a licensed dentist.

38 ~~SEC. 5.—~~

39 ~~Section 14132.726 is added to the Welfare and
 Institutions Code, to read:~~

P13 1 ~~14132.726.—~~

(a) ~~To the extent that federal financial participation
 2 is available, face-to-face contact between a health care provider
 3 and a patient shall not be required under the Medi-Cal program
 4 for teledentistry by store and forward. Services appropriately
 5 provided through the store and forward process are subject to
 6 billing and reimbursement policies developed by the department.~~

7 ~~(b) A patient receiving teledentistry by store and forward shall
 8 be notified of the right to receive interactive communication with
 9 the distant dentist, and shall receive an interactive communication
 10 with the distant dentist, upon request. If requested, communication
 11 with the distant dentist may occur either at the time of the
 12 consultation, or within 30 days of the patient's notification of the
 13 results of the consultation.~~

14 ~~(c) Dentist participation in services provided at an intermittent
 15 clinic, as defined in Section 1206 of the Health and Safety Code,
 16 through the use of telehealth, as defined in Section 2290.5 of the
 17 Business and Professions Code, shall be considered a billable
 18 encounter under Medi-Cal.~~

19 ~~(d) Notwithstanding Chapter 3.5 (commencing with Section
 20 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
 21 the department may implement, interpret, and make specific this
 22 section by means of all-county letters, provider bulletins, and
 23 similar instructions.~~

24 ~~(e) On or before January 1, 2017, the department shall report
 25 to the Legislature the number and type of services provided, and
 26 the payments made related to the application of store and forward
 27 teledentistry as provided, under this section as a Medi-Cal benefit.~~

28 ~~(f) For purposes of this section, the following definitions apply:~~

29 ~~(1) "Asynchronous store and forward" means the transmission
 30 of a patient's dental information from an originating site to the
 31 health care provider at a distant site without the presence of the
 32 patient.~~

33 ~~(2) "Distant site" means a site where a health care provider who
 34 provides health care services is located while providing these
 35 services via a telecommunications system.~~

36 ~~(3) "Health care provider" means a person who is licensed under
 37 Chapter 4 (commencing with Section 1600) of Division 2 of the
 38 Business and Professions Code.~~

39 ~~(4) "Originating site" means a site where a patient is located at
 40 the time health care services are provided via a telecommunications
 P14 1 system or where the asynchronous store and forward service
 2 originates.~~

3 ~~(5) "Synchronous interaction" means a real-time interaction
 4 between a patient and a health care provider located at a distant
 5 site.~~

6 ~~(6) "Teledentistry" means the mode of delivering dental health~~

7 ~~care services and public dental health via information and~~
 8 ~~communication technologies to facilitate the diagnosis,~~
 9 ~~consultation, treatment, education, care management, and~~
 10 ~~self-management of a patient's dental health care while the patient~~
 11 ~~is at the originating site and the dental health care provider is at a~~
 12 ~~distant site. Teledentistry includes synchronous interactions and~~
 13 ~~asynchronous store and forward transfers.~~

14 ~~(7) "Teledentistry by store and forward" means an asynchronous~~
 15 ~~transmission of dental information to be reviewed at a later time~~
 16 ~~by a licensed dentist at a distant site, where the dentist at the distant~~
 17 ~~site reviews the dental information without the patient being present~~
 18 ~~in real time.~~

19 *SEC. 7.*

Section 1910.5 is added to the Business and Professions

Code, to read:

20 *1910.5.*

21 *(a) For the purposes of this section, the following*

22 *definitions shall apply:*

23 *(1) "Clinical instruction" means instruction in which students*
 24 *receive supervised experience in performing procedures in a*
 25 *clinical setting on patients. Clinical instruction shall only be*
 26 *performed upon successful demonstration and evaluation of*
 27 *preclinical skills. There shall be at least one instructor for every*
 28 *six students who are simultaneously engaged in clinical instruction.*

29 *(2) "Course" means a committee-approved course preparing*
 30 *registered dental hygienist to perform the duties described in*
 31 *subdivision (b).*

32 *(3) "Didactic instruction" means lectures, demonstrations, and*
 33 *other instruction without active participation by students. The*
 34 *approved provider or its designee may provide didactic instruction*
 35 *through electronic media, home study materials, or live lecture*
 36 *methodology if the provider has submitted that content to the*
 37 *committee for approval.*

38 *(4) "Interim therapeutic restoration" means a direct provisional*
 39 *restoration placed to stabilize the tooth until a licensed dentist*
 40 *diagnoses the need for further definitive treatment.*

P15 1 *(5) "Laboratory instruction" means instruction in which*
 2 *students receive supervised experience performing procedures*
 3 *using study models, mannequins, or other simulation methods.*

4 *(6) "Preclinical instruction" means instruction in which students*
 5 *receive supervised experience performing procedures on students,*
 6 *faculty, or staff members. There shall be at least one instructor*
 7 *for every six students who are simultaneously engaged in*
 8 *preclinical instruction.*

9 *(7) "Program" means a committee-approved registered dental*
 10 *hygienist educational program.*

11 *(b) A registered dental hygienist may perform both of the*
 12 *following duties:*

13 *(1) Choose radiographs without the supervising dentist having*
 14 *first examined the patient, following protocols established by the*
 15 *supervising dentist and, consistent with the use of as low as*
 16 *reasonably necessary radiation, for the purpose of diagnosis and*
 17 *treatment planning by the dentist. The radiographs shall be taken*
 18 *only in either of the following settings:*

19 (A) In a dental office setting, under the general supervision of
20 a dentist.

21 (B) In a public health setting, including, but not limited to,
22 schools, head start and preschool programs, and residential
23 facilities and institutions, under the general supervision of a
24 dentist.

25 (2) Place protective restorations, which for this purpose are
26 identified as interim therapeutic restorations, as defined by
27 paragraph (4) of subdivision (a), that compromise the removal of
28 soft material from the tooth using only hand instrumentation,
29 without the use of rotary instrumentation, and subsequent
30 placement of an adhesive restorative material. Local anesthesia
31 shall not be necessary. The protective restorations shall be placed
32 only in accordance with both of the following:

33 (A) In either of the following settings:

34 (i) In a dental office setting, under the general supervision of a
35 dentist.

36 (ii) In a public health setting, including, but not limited to,
37 schools, head start and preschool programs, and residential
38 facilities and institutions, under the general supervision of a
39 dentist.

40 (B) After a diagnosis and treatment plan by a dentist.

P16 1 (c) The functions described in subdivision (b) may be performed
2 by a registered dental hygienist only after completion of a program
3 that includes training in performing those functions, or after
4 providing evidence, satisfactory to the committee, of having
5 completed a committee-approved course in those functions.

6 (1) A registered dental hygienist who has completed the
7 prescribed training in the Health Workforce Pilot Project #172
8 established by the Office of Statewide Health Planning and
9 Development pursuant to Article 1 (commencing with Section
10 128125) of Chapter 3 of Part 3 of Division 107 of the Health and
11 Safety Code shall be deemed to have satisfied the requirement for
12 completion of a course of instruction approved by the committee.

13 (2) In addition to the instructional components described in
14 subdivision (d) or (e), a program shall contain both of the
15 instructional components described in this paragraph:

16 (A) The course shall be established at the postsecondary
17 educational level.

18 (B) All faculty responsible for clinical evaluation shall have
19 completed a one-hour methodology course in clinical evaluation
20 or have a faculty appointment at an accredited dental education
21 program prior to conducting evaluations of students.

22 (d) A program or course to perform the duties described in
23 paragraph (1) of subdivision (b) shall contain all of the additional
24 instructional components described in this subdivision.

25 (1) The program shall be of sufficient duration for the student
26 to develop minimum competency making decisions about which
27 radiographs to take to facilitate an evaluation by a dentist, but
28 shall in no event be less than six hours, including at least two hours
29 of didactic training, at least two hours of guided laboratory
30 simulation training, and at least two hours of examination using
31 simulated cases.

32 (2) Didactic instruction shall consist of instruction on both of
33 the following topics:

34 (A) Guidelines for radiographic decision making prepared by
35 the American Dental Association and other professional dental
36 associations.

37 (B) Specific decisionmaking protocols that incorporate
38 information about the patient’s health and radiographic history,
39 the time span since previous radiographs were taken, the
40 availability of previous radiographs, the general condition of the
P17 1 mouth including the extent of dental restorations present, and
2 visible signs of abnormalities, including broken teeth, dark areas,
3 and holes in teeth.

4 (3) Laboratory instruction shall consist of simulated decision
5 making using case studies containing the elements described in
6 paragraph (2). There shall be at least one instructor for every 14
7 students who are simultaneously engaged in laboratory instruction.

8 (4) Examination shall consist of decisionmaking where students
9 make decisions and demonstrate competency to faculty on case
10 studies containing the elements described in paragraph (2).

11 (e) A program or course to perform the duties described in
12 paragraph (2) of subdivision (b) shall contain all of the additional
13 instructional components described in this subdivision.

14 (1) The program shall be of sufficient duration for the student
15 to develop minimum competency in the application of protective
16 restorations, including interim therapeutic restorations, but shall
17 in no event be less than 16 clock hours, including at least four
18 hours of didactic training, at least four hours of laboratory
19 training, and at least eight hours of clinical training.

20 (2) Didactic instruction shall consist of instruction on all of the
21 following topics:

22 (A) Pulpal anatomy.

23 (B) Theory of adhesive restorative materials used in the
24 placement of adhesive protective restorations related to
25 mechanisms of bonding to tooth structure, handling characteristics
26 of the materials, preparation of the tooth prior to material
27 placement, and placement techniques.

28 (C) Criteria that dentists use to make decisions about placement
29 of adhesive protective restorations including all of the following:

30 (i) Patient factors:

31 (I) The patient’s American Society of Anesthesiologists Physical
32 Status Classification is Class III or less.

33 (II) The patient is cooperative enough to have the restoration
34 placed without the need for special protocols, including sedation
35 or physical support.

36 (III) The patient, or responsible party, has provided consent for
37 the procedure.

38 (IV) The patient reports that the tooth is asymptomatic, or if
39 there is mild sensitivity to sweet, hot, or cold that the sensation
40 stops within a few seconds of the stimulus being removed.

P18 1 (ii) Tooth factors:

2 (I) The cavity is accessible without the need for creating access
3 using a dental handpiece.

4 (II) *The margins of the cavity are accessible so that clean*
 5 *noncarious margins can be obtained around the entire periphery*
 6 *of the cavity with the use of hand instruments.*

7 (III) *The depth of the lesion is more than two millimeters from*
 8 *the pulp on radiographic examination or is judged by the dentist*
 9 *to be a shallow lesion such that the treatment does not endanger*
 10 *the pulp or require the use of local anesthetic.*

11 (IV) *The tooth is restorable and does not have other significant*
 12 *pathology.*

13 (D) *Criteria for evaluating successful completion of adhesive*
 14 *protective restorations including all of the following:*

15 (i) *The restorative material is not in hyperocclusion.*

16 (ii) *There are no marginal voids.*

17 (iii) *There is minimal excess material.*

18 (E) *Protocols for handling sensitivity, complications, or*
 19 *unsuccessful completion of adhesive protective restorations*
 20 *including situations requiring immediate referral to a dentist.*

21 (F) *Protocols for followup of adhesive protective restorations.*

22 (3) *Laboratory instruction shall consist of placement of adhesive*
 23 *protective restorations where students demonstrate competency*
 24 *in this technique on typodont teeth.*

25 (4) *Clinical instruction shall consist of experiences where*
 26 *students demonstrate competency in placement of adhesive*
 27 *protective restorations under direct supervision of faculty.*

28 (f) *This section shall remain in effect only until January 1, 2018,*
 29 *and as of that date is repealed, unless a later enacted statute, that*
 30 *is enacted before January 1, 2018, deletes or extends that date.*

31 SEC. 8.

32 Section 1910.5 is added to the Business and Professions
 Code, to read:

33 1910.5.

34 (a) *For the purposes of this section, "interim*
 35 *therapeutic restoration" means a direct provisional restoration*
 36 *placed to stabilize the tooth until a licensed dentist diagnoses the*
 37 *need for further definitive treatment.*

38 (b) *A registered dental hygienist may perform both of the*
 39 *following duties:*

40 (1) *Choose radiographs without the supervising dentist having*
 P19 1 *first examined the patient, following protocols established by the*
 2 *supervising dentist and, consistent with the use of as low as*
 3 *reasonably necessary radiation, for the purpose of diagnosis and*
 4 *treatment planning by the dentist. The radiographs shall be taken*
 5 *only in either of the following settings:*

6 (A) *In a dental office setting, under the general supervision of*
 7 *a dentist.*

8 (B) *In a public health setting, including, but not limited to,*
 9 *schools, head start and preschool programs, and residential*
 10 *facilities and institutions, under the general supervision of a*
 11 *dentist.*

12 (2) *Place protective restorations, which for this purpose are*
 13 *identified as interim therapeutic restorations, as defined by*
 subdivision (a), that comprise the removal of soft material from

14 *the tooth using only hand instrumentation, without the use of rotary*
 15 *instrumentation, and subsequent placement of an adhesive*
 16 *restorative material. Local anesthesia shall not be necessary. The*
 17 *protective restorations shall be placed only in accordance with*
 18 *both of the following:*

19 *(A) In either of the following settings:*

20 *(i) In a dental office setting, under the general supervision of a*
 21 *dentist.*

22 *(ii) In a public health setting, including, but not limited to,*
 23 *schools, head start and preschool programs, and residential*
 24 *facilities and institutions, under the general supervision of a*
 25 *dentist.*

26 *(B) After a diagnosis and treatment plan by a dentist.*

27 *(c) The functions described in subdivision (b) may be performed*
 28 *by a registered dental hygienist only after completion of a program*
 29 *that includes training in performing those functions, or after*
 30 *providing evidence, satisfactory to the committee, of having*
 31 *completed a committee-approved course in those functions.*

32 *(d) This section shall become operative on January 1, 2018.*

33 *SEC. 9.*

34 *Section 1926 of the Business and Professions Code is*
 35 *amended to read:*

1926.

A registered dental hygienist in alternative practice may
 perform the duties authorized pursuant to subdivision (a) of Section
 1907, subdivision (a) of Section 1908, ~~and~~ subdivisions (a) and
 (b) of Section 1910, *and Section 1926.05* in the following settings:

(a) Residences of the homebound.

(b) Schools.

P20 1 (c) Residential facilities and other institutions.

2 (d) Dental health professional shortage areas, as certified by the
 3 Office of Statewide Health Planning and Development in
 4 accordance with existing office guidelines.

5 *SEC. 10.*

6 *Section 1926.05 is added to the Business and*
 7 *Professions Code, to read:*

1926.05.

(a) *For the purposes of this section, the following*
 8 *definitions shall apply:*

9 (1) *"Clinical instruction" means instruction in which students*
 10 *receive supervised experience in performing procedures in a*
 11 *clinical setting on patients. Clinical instruction shall only be*
 12 *performed upon successful demonstration and evaluation of*
 13 *preclinical skills. There shall be at least one instructor for every*
 14 *six students who are simultaneously engaged in clinical instruction.*

15 (2) *"Course" means a committee-approved course preparing*
 16 *registered dental hygienist in alternative practice to perform the*
 17 *duties described in subdivision (b).*

18 (3) *"Didactic instruction" means lectures, demonstrations, and*
 19 *other instruction without active participation by students. The*
 20 *approved provider or its designee may provide didactic instruction*
 21 *through electronic media, home study materials, or live lecture*
 22 *methodology if the provider has submitted that content to the*

23 *committee for approval.*

24 (4) *"Interim therapeutic restoration" means a direct provisional*
 25 *restoration placed to stabilize the tooth until a licensed dentist*
 26 *diagnoses the need for further definitive treatment.*

27 (5) *"Laboratory instruction" means instruction in which*
 28 *students receive supervised experience performing procedures*
 29 *using study models, mannequins, or other simulation methods.*

30 (6) *"Preclinical instruction" means instruction in which students*
 31 *receive supervised experience performing procedures on students,*
 32 *faculty, or staff members. There shall be at least one instructor*
 33 *for every six students who are simultaneously engaged in*
 34 *preclinical instruction.*

35 (7) *"Program" means a committee-approved registered dental*
 36 *hygienist in alternative practice educational program.*

37 (b) *A registered dental hygienist in alternative practice may*
 38 *perform both of the following duties:*

39 (1) *Choose radiographs without the supervising dentist having*
 40 *first examined the patient, following protocols established by the*
 P21 1 *supervising dentist and, consistent with the use of as low as*
 2 *reasonably necessary radiation, for the purpose of diagnosis and*
 3 *treatment planning by the dentist. The radiographs shall be taken*
 4 *only in either of the following settings:*

5 (A) *In a dental office setting, under the general supervision of*
 6 *a dentist.*

7 (B) *In a public health setting, including, but not limited to,*
 8 *schools, head start and preschool programs, and residential*
 9 *facilities and institutions, under the general supervision of a*
 10 *dentist.*

11 (2) *Place protective restorations, which for this purpose are*
 12 *identified as interim therapeutic restorations, as defined by*
 13 *paragraph (4) of subdivision (a), that compromise the removal of*
 14 *soft material from the tooth using only hand instrumentation,*
 15 *without the use of rotary instrumentation, and subsequent*
 16 *placement of an adhesive restorative material. Local anesthesia*
 17 *shall not be necessary. The protective restorations shall be placed*
 18 *only in accordance with both of the following:*

19 (A) *In either of the following settings:*

20 (i) *In a dental office setting, under the general supervision of a*
 21 *dentist.*

22 (ii) *In a public health setting, including, but not limited to,*
 23 *schools, head start and preschool programs, and residential*
 24 *facilities and institutions, under the general supervision of a*
 25 *dentist.*

26 (B) *After a diagnosis and treatment plan by a dentist.*

27 (c) *The functions described in subdivision (b) may be performed*
 28 *by a registered dental hygienist in alternative practice only after*
 29 *completion of a course or program that includes training in*
 30 *performing those functions, or after providing evidence,*
 31 *satisfactory to the committee, of having completed a*
 32 *committee-approved course in those functions.*

33 (1) *A registered dental hygienist in alternative practice who*
 34 *has completed the prescribed training in the Health Workforce*
 35 *Pilot Project #172 established by the Office of Statewide Health*

36 *Planning and Development pursuant to Article 1 (commencing*
 37 *with Section 128125) of Chapter 3 of Part 3 of Division 107 of the*
 38 *Health and Safety Code shall be deemed to have satisfied the*
 39 *requirement for completion of a course of instruction approved*
 40 *by the committee.*

P22 1 *(2) In addition to the instructional components described in*
 2 *subdivision (d) or (e), a program shall contain both of the*
 3 *instructional components described in this paragraph:*

4 *(A) The course shall be established at the postsecondary*
 5 *educational level.*

6 *(B) All faculty responsible for clinical evaluation shall have*
 7 *completed a one-hour methodology course in clinical evaluation*
 8 *or have a faculty appointment at an accredited dental education*
 9 *program prior to conducting evaluations of students.*

10 *(d) A program or course to perform the duties described in*
 11 *paragraph (1) of subdivision (b) shall contain all of the additional*
 12 *instructional components described in this subdivision.*

13 *(1) The program shall be of sufficient duration for the student*
 14 *to develop minimum competency making decisions about which*
 15 *radiographs to take to facilitate an evaluation by a dentist, but*
 16 *shall in no event be less than six hours, including at least two hours*
 17 *of didactic training, at least two hours of guided laboratory*
 18 *simulation training, and at least two hours of examination using*
 19 *simulated cases.*

20 *(2) Didactic instruction shall consist of instruction on both of*
 21 *the following topics:*

22 *(A) Guidelines for radiographic decision making prepared by*
 23 *the American Dental Association and other professional dental*
 24 *associations.*

25 *(B) Specific decisionmaking protocols that incorporate*
 26 *information about the patient's health and radiographic history,*
 27 *the time span since previous radiographs were taken, the*
 28 *availability of previous radiographs, the general condition of the*
 29 *mouth including the extent of dental restorations present, and*
 30 *visible signs of abnormalities, including broken teeth, dark areas,*
 31 *and holes in teeth.*

32 *(3) Laboratory instruction shall consist of simulated decision*
 33 *making using case studies containing the elements described in*
 34 *paragraph (2). There shall be at least one instructor for every 14*
 35 *students who are simultaneously engaged in laboratory instruction.*

36 *(4) Examination shall consist of decisionmaking where students*
 37 *make decisions and demonstrate competency to faculty on case*
 38 *studies containing the elements described in paragraph (2).*

P23 1 *(e) A program or course to perform the duties described in*
 2 *paragraph (2) of subdivision (b) shall contain all of the additional*
 3 *instructional components described in this subdivision.*

4 *(1) The program shall be of sufficient duration for the student*
 5 *to develop minimum competency in the application of protective*
 6 *restorations, including interim therapeutic restorations, but shall*
 7 *in no event be less than 16 clock hours, including at least four*
 8 *hours of didactic training, at least four hours of laboratory*
 9 *training, and at least eight hours of clinical training.*

10 *(2) Didactic instruction shall consist of instruction on all of the*

11 following topics:

12 (A) Pulpal anatomy.

13 (B) Theory of adhesive restorative materials used in the
14 placement of adhesive protective restorations related to
15 mechanisms of bonding to tooth structure, handling characteristics
16 of the materials, preparation of the tooth prior to material
17 placement, and placement techniques.

18 (C) Criteria that dentists use to make decisions about placement
19 of adhesive protective restorations including all of the following:

20 (i) Patient factors:

21 (I) The patient's American Society of Anesthesiologists Physical
22 Status Classification is Class III or less.

23 (II) The patient is cooperative enough to have the restoration
24 placed without the need for special protocols, including sedation
25 or physical support.

26 (III) The patient, or responsible party, has provided consent for
27 the procedure.

28 (IV) The patient reports that the tooth is asymptomatic, or if
29 there is mild sensitivity to sweet, hot, or cold that the sensation
30 stops within a few seconds of the stimulus being removed.

31 (ii) Tooth factors:

32 (I) The cavity is accessible without the need for creating access
33 using a dental handpiece.

34 (II) The margins of the cavity are accessible so that clean
35 noncarious margins can be obtained around the entire periphery
36 of the cavity with the use of hand instruments.

37 (III) The depth of the lesion is more than two millimeters from
38 the pulp on radiographic examination or is judged by the dentist
39 to be a shallow lesion such that the treatment does not endanger
40 the pulp or require the use of local anesthetic.

P24 1 (IV) The tooth is restorable and does not have other significant
2 pathology.

3 (D) Criteria for evaluating successful completion of adhesive
4 protective restorations including all of the following:

5 (i) The restorative material is not in hyperocclusion.

6 (ii) There are no marginal voids.

7 (iii) There is minimal excess material.

8 (E) Protocols for handling sensitivity, complications, or
9 unsuccessful completion of adhesive protective restorations
10 including situations requiring immediate referral to a dentist.

11 (F) Protocols for followup of adhesive protective restorations.

12 (3) Laboratory instruction shall consist of placement of adhesive
13 protective restorations where students demonstrate competency
14 in this technique on typodont teeth.

15 (4) Clinical instruction shall consist of experiences where
16 students demonstrate competency in placement of adhesive
17 protective restorations under direct supervision of faculty.

18 (f) This section shall remain in effect only until January 1, 2018,
19 and as of that date is repealed, unless a later enacted statute, that
20 is enacted before January 1, 2018, deletes or extends that date.

SEC. 11.

Section 1926.05 is added to the Business and Professions Code, to read:

1926.05.

(a) For the purposes of this section, "interim therapeutic restoration" means a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment.

(b) A registered dental hygienist in alternative practice may perform both of the following duties:

(1) Choose radiographs without the supervising dentist having first examined the patient, following protocols established by the supervising dentist and, consistent with the use of as low as reasonably necessary radiation, for the purpose of diagnosis and treatment planning by the dentist. The radiographs shall be taken only in either of the following settings:

(A) In a dental office setting, under the general supervision of a dentist.

(B) In a public health setting, including, but not limited to, schools, head start and preschool programs, and residential facilities and institutions, under the general supervision of a dentist.

(2) Place protective restorations, which for this purpose are identified as interim therapeutic restorations, as defined by subdivision (a), that compromise the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary. The protective restorations shall be placed only in accordance with both of the following:

(A) In either of the following settings:

(i) In a dental office setting, under the general supervision of a dentist.

(ii) In a public health setting, including, but not limited to, schools, head start and preschool programs, and residential facilities and institutions, under the general supervision of a dentist.

(B) After a diagnosis and treatment plan by a dentist.

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

(d) This section shall become operative on January 1, 2018.

SEC. 12.

Section 14132.725 of the Welfare and Institutions Code is amended to read:

14132.725.

(a) ~~Commencing July 1, 2006, to~~ To the extent that federal financial participation is available, face-to-face contact between a health care provider and a patient ~~shall~~ is not be required under the Medi-Cal program for teleophthalmology ~~and~~, teledermatology, and teledentistry by store and forward. Services

31 appropriately provided through the store and forward process are
 32 subject to billing and reimbursement policies developed by the
 33 department.

34 (b) For purposes of this section, “teleophthalmology ~~and,~~
 35 teledermatology, *and teledentistry* by store and forward” means
 36 an asynchronous transmission of medical *or dental* information to
 37 be reviewed at a later time by a physician at a distant site who is
 38 trained in ophthalmology or dermatology or, for teleophthalmology,
 39 by an optometrist who is licensed pursuant to Chapter 7
 40 (commencing with Section 3000) of Division 2 of the Business
 P26 1 and Professions Code, *or a dentist*, where the physician ~~or,~~
 2 optometrist, *or dentist* at the distant site reviews the medical *or*
 3 *dental* information without the patient being present in real time.
 4 A patient receiving teleophthalmology ~~or,~~ teledermatology, *or*
 5 *teledentistry* by store and forward shall be notified of the right to
 6 receive interactive communication with the distant specialist
 7 physician ~~or,~~ optometrist, *or dentist* and shall receive an interactive
 8 communication with the distant specialist physician ~~or,~~ optometrist,
 9 *or dentist*, upon request. If requested, communication with the
 10 distant specialist physician ~~or,~~ optometrist, *or dentist* may occur
 11 either at the time of the consultation, or within 30 days of the
 12 patient’s notification of the results of the consultation. If the
 13 reviewing optometrist identifies a disease or condition requiring
 14 consultation or referral pursuant to Section 3041 of the Business
 15 and Professions Code, that consultation or referral shall be with
 16 an ophthalmologist or other appropriate physician and surgeon, as
 17 required.

18 (c) Notwithstanding Chapter 3.5 (commencing with Section
 19 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
 20 the department may implement, interpret, and make specific this
 21 section by means of all-county letters, provider bulletins, and
 22 similar instructions.

23 (d) On or before January 1, 2008, the department shall report
 24 to the Legislature the number and type of services provided, and
 25 the payments made related to the application of store and forward
 26 telehealth as provided, under this section as a Medi-Cal benefit.

O



Bill Number: AB 1758	AUTHOR: Assembly Member PATTERSON
SPONSOR:	VERSION: 04/03/14
INTRODUCED: February 14, 2014	BILL STATUS : In Assembly Business, Professions and Consumer Protection
BILL LOCATION: Assembly Business, Professions and Consumer Protection Committee	HISTORY: 04/07/14 Re-referred to Com. on B.,P. & C.P. 04/03/14 From committee chair, with author's amendments: Amend, and re-refer to Com. on B.,P. & C.P. Read second time and amended. 03/24/14 Re-referred to Com. on B.,P. & C.P. 03/20/14 From committee chair, with author's amendments: Amend, and re-refer to Com. on B.,P. & C.P. Read second time and amended. 02/27/14 Referred to Com. on B.,P. & C.P. 02/18/14 From printer. May be heard in committee March 20. 02/14/14 Read first time. To print.
AGENDA ITEM: LEG 4 c.	
SUBJECT: Healing arts: initial license fees: proration	

SUMMARY

Existing law provides for the regulation and licensure of various professions and vocations. Existing law requires that licenses issued to certain licensees, including, among others, architects, acupuncturists, dental hygienists, dentists, occupational therapists, physical therapists, physicians and surgeons, psychologists, and veterinarians, expire at 12 midnight on either the last day of the birth month of the licensee or at 12 midnight of the legal birth date of the licensee during the second year of a two-year term if not renewed.

This bill would require that the fee for an initial temporary or permanent license or an original license, as specified imposed be prorated on a monthly basis.

Analysis: This bill would have a major fiscal impact on the Committee's licensing process. The existing licensing process has been programmed into the upcoming BreZE system. Adding the ability to pro-rate the initial licensing fee on a monthly basis would require additional programming expenses and costly change orders to the system.

Staff recommends the Committee take an oppose position on this bill due to its fiscal impact.

TYPE OF BILL

Active	Non-State-Mandated Local Program
Non-Urgency	Fiscal
Appropriations	Non-Tax Levy
Majority Vote Required	

ATTACHED:

- 1) Language

COMMITTEE POSITION: Support Oppose Neutral Watch

AMENDED IN ASSEMBLY APRIL 3, 2014

AMENDED IN ASSEMBLY MARCH 20, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL**No. 1758****Introduced by Assembly Member Patterson**

February 14, 2014

An act to amend Sections ~~1715, 1935, 2423, 2456.1, 2535, 2570.10, 2644, 2982, 3523, 4900, 4965, and 5600~~ 1724, 1944, 2435, 2538.57, 2570.16, 2688, 2987, 4842.5, 4905, 4970, and 5604 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1758, as amended, Patterson. Healing arts: ~~license renewal fees.~~ *initial license fees: proration.*

Existing law provides for the regulation and licensure of various professions and vocations. Existing law requires that licenses issued to certain licensees, including, among others, architects, acupuncturists, ~~dental auxiliaries,~~ dental hygienists, dentists, occupational therapists, physical therapists, physicians and surgeons, psychologists, ~~speech language pathologists,~~ and veterinarians, expire at 12 midnight on either the last day of the birth month of the licensee or at 12 midnight of the legal birth date of the licensee during the second year of a two-year term if not renewed.

This bill would ~~provide~~ *require* that the fee *for an initial temporary or permanent license, or an original license, as specified,* imposed ~~for the first renewal of a license issued~~ pursuant to these provisions ~~shall~~ be prorated on a monthly basis.

~~This bill would instead provide that a license issued to a dental hygienist expires, if not renewed or specifically excepted, 2 years after the date the license was issued or last renewed.~~

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- P2 1 **SECTION 1.**
 Section 1724 of the Business and Professions
 2 *Code is amended to read:*
 3 1724.
 The amount of charges and fees for dentists licensed
 4 pursuant to this chapter shall be established by the board as is
 5 necessary for the purpose of carrying out the responsibilities
 6 required by this chapter as it relates to dentists, subject to the
 7 following limitations:
 8 (a) The fee for application for examination shall not exceed five
 9 hundred dollars (\$500).
 10 (b) The fee for application for reexamination shall not exceed
 11 one hundred dollars (\$100).

12 (c) The fee for examination and for reexamination shall not
 13 exceed eight hundred dollars (\$800). Applicants who are found to
 14 be ineligible to take the examination shall be entitled to a refund
 15 in an amount fixed by the board.

16 (d) The fee for an initial license and for the renewal of a license
 17 shall not exceed four hundred fifty dollars (\$450). *The fee for an*
 18 *initial license shall be prorated on a monthly basis.*

19 (e) The fee for a special permit shall not exceed three hundred
 20 dollars (\$300), and the renewal fee for a special permit shall not
 21 exceed one hundred dollars (\$100).

22 (f) The delinquency fee shall be the amount prescribed by
 23 Section 163.5.

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

26 (h) The application fee for permission to conduct an additional
 27 place of practice shall not exceed two hundred dollars (\$200).

28 (i) The renewal fee for an additional place of practice shall not
 29 exceed one hundred dollars (\$100).

30 (j) The fee for issuance of a substitute certificate shall not exceed
 31 one hundred twenty-five dollars (\$125).

P3 1 (k) The fee for a provider of continuing education shall not
 2 exceed two hundred fifty dollars (\$250) per year.

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

5 (m) The fee for application for an extramural facility permit
 6 and for the renewal of a permit shall not exceed twenty-five dollars
 7 (\$25).

8 The board shall report to the appropriate fiscal committees of
 9 each house of the Legislature whenever the board increases any
 10 fee pursuant to this section and shall specify the rationale and
 11 justification for that increase.

12 *SEC. 2.*

13 *Section 1944 of the Business and Professions Code is*
 14 *amended to read:*

14 1944.

(a) The committee shall establish by resolution the
 15 amount of the fees that relate to the licensing of a registered dental
 16 hygienist, a registered dental hygienist in alternative practice, and
 17 a registered dental hygienist in extended functions. The fees
 18 established by board resolution in effect on June 30, 2009, as they
 19 relate to the licensure of registered dental hygienists, registered
 20 dental hygienists in alternative practice, and registered dental
 21 hygienists in extended functions, shall remain in effect until
 22 modified by the committee. The fees are subject to the following
 23 limitations:

24 (1) The application fee for an original license and the fee for
 25 the issuance of an original license shall not exceed two hundred
 26 fifty dollars (\$250). *The fee for the issuance of an original license*
 27 *shall be prorated on a monthly basis.*

28 (2) The fee for examination for licensure as a registered dental
 29 hygienist shall not exceed the actual cost of the examination.

30 (3) For third- and fourth-year dental students, the fee for
 31 examination for licensure as a registered dental hygienist shall not

32 exceed the actual cost of the examination.

33 (4) The fee for examination for licensure as a registered dental
 34 hygienist in extended functions shall not exceed the actual cost of
 35 the examination.

36 (5) The fee for examination for licensure as a registered dental
 37 hygienist in alternative practice shall not exceed the actual cost of
 38 administering the examination.

39 (6) The biennial renewal fee shall not exceed one hundred sixty
 40 dollars (\$160).

P4 1 (7) The delinquency fee shall not exceed one-half of the renewal
 2 fee. Any delinquent license may be restored only upon payment
 3 of all fees, including the delinquency fee, and compliance with all
 4 other applicable requirements of this article.

5 (8) The fee for issuance of a duplicate license to replace one
 6 that is lost or destroyed, or in the event of a name change, shall
 7 not exceed twenty-five dollars (\$25) or one-half of the renewal
 8 fee, whichever is greater.

9 (9) The fee for certification of licensure shall not exceed one-half
 10 of the renewal fee.

11 (10) The fee for each curriculum review and site evaluation for
 12 educational programs for dental hygienists who are not accredited
 13 by a committee-approved agency shall not exceed two thousand
 14 one hundred dollars (\$2,100).

15 (11) The fee for each review of courses required for licensure
 16 that are not accredited by a committee-approved agency, the
 17 Council for Private Postsecondary and Vocational Education, or
 18 the Chancellor’s Office of the California Community Colleges
 19 shall not exceed three hundred dollars (\$300).

20 (12) The initial application and biennial fee for a provider of
 21 continuing education shall not exceed five hundred dollars (\$500).

22 (13) The amount of fees payable in connection with permits
 23 issued under Section 1962 is as follows:

24 (A) The initial permit fee is an amount equal to the renewal fee
 25 for the applicant’s license to practice dental hygiene in effect on
 26 the last regular renewal date before the date on which the permit
 27 is issued.

28 (B) If the permit will expire less than one year after its issuance,
 29 then the initial permit fee is an amount equal to 50 percent of the
 30 renewal fee in effect on the last regular renewal date before the
 31 date on which the permit is issued.

32 (b) The renewal and delinquency fees shall be fixed by the
 33 committee by resolution at not more than the current amount of
 34 the renewal fee for a license to practice under this article nor less
 35 than five dollars (\$5).

36 (c) Fees fixed by the committee by resolution pursuant to this
 37 section shall not be subject to the approval of the Office of
 38 Administrative Law.

39 (d) Fees collected pursuant to this section shall be collected by
 40 the committee and deposited into the State Dental Hygiene Fund,
 P5 1 which is hereby created. All money in this fund shall, upon
 2 appropriation by the Legislature in the annual Budget Act, be used
 3 to implement the provisions of this article.

4 (e) No fees or charges other than those listed in this section shall

5 be levied by the committee in connection with the licensure of
 6 registered dental hygienists, registered dental hygienists in
 7 alternative practice, or registered dental hygienists in extended
 8 functions.

9 (f) The fee for registration of an extramural dental facility shall
 10 not exceed two hundred fifty dollars (\$250).

11 (g) The fee for registration of a mobile dental hygiene unit shall
 12 not exceed one hundred fifty dollars (\$150).

13 (h) The biennial renewal fee for a mobile dental hygiene unit
 14 shall not exceed two hundred fifty dollars (\$250).

15 (i) The fee for an additional office permit shall not exceed two
 16 hundred fifty dollars (\$250).

17 (j) The biennial renewal fee for an additional office as described
 18 in Section 1926.4 shall not exceed two hundred fifty dollars (\$250).

19 (k) The initial application and biennial special permit fee is an
 20 amount equal to the biennial renewal fee specified in paragraph
 21 (6) of subdivision (a).

22 (l) The fees in this section shall not exceed an amount sufficient
 23 to cover the reasonable regulatory cost of carrying out the
 24 provisions of this article.

25 *SEC. 3.*

26 *Section 2435 of the Business and Professions Code is*
 27 *amended to read:*

28 *2435.*

29 The following fees apply to the licensure of physicians
 30 and surgeons:

31 (a) Each applicant for a certificate based upon a national board
 32 diplomate certificate, each applicant for a certificate based on
 33 reciprocity, and each applicant for a certificate based upon written
 34 examination, shall pay a nonrefundable application and processing
 fee, as set forth in subdivision (b), at the time the application is
 filed.

35 (b) The application and processing fee shall be fixed by the
 36 board by May 1 of each year, to become effective on July 1 of that
 37 year. The fee shall be fixed at an amount necessary to recover the
 38 actual costs of the licensing program as projected for the fiscal
 39 year commencing on the date the fees become effective.

P6 1 (c) Each applicant who qualifies for a certificate, as a condition
 2 precedent to its issuance, in addition to other fees required herein,
 3 shall pay an initial license fee, if any, in an amount fixed by the
 4 board consistent with this section. The initial license fee shall not
 5 exceed seven hundred ninety dollars (\$790). *The initial license fee*
 6 *shall be prorated on a monthly basis.* An applicant enrolled in an
 7 approved postgraduate training program shall be required to pay
 8 only 50 percent of the initial license fee.

9 (d) The biennial renewal fee shall be fixed by the board
 10 consistent with this section and shall not exceed seven hundred
 11 ninety dollars (\$790).

12 (e) Notwithstanding subdivisions (c) and (d), and to ensure that
 13 subdivision (k) of Section 125.3 is revenue neutral with regard to
 14 the board, the board may, by regulation, increase the amount of
 15 the initial license fee and the biennial renewal fee by an amount
 16 required to recover both of the following:

17 (1) The average amount received by the board during the three

18 fiscal years immediately preceding July 1, 2006, as reimbursement
19 for the reasonable costs of investigation and enforcement
20 proceedings pursuant to Section 125.3.

21 (2) Any increase in the amount of investigation and enforcement
22 costs incurred by the board after January 1, 2006, that exceeds the
23 average costs expended for investigation and enforcement costs
24 during the three fiscal years immediately preceding July 1, 2006.
25 When calculating the amount of costs for services for which the
26 board paid an hourly rate, the board shall use the average number
27 of hours for which the board paid for those costs over these prior
28 three fiscal years, multiplied by the hourly rate paid by the board
29 for those costs as of July 1, 2005. Beginning January 1, 2009, the
30 board shall instead use the average number of hours for which it
31 paid for those costs over the three-year period of fiscal years
32 2005-06, 2006-07, and 2007-08, multiplied by the hourly rate
33 paid by the board for those costs as of July 1, 2005. In calculating
34 the increase in the amount of investigation and enforcement costs,
35 the board shall include only those costs for which it was eligible
36 to obtain reimbursement under Section 125.3 and shall not include
37 probation monitoring costs and disciplinary costs, including those
38 associated with the citation and fine process and those required to
39 implement subdivision (b) of Section 12529 of the Government
40 Code.

P7 1 (f) Notwithstanding Section 163.5, the delinquency fee shall be
2 10 percent of the biennial renewal fee.

3 (g) The duplicate certificate and endorsement fees shall each
4 be fifty dollars (\$50), and the certification and letter of good
5 standing fees shall each be ten dollars (\$10).

6 (h) It is the intent of the Legislature that, in setting fees pursuant
7 to this section, the board shall seek to maintain a reserve in the
8 Contingent Fund of the Medical Board of California in an amount
9 not less than two nor more than four months' operating
10 expenditures.

11 (i) Not later than January 1, 2012, the Office of State Audits
12 and Evaluations within the Department of Finance shall commence
13 a preliminary review of the board's financial status, including, but
14 not limited to, its projections related to expenses, revenues, and
15 reserves, and the impact of the loan from the Contingent Fund of
16 the Medical Board of California to the General Fund made pursuant
17 to the Budget Act of 2008. The office shall make the results of this
18 review available upon request by June 1, 2012. This review shall
19 be funded from the existing resources of the office during the
20 2011-12 fiscal year.

21 *SEC. 4.*

Section 2538.57 of the Business and Professions Code

is amended to read:

22 2538.57.

23 The amount of fees and penalties prescribed by this
24 article shall be those set forth in this section unless a lower fee is
25 fixed by the board:

26 (a) The fee for applicants applying for the first time for a license
27 is seventy-five dollars (\$75), which shall not be refunded, except
28 to applicants who are found to be ineligible to take an examination
29 for a license. Those applicants are entitled to a refund of fifty
30 dollars (\$50).

31 (b) The fees for taking or retaking the written and practical
 32 examinations shall be amounts fixed by the board, which shall be
 33 equal to the actual cost of preparing, grading, analyzing, and
 34 administering the examinations.

35 (c) The initial temporary license fee is one hundred dollars
 36 (\$100). *The fee for an initial temporary license shall be prorated*
 37 *on a monthly basis.* The fee for renewal of a temporary license is
 38 one hundred dollars (\$100) for each renewal.

39 (d) The initial permanent license fee is two hundred eighty
 40 dollars (\$280). *The fee for an initial permanent license shall be*
 P8 1 *prorated on a monthly basis.* The fee for renewal of a permanent
 2 license is not more than two hundred eighty dollars (\$280) for each
 3 renewal.

4 (e) The initial branch office license fee is twenty-five dollars
 5 (\$25). The fee for renewal of a branch office license is twenty-five
 6 dollars (\$25) for each renewal.

7 (f) The delinquency fee is twenty-five dollars (\$25).

8 (g) The fee for issuance of a replacement license is twenty-five
 9 dollars (\$25).

10 (h) The continuing education course approval application fee
 11 is fifty dollars (\$50).

12 (i) The fee for official certification of licensure is fifteen dollars
 13 (\$15).

14 *SEC. 5.*

Section 2570.16 of the Business and Professions Code

15 *is amended to read:*

16 2570.16.

Initial license and renewal fees shall be established
 17 by the board in an amount that does not exceed a ceiling of one
 18 hundred fifty dollars (\$150) per year. *The initial license fee shall*
 19 *be prorated on a monthly basis.* The board shall establish the
 20 following additional fees:

21 (a) An application fee not to exceed fifty dollars (\$50).

22 (b) A late renewal fee as provided for in Section 2570.10.

23 (c) A limited permit fee.

24 (d) A fee to collect fingerprints for criminal history record
 25 checks.

26 *SEC. 6.*

Section 2688 of the Business and Professions Code is

27 *amended to read:*

28 2688.

The amount of fees assessed in connection with licenses
 29 issued under this chapter is as follows:

30 (a) (1) The fee for an application for licensure as a physical
 31 therapist submitted to the board prior to March 1, 2009, shall be
 32 seventy-five dollars (\$75). The fee for an application submitted
 33 under Section 2653 to the board prior to March 1, 2009, shall be
 34 one hundred twenty-five dollars (\$125).

35 (2) The fee for an application for licensure as a physical therapist
 36 submitted to the board on or after March 1, 2009, shall be one
 37 hundred twenty-five dollars (\$125). The fee for an application
 38 submitted under Section 2653 to the board on or after March 1,
 39 2009, shall be two hundred dollars (\$200).

- P9 1 (3) Notwithstanding paragraphs (1) and (2), the board may
2 decrease or increase the amount of an application fee under this
3 subdivision to an amount that does not exceed the cost of
4 administering the application process, but in no event shall the
5 application fee amount exceed three hundred dollars (\$300).
- 6 (b) The examination and reexamination fees for the physical
7 therapist examination, physical therapist assistant examination,
8 and the examination to demonstrate knowledge of the California
9 rules and regulations related to the practice of physical therapy
10 shall be the actual cost to the board of the development and writing
11 of, or purchase of the examination, and grading of each written
12 examination, plus the actual cost of administering each
13 examination. The board, at its discretion, may require the licensure
14 applicant to pay the fee for the examinations required by Section
15 2636 directly to the organization conducting the examination.
- 16 (c) (1) The fee for a physical therapist license issued prior to
17 March 1, 2009, shall be seventy-five dollars (\$75).
- 18 (2) The fee for a physical therapist license issued on or after
19 March 1, 2009, shall be one hundred dollars (\$100).
- 20 (3) Notwithstanding paragraphs (1) and (2), the board may
21 decrease or increase the amount of the fee under this subdivision
22 to an amount that does not exceed the cost of administering the
23 process to issue the license, but in no event shall the fee to issue
24 the license exceed one hundred fifty dollars (\$150).
- 25 (4) *The fee assessed pursuant to this subdivision for an initial*
26 *physical therapist license issued on or after January 1, 2015, shall*
27 *be prorated on a monthly basis.*
- 28 (d) (1) The fee to renew a physical therapist license that expires
29 prior to April 1, 2009, shall be one hundred fifty dollars (\$150).
- 30 (2) The fee to renew a physical therapist license that expires on
31 or after April 1, 2009, shall be two hundred dollars (\$200).
- 32 (3) Notwithstanding paragraphs (1) and (2), the board may
33 decrease or increase the amount of the renewal fee under this
34 subdivision to an amount that does not exceed the cost of the
35 renewal process, but in no event shall the renewal fee amount
36 exceed three hundred dollars (\$300).
- 37 (e) (1) The fee for application and for issuance of a physical
38 therapist assistant license shall be seventy-five dollars (\$75) for
39 an application submitted to the board prior to March 1, 2009.
- P10 1 (2) The fee for application and for issuance of a physical
2 therapist assistant license shall be one hundred twenty-five dollars
3 (\$125) for an application submitted to the board on or after March
4 1, 2009. The fee for an application submitted under Section 2653
5 to the board on or after March 1, 2009, shall be two hundred dollars
6 (\$200).
- 7 (3) Notwithstanding paragraphs (1) and (2), the board may
8 decrease or increase the amount of the fee under this subdivision
9 to an amount that does not exceed the cost of administering the
10 application process, but in no event shall the application fee amount
11 exceed three hundred dollars (\$300).
- 12 (f) (1) The fee to renew a physical therapist assistant license
13 that expires prior to April 1, 2009, shall be one hundred fifty dollars
14 (\$150).

15 (2) The fee to renew a physical therapist assistant license that
 16 expires on or after April 1, 2009, shall be two hundred dollars
 17 (\$200).

18 (3) Notwithstanding paragraphs (1) and (2), the board may
 19 decrease or increase the amount of the renewal fee under this
 20 subdivision to an amount that does not exceed the cost of the
 21 renewal process, but in no event shall the renewal fee amount
 22 exceed three hundred dollars (\$300).

23 (g) Notwithstanding Section 163.5, the delinquency fee shall
 24 be 50 percent of the renewal fee in effect.

25 (h) (1) The duplicate wall certificate fee shall be fifty dollars
 26 (\$50). The duplicate renewal receipt fee amount shall be fifty
 27 dollars (\$50).

28 (2) Notwithstanding paragraph (1), the board may decrease or
 29 increase the amount of the fee under this subdivision to an amount
 30 that does not exceed the cost of issuing duplicates, but in no event
 31 shall that fee exceed one hundred dollars (\$100).

32 (i) (1) The endorsement or letter of good standing fee shall be
 33 sixty dollars (\$60).

34 (2) Notwithstanding paragraph (1), the board may decrease or
 35 increase the amount of the fee under this subdivision to an amount
 36 that does not exceed the cost of issuing an endorsement or letter,
 37 but in no event shall the fee amount exceed one hundred dollars
 38 (\$100).

39 *SEC. 7.*

40 *Section 2987 of the Business and Professions Code is*
amended to read:

P11 1 2987.

2 The amount of the fees prescribed by this chapter shall
 be determined by the board, and shall be as follows:

3 (a) The application fee for a psychologist shall not be more than
 4 fifty dollars (\$50).

5 (b) The examination and reexamination fees for the
 6 examinations shall be the actual cost to the board of developing,
 7 purchasing, and grading of each examination, plus the actual cost
 8 to the board of administering each examination.

9 (c) The initial license fee is an amount equal to the renewal fee
 10 in effect on the last regular renewal date before the date on which
 11 the license is issued. *The initial license fee shall be prorated on a*
 12 *monthly basis.*

13 (d) The biennial renewal fee for a psychologist shall be four
 14 hundred dollars (\$400). The board may increase the renewal fee
 15 to an amount not to exceed five hundred dollars (\$500).

16 (e) The application fee for registration and supervision of a
 17 psychological assistant by a supervisor under Section 2913, which
 18 is payable by that supervisor, shall not be more than seventy-five
 19 dollars (\$75).

20 (f) The annual renewal fee for registration of a psychological
 21 assistant shall not be more than seventy-five dollars (\$75).

22 (g) The duplicate license or registration fee is five dollars (\$5).

23 (h) The delinquency fee is twenty-five dollars (\$25).

24 (i) The endorsement fee is five dollars (\$5).

25 Notwithstanding any other ~~provision of~~ law, the board may

26 reduce any fee prescribed by this section, when, in its discretion,
27 the board deems it administratively appropriate.

28 *SEC. 8.*

Section 4842.5 of the Business and Professions Code

29 *is amended to read:*

30 4842.5.

The amount of fees prescribed by this article is that
31 fixed by the following schedule:

32 (a) The fee for filing an application for examination shall be set
33 by the board in an amount it determines is reasonably necessary
34 to provide sufficient funds to carry out the purposes of this chapter,
35 not to exceed three hundred fifty dollars (\$350).

36 (b) The fee for the California registered veterinary technician
37 examination shall be set by the board in an amount it determines
38 is reasonably necessary to provide sufficient funds to carry out the
39 purposes of this chapter, not to exceed three hundred dollars (\$300).

P12 1 (c) The initial registration fee shall be set by the board at not
2 more than three hundred fifty dollars (\$350), ~~except that, if the~~
3 ~~license is issued less than one year before the date on which it will~~
4 ~~expire, then the fee shall be set by the board at not more than one~~
5 ~~hundred seventy-five dollars (\$175) and shall be prorated on a~~
6 ~~monthly basis.~~ The board may adopt regulations to provide for the
7 waiver or refund of the initial registration fee ~~where~~ when the
8 registration is issued less than 45 days before the date on which it
9 will expire.

10 (d) The biennial renewal fee shall be set by the board at not
11 more than three hundred fifty dollars (\$350).

12 (e) The delinquency fee shall be set by the board at not more
13 than fifty dollars (\$50).

14 (f) Any charge made for duplication or other services shall be
15 set at the cost of rendering the services.

16 (g) The fee for filing an application for approval of a school or
17 institution offering a curriculum for training registered veterinary
18 technicians pursuant to Section 4843 shall be set by the board at
19 an amount not to exceed three hundred dollars (\$300). The school
20 or institution shall also pay for the actual costs of an onsite
21 inspection conducted by the board pursuant to Section 2065.6 of
22 Title 16 of the California Code of Regulations, including, but not
23 limited to, the travel, food, and lodging expenses incurred by an
24 inspection team sent by the board.

25 (h) The fee for failure to report a change in the mailing address
26 is twenty-five dollars (\$25).

27 *SEC. 9.*

Section 4905 of the Business and Professions Code is

28 *amended to read:*

29 4905.

The following fees shall be collected by the board and
30 shall be credited to the Veterinary Medical Board Contingent Fund:

31 (a) The fee for filing an application for examination shall be set
32 by the board in an amount it determines is reasonably necessary
33 to provide sufficient funds to carry out the purpose of this chapter,
34 not to exceed three hundred fifty dollars (\$350).

35 (b) The fee for the California state board examination shall be
36 set by the board in an amount it determines is reasonably necessary

37 to provide sufficient funds to carry out the purpose of this chapter,
 38 not to exceed three hundred fifty dollars (\$350).

39 (c) The fee for the Veterinary Medicine Practice Act
 40 examination shall be set by the board in an amount it determines
 P13 1 reasonably necessary to provide sufficient funds to carry out the
 2 purpose of this chapter, not to exceed one hundred dollars (\$100).

3 (d) The initial license fee shall be set by the board not to exceed
 4 five hundred dollars (\$500) ~~except that, if the license is issued less~~
 5 ~~than one year before the date on which it will expire, then the fee~~
 6 ~~shall be set by the board at not to exceed two hundred fifty dollars~~
 7 ~~(\$250) and shall be prorated on a monthly basis.~~ The board may,
 8 by appropriate regulation, provide for the waiver or refund of the
 9 initial license fee ~~where~~ when the license is issued less than 45
 10 days before the date on which it will expire.

11 (e) The renewal fee shall be set by the board for each biennial
 12 renewal period in an amount it determines is reasonably necessary
 13 to provide sufficient funds to carry out the purpose of this chapter,
 14 not to exceed five hundred dollars (\$500).

15 (f) The temporary license fee shall be set by the board in an
 16 amount it determines is reasonably necessary to provide sufficient
 17 funds to carry out the purpose of this chapter, not to exceed two
 18 hundred fifty dollars (\$250).

19 (g) The delinquency fee shall be set by the board, not to exceed
 20 fifty dollars (\$50).

21 (h) The fee for issuance of a duplicate license is twenty-five
 22 dollars (\$25).

23 (i) Any charge made for duplication or other services shall be
 24 set at the cost of rendering the service, except as specified in
 25 subdivision (h).

26 (j) The fee for failure to report a change in the mailing address
 27 is twenty-five dollars (\$25).

28 (k) The initial and annual renewal fees for registration of
 29 veterinary premises shall be set by the board in an amount not to
 30 exceed four hundred dollars (\$400) annually.

31 (l) If the money transferred from the Veterinary Medical Board
 32 Contingent Fund to the General Fund pursuant to the Budget Act
 33 of 1991 is redeposited into the Veterinary Medical Board
 34 Contingent Fund, the fees assessed by the board shall be reduced
 35 correspondingly. However, the reduction shall not be so great as
 36 to cause the Veterinary Medical Board Contingent Fund to have
 37 a reserve of less than three months of annual authorized board
 38 expenditures. The fees set by the board shall not result in a
 39 Veterinary Medical Board Contingent Fund reserve of more than
 40 10 months of annual authorized board expenditures.

P14 1 *SEC. 10.*

Section 4970 of the Business and Professions Code
 2 *is amended to read:*

3 4970.

The amount of fees prescribed for licensed acupuncturists
 4 shall be those set forth in this section unless a lower fee is fixed
 5 by the board in accordance with Section 4972:

6 (a) The application fee shall be seventy-five dollars (\$75).

7 (b) The examination and reexamination fees shall be the actual
 8 cost to the Acupuncture Board for the development and writing

- 9 of, grading, and administering of each examination.
- 10 (c) The initial license fee shall be three hundred twenty-five
- 11 dollars (\$325); ~~except that if the license will expire less than one~~
- 12 ~~year after its issuance, then the initial license fee shall be an amount~~
- 13 ~~equal to 50 percent of the initial license fee and shall be prorated~~
- 14 ~~on a monthly basis.~~
- 15 (d) The renewal fee shall be three hundred twenty-five dollars
- 16 (\$325) and in the event a lower fee is fixed by the board, shall be
- 17 an amount sufficient to support the functions of the board in the
- 18 administration of this chapter. The renewal fee shall be assessed
- 19 on an annual basis until January 1, 1996, and on and after that date
- 20 the board shall assess the renewal fee biennially.
- 21 (e) The delinquency fee shall be set in accordance with Section
- 22 163.5.
- 23 (f) The application fee for the approval of a school or college
- 24 under Section 4939 shall be three thousand dollars (\$3,000).
- 25 (g) The duplicate wall license fee is an amount equal to the cost
- 26 to the board for the issuance of the duplicate license.
- 27 (h) The duplicate renewal receipt fee is ten dollars (\$10).
- 28 (i) The endorsement fee is ten dollars (\$10).
- 29 (j) The fee for a duplicate license for an additional office
- 30 location as required under Section 4961 shall be fifteen dollars
- 31 (\$15).

32 *SEC. 11.*
 33 *Section 5604 of the Business and Professions Code*
 34 *is amended to read:*

- 35 5604.
 36 The fees prescribed by this chapter for architect
 37 applicants or architect licenseholders shall be fixed by the board
 38 as follows:
- 39 (a) The application fee for reviewing a candidate’s eligibility
 - P15 1 (b) The fee for any section of the examination administered by
 - 2 the board may not exceed one hundred dollars (\$100).
 - 3 (c) The fee for an original license at an amount equal to the
 - 4 renewal fee in effect at the time the license is issued, ~~except that,~~
 - 5 ~~if the license is issued less than one year before the date on which~~
 - 6 ~~it will expire, then the fee shall be fixed at an amount equal to 50~~
 - 7 ~~percent of the renewal fee in effect at the time the license is issued .~~
 - 8 *The fee for an original license shall be prorated on a monthly*
 - 9 *basis.* The board may, by appropriate regulation, provide for the
 - 10 waiver or refund of the fee for an original license if the license is
 - 11 issued less than 45 days before the date on which it will expire.
 - 12 (d) The fee for an application for reciprocity may not exceed
 - 13 one hundred dollars (\$100).
 - 14 (e) The fee for a duplicate license may not exceed twenty-five
 - 15 dollars (\$25).
 - 16 (f) The renewal fee may not exceed four hundred dollars (\$400).
 - 17 (g) The delinquency fee may not exceed 50 percent of the
 - 18 renewal fee.
 - 19 (h) The fee for a retired license may not exceed the fee
 - 20 prescribed in subdivision (c).

21 SECTION 1.—
22 Section 1715 of the *Business and Professions*

Code is amended to read:

23 1715.—

(a) Licenses issued pursuant to this chapter, unless
24 specifically excepted, expire at 12 midnight on the legal birth date
25 of a licentiate of the board during the second year of a two-year
26 term if not renewed.

(b) The board shall establish procedures for the administration
27 of the birth date renewal program, including, but not limited to,
28 the establishment of a pro rata formula for the payment of fees by
29 licentiates affected by the implementation of the program and the
30 establishment of a system of staggered license expiration dates to
31 ensure that a relatively equal number of licenses expire annually.

(c) The fee imposed for the first renewal of a license issued
32 pursuant to this chapter shall be prorated on a monthly basis.

33 SEC. 2.—

34 Section 1935 of the *Business and Professions Code* is
35 amended to read:

36 1935.—

If not renewed, a license issued under the provisions of
37 this article, unless specifically excepted, expires at 12 midnight
38 on the last day of the month of the legal birth date of the licensee
39 during the second year of a two-year term. To renew an unexpired
40 license, the licensee shall, before the time at which the license
P16 1 would otherwise expire, apply for renewal on a form prescribed
2 by the committee and pay the renewal fee prescribed by this article.
3 The fee imposed for the first renewal of the license shall be
4 prorated on a monthly basis.

5 SEC. 3.—

6 Section 2423 of the *Business and Professions Code* is
7 amended to read:

8 2423.—

(a) Notwithstanding Section 2422:

9 (1) All physician and surgeon's certificates, certificates to
10 practice podiatric medicine, registrations of spectacle lens
11 dispensers and contact lens dispensers, and certificates to practice
12 midwifery shall expire at 12 midnight on the last day of the birth
13 month of the licensee during the second year of a two-year term
14 if not renewed.

(2) Registrations of dispensing opticians will expire at midnight
15 on the last day of the month in which the license was issued during
16 the second year of a two-year term if not renewed.

(b) The Division of Licensing shall establish by regulation
17 procedures for the administration of a birth date renewal program,
18 including, but not limited to, the establishment of a system of
19 staggered license expiration dates such that a relatively equal
20 number of licenses expire monthly.

(c) To renew an unexpired license, the licensee shall, on or
21 before the dates on which it would otherwise expire, apply for
22 renewal on a form prescribed by the licensing authority and pay
23 the prescribed renewal fee. The fee imposed for the first renewal
24 of the license shall be prorated on a monthly basis.

25 SEC. 4.—

26 Section 2456.1 of the *Business and Professions Code*

29 is amended to read:

30 ~~2456.1.—~~

(a) ~~All osteopathic physician's and surgeon's certificates shall expire at 12 midnight on the last day of the birth month of the licensee during the second year of a two-year term if not renewed on or before that day.~~

34 (b) ~~The board shall establish by regulation procedures for the administration of a birth date renewal program, including, but not limited to, the establishment of a system of staggered license expiration dates such that a relatively equal number of licenses expire monthly.~~

39 (c) ~~To renew an unexpired license, the licensee shall, on or before the dates on which it would otherwise expire, apply for renewal on a form prescribed by the board and pay the prescribed renewal fee. The fee imposed for the first renewal of the license shall be prorated on a monthly basis.~~

4 ~~SEC. 5.—~~

5 ~~Section 2535 of the Business and Professions Code is amended to read:~~

6 ~~2535.—~~

7 (a) ~~All licenses issued as of January 1, 1992, shall expire at 12 a.m. of the last day of the birth month of the licensee during the second year of a two-year term if not renewed.~~

9 (b) ~~All licenses issued under this chapter, except those licenses issued pursuant to subdivision (a), shall expire at 12 a.m. of the last day of the birth month of the licensee during the second year of a two-year term, if not renewed.~~

13 (c) ~~To renew an unexpired license, the licensee shall, on or before the date of expiration of the license, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee. The fee imposed for the first renewal of the license shall be prorated on a monthly basis.~~

18 ~~SEC. 6.—~~

19 ~~Section 2570.10 of the Business and Professions Code is amended to read:~~

20 ~~2570.10.—~~

21 (a) ~~Any license issued under this chapter shall be subject to renewal as prescribed by the board and shall expire unless renewed in that manner. The board may provide for the late renewal of a license as provided for in Section 163.5. The fee imposed for the first renewal of the license shall be prorated on a monthly basis.~~

26 (b) ~~In addition to any other qualifications and requirements for licensure renewal, the board may by rule establish and require the satisfactory completion of continuing competency requirements as a condition of renewal of a license.~~

30 ~~SEC. 7.—~~

31 ~~Section 2644 of the Business and Professions Code is amended to read:~~

32 ~~2644.—~~

33 (a) ~~Every license issued under this chapter shall expire at 12 a.m. on the last day of the birth month of the licensee during the second year of a two-year term, if not renewed.~~

35 (b) ~~To renew an unexpired license, the licensee shall, on or~~

36 ~~before the date on which it would otherwise expire, apply for~~
 37 ~~renewal on a form prescribed by the board, pay the prescribed~~
 38 ~~renewal fee, and submit proof of the completion of continuing~~
 39 ~~competency required by the board pursuant to Section 2649. The~~
 40 ~~licensee shall disclose on his or her license renewal application~~
 P18 1 ~~any misdemeanor or other criminal offense for which he or she~~
 2 ~~has been found guilty or to which he or she has pleaded guilty or~~
 3 ~~no contest. The fee imposed for the first renewal of the license~~
 4 ~~shall be prorated on a monthly basis.~~

5 ~~SEC. 8.—~~

6 ~~Section 2982 of the *Business and Professions Code* is~~
 7 ~~amended to read:~~

8 ~~2982.—~~

9 ~~(a) All licenses expire and become invalid at 12 midnight~~
 10 ~~on the last day of February, 1980, and thereafter shall expire at 12~~
 11 ~~midnight of the legal birth date of the licensee during the second~~
 12 ~~year of a two-year term, if not renewed.~~

13 ~~(b) The board shall establish by regulation procedures for the~~
 14 ~~administration of the birth date renewal program, including but~~
 15 ~~not limited to, the establishment of a pro rata formula for the~~
 16 ~~payments of fees by licentiates affected by the implementation of~~
 17 ~~that program and the establishment of a system of staggered license~~
 18 ~~application dates such that a relatively equal number of licenses~~
 19 ~~expire annually.~~

20 ~~(c) To renew an unexpired license, the licensee shall, on or~~
 21 ~~before the date on which it would otherwise expire, apply for~~
 22 ~~renewal on a form provided by the board, accompanied by the~~
 23 ~~prescribed renewal fee. The fee imposed for the first renewal of~~
 24 ~~the license shall be prorated on a monthly basis.~~

25 ~~SEC. 9.—~~

26 ~~Section 3523 of the *Business and Professions Code* is~~
 27 ~~amended to read:~~

28 ~~3523.—~~

29 ~~(a) All physician assistant licenses shall expire at 12~~
 30 ~~midnight of the last day of the birth month of the licensee during~~
 31 ~~the second year of a two-year term if not renewed.~~

32 ~~(b) The board shall establish by regulation procedures for the~~
 33 ~~administration of a birthdate renewal program, including, but not~~
 34 ~~limited to, the establishment of a system of staggered license~~
 35 ~~expiration dates and a pro rata formula for the payment of renewal~~
 36 ~~fees by physician assistants affected by the implementation of the~~
 37 ~~program.~~

38 ~~(c) To renew an unexpired license, the licensee shall, on or~~
 39 ~~before the date of expiration of the license, apply for renewal on~~
 40 ~~a form provided by the board, accompanied by the prescribed~~
 41 ~~renewal fee. The fee imposed for the first renewal of the license~~
 42 ~~shall be prorated on a monthly basis.~~

43 ~~SEC. 10.—~~

44 ~~Section 4900 of the *Business and Professions Code*~~
 45 ~~is amended to read:~~

P19 1 ~~4900.—~~

2 ~~(a) All veterinary licenses and veterinary technician~~
 3 ~~registrations shall expire at 12 midnight of the last day of the birth~~
 4 ~~month of the licensee or registrant during the second year of a~~
 5 ~~two-year term if not renewed.~~

5 ~~(b) The board shall establish by regulation procedures for the~~
6 ~~administration of a birth date renewal program, including, but not~~
7 ~~limited to, the establishment of a system of staggered license and~~
8 ~~registration expiration dates and a pro rata formula for the payment~~
9 ~~of renewal fees by veterinarians and registered veterinary~~
10 ~~technicians affected by the implementation of the program.~~

11 ~~(c) To renew an unexpired license or registration, the licensee~~
12 ~~or registrant shall, on or before the date of expiration of the license~~
13 ~~or registration, apply for renewal on a form provided by the board,~~
14 ~~accompanied by the prescribed renewal fee. The fee imposed for~~
15 ~~the first renewal of the license shall be prorated on a monthly basis.~~

16 ~~(d) Renewal under this section shall be effective on the date on~~
17 ~~which the application is filed, on the date on which the renewal~~
18 ~~fee is paid, or on the date on which the delinquency fee, if any, is~~
19 ~~paid, whichever occurs last. If so renewed, the license or~~
20 ~~registration shall continue in effect through the expiration date~~
21 ~~provided in this section which next occurs after the effective date~~
22 ~~of the renewal, when it shall expire, if it is not again renewed.~~

23 ~~SEC. 11.—~~

24 ~~Section 4965 of the *Business and Professions Code*~~
25 ~~is amended to read:~~

26 ~~4965.—~~

27 ~~(a) Licenses issued pursuant to this chapter shall expire~~
28 ~~on the last day of the birth month of the licensee during the second~~
29 ~~year of a two-year term, if not renewed.~~

30 ~~(b) The board shall establish and administer a birth date renewal~~
31 ~~program.~~

32 ~~(c) To renew an unexpired license, the holder shall apply for~~
33 ~~renewal on a form provided by the board and pay the renewal fee~~
34 ~~fixed by the board. The fee imposed for the first renewal of the~~
35 ~~license shall be prorated on a monthly basis.~~

36 ~~SEC. 12.—~~

37 ~~Section 5600 of the *Business and Professions Code*~~
38 ~~is amended to read:~~

39 ~~5600.—~~

40 ~~(a) All licenses issued or renewed under this chapter~~
41 ~~shall expire at 12 midnight on the last day of the birth month of~~
42 ~~the licenseholder in each odd-numbered year following the issuance~~
43 ~~or renewal of the license.~~

P20 1 ~~(b) To renew an unexpired license, the licenseholder shall,~~
2 ~~before the time at which the license would otherwise expire, apply~~
3 ~~for renewal on a form prescribed by the board and pay the renewal~~
4 ~~fee prescribed by this chapter. The fee imposed for the first renewal~~
5 ~~of the license shall be prorated on a monthly basis.~~

6 ~~(c) The renewal form shall include a statement specifying~~
7 ~~whether the licensee was convicted of a crime or disciplined by~~
8 ~~another public agency during the preceding renewal period and~~
9 ~~that the licensee's representations on the renewal form are true,~~
10 ~~correct, and contain no material omissions of fact, to the best~~
11 ~~knowledge and belief of the licensee.~~



Bill Number: AB 2058	AUTHOR: Assembly Member WILK
SPONSOR:	VERSION: 04/09/14
INTRODUCED: February 14, 2014	BILL STATUS : In Assembly Appropriations Committee
BILL LOCATION: Assembly Appropriations Committee	HISTORY: 04/10/14 Re-referred to Com. on APPR. 04/09/14 Read second time and amended. 04/08/14 From committee: Do pass as amended and re-refer to Com. on APPR. (Ayes 19. Noes 0.) (April 2) 04/07/14 Re-referred to Com. on B.,P. & C.P. 04/03/14 From committee chair, with author's amendments: Amend, and re-refer to Com. on B.,P. & C.P. Read second time and amended. 03/24/14 Re-referred to Com. on B.,P. & C.P. 03/20/14 From committee chair, with author's amendments: Amend, and re-refer to Com. on B.,P. & C.P. Read second time and amended. 02/27/14 Referred to Com. on B.,P. & C.P. 02/18/14 From printer. May be heard in committee March 20. 02/14/14 Read first time. To print.
AGENDA ITEM: LEG 4 d.	
SUBJECT: Open meetings	

SUMMARY

Existing law, the Bagley-Keene Open Meeting Act, requires that all meetings of a state body, as defined, be open and public and that all persons be permitted to attend and participate in any meeting of a state body, subject to certain conditions and exceptions.

This bill would modify the definition of "state body" to exclude an advisory body with less than 3 individuals, except for certain standing committees. The bill makes legislative findings and declarations in this regard. The bill also declares that it is to take effect immediately as an emergency statute.

Analysis: This bill would have an impact on the Committee's ability to create a two-member standing subcommittee which has a continuing subject matter jurisdiction, or a meeting schedule that is fixed by resolution, policy, bylaws or formal action of the Committee. Meetings of such a two-member subcommittee would have to be publicly noticed and meeting location expenses and staff travel would be incurred to support the usual public meeting arrangements.

TYPE OF BILL

Active	Non-State-Mandated Local Program
Urgency	Fiscal
Appropriations	Non-Tax Levy
2/3 Vote Required	

ATTACHED:

- 1) Language

COMMITTEE POSITION: _____ Support _____ Oppose _____ Neutral _____ Watch

AMENDED IN ASSEMBLY APRIL 9, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL**No. 2058**

Introduced by Assembly Member Wilk
(Coauthors: Assembly Members Hagman and Harkey)
 (Coauthor: Senator DeSaulnier)
 (Coauthors: Senators DeSaulnier, Gaines, and Vidak)

February 20, 2014

An act to amend Section 11121 of the Government Code, relating to state government, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 2058, as amended, Wilk. Open meetings.

The Bagley-Keene Open Meeting Act requires that all meetings of a state body, as defined, be open and public and that all persons be permitted to attend and participate in any meeting of a state body, subject to certain conditions and exceptions.

This bill would modify the definition of "state body" to exclude an advisory body with less than 3 individuals, except for certain standing committees. ~~This bill would also make legislative findings and declarations in this regard.~~

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: $\frac{2}{3}$. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- P2 1 ~~SECTION 1.~~
 ~~The Legislature finds and declares all of the~~
 2 ~~following:~~
 3 ~~(a) The unpublished decision of the Third District Court of~~
 4 ~~Appeals in Funeral Security Plans v. State Board of Funeral~~
 5 ~~Directors (1994) 28 Cal. App.4th 1470 is an accurate reflection of~~
 6 ~~legislative intent with respect to the applicability of the~~
 7 ~~Bagley-Keene Open Meeting Act (Article 9 (commencing with~~
 8 ~~Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of~~
 9 ~~the Government Code) (Bagley-Keene Act) to a two-member~~
 10 ~~standing advisory committee of a state body. A two-member~~
 11 ~~standing committee of a state body, even if operating solely in an~~
 12 ~~advisory capacity, already is a "state body," as defined in~~
 13 ~~subdivision (d) of Section 11121 of the Government Code,~~
 14 ~~irrespective of its size, if a member of the state body sits on the~~
 15 ~~committee and the committee receives funds from the state body.~~
 16 ~~For this type of two-member standing advisory committee, this~~
 17 ~~bill is declaratory of existing law.~~
 18 ~~(b) A two-member standing committee of a state body, even if~~

19 ~~operating solely in an advisory capacity, already is a "state body,"~~
 20 ~~as defined in subdivision (b) of Section 11121 of the Government~~
 21 ~~Code, irrespective of its composition, if it exercises any authority~~
 22 ~~of a state body delegated to it by that state body. For this type of~~
 23 ~~two-member standing advisory committee, this bill is declaratory~~
 24 ~~of existing law.~~

25 ~~(c) All two-member standing advisory committees of a local~~
 26 ~~body are subject to open meeting requirements under the Ralph~~
 27 ~~M. Brown Act (Chapter 9 (commencing with Section 54950) of~~
 28 ~~Part 1 of Division 2 of Title 5 of the Government Code) (Brown~~
 29 ~~Act). It is the intent of the Legislature in this act to reconcile~~
 30 ~~language in the Brown Act and Bagley-Keene Act with respect to~~
 31 ~~all two-member standing advisory committees, including, but not~~
 32 ~~limited to, those described in subdivisions (a) and (b).~~

33 ~~SEC. 2:~~

34 ~~SECTION 1.~~

Section 11121 of the *Government Code* is
 amended to read:

11121.

As used in this article, "state body" means each of the
 following:

(a) Every state board, or commission, or similar multimember
 body of the state that is created by statute or required by law to
 conduct official meetings and every commission created by
 executive order.

(b) A board, commission, committee, or similar multimember
 body that exercises any authority of a state body delegated to it by
 that state body.

(c) An advisory board, advisory commission, advisory
 committee, advisory subcommittee, or similar multimember
 advisory body of a state body, if created by formal action of the
 state body or of any member of the state body. ~~Advisory bodies~~
 An advisory body created to consist of fewer than three individuals
 are is not a state body, except that a standing ~~committees~~ committee
 of a state body, irrespective of ~~their~~ its composition, which ~~have~~
 has a continuing subject matter jurisdiction, or a meeting schedule
 fixed by resolution, policies, bylaws, or formal action of a state
 body ~~are is a state bodies~~ body for the purposes of this chapter.

(d) A board, commission, committee, or similar multimember
 body on which a member of a body that is a state body pursuant
 to this section serves in his or her official capacity as a
 representative of that state body and that is supported, in whole or
 in part, by funds provided by the state body, whether the
 multimember body is organized and operated by the state body or
 by a private corporation.

~~SEC. 3:~~

SEC. 2.

This act is an urgency statute necessary for the
 immediate preservation of the public peace, health, or safety within
 the meaning of Article IV of the Constitution and shall go into
 immediate effect. The facts constituting the necessity are:

In order to avoid unnecessary litigation and ensure the people's
 right to access of the meetings of public bodies pursuant to Section
 3 of Article 1 of the California Constitution, it is necessary that
 act take effect immediately.

P3



Bill Number: AB 2165	AUTHOR: Assembly Member PATTERSON
SPONSOR:	VERSION: 04/10/14
INTRODUCED: February 20, 2014	BILL STATUS : In Assembly Business, Professions and Consumer Protection
BILL LOCATION: Assembly Business, Professions and Consumer Protection Committee	HISTORY: 04/10/14 From committee chair, with author's amendments: Amend, and re-refer to Com. on B.,P. & C.P. Read second time and amended. 03/06/14 Referred to Com. on B.,P. & C.P. 03/21/14 From printer. May be heard in committee March 23. 02/20/14 Read first time. To print.
AGENDA ITEM: LEG 4 e.	
SUBJECT: Professions and vocations: licenses	

SUMMARY

Existing law provides that boards within the Department of Consumer Affairs license and regulate persons practicing various healing arts, professions, vocations, and businesses. Existing law requires these boards to establish eligibility and application requirements, including examinations, to license, certificate, or register each applicant who successfully satisfies applicable requirements.

This bill would require each board to complete within 45 days the application review process with respect to each person who has filed with the board an application for issuance of a license, and to issue, within that same 45 days, a license to an applicant who successfully satisfied all licensure requirements. The bill also requires each board to offer each examination the board provides for the applicant's passage of which is required for licensure, a minimum of 6 times per year.

Analysis: This bill may impact the Committee as currently written, since it is difficult to discern from the bill whether requirements for Live Scan and applicable fees would be maintained for exam applicants. It may result in additional costs to change the new BreEZe computer system, if such changes are necessary.

TYPE OF BILL

Active	Non-State-Mandated Local Program
Non-Urgency	Fiscal
Non-Appropriations	Non-Tax Levy
Majority Vote Required	

ATTACHED:

- 1) Language

COMMITTEE POSITION: ____ Support ____ Oppose ____ Neutral ____ Watch

AMENDED IN ASSEMBLY APRIL 10, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL**No. 2165****Introduced by Assembly Member Patterson**

February 20, 2014

An act to add Section 101.8 to the Business and Professions Code, relating to licensing professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 2165, as amended, Patterson. Professions and vocations: licenses.

Under existing law, boards within the Department of Consumer Affairs license and regulate persons practicing various healing arts, professions, vocations, and businesses. Existing law requires these boards to establish eligibility and application requirements, including examinations, to license, certificate, or register each applicant who successfully satisfies applicable requirements.

This bill would require each board, *as defined*, to complete within 45 days the application review process with respect to each person who has filed with the board an application for issuance of a license, and to issue, within ~~that~~ those 45 days, a license to an applicant who *has* successfully satisfied all licensure requirements, *as specified*. The bill ~~would also require~~ require each board to offer each examination the board provides for the applicant's passage of which is required for licensure, a minimum of 6 times per year, *unless the board uses a national examination*. The bill would also authorize a person who has satisfied the educational requirements of the licensing act of which he or she seeks licensure to immediately apply for and take the professional examination required for licensure regardless of whether his or her application for licensure is then pending with the board for which he or she seeks licensure.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- P2 1 SECTION 1.
 2 Section 101.8 is added to the *Business and*
 3 *Professions Code*, to read:
 4 101.8.
 5 (a) Notwithstanding any other law, every board, as
 6 defined in Section 22, within 45 days following the filing date of
 7 an application with the board for issuance of a license, as defined
 8 in Section 23.7, to engage in the business or profession regulated
 9 by that board, the board shall do both of the following:
 10 (1) Complete the application review process.
 11 (2) If the applicant has satisfied all of the requirements for
 licensure under the applicable licensing act, issue the applicant the
 applicable license.

12 **(b)** For purposes of paragraph (2) of subdivision (a), an
13 applicant has satisfied all of the requirements for licensure under
14 the applicable licensing act only if all of the documents required
15 by the licensing board for licensure have been submitted to the
16 board, regardless of whether those documents are to be submitted
17 by the applicant with his or her application or separately by any
18 other person or entity, such as for purposes of, among other things,
19 verification of completion of the applicant's coursework, training,
20 or clinical experience, if required under the applicable licensing
21 act.

22 **(b)**

23 **(c)** Every board that offers an examination that an applicant is
24 required to complete successfully for licensure, shall offer that
25 examination a minimum of six times per year, *unless the board*
26 *uses a national examination.*

27 **(d)** Notwithstanding any other law, a person who has satisfied
28 the educational requirements of the licensing act of which he or
29 she seeks licensure, such as graduation from a state-approved or
30 state-accredited school of which graduation is required by the
31 applicable licensing act, may immediately apply for and take the
32 professional examination required for licensure, regardless of
P3 1 whether his or her application for licensure is then pending with
2 the board for which he or she seeks licensure.

O



Bill Number: AB 2507	AUTHOR: Assembly Member BOCANEGRA
SPONSOR:	VERSION: 04/10/14
INTRODUCED: February 21, 2014	BILL STATUS : In Assembly Judiciary
BILL LOCATION: Assembly Judiciary Committee	HISTORY: 04/10/14 From committee chair, with author's amendments: Amend, and re-refer to Com. on JUD. Read second time and amended. 04/01/14 In committee: Set, first hearing. Hearing canceled at the request of author. 03/ 13/14 Referred to Coms. on JUD. and L. GOV. 02/24/14 Read first time. 02/ 23/14 From printer. May be heard in committee March 25. 02/21/14 Introduced. To print.
AGENDA ITEM: LEG 4 f.	
SUBJECT: Public Records Act: exemptions: pending litigation	

SUMMARY

Existing law, the California Public Records Act (CPRA), requires state and local agencies to make public records available upon receiving a request that reasonably describes an identifiable record not otherwise exempt from disclosure, upon the payment of fees to cover costs.

Existing law exempts from these disclosure requirements any records pertaining to pending litigation to which the public agency is a party, until the pending litigation or claim has been finally adjudicated or otherwise settled.

This bill would provide that outside attorney billing records, when they are prepared in connection with a pending civil action in which a public agency is a defendant, are exempt from the CPRA's disclosure provisions during the pendency of the litigation.

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

This bill would make legislative findings to that effect.

Analysis: This bill would ensure that private attorney billing records prepared in connection with pending litigation in which a public agency is a defendant are exempt from public disclosure requirements until the litigation is settled.

TYPE OF BILL

Active	Non-State-Mandated Local Program
Non-Urgency	Fiscal
Non-Appropriations	Non-Tax Levy
Majority Vote Required	

ATTACHED:

- 1) Language

COMMITTEE POSITION: Support Oppose Neutral Watch

AMENDED IN ASSEMBLY APRIL 10, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL**No. 2507****Introduced by Assembly Member Bocanegra**

February 21, 2014

An act to amend Section 6254 of the Government Code, relating to public records.

LEGISLATIVE COUNSEL'S DIGEST

AB 2507, as amended, Bocanegra. Public Records Act: exemptions: pending litigation.

Existing law, the California Public Records Act (CPRA), requires state and local agencies to make public records available upon receipt of a request that reasonably describes an identifiable record not otherwise exempt from disclosure, upon the payment of fees to cover costs.

Existing law exempts from the CPRA's disclosure requirements any records pertaining to pending litigation to which the public agency is a party, until the pending litigation or claim has been finally adjudicated or otherwise settled.

This bill would provide that ~~public agency~~ *outside* attorney billing records, when they are prepared in connection with ~~pending litigation~~, *a pending civil action in which a public agency is a defendant*, are exempt from the CPRA's disclosure provisions during the pendency of the litigation.

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

This bill would make legislative findings to that effect.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- P2 1 SECTION 1.
 2 The Legislature finds and declares all of the
 3 following:
 4 ~~(1)~~
 5 (a) Interpretation of the California Public Records Act is a matter
 6 of great significance to public entities across the state. Public
 7 entities and public employees necessarily participate in litigation
 8 on an ongoing basis as part of conducting the public's business. It
 9 is therefore vital that clear guidelines be established with respect
 10 to the application of the act as it relates to pending litigation.
 11 ~~(2)~~
 12 (b) Public entities must often retain outside counsel to prosecute
 13 and defend actions in the public's interest. Public entities
 throughout the state have a strong interest in having clear guidelines

14 established concerning records pertaining to pending litigation
 15 generated by outside counsel.

16 ~~(3)~~

17 (c) Without clarification, every public entity in the state is
 18 subject to ongoing requests for attorneys’ invoices, billing
 19 statements, and cost amounts in pending cases that result in
 20 increased administrative costs and compromise the defense and
 21 prosecution of public actions.

22 ~~(4)~~

23 (d) The right of the public to access records pertaining to
 24 pending litigation will not be affected, as any such records,
 25 notwithstanding any other provision of law, are not exempt from
 26 disclosure under law upon final adjudication or settlement.

27 ~~(5)~~

28 (e) It is necessary for a state and local agency to withhold certain
 29 records from public disclosure to permit that agency to properly
 30 perform their governmental functions, including their ability to
 31 prosecute and defend themselves in public actions.

32 ~~(6)~~

P3 1 (f) The pending litigation exemption is designed to prevent a
 2 litigant opposing a governmental entity from using the act to secure
 3 earlier or greater access to records than would be then would be
 4 otherwise available under the rules of civil discovery.

35 ~~(7)~~

6 (g) There is a public interest in the disclosure of the resources
 7 and funds expended in litigation involving a public entity. There
 8 is, however, no public interest to be served in disclosing that
 9 information, particularly attorneys’ invoices, billing statements,
 10 and cost amounts while litigation is pending against the public
 11 entity.

12 ~~(8)~~

13 (h) Disclosing such information to a public entity's adversary
 14 in litigation will have the negative impact of also disclosing how
 15 the public entity is utilizing its resources on a particular case while
 16 it is pending, and thus revealing an entity's case valuation and
 17 strategy. This will unbalance the scales of justice and prejudice
 18 the public entity in settlement negotiations and trial.

19 ~~(9)~~

20 (i) Information about attorneys’ invoices, billing statements,
 21 and cost amounts in the course of ongoing pending litigation
 22 affords litigants opposing a public entity a tactical insight to exploit
 23 for purposes of accelerating litigation at a particular point,
 24 prolonging litigation, or timing a settlement demand and puts the
 25 public entity at a disadvantage that the litigation exemption was
 26 designed to prevent.

27 SEC. 2.

28 Section 6254 of the *Government Code* is amended to
 29 read:
 6254.

30 Except as provided in Sections 6254.7 and 6254.13,
 31 nothing in this chapter shall be construed to require disclosure of
 32 records that are any of the following:

32 (a) Preliminary drafts, notes, or interagency or intra-agency
 33 memoranda that are not retained by the public agency in the

34 ordinary course of business, if the public interest in withholding
 35 those records clearly outweighs the public interest in disclosure.

36 (b) Records pertaining to pending litigation to which the public
 37 agency is a ~~party~~, *defendant in a civil action*, including *outside*
 38 *attorneys’ invoices*, billing statements, and requests for payment,
 39 or to claims made pursuant to Division 3.6 (commencing with
 P4 1 Section 810), until the pending litigation or claim has been finally
 2 adjudicated or otherwise settled.

3 (c) Personnel, medical, or similar files, the disclosure of which
 4 would constitute an unwarranted invasion of personal privacy.

5 (d) Contained in or related to any of the following:

6 (1) Applications filed with any state agency responsible for the
 7 regulation or supervision of the issuance of securities or of financial
 8 institutions, including, but not limited to, banks, savings and loan
 9 associations, industrial loan companies, credit unions, and
 10 insurance companies.

11 (2) Examination, operating, or condition reports prepared by,
 12 on behalf of, or for the use of, any state agency referred to in
 13 paragraph (1).

14 (3) Preliminary drafts, notes, or interagency or intra-agency
 15 communications prepared by, on behalf of, or for the use of, any
 16 state agency referred to in paragraph (1).

17 (4) Information received in confidence by any state agency
 18 referred to in paragraph (1).

19 (e) Geological and geophysical data, plant production data, and
 20 similar information relating to utility systems development, or
 21 market or crop reports, that are obtained in confidence from any
 22 person.

23 (f) Records of complaints to, or investigations conducted by,
 24 or records of intelligence information or security procedures of,
 25 the office of the Attorney General and the Department of Justice,
 26 the Office of Emergency Services and any state or local police
 27 agency, or any investigatory or security files compiled by any other
 28 state or local police agency, or any investigatory or security files
 29 compiled by any other state or local agency for correctional, law
 30 enforcement, or licensing purposes. However, state and local law
 31 enforcement agencies shall disclose the names and addresses of
 32 persons involved in, or witnesses other than confidential informants
 33 to, the incident, the description of any property involved, the date,
 34 time, and location of the incident, all diagrams, statements of the
 35 parties involved in the incident, the statements of all witnesses,
 36 other than confidential informants, to the victims of an incident,
 37 or an authorized representative thereof, an insurance carrier against
 38 which a claim has been or might be made, and any person suffering
 39 bodily injury or property damage or loss, as the result of the
 40 incident caused by arson, burglary, fire, explosion, larceny,
 P5 1 robbery, carjacking, vandalism, vehicle theft, or a crime as defined
 2 by subdivision (b) of Section 13951, unless the disclosure would
 3 endanger the safety of a witness or other person involved in the
 4 investigation, or unless disclosure would endanger the successful
 5 completion of the investigation or a related investigation. However,
 6 nothing in this division shall require the disclosure of that portion
 7 of those investigative files that reflects the analysis or conclusions
 8 of the investigating officer.

9 Customer lists provided to a state or local police agency by an
10 alarm or security company at the request of the agency shall be
11 construed to be records subject to this subdivision.

12 Notwithstanding any other provision of this subdivision, state
13 and local law enforcement agencies shall make public the following
14 information, except to the extent that disclosure of a particular
15 item of information would endanger the safety of a person involved
16 in an investigation or would endanger the successful completion
17 of the investigation or a related investigation:

18 (1) The full name and occupation of every individual arrested
19 by the agency, the individual's physical description including date
20 of birth, color of eyes and hair, sex, height and weight, the time
21 and date of arrest, the time and date of booking, the location of
22 the arrest, the factual circumstances surrounding the arrest, the
23 amount of bail set, the time and manner of release or the location
24 where the individual is currently being held, and all charges the
25 individual is being held upon, including any outstanding warrants
26 from other jurisdictions and parole or probation holds.

27 (2) Subject to the restrictions imposed by Section 841.5 of the
28 Penal Code, the time, substance, and location of all complaints or
29 requests for assistance received by the agency and the time and
30 nature of the response thereto, including, to the extent the
31 information regarding crimes alleged or committed or any other
32 incident investigated is recorded, the time, date, and location of
33 occurrence, the time and date of the report, the name and age of
34 the victim, the factual circumstances surrounding the crime or
35 incident, and a general description of any injuries, property, or
36 weapons involved. The name of a victim of any crime defined by
37 Section 220, 236.1, 261, 261.5, 262, 264, 264.1, 265, 266, 266a,
38 266b, 266c, 266e, 266f, 266j, 267, 269, 273a, 273d, 273.5, 285,
39 286, 288, 288a, 288.2, 288.3 (as added by Chapter 337 of the
40 Statutes of 2006), 288.3 (as added by Section 6 of Proposition 83
P6 1 of the November 7, 2006, statewide general election), 288.5, 288.7,
2 289, 422.6, 422.7, 422.75, 646.9, or 647.6 of the Penal Code may
3 be withheld at the victim's request, or at the request of the victim's
4 parent or guardian if the victim is a minor. When a person is the
5 victim of more than one crime, information disclosing that the
6 person is a victim of a crime defined in any of the sections of the
7 Penal Code set forth in this subdivision may be deleted at the
8 request of the victim, or the victim's parent or guardian if the
9 victim is a minor, in making the report of the crime, or of any
10 crime or incident accompanying the crime, available to the public
11 in compliance with the requirements of this paragraph.

12 (3) Subject to the restrictions of Section 841.5 of the Penal Code
13 and this subdivision, the current address of every individual
14 arrested by the agency and the current address of the victim of a
15 crime, where the requester declares under penalty of perjury that
16 the request is made for a scholarly, journalistic, political, or
17 governmental purpose, or that the request is made for investigation
18 purposes by a licensed private investigator as described in Chapter
19 11.3 (commencing with Section 7512) of Division 3 of the Business
20 and Professions Code. However, the address of the victim of any
21 crime defined by Section 220, 236.1, 261, 261.5, 262, 264, 264.1,
22 265, 266, 266a, 266b, 266c, 266e, 266f, 266j, 267, 269, 273a,
23 273d, 273.5, 285, 286, 288, 288a, 288.2, 288.3 (as added by
24 Chapter 337 of the Statutes of 2006), 288.3 (as added by Section

25 6 of Proposition 83 of the November 7, 2006, statewide general
26 election), 288.5, 288.7, 289, 422.6, 422.7, 422.75, 646.9, or 647.6
27 of the Penal Code shall remain confidential. Address information
28 obtained pursuant to this paragraph may not be used directly or
29 indirectly, or furnished to another, to sell a product or service to
30 any individual or group of individuals, and the requester shall
31 execute a declaration to that effect under penalty of perjury.
32 Nothing in this paragraph shall be construed to prohibit or limit a
33 scholarly, journalistic, political, or government use of address
34 information obtained pursuant to this paragraph.

35 (g) Test questions, scoring keys, and other examination data
36 used to administer a licensing examination, examination for
37 employment, or academic examination, except as provided for in
38 Chapter 3 (commencing with Section 99150) of Part 65 of Division
39 14 of Title 3 of the Education Code.

P7 1 (h) The contents of real estate appraisals or engineering or
2 feasibility estimates and evaluations made for or by the state or
3 local agency relative to the acquisition of property, or to
4 prospective public supply and construction contracts, until all of
5 the property has been acquired or all of the contract agreement
6 obtained. However, the law of eminent domain shall not be affected
7 by this provision.

8 (i) Information required from any taxpayer in connection with
9 the collection of local taxes that is received in confidence and the
10 disclosure of the information to other persons would result in unfair
11 competitive disadvantage to the person supplying the information.

12 (j) Library circulation records kept for the purpose of identifying
13 the borrower of items available in libraries, and library and museum
14 materials made or acquired and presented solely for reference or
15 exhibition purposes. The exemption in this subdivision shall not
16 apply to records of fines imposed on the borrowers.

17 (k) Records, the disclosure of which is exempted or prohibited
18 pursuant to federal or state law, including, but not limited to,
19 provisions of the Evidence Code relating to privilege.

20 (l) Correspondence of and to the Governor or employees of the
21 Governor's office or in the custody of or maintained by the
22 Governor's Legal Affairs Secretary. However, public records shall
23 not be transferred to the custody of the Governor's Legal Affairs
24 Secretary to evade the disclosure provisions of this chapter.

25 (m) In the custody of or maintained by the Legislative Counsel,
26 except those records in the public database maintained by the
27 Legislative Counsel that are described in Section 10248.

28 (n) Statements of personal worth or personal financial data
29 required by a licensing agency and filed by an applicant with the
30 licensing agency to establish his or her personal qualification for
31 the license, certificate, or permit applied for.

32 (o) Financial data contained in applications for financing under
33 Division 27 (commencing with Section 44500) of the Health and
34 Safety Code, where an authorized officer of the California Pollution
35 Control Financing Authority determines that disclosure of the
36 financial data would be competitively injurious to the applicant
37 and the data is required in order to obtain guarantees from the
38 United States Small Business Administration. The California
39 Pollution Control Financing Authority shall adopt rules for review

40 of individual requests for confidentiality under this section and for
P8 1 making available to the public those portions of an application that
2 are subject to disclosure under this chapter.

3 (p) Records of state agencies related to activities governed by
4 Chapter 10.3 (commencing with Section 3512), Chapter 10.5
5 (commencing with Section 3525), and Chapter 12 (commencing
6 with Section 3560) of Division 4, that reveal a state agency's
7 deliberative processes, impressions, evaluations, opinions,
8 recommendations, meeting minutes, research, work products,
9 theories, or strategy, or that provide instruction, advice, or training
10 to employees who do not have full collective bargaining and
11 representation rights under these chapters. Nothing in this
12 subdivision shall be construed to limit the disclosure duties of a
13 state agency with respect to any other records relating to the
14 activities governed by the employee relations acts referred to in
15 this subdivision.

16 (q) (1) Records of state agencies related to activities governed
17 by Article 2.6 (commencing with Section 14081), Article 2.8
18 (commencing with Section 14087.5), and Article 2.91
19 (commencing with Section 14089) of Chapter 7 of Part 3 of
20 Division 9 of the Welfare and Institutions Code, that reveal the
21 special negotiator's deliberative processes, discussions,
22 communications, or any other portion of the negotiations with
23 providers of health care services, impressions, opinions,
24 recommendations, meeting minutes, research, work product,
25 theories, or strategy, or that provide instruction, advice, or training
26 to employees.

27 (2) Except for the portion of a contract containing the rates of
28 payment, contracts for inpatient services entered into pursuant to
29 these articles, on or after April 1, 1984, shall be open to inspection
30 one year after they are fully executed. If a contract for inpatient
31 services that is entered into prior to April 1, 1984, is amended on
32 or after April 1, 1984, the amendment, except for any portion
33 containing the rates of payment, shall be open to inspection one
34 year after it is fully executed. If the California Medical Assistance
35 Commission enters into contracts with health care providers for
36 other than inpatient hospital services, those contracts shall be open
37 to inspection one year after they are fully executed.

38 (3) Three years after a contract or amendment is open to
39 inspection under this subdivision, the portion of the contract or
P9 1 amendment containing the rates of payment shall be open to
2 inspection.

3 (4) Notwithstanding any other provision of law, the entire
4 contract or amendment shall be open to inspection by the Joint
5 Legislative Audit Committee and the Legislative Analyst's Office.
6 The committee and that office shall maintain the confidentiality
7 of the contracts and amendments until the time a contract or
8 amendment is fully open to inspection by the public.

9 (r) Records of Native American graves, cemeteries, and sacred
10 places and records of Native American places, features, and objects
11 described in Sections 5097.9 and 5097.993 of the Public Resources
12 Code maintained by, or in the possession of, the Native American
13 Heritage Commission, another state agency, or a local agency.

14 (s) A final accreditation report of the Joint Commission on
15 Accreditation of Hospitals that has been transmitted to the State

16 Department of Health Care Services pursuant to subdivision (b)
17 of Section 1282 of the Health and Safety Code.

18 (t) Records of a local hospital district, formed pursuant to
19 Division 23 (commencing with Section 32000) of the Health and
20 Safety Code, or the records of a municipal hospital, formed
21 pursuant to Article 7 (commencing with Section 37600) or Article
22 8 (commencing with Section 37650) of Chapter 5 of Part 2 of
23 Division 3 of Title 4 of this code, that relate to any contract with
24 an insurer or nonprofit hospital service plan for inpatient or
25 outpatient services for alternative rates pursuant to Section 10133
26 of the Insurance Code. However, the record shall be open to
27 inspection within one year after the contract is fully executed.

28 (u) (1) Information contained in applications for licenses to
29 carry firearms issued pursuant to Section 26150, 26155, 26170,
30 or 26215 of the Penal Code by the sheriff of a county or the chief
31 or other head of a municipal police department that indicates when
32 or where the applicant is vulnerable to attack or that concerns the
33 applicant's medical or psychological history or that of members
34 of his or her family.

35 (2) The home address and telephone number of prosecutors,
36 public defenders, peace officers, judges, court commissioners, and
37 magistrates that are set forth in applications for licenses to carry
38 firearms issued pursuant to Section 26150, 26155, 26170, or 26215
39 of the Penal Code by the sheriff of a county or the chief or other
40 head of a municipal police department.

P10 1 (3) The home address and telephone number of prosecutors,
2 public defenders, peace officers, judges, court commissioners, and
3 magistrates that are set forth in licenses to carry firearms issued
4 pursuant to Section 26150, 26155, 26170, or 26215 of the Penal
5 Code by the sheriff of a county or the chief or other head of a
6 municipal police department.

7 (v) (1) Records of the Managed Risk Medical Insurance Board
8 and the State Department of Health Care Services related to
9 activities governed by Part 6.3 (commencing with Section 12695),
10 Part 6.5 (commencing with Section 12700), Part 6.6 (commencing
11 with Section 12739.5), and Part 6.7 (commencing with Section
12 12739.70) of Division 2 of the Insurance Code, and Chapter 2
13 (commencing with Section 15850) of Part 3.3 of Division 9 of the
14 Welfare and Institutions Code, and that reveal any of the following:

15 (A) The deliberative processes, discussions, communications,
16 or any other portion of the negotiations with entities contracting
17 or seeking to contract with the board or the department, entities
18 with which the board or the department is considering a contract,
19 or entities with which the board is considering or enters into any
20 other arrangement under which the board or the department
21 provides, receives, or arranges services or reimbursement.

22 (B) The impressions, opinions, recommendations, meeting
23 minutes, research, work product, theories, or strategy of the board
24 or its staff or the department or its staff, or records that provide
25 instructions, advice, or training to their employees.

26 (2) (A) Except for the portion of a contract that contains the
27 rates of payment, contracts entered into pursuant to Part 6.3
28 (commencing with Section 12695), Part 6.5 (commencing with
29 Section 12700), Part 6.6 (commencing with Section 12739.5), or

30 Part 6.7 (commencing with Section 12739.70) of Division 2 of the
 31 Insurance Code, or Chapter 2.2 (commencing with Section 15850)
 32 of Part 3.3 of Division 9 of the Welfare and Institutions Code, on
 33 or after July 1, 1991, shall be open to inspection one year after
 34 their effective dates.

35 (B) If a contract that is entered into prior to July 1, 1991, is
 36 amended on or after July 1, 1991, the amendment, except for any
 37 portion containing the rates of payment, shall be open to inspection
 38 one year after the effective date of the amendment.

39 (3) Three years after a contract or amendment is open to
 40 inspection pursuant to this subdivision, the portion of the contract
 P11 1 or amendment containing the rates of payment shall be open to
 2 inspection.

3 (4) Notwithstanding any other law, the entire contract or
 4 amendments to a contract shall be open to inspection by the Joint
 5 Legislative Audit Committee. The committee shall maintain the
 6 confidentiality of the contracts and amendments thereto, until the
 7 contracts or amendments to the contracts are open to inspection
 8 pursuant to paragraph (3).

9 (w) (1) Records of the Managed Risk Medical Insurance Board
 10 related to activities governed by Chapter 8 (commencing with
 11 Section 10700) of Part 2 of Division 2 of the Insurance Code, and
 12 that reveal the deliberative processes, discussions, communications,
 13 or any other portion of the negotiations with health plans, or the
 14 impressions, opinions, recommendations, meeting minutes,
 15 research, work product, theories, or strategy of the board or its
 16 staff, or records that provide instructions, advice, or training to
 17 employees.

18 (2) Except for the portion of a contract that contains the rates
 19 of payment, contracts for health coverage entered into pursuant to
 20 Chapter 8 (commencing with Section 10700) of Part 2 of Division
 21 2 of the Insurance Code, on or after January 1, 1993, shall be open
 22 to inspection one year after they have been fully executed.

23 (3) Notwithstanding any other law, the entire contract or
 24 amendments to a contract shall be open to inspection by the Joint
 25 Legislative Audit Committee. The committee shall maintain the
 26 confidentiality of the contracts and amendments thereto, until the
 27 contracts or amendments to the contracts are open to inspection
 28 pursuant to paragraph (2).

29 (x) Financial data contained in applications for registration, or
 30 registration renewal, as a service contractor filed with the Director
 31 of Consumer Affairs pursuant to Chapter 20 (commencing with
 32 Section 9800) of Division 3 of the Business and Professions Code,
 33 for the purpose of establishing the service contractor’s net worth,
 34 or financial data regarding the funded accounts held in escrow for
 35 service contracts held in force in this state by a service contractor.

36 (y) (1) Records of the Managed Risk Medical Insurance Board
 37 related to activities governed by Part 6.2 (commencing with Section
 38 12693) or Part 6.4 (commencing with Section 12699.50) of
 39 Division 2 of the Insurance Code, and that reveal any of the
 40 following:

P12 1 (A) The deliberative processes, discussions, communications,
 2 or any other portion of the negotiations with entities contracting
 3 or seeking to contract with the board, entities with which the board

4 is considering a contract, or entities with which the board is
5 considering or enters into any other arrangement under which the
6 board provides, receives, or arranges services or reimbursement.

7 (B) The impressions, opinions, recommendations, meeting
8 minutes, research, work product, theories, or strategy of the board
9 or its staff, or records that provide instructions, advice, or training
10 to employees.

11 (2) (A) Except for the portion of a contract that contains the
12 rates of payment, contracts entered into pursuant to Part 6.2
13 (commencing with Section 12693) or Part 6.4 (commencing with
14 Section 12699.50) of Division 2 of the Insurance Code, on or after
15 January 1, 1998, shall be open to inspection one year after their
16 effective dates.

17 (B) If a contract entered into pursuant to Part 6.2 (commencing
18 with Section 12693) or Part 6.4 (commencing with Section
19 12699.50) of Division 2 of the Insurance Code is amended, the
20 amendment shall be open to inspection one year after the effective
21 date of the amendment.

22 (3) Three years after a contract or amendment is open to
23 inspection pursuant to this subdivision, the portion of the contract
24 or amendment containing the rates of payment shall be open to
25 inspection.

26 (4) Notwithstanding any other law, the entire contract or
27 amendments to a contract shall be open to inspection by the Joint
28 Legislative Audit Committee. The committee shall maintain the
29 confidentiality of the contracts and amendments thereto until the
30 contract or amendments to a contract are open to inspection
31 pursuant to paragraph (2) or (3).

32 (5) The exemption from disclosure provided pursuant to this
33 subdivision for the contracts, deliberative processes, discussions,
34 communications, negotiations, impressions, opinions,
35 recommendations, meeting minutes, research, work product,
36 theories, or strategy of the board or its staff shall also apply to the
37 contracts, deliberative processes, discussions, communications,
38 negotiations, impressions, opinions, recommendations, meeting
39 minutes, research, work product, theories, or strategy of applicants
P13 1 pursuant to Part 6.4 (commencing with Section 12699.50) of
2 Division 2 of the Insurance Code.

3 (z) Records obtained pursuant to paragraph (2) of subdivision
4 (f) of Section 2891.1 of the Public Utilities Code.

5 (aa) A document prepared by or for a state or local agency that
6 assesses its vulnerability to terrorist attack or other criminal acts
7 intended to disrupt the public agency's operations and that is for
8 distribution or consideration in a closed session.

9 (ab) Critical infrastructure information, as defined in Section
10 131(3) of Title 6 of the United States Code, that is voluntarily
11 submitted to the California Emergency Management Agency for
12 use by that office, including the identity of the person who or entity
13 that voluntarily submitted the information. As used in this
14 subdivision, "voluntarily submitted" means submitted in the
15 absence of the office exercising any legal authority to compel
16 access to or submission of critical infrastructure information. This
17 subdivision shall not affect the status of information in the
18 possession of any other state or local governmental agency.

19 (ac) All information provided to the Secretary of State by a
 20 person for the purpose of registration in the Advance Health Care
 21 Directive Registry, except that those records shall be released at
 22 the request of a health care provider, a public guardian, or the
 23 registrant's legal representative.

24 (ad) The following records of the State Compensation Insurance
 25 Fund:

26 (1) Records related to claims pursuant to Chapter 1
 27 (commencing with Section 3200) of Division 4 of the Labor Code,
 28 to the extent that confidential medical information or other
 29 individually identifiable information would be disclosed.

30 (2) Records related to the discussions, communications, or any
 31 other portion of the negotiations with entities contracting or seeking
 32 to contract with the fund, and any related deliberations.

33 (3) Records related to the impressions, opinions,
 34 recommendations, meeting minutes of meetings or sessions that
 35 are lawfully closed to the public, research, work product, theories,
 36 or strategy of the fund or its staff, on the development of rates,
 37 contracting strategy, underwriting, or competitive strategy pursuant
 38 to the powers granted to the fund in Chapter 4 (commencing with
 39 Section 11770) of Part 3 of Division 2 of the Insurance Code.

P14 1 (4) Records obtained to provide workers' compensation
 2 insurance under Chapter 4 (commencing with Section 11770) of
 3 Part 3 of Division 2 of the Insurance Code, including, but not
 4 limited to, any medical claims information, policyholder
 5 information provided that nothing in this paragraph shall be
 6 interpreted to prevent an insurance agent or broker from obtaining
 7 proprietary information or other information authorized by law to
 8 be obtained by the agent or broker, and information on rates,
 9 pricing, and claims handling received from brokers.

10 (5) (A) Records that are trade secrets pursuant to Section
 11 6276.44, or Article 11 (commencing with Section 1060) of Chapter
 12 4 of Division 8 of the Evidence Code, including without limitation,
 13 instructions, advice, or training provided by the State Compensation
 14 Insurance Fund to its board members, officers, and employees
 15 regarding the fund's special investigation unit, internal audit unit,
 16 and informational security, marketing, rating, pricing, underwriting,
 17 claims handling, audits, and collections.

18 (B) Notwithstanding subparagraph (A), the portions of records
 19 containing trade secrets shall be available for review by the Joint
 20 Legislative Audit Committee, the Bureau of State Audits, Division
 21 of Workers' Compensation, and the Department of Insurance to
 22 ensure compliance with applicable law.

23 (6) (A) Internal audits containing proprietary information and
 24 the following records that are related to an internal audit:

25 (i) Personal papers and correspondence of any person providing
 26 assistance to the fund when that person has requested in writing
 27 that his or her papers and correspondence be kept private and
 28 confidential. Those papers and correspondence shall become public
 29 records if the written request is withdrawn, or upon order of the
 30 fund.

31 (ii) Papers, correspondence, memoranda, or any substantive
 32 information pertaining to any audit not completed or an internal
 33 audit that contains proprietary information.

34 (B) Notwithstanding subparagraph (A), the portions of records
 35 containing proprietary information, or any information specified
 36 in subparagraph (A) shall be available for review by the Joint
 37 Legislative Audit Committee, the Bureau of State Audits, Division
 38 of Workers’ Compensation, and the Department of Insurance to
 39 ensure compliance with applicable law.

P15 1 (7) (A) Except as provided in subparagraph (C), contracts
 2 entered into pursuant to Chapter 4 (commencing with Section
 3 11770) of Part 3 of Division 2 of the Insurance Code shall be open
 4 to inspection one year after the contract has been fully executed.

5 (B) If a contract entered into pursuant to Chapter 4 (commencing
 6 with Section 11770) of Part 3 of Division 2 of the Insurance Code
 7 is amended, the amendment shall be open to inspection one year
 8 after the amendment has been fully executed.

9 (C) Three years after a contract or amendment is open to
 10 inspection pursuant to this subdivision, the portion of the contract
 11 or amendment containing the rates of payment shall be open to
 12 inspection.

13 (D) Notwithstanding any other law, the entire contract or
 14 amendments to a contract shall be open to inspection by the Joint
 15 Legislative Audit Committee. The committee shall maintain the
 16 confidentiality of the contracts and amendments thereto until the
 17 contract or amendments to a contract are open to inspection
 18 pursuant to this paragraph.

19 (E) This paragraph is not intended to apply to documents related
 20 to contracts with public entities that are not otherwise expressly
 21 confidential as to that public entity.

22 (F) For purposes of this paragraph, “fully executed” means the
 23 point in time when all of the necessary parties to the contract have
 24 signed the contract.

25 This section shall not prevent any agency from opening its
 26 records concerning the administration of the agency to public
 27 inspection, unless disclosure is otherwise prohibited by law.

28 This section shall not prevent any health facility from disclosing
 29 to a certified bargaining agent relevant financing information
 30 pursuant to Section 8 of the National Labor Relations Act (29
 31 U.S.C. Sec. 158).

32 SEC. 3.

33 The Legislature finds and declares that Section 2 of
 34 this act, which amends Section 6254 of the Government Code,
 35 imposes a limitation on the public’s right of access to the meetings
 36 of public bodies or the writings of public officials and agencies
 37 within the meaning of Section 3 of Article I of the California
 38 Constitution. Pursuant to that constitutional provision, the
 39 Legislature makes the following findings to demonstrate the interest
 protected by this limitation and the need for protecting that interest:

P16 1 The potential disclosure of attorneys’ billing records could be
 2 damaging to the legal interests of public agencies because these
 3 records, when disclosed during the pendency of litigation, may
 4 reveal significant strategic facts to the opposing litigant.



Bill Number: SB 1245	AUTHOR: Assembly Member LIEU
SPONSOR:	VERSION: 02/20/14
INTRODUCED: February 20, 2014	BILL STATUS : In Senate B.,P. and E.D.
BILL LOCATION: Senate Business, Professions and Economic Development Committee	HISTORY: 04/02/14 Set for hearing April 28. 03/06/14 Referred to Com. on B., P. & E.D. 02/21/14 From printer. May be acted upon on or after March 23. 02/20/14 Introduced. Read first time. To Com. on RLS. for assignment. To print.
AGENDA ITEM: LEG 4 g.	
SUBJECT: The Dental Hygiene Committee of California	

SUMMARY

Existing law establishes the Dental Hygiene Committee of California, within the jurisdiction of the Dental Board of California, and provides for the appointment of the committee members. Existing law requires the committee to administer the laws regulating dental hygienists. Under existing law those provisions remain in effect only until January 1, 2015.

This bill would extend the operation of those provisions until January 1, 2019.

Analysis: The Committee recently completed its Sunset Review. This bill is necessary to continue the operation of the Committee until 2019. The bill is scheduled for hearing on April 28.

TYPE OF BILL

Active	Non-State-Mandated Local Program
Non-Urgency	Fiscal
Non-Appropriations	Non-Tax Levy
Majority Vote Required	

ATTACHED:

- 1) Language

COMMITTEE POSITION: ___ Support ___ Oppose ___ Neutral ___ Watch

SENATE BILL

No. 1245

Introduced by Senator Lieu
(Principal coauthor: Assembly Member Bonilla)

February 20, 2014

An act to amend Sections 1901 and 1903 of the Business and Professions Code, relating to the Dental Hygiene Committee of California.

LEGISLATIVE COUNSEL'S DIGEST

SB 1245, as introduced, Lieu. The Dental Hygiene Committee of California.

Existing law establishes the Dental Hygiene Committee of California, within the jurisdiction of the Dental Board of California, and provides for the appointment of the committee members. Existing law requires the committee to administer the laws regulating dental hygienists. Under existing law those provisions remain in effect only until January 1, 2015.

This bill would extend the operation of those provisions until January 1, 2019.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- P1 1 SECTION 1.
2 Section 1901 of the *Business and Professions*
3 *Code* is amended to read:
4 1901.
5 (a) There is hereby created within the jurisdiction of the
6 Dental Board of California a Dental Hygiene Committee of
7 California in which the administration of this article is vested.
- P2 1 (b) This section shall remain in effect only until January 1, ~~2015~~
2 ~~2019~~, and as of that date is repealed, unless a later enacted statute,
3 that is enacted before January 1, ~~2015~~ 2019, deletes or extends
4 that date. Notwithstanding any other ~~provision of~~ law, the repeal
5 of this section renders the committee subject to review by the
6 appropriate policy committees of the Legislature.
- 7 SEC. 2.
8 Section 1903 of the *Business and Professions Code* is
9 amended to read:
10 1903.
11 (a) (1) The committee shall consist of nine members
12 appointed by the Governor. Four shall be public members, one
13 member shall be a practicing general or public health dentist who
14 holds a current license in California, and four members shall be
15 registered dental hygienists who hold current licenses in California.
16 Of the registered dental hygienists members, one shall be licensed
17 either in alternative practice or in extended functions, one shall be
a dental hygiene educator, and two shall be registered dental
hygienists. No public member shall have been licensed under this

18 chapter within five years of the date of his or her appointment or
 19 have any current financial interest in a dental-related business.

20 (2) For purposes of this subdivision, a public health dentist is
 21 a dentist whose primary employer or place of employment is in
 22 any of the following:

23 (A) A primary care clinic licensed under subdivision (a) of
 24 Section 1204 of the Health and Safety Code.

25 (B) A primary care clinic exempt from licensure pursuant to
 26 subdivision (c) of Section 1206 of the Health and Safety Code.

27 (C) A clinic owned or operated by a public hospital or health
 28 system.

29 (D) A clinic owned and operated by a hospital that maintains
 30 the primary contract with a county government to fill the county's
 31 role under Section 17000 of the Welfare and Institutions Code.

32 (b) (1) Except as specified in paragraph (2), members of the
 33 committee shall be appointed for a term of four years. Each
 34 member shall hold office until the appointment and qualification
 35 of his or her successor or until one year shall have lapsed since
 36 the expiration of the term for which he or she was appointed,
 37 whichever comes first.

38 (2) For the term commencing on January 1, 2012, two of the
 39 public members, the general or public health dentist member, and
 40 two of the registered dental hygienist members, other than the
 P3 1 dental hygiene educator member or the registered dental hygienist
 2 member licensed in alternative practice or in extended functions,
 3 shall each serve a term of two years, expiring January 1, 2014.

4 (c) Notwithstanding any other provision of law and subject to
 5 subdivision (e), the Governor may appoint to the committee a
 6 person who previously served as a member of the committee even
 7 if his or her previous term expired.

8 (d) The committee shall elect a president, a vice president, and
 9 a secretary from its membership.

10 (e) No person shall serve as a member of the committee for
 11 more than two consecutive terms.

12 (f) A vacancy in the committee shall be filled by appointment
 13 to the unexpired term.

14 (g) Each member of the committee shall receive a per diem and
 15 expenses as provided in Section 103.

16 (h) The Governor shall have the power to remove any member
 17 from the committee for neglect of a duty required by law, for
 18 incompetence, or for unprofessional or dishonorable conduct.

19 (i) The committee, with the approval of the director, may appoint
 20 a person exempt from civil service who shall be designated as an
 21 executive officer and who shall exercise the powers and perform
 22 the duties delegated by the committee and vested in him or her by
 23 this article.

24 (j) This section shall remain in effect only until January 1, ~~2015~~
 25 2019, and as of that date is repealed, unless a later enacted statute,
 26 that is enacted before January 1, ~~2015~~ 2019, deletes or extends
 27 that date.



Friday, May 2, 2014

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda 5

Approval of the December 6, 2013 Legislative and
Regulatory Subcommittee Meeting Minutes



DRAFT - DENTAL HYGIENE SUBCOMMITTEE MEETING MINUTES

**Evergreen Hearing Room
2005 Evergreen Street, 1st Floor
Sacramento, CA 95815
Friday, December 6, 2013**

Prior to taking roll, Dental Hygiene Committee President Michelle Hurlbutt swore in Susan Johnson as a new public member of the Dental Hygiene Committee of California.

Roll Call – The Dental Hygiene Committee of California (DHCC) President called the meeting to order with roll call at 9:00 a.m. With eight (8) DHCC members present, a quorum was established.

DHCC members present:

Sherrie-Ann Gordon, Public Member
Michelle Hurlbutt, President, Registered Dental Hygienist (RDH) Educator
Susan Johnson, Public Member
Joyce Noel Kelsch, Registered Dental Hygienist in Alternative Practice (RDHAP) ,
Timothy Martinez, DMD
Nicolette Moultrie, RDH
Garry Shay, Public Member
Evangeline Ward, RDH

DHCC members absent:

Susan Good, Public Member

DHCC Staff present:

Lori Hubble, Executive Officer (EO)
Nancy Gaytan, Enforcement Analyst
Anthony Lum, Administrative Analyst
Donna Kantner, Retired Annuitant
Traci Napper, Program Analyst
Eleonor Steiner, Examination Coordinator
Richard Wallinder, Retired Annuitant
Claire Yazigi, Department of Consumer Affairs' (DCA) Legal Representative

Public present:

Cindy Callahan, Educational Consultant
Guadalupe Castillo, DCA, Legislative and Policy Review Analyst
Corrine M. Fishman, DCA, Board and Bureau Relations
Karen Fischer, Executive Officer, Dental Board of California (DBC)
Maureen Fujimoto, DHCC Clinical Examination Subject Matter Expert
JoAnn Galliano, Program Director, Chabot College
Kim Laudenslager, Director of Dental Hygiene Examinations, Central
Regional Dental Testing Service (CRDTS)
Nadine Lavell, California Dental Hygiene Association (CDHA)
Bill Lewis, California Dental Association (CDA)
Susan Lopez, CDHA
Lisa Okamoto, CDHA
Narrine Strickland, CDHA
Maureen Titus, CDHA
Connie Selinski, Western Regional Examining Board (WREB)

FULL 1 – Public Comment for Items Not on the Agenda

President Hurlbutt asked for any public comment for items not on the agenda. There was no public comment.

FULL 2 – President’s Announcement

President Hurlbutt informed those present that after the Petition for Termination of Probation, the DHCC members would be meeting in closed session to deliberate on the petition for termination of probation and all closed session matters scheduled for Saturday, December 7, 2014. She added that subcommittee meetings would commence when the DHCC members returned from closed session.

FULL 3 – Full DHCC Meeting: Petition for Termination of Probation - Lorain Rice

Closed Session

The DHCC met in closed session to discuss administrative action regarding the petition for termination of probation for Lorain Rice.

<<Return to Open Session>>

DHCC SUBCOMMITTEE MEETINGS:

1. ENFORCEMENT SUBCOMMITTEE MEETING

ENF 1 – Roll Call

Garry Shay, Chair of the Enforcement Subcommittee, called the meeting to order at 11:17 a.m. with roll call. With all four (4) subcommittee members present, a quorum was established.

Enforcement Subcommittee members present:

Garry Shay, Chair, Public Member
Sherrie-Ann Gordon, Public Member
Noel Kelsch, RDHAP

Nicolette Moultrie, RDH

Enforcement Subcommittee members absent:

None

ENF 2 – Public Comment for Items Not on the Agenda

There was no public comment for items not on the agenda.

ENF 3 – Chairperson’s Report

There was no chairperson’s report for this subcommittee meeting.

ENF 4 – Enforcement Statistics

Nancy Gaytan, DHCC Enforcement Analyst, provided the subcommittee members with a written statistical summary chart of the DHCC Enforcement activity. She informed the subcommittee members that the chart covered the period from December 2012 through November 2013. She noted that there were five (5) main categories in the chart: complaints, allegations, citations, enforcement actions, and probation.

Within the Investigations category, she noted that 31 complaints had been received. She reported that 151 conviction/arrest reports had been received and that she was awaiting on information for one (1) pending report.

Ms. Gaytan reported that most of the allegations completed were related to drug and alcohol type offenses. She then stated that 26 citations had been issued from December 2012 through November 2013. She explained that the majority of the citations were issued for convictions related to drugs and alcohol.

Ms. Gaytan stated that the Enforcement Actions category provided a breakdown of the cases that were submitted to the Attorney General’s (AG’s) Office . She informed members that:

- 11 cases had been referred to the AG’s Office;
- 6 accusations had been filed;
- 1 Statement of Issues was filed; and
- 6 Decisions/Stipulations were adopted.

Under the Probation category, six (6) initial probationary licenses were issued. Additionally, nine (9) licensees are on active probation and five (5) are tolling their probation.

ENF 5 – Department of Consumer Affairs (DCA) Performance Measures

Ms. Gaytan reported that the DHCC was well within the performance measures (cycle time for intake, intake and investigation, formal discipline, probation intake, and probation violation and response) established by the DCA.

ENF 6 – Update on Citation and Fine Program

Ms. Gaytan informed the members that since regulations were approved in December 2012, 26 citations have been issued. Examples of the citations issued include false advertising and failure to notify the DHCC of a licensee's address or name change.

Ms. Gaytan added that part of the citation and fine program includes audits of licensees' continuing education (CE) requirements. She stated that if a licensee is found to be out of compliance with CE requirements, a fine of \$500 will be levied and the license inactivated until proof of CE completion is received by the DHCC.

ENF 7 – Update on Continuing Education Program

Ms. Gaytan explained that in the future, the DHCC will have a staff person dedicated to CE audits and follow-up for compliance. Until that person is hired, she will help other staff and the Executive Officer conduct the CE audits.

Ms. Gaytan informed the members that the DHCC recently conducted CE audits on four (4) licensed DHCC members, 100 examination personnel, and all 28 of the dental hygiene education program directors. She noted that only one (1) licensee was out of compliance. She added that the individual will receive a citation and fine for the non-compliance of CE.

ENF 8 – Future Agenda Items

There were no future agenda items for the subcommittee.

ENF 9 – Adjournment

The Enforcement Subcommittee meeting adjourned at 11:25 a.m.

2. EDUCATION AND OUTREACH SUBCOMMITTEE MEETING

EDU 1 – Roll Call

Sherrie-Ann Gordon, Chair of the Education and Outreach Subcommittee, called the meeting to order at 11:26 a.m. with a roll call. With three (3) of the four (4) members present, a quorum was established.

Education and Outreach Subcommittee members present:

Sherrie-Ann Gordon, Chair, Public Member
Timothy Martinez, DMD
Evangeline Ward, RDH

Education and Outreach Subcommittee members absent:

Susan Good, Public Member

EDU 2 – Public Comment for Items Not on the Agenda

There was no public comment for items not on the agenda.

EDU 3 – Chairperson’s Report

There was no chairperson’s report for this subcommittee.

EDU 4 – Review and Consideration of Changing the Nomenclature and Function of the Education and Outreach Subcommittee: Chapter 5 of the DHCC Member Guidelines and Procedure Manual

Traci Napper, DHCC program analyst, informed the subcommittee members that the DHCC staff is recommending a change to the name and function of the Education and Outreach Subcommittee to the Education Subcommittee. She noted that the Education and Outreach Subcommittee was created to provide current educational, licensure, and consumer information to the public and DHCC licensees.

Ms. Napper explained that it was anticipated that this information would be disseminated primarily at outreach events in the State; however, for the past several years, the DHCC has attempted to attend these events, but was limited due to the travel restrictions in place.

Ms. Napper also informed the subcommittee members that effective January 1, 2013, Senate Bill (SB) 1202 (Leno and Wayland) strengthened the DHCC’s authority to grant, renew, or deny approval of all dental hygiene educational programs. Since the DHCC will be overseeing all dental hygiene education programs, staff believed it was necessary to reorganize the subcommittee’s responsibilities to address this additional workload.

Some of the subcommittee new responsibilities will include:

- Determining the need for a new educational program by evaluating and reviewing feasibility studies and make a recommendation to the full Committee;
- Make recommendations for approval, provisional approval, or denial of any **new** educational program request;
- Make recommendations for renewal, denial, or revocation of an **existing** educational program;
- Make recommendations to withdraw or revoke a dental hygiene program’s approval if the Commission on Dental Accreditation (CODA) has indicated an **intent-to-withdraw** approval or has **withdrawn approval**; and
- Promulgate regulations for educational programs.

Ms. Napper added that Ms. Hubble will report to the DHCC any outreach performed by DHCC staff.

- **Motion: Evangeline Ward moved that a recommendation be made to the DHCC to change the name of the Education and Outreach Committee to the Education Subcommittee and to state that the purpose of the Education Subcommittee is to provide recommendations to the full committee on granting,**

renewing, and withdrawing approval of educational programs for registered dental hygienists, registered hygienists in extended functions, and registered dental hygienist in alternative practice and provide recommendations to the full committee regarding approval of a feasibility study for new educational programs. The subcommittee may also provide information and recommendations on issues relating to the curriculum and school approval.

Timothy Martinez seconded the motion.

Vote: The motion passed 3-0 (Susan Good was absent for the vote).

EDU 5 – Website Statistics

Ms. Napper directed members to a chart in the meeting materials that provided information about the number of DHCC website hits from January 1, 2013 to November 14, 2013. She noted that the first page showed just the hits for the DHCC homepage. The second handout provided information concerning the number of hits to other portions of the DHCC website (licensees renewals, forms and publications, license verifications, and how to become licensed).

- **Motion:** Evangeline Ward moved to receive and file Ms. Napper's report.

Timothy Martinez seconded.

Vote: The motion passed 3-0 (Susan Good was absent for the vote).

EDU 6 – Future Agenda Items

Lisa Okamoto, CDHA, asked if the DHCC could put a statement on its website whether or not RDH's as a whole are eligible to be classified as independent contractors.

EDU 7 – Adjournment

The Education and Outreach Subcommittee meeting adjourned at 11:42 a.m.

3. LEGISLATIVE AND REGULATORY SUBCOMMITTEE MEETING

LEG 1 – Roll Call

Nicollette Moultrie, Chair of the Legislative and Regulatory Subcommittee, called the meeting to order with a roll call at 1:30 p.m. With three (3) of the four (4) subcommittee members present, a quorum was established.

Legislative and Regulatory Subcommittee members present:

Nicollette Moultrie, Chair, RDH
Michelle Hurlbutt, RDH

Garry Shay, Public Member

Legislative and Regulatory Subcommittee members absent:

Susan Good, Public Member.

LEG 2 – Public Comment for Items Not on the Agenda

There was no public comment for items not on the agenda.

LEG 3 – Chairperson’s Report

Chair Moultrie informed the members that since the DHCC’s September meeting, she has been part of an ad-hoc committee that was formed to finalize the DHCC Sunset Review document and develop regulatory language to support Business and Professions Code (BPC), Section 1941 – the approval of the educational programs.

Chair Moultrie reported that the DHCC Sunset Review report was submitted to the Legislature on November 1, 2013, for their review and that questions may arise which the DHCC will address prior to the scheduled Sunset hearings sometime in March 2014.

LEG 4 – Legislative Update

Donna Kantner, DHCC Legislation and Regulatory Analyst, informed the members that the Legislature had just concluded the first half of its two-year legislative session. She directed the members to a chart in their meeting packet that listed the legislation DHCC staff had tracked since January 2013. She noted several of the bills tracked had become 2-year bills. She said that staff would continue to track these bills and any new legislation affecting DHCC applicants, licensees, and consumers when the Legislature re-convenes on January 6, 2014, for the second half of its 2-year session.

JoAnne Galliano, Legislative Consultant for CDHA, provided an update on Assembly Bill (AB) 1174 (Bocanegra, Teledentistry Under Medi-Cal). She noted that CDHA representatives had met with legislative staff for this bill to discuss the concerns that had been communicated in writing during the last session. She noted that these concerns had not been forwarded to the author, nor had they been addressed in the legislation. She said that the author and the sponsors of this bill do not fully appreciate the input from the DHCC in terms of the actual recommendation that was made where the determination of radiographs was an allowable duty for a Registered Dental Hygienist. She added that the authors and sponsors of the bill are not considering the impact of the language and the affect it would have on the dental hygiene profession and the DHCC as a decision making body. She recommended to CDHA and the DHCC that the DHCC change its position from support if ammended to oppose unless ammended.

Ms. Hurlbutt agreed. She noted that even though DHCC’s letter was sent over six months ago, it was evident that the author has not addressed any of the DHCC’s concerns.

- **Motion – Michelle Hurlbutt moved that the DHCC change its position on AB 1174 from support if amended to oppose unless amended.**

Garry Shay seconded the motion.

Vote: The motion passed 3-0 (Susan Good was absent for the vote).

Ms. Kantner said that a letter informing the author of the DHCC’s change in position would be sent to the author’s office. Mr. Shay asked staff to contact the author’s office within two (2) days of sending the letter to confirm that it was received.

LEG 5 – Discussion and Possible Action on Regulations Related to Educational Programs, California Code of Regulations (CCR), Title 16, Division 11, §§1103,1104, 1104.1, 1104.2, 1104.3, 1105, 1105.1, 1105.2, 1105.3, 1105.4, 1105.5, 1105.6, 1105.7, 1106, 1109, 1110, 1111, 1112, and 1114.

- **Motion – Garry Shay moved to recommend to the DHCC changes to pages 1-10 (see attached)**

Michelle Hurlbutt seconded the motion.

Vote: The motion passed 3-0 (Susan Good was absent for the vote).

LEG 6 – Future Agenda Items

There were no future agenda items for this subcommittee.

LEG 7 – Adjournment

The Legislative and Regulatory Subcommittee meeting adjourned at: 2:26 p.m.

4. LICENSING AND EXAMINATION SUBCOMMITTEE MEETING

LIC 1 – Roll Call

Michelle Hurlbutt, Chair of the Licensing and Examination Subcommittee, called the meeting to order at 2:27 p.m. With all four (4) members present, a quorum was established.

Licensing and Examinations Subcommittee members present:

Michelle Hurlbutt, Chair, RDH Educator
 Noel Kelsch, RDHAP
 Evangeline Ward RDH
 Timothy Martinez, DMD

Licensing and Examination Subcommittee members absent:

None

LIC 2 – Public Comment for Items Not on the Agenda

Connie Selinsky introduced herself to subcommittee members and said that she was representing the Western Regional Examination Board (WREB) and was present to answer any questions concerning WREB.

LIC 3 – Chairperson’s Report

Chair Hurlbutt informed the subcommittee members that she had been in contact with Executive Officer Lori Hubble as needed regarding any licensing or examination issues. She reported that DHCC staff recently sent out surveys to the examination personnel to get their perspectives on the changes that were made to the California Clinical Licensure Examination cycle. The survey also asked questions regarding their attitudes and practices after participating in the latest examination orientation. She reported that the DHCC staff will be analyzing the survey data once they are returned. She then commended staff and examination personnel on doing an excellent job with regard to the California Clinical Licensure Examination.

LIC 4 – 2014 DHCC Clinical Exam Schedule

Eleonor Steiner, DHCC Examination Analyst, directed the subcommittee members to the handout in their meeting packet concerning the 2014 DHCC Clinical Licensure Examination schedule. She noted that the DHCC added a new testing site – San Joaquin Valley College in Visalia – to the list. She informed the subcommittee members that because the number of applicants requesting to take the California Clinical Licensure Examination has continually decreased, the DHCC would only administer the examination on one day rather than two, which had been the previous practice for the 2013 examination cycle.

Ms. Galliano asked whether the July 2014 examination would be a one-day examination. Ms. Steiner answered that the July exam is only a single day. Ms. Galliano then asked how many candidates could participate in that examination. Ms. Hubble replied that up to 140 candidates could be examined at that exam.

Chair Hurlbutt then stated that the DHCC had the ability to add a second date for examination if one was needed.

LIC 5 – Clinical and Written Examination Statistics

Ms. Steiner directed the subcommittee members to the Clinical and Written Examination Statistics handout in their meeting packets. She informed the members that in 2013, 328 candidates took the California Clinical Licensure Examination and 288 (88%) of those passed. She noted that the 88% passage rate was in line with the pass rates from previous years.

For the RDH Law and Ethics examination, Ms. Steiner said that 790 candidates completed the exam and 626 (79%) of those passed.

Ms. Steiner continued that 53 RDHAP candidates had taken the written Law and Ethics examination and 39 (74%) of them passed.

Ms. Steiner concluded her report noting that 393 WREB applicants were licensed to date in 2013. She noted that the number of applicants who were using the WREB examination to meet California licensing requirements was rising.

LIC 6 – Licensure Statistics

Ms. Napper directed the subcommittee members attention to the memo in their meeting packet that she prepared listing the licensure statistics for all of the licensing categories within the DHCC (active, inactive, delinquent, CE hold, revoked, and denied). She reported that the DHCC had issued a total number of 31,934 licenses as of November 13, 2013.

Chair Hurlbutt asked if in future reports, Ms. Napper could provide a legend that described each of the licensing categories so individuals reading the report would know that FNP means Fictitious Name Permit and RP means Registered Provider. She added that the Special Permit categories should also be listed. She noted that while the DHCC currently has not issued any special permits, it is considered a licensing category.

Chair Hurlbutt commented that the subcommittee might consider a future agenda item concerning establishing a retired status licensing category as an option for DHCC licensees.

Ms. Hubble asked Ms. Napper to explain the 30/150 Temp category in her chart. Ms. Napper explained that this category was established for individuals who had not met family support obligations. She added that a temporary hold is put on that license until the Superior Court notifies the DHCC that payment has been made concerning the licensee's family support obligations.

Ms. Kelsch asked if licensees could practice if a CE hold was placed on their license. Ms. Napper replied that the licensee could not practice with a CE hold placed on their license.

Mr. Shay asked if licensees could practice if they were delinquent on their State taxes. Ms. Napper responded that licensees who were delinquent on their State taxes could not practice.

LIC 7 – Presentation from Kim Laudenslager, Director of Dental Hygiene Examinations, about the Central Regional Dental Testing Services (CRDTS) Examination for Hygiene Licensure

Ms. Laudenslager provided a brief history of the regional examinations for dental hygiene, noting that CRDTS is used by approximately 40 states to meet dental hygiene licensing requirements. She continued with a full Powerpoint presentation highlighting the benefits for California to utilize the CRDTS examination to qualify for licensure and becoming a member

state. She stated that she would be available after the meeting and at anytime by phone or email to answer questions from the DHCC members or staff.

LIC 8 – Discussion and Possible Action on Acceptance of CRDTS Examination for Hygiene Licensure

In response to a question from Ms. Kelsch concerning the pros and cons of accepting CRDTS, Ms. Hubble stated that given the dwindling number of candidates who are taking the California Clinical Licensure Examination, it is likely that the examination will cease to be offered in the near future because applicants are choosing to take other examinations (i.e., WREB) instead of the California Clinical Licensure Examination. Consequently, if CRDTS is not accepted and the California Clinical Licensure Examination ceases to exist, that would leave California with only one licensing examination: WREB.

- **Motion – Noel Kelsch moved that the Licensing and Examination Subcommittee recommend to the full Committee that the DHCC accept the CRDTS examination as one of the clinical dental hygiene examinations approved by the DHCC for purposes of meeting licensure requirements as an RDH in California.**

Evangeline Ward seconded the motion.

Vote: the motion passed 4-0.

LIC 9 – Discussion and Possible Action on Remedial Education Regulations, California Code of Regulations (CCR), Title 16, Division 11 § 1108

Chair Hurlbutt informed the subcommittee members that the DHCC has statutory authority that requires remedial education for individuals who have failed to pass a clinical examination after three (3) attempts or fails to pass the clinical examination as a result of a single incidence of imposing gross trauma on a patient. Ms. Kantner added that the purpose of these regulations is two-fold:

- 1) It defines what remedial education may consist of for applicants who have failed the examination; and
- 2) Used in disciplinary cases where a licensee's lack of skill may have led to a decision by the DHCC to have a licensee complete remedial education before being allowed to practice.

The Subcommittee members voted to change the following in the regulatory language:

- Add "with no disciplinary actions" throughout the text when referring to a valid, active California license;
- In Subsection 1108(b)(4), add text requiring that faculty review the materials provided to students; and
- Revise the application form with the above changes.

- **Motion:** Noel Kelsch moved that the subcommittee recommend to the DHCC the approval of CCR, Title 16, Division 11, Section 1108, and all supporting documents, as amended.

Evangeline Ward seconded the motion.

Chair Hurlbutt asked for any comments from the Subcommittee members or the public.

There was no further comment from the members or the public.

Vote: the motion passed 4-0.

LIC 10 – Future Agenda Items

Chair Hurlbutt suggested the following items as future agenda items:

- Investigate creating a retired license status for RDH's; and
- Investigate becoming a member state of CRDTS.

LIC 11 – Adjournment

The Licensing and Examination Subcommittee adjourned at 4:28 p.m.



Friday, May 2, 2014

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda 6

Future Agenda Items



Friday, May 2, 2014

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda 7

Adjournment



Friday, May 2, 2014

Dental Hygiene Committee of California

Licensing and Examination Subcommittee

Agenda



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

LICENSING AND EXAMINATION SUBCOMMITTEE MEETING

Friday, May 2, 2014
Western University of Health Sciences
College of Dental Medicine
Community Based Dental Education Offices
@ The Village at Indian Hill
1460 E. Holt Avenue, Suite 150
Pomona, CA 91767

Licensing and Examination Subcommittee Members:

Noel Kelsch, RDHAP, Chair
Sherrie Gordon, Public Member
Timothy Martinez, DMD
Evangeline Ward, RDH
Garry Shay, Public Member

Agenda

LIC 1 – Roll Call

LIC 2 – Public Comment for Items Not on the Agenda

LIC 3 – Chairperson’s Report

LIC 4 – Clinical and Written Examination Statistics

LIC 5 – Licensure Statistics

LIC 6 – Discussion and Possible Action to Join Central Regional Dental Testing Services, Inc. (CRDTS) as a Member State

LIC 7 – Approval of the December 6, 2013 Licensing and Examination Subcommittee Meeting Minutes

LIC 8 – Future Agenda Items

LIC 9 – Adjournment

A quorum of the Committee may be present at the subcommittee meeting. However, Committee members who are not on the subcommittee may observe, but may not participate or vote. Public comments will be taken on agenda items at the time the specific item is raised. The subcommittee 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, for convenience, and to maintain a quorum. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-1978 or access the Committee’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 or e-mail anthony.lum@dca.ca.gov or send a written request to DHCC at 2005 Evergreen Street, Ste. 2050, Sacramento, CA 95815. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.



Friday, May 2, 2014

Dental Hygiene Committee of California

Licensing and Examination Subcommittee

Agenda Item 1

Roll Call: Establishment of a Quorum



Friday, May 2, 2014

Dental Hygiene Committee of California

Licensing and Examination Subcommittee

Agenda Item 2

Public Comment for Items Not on the Agenda



Friday, May 2, 2014

Dental Hygiene Committee of California

Licensing and Examination Subcommittee

Agenda Item 3

Chairperson's Report:
A Verbal Report Will Be Provided



Friday, May 2, 2014

Dental Hygiene Committee of California

Licensing and Examination Subcommittee

Agenda Item 4

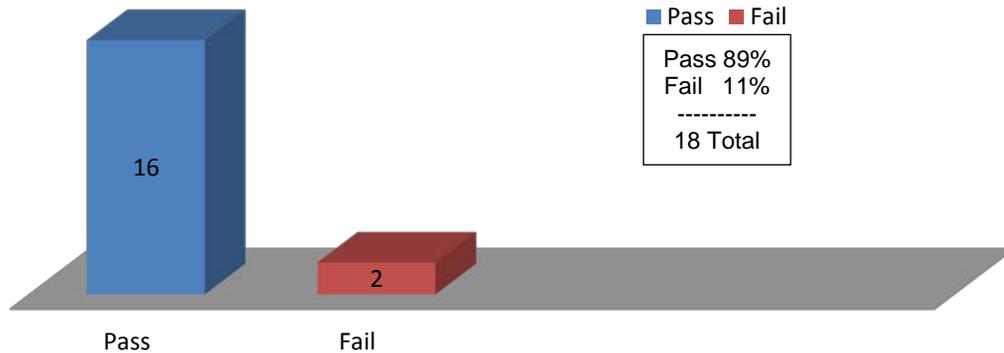
Clinical and Written Examination Statistics



MEMORANDUM

DATE	May 2, 2014
TO	Dental Hygiene Committee of California Licensing and Examination Subcommittee Members
FROM	Eleonor Steiner, DHCC Exam Analyst
SUBJECT	LIC 4.10 - Clinical Examination Statistics

SAN JOAQUIN VALLEY COLLEGE CLINICAL EXAM RESULTS MARCH 8, 2014



RDH CLINICAL EXAMINATION - OVERALL STATISTICS

**Number of candidates tested for the March 8, 2014, examination only*

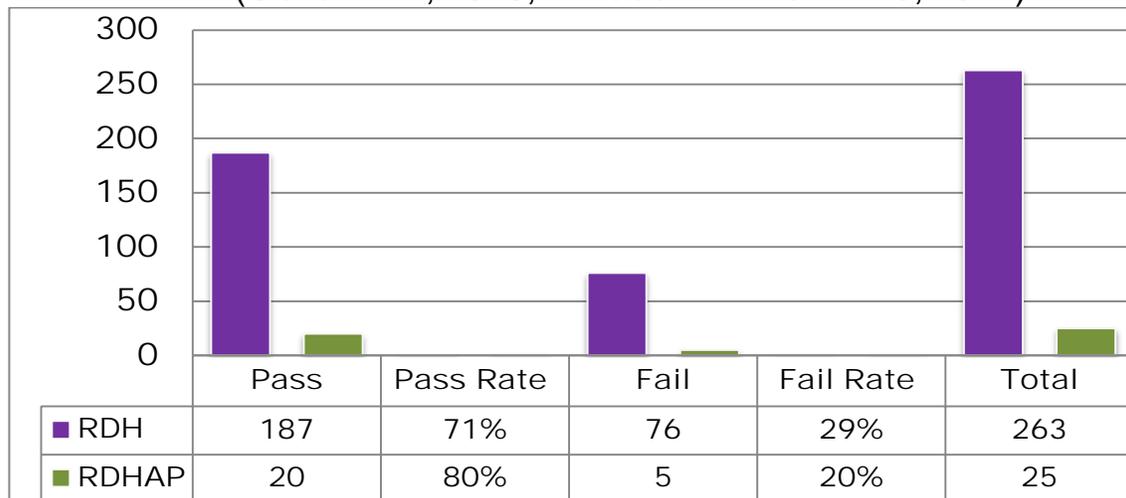
Year	Total Candidates Tested	Pass		Fail	
		#	%	#	%
*2014	18	16	89%	2	11%
2013	328	288	88%	40	12%
2012	533	471	88%	62	12%
2011	656	564	86%	92	14%
2010	682	550	81%	132	19%
2009	783	652	83%	131	17%
2008	801	657	82%	144	18%
2007	797	627	79%	170	21%
2006	647	557	86%	90	14%



MEMORANDUM

DATE	May 2, 2014
TO	Dental Hygiene Committee of California Licensing and Examination Subcommittee Members
FROM	Eleonor Steiner, DHCC Exam Analyst
SUBJECT	LIC 4.20 - Written Examination Statistics

RDH AND RDHAP WRITTEN LAW & ETHICS EXAMINATION (OCTOBER 1, 2013, THROUGH FEBRUARY 28, 2014)



RDH WRITTEN LAW & ETHICS EXAMINATION

Date Range	RDH Candidates Tested	Pass	Fail
10/01/2013 - 02/28/2014	263	187 71%	76 29%
01/01/2013 - 09/30/2013	790	626 79%	164 21%

RDHAP WRITTEN LAW & ETHICS EXAMINATION

Date Range	RDHAP Candidates Tested	Pass	Fail
10/01/2013 - 02/28/2014	25	20 80%	5 20%
01/01/2013 - 09/30/2013	53	39 74%	14 26%



Friday, May 2, 2014

Dental Hygiene Committee of California

Licensing and Examination Subcommittee

Agenda Item 5

Licensure Statistics



MEMORANDUM

DATE	May 2, 2014
TO	Dental Hygiene Committee of California Licensing and Examination Subcommittee
FROM	Traci Napper, Program Analyst
SUBJECT	LIC 5.10 – Licensure Statistics

DHCC Licensure Statistics (as of April 6, 2014).

LICENSE STATUS	LICENSE TYPE				
	RDH	RDHAP	RDHEF	FNP	TOTALS
ACTIVE	18,848	493	31	120	19,492
INACTIVE	3,690	20	6	0	3,716
DELINQUENT	2,253	13	1	13	2,280
CE HOLD	102	2	0	0	104
REVOKED	16	0	0	0	16
DENIED	1	0	0	0	1
VOLUNTARY SURRENDERED	5	0	0	0	5
CANCELLED	6,290	8	0	9	6,307
DECEASED	180	2	0	0	182
30/150 TEMP	2	0	0	0	2
TOTAL	31,387	538	38	142	*Total Licensee Population = 32,105

*The total licensee may vary due to the Department of Consumer Affairs' Cashiering Automated System quantifying the licensing report on a monthly basis.

Licensure-By-Credential (LBC) Statistics:

License Type	2008	2009	2010	2011	2012	2013	2014	TOTAL
LBC	55	44	31	61	50	29	11	281**

**TOTAL AS OF APRIL 6, 2014

LICENSE TYPES

Registered Dental Hygienist - **RDH**
 Registered Dental Hygienist in Alternative Practice – **RDHAP**
 Registered Dental Hygienist in Extended Function – **RDHEF**
 Special Permit – **SP**
 Fictitious Name Permit – **FNP**
 Registered Provider – **RP**

LICENSE STATUS

Active – A license that has completed all renewal requirements.
Inactive – Renewal fees have been paid and license placed on Inactive status. (Reasons vary including: not currently practicing, live scan or CE incomplete)
Delinquent – Fees have not been paid for one or more renewal periods.
CE Hold - Continuing Education not completed.
Revoked – Disciplinary actions taken, not licensed to practice in CA.
Denied – License or application denied due to disciplinary actions.
Voluntary Surrendered – Surrendered license voluntarily due to disciplinary action.
Cancelled – Nonpayment of renewal fees for five years.
Retired – reached age of retirement, a reduce license renewal fee.
30/150 Temp - Family support obligation not meet.



Friday, May 2, 2014

Dental Hygiene Committee of California

Licensing and Examination Subcommittee

Agenda Item 6

Discussion and Possible Action to Join the Central
Regional Dental Testing Services, Inc. (CRDTS) as a
Member State



MEMORANDUM

DATE	March 5, 2014
TO	Licensing and Examination Subcommittee Members
FROM	Rick Wallinder, Staff Analyst
SUBJECT	Agenda Item #6 – Discussion and Consideration to Join Central Regional Dental Testing Services, Inc. (CRDT's) as a Member State

At the December 2014 DHCC meeting, DHCC members approved accepting CRDTS as a clinical examination to meet California requirements for licensure. Having accepted CRDTS as one of its acceptable licensing examinations, DHCC members can decide if they want the DHCC to become a CRDTS member state.

What does it mean to become a CRDTS member state?

The DHCC could send a representative to vote on matters before the CRDTS Steering Committee and the Exam Review Committee (ERC).

How would the DHCC become a member state?

The DHCC would submit a letter to CRDTS expressing our interest and desire to become a member state. The CRDTS Steering Committee would approve the DHCC's request through a vote of representatives from CRDTS member states.

If the DHCC is accepted to become a member State, what CRDTS' committees could the DHCC be part of?

Based on the CRDTS' bylaws there would be two committees: the Steering Committee and the Exam Review Committee (ERC). The DHCC would designate one person to serve on each of these committees. With respect to other committees within CRDTS (e.g., executive, finance, nominating, etc.), where members are "elected at large", Kim Laudenslager (Director of Dental Hygiene Examinations) says that it is possible in future years representatives from California may be interested and elected to serve.

What are the time commitments?

There are three one-day meetings of the Steering Committee. CRDTS pays for all expenses.

Subcommittee Action Requested

Decide if the Education Subcommittee wants to recommend to the full DHCC that the DHCC should direct staff to seek membership with CRDTS.



Friday, May 2, 2014

Dental Hygiene Committee of California

Licensing and Examination Subcommittee

Agenda 7

Approval of the December 6, 2013 Licensing and Examination Subcommittee Meeting Minutes



DRAFT - DENTAL HYGIENE SUBCOMMITTEE MEETING MINUTES

**Evergreen Hearing Room
2005 Evergreen Street, 1st Floor
Sacramento, CA 95815
Friday, December 6, 2013**

Prior to taking roll, Dental Hygiene Committee President Michelle Hurlbutt swore in Susan Johnson as a new public member of the Dental Hygiene Committee of California.

Roll Call – The Dental Hygiene Committee of California (DHCC) President called the meeting to order with roll call at 9:00 a.m. With eight (8) DHCC members present, a quorum was established.

DHCC members present:

Sherrie-Ann Gordon, Public Member
Michelle Hurlbutt, President, Registered Dental Hygienist (RDH) Educator
Susan Johnson, Public Member
Joyce Noel Kelsch, Registered Dental Hygienist in Alternative Practice (RDHAP),
Timothy Martinez, DMD
Nicolette Moultrie, RDH
Garry Shay, Public Member
Evangeline Ward, RDH

DHCC members absent:

Susan Good, Public Member

DHCC Staff present:

Lori Hubble, Executive Officer (EO)
Nancy Gaytan, Enforcement Analyst
Anthony Lum, Administrative Analyst
Donna Kantner, Retired Annuitant
Traci Napper, Program Analyst
Eleonor Steiner, Examination Coordinator
Richard Wallinder, Retired Annuitant
Claire Yazigi, Department of Consumer Affairs' (DCA) Legal Representative

Public present:

Cindy Callahan, Educational Consultant
Guadalupe Castillo, DCA, Legislative and Policy Review Analyst
Corrine M. Fishman, DCA, Board and Bureau Relations
Karen Fischer, Executive Officer, Dental Board of California (DBC)
Maureen Fujimoto, DHCC Clinical Examination Subject Matter Expert
JoAnn Galliano, Program Director, Chabot College
Kim Laudenslager, Director of Dental Hygiene Examinations, Central
Regional Dental Testing Service (CRDTS)
Nadine Lavell, California Dental Hygiene Association (CDHA)
Bill Lewis, California Dental Association (CDA)
Susan Lopez, CDHA
Lisa Okamoto, CDHA
Narrine Strickland, CDHA
Maureen Titus, CDHA
Connie Selinski, Western Regional Examining Board (WREB)

FULL 1 – Public Comment for Items Not on the Agenda

President Hurlbutt asked for any public comment for items not on the agenda. There was no public comment.

FULL 2 – President’s Announcement

President Hurlbutt informed those present that after the Petition for Termination of Probation, the DHCC members would be meeting in closed session to deliberate on the petition for termination of probation and all closed session matters scheduled for Saturday, December 7, 2014. She added that subcommittee meetings would commence when the DHCC members returned from closed session.

FULL 3 – Full DHCC Meeting: Petition for Termination of Probation - Lorain Rice

Closed Session

The DHCC met in closed session to discuss administrative action regarding the petition for termination of probation for Lorain Rice.

<<Return to Open Session>>

DHCC SUBCOMMITTEE MEETINGS:

1. ENFORCEMENT SUBCOMMITTEE MEETING

ENF 1 – Roll Call

Garry Shay, Chair of the Enforcement Subcommittee, called the meeting to order at 11:17 a.m. with roll call. With all four (4) subcommittee members present, a quorum was established.

Enforcement Subcommittee members present:

Garry Shay, Chair, Public Member
Sherrie-Ann Gordon, Public Member
Noel Kelsch, RDHAP

Nicolette Moultrie, RDH

Enforcement Subcommittee members absent:

None

ENF 2 – Public Comment for Items Not on the Agenda

There was no public comment for items not on the agenda.

ENF 3 – Chairperson’s Report

There was no chairperson’s report for this subcommittee meeting.

ENF 4 – Enforcement Statistics

Nancy Gaytan, DHCC Enforcement Analyst, provided the subcommittee members with a written statistical summary chart of the DHCC Enforcement activity. She informed the subcommittee members that the chart covered the period from December 2012 through November 2013. She noted that there were five (5) main categories in the chart: complaints, allegations, citations, enforcement actions, and probation.

Within the Investigations category, she noted that 31 complaints had been received. She reported that 151 conviction/arrest reports had been received and that she was awaiting on information for one (1) pending report.

Ms. Gaytan reported that most of the allegations completed were related to drug and alcohol type offenses. She then stated that 26 citations had been issued from December 2012 through November 2013. She explained that the majority of the citations were issued for convictions related to drugs and alcohol.

Ms. Gaytan stated that the Enforcement Actions category provided a breakdown of the cases that were submitted to the Attorney General’s (AG’s) Office . She informed members that:

- 11 cases had been referred to the AG’s Office;
- 6 accusations had been filed;
- 1 Statement of Issues was filed; and
- 6 Decisions/Stipulations were adopted.

Under the Probation category, six (6) initial probationary licenses were issued. Additionally, nine (9) licensees are on active probation and five (5) are tolling their probation.

ENF 5 – Department of Consumer Affairs (DCA) Performance Measures

Ms. Gaytan reported that the DHCC was well within the performance measures (cycle time for intake, intake and investigation, formal discipline, probation intake, and probation violation and response) established by the DCA.

ENF 6 – Update on Citation and Fine Program

Ms. Gaytan informed the members that since regulations were approved in December 2012, 26 citations have been issued. Examples of the citations issued include false advertising and failure to notify the DHCC of a licensee's address or name change.

Ms. Gaytan added that part of the citation and fine program includes audits of licensees' continuing education (CE) requirements. She stated that if a licensee is found to be out of compliance with CE requirements, a fine of \$500 will be levied and the license inactivated until proof of CE completion is received by the DHCC.

ENF 7 – Update on Continuing Education Program

Ms. Gaytan explained that in the future, the DHCC will have a staff person dedicated to CE audits and follow-up for compliance. Until that person is hired, she will help other staff and the Executive Officer conduct the CE audits.

Ms. Gaytan informed the members that the DHCC recently conducted CE audits on four (4) licensed DHCC members, 100 examination personnel, and all 28 of the dental hygiene education program directors. She noted that only one (1) licensee was out of compliance. She added that the individual will receive a citation and fine for the non-compliance of CE.

ENF 8 – Future Agenda Items

There were no future agenda items for the subcommittee.

ENF 9 – Adjournment

The Enforcement Subcommittee meeting adjourned at 11:25 a.m.

2. EDUCATION AND OUTREACH SUBCOMMITTEE MEETING

EDU 1 – Roll Call

Sherrie-Ann Gordon, Chair of the Education and Outreach Subcommittee, called the meeting to order at 11:26 a.m. with a roll call. With three (3) of the four (4) members present, a quorum was established.

Education and Outreach Subcommittee members present:

Sherrie-Ann Gordon, Chair, Public Member
Timothy Martinez, DMD
Evangeline Ward, RDH

Education and Outreach Subcommittee members absent:

Susan Good, Public Member

EDU 2 – Public Comment for Items Not on the Agenda

There was no public comment for items not on the agenda.

EDU 3 – Chairperson’s Report

There was no chairperson’s report for this subcommittee.

EDU 4 – Review and Consideration of Changing the Nomenclature and Function of the Education and Outreach Subcommittee: Chapter 5 of the DHCC Member Guidelines and Procedure Manual

Traci Napper, DHCC program analyst, informed the subcommittee members that the DHCC staff is recommending a change to the name and function of the Education and Outreach Subcommittee to the Education Subcommittee. She noted that the Education and Outreach Subcommittee was created to provide current educational, licensure, and consumer information to the public and DHCC licensees.

Ms. Napper explained that it was anticipated that this information would be disseminated primarily at outreach events in the State; however, for the past several years, the DHCC has attempted to attend these events, but was limited due to the travel restrictions in place.

Ms. Napper also informed the subcommittee members that effective January 1, 2013, Senate Bill (SB) 1202 (Leno and Wayland) strengthened the DHCC’s authority to grant, renew, or deny approval of all dental hygiene educational programs. Since the DHCC will be overseeing all dental hygiene education programs, staff believed it was necessary to reorganize the subcommittee’s responsibilities to address this additional workload.

Some of the subcommittee new responsibilities will include:

- Determining the need for a new educational program by evaluating and reviewing feasibility studies and make a recommendation to the full Committee;
- Make recommendations for approval, provisional approval, or denial of any **new** educational program request;
- Make recommendations for renewal, denial, or revocation of an **existing** educational program;
- Make recommendations to withdraw or revoke a dental hygiene program’s approval if the Commission on Dental Accreditation (CODA) has indicated an **intent-to-withdraw** approval or has **withdrawn approval**; and
- Promulgate regulations for educational programs.

Ms. Napper added that Ms. Hubble will report to the DHCC any outreach performed by DHCC staff.

- **Motion: Evangeline Ward moved that a recommendation be made to the DHCC to change the name of the Education and Outreach Committee to the Education Subcommittee and to state that the purpose of the Education Subcommittee is to provide recommendations to the full committee on granting,**

renewing, and withdrawing approval of educational programs for registered dental hygienists, registered hygienists in extended functions, and registered dental hygienist in alternative practice and provide recommendations to the full committee regarding approval of a feasibility study for new educational programs. The subcommittee may also provide information and recommendations on issues relating to the curriculum and school approval.

Timothy Martinez seconded the motion.

Vote: The motion passed 3-0 (Susan Good was absent for the vote).

EDU 5 – Website Statistics

Ms. Napper directed members to a chart in the meeting materials that provided information about the number of DHCC website hits from January 1, 2013 to November 14, 2013. She noted that the first page showed just the hits for the DHCC homepage. The second handout provided information concerning the number of hits to other portions of the DHCC website (licensees renewals, forms and publications, license verifications, and how to become licensed).

- **Motion:** Evangeline Ward moved to receive and file Ms. Napper's report.

Timothy Martinez seconded.

Vote: The motion passed 3-0 (Susan Good was absent for the vote).

EDU 6 – Future Agenda Items

Lisa Okamoto, CDHA, asked if the DHCC could put a statement on its website whether or not RDH's as a whole are eligible to be classified as independent contractors.

EDU 7 – Adjournment

The Education and Outreach Subcommittee meeting adjourned at 11:42 a.m.

3. LEGISLATIVE AND REGULATORY SUBCOMMITTEE MEETING

LEG 1 – Roll Call

Nicollette Moultrie, Chair of the Legislative and Regulatory Subcommittee, called the meeting to order with a roll call at 1:30 p.m. With three (3) of the four (4) subcommittee members present, a quorum was established.

Legislative and Regulatory Subcommittee members present:

Nicollette Moultrie, Chair, RDH
Michelle Hurlbutt, RDH

Garry Shay, Public Member

Legislative and Regulatory Subcommittee members absent:

Susan Good, Public Member.

LEG 2 – Public Comment for Items Not on the Agenda

There was no public comment for items not on the agenda.

LEG 3 – Chairperson’s Report

Chair Moultrie informed the members that since the DHCC’s September meeting, she has been part of an ad-hoc committee that was formed to finalize the DHCC Sunset Review document and develop regulatory language to support Business and Professions Code (BPC), Section 1941 – the approval of the educational programs.

Chair Moultrie reported that the DHCC Sunset Review report was submitted to the Legislature on November 1, 2013, for their review and that questions may arise which the DHCC will address prior to the scheduled Sunset hearings sometime in March 2014.

LEG 4 – Legislative Update

Donna Kantner, DHCC Legislation and Regulatory Analyst, informed the members that the Legislature had just concluded the first half of its two-year legislative session. She directed the members to a chart in their meeting packet that listed the legislation DHCC staff had tracked since January 2013. She noted several of the bills tracked had become 2-year bills. She said that staff would continue to track these bills and any new legislation affecting DHCC applicants, licensees, and consumers when the Legislature re-convenes on January 6, 2014, for the second half of its 2-year session.

JoAnne Galliano, Legislative Consultant for CDHA, provided an update on Assembly Bill (AB) 1174 (Bocanegra, Teledentistry Under Medi-Cal). She noted that CDHA representatives had met with legislative staff for this bill to discuss the concerns that had been communicated in writing during the last session. She noted that these concerns had not been forwarded to the author, nor had they been addressed in the legislation. She said that the author and the sponsors of this bill do not fully appreciate the input from the DHCC in terms of the actual recommendation that was made where the determination of radiographs was an allowable duty for a Registered Dental Hygienist. She added that the authors and sponsors of the bill are not considering the impact of the language and the affect it would have on the dental hygiene profession and the DHCC as a decision making body. She recommended to CDHA and the DHCC that the DHCC change its position from support if ammended to oppose unless ammended.

Ms. Hurlbutt agreed. She noted that even though DHCC’s letter was sent over six months ago, it was evident that the author has not addressed any of the DHCC’s concerns.

- **Motion – Michelle Hurlbutt moved that the DHCC change its position on AB 1174 from support if amended to oppose unless amended.**

Garry Shay seconded the motion.

Vote: The motion passed 3-0 (Susan Good was absent for the vote).

Ms. Kantner said that a letter informing the author of the DHCC’s change in position would be sent to the author’s office. Mr. Shay asked staff to contact the author’s office within two (2) days of sending the letter to confirm that it was received.

LEG 5 – Discussion and Possible Action on Regulations Related to Educational Programs, California Code of Regulations (CCR), Title 16, Division 11, §§1103,1104, 1104.1, 1104.2, 1104.3, 1105, 1105.1, 1105.2, 1105.3, 1105.4, 1105.5, 1105.6, 1105.7, 1106, 1109, 1110, 1111, 1112, and 1114.

- **Motion – Garry Shay moved to recommend to the DHCC changes to pages 1-10 (see attached)**

Michelle Hurlbutt seconded the motion.

Vote: The motion passed 3-0 (Susan Good was absent for the vote).

LEG 6 – Future Agenda Items

There were no future agenda items for this subcommittee.

LEG 7 – Adjournment

The Legislative and Regulatory Subcommittee meeting adjourned at: 2:26 p.m.

4. LICENSING AND EXAMINATION SUBCOMMITTEE MEETING

LIC 1 – Roll Call

Michelle Hurlbutt, Chair of the Licensing and Examination Subcommittee, called the meeting to order at 2:27 p.m. With all four (4) members present, a quorum was established.

Licensing and Examinations Subcommittee members present:

Michelle Hurlbutt, Chair, RDH Educator
 Noel Kelsch, RDHAP
 Evangeline Ward RDH
 Timothy Martinez, DMD

Licensing and Examination Subcommittee members absent:

None

LIC 2 – Public Comment for Items Not on the Agenda

Connie Selinsky introduced herself to subcommittee members and said that she was representing the Western Regional Examination Board (WREB) and was present to answer any questions concerning WREB.

LIC 3 – Chairperson’s Report

Chair Hurlbutt informed the subcommittee members that she had been in contact with Executive Officer Lori Hubble as needed regarding any licensing or examination issues. She reported that DHCC staff recently sent out surveys to the examination personnel to get their perspectives on the changes that were made to the California Clinical Licensure Examination cycle. The survey also asked questions regarding their attitudes and practices after participating in the latest examination orientation. She reported that the DHCC staff will be analyzing the survey data once they are returned. She then commended staff and examination personnel on doing an excellent job with regard to the California Clinical Licensure Examination.

LIC 4 – 2014 DHCC Clinical Exam Schedule

Eleonor Steiner, DHCC Examination Analyst, directed the subcommittee members to the handout in their meeting packet concerning the 2014 DHCC Clinical Licensure Examination schedule. She noted that the DHCC added a new testing site – San Joaquin Valley College in Visalia – to the list. She informed the subcommittee members that because the number of applicants requesting to take the California Clinical Licensure Examination has continually decreased, the DHCC would only administer the examination on one day rather than two, which had been the previous practice for the 2013 examination cycle.

Ms. Galliano asked whether the July 2014 examination would be a one-day examination. Ms. Steiner answered that the July exam is only a single day. Ms. Galliano then asked how many candidates could participate in that examination. Ms. Hubble replied that up to 140 candidates could be examined at that exam.

Chair Hurlbutt then stated that the DHCC had the ability to add a second date for examination if one was needed.

LIC 5 – Clinical and Written Examination Statistics

Ms. Steiner directed the subcommittee members to the Clinical and Written Examination Statistics handout in their meeting packets. She informed the members that in 2013, 328 candidates took the California Clinical Licensure Examination and 288 (88%) of those passed. She noted that the 88% passage rate was in line with the pass rates from previous years.

For the RDH Law and Ethics examination, Ms. Steiner said that 790 candidates completed the exam and 626 (79%) of those passed.

Ms. Steiner continued that 53 RDHAP candidates had taken the written Law and Ethics examination and 39 (74%) of them passed.

Ms. Steiner concluded her report noting that 393 WREB applicants were licensed to date in 2013. She noted that the number of applicants who were using the WREB examination to meet California licensing requirements was rising.

LIC 6 – Licensure Statistics

Ms. Napper directed the subcommittee members attention to the memo in their meeting packet that she prepared listing the licensure statistics for all of the licensing categories within the DHCC (active, inactive, delinquent, CE hold, revoked, and denied). She reported that the DHCC had issued a total number of 31,934 licenses as of November 13, 2013.

Chair Hurlbutt asked if in future reports, Ms. Napper could provide a legend that described each of the licensing categories so individuals reading the report would know that FNP means Fictitious Name Permit and RP means Registered Provider. She added that the Special Permit categories should also be listed. She noted that while the DHCC currently has not issued any special permits, it is considered a licensing category.

Chair Hurlbutt commented that the subcommittee might consider a future agenda item concerning establishing a retired status licensing category as an option for DHCC licensees.

Ms. Hubble asked Ms. Napper to explain the 30/150 Temp category in her chart. Ms. Napper explained that this category was established for individuals who had not met family support obligations. She added that a temporary hold is put on that license until the Superior Court notifies the DHCC that payment has been made concerning the licensee's family support obligations.

Ms. Kelsch asked if licensees could practice if a CE hold was placed on their license. Ms. Napper replied that the licensee could not practice with a CE hold placed on their license.

Mr. Shay asked if licensees could practice if they were delinquent on their State taxes. Ms. Napper responded that licensees who were delinquent on their State taxes could not practice.

LIC 7 – Presentation from Kim Laudenslager, Director of Dental Hygiene Examinations, about the Central Regional Dental Testing Services (CRDTS) Examination for Hygiene Licensure

Ms. Laudenslager provided a brief history of the regional examinations for dental hygiene, noting that CRDTS is used by approximately 40 states to meet dental hygiene licensing requirements. She continued with a full Powerpoint presentation highlighting the benefits for California to utilize the CRDTS examination to qualify for licensure and becoming a member

state. She stated that she would be available after the meeting and at anytime by phone or email to answer questions from the DHCC members or staff.

LIC 8 – Discussion and Possible Action on Acceptance of CRDTS Examination for Hygiene Licensure

In response to a question from Ms. Kelsch concerning the pros and cons of accepting CRDTS, Ms. Hubble stated that given the dwindling number of candidates who are taking the California Clinical Licensure Examination, it is likely that the examination will cease to be offered in the near future because applicants are choosing to take other examinations (i.e., WREB) instead of the California Clinical Licensure Examination. Consequently, if CRDTS is not accepted and the California Clinical Licensure Examination ceases to exist, that would leave California with only one licensing examination: WREB.

- **Motion – Noel Kelsch moved that the Licensing and Examination Subcommittee recommend to the full Committee that the DHCC accept the CRDTS examination as one of the clinical dental hygiene examinations approved by the DHCC for purposes of meeting licensure requirements as an RDH in California.**

Evangeline Ward seconded the motion.

Vote: the motion passed 4-0.

LIC 9 – Discussion and Possible Action on Remedial Education Regulations, California Code of Regulations (CCR), Title 16, Division 11 § 1108

Chair Hurlbutt informed the subcommittee members that the DHCC has statutory authority that requires remedial education for individuals who have failed to pass a clinical examination after three (3) attempts or fails to pass the clinical examination as a result of a single incidence of imposing gross trauma on a patient. Ms. Kantner added that the purpose of these regulations is two-fold:

- 1) It defines what remedial education may consist of for applicants who have failed the examination; and
- 2) Used in disciplinary cases where a licensee's lack of skill may have led to a decision by the DHCC to have a licensee complete remedial education before being allowed to practice.

The Subcommittee members voted to change the following in the regulatory language:

- Add "with no disciplinary actions" throughout the text when referring to a valid, active California license;
- In Subsection 1108(b)(4), add text requiring that faculty review the materials provided to students; and
- Revise the application form with the above changes.

- **Motion:** Noel Kelsch moved that the subcommittee recommend to the DHCC the approval of CCR, Title 16, Division 11, Section 1108, and all supporting documents, as amended.

Evangeline Ward seconded the motion.

Chair Hurlbutt asked for any comments from the Subcommittee members or the public.

There was no further comment from the members or the public.

Vote: the motion passed 4-0.

LIC 10 – Future Agenda Items

Chair Hurlbutt suggested the following items as future agenda items:

- Investigate creating a retired license status for RDH's; and
- Investigate becoming a member state of CRDTS.

LIC 11 – Adjournment

The Licensing and Examination Subcommittee adjourned at 4:28 p.m.



Friday, May 2, 2014

Dental Hygiene Committee of California

Licensing and Examination Subcommittee

Agenda 8

Future Agenda Items



Friday, May 2, 2014

Dental Hygiene Committee of California

Licensing and Examination Subcommittee

Agenda 9

Adjournment