



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee Agenda

Agenda



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

FULL COMMITTEE MEETING AGENDA

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

**Friday, May 3, 2013
8:00 a.m.
Hilton Los Angeles North – Glendale
Montrose Executive Meeting Center
100 West Glenoaks Boulevard
Glendale, CA 91202**

8:00 a.m. Dental Hygiene Committee of California (DHCC) – Full Committee – Open Session

Roll Call/Establishment of Quorum

1. Public Comment for Items Not on the Agenda
2. Approval of the February 27, 2013 Teleconference Meeting Minutes
3. President's Report
4. Executive Officer's Report
 - a. Sunset Review Process
 - b. BreEZe Project
 - c. Website Statistics
 - d. Staffing
 - e. Other issue(s) reported as necessary
5. Update from the Dental Board of California (DBC)
6. Budget Report
7. Discuss and Possible Action on Increase of RDH Renewal Fees
8. Discuss and Possible Action to Extend DHCC's Strategic Plan
9. Discuss and Possible Action on Diversion Program: §1966 – 1966.6 of the Business and Professions Code

10. Discuss and Possible Action Regarding RDHAP's Established Practice in Underserved Areas
11. Update on DHCC Enforcement Statistics
12. Update on Department of Consumer Affairs (DCA) Performance Measures
13. Discuss and Possible Action on DCA Legal Division's Policy Regarding Petition for Reinstatement Procedures
14. Update on DHCC Written Exam Statistics
15. Update on DHCC Licensure Statistics
16. Discuss and Possible Action on the Combined DHCC and DBC Infection Control Subcommittee's review of §1005 of Title 16 of the California Code of Regulations Relevant to the Annual Review of Minimum Standards for Infection Control
17. Discuss and Possible Action on the Following Regulations:
 - a. DHCC Uniform Standards Related to Substance Abuse and Disciplinary Guidelines – §1138, Title 16, Division 11, California Code of Regulations
 - b. DHCC Retroactive Fingerprint Requirements – §1132, Title 16, Division 11, California Code of Regulations
 - c. Sponsored Free Health Care Clinics – §1149-1153, Title 16, Division 11, California Code of Regulations
18. Discuss and Possible Action on Regulations Regarding Gingival Tissue Curettage, Administration of Local Anesthesia, and Administration of Nitrous Oxide-Oxygen Analgesia – §1107-1108, Title 16, Division 11, California Code of Regulations
19. Discuss and Possible Action on Regulations to Implement Business and Professions Code Section 114.3 (AB 1588) Regarding Military Reservist Licensees: Fees and Continuing Education
20. Update on Phase I of the Transfer and Possible Amendment of Dental Hygiene Regulations into Division 11 of Title 16, Articles 1-12 of the California Code of Regulations
21. Discuss and Possible Action on the Following Legislation:
 - a) Assembly Bill (AB) 50 (Pan) – Healthcare Coverage: Medi-Cal Eligibility
 - b) AB 186 (Maienschein) – Professions and Vocations: Military Spouses Licenses
 - c) AB 213 (Logue) Healing Arts: Licensure requirements: Military Experience
 - d) AB 512 (Rendon) Healing Arts: Licensure Exemption
 - e) AB 555 (Salas) Professions and Vocations: Military and Veterans
 - f) AB 1174 (Bocanegra/Logue) – Dental professionals: Teledentistry under Medi-Cal
 - g) Senate Bill (SB) 28 (Hernandez) – California Health Benefit Exchange
 - h) SB 176 (Galgani) – Administrative procedures: California Regulatory Notice Register

- i) SB 456 (Padilla) – Healthcare Coverage
- j) SB 821 (Senate Committee on Business, Professions and Economic Development) – Omnibus Bill
- k) Any additional legislation impacting the Committee that staff becomes aware of between the time the meeting notice is posted and the Committee meeting

22. Closed Session

The Committee may meet in closed session to deliberate on disciplinary matters pursuant to Government Code §11126 (c)(3)

Return to Open Session

23. Future Agenda Items

24. Next Tentatively Scheduled DHCC Meeting

25. 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 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 1

Public Comment for Items Not on the Agenda



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 2

Approval of the February 27, 2013
Teleconference Meeting Minutes



DRAFT - DENTAL HYGIENE FEBRUARY 2013 TELECONFERENCE MEETING MINUTES

**Silverwood Lake Room
2005 Evergreen Street, 1st Floor
Sacramento, CA 95815
Wednesday, February 27, 2013**

ITEM 1 – Roll Call – Establishment of a Quorum

The Dental Hygiene Committee of California (Committee) President Michelle Hurlbutt called the meeting to order with roll call at 12:01 p.m. She asked Evangeline Ward, Secretary, to take the roll to establish a quorum. Lori Hubble asked the members to identify their location for the record for the teleconference as well. With five committee members present via teleconference, a quorum was established.

Committee members present:

Michelle Hurlbutt, President, RDH Educator
Noel Kelsch, RDHAP
Timothy Martinez, DMD
Nicolette Moultrie, RDH
Evangeline Ward, Secretary, RDH

Committee members absent:

None.

Staff present:

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

Claire Yazigi, Department of Consumer Affairs' (DCA) legal representative

Public present:

Guadalupe Castillo, Legislative and Policy Analyst, DCA Division of Legislative
and Policy Review
Katherine Demos, Regulatory Analyst, DCA Division of Legislative and Policy
Review

(Both via teleconference from DCA Headquarters)

President's Comments - Committee President Michelle Hurlbutt welcomed all of the participants to the teleconference meeting and requested that when each individual speaks to identify themselves so that the other participants know who is making the comment.

ITEM 2 – Public Comment for Items Not on the Agenda

President Hurlbutt asked whether there was any public participants and comment at each of the teleconference sites. There was no public comment from each of the teleconference sites for items not on the agenda.

ITEM 3 – Discussion and Possible Action to Adopt Modifications to Proposed Amendments to Title 16, Division 11 of the California Code of Regulations (CCR), § 1149 et. seq Relating to Sponsored Free Health Care Events Subsequent to the Disapproval of the Regulatory File by the Office of Administrative Law.

President Hurlbutt deferred to Donna Kantner to present the agenda item. Ms. Kantner gave a brief history on the regulation request package and the reasons as to why the request was not approved by Office of Administrative Law (OAL). She indicated that all of the required changes as identified by OAL were outlined in the documents presented in the meeting materials packet. She proceeded through each of the changes page by page and explained that each of the required changes was stricken and the new text added in red print for the Committee's review.

President Hurlbutt asked for any questions on the agenda item from the Committee members.

Timothy Martinez inquired about the language to describe criminal history records and whether there was any other more specific language that can be used from the Federal Bureau of Investigations and Department of Justice, which would include all necessary criminal information. Ms. Kantner stated that there was no additional specific language to be utilized for the regulation request because the law required the Committee to obtain fingerprint clearances.

President Hurlbutt asked for a motion to approve the proposed amendments to the regulation request.

- **Nicolette Moultrie moved to approve the modified regulatory language with amendments and direct staff to take all necessary steps to complete the rulemaking process including noticing the modified text for a 15-day comment period which includes the amendments accepted by the Committee at this meeting. If no adverse comments are received during the 15-day public comment period, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and**

adopt the proposed amendments to California Code of Regulations, Title 16 sections 1149 - 1152.

Noel Kelsch seconded the motion.

President Hurlbutt asked if there were any questions or comments from the public or the Committee members. There were no questions or comments.

Vote: 5 - 0 to approve the motion passed via roll call of all participating members.

ITEM 4 – Discussion and Possible Action to Accept the December 3, 2012 Enforcement Subcommittee Meeting Minutes.

President Hurlbutt asked for a motion to accept the December 3, 2012 Enforcement Subcommittee meeting minutes.

- **Nicolette Moultrie moved to accept the December 3, 2012 Enforcement Subcommittee Meeting Minutes.**

Noel Kelsch seconded the motion.

President Hurlbutt asked if there were any questions or comments from the public or the Committee members. There were no questions or comments.

Vote: 5 - 0 to accept the motion passed via roll call of all participating members.

ITEM 5 – Discussion and Possible Action to Accept the December 3, 2012 Licensing and Examination Subcommittee Meeting Minutes.

President Hurlbutt asked for a motion to accept the December 3, 2012 Licensing and Examination Subcommittee meeting minutes.

- **Evangeline Ward moved to accept the December 3, 2012 Licensing and Examination Subcommittee Meeting Minutes.**

Timothy Martinez seconded the motion.

President Hurlbutt asked if there were any questions or comments from the public or the Committee members.

Claire Yazigi suggested a formatting change to the section where President Hurlbutt recused herself from any discussion on the approval of the two schools. She suggested that the issue be clarified by indicating that the subcommittee Chair (President Hurlbutt) recuse herself completely prior to any discussion of the two schools that were applying for approval and to state in this section of the minutes as, "Before moving on to the two particular course applications, Chair Hurlbutt recused herself." She continued that prior to the next paragraph where the discussion about the schools begins, she suggested

that a title of Course Applications be used to delineate between the Chair's recusal and the beginning of the two school's application discussion.

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

Vote: 5 - 0 to accept the December 3, 2012 Licensing and Examination Subcommittee Meeting minutes as amended, via roll call of all participating members.

ITEM 6 – Discussion and Possible Action to Accept the December 3, 2012 Legislative and Regulatory Subcommittee Meeting Minutes.

President Hurlbutt asked for a motion to accept the December 3, 2012 Legislative and Regulatory Subcommittee meeting minutes.

- **Evangeline Ward moved to accept the December 3, 2012 Legislative and Regulatory Subcommittee Meeting Minutes.**

Noel Kelsch seconded the motion.

President Hurlbutt asked if there were any questions or comments from the public or the Committee members. There were no questions or comments.

Vote: 5 - 0 to accept the motion passed via roll call of all participating members.

ITEM 7 – Discussion and Possible Action to Accept the December 3, 2012 Education and Outreach Subcommittee Meeting Minutes.

President Hurlbutt asked for a motion to accept the December 3, 2012 Education and Outreach Subcommittee meeting minutes.

- **Nicolette Moultrie moved to accept the December 3, 2012 Education and Outreach Subcommittee Meeting Minutes.**

Noel Kelsch seconded the motion.

President Hurlbutt asked if there were any questions or comments from the public or the Committee members. There were no questions or comments.

Vote: 5 - 0 to accept the motion passed via roll call of all participating members.

ITEM 8 – Discussion and Possible Action to Approve the December 4, 2012 Full Committee Meeting Minutes.

President Hurlbutt asked for a motion to approve the December 4, 2012 Full Committee meeting minutes.

- **Evangeline Ward moved to approve the December 4, 2012 Full Committee Meeting Minutes.**

Noel Kelsch seconded the motion.

President Hurlbutt asked if there were any questions or comments from the public or the Committee members. There were no questions or comments.

Vote: 5 - 0 to approve the motion passed via roll call of all participating members.

ITEM 9 – Adjournment:

President Hurlbutt asked if there were any questions or comments from the public or the Committee members. There were no questions or comments.

The next Committee meeting is scheduled for May 2013.

The Wednesday, February 27, 2013 adjourned at 12:41 p.m.



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 3

President's Report



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 4

Executive Officer's Report



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 4

Executive Officer's Report:

a) Sunset Review Process

This will be a verbal report



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 4

Executive Officer's Report:

b) BreEZe Project

This will be a verbal report



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 4

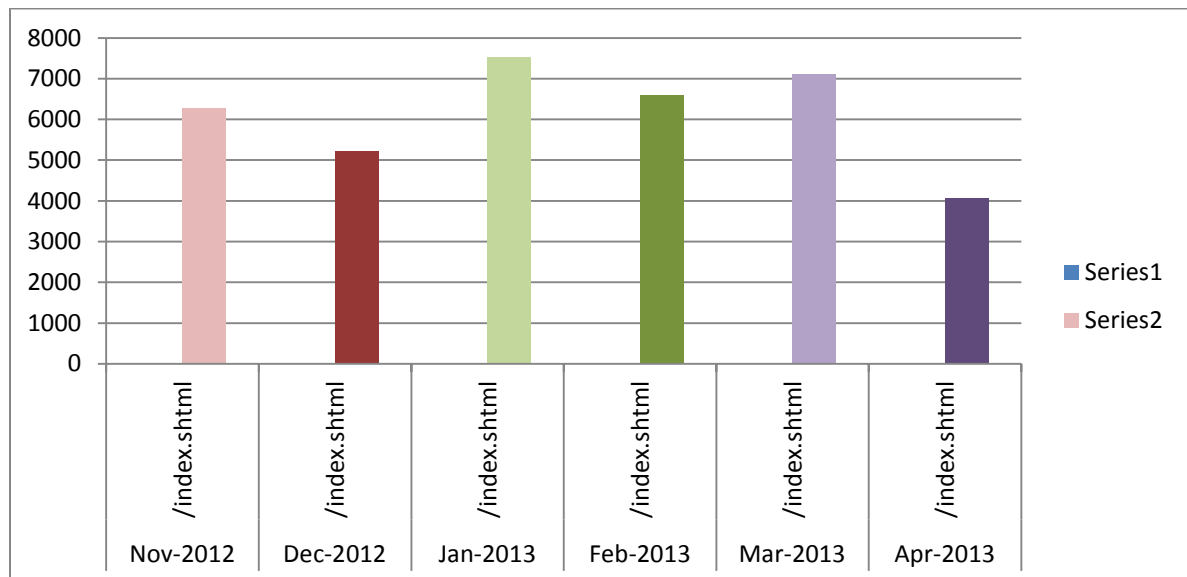
Executive Officer's Report:
c) Website Statistics



DATE	May 3, 2013
TO	Dental Hygiene Committee of California Full Committee
FROM	Lori Hubble Executive Officer
SUBJECT	Agenda Item 4(c) Website Statistics

November 2012 – April 2013

Internet Hits on: /index.shtml

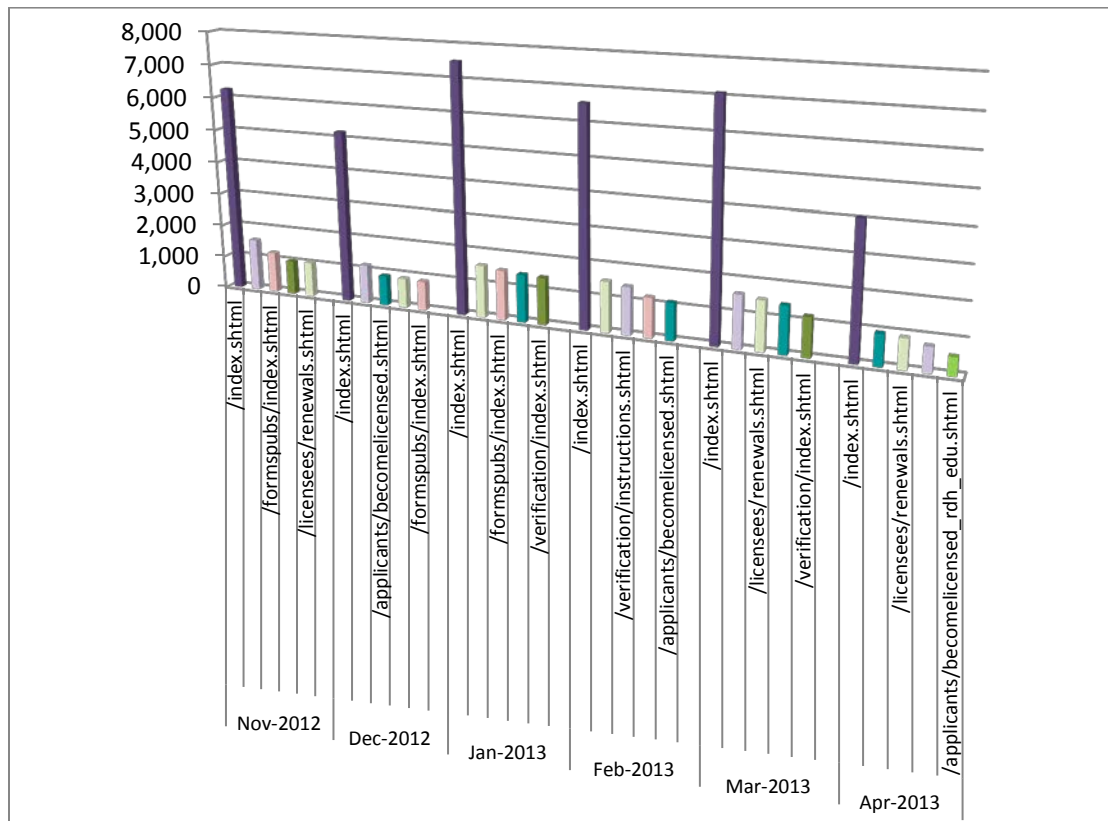


“Hits” identifies the total number of visitors viewing the DHCC home page (index.shtml).



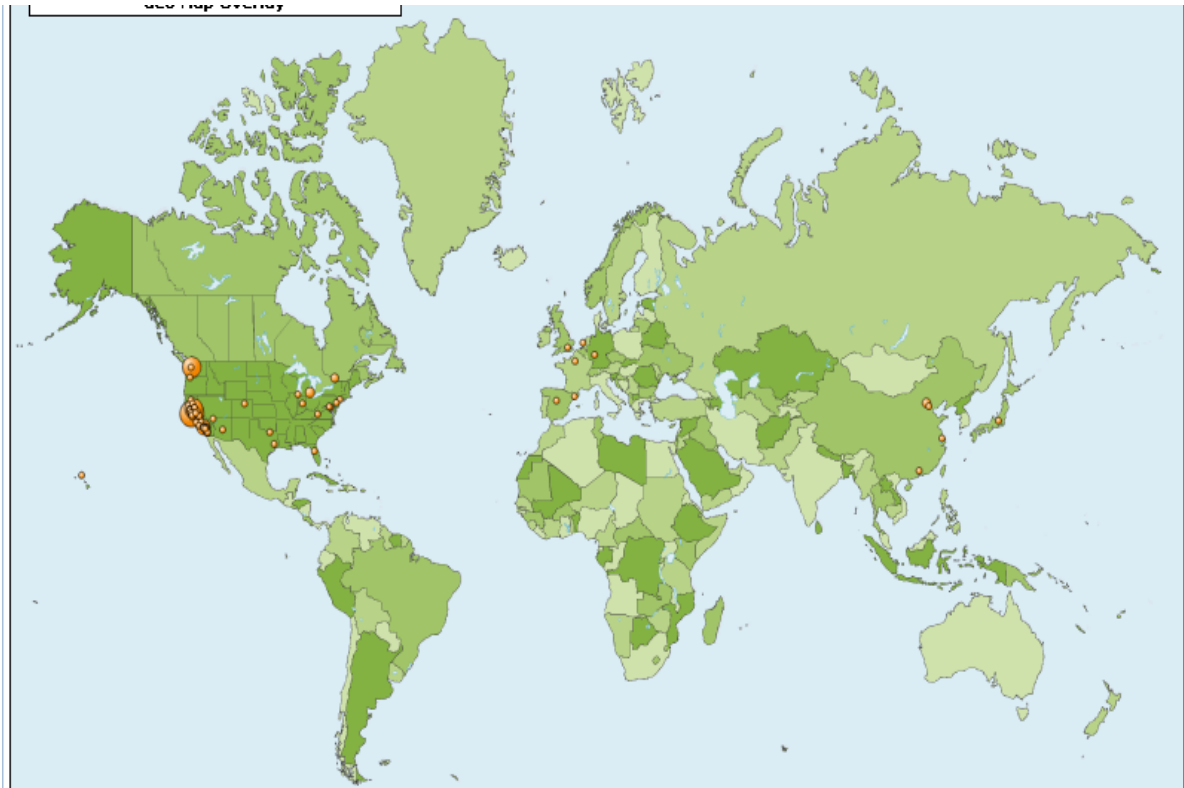
Agenda Item 4(c) – Web Site Statistics

Top 4 DHCC Web Page Hits and Quantity of Hits per Month for November 2012 – April 17, 2013



/index.shtml	DHCC Home Page
/verification/instructions.shtml	Instructions for license verification
/formspubs/index.shtml	DHCC Main Page hosting forms for Correspondence
/verification/index.shtml	The Page to Verify an RDH, RHAP, RDHEF license
/licensees/renewals.shtml	The Host License Renewal Information
/applicants/becomelicensed_rdh_edu.shtml	Continuing Education Requirements for RDH license
/applicants/becomelicensed.shtml	The host page for How to Become Licensed

Global Activity: November 2012 – April 17, 2013. The size of the orange dot indicates the activity from each locale. The larger the dot the greater the activity, web activity is based upon the DHCC homepage traffic (/index.shtml).



Interesting to note is the increase in activity from Mountain View, California 6.49% of internet traffic. Redmond, Washington decreased from 6.69% to 5.05 %. Beijing averaged nearly 2.29% which is down from the 3.05% of total traffic that was reported at the December 2012 Committee meeting.



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 4

Executive Officer's Report:
d) DHCC Staffing

This will be a verbal report



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 4

Executive Officer's Report:
e) Other Issue(s), Reported as Necessary

This will be a verbal report



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 5

Update from the Dental Board of California
(DBC)



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 6

Budget Report

DENTAL HYGIENE COMMITTEE OF CALIFORNIA**BUDGET REPORT**

FY 2012/13 Expenditure Projection
For the Period Ending March 31, 2013

OBJECT DESCRIPTION	FY 2012-13				
	BUDGET ALLOTMENT	CY EXPENDITURES (MONTH 9)	PERCENT SPENT	Budget office PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
PERSONNEL SERVICES					
Salary & Wages	373,140	271,135	73%	365,000	8,140
Temp Help 907	37,065	27,287	74%	35,000	2,065
Proctors 915	1,881	0	0%	0	1,881
Allocated Proctor	0	0	0%	0	0
Committee/Bd members (901)	7,400	3,000	41%	4,500	2,900
Overtime	10,000	8,478	85%	10,000	0
Benefits	145,692	122,902	84%	145,692	0
Salary Savings	0	0	#DIV/0!	0	0
TOTAL PERS SVS	575,178	432,802	75%	560,192	14,986
OPERATING EXPENSES & EQUIPMENT					
General Expense	6,627	3,039	46%	5,000	1,627
Minor Equipment 226	4,650	3,890	84%	4,650	0
Fingerprint Reports	3,220	348	11%	500	2,720
Printing	20,358	18,585	91%	20,000	358
Communication	3,812	1,751	46%	3,000	812
Postage	35,063	31,762	91%	35,000	63
Insurance	0	0	0%	0	0
Travel In state	25,187	15,970	63%	22,000	3,187
Travel Out of state	0	0	0%	0	0
Training	3,800	0	0%	500	3,300
Facilities Ops	39,120	36,031	92%	38,500	620
Utilities	0	0	0%	0	0
C&P Serv. Internal	12,323	0	0%	1,000	11,323
**C&P Serv. External	17,984	11,744	65%	15,000	2,984
Departmental Services	177,126	158,109	89%	177,126	0
Interagency Services	12,635	0	0%	0	12,635
Consolidated Data Centers	3,094	2,214	72%	3,000	94
Data Processing	2,058	1,647	80%	2,000	58
Central Adm. Services	76,041	57,031	75%	76,041	0
EXAMS					
Exam supplies & freight	1,212	0	0%	0	1,212
Exam Site rental	68,568	44,601	65%	55,000	13,568
Exam Contracts	231,348	108,913	47%	168,000	63,348
Expert Examiners (SME)	19,392	0	0%	0	19,392
ENFORCEMENT					
Attorney General	47,136	21,618	46%	30,000	17,136
Off of Admin Hearings	7,120	5806	82%	7,000	120
Evidence/Witness	436	150	34%	300	136
Div. of Investigations (DOI)	2,028	1521	0%	2,000	28
Major Equipment	0	0		0	0
Other Items of Expense	117	0		0	117
Vehicle op	13,000	0		0	13,000
Total OE & E	833,455	524,730	63%	665,617	167,838
TOTAL EXPENDITURES	1,408,633	957,532	68%	1,225,809	182,824
NET APPROPRIATION	1,408,633	957,532	68%	1,225,809	182,824
Scheduled, Other Reimbursement	(1,000)			(1,000)	0
Distributed Costs	(5,000)			(5,000)	0
Unscheduled Reimbursement					0
NET, TOTAL EXPENDITURES	1,402,633	957,532	68%	1,219,809	182,824
NOTES/ASSUMPTIONS					
Surplus/Deficit					13.0%

3140 - State Dental Hygiene Fund

Analysis of Fund Condition

Prepared 3/25/2013

(Dollars in Thousands)

Governor's Budget 2013-14

	ACTUAL 2011-12	CY 2012-13	Governor's Budget BY 2013-14	BY+1 2014-15
BEGINNING BALANCE	\$ 696	\$ 888	\$ 565	\$ 141
Prior Year Adjustment	\$ 18	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 714	\$ 888	\$ 565	\$ 141
REVENUES AND TRANSFERS				
Revenues:				
114300 Other Motor Vehicle Fees	\$ -	\$ -	\$ -	\$ -
125600 Other regulatory fees	\$ 7	\$ 7	\$ 7	\$ 7
125700 Other regulatory licenses and permits	\$ 374	\$ 391	\$ 399	\$ 399
125800 Renewal fees	\$ 722	\$ 676	\$ 686	\$ 686
125900 Delinquent fees	\$ 13	\$ 12	\$ 12	\$ 12
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ -	\$ -	\$ -	\$ -
150300 Income from surplus money investments	\$ 3	\$ 2	\$ 1	\$ -
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ -	\$ -	\$ -	\$ -
161400 Miscellaneous revenues	\$ -	\$ 1	\$ 1	\$ 1
164300 Penalty Assessments	\$ -	\$ -	\$ -	\$ -
Totals, Revenues	\$ 1,119	\$ 1,089	\$ 1,106	\$ 1,105
Transfers from Other Funds				
0380 - Committee on Dental Auxilliaries	\$ -	\$ -	\$ -	\$ -
Transfers to Other Funds				
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
Totals, Revenues and Transfers	\$ 1,119	\$ 1,089	\$ 1,106	\$ 1,105
Totals, Resources	\$ 1,833	\$ 1,977	\$ 1,671	\$ 1,246
EXPENDITURES				
Disbursements:				
0840 State Controller (State Operations)	\$ 1	\$ 1	\$ -	\$ -
8880 Financial Information System for CA (State Operations)	\$ 2	\$ 8	\$ 7	
SB 821 CH 307/09 Leg Appropriation	\$ 15	\$ 264	\$ -	\$ -
Budget Act				
1110 Program Expenditures (State Operations)	\$ 927	\$ 1,139	\$ 1,523	\$ 1,553
Total Disbursements	\$ 945	\$ 1,412	\$ 1,530	\$ 1,553
FUND BALANCE				
Reserve for economic uncertainties	\$ 888	\$ 565	\$ 141	\$ -307
Months in Reserve	7.5	4.4	1.1	-2.3

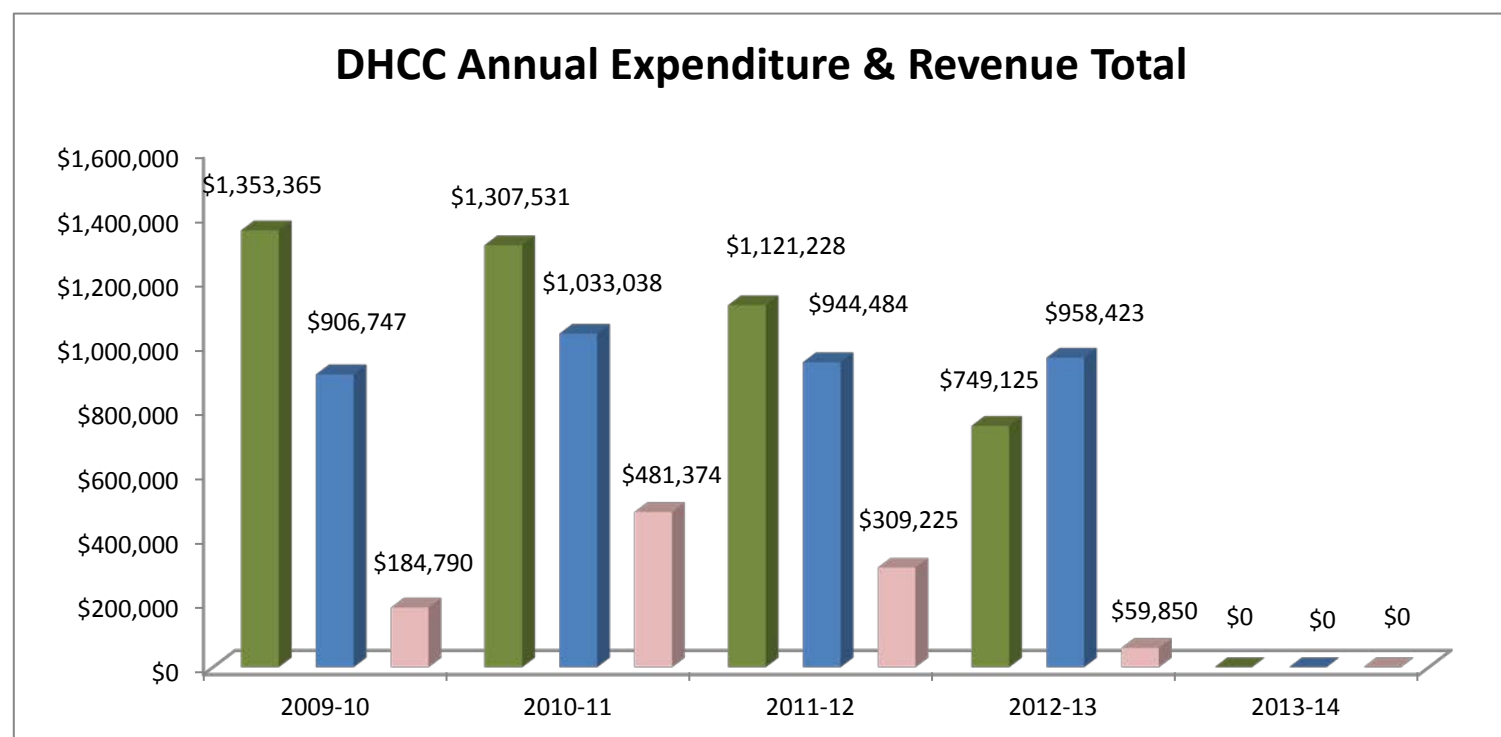
NOTES:

- ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED FOR 2012-13 AND ON-GOING.
- ASSUMES INTEREST RATE AT .30%.
- ASSUMES APPROPRIATION GROWTH OF 2% PER YEAR.

DHCC ANNUAL EXPENDITURE & REVENUE TRACKING						
Fiscal Year (FY)	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
DHCC Revenue per FY	\$1,353,365	\$1,307,531	\$1,121,228	\$749,125	\$0	\$0
DHCC Exam Revenue	\$184,790	\$481,374	\$309,225	\$59,850	\$0	\$0
DHCC Expenditure per FY	\$906,747	\$1,033,038	\$944,484	\$958,423	\$0	\$0

Notes:

- a) Exam Fees - increased to \$525 in FY 2009/10 from \$220
- b) WREB exam accepted in FY 2009-10
- c) For FY 2012-13, total is thru March 31, 2013 CALSTARS report
- d) DHCC established in FY 2009/10



GREEN = Total Revenue

BLUE = Total Expenditures

PINK = Exam Revenue



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 7

**Discuss and Possible Action on Increase
of RDH License Renewal Fees**



MEMORANDUM

DATE	May 3, 2013
TO	DHCC Committee Members
FROM	Tony Lum, Administrative Analyst
SUBJECT	Agenda Item 7 - Discuss and Possible Action on Increase of RDH License Renewal Fees

Background

The Committee has been very frugal and accountable for its resources and expenses since its inception in 2009. With all of the additional expenditures the Committee has absorbed over the past four years and the increased cost of doing business, the fund's reserve was gradually drained over this time period.

After a review of the Committee's Fund Condition, it is anticipated that there is a threat of insolvency by fiscal year (FY) 2014-15; however, the fund is projected to have a very low reserve balance starting next year (FY 2013-14). In order to avoid a low fund reserve and potential insolvency, additional revenue sources must be identified and collected immediately to increase the fund's reserve to acceptable levels (which is currently a minimum 3-6 month reserve). Although there were new fee categories approved at the December 2012 meeting (i.e., special permits, mobile dental hygiene clinics, extramural clinical facilities, etc.), those fees will not generate enough revenue to increase and sustain the fund's reserve balance.

With possible future legislative mandates and Committee goals and objectives requiring more resources and staff, and with the decline in revenue from examinations, the Committee cannot afford any new expenditure unless the fund reserve is healthy. Additional revenue will help deter insolvency of the Committee's fund and boost the reserve should there be a need for added expenditure authority in the future.

Committee staff has identified a single source of additional revenue that consists of three (3) linked fees* which are:

- 1) The Registered Dental Hygienist (RDH) Biennial License Renewal Fee (currently \$80)
- 2) The RDH Delinquency Fee for late license renewals (currently ½ of the renewal fee); and
- 3) The written Initial Fictitious Name Permit (FNP) fee issued to RDHAPs upon application to the Committee to practice dental hygiene under a different name (currently equal to the renewal fee)

The RDH Biennial License Renewal Fee is targeted because it is the main source of revenue for the Committee. This fee has not been increased since the genesis of the Committee in 2009.

Committee Action Requested

- Committee staff recommends to increase the RDH License Renewal Fee by \$60.00 to \$140.00 biennially and the associated fees (delinquency and Initial FNP) accordingly by resolution. The new fees will be implemented as of July 1, 2013, to immediately increase the Committee's revenue and fund balance to avoid insolvency. These fee recommendations are projected to sustain the fund for three to five (3 to 5) years at an acceptable level depending upon whether any new mandates or additional expenditures arise.

As a comparison, some other State's RDH Renewal Fees are: Nevada \$300 (biennial); Arizona \$300 (triennial); and Oregon \$155 (biennial)

*The RDH Delinquency Fee and Initial FNPs fee have specific language in the Business and Professions Code that tie directly to the rate of the RDH license renewal fee and automatically changes correspondingly with the renewal fee.

3140 - State Dental Hygiene Fund

Analysis of Fund Condition

Prepared 3/25/2013

(Dollars in Thousands)

Governor's Budget 2013-14

	ACTUAL 2011-12	CY 2012-13	Governor's Budget BY 2013-14	BY+1 2014-15
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161000 Escheat of unclaimed checks and warrants	\$ -	\$ -	\$ -	\$ -
161400 Miscellaneous revenues	\$ -	\$ 1	\$ 1	\$ 1
164300 Penalty Assessments	\$ -	\$ -	\$ -	\$ -
Totals, Revenues	\$ 1,119	\$ 1,089	\$ 1,106	\$ 1,105
Transfers from Other Funds				
0380 - Committee on Dental Auxilliaries	\$ -	\$ -	\$ -	\$ -
Transfers to Other Funds				
	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -
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EXPENDITURES				
Disbursements:				
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1110 Program Expenditures (State Operations)	\$ 927	\$ 1,139	\$ 1,523	\$ 1,553
Total Disbursements	\$ 945	\$ 1,412	\$ 1,530	\$ 1,553
FUND BALANCE				
Reserve for economic uncertainties	\$ 888	\$ 565	\$ 141	\$ -307
Months in Reserve	7.5	4.4	1.1	-2.3

NOTES:

- ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED FOR 2012-13 AND ON-GOING.
- ASSUMES INTEREST RATE AT .30%.
- ASSUMES APPROPRIATION GROWTH OF 2% PER YEAR.

3140 - State Dental Hygiene Fund

Analysis of Fund Condition

Prepared 4/15/2013

(Dollars in Thousands)

Governor's Budget 2013-14

w/ new fees

			Governor's Budget BY		
	ACTUAL 2011-12	CY 2012-13	2013-14	BY+1 2014-15	BY+2 2015-16
BEGINNING BALANCE	\$ 696	\$ 888	\$ 613	\$ 803	\$ 964
Prior Year Adjustment	\$ 18	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 714	\$ 888	\$ 613	\$ 803	\$ 964
REVENUES AND TRANSFERS					
Revenues:					
114300 Other Motor Vehicle Fees	\$ -	\$ -	\$ -	\$ -	\$ -
125600 Other regulatory fees	\$ 7	\$ 7	\$ 7	\$ 7	\$ 7
125600 New Fees		\$ 4	\$ 14	\$ 14	\$ 14
125700 Other regulatory licenses and permits	\$ 374	\$ 391	\$ 399	\$ 399	\$ 399
125700 New Fees		\$ 40	\$ 88	\$ 88	\$ 88
125800 Renewal fees	\$ 722	\$ 676	\$ 686	\$ 686	\$ 686
RDH Lic Ren Fee Incr of \$60 (8,375/8,250)	\$ -	\$ -	\$ 503	\$ 495	\$ 503
125800 New Fees		\$ 4	\$ 9	\$ 9	\$ 9
125900 Delinquent fees	\$ 13	\$ 12	\$ 12	\$ 12	\$ 12
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ -	\$ -	\$ -	\$ -	\$ -
150300 Income from surplus money investments	\$ 3	\$ 2	\$ 1	\$ 3	\$ 3
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ -	\$ -	\$ -	\$ -	\$ -
161400 Miscellaneous revenues	\$ -	\$ 1	\$ 1	\$ 1	\$ 1
164300 Penalty Assessments	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues	\$ 1,119	\$ 1,137	\$ 1,720	\$ 1,714	\$ 1,722
Transfers from Other Funds					
0380 - Committee on Dental Auxilliaries	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers to Other Funds					
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues and Transfers	\$ 1,119	\$ 1,137	\$ 1,720	\$ 1,714	\$ 1,722
Totals, Resources	\$ 1,833	\$ 2,025	\$ 2,333	\$ 2,517	\$ 2,686
EXPENDITURES					
Disbursements:					
0840 State Controller (State Operations)	\$ 1	\$ 1	\$ -	\$ -	\$ -
8880 Financial Information System for CA (State Operations)	\$ 2	\$ 8	\$ 7		
SB 821 CH 307/09 Leg Appropriation	\$ 15	\$ 264	\$ -	\$ -	\$ -
<u>Budget Act</u>					
1110 Program Expenditures (State Operations)	\$ 927	\$ 1,139	\$ 1,523	\$ 1,553	\$ 1,585
Dental Hygiene Reversion					
Total Disbursements	\$ 945	\$ 1,412	\$ 1,530	\$ 1,553	\$ 1,585
FUND BALANCE					
Reserve for economic uncertainties	\$ 888	\$ 613	\$ 803	\$ 964	\$ 1,101
Months in Reserve	7.5	4.8	6.2	7.3	7.0

NOTES:

- ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED FOR 2012-13 AND ON-GOING.
- ASSUMES INTEREST RATE AT .30%.
- ASSUMES APPROPRIATION GROWTH OF 2% PER YEAR.



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 8

Discuss and Possible Action on DHCC's
Strategic Plan



MEMORANDUM

DATE	May 3, 2013
TO	DHCC Committee Members
FROM	Tony Lum, Administrative Analyst
SUBJECT	Agenda Item 8 - Discuss and Possible Action to Extend DHCC's Strategic Plan

Background

The current strategic plan was developed as a 3-year plan from 2010 – 2013 during the Committee's inception in 2009. The Committee's staff has been working diligently since that time to complete as many objectives as possible; however, because many of them help to establish the Committee as a stand-alone program, they are very time and resource consuming strategies that take an extensive period to complete. Many of the plan's objectives require legislation or regulations for the Committee to perform certain functions or procedures and they can take up to a year or more to complete. With other hurdles in the past few years such as furloughs, staff shortages, travel restrictions, etc., the current plan could not be fully accomplished within the time frame indicated.

A more thorough review of the current Strategic Business Plan was reported to the Committee at the December 2012 meeting. At that time, the Committee approved to schedule a Strategic Planning session to re-evaluate and update the plan's objectives and priorities; however, due to changing workload priorities, staff request a revision to the recommendation approved in December.

Committee Action Requested

□ With the Committee's Sunset Review and BreEZe project workload to address this year, staff requests to revise its recommendation from the December 2012 meeting of scheduling a strategic plan meeting to re-evaluate and update the plan's priorities in 2013 to extend the current plan's end date from 2013 to 2015, thus changing the current 3-year Strategic Plan to a 5-year plan. This will allow staff to complete the Sunset Review process, manage the BreEZe project workload, and further address lengthy issues in the current plan such as additional regulations.



DHCC

Dental Hygiene
Committee
of California

Strategic Plan 2010 - 2013

Adopted 9/26/2010

Members of the Board

Current Members:

MICHELLE HURLBUTT – (President) RDH Educator

EVANGELINE WARD – (Secretary) RDH

SUSAN GOOD – PUBLIC MEMBER

SHERRIE-ANN GORDON – PUBLIC MEMBER

JOYCE NOEL KELSCH – RDHAP

TIMOTHY MARTINEZ – DOCTOR OF MEDICAL DENTISTRY

NICOLETTE MOULTRIE – RDH

GARRY SHAY – PUBLIC MEMBER

Members when Strategic Plan was adopted in 2010:

RHONA LEE – (President) RDH, RDHEF

MICHELLE HURLBUTT – (Vice President) RDH Educator

ALEX CALERO – (Secretary) Public Member

RITA CHEN FUJISAWA – Public Member

ANDREW WONG – Public Member

MIRIAM J. DeLaROI – RDH, RDHAP

CATHY DiFRANCESCO – RDH

EDMUND G. BROWN, JR. – Governor

ANNA M. CABALLERO - Secretary, State and Consumer Services Agency

DENISE D. BROWN - Director, Department of Consumer Affairs

LORI HUBBLE – Executive Officer, DHCC



Dental Hygiene Committee of California

The Dental Hygiene Committee of California (DHCC) is responsible for licensing three categories of primary oral health care professionals in dental hygiene. The DHCC develops and administers written and clinical licensing examinations, enforces rules and regulations governing the practice of dental hygiene, and evaluates educational courses. The DHCC also participates in outreach and support of the community and its stakeholders, with the goal of ensuring the highest quality of oral health care for all Californians.

OUR MISSION:

To promote and ensure the highest quality of oral health care for all Californians.

OUR VISION:

Optimal oral health for all Californians.

OUR VALUES:

- **Integrity:** We are honest, fair and respectful in our treatment of everyone.
- **Unity:** We value all our stakeholders and are inclusive in all our interactions.
- **Diversity:** We recognize and celebrate California's ever-changing diversity.
- **Service:** We are professional and responsive to the needs of our stakeholders.
- **Consumer Protection:** We make effective and informed decisions in the best interest and for the safety of Californians.
- **Transparency:** We hold ourselves accountable to the people of California.

Goal 1: Legislation and Regulation

- Develop and adopt regulations to govern the practice of dental hygiene.
- Evaluate existing statutes and introduce revisions as necessary.
- Conduct a feasibility study for license application and renewal fee increase.
- Review, evaluate and revise statutes and regulations within 3 years of promulgation.

Goal 2: Licensing and Examinations

- Review, evaluate and revise licensure and clinical examination requirements.
- Review, evaluate and revise the written law and ethics examinations.
- Review, evaluate and revise DHCC training and materials for clinical examination personnel.
- Study the feasibility of alternative pathways for initial licensure.
- Study the feasibility of continued competency as a requirement for license renewal.

Goal 3: Outreach & Communication

- Develop and implement strategies to educate and inform stakeholders of the DHCC's purpose and function.
- Leverage the DHCC website as a centralized source of consumer protection, licensee, and applicant information.
- Provide information on retroactive fingerprinting requirements to licensees.
- Continue to network and build cooperation and partnerships with stakeholders.
- Continue to cultivate a collaborative relationship with the Dental Board of California.

Goal 4: Organizational Development

- Encourage professional development and growth of employees.
- Recognize employee efforts and accomplishments.
- Explore alternate funding sources.
- Focus on environmentally conscious innovation.
- Conduct an annual Executive Officer performance evaluation.

Goal 5: Enforcement

- Ensure transparency and equity in DHCC enforcement actions.
- Ensure timely and accurate responses to complaints.
- Review and evaluate the Probation Monitoring and Expert Reviewer Programs.
- Review, evaluate and revise enforcement regulations to improve efficiency and effectiveness.
- Study the feasibility of a diversion program.

Goal 6: Access to Care

- Gather and analyze practice information to identify access to care deficiencies.
- Identify and promote loan repayment programs to encourage licensees to practice in shortage areas.
- Monitor new oral healthcare delivery models.
- Monitor federal healthcare reform for applicable changes.

Dental Hygiene Committee of California

2010-2013 Strategic Business Plan

Goal 1: Legislation and Regulation	Initiation Date	Progress Dates/Notes	Scheduled Completion
Leg/Reg Objective 1A: Develop and adopt regulations to govern the practice of dental hygiene.			
1. Develop regulations to address approval of Administration of Local Anesthetic, Nitrous Oxide and Oxygen and Periodontal soft tissue curettage providers (LA, STC, NO)	12-10-09	Will develop regs in 2 nd phase of reg process; Ad hoc committee met in January & April 2013.	
2. Consider DHCC having its own citation and fine program set in regulation. Fine amounts have increased to \$5000. a. Agreed at Enforcement Subcommittee on April 30, 2010 that subcommittee would work on language with legal counsel and recommend DHCC go forward with the regulatory process. b. Would be useful alternative to formal disciplinary actions.	12-6-10	Complete and went into effect Dec. 14, 2012.	Completed
3. Develop new regulations to address licensee renewal auditing, timelines. Conduct survey of other boards in order to ascertain how they derive their fees and how their fees correlate with the costs of audit administration.		Pending	
4. Remediation for RDH clinical exam failure.	12-6-10	Statutory Authority effective January 1, 2013; regulations next.	
5. Remediation for RDHAP written exam failure.		Need statutory authority - 3 rd phase of regulatory process; pending.	
6. Course and/or program criteria for Continued Competency Education (CCE) providers, fees to be charged. Conduct survey of other boards in order to ascertain how they derive their fees and how their fees correlate with the costs of administration.		Pending; language removed from SB 1202 (Ch. 331, Statutes of 2012)	
7. Address fictitious names, businesses, including fees to be charged.			Completed
8. SB 1111 (4/12/2010 version or later) Proposed changes through regulations. Note: Make sure statutes from cleanup language include these changes.		Language noticed 1X – Will need 15 day notice	
9. Proposed language for retroactive fingerprint regulations SB 389.	12-10-09		Completed
10. Contract with Legislative Bill Tracking Service, Wavelength, Inc. to track all Assembly/Senate bills.			Completed
11. Re-designation of current and new regulations	12-6-10	Ongoing; pending Phases I, II, & III of regulations	

Leg/Reg Objective 1B: Evaluate existing statutes and introduce revisions as necessary.			
1. 1632.5 (b) The Western Regional Examining Board examination processes shall be regularly reviewed by DHCC pursuant to Section 139.		BCP was submitted in Spring 2012, but was denied.	
2. The WREB examination process shall meet the mandates of Subdivision (a) of Section 12944 of the Government Code.		Pending	
3. The WREB examination process shall be consistent with the mission, vision, goals, and objectives of DHCC.		Pending	
4. Provide for staggered DHCC member terms. (Currently, member terms expire at the same time.)			Completed
5. Change existing statute of "DHCC within Dental Board" to reflect original intent of bill author to clarify relationship between DHCC and the Dental Board.	12-6-10	Informed by B&P Comm. to introduce at Sunset Review	
6. Change Dental Hygiene Committee of California to Dental Hygiene Board of California.		Address issues at Sunset Review	
Leg/Reg Objective 1C: Review, Evaluate and Revise Statutes within 3 years of promulgation.			
		Ongoing	
Leg/Reg Objective 1D: Conduct a license feasibility study for license application and renewal fee increase.			
Currently, DHCC does not charge a fee for the RDH Original License. Renewal fee ceiling is at its maximum of \$80, but will increase to \$160 as of January 1, 2013.	Effective January 1, 2013	SB 1202 (CH 337, Statutes 2012) provided new RDH Original License Fee and Increased the Renewal fee ceiling to \$160	Completed
Leg/Reg Objective 1E: Conduct a license feasibility study for a fee increase, and get the increase passed in statute.			
SB 1202 (Ch. 337, Statutes of 2012) increased renewal fee ceiling to \$160 (from \$80)	Effective January 1, 2013	SB 1202 increased renewal fee ceiling to \$160	Completed
Goal 2: Licensing and Examinations	<u>Initiation Date</u>	<u>Progress Dates/Notes</u>	<u>Scheduled Completion</u>
Lic/Exams Objective 2A: Review, evaluate and revise licensure and examination requirements.			
1. Explore electronic exam technology to improve efficiency.			Completed
2. DCA's legal counsel developed a question to be placed on the renewal applications of each health related board to provide a uniform question on the renewal form, relative to whether or not a licensee seeking renewal has been convicted of a crime or has had their license disciplined since their last renewal. The intent is to provide uniformity and consistency.			Completed

Lic/Exams Objective 2B: Review, evaluate and revise the written law and ethics examinations.			
1. Evaluate OPES contract and investigate other options.		DHCC is obligated to contract with OPES	
2. Continued development of written law and ethics examination. A. RDH B. RDHAP	7-1-09 7-1-10 2-1-11		Completed
Lic/Exams Objective 2C: Review, evaluate and revise DHCC training and materials for clinical examinations and personnel.			
1. Create handbook for licensure & post as download on website.	Draft developed Dec 2010	Pending - Will resume once staffing issues resolved	
2. Create handbook for clinical exam candidates & post as download on website.	Draft developed Dec 2010	Pending - Will resume once staffing issues resolved	
3. Create handbook for examiners in addition to written handbooks posted on website.		Pending	
4. Conduct & review RDH Examination Instrumentation Course (performed every other year).		Completed in January 27, 2013.	Completed
5. Create a series of video modules to serve as tutorials.		Pending	
Lic/Exams Objective 2D: Study the feasibility of alternative pathways to initial licensure.			
1. Investigate standardized exit exam concept.	Began discussion April 2011	Pending	
2. Identify challenges with current licensing process.		Pending	
3. Work with ad-hoc committee and stakeholders to develop report.	Began discussion April 2011	Pending	
Lic/Exams Objective 2E: Study the feasibility of continued competency as a requirement for license renewal.			
1. Identify challenges to current competency.	Began discussion April 2011	No Statutory Authority at this time	
2. Work with ad hoc committee and stakeholders to define continued competency.		No Statutory Authority at this time	
3. Identify timeframe for completion of required updates.		No Statutory Authority at this time	
Goal 3: Outreach & Communication	<u>Initiation Date</u>	<u>Progress Dates/Notes</u>	<u>Scheduled Completion</u>
Outreach/Comm. Objective 3A: Develop and implement strategies to educate and inform stakeholders of the DHCC's purpose and function.			
1. Develop series of articles (e.g. News releases).		Pending	
2. DHCC Website launched.	7-1-09		Completed
3. Create DHCC e-newsletter.	1-2013	1 st newsletter sent out in March 2013	Completed, but will be ongoing
4. Promote subscribers to website.	7-1-09	Ongoing	Completed
5. Outreach to schools.		Ongoing; travel restrictions prohibit attendance	

6. Create a PowerPoint presentation and script for outreach to appropriate audiences.		Pending	
7. Encourage students to attend DHCC board meetings.		Ongoing	
8. Develop a printed piece for consumer fairs.		Travel restrictions prohibit attendance	
9. History of DHCC.		Pending	
10. Calendar of events.	12-1-11	Created annually and reported at Committee meetings	Completed Annually
Outreach/Comm. Objective 3B: Leverage the DHCC website as a centralized source of consumer protection, licensee and applicant information.			
1. Develop links to other health care.		Pending	
2. List of approved programs with links.			Completed
3. Implement online renewal collection fee.	1-1-10	Pending until BreEze implementation	
Outreach/Comm. Objective 3C: Provide Comprehensive information on retroactive fingerprinting requirements to licensees.			
1. Update info on website.	12-6-10		Completed
2. Send camera-ready artwork to stakeholders (components / CDHA).			Completed
Outreach/Comm. Objective 3D: Continue to network and build cooperation and partnerships with stakeholders.			
1. Attend DH-related events: a. CDHA Annual Meeting b. CDHEA Annual Meeting	May 2010 Jan 2010	Attend as permitted	
2. Man exhibit booth @ CDA Presents.	May 2010	Attend as permitted	
3. Participate in consumer related health fairs.	May 2010	Attend as permitted	
4. Evaluate membership in WREB.		Pending	
Outreach/Comm. Objective 3E: Continue to cultivate a collaborative relationship with the Dental Board.			
1. Continue to represent DHCC at Dental Board meetings.		Ongoing as permitted	
2. DHCC members alternate attending DBC meetings and report to DHCC.		Ongoing as permitted	
3. Formal invitations to DBC to attend DHCC board meetings regarding shared interests.		Ongoing	
4. Update DBC on DHCC relevant issues.		Ongoing	
5. Start joint task force bet DBC & DHCC; 2 members from each board.		Pending	
6. Start joint ad-hoc for infection control every year.		Task force members met on Feb. 4, 2013.	

Goal 4: Organizational Development	<u>Initiation Date</u>	<u>Progress Dates/Notes</u>	<u>Scheduled Completion</u>
Org/Dev. Objective 4A: Encourage professional development and growth of employees.			
1. Have EO inform staff of upward mobility positions available.		Ongoing	
2. Evaluate funding for staff development.		Inclusive in yearly budget	
Org/Dev. Objective 4B: Recognize employee efforts and accomplishments.			
1. Quarterly appreciation activities 2. DHCC members expressing gratitude during staff interaction (i.e. email thank you)	Ongoing		
Org/Dev. Objective 4C: Focus on environmentally conscious innovation.			
1. Digital copies of board packets required for meetings.			Completed, Effective 12-12-11
2. DCA provide laptops for members use to view materials.	Requested 4-1-11	Denied (tablets)	
3. Online renewal/ application process.		Pending until BreEZe implementation	
4. Utilize teleconference technology.	Ongoing and as needed	Utilized for Feb. 2013 Teleconference meeting	
Org/Dev. Objective 4E: Conduct an annual Executive Officer evaluation.			
1. 2010	12-6-10		Completed
2. 2011	12-13-11		Completed
3. 2012		If necessary	
4. 2013		If necessary	
Goal 5: Enforcement	<u>Initiation Date</u>	<u>Progress Dates/Notes</u>	<u>Scheduled Completion</u>
Enforcement Objective 5A: Ensure transparency and equity in committee enforcement actions.			
1. Post Disciplinary guidelines.		Pending	
2. Post enforcement statistics.	Ongoing	Posted on DCA's website	
3. Post number and status of complaints received.	Ongoing	Posted on DCA's website	
4. Provide summary of enforcement stages, materials.	Ongoing	Posted on DCA's website	
Enforcement Objective 5B: Ensure timely and accurate response to complaints.			
1. Develop internal policies for timely review of complaints.			Completed
2. Manage each stage of the complaint process within mandated timeframes.			Completed
3. Notify complainants in a timely matter of each significant stage in the administrative process.			Completed

Enforcement Objective 5C: Review and evaluate probation monitoring and the expert reviewer programs.			
1. Ensure that a Committee representative meets with new probationers within 30 days of the decision effective date to fully explain the terms of probation.	Ongoing		
2. Ensure that all active probationers are interviewed at least each year to confirm compliance with all terms of probation.	Ongoing		
3. Assess Expert Reviewer Program for validity, training requirements and quality.		Pending until needed	
Enforcement Objective 5D: Review, evaluate and revise enforcement regulations to improve efficiency and effectiveness.			
1. Develop and Review, on a regular basis, DHCC Disciplinary Guidelines and Uniform Standards Related to Substance Abuse.		Initial development near completion; working on Guidelines	
2. Review, update, and if necessary, develop enforcement policies and procedures.			Completed
3. Develop and Review, on a regular basis, Cite and Fine guidelines specific to the DHCC.		Initial development near completion; working on Guidelines	
4. Inform and educate licensees and consumers about trends in enforcement complaints and disciplinary actions.	Ongoing	Ongoing via DHCC Website and Outreach	
Goal 6: Access to Care	<u>Initiation Date</u>	<u>Progress Dates/Notes</u>	<u>Scheduled Completion</u>
Access to Care Objective 6A: Gather and analyze practice information to identify access to care deficiencies.			
1. Investigate logistics to accomplish this.		Pending	
2. Promote this as Masters level thesis project.		Pending	
Access to Care Objective 6B: Identify and promote loan repayment programs to encourage licensees to practice in shortage areas.			
1. Gather list of loan repayment.		Pending	
2. Post on website.		Pending	
3. Work on statute changes to correct language.		Pending	
Access to Care Objective 6C: Monitor new oral healthcare delivery models.			
1. Attend OSPHD Hearing on Teledentistry project.		Member assigned as Site Evaluator July 2011	
2. Gather position papers and reports on new delivery models.		Pending	
Access to Care Objective 6D: Monitor federal healthcare reform for applicable changes.			
1. Provide DHCC with information from DCA on implications.		DCA est. committee, but no updates available.	



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 9

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



MEMORANDUM

DATE	May 3, 2013
TO	DHCC Committee Members
FROM	Tony Lum, Administrative Analyst
SUBJECT	Agenda Item 9 - Discuss and Possible Action on Diversion Program: §1966 – 1966.6 of the Business and Professions Code

Background

The Diversion program is a means to identify and rehabilitate licensees whose competency may be impaired due to the abuse of dangerous drugs or alcohol, so that licensees so afflicted may be treated and returned to the practice of dental hygiene in a manner that will not endanger the public health and safety. Diversion may be a voluntary, self-referral by the licensee on a confidential basis, or as ordered by the Committee as a condition of a licensee's disciplinary probation. The program is intended to be a voluntary alternative approach to traditional disciplinary actions.

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

A diversion program may be appropriate for programs that have a need and want to direct their licensees and resources to such a program. However, the following are three (3) primary reasons why a Committee diversion program should not be considered at this time:

- 1) Although the Legislature's intent was for the Committee to establish a diversion program when BPC section 1966 was written, there is no current overwhelming need by licensees for a diversion program to be addressed by the Committee [currently two (2) participants from over 25,000 licensees over four (4) years];
- 2) In the instant that there is a licensee in need of diversion treatment, the Committee has a solution where it would utilize the Dental Board's (DBC) Diversion program contract with Maximus for the diversion services rendered. To date for the two participants, this arrangement has been conducted through

invoicing; however, the Committee will begin to work with DBC on a Memorandum of Understanding (MOU) for diversion treatment for its licensees rather than absorb the full cost of a diversion contract for a program that is not in demand.

- 3) The cost to implement a separate Committee Diversion program is expensive and the necessary resources could be utilized by other Committee programs more efficiently.

Committee Action Requested

☐ With the Committee's Sunset Review and BreEZe project workload to address this year, no current need identified for a diversion program, and the MOU arrangements that will be made with DBC utilizing their diversion program, staff requests to table the discussion on diversion until the program is needed.

BUSINESS AND PROFESSIONS CODE SECTIONS 1966 – 1966.6 (DIVERSION PROGRAM)

1966. (a) It is the intent of the Legislature that the committee seek ways and means to identify and rehabilitate licensees whose competency may be impaired due to abuse of dangerous drugs or alcohol, so that licensees so afflicted may be treated and returned to the practice of dental hygiene in a manner that will not endanger the public health and safety. It is also the intent of the Legislature that the committee establish a diversion program as a voluntary alternative approach to traditional disciplinary actions.

(b) One or more diversion evaluation committees shall be established by the committee. The committee shall establish criteria for the selection of each diversion evaluation committee. Each member of a diversion evaluation committee shall receive per diem and expenses as provided in Section 103.

1966.1. (a) The committee shall establish criteria for the acceptance, denial, or termination of licensees in a diversion program. Unless ordered by the committee as a condition of a licensee's disciplinary probation, only those licensees who have voluntarily requested diversion treatment and supervision by a diversion evaluation committee shall participate in a diversion program.

(b) A licensee who is not the subject of a current investigation may self-refer to the diversion program on a confidential basis, except as provided in subdivision (f).

(c) A licensee under current investigation by the committee may also request entry into a diversion program by contacting the committee. The committee may refer the licensee requesting participation in the program to a diversion evaluation committee for evaluation of eligibility. Prior to authorizing a licensee to enter into the diversion program, the committee may require the licensee, while under current investigation for any violations of this article or other violations, to execute a statement of understanding that states that the licensee understands that his or her violations of this article or other statutes, that would otherwise be the basis for discipline, may still be investigated and the subject of disciplinary action.

(d) If the reasons for a current investigation of a licensee are based primarily on the self-administration of any controlled substance or dangerous drugs or alcohol under Section 1951, or the illegal possession, prescription, or nonviolent procurement of any controlled substance or dangerous drugs for self-administration that

does not involve actual, direct harm to the public, the committee shall close the investigation without further action if the licensee is accepted into the committee's diversion program and successfully completes the requirements of the program. If the licensee withdraws or is terminated from the program by a diversion evaluation committee, the investigation shall be reopened and disciplinary action imposed, if warranted, as determined by the committee.

(e) Neither acceptance nor participation in the diversion program shall preclude the committee from investigating or continuing to investigate, or taking disciplinary action or continuing to take disciplinary action against, any licensee for any unprofessional conduct committed before, during, or after participation in the diversion program.

(f) All licensees shall sign an agreement of understanding that the withdrawal or termination from the diversion program at a time when a diversion evaluation committee determines the licensee presents a threat to the public's health and safety shall result in the utilization by the committee of diversion treatment records in disciplinary or criminal proceedings.

(g) Any licensee terminated from the diversion program for failure to comply with program requirements is subject to disciplinary action by the committee for acts committed before, during, and after participation in the diversion program. A licensee who has been under investigation by the committee and has been terminated from the diversion program by a diversion evaluation committee shall be reported by the diversion evaluation committee to the committee.

1966.2. Each diversion evaluation committee shall have the following duties and responsibilities:

(a) To evaluate those licensees who request to participate in the diversion program according to the guidelines prescribed by the committee and to consider the recommendations of any licensees designated by the committee to serve as consultants on the admission of the licensee to the diversion program.

(b) To review and designate those treatment facilities to which licensees in a diversion program may be referred.

(c) To receive and review information concerning a licensee participating in the program.

(d) To consider in the case of each licensee participating in a program whether he or she may safely continue or resume the practice of dental hygiene.

(e) To perform other related duties as the committee may by regulation require.

1966.3. Notwithstanding the provisions of Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code, relating to public meetings, a diversion evaluation committee may convene in closed session to consider reports pertaining to any licensee requesting or participating in a diversion program. A diversion evaluation committee shall only convene in closed session to the extent that it is necessary to protect the privacy of a licensee.

1966.4. Each licensee who requests participation in a diversion program shall agree to cooperate with the treatment program designed by a diversion evaluation committee and to bear all costs related to the program, unless the cost is waived by the committee. Any failure to comply with the provisions of a treatment program may result in termination of the licensee's participation in a program.

1966.5. (a) After a diversion evaluation committee, in its discretion, has determined that a licensee has been rehabilitated and the diversion program is completed, the diversion evaluation committee shall purge and destroy all records pertaining to the licensee's participation in the diversion program.

(b) Except as authorized by subdivision (f) of Section 1966.1, all committee and diversion evaluation committee records and records of proceedings pertaining to the treatment of a licensee in a program shall be kept confidential and are not subject to discovery or subpoena.

1966.6. The committee shall provide for the representation of any person making reports to a diversion evaluation committee or the committee under this article in any action for defamation for reports or information given to the diversion evaluation committee or the committee regarding a licensee's participation in the diversion program.



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 10

Discuss and Possible Action Regarding
RDHAP's Established Practice in
Underserved Areas



MEMORANDUM

DATE	May 3, 2013
TO	DHCC Committee Members
FROM	Donna Kantner, DHCC Staff
SUBJECT	Agenda Item 10 - Discuss and Possible Action Regarding RDHAPs Established practice in Underserved Areas

Background

Currently, according to the provisions of Business and Professions Code Section 1926, Registered Dental Hygienists in Alternative Practice (RDHAPs) may perform their authorized dental hygiene duties in only four specified locations:

1. Residences of the homebound.
2. Schools.
3. Residential facilities and other institutions.
4. Dental health professional shortage areas, as certified by the Office of Statewide Health Planning and Development in accordance with existing office guidelines.

Since the implementation of this statute in 1998, RDHAPs have worked in these locations and established practices serving the dental hygiene needs of patients in designated underserved areas. There is a concern on the part of these RDHAPs as to the effect upon their practice if the practice area loses its designation as an underserved area. After an RDHAP's efforts to build a practice to serve an underserved population, once the population is no longer underserved, the RDHAP must then move to another designated dental health professional shortage area, potentially leaving the area of the former established practice underserved.

Committee Action Requested

- ☐ Discuss the issue and direct staff as to the appropriate action, if any, which is necessary to address the problem.



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 11

Update on DHCC Enforcement Statistics

Open Investigations

Complaints: 3

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

Records Requests: 22

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

Cases Referred to Attorney General's Office

Preliminary Accusations/SOI: 7

Filed Accusations/SOI: 6

Probationers

Active: 4

Drugs/Alcohol (1)

Unlicensed Practice (1)

Subversion of Exam (1)

Reinstatement (1)

Tolling: 5

Drugs/Alcohol (3)

Negligence (1)

Unlicensed Practice (1)



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 12

Update on Department of Consumer
Affairs (DCA) Performance Measures

Performance Measures

Q2 Report (October - December 2012)

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.

Volume

Number of complaints and convictions received.

Q2 Total: 30

Complaints: 6 Convictions: 24

Q2 Monthly Average: 10

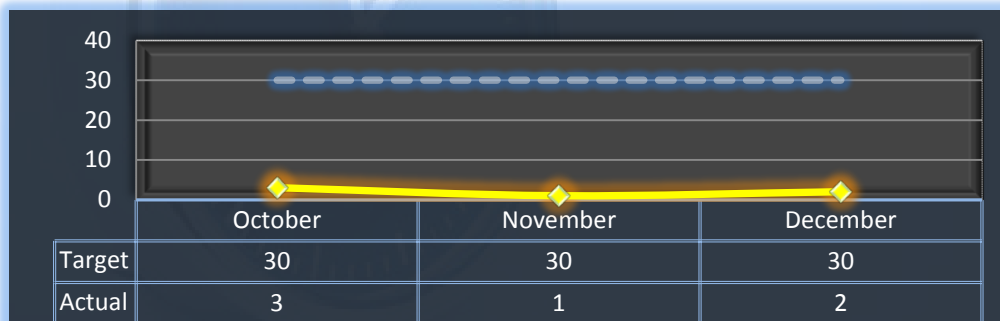


Intake

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

Target: 30 Days

Q2 Average: 2 Days

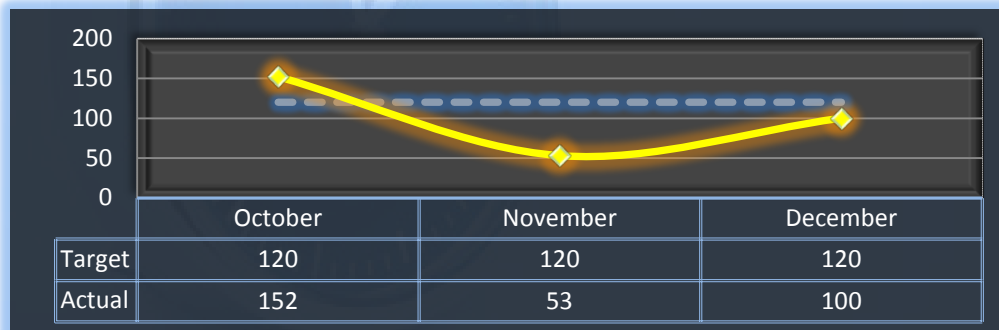


Intake & Investigation

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: 120 Days

Q2 Average: 97 Days

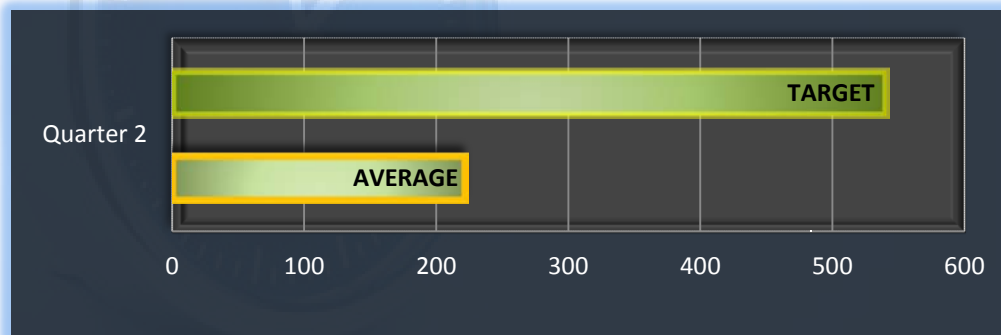


Formal Discipline

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: 540 Days

Q2 Average: 221 Days



Probation Intake

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

Target: 10 Days

Q2 Average: N/A

The Committee did not contact any new probationers this quarter.

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.

Target: 10 Days

Q2 Average: N/A

The Committee did not handle any probation violations this quarter.



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 13

Discuss and Possible Action on DCA
Legal Division's Policy Regarding Petition
for Reinstatement Procedures



MEMORANDUM

DATE	May 3, 2013
TO	DHCC Committee Members
FROM	Lori Hubble, Executive Officer
SUBJECT	Agenda Item 13 - Discuss and Possible Action on Policy Regarding Petition for Reinstatement Procedures

Background

A licensee who has had discipline taken for violation of the laws governing the practice of dental hygiene has the right to request a reduction in probationary time or reinstatement of a revoked license.

The process includes the licensee providing proof of rehabilitation, continuing education units, letters of recommendation, etc. Once staff has reviewed the licensee's application for completeness the Committee holds a hearing to review the licensee's request and render a decision.

During this process, the Committee's legal counsel may be present to offer legal advice in decision making. At the last Committee meeting, the presiding Administrative Law Judge would not permit the Committee's legal counsel to be present even though this is allowed. Legal counsel needs to be available to provide the Committee with advice in the decision making process. Staff drafted a policy for your consideration. Staff requests that the Committee adopt the attached policy.

Committee Action Requested

- ☐ Discuss and if acceptable, vote to adopt the policy.

**DENTAL HYGIENE COMMITTEE OF CALIFORNIA
POLICY FOR REINSTATEMENT PROCEEDINGS BEFORE THE COMMITTEE**

The purpose of this policy is to provide guidance to all persons involved, including the parties, the Administrative Law Judge (ALJ) and the Dental Hygiene Committee of California (Committee) members, in proceeding for petition for reinstatement, or for modification or termination of probation (penalty relief).

The Committee allows the parties to present written or oral argument when a petition for reinstatement or for penalty relief has been filed.

1. The Committee will sit with an ALJ at proceedings for petitions for reinstatement or for penalty relief. The ALJ is expected to preside over the proceeding.
2. The ALJ, Committee members and other parties to the proceeding should review and discuss the ground rules for a proceeding allowing for oral argument, which include, but are not necessarily limited to, the following:
 - a) The testimony should focus on evidence of rehabilitation and why the respondent no longer presents a risk to re-offend, and not in rehashing previous revocation or probation decisions.
 - b) The Committee members may ask questions of the parties to clarify testimony, subject to rulings by the ALJ.
 - c) The Deputy Attorney General (DAG) representing the people is responsible for submitting into evidence all original documents filed in a petition for reinstatement or for penalty relief.
3. At the end of a proceeding allowing for oral argument, petitioner may be given the opportunity to personally address the Committee. The DAG may also make a recommendation on the outcome of the petition.
4. During closed session, the ALJ, if any, may assist the Committee with its deliberations. Legal counsel is present to advise the Committee in its decision making.
5. The ALJ is expected to write all decisions of the Committee regarding petitions for reinstatement and for penalty relief and forward the decision to the Committee's Enforcement Coordinator:

Nancy Gaytan
Dental Hygiene Committee of California
2005 Evergreen Street, Suite 1050
Sacramento, CA 95815
(916) 576-5005

Prior to being signed, all decisions will be circulated to the Committee's legal counsel if present and President of the Committee or Committee Officer for review to ensure the decision and order reflects the decision of the Committee.



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 14

Update on DHCC Written Examination
Statistics



DATE	April 24, 2013
TO	Dental Hygiene Committee of California
FROM	Eleonor Steiner Examination Coordinator
SUBJECT	Agenda Item 14 – Written Examination Statistics

**RDH and RDHAP Written Law and Ethics Examination
 (November 13, 2012, through April 22, 2013)**

Year	RDH Candidates Tested	Passed	Failed
11/13/2012 – 04/22/2013	75*	58 = 77%	17 = 23%

Year	RDHAP Candidates Tested	Passed	Failed
11/13/2012 - 04/22/2013	28*	20 = 71%	8 = 29%

***Numbers tested as of 04/22/13**



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 15

Update on DHCC Licensure Statistics

Dental Hygiene Committee of California

2005 Evergreen Street, Suite 1050, Sacramento, California 95815
 P 916.263.1978 F 916.263.2688 www.dhcc.ca.gov



DATE	May 3, 2013
TO	Dental Hygiene Committee of California Full Committee
FROM	Traci Napper Associate Governmental Program Analyst
SUBJECT	Agenda Item 15 – Update on DHCC Licensure Statistics

Licensure Statistics (as of April 7, 2013).

	License Type	Active	Inactive	Delinquent	CE Hold	Revoked	Denied
A	RDH	18,548	3,625	2,205	27	13	1
B	RDHAP	445	12	16	2	0	0
C	RDHEF	31	6	1			
D	FNP						
E	RP						

	License Type	Voluntary Surrendered	Cancelled	Deceased	Total Licensed*
A-1	RDH	3	5,972	173	30,636
B-1	RDHAP	0	4	1	480
C-1	RDHEF				38
D-1	FNP				113
E-1	RP				0
				Total Population	31,267

*The total licensee count 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 (from January 1, 2008 to April 17, 2013).

License Type	2008	2009	2010	2011	2012	2013	Total
Licensure by Credential	55	44	31	61	50	12	253



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 16

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



MEMORANDUM

DATE	May 3, 2013
TO	DHCC Committee Members
FROM	Donna Kantner, DHCC Staff
SUBJECT	Agenda Item 16 - Discuss and Possible Action on the Combined DHCC and DBC Infection Control Subcommittee's Review of § 1005 of Title 16 of the California Code of Regulations Relevant to the Annual Review of Minimum Standards for Infection Control

Background

Business and Professions Code Section 1680(ad) and California Code of Regulations, Title 16, Section 1005(c), require the Dental Board of California (DBC) and the Dental Hygiene Committee of California (DHCC) to review the regulation regarding minimum standards for infection control (Section 1005) annually and establish a consensus.

Section 1005 was last amended in 2011 and has been effective since August 20, 2011. In the fall of 2012, the DBC and the DHCC appointed the following representatives to a subcommittee to conduct the required annual review of Section 1005:

- Huong Le, DDS (Dental Board of California)
- Noel Kelsch, RDHAP (Dental Hygiene Committee of California)
- Denise Romero, RDA (Dental Assisting Council)

These three subcommittee members were selected to represent each of the licensing categories within the dental health care community of California and to establish a consensus of findings to bring forward to the DBC and the DHCC for consideration. Additionally, the Executive Officers of the DBC and the DHCC have worked to form a consensus on staff recommendations regarding the subcommittee's findings.

While reviewing Section 1005, the subcommittee considered the six legal review standards established in the Administrative Procedure Act when determining findings to be forwarded to the DBC and the DHCC for consideration. Those six legal review standards are:

1. Authority: Has the Legislature delegated the power to adopt this regulation?
2. Clarity: Can the regulation be easily understood by those affected?
3. Consistency: Does the regulation conflict with other regulations or statutes?
4. Necessity: Is there demonstrated evidence of a need for the regulation?
5. Non-Duplication: Does the regulation duplicate other regulations or statutes?
6. Reference: Which statute does the regulation implement, interpret or make specific?

Additionally, the subcommittee noted that Section 1005 requires all dental health care personnel to comply with infection control precautions and enforce the minimum precautions established in Section 1005 to protect patients and dental health care personnel and to minimize the transmission of pathogens in health care settings as mandated by the California Division of Occupational Safety and Health (Cal/OSHA). Section 1005 does not preclude any of the DBC's or the DHCC's licensees from complying with laws and regulations governed by other State and Federal agencies (i.e., Cal/OSHA). A copy of Section 1005 is included for reference.

Subcommittee Findings and Staff Recommendations:

The subcommittee met on February 4, 2013 via teleconference to review Section 1005 and established a consensus to bring the following findings forward to the Board and Committee for review. The Executive Officers of the Board and Committee have worked to form a consensus on staff recommendations regarding the subcommittee's findings.

Finding No. 1:

The subcommittee established a consensus that Section 1005(a)(12)(C), relative to the definition for "Other Potentially Infectious Material (OPIM)", may need to be revised to clarify the definition relating to HIV, HBV and HCV. The subcommittee questioned if the current definition contradicts universal precautions. The subcommittee determined that this finding should be forwarded to the Board and the Committee for consideration.

Staff Recommendation:

According to the Centers for Disease Control and Prevention (CDC) *Guidelines for infection Control in Dental Health-Care Settings, 2003* OPIM is defined as: "Other potentially infectious materials. OPIM is an OSHA term that refers to 1) body fluids including semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures; any body fluid visibly contaminated with blood; and all body fluids in situations where differentiating between body fluids is difficult or impossible; 2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and 3) HIV- containing cell or tissue cultures, organ cultures; HIV- or HBV- containing culture medium or solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV."

The California Division of Occupational Safety and Health's (Cal/OSHA) regulations relating to bloodborne pathogens (Cal. Code of Regs., Title 8, Section 5193) defines OPIM as follows:

"OPIM" means other potentially infectious materials.

"Other Potentially Infectious Materials" means:

- (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response;
- (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

- (3) Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:
- (A) Cell, tissue, or organ cultures from humans or experimental animals;
 - (B) Blood, organs, or other tissues from experimental animals; or
 - (C) Culture medium or other solutions.

The definition currently found Section 1005(a)(12)(C) was derived from the Cal/OSHA definition to ensure dental offices are in compliance with Cal/OSHA's regulations.

At this time, staff does not recommend that the Board or the Committee amend the language currently found in Section 1005(a)(12)(C) as this language is consistent with Cal/OSHA's definition of OPIM. However, should the CDC or Cal/OSHA amend their definitions in the future, the Board and Committee may find it necessary to amend the definition of OPIM found in Section 1005(a)(12)(C) at that time.

Finding No. 2:

The subcommittee established a consensus that Section 1005(b)(8), relative to gloves, may need to be revised to specify that gloves are required to be puncture-resistant. The subcommittee members noted that there have been some instances when dental health care personnel have not utilized puncture-resistant gloves when processing sharp instruments, needles, and devices. The subcommittee determined that this finding should be forwarded to the Board and the Committee for consideration.

Staff Recommendation:

Currently, Section 1005(b)(8) specifies that when processing contaminated sharp instruments, needles, and devices, dental health care personnel shall wear heavy-duty utility gloves to prevent puncture wounds.

At this time, staff does not recommend that the Board or the Committee amend the language currently found in Section 1005(b)(8) relating to gloves. Staff does not believe it is necessary at this time to amend the language as the current language is clear that the heavy duty gloves are to be worn to prevent puncture wounds, thus implying the gloves be "puncture-resistant". Adding the term "puncture-resistant" would be considered duplication. Staff recommends keeping note of this subcommittee finding and include it as part of a future regulatory proposal at a time when the Board and the Committee deem it necessary to amend Section 1005.

Board Action:

At its February 28 – March 1, 2013 meeting, the Dental Board voted to accept staff's recommendations in response to the subcommittee's findings of its review of California Code of Regulations (CCR), Title 16, Section 1005 relative to the minimum standards of infection control and not seek any regulatory amendments at this time. However, staff will maintain records of this subcommittee's review findings for consideration by the Board and the Committee during the next annual review.

Committee Action Requested

☐ The Committee may take action to accept or reject staff's recommendations in response to the subcommittee's findings of its review of CCR, Title 16, Section 1005 relative to the minimum standards of infection control.

Title 16. Professional and Vocational Regulations
Division 10. Dental Board of California
Chapter 1. General Provisions Applicable to All Licensees
Article 1. General Provisions

§ 1005. Minimum Standards for Infection Control.

(a) Definitions of terms used in this section:

(1) "Standard precautions" are a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene, use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure, and safe handling of sharps. Standard precautions shall be used for care of all patients regardless of their diagnoses or personal infectious status.

(2) "Critical items" confer a high risk for infection if they are contaminated with any microorganism. These include all instruments, devices, and other items used to penetrate soft tissue or bone.

(3) "Semi-critical items" are instruments, devices and other items that are not used to penetrate soft tissue or bone, but contact oral mucous membranes, non-intact skin or other potentially infectious materials (OPIM).

(4) "Non-critical items" are instruments, devices, equipment, and surfaces that come in contact with soil, debris, saliva, blood, OPIM and intact skin, but not oral mucous membranes.

(5) "Low-level disinfection" is the least effective disinfection process. It kills some bacteria, some viruses and fungi, but does not kill bacterial spores or mycobacterium tuberculosis var bovis, a laboratory test organism used to classify the strength of disinfectant chemicals.

(6) "Intermediate-level disinfection" kills mycobacterium tuberculosis var bovis indicating that many human pathogens are also killed. This process does not necessarily kill spores.

(7) "High-level disinfection" kills some, but not necessarily all bacterial spores. This process kills mycobacterium tuberculosis var bovis, bacteria, fungi, and viruses.

(8) "Germicide" is a chemical agent that can be used to disinfect items and surfaces based on the level of contamination.

(9) "Sterilization" is a validated process used to render a product free of all forms of viable microorganisms.

(10) "Cleaning" is the removal of visible soil (e.g., organic and inorganic material) debris and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products.

(11) "Personal Protective Equipment" (PPE) is specialized clothing or equipment worn or used for protection against a hazard. PPE items may include, but are not limited to, gloves, masks, respiratory devices, protective eyewear and protective attire which are intended to prevent exposure to blood, body fluids, OPIM, and chemicals used for infection control. General work attire such as uniforms, scrubs, pants and shirts, are not considered to be PPE.

(12) "Other Potentially Infectious Materials" (OPIM) means any one of the following:

(A) Human body fluids such as saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

(B) Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

(C) Any of the following, if known or reasonably likely to contain or be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV):

1. Cell, tissue, or organ cultures from humans or experimental animals;

2. Blood, organs, or other tissues from experimental animals; or

3. Culture medium or other solutions.

(13) "Dental Healthcare Personnel" (DHCP), are all paid and non-paid personnel in the dental healthcare setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel).

(b) All DHCP shall comply with infection control precautions and enforce the following minimum precautions to protect patients and DHCP and to minimize the transmission of pathogens in health care settings as mandated by the California Division of Occupational Safety and Health (Cal/OSHA).

(1) Standard precautions shall be practiced in the care of all patients.

(2) A written protocol shall be developed, maintained, and periodically updated for proper instrument processing, operatory cleanliness, and management of injuries. The protocol shall be made available to all DHCP at the dental office.

(3) A copy of this regulation shall be conspicuously posted in each dental office.

Personal Protective Equipment:

(4) All DHCP shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear whenever there is potential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, chemical or germicidal agents or OPIM. Chemical-resistant utility gloves and appropriate, task specific PPE shall be worn when handling hazardous chemicals. After each patient treatment, masks shall be changed and disposed. After each patient treatment, face shields and protective eyewear shall be cleaned, disinfected, or disposed.

(5) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of germicides or handling contaminated items. All DHCP shall wear reusable or disposable protective attire whenever there is a potential for aerosol spray, splashing or spattering of blood, OPIM, or chemicals and germicidal agents. Protective attire must be changed daily or between patients if they should become moist or visibly soiled. All PPE used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, Cal. Code Regs., section 5193).

Hand Hygiene:

(6) All DHCP shall thoroughly wash their hands with soap and water at the start and end of each workday. DHCP shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol based hand rub may be used as an alternative to soap and water. Hands shall be thoroughly dried before donning gloves in order to prevent promotion of bacterial growth and washed again immediately after glove removal. A DHCP shall refrain from providing direct patient care if hand conditions are present that may render DHCP or patients more susceptible to opportunistic infection or exposure.

(7) All DHCP who have exudative lesions or weeping dermatitis of the hand shall refrain from all direct patient care and from handling patient care equipment until the condition resolves.

Gloves:

(8) Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, DHCP shall wear heavy-duty utility gloves to prevent puncture wounds. Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. All DHCP shall perform

hand hygiene procedures before donning gloves and after removing and discarding gloves. Gloves shall not be washed before or after use.

Needle and Sharps Safety:

(9) Needles shall be recapped only by using the scoop technique or a protective device. Needles shall not be bent or broken for the purpose of disposal. Disposable needles, syringes, scalpel blades, or other sharp items and instruments shall be placed into sharps containers for disposal as close as possible to the point of use according to all applicable local, state, and federal regulations.

Sterilization and Disinfection:

(10) All germicides must be used in accordance with intended use and label instructions.

(11) Cleaning must precede any disinfection or sterilization process. Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions.

(12) Critical instruments, items and devices shall be discarded or pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These instruments, items, and devices, shall remain sealed and stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.

(13) Semi-critical instruments, items, and devices shall be pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.

(14) Non-critical surfaces and patient care items shall be cleaned and disinfected with a California Environmental Protection Agency (Cal/EPA)-registered hospital disinfectant (low-level disinfectant) labeled effective against HBV and HIV. When the item is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital intermediate-level disinfectant with a tuberculocidal claim shall be used.

(15) All high-speed dental hand pieces, low-speed hand pieces, rotary components and dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be packaged, labeled and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item.

(16) Single use disposable items such as prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, air/water syringe tips, and gloves shall be used for one patient only and discarded.

(17) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test). Test results shall be documented and maintained for 12 months.

Irrigation:

(18) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone. Sterile coolants/irrigants must be delivered using a sterile delivery system.

Facilities:

(19) If non-critical items or surfaces likely to be contaminated are manufactured in a manner preventing cleaning and disinfection, they shall be protected with disposable impervious barriers. Disposable barriers shall be changed when visibly soiled or damaged and between patients.

(20) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection Agency (Cal/EPA) registered, hospital grade low- to intermediate-level germicide after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal/EPA registered, hospital grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and DHCP shall follow all material safety data sheet (MSDS) handling and storage instructions.

(21) Dental unit water lines shall be anti-retractable. At the beginning of each workday, dental unit lines and devices shall be purged with air or flushed with water for at least two (2) minutes prior to attaching handpieces, scalers, air water syringe tips, or other devices. The dental unit lines and devices shall be flushed between each patient for a minimum of twenty (20) seconds.

(22) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards.

Lab Areas:

(23) Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new rag-wheel shall be used for each patient. Devices used to polish, trim, or adjust contaminated intraoral devices shall be disinfected or sterilized, properly packaged or wrapped and labeled with the date and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the instruments shall be recleaned, packaged in new wrap, and sterilized again. Sterilized items will be stored in a manner so as to prevent contamination.

(24) All intraoral items such as impressions, bite registrations, prosthetic and orthodontic appliances shall be cleaned and disinfected with an intermediate-level disinfectant before manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth.

(c) The Dental Board of California and Dental Hygiene Committee of California shall review this regulation annually and establish a consensus.

¹Cal/EPA contacts: WEBSITE www.cdpr.ca.gov or Main Information Center (916) 324-0419.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1680, Business and Professions Code.

HISTORY

1. New section filed 6-29-94; operative 7-29-94 (Register 94, No. 26).
2. Repealer and new section filed 7-8-96; operative 8-7-96 (Register 96, No. 28).
3. Repealer of subsection (a)(5) and subsection renumbering, amendment of subsections (b)(7), (b)(10), (b)(18)-(19) and (b)(23) and repealer of subsection (c) and subsection relettering filed 10-23-97; operative 11-22-97 (Register 97, No. 43).
4. Change without regulatory effect amending subsection (b)(4) filed 12-7-98 pursuant to section 100, title 1, California Code of Regulations (Register 98, No. 50).
5. Amendment of subsections (b)(11), (b)(13) and (b)(15) filed 6-30-99; operative 7-30-99 (Register 99, No. 27).
6. Amendment filed 3-1-2005; operative 3-31-2005 (Register 2005, No. 9).
7. Amendment filed 7-21-2011; operative 8-20-2011 (Register 2011, No. 29).



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 17

Discuss and Possible Action on the
Following Regulations:

- a) Uniform Standards Related to
Substance Abuse and Disciplinary
Guidelines
- b) Retroactive Fingerprinting
- c) Sponsored Free Health Care Clinics



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 17

Regulations:

- a) Uniform Standards Related to Substance Abuse and Disciplinary Guidelines



MEMORANDUM

DATE	May 3, 2013
TO	DHCC Committee Members
FROM	Donna Kantner, DHCC Staff
SUBJECT	Agenda Item 17 a. - Discuss and Possible Action on DHCC Uniform Standards Related to Substance Abuse and Disciplinary Guidelines - § 1138, Title 16, Division 11, California Code of Regulations

Background

At its April 2012 meeting the Committee approved language relative to Uniform Standards for substance abusing licensees and Disciplinary Guidelines and directed staff to take all necessary steps to initiate the formal rulemaking process including noticing the proposed language for the 45-day public comment period, setting the proposed language for a public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package.

An Initial Statement of Reasons was prepared according to requirements that each proposed subsection meet the six standards of authority, clarity, consistency, necessity, non-duplication and reference and the regulatory process was initiated by noticing a public hearing for April 16, 2013. The hearing was held and there were no comments received.

Staff is preparing the Final Statement of Reasons and other documents that will complete the rulemaking file. Upon completion, the file will be submitted to Department of Consumer Affairs' Legal Office, Legislation and Policy Review Unit, and Executive Office for review and approval. Once approved by all three, the file will proceed to State and Consumer Services Agency for review and approval. If the file is deemed to have a fiscal impact, it may require review and approval by the Department of Finance. After all entities have reviewed and approved the file, it will be submitted to the Office of Administrative Law (OAL) for final review. OAL has 30 working days to complete its review of the rulemaking file.

Committee Action Requested

☐ Information only. No action requested.



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 17

Regulations:
b) Retroactive Fingerprint Requirements



MEMORANDUM

DATE	May 3, 2013
TO	DHCC Committee Members
FROM	Donna Kantner, DHCC Staff
SUBJECT	Item 17 b. Discuss and Possible Action on Regulations relating to Retroactive Fingerprinting Requirements, §1132, Title 16 California Code of Regulations

Background

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

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

On March 6, 2013, the completed rulemaking file was submitted to the Office of Administrative Law (OAL), who, by law has 30 working days to review the file, or until April 19th. On April 17th OAL sent notice that the file was approved and, according to the new timetable for effective dates, will be effective July 1, 2013.

Committee Action Requested

Informational only. No action is requested.



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 17

Regulations:

c) Sponsored Free Health Care Clinics



MEMORANDUM

DATE	May 3, 2013
TO	DHCC Committee Members
FROM	Donna Kantner DHCC Staff
SUBJECT	Agenda Item 17 c. - Discussion and Possible Action on Regulations relating to Sponsored Free Health Clinics - § 1149 – 1153, Title 16, Division 11, California Code of Regulations

Background

On December 20, 2012, staff submitted the regulatory file pertaining to Sponsored Free Health Clinics to the Office of Administrative Law (OAL). On February 1, 2013 staff was notified of OAL's pending disapproval of the package for concerns relating to the necessity and clarity of the regulations, as well as certain non-substantive changes needed. All non-substantive corrections were made, and the Staff Counsel at OAL was contacted several times in effort to clarify the two remaining issues, however OAL disapproved the file on February 6, 2013. By law, the Committee had 120 days to address the concerns identified by OAL and resubmit the rulemaking package.

Staff drafted amendments to the text addressing OAL's concerns that were approved by the Committee at its February 27th teleconference. There were no comments and staff resubmitted the file to OAL on March 11th for its review.

On April 10, 2013, staff was notified that this rulemaking was approved, and due to staff justification, is effective immediately.

Committee Action Requested

Informational only. No action necessary.



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 18

Regulations:

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



MEMORANDUM

DATE	May 3, 2013
TO	DHCC Committee Members
FROM	Donna Kantner, DHCC Staff
SUBJECT	Agenda Item 18 - Discussion and Possible Action on Regulations Regarding Gingival Tissue Curettage, Administration of Local Anesthesia, and Administration of Nitrous Oxide-Oxygen Analgesia - § 1107 – 1108, Title 16, Division 11, California Code of Regulations

Background

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

Committee Action Requested

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

April 5, 2013

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

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

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

- (1) Administration of local anesthetic agents, infiltration and conductive, limited to the oral cavity,
- (2) Administration of nitrous oxide and oxygen when used as an analgesic, utilizing fail-safe type machines containing no other general anesthetic agents, and
- (3) Periodontal soft tissue curettage.

(b) An applicant shall submit an "Application for Approval of a Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage" hereby incorporated by reference, accompanied by the appropriate fee, for approval of a new course and shall receive approval prior to operation.

(1) The Committee may approve or deny approval of this course.

(2) If the Committee denies approval of a course, the committee shall provide to the applicant the specific reasons for denial in writing within ninety (90) days.

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

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

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

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

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

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

(a) Administration. Each course shall provide the resources necessary to accomplish education as specified in this section. Course providers shall be responsible for informing the Committee of any changes to the course content, physical facilities, and faculty, within 10 days of such changes. Upon successful completion of the course,

students shall receive a certificate of completion. The course provider must require students to possess current certification in Basic Life Support for health care providers as required by Title 10, Chapter 1, Article 4, Section 1016 (C) of the California Code of Regulations (CCR) in order to be eligible for admission to the course, and either:

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

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

- (1) possess a valid, active California license for at least two (2) years immediately preceding any provision of course instruction.
- (2) instruct only in procedures that he or she is legally allowed to perform during pre-clinical and clinical instruction.
- (3) have education and experience within the topic being taught.
- (4) have education in teaching methodology within the last two (2) years and must be calibrated.

(c) Facilities and Equipment. Physical facilities and equipment shall be maintained and replaced in a manner designed to provide students with an educationally optimal environment.

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

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

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

(e) Clinical Education. As of January 1, 2016, each course's clinical training shall be given at a dental or dental hygiene school or facility under the jurisdiction of the Committee, which has a written contract of affiliation for such training with a dental or dental hygiene program. An extension program of a university shall not be considered a dental or dental hygiene school. Such written contract of affiliation shall include a description of the settings in which the clinical training may be received and shall provide for direct supervision of such training by faculty designated by the dental or dental hygiene school. An affiliated facility shall not include a dental office unless such office is an extramural facility approved by the Committee. Each course shall provide the clinical facilities and clinical resources necessary to accomplish education in local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage as

provided in subdivision (g)(4)(A-C) in Section 1072.1 of Title 16, Division 10, California Code of Regulations (CCR).

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

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

(g) Curriculum Organization and Learning Resources.

(1) The organization of the curriculum for the course shall be flexible, creating opportunities for adjustments to and research of advances in the administration of local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage as provided in subdivision (g)(4)(C) of Section 1105 of this article.

(2) Students shall be provided a course syllabus that contains:

- (A) Course learning outcomes,
- (B) Textbook(s) published within the previous 5 years,
- (C) Content objectives,
- (D) Grading criteria which includes competency evaluations and lab/clinic rubrics that reflect course learning outcomes to include problem solving and critical thinking skills, and
- (E) Remediation policy and procedures.

(3) Students shall have reasonable access to dental and medical reference textbooks, current scientific journals, audio visual materials and other relevant resources.

(4) Curriculum shall provide students with a basic understanding of these procedures as provided in subdivision (g)(4)(C) of Section 1105 of this article and an ability to perform each procedure with competence and judgment.

(5) Curriculum must be designed to prepare the student to assess, plan, implement, and evaluate these procedures as specified and in accordance with subdivision (g)(4)(C) of Section 1105 of this article.

(6) Curriculum must include remediation policy and procedures.

(h) General Curriculum Content. Areas of didactic, laboratory, preclinical and clinical instruction shall include indications and contraindications of periodontal soft tissue curettage, administration and reversal of local anesthetic agents and nitrous oxide-oxygen analgesia agents for all patients as well as:

- (1) Head and neck anatomy;
- (2) Physical and psychological evaluation procedures;
- (3) Review of body systems related to course topics;
- (4) Theory and psychological aspects of pain and anxiety control;
- (5) Selection of pain control modalities;
- (6) Pharmacological considerations such as action of anesthetics and vasoconstrictors, reversal and nitrous oxide-oxygen analgesia agents;

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

(i) Specific Curriculum Content.

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

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

(j) Certificate of Completion. A course provider shall issue a certificate of completion (form ABC) hereby incorporated by reference only, after a student has achieved a minimum of 75% in each clinical competency of the three procedures and has been deemed competent to perform all three procedures.

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



Application for Approval of Course in
Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage
 Business & Professions Code §1909, Title 16 CCR §1107.and §1108.

Non-Refundable Fee: \$300 (Must accompany application)

Receipt	_____	RC	_____
Date filed	_____	\$	_____
Approved	_____	Denied	_____
RP#	_____		

 Course Provider

 Phone Number /Email Address

 Name and Title of Course Director

 Affiliated Dental Hygiene or Dental Program

 Mailing Address of Course Provider

 City

 State

 Zip

 Clinical Facility Address (if different from above)

 City

 State

 Zip

Requirements for Course

All questions must be answered "Yes" for a course to be approved. A course must be approved prior to operation. Each approved course must submit a biennial report. Course records shall be subject to inspection by the Committee at any time. The Committee may withdraw approval at any time that it determines that a course does not meet the requirements of the law. Course providers must inform the Committee of any changes to course content, faculty and physical facilities within 10 days.

1. Will the course provide instruction in administration of local anesthetic agents limited to the oral cavity, administration of nitrous oxide-oxygen used as an analgesic utilizing fail-safe type machines containing no other general anesthetic agents, and periodontal soft tissue curettage? Include a copy of your curriculum.

☐ Yes

☐ No

2. Will the course be established at or affiliated with a California dental or dental hygiene school? Include your written affiliation and if applicable, the extramural site agreement.

☐ Yes

☐ No

3. Course Faculty Information

Name	License Type	License #	License Expiration	Date of Teaching Methodology

Course director and all faculty must possess a valid, active California license for at least two years. Attach copies of each license and proof of education in teaching methodology.

4. Will there be a lecture classroom, patient clinic area, radiology area and laboratory for use by students? Attach a facility site map indicating each of these areas.

☐ Yes ☐ No

5. Will all students have access to equipment necessary to develop dental hygiene skills in the duties being taught? Attach a list.

☐ Yes ☐ No

6. Will all students have access to the hazardous waste management plan for disposal of needles, cartridges, medical waste, storage of nitrous oxide and oxygen tanks and the course's clinic and radiation hazardous communication plan? Attach a copy of both the hazardous waste management and hazardous communication plan.

☐ Yes ☐ No

7. Will all students receive a copy of the bloodborne and infectious diseases exposure control plan, including the emergency needlestick information? Attach a copy as provided to students.

☐ Yes ☐ No

8. Will the course clearly state curriculum subject matter, specific instruction hours in the individual areas of didactic, pre-clinical and clinical instruction, and include written course and specific instructional learning outcomes that will be accomplished within the framework of the course, including theoretical aspects of each subject as well as practical application in accordance with California Code of Regulations §1107 and §1108 and a copy be provided to students? Attach a copy of curriculum, including student evaluation mechanism and remediation policy and procedures.

☐ Yes ☐ No

9. Will the course be of sufficient duration for the student to develop competence in administration of local anesthesia, administration of nitrous oxide-oxygen analgesia, and periodontal soft tissue curettage? Attach a course schedule.

☐ Yes ☐ No

10. Will instruction in periodontal soft tissue curettage total at least 6 hours including at least 3 hours of didactic, laboratory and/or pre-clinical instruction and at least 3 hours of clinical instruction that includes a minimum of 3 (three) clinical experiences on three different patients of which only one may be on a student?

☐ Yes ☐ No

11. Will instruction in the administration of local anesthetic agents total at least 30 hours, including at least 15 hours of didactic hours of laboratory and/or pre-clinical and at least 15 hours of clinical instruction that includes a minimum of 3 clinical experiences on three different patients of which only one may be on a student?

☐ Yes ☐ No

12. Will instruction in the administration of nitrous oxide-oxygen total at least 8 hours including at least 4 hours of didactic, laboratory and or pre-clinical instruction and 4 hours of clinical instruction that includes a minimum of 3 clinical experiences on 3 different patients of which only one may be a student?

☐ Yes ☐ No

13. Specify the number of total hours within the course that will be taught in the categories listed below:

Didactic	_____	Pre-clinical	_____
Laboratory	_____	Clinical	_____

14. Will continuing education (CE) be offered for this course? If yes, provide your California continuing education provider number below.

☐ Yes ☐ No

Recordkeeping

14. Will you retain for at least 5 years copies of curriculum, sample test questions and lab and clinic rubrics, copies of faculty credentials and individual student records and evaluations pursuant to California Code of Regulations §1108 (f).

☐ Yes ☐ No

15. Will each student be issued a certificate of successful completion after achievement of a minimum of 75% in each clinical competency and has been deemed competent in each of the 3 (three) procedures?

☐ Yes ☐ No

Acknowledgement

16. Have you reviewed Business & Professions Code §1909 and California Code of Regulations §1005, §1107 and §1108?

☐ Yes ☐ No

17. Do you agree to abide by the requirements set forth in Business & Professions Code §1909, and California Code of Regulations § 1107, and §1108? Do you acknowledge that failure to do so may result in loss of course approval?

☐ Yes ☐ No

he Committee may approve or deny approval of any course. If the Committee denies approval of a course, the reasons for denial will be provided in writing within 90 days.

Certification

I certify under the penalty of perjury under the laws of the State of California that the statements made in the application are true and correct, and that all courses offered will meet the requirements set forth by the Committee.

Signature of Course director or designee

Date

Printed name of Course director or designee

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Hygiene Committee of California, 2005 Evergreen Street, Suite 1050, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, §1900 et seq. The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.

DENTAL HYGIENE COMMITTEE OF CALIFORNIA

CERTIFICATION IN ADMINISTRATION OF LOCAL ANESTHESIA, NITROUS OXIDE-OXYGEN ANALGESIA, AND PERIODONTAL SOFT TISSUE CURETTAGE

PLEASE TYPE OR PRINT

NAME LAST

FIRST

MIDDLE

LAST 5 DIGITS OF SOCIAL SECURITY

ADDRESS

CITY

STATE

ZIP

HOME PHONE

CELL PHONE

EMAIL ADDRESS

()

()

DENTAL HYGIENE COMMITTEE OF CALIFORNIA (DHCC) COURSE PROVIDER

DATES OF COURSE

ADDRESS

CITY

STATE

ZIP

PHONE

()

EMAIL ADDRESS

@

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE APPLICANT ABOVE SUCCESSFULLY COMPLETED A DHCC-APPROVED COURSE AND DEMONSTRATED CLINICAL COMPETENCY IN THE ABOVE LISTED DUTIES PURSUANT TO CALIFORNIA CODE OF REGULATIONS §1108 (i) (1) AND §1108 (i) (2) AND §1108 (i) (3).

PRINTED NAME OF COURSE INSTRUCTOR OR DIRECTOR

STAMP OR SEAL OF
COURSE PROVIDER
OR INSTITUTION

SIGNATURE



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 19

Discuss and Possible Action on
Regulations to Implement Business and
Professions Code Section 114.3
(AB 1588) Regarding Military Reservist
Licensees: Fees and Continuing
Education



MEMORANDUM

DATE	May 3, 2013
TO	DHCC Committee Members
FROM	Donna Kantner, DHCC Staff
SUBJECT	Agenda Item 19 - Discussion and Possible Action on Regulations to Implement Business and Professions Code Section 114.3 (AB 1588) Regarding Military Reservist Licensees: Fees and Continuing Education

Background

AB 1588 became effective January 1, 2013, requiring all boards, commissions and bureaus under the Department of Consumer Affairs (DCA) to waive professional license renewal fees and continuing education (CE) requirements for licensees called to active duty in the United States (U.S.) armed forces, as follows:

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

This new law provides for waivers from professional license renewal fees and CE requirements for active duty military members. Additionally, the licensee must meet all renewal requirements within six (6) months of the date of discharge from active duty service, and must notify the Committee within 60 days of his or her notice of discharge. No private practice is permitted during the period of active duty. Staff estimated that a very small number of current active licensees will qualify for this waiver. Regulations will be needed to implement these new provisions of law.

At its December 3, 2012 meeting, the Committee asked staff to prepare sample proposed language for consideration at its next meeting. Following is the language.

Committee Action Requested

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

DRAFT 04/09/13

Dental Hygiene Committee of California

MILITARY RENEWALS

Section 1136.5 Division 11 of Title 16, Article 9 entitled "Continuing Education" of the California Code of Regulations is added to read:

Article 9. Continuing Education

Section 1136.5. Military Renewals.

a) A licensee with a current and valid license who is called to active duty as a member of the United States Armed Forces or the California National Guard, and whose license is set to expire while the licensee is on active duty service, may renew the license in "military active status." "Military active status" means that a licensee may provide services for which he or she is licensed for the United States Armed Forces or the California National Guard while on active duty, but shall not privately engage in any activities requiring a license for members of the public. The continuing education requirements as set forth in Section 1136 and the renewal fees as set forth in Section 1944 of the Code shall not be conditions for renewing in military active status and are waived. Military active status shall be valid for the normal two-year renewal period, but may at any time be converted to active status upon a licensee's request and upon the licensee's completion of the requirements as set forth in this section and all other renewal requirements as determined by the Committee. No limit exists on the number of times a licensee may renew in military active status.

(b) If a licensee is discharged from active military service and less than 12 months immediately precede the time for renewal, the continuing education requirements as set forth in Section 1136 shall not be conditions for the following renewal of the license and are waived.

(c) If a licensee is discharged from active military service and 12 or more months immediately precede the time for renewal, the licensee is subject to the continuing education requirements as set forth in Section 1136, except that the schedule of continuing education units as set forth in Section 1136(c) is replaced with the following modified schedule:

- (1) Registered dental hygienists: Twelve (12) units.
- (2) Registered dental hygienists in extended functions: Twelve (12) units.
- (3) Registered dental hygienists in alternative practice: Seventeen (17) units.

Note: Authority cited: Sections 114.3, 1905, 1935, 1936, and 1936.1, Business and Professions Code. Reference: Sections 114.3, 1935, 1936, and 1936.1, Business and Professions Code.



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 20

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



MEMORANDUM

DATE	May 3, 2013
TO	DHCC Committee Members
FROM	Donna Kantner, DHCC Staff
SUBJECT	Agenda Item 20 - Update on Phase I of the Transfer and Possible Amendment of Dental Hygiene Regulations into Division 11 of Title 16, Articles 1-12 of the California Code of Regulations

Background

At the December 10, 2011 meeting, Committee members approved staff's recommendation to complete the regulatory process in three phases. The Phases are as follows:

- Phase 1 - existing regulations from the Dental Practice Act with none or minor revisions (non substantive changes)
- Phase 2 - regulations that have been revised with substantive changes.
- Phase 3 - new regulations - DHCC had no statutory authority to implement.

In drafting the Initial Statement of Reasons, staff noticed that portions of the text use outdated language and other portions are simply unclear. Some sections are duplicative of statute. Two of the required legal standards for regulatory review are clarity and non-duplication. Staff and the Executive Officer have met with the DHCC President, and also with Legal Counsel to discuss potential modifications to the text for clarification, to replace outdated language with more modern terminology and to eliminate any duplicative text.

Staff is currently working on modifications to the text to be reviewed by Legal Counsel prior to bringing it forward for the Committee's consideration at a future meeting date.

Committee Action Requested

- ☐ Information only. No action needed at this time.



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 21

Discuss and Possible Action on the
Following Legislation:
Assembly Bill (AB) 50, AB 186, AB 213,
AB 512, AB 1174, Senate Bill (SB) 28,
SB 128, SB 456, and SB 821



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 21

- a) Discuss and Possible Action on Assembly
Bill 50 (Pan) – Healthcare Coverage:
Medi-Cal Eligibility

Dental Hygiene Committee of California

2005 Evergreen Street, Suite 1050, Sacramento, CA 95815
 P 916-263.1978 F 916.263.2688 | www.dhcc.ca.gov



Bill Number: AB 50	AUTHOR: Assembly Member PAN
SPONSOR:	VERSION: 12/21/12
INTRODUCED: December 21, 2012	BILL STATUS : In Committee on HEALTH
BILL LOCATION: Assembly	HISTORY: 01/14/13 Referred to Com. on HEALTH. 01/07/13 Read first time. 12/24/12 From printer. May be heard in committee January 23. 12/21/12 Introduced. To print.
AGENDA ITEM: 21a.	
SUBJECT: Health care coverage: Medi-Cal eligibility: enrollment	

SUMMARY

This bill would require the Department of Health Care Services (department) to establish a process in accordance with federal law to allow a hospital that is a participating Medi-Cal provider to be a qualified entity to determine whether an individual is eligible for Medi-Cal and to provide medical assistance during the presumed period of eligibility.

Existing law requires an applicant or beneficiary to personally attend a presentation of information on managed care and fee-for-service options for receiving Medi-Cal benefits, and requires the applicant or beneficiary to indicate his or her choice in writing. If no choice is made, existing law provides that he or she be assigned to and enrolled in an appropriate managed care plan, pilot project or fee-for-service provider within his or her area of residence. Existing law requires the department develop an implementation plan, as specified.

This bill would repeal these provisions effective January 1, 2015, and would require the department to implement a new process by that date to inform enrollees of their options regarding all available Medi-Cal services within their area, including fee-for-service options. This bill would, in this regard, prohibit the department from extending or exercising any option to extend the term of existing contracts with nongovernmental entities performing such functions as enrolling or informing an applicant or enrollee of plan choices, assigning an applicant or enrollee to a plan, or informing applicants of, or processing applications for exemptions to enrollment. The bill would require an applicant, with informed consent, have a renewal application form prepopulated or electronically verified in real time, or both.

Analysis: This bill is being tracked due to its potential impact relating to the federal Patient Protection and Affordable Care Act. Staff will continue to monitor the bill and inform the Committee of any impacts on the practice of dental hygiene.

TYPE OF BILL

Active
 Urgency
 Non-Appropriations
 Two-thirds Vote Required

Non-State-Mandated Local Program
 Fiscal
 Non-Tax Levy

ATTACHED:

1) Language

COMMITTEE POSITION:

SUPPORT:____ **OPPOSE:**____ **NEUTRAL:** ____ **WATCH:** ____

ASSEMBLY BILL

No. 50

Introduced by Assembly Member Pan

December 21, 2012

An act to amend and repeal Sections 14016.5 and 14016.6 of, and to add Sections 14011.66, 14016.54, and 15926.6 to, the Welfare and Institutions Code, relating to health care coverage, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 50, as introduced, Pan. Health care coverage: Medi-Cal: eligibility: enrollment.

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. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions.

This bill would require the department to establish a process in accordance with federal law to allow a hospital that is a participating Medi-Cal provider to elect to be a qualified entity for purposes of determining whether any individual is eligible for Medi-Cal and providing the individual with medical assistance during the presumptive eligibility period.

Existing law requires an applicant or beneficiary, as specified, who resides in an area served by a managed health care plan or pilot program in which beneficiaries may enroll, to personally attend a presentation at which the applicant or beneficiary is informed of managed care and fee-for-service options for receiving Medi-Cal benefits. Existing law requires the applicant or beneficiary to indicate in writing his or her

choice of health care options and provides that if the applicant or beneficiary does not make a choice he or she shall be assigned to and enrolled in an appropriate Medi-Cal managed care plan, pilot project, or fee-for-service case management provider providing service within the area in which the beneficiary resides. Existing law requires the department to develop a program, as specified, to implement these provisions.

This bill would repeal these provisions on January 1, 2015, and would require the department to implement a new process by January 1, 2015, to inform Medi-Cal enrollees of their options with regard to the delivery of Medi-Cal services, including fee-for-service, if available, and all managed care options. The bill would, in this regard, prohibit the department from extending, or exercising any options to extend, the term of any existing contracts under which a nongovernmental entity has responsibility for performing functions under the Medi-Cal Managed Health Care Options program, including enrolling or informing an applicant or enrollee of managed care plan choices, assigning an applicant or enrollee to a managed care plan, or informing applicants of, or processing applications or requests for, exemptions to enrollment.

Existing law requires the California Health and Human Services Agency, in consultation with specified entities, to establish standardized single, accessible application forms and related renewal procedures for state health subsidy programs, as defined, in accordance with specified requirements.

This bill would require that an applicant or recipient of benefits under a state health subsidy program be given an option, with his or her informed consent, to have an application for renewal form prepopulated or electronically verified in real time, or both, as specified.

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

Vote: ²₃. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

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

- 1 SECTION 1. Section 14011.66 is added to the Welfare and
- 2 Institutions Code, to read:
- 3 14011.66. The department shall establish a process in
- 4 accordance with Section 1396a(a)(47)(B) of Title 42 of the United
- 5 States Code, effective January 1, 2014, to allow a hospital that is

1 a participating provider under the state plan to elect to be a
2 qualified entity for purposes of determining, on the basis of
3 preliminary information, whether any individual is eligible for
4 Medi-Cal under the state plan or under a federal waiver for
5 purposes of providing the individual with medical assistance during
6 the presumptive eligibility period.

7 SEC. 2. Section 14016.5 of the Welfare and Institutions Code
8 is amended to read:

9 14016.5. (a) At the time of determining or redetermining the
10 eligibility of a Medi-Cal program or Aid to Families with
11 Dependent Children (AFDC) program applicant or beneficiary
12 who resides in an area served by a managed health care plan or
13 pilot program in which beneficiaries may enroll, each applicant
14 or beneficiary shall personally attend a presentation at which the
15 applicant or beneficiary is informed of the managed care and
16 fee-for-service options available regarding methods of receiving
17 Medi-Cal benefits. The county shall ensure that each beneficiary
18 or applicant attends this presentation.

19 (b) The health care options presentation described in subdivision
20 (a) shall include all of the following elements:

21 (1) Each beneficiary or eligible applicant shall be informed that
22 he or she may choose to continue an established patient-provider
23 relationship in the fee-for-service sector.

24 (2) Each beneficiary or eligible applicant shall be provided with
25 the name, address, telephone number, and specialty, if any, of each
26 primary care provider, and each clinic participating in each prepaid
27 managed health care plan, pilot project, or fee-for-service case
28 management provider option. This information shall be provided
29 under geographic area designations, in alphabetical order by the
30 name of the primary care provider and clinic. The name, address,
31 and telephone number of each specialist participating in each
32 prepaid managed health care plan, pilot project, or fee-for-service
33 case management provider option shall be made available by
34 contacting either the health care options contractor or the prepaid
35 managed health care plan, pilot project, or fee-for-service case
36 management provider.

37 (3) Each beneficiary or eligible applicant shall be informed that
38 he or she may choose to continue an established patient-provider
39 relationship in a managed care option, if his or her treating provider
40 is a primary care provider or clinic contracting with any of the

1 prepaid managed health care plans, pilot projects, or fee-for-service
2 case management provider options available, has available capacity,
3 and agrees to continue to treat that beneficiary or applicant.

4 (4) In areas specified by the director, each beneficiary or eligible
5 applicant shall be informed that if he or she fails to make a choice,
6 or does not certify that he or she has an established relationship
7 with a primary care provider or clinic, he or she shall be assigned
8 to, and enrolled in, a prepaid managed health care plan, pilot
9 project, or fee-for-service case management provider.

10 (c) No later than 30 days following the date a Medi-Cal or
11 AFDC beneficiary or applicant is determined eligible, the
12 beneficiary or applicant shall indicate his or her choice in writing,
13 as a condition of coverage for Medi-Cal benefits, of either of the
14 following health care options:

15 (1) To obtain benefits by receiving a Medi-Cal card, which may
16 be used to obtain services from individual providers, that the
17 beneficiary would locate, who choose to provide services to
18 Medi-Cal beneficiaries.

19 The department may require each beneficiary or eligible
20 applicant, as a condition for electing this option, to sign a statement
21 certifying that he or she has an established patient-provider
22 relationship, or in the case of a dependent, the parent or guardian
23 shall make that certification. This certification shall not require
24 the acknowledgment or guarantee of acceptance, by any indicated
25 Medi-Cal provider or health facility, of any beneficiary making a
26 certification under this section.

27 (2) (A) To obtain benefits by enrolling in a prepaid managed
28 health care plan, pilot program, or fee-for-service case management
29 provider that has agreed to make Medi-Cal services readily
30 available to enrolled Medi-Cal beneficiaries.

31 (B) At the time the beneficiary or eligible applicant selects a
32 prepaid managed health care plan, pilot project, or fee-for-service
33 case management provider, the department shall, when applicable,
34 encourage the beneficiary or eligible applicant to also indicate, in
35 writing, his or her choice of primary care provider or clinic
36 contracting with the selected prepaid managed health care plan,
37 pilot project, or fee-for-service case management provider.

38 (d) (1) In areas specified by the director, a Medi-Cal or AFDC
39 beneficiary or eligible applicant who does not make a choice, or
40 who does not certify that he or she has an established relationship

1 with a primary care provider or clinic, shall be assigned to and
2 enrolled in an appropriate Medi-Cal managed care plan, pilot
3 project, or fee-for-service case management provider providing
4 service within the area in which the beneficiary resides.

5 (2) If it is not possible to enroll the beneficiary under a Medi-Cal
6 managed care plan, pilot project, or a fee-for-service case
7 management provider because of a lack of capacity or availability
8 of participating contractors, the beneficiary shall be provided with
9 a Medi-Cal card and informed about fee-for-service primary care
10 providers who do all of the following:

11 (A) The providers agree to accept Medi-Cal patients.

12 (B) The providers provide information about the provider's
13 willingness to accept Medi-Cal patients as described in Section
14 14016.6.

15 (C) The providers provide services within the area in which the
16 beneficiary resides.

17 (e) If a beneficiary or eligible applicant does not choose a
18 primary care provider or clinic, or does not select any primary care
19 provider who is available, the managed health care plan, pilot
20 project, or fee-for-service case management provider that was
21 selected by or assigned to the beneficiary shall ensure that the
22 beneficiary selects a primary care provider or clinic within 30 days
23 after enrollment or is assigned to a primary care provider within
24 40 days after enrollment.

25 (f) (1) The managed care plan shall have a valid Medi-Cal
26 contract, adequate capacity, and appropriate staffing to provide
27 health care services to the beneficiary .

28 (2) The department shall establish standards for all of the
29 following:

30 (A) The maximum distances a beneficiary is required to travel
31 to obtain primary care services from the managed care plan,
32 fee-for-service case management provider, or pilot project in which
33 the beneficiary is enrolled.

34 (B) The conditions under which a primary care service site shall
35 be accessible by public transportation.

36 (C) The conditions under which a managed care plan,
37 fee-for-service case management provider, or pilot project shall
38 provide nonmedical transportation to a primary care service site.

39 (3) In developing the standards required by paragraph (2), the
40 department shall take into account, on a geographic basis, the

1 means of transportation used and distances typically traveled by
2 Medi-Cal beneficiaries to obtain fee-for-service primary care
3 services and the experience of managed care plans in delivering
4 services to Medi-Cal enrollees. The department shall also consider
5 the provider's ability to render culturally and linguistically
6 appropriate services.

7 (g) To the extent possible, the arrangements for carrying out
8 subdivision (d) shall provide for the equitable distribution of
9 Medi-Cal beneficiaries among participating managed care plans,
10 fee-for-service case management providers, and pilot projects.

11 (h) If, under the provisions of subdivision (d), a Medi-Cal
12 beneficiary or applicant does not make a choice or does not certify
13 that he or she has an established relationship with a primary care
14 provider or clinic, the person may, at the option of the department,
15 be provided with a Medi-Cal card or be assigned to and enrolled
16 in a managed care plan providing service within the area in which
17 the beneficiary resides.

18 (i) Any Medi-Cal or AFDC beneficiary who is dissatisfied with
19 the provider or managed care plan, pilot project, or fee-for-service
20 case management provider shall be allowed to select or be assigned
21 to another provider or managed care plan, pilot project, or
22 fee-for-service case management provider.

23 (j) The department or its contractor shall notify a managed care
24 plan, pilot project, or fee-for-service case management provider
25 when it has been selected by or assigned to a beneficiary. The
26 managed care plan, pilot project, or fee-for-service case
27 management provider that has been selected by, or assigned to, a
28 beneficiary, shall notify the primary care provider or clinic that it
29 has been selected or assigned. The managed care plan, pilot project,
30 or fee-for-service case management provider shall also notify the
31 beneficiary of the managed care plan, pilot project, or
32 fee-for-service case management provider or clinic selected or
33 assigned.

34 (k) (1) The department shall ensure that Medi-Cal beneficiaries
35 eligible under Title XVI of the Social Security Act are provided
36 with information about options available regarding methods of
37 receiving Medi-Cal benefits as described in subdivision (c).

38 (2) (A) The director may waive the requirements of subdivisions
39 (c) and (d) until a means is established to directly provide the
40 presentation described in subdivision (a) to beneficiaries who are

1 eligible for the federal Supplemental Security Income for the Aged,
2 Blind, and Disabled Program (Subchapter 16 (commencing with
3 Section 1381) of Chapter 7 of Title 42 of the United States Code).

4 (B) The director may elect not to apply the requirements of
5 subdivisions (c) and (d) to beneficiaries whose eligibility under
6 the Supplemental Security Income program is established before
7 January 1, 1994.

8 (l) In areas where there is no prepaid managed health care plan
9 or pilot program that has contracted with the department to provide
10 services to Medi-Cal beneficiaries, and where no other enrollment
11 requirements have been established by the department, no explicit
12 choice need be made, and the beneficiary or eligible applicant shall
13 receive a Medi-Cal card.

14 (m) The following definitions contained in this subdivision shall
15 control the construction of this section, unless the context requires
16 otherwise:

17 (1) "Applicant," "beneficiary," and "eligible applicant," in the
18 case of a family group, mean any person with legal authority to
19 make a choice on behalf of dependent family members.

20 (2) "Fee-for-service case management provider" means a
21 provider enrolled and certified to participate in the Medi-Cal
22 fee-for-service case management program the department may
23 elect to develop in selected areas of the state with the assistance
24 of and in cooperation with California physician providers and other
25 interested provider groups.

26 (3) "Managed health care plan" and "managed care plan" mean
27 a person or entity operating under a Medi-Cal contract with the
28 department under this chapter or Chapter 8 (commencing with
29 Section 14200) to provide, or arrange for, health care services for
30 Medi-Cal beneficiaries as an alternative to the Medi-Cal
31 fee-for-service program that has a contractual responsibility to
32 manage health care provided to Medi-Cal beneficiaries covered
33 by the contract.

34 (n) (1) Whenever a county welfare department notifies a public
35 assistance recipient or Medi-Cal beneficiary that the recipient or
36 beneficiary is losing Medi-Cal eligibility, the county shall include,
37 in the notice to the recipient or beneficiary, notification that the
38 loss of eligibility shall also result in the recipient's or beneficiary's
39 disenrollment from Medi-Cal managed health care or dental plans,
40 if enrolled.

(2) (A) Whenever the department or the county welfare department processes a change in a public assistance recipient's or Medi-Cal beneficiary's residence or aid code that will result in the recipient's or beneficiary's disenrollment from the managed health care or dental plan in which he or she is currently enrolled, a written notice shall be given to the recipient or beneficiary.

(B) This paragraph shall become operative and the department shall commence sending the notices required under this paragraph on or before the expiration of 12 months after the effective date of this section.

(o) This section shall be implemented in a manner consistent with any federal waiver required to be obtained by the department in order to implement this section.

(p) This section shall remain in effect only until January 1, 2015, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2015, deletes or extends that date.

SEC. 3. Section 14016.54 is added to the Welfare and Institutions Code, to read:

14016.54. (a) On or before January 1, 2015, the department shall implement a new process to inform Medi-Cal enrollees of their options with regard to the delivery of Medi-Cal services, including fee-for-service, if available, and all managed care options. The process shall include a mechanism to allow enrollees to make an informed choice and to pick a health plan and a primary care provider. In developing the process, the department shall convene public meetings to allow for input from stakeholders and other members of the public, consult with counties and the Legislature, and coordinate with the California Health Benefit Exchange.

(b) For purposes of implementing subdivision (a), the department shall not extend, or exercise any options to extend the term of any existing contracts under which a nongovernmental entity has responsibility for performing functions under the Medi-Cal Managed Health Care Options program, including enrolling or informing an applicant or enrollee of managed care plan choices, assigning an applicant or enrollee to a managed care plan, or informing applicants of, or processing applications or requests for, exemptions to enrollment.

SEC. 4. Section 14016.6 of the Welfare and Institutions Code is amended to read:

14016.6. The State Department of Health *Care* Services shall develop a program to implement Section 14016.5 and to provide information and assistance to enable Medi-Cal beneficiaries to understand and successfully use the services of the Medi-Cal managed care plans in which they enroll. The program shall include, but not be limited to, the following components:

(a) (1) Development of a method to inform beneficiaries and applicants of all of the following:

(A) Their choices for receiving Medi-Cal benefits including the use of fee-for-service sector managed health care plans, or pilot programs.

(B) The availability of staff and information resources to Medi-Cal managed health care plan enrollees described in subdivision (f).

(2) (A) Marketing and informational materials including printed materials, films, and exhibits, to be provided to Medi-Cal beneficiaries and applicants when choosing methods of receiving health care benefits.

(B) The department shall not be responsible for the costs of developing material required by subparagraph (A).

(C) (i) The department may prescribe the format and edit the informational materials for factual accuracy, objectivity and comprehensibility.

(ii) The department shall use the edited materials in informing beneficiaries and applicants of their choices for receiving Medi-Cal benefits.

(b) Provision of information that is necessary to implement this program in a manner that fairly and objectively explains to beneficiaries and applicants their choices for methods of receiving Medi-Cal benefits, including information prepared by the department emphasizing the benefits and limitations to beneficiaries of enrolling in managed health care plans and pilot projects as opposed to the fee-for-service system.

(c) Provision of information about providers who will provide services to Medi-Cal beneficiaries. This may be information about provider referral services of a local provider professional organization. The information shall be made available to Medi-Cal beneficiaries and applicants at the same time the beneficiary or applicant is being informed of the options available for receiving care.

1 (d) Training of specialized county employees to carry out the
2 program.

3 (e) Monitoring the implementation of the program in those
4 county welfare offices where choices are made available in order
5 to assure that beneficiaries and applicants may make a
6 well-informed choice, without duress.

7 (f) Staff and information resources dedicated to directly assist
8 Medi-Cal managed health care plan enrollees to understand how
9 to effectively use the services of, and resolve problems or
10 complaints involving, their managed health care plans.

11 (g) The responsibilities outlined in this section shall, at the
12 option of the department, be carried out by a specially trained
13 county or state employee or by an independent contractor paid by
14 the department. If a county sponsored prepaid health plan or pilot
15 program is offered, the responsibilities outlined in this section shall
16 be carried out either by a specially trained state employee or by
17 an independent contractor paid by the department.

18 (h) The department shall adopt any regulations as are necessary
19 to ensure that the informing of beneficiaries of their health care
20 options is a part of the eligibility determination process.

21 *(i) This section shall remain in effect only until January 1, 2015,*
22 *and as of that date is repealed, unless a later enacted statute, that*
23 *is enacted before January 1, 2015, deletes or extends that date.*

24 SEC. 5. Section 15926.6 is added to the Welfare and
25 Institutions Code, to read:

26 15926.6. (a) An applicant or recipient of benefits under a state
27 health subsidy program shall be given the option, with his or her
28 informed consent, to have an application for renewal form
29 prepopulated or electronically verified in real time, or both, using
30 personal information from his or her own state health subsidy
31 program or other public benefits case file, a case file of that
32 individual's parent or child, or other electronic databases required
33 by the PPACA.

34 (1) An applicant or recipient who chooses to have an application
35 for renewal form prepopulated shall be given an opportunity, before
36 the application for renewal form is submitted to the entity
37 authorized to make eligibility determinations, to provide additional
38 eligibility information and to correct any information retrieved
39 from a database.

1 (2) An applicant or recipient who chooses to have an application
2 for renewal form electronically verified in real time shall be given
3 an opportunity, before or after a final eligibility determination is
4 made, to provide additional eligibility information and to correct
5 information retrieved from a database. An applicant or recipient
6 shall not be denied eligibility for any state health subsidy program
7 without being given a reasonable opportunity, of at least the kind
8 provided for under the Medi-Cal program for citizenship
9 documentation, to resolve discrepancies concerning any
10 information provided by a verifying entity. Applicants or recipients
11 shall receive the benefits for which they would otherwise qualify
12 pending this reasonable-opportunity period.

13 (b) Renewal procedures shall be coordinated across all state
14 health subsidy programs and among entities that accept and make
15 eligibility determinations so that all relevant information already
16 included in the individual's Medi-Cal or other public benefits case
17 file, his or her California Health Benefit Exchange case file, a case
18 file of the individual's parent or child, or other electronic databases
19 authorized for data sharing under the PPACA can be used to renew
20 benefits or transfer eligible recipients between programs without
21 a break in coverage and without requiring a recipient to provide
22 redundant information. Renewal procedures shall be as simple,
23 user-friendly, and accessible as possible, shall require recipients
24 to provide only the information that has changed, if any, and shall
25 use all available methods for reporting renewal information,
26 including, but not limited to, face-to-face, telephone, and online
27 renewal. Families shall be able to renew coverage at the same time
28 for all family members enrolled in any state health subsidy
29 program, including if family members are enrolled in more than
30 one state health subsidy program. A recipient shall be permitted
31 to update his or her eligibility information at any time.

32 SEC. 6. This act is an urgency statute necessary for the
33 immediate preservation of the public peace, health, or safety within
34 the meaning of Article IV of the Constitution and shall go into
35 immediate effect. The facts constituting the necessity are:

36 In order to implement provisions of the federal Patient Protection
37 and Affordable Care Act (Public Law 111-148), as amended by
38 the federal Health Care and Education Reconciliation Act of 2010

1 (Public Law 111-152), it is necessary that this act take effect
2 immediately.

O



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 21

- b) Discuss and Possible Action on Assembly
Bill 186 (Maienschein) – Professions and
Vocations: Military Spouse Licenses

Dental Hygiene Committee of California

2005 Evergreen Street, Suite 1050, Sacramento, CA 95815
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Bill Number: AB 186	AUTHOR: Assembly Member MAIENSCHIN
SPONSOR:	VERSION: 04/01/13
INTRODUCED: January 28, 2013	BILL STATUS : In Assembly Business, Professions & Consumer Protection Committee
BILL LOCATION: Assembly	HISTORY: 04/02/13 Re-referred to Com. on B.,P. & C.P. 04/01 From committee chair, with author's amendments: Amend, and re-refer to Com. on B.,P. & C.P. Read second time and amended. 2/07/13 Referred to Com. on B., P. & C.P. 01/29/13 From printer. May be heard in committee February 28. 01/28/13 Read first time. To print.
AGENDA ITEM: 21b.	
SUBJECT: Professions and Vocations: military spouses	

SUMMARY

This bill would require a board to issue a provisional license to an individual who 1) is the spouse or domestic partner of a member of the U.S. armed forces currently assigned to duty in California and 2) holds a current license in another state, district or territory of the U.S. in the profession that requires a license in California. Existing law requires a board within the Department of Consumer Affairs to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

This bill would require boards to issue a provisional license to an applicant who qualifies for an expedited license pursuant to the above provision and require the provisional license to expire after 18 months. The bill would prohibit a provisional license from being provided to any applicant who has committed an act in any jurisdiction that would be grounds for denial, suspension or revocation of the license, or has been disciplined by a licensing entity in another jurisdiction, or is the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction. The bill would require the board to approve a provisional license based on an application that includes an affidavit that information submitted in the application is accurate and verification documentation from the other jurisdiction has been requested. By creating provisional licenses for which a fee may be collected, this bill would make an appropriation. The bill notes that regulations may be required for implementation.

Analysis: The potential impact of this bill could be significant, since the Committee does not currently issue provisional or temporary licenses to applicants. To ensure public protection, the Committee issues licenses only to qualified applicants who have met all statutory and regulatory licensing requirements, including mandatory fingerprinting requirements for a background check for all applicants and licensees. The DHCC would need to create a process for issuance of a temporary license, which would be burdensome under the current computer system and it is unknown how such a process might interface with the BREEZE computer project already underway.

TYPE OF BILL

Active
Non-Urgency
Appropriations
Majority Vote Required

Non-State-Mandated Local Program
Fiscal
Non-Tax Levy

ATTACHED:

1) Language

COMMITTEE POSITION:

SUPPORT:____ **OPPOSE:**____ **NEUTRAL:** ____ **WATCH:** ____

AMENDED IN ASSEMBLY APRIL 22, 2013

AMENDED IN ASSEMBLY APRIL 1, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 186

Introduced by Assembly Member Maienschein
(Principal coauthor: Assembly Member Hagman)
(Coauthors: Assembly Members *Chávez*, *Dahle*, *Donnelly*, *Beth*
***Gaines*, *Grove*, *Harkey*, *Olsen*, and *Patterson*)**
(Coauthors: Senators Fuller and Huff)

January 28, 2013

An act to amend Section 115.5 of the Business and Professions Code, relating to professions and vocations, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 186, as amended, Maienschein. Professions and vocations: military spouses: temporary licenses.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law provides for the issuance of reciprocal licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. *Existing law requires that the licensing fees imposed by certain boards within the department be deposited in funds that are continuously appropriated.* Existing law requires a board within the department to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and who supplies satisfactory evidence of being married to, or in a domestic

partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

~~This bill would authorize a board within the department to issue a provisional license to an applicant who qualifies for an expedited license pursuant to the above-described provision. The~~

This bill would require a board within the department to issue a temporary license to an applicant who qualifies for, and requests, expedited licensure pursuant to the above-described provision if he or she meets specified requirements. The bill would require the temporary license to expire 12 months after issuance, upon issuance of the expedited license, or upon denial of the application for expedited licensure by the board, whichever occurs first. The bill would authorize a board to conduct an investigation of an applicant for purposes of denying or revoking a temporary license, and would authorize a criminal background check as part of that investigation. The bill would require an applicant seeking a temporary license to submit an application to the board that includes a signed affidavit attesting to the fact that he or she meets all of the requirements for the temporary license and that the information submitted in the application is accurate, as specified. The bill would also require the application to include written verification from the applicant's original licensing jurisdiction stating that the applicant's license is in good standing.

This bill would prohibit a ~~provisional~~ temporary license from being provided to any applicant who has committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license at the time the act was ~~committed, or committed~~. The bill would provide that a violation of the above-described provision may be grounds for the denial or revocation of a temporary license. The bill would further prohibit a temporary license from being provided to any applicant who has been disciplined by a licensing entity in another jurisdiction, or is the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction. The bill would require the board to approve a provisional license based on an application that includes an affidavit that the information submitted in the application is accurate and that verification documentation from the other jurisdiction has been requested. The bill would require the provisional license to expire after 18 months or at the issuance of the expedited license. The bill would

require an applicant, upon request by a board, to furnish a full set of fingerprint prints for purposes of conducting a criminal background check.

~~By creating provisional licenses for which a fee may be collected and deposited into a continuously appropriated fund, this bill would make an appropriation.~~

Because the bill would authorize the expenditure of continuously appropriated funds for a new purpose, the bill would make an appropriation.

Vote: majority. Appropriation: yes. Fiscal committee: yes.

State-mandated local program: no.

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

1 SECTION 1. Section 115.5 of the Business and Professions
2 Code is amended to read:

3 115.5. (a) A board within the department shall expedite the
4 licensure process for an applicant who meets both of the following
5 requirements:

6 (1) Supplies evidence satisfactory to the board that the applicant
7 is married to, or in a domestic partnership or other legal union
8 with, an active duty member of the Armed Forces of the United
9 States who is assigned to a duty station in this state under official
10 active duty military orders.

11 (2) Holds a current license in another state, district, or territory
12 of the United States in the profession or vocation for which he or
13 she seeks a license from the board.

14 ~~(b) (1) For each applicant who is eligible for an expedited~~
15 ~~license pursuant to subdivision (a) and meets the requirements in~~
16 ~~paragraph (2), the board shall provide a provisional license while~~
17 ~~the board processes the application for licensure. The board shall~~
18 ~~approve a provisional license based on an application that includes~~
19 ~~an affidavit that the information submitted in the application is~~
20 ~~accurate and that verification documentation from the other~~
21 ~~jurisdiction has been requested. The provisional license shall expire~~
22 ~~18 months after issuance or upon issuance of the expedited license.~~

23 *(b) (1) A board shall, after appropriate investigation, issue a*
24 *temporary license to an applicant who is eligible for, and requests,*
25 *expedited licensure pursuant to subdivision (a) if the applicant*
26 *meets the requirements described in paragraph (3). The temporary*
27 *license shall expire 12 months after issuance, upon issuance of*

1 *the expedited license, or upon denial of the application for*
2 *expedited licensure by the board, whichever occurs first.*

3 *(2) The board may conduct an investigation of an applicant for*
4 *purposes of denying or revoking a temporary license issued*
5 *pursuant to this subdivision. This investigation may include a*
6 *criminal background check.*

7 *(3) (A) An applicant seeking a temporary license issued*
8 *pursuant to this subdivision shall submit an application to the*
9 *board which shall include a signed affidavit attesting to the fact*
10 *that he or she meets all of the requirements for the temporary*
11 *license and that the information submitted in the application is*
12 *accurate, to the best of his or her knowledge. The application shall*
13 *also include written verification from the applicant's original*
14 *licensing jurisdiction stating that the applicant's license is in good*
15 *standing in that jurisdiction.*

16 ~~*(2) (A)–*~~

17 *(B) The applicant shall not have committed an act in any*
18 *jurisdiction that would have constituted grounds for denial,*
19 *suspension, or revocation of the license under this code at the time*
20 *the act was committed. A violation of this subparagraph may be*
21 *grounds for the denial or revocation of a temporary license issued*
22 *by the board.*

23 ~~*(B)*~~

24 *(C) The applicant shall not have been disciplined by a licensing*
25 *entity in another jurisdiction and shall not be the subject of an*
26 *unresolved complaint, review procedure, or disciplinary proceeding*
27 *conducted by a licensing entity in another jurisdiction.*

28 *(D) The applicant shall, upon request by a board, furnish a full*
29 *set of fingerprints for purposes of conducting a criminal*
30 *background check.*

31 *(c) A board may adopt regulations necessary to administer this*
32 *section.*



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 21

- c) Discuss and Possible Action on Assembly
Bill 213 (Logue) – Healing Arts:
Certification of Military Experience

Dental Hygiene Committee of California

2005 Evergreen Street, Suite 1050, Sacramento, CA 95815
P 916-263.1978 F 916.263.2688 | www.dhcc.ca.gov



Bill Number: AB 213	AUTHOR: Assembly Member LOGUE (Co-author PAN)
SPONSOR:	VERSION: 04/18/13
INTRODUCED: January 31, 2013	BILL STATUS : In Assembly Veterans Affairs Committee
BILL LOCATION: Assembly	HISTORY: 04/18 From committee chair, with author's amendments: Amend, and re-refer to Com. on V.A. Read second time and amended. 04/16 Re-referred to Com. on V.A. 04/15 Read second time and amended. 4/11 From committee: Do pass as amended and re-refer to Com. on V.A. 04/ 02 Re-referred to Com. on B.,P. & C.P. 04/01 From committee chair, with author's amendments: Amend, and re-refer to Com. on B.,P. & C.P. Read second time and amended. 2/07/13 Referred to Coms. on B.,P. & C.P. and V.A. 02/01/13 From printer. May be heard in committee March 3. 01/31/13 Read first time. To print.
AGENDA ITEM: 21c.	
SUBJECT: Healing arts: licensure and certification requirements	

SUMMARY

Existing law provides for licensure of healing arts professionals by boards within the Department of Consumer Affairs, and requires the rules and regulations of healing arts boards to provide for methods of evaluating education, training, and experience obtained in military service if such training is applicable to the requirements of the particular profession regulated by the board. This bill would require that, if a board accredits or approves schools offering educational course credit for meeting licensing and certification qualifications and requirements, the bill would require those schools seeking accreditation or approval to have procedures in place by July 1, 2015 to evaluate an applicant's military education, training, and practical experience toward the completion of an educational program that would qualify a person to apply for licensure or certification, as specified.

With respect to complying with the bill's requirements and obtaining specified funds to support compliance with these provisions, this bill would require the Department of Veterans Affairs, the Chancellor of the California State University, and the Chancellor of the California Community Colleges to provide technical assistance to healing arts boards within the Department of Consumer Affairs, the State Department of Public Health, and to the schools who offer, or seek to offer, educational courses approved for meeting licensing qualifications and requirements. This section shall not interfere with educational or licensing requirements or standards set by any healing arts agency.

Analysis: This bill would impact dental hygiene educational programs applying for approval by requiring them to submit proof of a process for evaluation of military education, training and experience.

TYPE OF BILL

Active
Non-Urgency
Non-Appropriations
Majority Vote Required

Non-State-Mandated Local Program
Fiscal
Non-Tax Levy

ATTACHED:

1) Language

COMMITTEE POSITION:

SUPPORT:____ **OPPOSE:**____ **NEUTRAL:** ____ **WATCH:** ____

AMENDED IN ASSEMBLY APRIL 18, 2013

AMENDED IN ASSEMBLY APRIL 15, 2013

AMENDED IN ASSEMBLY APRIL 1, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 213

**Introduced by Assembly Member Logue
(Principal coauthor: Assembly Member Pan)
(Coauthors: Assembly Members Conway, Beth Gaines, Harkey,
Jones, Morrell, Nestande, and Wilk)**

January 31, 2013

An act to add Section 712 to the Business and Professions Code, and to add Section 131136 to the Health and Safety Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 213, as amended, Logue. Healing arts: licensure and certification requirements: military experience.

Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Existing law requires the rules and regulations of these healing arts boards to provide for methods of evaluating education, training, and experience obtained in military service if such training is applicable to the requirements of the particular profession or vocation regulated by the board. Under existing law, specified other healing arts professions and vocations are licensed or certified and regulated by the State Department of Public Health. In some instances, a board with the Department of Consumer Affairs or the State Department of Public

Health approves schools offering educational course credit for meeting licensing or certification qualifications and requirements.

This bill would require the State Department of Public Health, upon the presentation of evidence by an applicant for licensure or certification, to accept education, training, and practical experience completed by an applicant in military service toward the qualifications and requirements to receive a license or certificate for specified professions and vocations if that education, training, or experience is equivalent to the standards of the department. If a board within the Department of Consumer Affairs or the State Department of Public Health accredits or otherwise approves schools offering educational course credit for meeting licensing and certification qualifications and requirements, the bill would, not later than January 1, 2015, require those schools seeking accreditation or approval to have procedures in place to evaluate an applicant's military education, training, and practical experience toward the completion of an educational program that would qualify a person to apply for licensure or certification, as specified.

Under existing law, the Department of Veterans Affairs has specified powers and duties relating to various programs serving veterans. Under existing law, the Chancellor of the California State University and the Chancellor of the California Community Colleges have specified powers and duties relating to statewide health education programs.

With respect to complying with the bill's requirements and obtaining specified funds to support compliance with these provisions, this bill would require the Department of Veterans Affairs, the Chancellor of the California State University, and the Chancellor of the California Community Colleges to provide technical assistance to the healing arts boards within the Department of Consumer Affairs, the State Department of Public Health, and to the schools offering, or seeking to offer, educational course credit for meeting licensing qualifications and requirements.

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

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

- 1 SECTION 1. This act shall be known, and may be cited, as the
- 2 Veterans Health Care Workforce Act of 2013.
- 3 SEC. 2. (a) The Legislature finds and declares all of the
- 4 following:

1 (1) Lack of health care providers continues to be a significant
2 barrier to access to health care services in medically underserved
3 urban and rural areas of California.

4 (2) Veterans of the United States Armed Forces and the
5 California National Guard gain invaluable education, training, and
6 practical experience through their military service.

7 (3) According to the federal Department of Defense, as of June
8 2011, one million veterans were unemployed nationally and the
9 jobless rate for post-9/11 veterans was 13.3 percent, with young
10 male veterans 18 to 24 years of age experiencing an unemployment
11 rate of 21.9 percent.

12 (4) According to the federal Department of Defense, during the
13 2011 federal fiscal year, 8,854 enlisted service members with
14 medical classifications separated from active duty.

15 (5) According to the federal Department of Defense, during the
16 2011 federal fiscal year, 16,777 service members who separated
17 from active duty listed California as their state of residence.

18 (6) It is critical, both to veterans seeking to transition to civilian
19 health care professions and to patients living in underserved urban
20 and rural areas of California, that the Legislature ensures that
21 veteran applicants for licensure by healing arts boards within the
22 Department of Consumer Affairs or the State Department of Public
23 Health are expedited through the qualifications and requirements
24 process.

25 (b) It is the intent of the Legislature to ensure that boards within
26 the Department of Consumer Affairs and the State Department of
27 Public Health and schools offering educational course credit for
28 meeting licensing qualifications and requirements fully and
29 expeditiously recognize and provide credit for an applicant's
30 military education, training, and practical experience.

31 SEC. 3. Section 712 is added to the Business and Professions
32 Code, to read:

33 712. (a) Not later than January 1, 2015, if a board under this
34 division accredits or otherwise approves schools offering
35 educational course credit for meeting licensing qualifications and
36 requirements, the board shall require a school seeking accreditation
37 or approval to submit to the board proof that the school has
38 procedures in place to evaluate, upon presentation of satisfactory
39 evidence by the applicant, the applicant's military education,
40 training, and practical experience toward the completion of an

1 educational program that would qualify a person to apply for
2 licensure if the school determines that the education, training, or
3 practical experience is equivalent to the standards of the board. A
4 board that requires a school to be accredited by a national
5 organization shall not impose requirements on the school that
6 conflict with the standards of the national or ganization.

7 (b) With respect to ~~complying~~ *compliance* with the requirements
8 of this section, including the determination of equivalency between
9 the education, training, or practical experience of an applicant and
10 the board's standards, and obtaining state, federal, or private funds
11 to support compliance with this section, the Department of Veterans
12 Affairs, the Chancellor of the California State University, and the
13 Chancellor of the California Community Colleges shall provide
14 technical assistance to the boards under this division and to the
15 schools under this section.

16 (c) *Nothing in this section shall interfere with an educational,*
17 *certification, or licensing requirement or standard set by a*
18 *licensing entity or certification board or other appropriate healing*
19 *arts regulatory agency or entity, to practice health care in the*
20 *state.*

21 SEC. 4. Section 131136 is added to the Health and Safety Code,
22 to read:

23 131136. (a) Notwithstanding any other provision of law, the
24 department shall, upon the presentation of satisfactory evidence
25 by an applicant for licensure or certification in one of the
26 professions described in subdivision (b), accept the education,
27 training, and practical experience completed by the applicant as a
28 member of the United States Armed Forces or Military Reserves
29 of the United States, the national guard of any state, the military
30 reserves of any state, or the naval militia of any state, toward the
31 qualifications and requirements for licensure or certification by
32 the department if the department determines that the education,
33 training, or practical experience is equivalent to the standards of
34 the department.

35 (b) The following professions are subject to this section:

36 (1) Medical laboratory technician as described in Section 1260.3
37 of the Business and Professions Code.

38 (2) Clinical laboratory scientist as described in Section 1261 of
39 the Business and Professions Code.

1 (3) Radiologic technologist as described in Chapter 6
2 (commencing with Section 114840) of Part 9 of Division 104.

3 (4) Nuclear medicine technologist as described in Chapter 4
4 (commencing with Section 107150) of Part 1 of Division 104.

5 (5) Certified nurse assistant as described in Article 9
6 (commencing with Section 1337) of Chapter 2 of Division 2.

7 (6) Certified home health aide as described in Section 1736.1.

8 (7) Certified hemodialysis technician as described in Section
9 1247.61 of the Business and Professions Code.

10 (8) Nursing home administrator as described in Section 1416.2.

11 (c) Not later than January 1, 2015, if the department accredits
12 or otherwise approves schools offering educational course credit
13 for meeting licensing and certification qualifications and
14 requirements, the department shall require a school seeking
15 accreditation or approval to submit to the board proof that the
16 school has procedures in place to fully accept an applicant's
17 military education, training, and practical experience toward the
18 completion of an educational program that would qualify a person
19 to apply for licensure or certification if the school determines that
20 the education, training, or practical experience is equivalent to the
21 standards of the department. If the department requires a school
22 to be accredited by a national organization, the requirement of the
23 department shall not, in any way, conflict with standards set by
24 the national organization.

25 (d) With respect to complying with the requirements of this
26 section including the determination of equivalency between the
27 education, training, or practical experience of an applicant and the
28 department's standards, and obtaining state, federal, or private
29 funds to support compliance with this section, the Department of
30 Veterans Affairs, the Chancellor of the California State University,
31 and the Chancellor of the California Community Colleges shall
32 provide technical assistance to the department, to the State Public
33 Health Officer, and to the schools described in this section.

34 (e) *Nothing in this section shall interfere with an educational,*
35 *certification, or licensing requirement or standard set by a*
36 *licensing entity or certification board or other appropriate healing*
37 *arts regulatory agency or entity, to practice health care in*
38 *California.*

O



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 21

d) Discuss and Possible Action on Assembly
Bill 512 (Rendon) – Healing Arts: Licensure
Exemption

Dental Hygiene Committee of California

2005 Evergreen Street, Suite 1050, Sacramento, CA 95815
 P 916-263.1978 F 916.263.2688 | www.dhcc.ca.gov



Bill Number: AB 512	AUTHOR: Assembly Member RENDON
SPONSOR:	VERSION: 2/20/13
INTRODUCED: February 20, 2013	BILL STATUS : In Assembly Appropriations Committee
BILL LOCATION: Assembly	HISTORY: 04/18 Read second time. Ordered to third reading. 04/17 From committee: Do pass. 17 From committee: Do pass. 04/09 From committee: Do pass and re-refer to Com. on APPR. 3/04 Referred to Com. on B., P. & C.P. 02/21/13 From printer. May be heard in committee March 23. 02/20/13 Read first time. To print.
AGENDA ITEM: 21d.	
SUBJECT: Healing arts: licensure exemption	

SUMMARY

Existing law allows, until January 1, 2014, for exemption of licensure requirements for health care professionals who hold a current, active license in another state of the United States who offer or provide services through a sponsored event, as defined, (1) to uninsured or underinsured persons, (2) on a short-term voluntary basis, (3) in association with a sponsoring entity that registers with the applicable healing arts board, as defined, and provides specified information to the county health department of the county in which the health care services will be provided, and (4) without charge to the recipient or a 3rd party on behalf of the recipient.

This bill would extend those provisions until January 1, 2018.

Analysis: This bill, as currently written, would have no impact on the Committee, as the process is in place through regulation to comply with existing law.

TYPE OF BILL

Active

Non-Urgency

Non-Appropriations

Majority Vote Required

Non-State-Mandated Local Program

Fiscal

Non-Tax Levy

ATTACHED:

1) Language

COMMITTEE POSITION:

SUPPORT: _____ **OPPOSE:** _____ **NEUTRAL:** _____ **WATCH:** _____

ASSEMBLY BILL

No. 512

Introduced by Assembly Member Rendon

February 20, 2013

An act to amend Section 901 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 512, as introduced, Rendon. Healing arts: licensure exemption.

Existing law provides for the licensure and regulation of various healing arts practitioners by boards within the Department of Consumer Affairs. Existing law provides an exemption from these requirements for a health care practitioner licensed in another state who offers or provides health care for which he or she is licensed during a state of emergency, as defined, and upon request of the Director of the Emergency Medical Services Authority, as specified.

Existing law provides, until January 1, 2014, an exemption from the licensure and regulation requirements for a health care practitioner, as defined, licensed or certified in good standing in another state or states, who offers or provides health care services for which he or she is licensed or certified through a sponsored event, as defined, (1) to uninsured or underinsured persons, (2) on a short-term voluntary basis, (3) in association with a sponsoring entity that registers with the applicable healing arts board, as defined, and provides specified information to the county health department of the county in which the health care services will be provided, and (4) without charge to the recipient or a 3rd party on behalf of the recipient, as specified. Existing law also requires an exempt health care practitioner to obtain prior authorization to provide these services from the applicable licensing

board, as defined, and to satisfy other specified requirements, including payment of a fee as determined by the applicable licensing board.

This bill would delete the January 1, 2014, date of repeal, and instead allow the exemption to operate until January 1, 2018.

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

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

1 SECTION 1. Section 901 of the Business and Professions Code
2 is amended to read:

3 901. (a) For purposes of this section, the following provisions
4 apply:

5 (1) “Board” means the applicable healing arts board, under this
6 division or an initiative act referred to in this division, responsible
7 for the licensure or regulation in this state of the respective health
8 care practitioners.

9 (2) “Health care practitioner” means any person who engages
10 in acts that are subject to licensure or regulation under this division
11 or under any initiative act referred to in this division.

12 (3) “Sponsored event” means an event, not to exceed 10 calendar
13 days, administered by either a sponsoring entity or a local
14 government, or both, through which health care is provided to the
15 public without compensation to the health care practitioner.

16 (4) “Sponsoring entity” means a nonprofit organization
17 organized pursuant to Section 501(c)(3) of the Internal Revenue
18 Code or a community-based organization.

19 (5) “Uninsured or underinsured person” means a person who
20 does not have health care coverage, including private coverage or
21 coverage through a program funded in whole or in part by a
22 governmental entity, or a person who has health care coverage,
23 but the coverage is not adequate to obtain those health care services
24 offered by the health care practitioner under this section.

25 (b) A health care practitioner licensed or certified in good
26 standing in another state, district, or territory of the United States
27 who offers or provides health care services for which he or she is
28 licensed or certified is exempt from the requirement for licensure
29 if all of the following requirements are met:

30 (1) Prior to providing those services, he or she does all of the
31 following:

1 (A) Obtains authorization from the board to participate in the
2 sponsored event after submitting to the board a copy of his or her
3 valid license or certificate from each state in which he or she holds
4 licensure or certification and a photographic identification issued
5 by one of the states in which he or she holds licensure or
6 certification. The board shall notify the sponsoring entity, within
7 20 calendar days of receiving a request for authorization, whether
8 that request is approved or denied, provided that, if the board
9 receives a request for authorization less than 20 days prior to the
10 date of the sponsored event, the board shall make reasonable efforts
11 to notify the sponsoring entity whether that request is approved or
12 denied prior to the date of that sponsored event.

13 (B) Satisfies the following requirements:

14 (i) The health care practitioner has not committed any act or
15 been convicted of a crime constituting grounds for denial of
16 licensure or registration under Section 480 and is in good standing
17 in each state in which he or she holds licensure or certification.

18 (ii) The health care practitioner has the appropriate education
19 and experience to participate in a sponsored event, as determined
20 by the board.

21 (iii) The health care practitioner shall agree to comply with all
22 applicable practice requirements set forth in this division and the
23 regulations adopted pursuant to this division.

24 (C) Submits to the board, on a form prescribed by the board, a
25 request for authorization to practice without a license, and pays a
26 fee, in an amount determined by the board by regulation, which
27 shall be available, upon appropriation, to cover the cost of
28 developing the authorization process and processing the request.

29 (2) The services are provided under all of the following
30 circumstances:

31 (A) To uninsured or underinsured persons.

32 (B) On a short-term voluntary basis, not to exceed a
33 10-calendar-day period per sponsored event.

34 (C) In association with a sponsoring entity that complies with
35 subdivision (d).

36 (D) Without charge to the recipient or to a third party on behalf
37 of the recipient.

38 (c) The board may deny a health care practitioner authorization
39 to practice without a license if the health care practitioner fails to

1 comply with this section or for any act that would be grounds for
2 denial of an application for licensure.

3 (d) A sponsoring entity seeking to provide, or arrange for the
4 provision of, health care services under this section shall do both
5 of the following:

6 (1) Register with each applicable board under this division for
7 which an out-of-state health care practitioner is participating in
8 the sponsored event by completing a registration form that shall
9 include all of the following:

10 (A) The name of the sponsoring entity.

11 (B) The name of the principal individual or individuals who are
12 the officers or organizational officials responsible for the operation
13 of the sponsoring entity.

14 (C) The address, including street, city, ZIP Code, and county,
15 of the sponsoring entity's principal office and each individual listed
16 pursuant to subparagraph (B).

17 (D) The telephone number for the principal office of the
18 sponsoring entity and each individual listed pursuant to
19 subparagraph (B).

20 (E) Any additional information required by the board.

21 (2) Provide the information listed in paragraph (1) to the county
22 health department of the county in which the health care services
23 will be provided, along with any additional information that may
24 be required by that department.

25 (e) The sponsoring entity shall notify the board and the county
26 health department described in paragraph (2) of subdivision (d) in
27 writing of any change to the information required under subdivision
28 (d) within 30 calendar days of the change.

29 (f) Within 15 calendar days of the provision of health care
30 services pursuant to this section, the sponsoring entity shall file a
31 report with the board and the county health department of the
32 county in which the health care services were provided. This report
33 shall contain the date, place, type, and general description of the
34 care provided, along with a listing of the health care practitioners
35 who participated in providing that care.

36 (g) The sponsoring entity shall maintain a list of health care
37 practitioners associated with the provision of health care services
38 under this section. The sponsoring entity shall maintain a copy of
39 each health care practitioner's current license or certification and
40 shall require each health care practitioner to attest in writing that

1 his or her license or certificate is not suspended or revoked pursuant
2 to disciplinary proceedings in any jurisdiction. The sponsoring
3 entity shall maintain these records for a period of at least five years
4 following the provision of health care services under this section
5 and shall, upon request, furnish those records to the board or any
6 county health department.

7 (h) A contract of liability insurance issued, amended, or renewed
8 in this state on or after January 1, 2011, shall not exclude coverage
9 of a health care practitioner or a sponsoring entity that provides,
10 or arranges for the provision of, health care services under this
11 section, provided that the practitioner or entity complies with this
12 section.

13 (i) Subdivision (b) shall not be construed to authorize a health
14 care practitioner to render care outside the scope of practice
15 authorized by his or her license or certificate or this division.

16 (j) (1) The board may terminate authorization for a health care
17 practitioner to provide health care services pursuant to this section
18 for failure to comply with this section, any applicable practice
19 requirement set forth in this division, any regulations adopted
20 pursuant to this division, or for any act that would be grounds for
21 discipline if done by a licensee of that board.

22 (2) The board shall provide both the sponsoring entity and the
23 health care practitioner with a written notice of termination
24 including the basis for that termination. The health care practitioner
25 may, within 30 days after the date of the receipt of notice of
26 termination, file a written appeal to the board. The appeal shall
27 include any documentation the health care practitioner wishes to
28 present to the board.

29 (3) A health care practitioner whose authorization to provide
30 health care services pursuant to this section has been terminated
31 shall not provide health care services pursuant to this section unless
32 and until a subsequent request for authorization has been approved
33 by the board. A health care practitioner who provides health care
34 services in violation of this paragraph shall be deemed to be
35 practicing health care in violation of the applicable provisions of
36 this division, and be subject to any applicable administrative, civil,
37 or criminal fines, penalties, and other sanctions provided in this
38 division.

39 (k) The provisions of this section are severable. If any provision
40 of this section or its application is held invalid, that invalidity shall

- 1 not affect other provisions or applications that can be given effect
- 2 without the invalid provision or application.
- 3 (l) This section shall remain in effect only until January 1, ~~2014~~,
- 4 2018, and as of that date is repealed, unless a later enacted statute,
- 5 that is enacted before January 1, ~~2014~~, 2018, deletes or extends
- 6 that date.



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 21

e) Discuss and Possible Action on
Assembly Bill 555 (Salas) – Amended
and has no impact to DHCC

Dental Hygiene Committee of California

2005 Evergreen Street, Suite 1050, Sacramento, CA 95815
 P 916-263.1978 F 916.263.2688 | www.dhcc.ca.gov



Bill Number: AB 555	AUTHOR: Assembly Member SALAS
SPONSOR:	VERSION: N/A
INTRODUCED: February 20, 2013	BILL STATUS :
BILL LOCATION: Senate	HISTORY:
AGENDA ITEM: 21e.	
SUBJECT: Professions and Vocations: Military and Veterans	

SUMMARY

This bill was gutted and amended toward disclosure of correctional facility inmates' social security numbers to county and federal veterans' officials for the purposes of determining eligibility for benefits.

This bill, as currently amended, would have no impact on the profession of dental hygiene.

Analysis: n/a

TYPE OF BILL

Active

Non-Urgency

Non-Appropriations

Majority Vote Required

Non-State-Mandated Local Program

Non- Fiscal

Non-Tax Levy

ATTACHED:

1) Language

COMMITTEE POSITION:

SUPPORT:____ **OPPOSE:**____ **NEUTRAL:** ____ **WATCH:** ____



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 21

f) Discuss and Possible Action on
Assembly Bill 1174 (Bocanegra) – Oral
Health: Virtual Dental Homes

Dental Hygiene Committee of California

2005 Evergreen Street, Suite 1050, Sacramento, CA 95815
 P 916-263.1978 F 916.263.2688 | www.dhcc.ca.gov



Bill Number: AB 1174	AUTHOR: Assembly Members BOCANEGRA and LOGUE
SPONSOR:	VERSION: 4/09/13
INTRODUCED: February 22, 2013	BILL STATUS : In Assembly Committee on Health
BILL LOCATION: Assembly	HISTORY: 04/16 From committee: Do pass and re-refer to Com. on HEALTH. /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: 21f.	
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 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 evidence to the Committee of satisfactory completion of a Committee-approved course of instruction, determine which radiographs to perform and place interim therapeutic restorations upon the order of a licensed dentist.

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 enact similar provisions relating to the use of teledentistry, as defined, under the Medi-Cal program. The bill would provide that 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 shall be considered a billable encounter under Medi-Cal when provided at an intermittent clinic, as defined, through the use of telehealth, 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: The potential impact of this bill is unknown. 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 serving patients in remote areas who may have difficulty accessing dental services otherwise. Regulations would be needed to specify the requirements for an approved course of instruction, and staff would be required to review and process applications for course approval. It is difficult to estimate how many course provider applications would be received for approval.

Assembly Member Logue authored a similar bill regarding telemedicine last session, AB 415, which was passed, signed by the Governor, and chaptered into law January 1, 2012.

TYPE OF BILL

Active

Non-Urgency

Appropriations

Majority Vote Required

Non-State-Mandated Local Program

Fiscal

Non-Tax Levy

ATTACHED:

1) Language

COMMITTEE POSITION:

SUPPORT:____ **OPPOSE:**____ **NEUTRAL:** ____ **WATCH:** ____

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 ~~Member~~ *Members Bocanegra and Logue*

February 22, 2013

An act to amend Sections 1752.4, 1753.5, 1753.6, and 1910 of the Business and Professions Code, and to add Section 14132.726 to the Welfare and Institution 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 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 ~~operate dental radiography equipment for the purpose of oral radiography, and~~, after submitting to the committee evidence of satisfactory completion of a course of instruction approved by the committee, determine which radiographs to perform and place interim therapeutic restorations upon the order of a licensed dentist.

(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.

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

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

- 1 SECTION 1. Section 1752.4 of the Business and Professions
- 2 Code is amended to read:

1 1752.4. (a) A registered dental assistant may perform all of
2 the following duties:

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

32 (b) A registered dental assistant may only perform the following
33 additional duties if he or she has completed a board-approved
34 registered dental assistant educational program in those duties, or
35 if he or she has provided evidence, satisfactory to the board, of
36 having completed a board-approved course in those duties.

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

39 (2) The allowable duties of an orthodontic assistant permissor
40 as specified in Section 1750.3. A registered dental assistant shall

1 not be required to complete further instruction in the duties of
2 placing ligature ties and archwires, removing orthodontic bands,
3 and removing excess cement from tooth surfaces with a hand
4 instrument.

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

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

8 (5) Determine which radiographs to perform.

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

13 ~~(d) This section shall become operative on January 1, 2010.~~

14 SEC. 2. Section 1753.5 of the Business and Professions Code
15 is amended to read:

16 1753.5. (a) A registered dental assistant in extended functions
17 licensed on or after January 1, 2010, is authorized to perform all
18 duties and procedures that a registered dental assistant is authorized
19 to perform as specified in and limited by Section 1752.4, and those
20 duties that the board may prescribe by regulation.

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

26 (1) Conduct preliminary evaluation of the patient's oral health,
27 including, but not limited to, charting, intraoral and extra-oral
28 evaluation of soft tissue, classifying occlusion, and myofunctional
29 evaluation.

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

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

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

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

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

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

39 (8) Polish and contour existing amalgam restorations.

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

1 (10) Adjust and cement permanent indirect restorations.

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

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

7 (d) (1) A registered dental assistant in extended functions
8 licensed on or after January 1, 2010, is authorized to place interim
9 therapeutic restorations, defined as the removal of ~~earries~~ *caries*
10 using hand instruments and placement of an adhesive restorative
11 material, upon the order of the supervising dentist under general
12 supervision, except as authorized pursuant to paragraph ~~(2)~~ (3),
13 and pursuant to the order, control, and full professional
14 responsibility of a licensed dentist.

15 (2) *A registered dental assistant in extended function may only*
16 *perform the functions authorized pursuant to paragraph (1) if he*
17 *or she has completed a board-approved registered dental assistant*
18 *in extended function education program in performing those*
19 *functions, or if he or she has provided evidence, satisfactory to*
20 *the board, of having completed a board-approved course in those*
21 *functions.*

22 ~~(2)~~

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

26 SEC. 3. Section 1753.6 of the Business and Professions Code
27 is amended to read:

28 1753.6. (a) Each person who holds a license as a registered
29 dental assistant in extended functions on the operative date of this
30 section may only perform those procedures that a registered dental
31 assistant is allowed to perform as specified in and limited by
32 Section 1752.4, and the procedures specified in paragraphs (1) to
33 (6), inclusive, until he or she provides evidence of having
34 completed a board-approved course in the additional procedures
35 specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of
36 subdivision (b), and paragraph (1) of subdivision (d), of Section
37 1753.5, and an examination as specified in Section 1753.4:

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

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

1 (3) Formulate indirect patterns for endodontic post and core
2 castings.

3 (4) Fit trial endodontic filling points.

4 (5) Apply pit and fissure sealants.

5 (6) Remove excess cement from subgingival tooth surfaces with
6 a hand instrument.

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

8 SEC. 4. Section 1910 of the Business and Professions Code is
9 amended to read:

10 1910. A registered dental hygienist is authorized to perform
11 the following procedures under general supervision:

12 (a) Preventive and therapeutic interventions, including oral
13 prophylaxis, scaling, and root planing.

14 (b) Application of topical, therapeutic, and subgingival agents
15 used for the control of caries and periodontal disease.

16 (c) The taking of impressions for bleaching trays and application
17 and activation of agents with nonlaser, light-curing devices.

18 (d) The taking of impressions for bleaching trays and placements
19 of in-office, tooth-whitening devices.

20 ~~(e) Operate dental radiography equipment for the purpose of~~
21 ~~oral radiography.~~

22 ~~(f)~~

23 (e) After submitting to the committee evidence of satisfactory
24 completion of a course of instruction approved by the committee,
25 the following:

26 (1) Determine which radiographs to perform.

27 (2) Place interim therapeutic restorations, defined as the removal
28 of ~~earries~~ caries using hand instruments and placement of an
29 adhesive restorative material, upon the order of a licensed dentist.

30 SEC. 5. Section 14132.726 is added to the Welfare and
31 Institutions Code, to read:

32 14132.726. (a) To the extent that federal financial participation
33 is available, face-to-face contact between a health care provider
34 and a patient shall not be required under the Medi-Cal program
35 for teledentistry by store and forward. Services appropriately
36 provided through the store and forward process are subject to
37 billing and reimbursement policies developed by the department.

38 (b) A patient receiving teledentistry by store and forward shall
39 be notified of the right to receive interactive communication with
40 the distant dentist, and shall receive an interactive communication

1 with the distant dentist, upon request. If requested, communication
2 with the distant dentist may occur either at the time of the
3 consultation, or within 30 days of the patient's notification of the
4 results of the consultation.

5 (c) Dentist participation in services provided at an intermittent
6 clinic, as defined in Section 1206 of the Health and Safety Code,
7 through the use of telehealth, as defined in Section 2290.5 of the
8 Business and Professions Code, shall be considered a billable
9 encounter under Medi-Cal.

10 (d) Notwithstanding Chapter 3.5 (commencing with Section
11 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
12 the department may implement, interpret, and make specific this
13 section by means of all-county letters, provider bulletins, and
14 similar instructions.

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

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

20 (1) "Asynchronous store and forward" means the transmission
21 of a patient's dental information from an originating site to the
22 health care provider at a distant site without the presence of the
23 patient.

24 (2) "Distant site" means a site where a health care provider who
25 provides health care services is located while providing these
26 services via a telecommunications system.

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

30 (4) "Originating site" means a site where a patient is located at
31 the time health care services are provided via a telecommunications
32 system or where the asynchronous store and forward service
33 originates.

34 (5) "Synchronous interaction" means a real-time interaction
35 between a patient and a health care provider located at a distant
36 site.

37 (6) "Teledentistry" means the mode of delivering dental health
38 care services and public dental health via information and
39 communication technologies to facilitate the diagnosis,
40 consultation, treatment, education, care management, and

1 self-management of a patient’s dental health care while the patient
2 is at the originating site and the dental health care provider is at a
3 distant site. Teledentistry includes synchronous interactions and
4 asynchronous store and forward transfers.

5 (7) “Teledentistry by store and forward” means an asynchronous
6 transmission of dental information to be reviewed at a later time
7 by a licensed dentist at a distant site, where the dentist at the distant
8 site reviews the dental information without the patient being present
9 in real time.



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 21

g) Discuss and Possible Action on
Senate Bill 28 (Hernandez) –
Medi-Cal: Eligibility

Dental Hygiene Committee of California

2005 Evergreen Street, Suite 1050, Sacramento, CA 95815
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Bill Number: SB 28	AUTHOR: Assembly Members HERNANDEZ / STEINBERG
SPONSOR:	VERSION: 12/03/12
INTRODUCED: December 03, 2012	BILL STATUS : In Committee on HEALTH
BILL LOCATION: Senate	HISTORY: 04/09Set for hearing April 24. 04/02 Hearing postponed by committee. 03/28 Set for hearing April 10. 01/10 Referred to Com. on HEALTH. 12/04/13 From printer. May be acted upon on or after January 3. 12/03/13 Introduced. Read first time. To Com. on RLS. for assignment. To print.
AGENDA ITEM: 21g.	
SUBJECT: California Health Benefit Exchange	

SUMMARY

Existing law establishes the California Major Risk Medical Insurance Program (MRMIP), administered by the Managed Risk Medical Insurance Board (MRMIB), to provide major risk medical coverage to persons who, among other things, have been rejected for coverage by at least one private health plan. Existing law requires MRMIB to enter into an agreement with the federal Department of Health and Human Services to administer a temporary high risk pool to provide health coverage, until January 1, 2014, to specified individuals who have preexisting conditions, consistent with the federal Patient Protection and Affordable Care Act (PPACA).

Under PPACA, each state is required, by January 1, 2014, to establish an American Health Benefit Exchange that makes qualified health plans available to qualified individuals and small employers. Existing state law establishes the California Health Benefit Exchange (Exchange) within state government, specifies the powers and duties of the board governing the Exchange, and requires the board to facilitate the purchase of qualified health plans through the Exchange by qualified individuals and small employers by January 1, 2014. Existing law also requires the board to undertake necessary marketing and publicity regarding the availability of health care coverage and federal subsidizes through the Exchange and to undertake outreach and enrollment activities.

This bill would require MRMIB to provide the Exchange, or its designee, with specified information of subscribers and applicants of MRMIP and the temporary high risk pool in order to assist the Exchange in conducting outreach to those subscribers and applicants.

The bill would require the board governing the Exchange to provide a specified notice informing those subscribers and applicants that they may be eligible for reduced-cost coverage through the Exchange or no-cost coverage through Medi-Cal.

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. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions.

Existing law requires, to the extent that federal financial participation is available, that the department implement an option provided for under the federal Social Security Act for a program for accelerated enrollment of children into the Medi-Cal program. Existing law requires the department to designate the single point of entry, as defined, as the qualified entity for determining eligibility under these provisions.

This bill would, commencing October 1, 2013, require the department to designate the Exchange and its agents, and specified county departments as qualified entities for determining eligibility under the above-

mentioned provisions. The bill would also require the qualified entity to grant accelerated enrollment if a complete eligibility determination cannot be made based upon the receipt of an application for a child at the time of the initial application.

Because the bill would require counties to make additional Medi-Cal eligibility determinations, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Analysis: This bill is being tracked due to its potential impact relating to the federal Patient Protection and Affordable Care Act. Staff will continue to monitor the bill and inform the Committee of any impacts on the practice of dental hygiene.

TYPE OF BILL

Active

Urgency

Non-Appropriations

Two-thirds Vote Required

Non-State-Mandated Local Program

Fiscal

Non-Tax Levy

ATTACHED:

1) Language

COMMITTEE POSITION:

SUPPORT:_____

OPPOSE:_____

NEUTRAL: _____

WATCH: _____

AMENDED IN SENATE APRIL 16, 2013

SENATE BILL

No. 28

Introduced by Senators Hernandez and Steinberg

December 3, 2012

An act to amend Section 12698.30 of the Insurance Code, and to amend Sections 14005.31, 14005.32, 14132, and 15926 of, to amend and repeal Sections 14008.85, 14011.16, and 14011.17 of, to amend, repeal, and add Sections 14005.18, 14005.28, 14005.30, 14005.37, and 14012 of, to add Sections 14005.60, 14005.62, 14005.63, 14005.64, 14132.02, and 15926.2 to, the Welfare and Institutions 100503 of the Government Code, to amend Section 12739.53 of, and to add Section 12712.5 to, the Insurance Code, and to amend Section 14011.6 of the Welfare and Institutions Code, relating to health.

LEGISLATIVE COUNSEL'S DIGEST

SB 28, as amended, Hernandez. ~~Medi-Cal eligibility. California Health Benefit Exchange.~~

(1) Existing law establishes the California Major Risk Medical Insurance Program (MRMIP), which is administered by the Managed Risk Medical Insurance Board (MRMIB), to provide major risk medical coverage to persons who, among other things, have been rejected for coverage by at least one private health plan. Existing law requires MRMIB to enter into an agreement with the federal Department of Health and Human Services to administer a temporary high risk pool to provide health coverage, until January 1, 2014, to specified individuals who have preexisting conditions, consistent with the federal Patient Protection and Affordable Care Act (PPACA).

Under PPACA, each state is required, by January 1, 2014, to establish an American Health Benefit Exchange that makes available qualified

health plans to qualified individuals and small employers. Existing state law establishes the California Health Benefit Exchange (Exchange) within state government, specifies the powers and duties of the board governing the Exchange, and requires the board to facilitate the purchase of qualified health plans through the Exchange by qualified individuals and small employers by January 1, 2014. Existing law also requires the board to undertake activities necessary to market and publicize the availability of health care coverage and federal subsidizes through the Exchange and to undertake outreach and enrollment activities.

This bill would require MRMIB to provide the Exchange, or its designee, with specified information of subscribers and applicants of MRMIP and the temporary high risk pool in order to assist the Exchange in conducting outreach to those subscribers and applicants.

The bill would require the board governing the Exchange to provide a specified notice informing those subscribers and applicants that they may be eligible for reduced-cost coverage through the Exchange or no-cost coverage through Medi-Cal.

Existing

(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. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions.*

Existing law requires, to the extent that federal financial participation is available, that the department implement an option provided for under the federal Social Security Act for a program for accelerated enrollment of children into the Medi-Cal program. Existing law requires the department to designate the single point of entry, as defined, as the qualified entity for determining eligibility under these provisions.

~~This bill would, commencing January 1, 2014, implement various provisions of the federal Patient Protection and Affordable Care Act (Affordable Care Act), as amended, by, among other things, modifying provisions relating to determining eligibility for certain groups. The bill would, in this regard, extend Medi-Cal eligibility to specified adults and would require that income eligibility be determined based on modified adjusted gross income (MAGI), as prescribed. The bill would prohibit the use of an asset or resources test for individuals whose financial eligibility for Medi-Cal is determined based on the application of MAGI. The bill would also add, commencing January 1, 2014,~~

~~benefits, services, and coverage included in the essential health benefits package, as adopted by the state and approved by the United States Secretary of Health and Human Services, to the schedule of Medi-Cal benefits. October 1, 2013, require the department to designate the Exchange and its agents, and specified county departments as qualified entities for determining eligibility under the above-mentioned provisions. The bill would also require the qualified entity to grant accelerated enrollment if a complete eligibility determination cannot be made based upon the receipt of an application for a child at the time of the initial application.~~

~~Because the bill would require counties are required to make additional Medi-Cal eligibility determinations and this bill would expand Medi-Cal eligibility, determinations, the bill would impose a state-mandated local program.~~

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

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

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

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

1 SECTION 1. Section 100503 of the Government Code is
2 amended to read:
3 100503. In addition to meeting the minimum requirements of
4 Section 1311 of the federal act, the board shall do all of the
5 following:
6 (a) Determine the criteria and process for eligibility, enrollment,
7 and disenrollment of enrollees and potential enrollees in the
8 Exchange and coordinate that process with the state and local
9 government entities administering other health care coverage
10 programs, including the State Department of Health Care Services,
11 the Managed Risk Medical Insurance Board, and California
12 counties, in order to ensure consistent eligibility and enrollment
13 processes and seamless transitions between coverage.

1 (b) Develop processes to coordinate with the county entities
2 that administer eligibility for the Medi-Cal program and the entity
3 that determines eligibility for the Healthy Families Program,
4 including, but not limited to, processes for case transfer, referral,
5 and enrollment in the Exchange of individuals applying for
6 assistance to those entities, if allowed or required by federal law.

7 (c) Determine the minimum requirements a carrier must meet
8 to be considered for participation in the Exchange, and the
9 standards and criteria for selecting qualified health plans to be
10 offered through the Exchange that are in the best interests of
11 qualified individuals and qualified small employers. The board
12 shall consistently and uniformly apply these requirements,
13 standards, and criteria to all carriers. In the course of selectively
14 contracting for health care coverage offered to qualified individuals
15 and qualified small employers through the Exchange, the board
16 shall seek to contract with carriers so as to provide health care
17 coverage choices that offer the optimal combination of choice,
18 value, quality, and service.

19 (d) Provide, in each region of the state, a choice of qualified
20 health plans at each of the five levels of coverage contained in
21 subdivisions (d) and (e) of Section 1302 of the federal act.

22 (e) Require, as a condition of participation in the Exchange,
23 carriers to fairly and affirmatively offer, market, and sell in the
24 Exchange at least one product within each of the five levels of
25 coverage contained in subdivisions (d) and (e) of Section 1302 of
26 the federal act. The board may require carriers to offer additional
27 products within each of those five levels of coverage. This
28 subdivision shall not apply to a carrier that solely offers
29 supplemental coverage in the Exchange under paragraph (10) of
30 subdivision (a) of Section 100504.

31 (f) (1) Require, as a condition of participation in the Exchange,
32 carriers that sell any products outside the Exchange to do both of
33 the following:

34 (A) Fairly and affirmatively offer, market, and sell all products
35 made available to individuals in the Exchange to individuals
36 purchasing coverage outside the Exchange.

37 (B) Fairly and affirmatively offer, market, and sell all products
38 made available to small employers in the Exchange to small
39 employers purchasing coverage outside the Exchange.

(2) For purposes of this subdivision, “product” does not include contracts entered into pursuant to Part 6.2 (commencing with Section 12693) of Division 2 of the Insurance Code between the Managed Risk Medical Insurance Board and carriers for enrolled Healthy Families beneficiaries or contracts entered into pursuant to Chapter 7 (commencing with Section 14000) of, or Chapter 8 (commencing with Section 14200) of, Part 3 of Division 9 of the Welfare and Institutions Code between the State Department of Health Care Services and carriers for enrolled Medi-Cal beneficiaries.

(g) Determine when an enrollee’s coverage commences and the extent and scope of coverage.

(h) Provide for the processing of applications and the enrollment and disenrollment of enrollees.

(i) Determine and approve cost-sharing provisions for qualified health plans.

(j) Establish uniform billing and payment policies for qualified health plans offered in the Exchange to ensure consistent enrollment and disenrollment activities for individuals enrolled in the Exchange.

(k) (l) Undertake activities necessary to market and publicize the availability of health care coverage and federal subsidies through the Exchange. The board shall also undertake outreach and enrollment activities that seek to assist enrollees and potential enrollees with enrolling and reenrolling in the Exchange in the least burdensome manner, including populations that may experience barriers to enrollment, such as the disabled and those with limited English language proficiency.

(2) Use the information received pursuant to Section 12712.5 of, and paragraph (10) of subdivision (b) of Section 12739.53 of, the Insurance Code to provide an individual a notice that he or she may be eligible for reduced-cost coverage through the Exchange or no-cost coverage through Medi-Cal. The notice shall include information on obtaining coverage pursuant to those programs.

(l) Select and set performance standards and compensation for navigators selected under subdivision (l) of Section 100502.

(m) Employ necessary staff.

(1) The board shall hire a chief fiscal officer, a chief operations officer, a director for the SHOP Exchange, a director of Health

1 Plan Contracting, a chief technology and information officer, a
2 general counsel, and other key executive positions, as determined
3 by the board, who shall be exempt from civil service.

4 (2) (A) The board shall set the salaries for the exempt positions
5 described in paragraph (1) and subdivision (i) of Section 100500
6 in amounts that are reasonably necessary to attract and retain
7 individuals of superior qualifications. The salaries shall be
8 published by the board in the board's annual budget. The board's
9 annual budget shall be posted on the Internet Web site of the
10 Exchange. To determine the compensation for these positions, the
11 board shall cause to be conducted, through the use of independent
12 outside advisors, salary surveys of both of the following:

13 (i) Other state and federal health insurance exchanges that are
14 most comparable to the Exchange.

15 (ii) Other relevant labor pools.

16 (B) The salaries established by the board under subparagraph
17 (A) shall not exceed the highest comparable salary for a position
18 of that type, as determined by the surveys conducted pursuant to
19 subparagraph (A).

20 (C) The Department of Human Resources shall review the
21 methodology used in the surveys conducted pursuant to
22 subparagraph (A).

23 (3) The positions described in paragraph (1) and subdivision (i)
24 of Section 100500 shall not be subject to otherwise applicable
25 provisions of the Government Code or the Public Contract Code
26 and, for those purposes, the Exchange shall not be considered a
27 state agency or public entity.

28 (n) Assess a charge on the qualified health plans offered by
29 carriers that is reasonable and necessary to support the
30 development, operations, and prudent cash management of the
31 Exchange. This charge shall not affect the requirement under
32 Section 1301 of the federal act that carriers charge the same
33 premium rate for each qualified health plan whether offered inside
34 or outside the Exchange.

35 (o) Authorize expenditures, as necessary, from the California
36 Health Trust Fund to pay program expenses to administer the
37 Exchange.

38 (p) Keep an accurate accounting of all activities, receipts, and
39 expenditures, and annually submit to the United States Secretary
40 of Health and Human Services a report concerning that accounting.

1 Commencing January 1, 2016, the board shall conduct an annual
2 audit.

3 (q) (1) Annually prepare a written report on the implementation
4 and performance of the Exchange functions during the preceding
5 fiscal year, including, at a minimum, the manner in which funds
6 were expended and the progress toward, and the achievement of,
7 the requirements of this title. This report shall be transmitted to
8 the Legislature and the Governor and shall be made available to
9 the public on the Internet Web site of the Exchange. A report made
10 to the Legislature pursuant to this subdivision shall be submitted
11 pursuant to Section 9795.

12 (2) In addition to the report described in paragraph (1), the board
13 shall be responsive to requests for additional information from the
14 Legislature, including providing testimony and commenting on
15 proposed state legislation or policy issues. The Legislature finds
16 and declares that activities including, but not limited to, responding
17 to legislative or executive inquiries, tracking and commenting on
18 legislation and regulatory activities, and preparing reports on the
19 implementation of this title and the performance of the Exchange,
20 are necessary state requirements and are distinct from the
21 promotion of legislative or regulatory modifications referred to in
22 subdivision (d) of Section 100520.

23 (r) Maintain enrollment and expenditures to ensure that
24 expenditures do not exceed the amount of revenue in the fund, and
25 if sufficient revenue is not available to pay estimated expenditures,
26 institute appropriate measures to ensure fiscal solvency.

27 (s) Exercise all powers reasonably necessary to carry out and
28 comply with the duties, responsibilities, and requirements of this
29 act and the federal act.

30 (t) Consult with stakeholders relevant to carrying out the
31 activities under this title, including, but not limited to, all of the
32 following:

33 (1) Health care consumers who are enrolled in health plans.

34 (2) Individuals and entities with experience in facilitating
35 enrollment in health plans.

36 (3) Representatives of small businesses and self-employed
37 individuals.

38 (4) The State Medi-Cal Director.

39 (5) Advocates for enrolling hard-to-reach populations.

1 (u) Facilitate the purchase of qualified health plans in the
2 Exchange by qualified individuals and qualified small employers
3 no later than January 1, 2014.

4 (v) Report, or contract with an independent entity to report, to
5 the Legislature by December 1, 2018, on whether to adopt the
6 option in paragraph (3) of subdivision (c) of Section 1312 of the
7 federal act to merge the individual and small employer markets.
8 In its report, the board shall provide information, based on at least
9 two years of data from the Exchange, on the potential impact on
10 rates paid by individuals and by small employers in a merged
11 individual and small employer market, as compared to the rates
12 paid by individuals and small employers if a separate individual
13 and small employer market is maintained. A report made pursuant
14 to this subdivision shall be submitted pursuant to Section 9795.

15 (w) With respect to the SHOP Program, collect premiums and
16 administer all other necessary and related tasks, including, but not
17 limited to, enrollment and plan payment, in order to make the
18 offering of employee plan choice as simple as possible for qualified
19 small employers.

20 (x) Require carriers participating in the Exchange to immediately
21 notify the Exchange, under the terms and conditions established
22 by the board when an individual is or will be enrolled in or
23 disenrolled from any qualified health plan offered by the carrier.

24 (y) Ensure that the Exchange provides oral interpretation
25 services in any language for individuals seeking coverage through
26 the Exchange and makes available a toll-free telephone number
27 for the hearing and speech impaired. The board shall ensure that
28 written information made available by the Exchange is presented
29 in a plainly worded, easily understandable format and made
30 available in prevalent languages.

31 *SEC. 2. Section 12712.5 is added to the Insurance Code, to*
32 *read:*

33 *12712.5. In order to assist the California Health Benefit*
34 *Exchange, established under Title 22 (commencing with Section*
35 *100500) of the Government Code, in conducting outreach to*
36 *program subscribers and applicants, the board shall provide the*
37 *Exchange, or its designee, with the names, addresses, email*
38 *addresses, telephone numbers, other contact information, and*
39 *written and spoken languages of program subscribers and*
40 *applicants.*

1 *SEC. 3. Section 12739.53 of the Insurance Code is amended*
2 *to read:*

3 12739.53. (a) The board shall, consistent with Section 1101
4 of the federal Patient Protection and Affordable Care Act (P.L.
5 111-148) and state and federal law and contingent on the agreement
6 of the federal Department of Health and Human Services and
7 receipt of sufficient federal funding, enter into an agreement with
8 the federal Department of Health and Human Services to administer
9 the federal temporary high risk pool in California.

10 (b) If the federal Department of Health and Human Services
11 and the state enter into an agreement to administer the federal
12 temporary high risk pool, the board shall do all of the following:

13 (1) Administer the program pursuant to that agreement.

14 (2) Begin providing coverage in the program on the date
15 established pursuant to the agreement with the federal Department
16 of Health and Human Services.

17 (3) Establish the scope and content of high risk medical
18 coverage.

19 (4) Determine reasonable minimum standards for participating
20 health plans, third-party administrators, and other contractors.

21 (5) Determine the time, manner, method, and procedures for
22 withdrawing program approval from a plan, third-party
23 administrator, or other contractor, or limiting enrollment of
24 subscribers in a plan.

25 (6) Research and assess the needs of persons without adequate
26 health coverage and promote means of ensuring the availability
27 of adequate health care services.

28 (7) Administer the program to ensure the following:

29 (A) That the program subsidy amount does not exceed amounts
30 transferred to the fund pursuant to this part.

31 (B) That the aggregate amount spent for high risk medical
32 coverage and program administration does not exceed the federal
33 funds available to the state for this purpose and that no state funds
34 are spent for the purposes of this part.

35 (8) Maintain enrollment and expenditures to ensure that
36 expenditures do not exceed amounts available in the fund and that
37 no state funds are spent for purposes of this part. If sufficient funds
38 are not available to cover the estimated cost of program
39 expenditures, the board shall institute appropriate measures to limit
40 enrollment.

1 (9) In adopting benefit and eligibility standards, be guided by
2 the needs and welfare of persons unable to secure adequate health
3 coverage for themselves and their dependents and by prevailing
4 practices among private health plans.

5 (10) (A) As required by the federal Department of Health and
6 Human Services, implement procedures to provide for the transition
7 of subscribers into qualified health plans offered through ~~an~~
8 ~~exchange or exchanges to be the California Health Benefit~~
9 ~~Exchange established pursuant to the federal Patient Protection~~
10 ~~and Affordable Care Act (P.L. 111-148) Title 22 (commencing~~
11 ~~with Section 100500) of the Government Code.~~

12 (B) In order to assist the Exchange in conducting outreach to
13 program subscribers and applicants, provide the Exchange, or its
14 designee, with the names, addresses, email addresses, telephone
15 numbers, other contact information, and written and spoken
16 languages of program subscribers and applicants.

17 (11) Post on the board's Internet Web site the monthly progress
18 reports submitted to the federal Department of Health and Human
19 Services. In addition, the board shall provide notice of any
20 anticipated waiting lists or disenrollments due to insufficient
21 funding to the public, by making that notice available as part of
22 its board meetings, and concurrently to the Legislature.

23 (12) Develop and implement a plan for marketing and outreach.

24 (c) There shall not be any liability in a private capacity on the
25 part of the board or any member of the board, or any officer or
26 employee of the board for or on account of any act performed or
27 obligation entered into in an official capacity, when done in good
28 faith, without intent to defraud, and in connection with the
29 administration, management, or conduct of this part or affairs
30 related to this part.

31 *SEC. 4. Section 14011.6 of the Welfare and Institutions Code*
32 *is amended to read:*

33 14011.6. (a) To the extent federal financial participation is
34 available, the department shall exercise the option provided in
35 Section 1920a of the federal Social Security Act (42 U.S.C. Sec.
36 1396r-1a) to implement a program for accelerated enrollment of
37 children.

38 (b) The department shall designate the single point of entry, as
39 defined in subdivision (c), as the qualified entity for determining
40 eligibility under this section.

(c) For purposes of this section, “single point of entry” means the centralized processing entity that accepts and screens applications for benefits under the Medi-Cal ~~Program~~ *program* for the purpose of forwarding them to the appropriate counties.

(d) *Commencing October 1, 2013, the department shall designate the California Health Benefit Exchange, established under Title 22 (commencing with Section 100500) of the Government Code, and its agents and county human services departments as qualified entities for determining eligibility for accelerated enrollment under this section.*

~~(d)~~

(e) The department shall implement this section only if, and to the extent that, federal financial participation is available.

~~(e)~~

(f) The department shall seek federal approval of any state plan amendments necessary to implement this section. When federal approval of the state plan amendment or amendments is received, the department shall commence implementation of this section on the first day of the second month following the month in which federal approval of the state plan amendment or amendments is received, or on July 1, 2002, whichever is later.

~~(f)~~

(g) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department shall, without taking any regulatory action, implement this section by means of all-county letters. Thereafter, the department shall adopt regulations in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

~~(g)~~

(h) Upon the receipt of an application for a child who has coverage pursuant to the accelerated enrollment program, a county shall determine whether the child is eligible for Medi-Cal benefits. If the county determines that the child does not meet the eligibility requirements for participation in the Medi-Cal program, the county shall report this finding to the Medical Eligibility Data System so that accelerated enrollment coverage benefits are discontinued. The information to be reported shall consist of the minimum data elements necessary to discontinue that coverage for the child. This subdivision shall become operative on July 1, 2002, or the date

1 that the program for accelerated enrollment coverage for children
2 takes effect, whichever is later.

3 *(i) If a complete eligibility determination cannot be made based*
4 *upon the receipt of an application for a child at the time of the*
5 *initial application, the qualified entity shall grant accelerated*
6 *enrollment pursuant to this section.*

7 *SEC. 5. If the Commission on State Mandates determines that*
8 *this act contains costs mandated by the state, reimbursement to*
9 *local agencies and school districts for those costs shall be made*
10 *pursuant to Part 7 (commencing with Section 17500) of Division*
11 *4 of Title 2 of the Government Code.*

12
13
14 **All matter omitted in this version of the bill**
15 **appears in the bill as introduced in the**
16 **Senate, December 3, 2012. (JR11)**
17



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 21

h) Discuss and Possible Action on Senate
Bill 176 (Galgani) – Administrative
procedures

Dental Hygiene Committee of California

2005 Evergreen Street, Suite 1050, Sacramento, CA 95815
 P 916-263.1978 F 916.263.2688 | www.dhcc.ca.gov



Bill Number: SB 176	AUTHOR: Assembly Member GALGANI
SPONSOR:	VERSION: 02/06/13
INTRODUCED: February 6, 2013	BILL STATUS : In APPROPRIATIONS Committee
BILL LOCATION: Senate	HISTORY: 04/19 Set for hearing April 29. 04/16 Set, first hearing. Hearing canceled at the request of author. 04/12 Set for hearing April 22. 04/09 From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 0. (April 9). Re-referred to Com. on APPR. 03/20 Set for hearing April 9. 02/14 Referred to Com. on G.O. 02/07 From printer. May be acted upon on or after March 9. 02/06 Introduced. Read first time. To Com. on RLS. for assignment. To print.
AGENDA ITEM: 21h.	
SUBJECT: Administrative Procedures	

SUMMARY

Existing law governs the procedure for the adoption, amendment, or repeal of regulations by state agencies and for the review of those regulatory actions by the Office of Administrative Law, including procedures relating to public participation in the adoption, amendment, and repeal of these regulations.

This bill would, in order to increase public participation and improve the quality of regulations, require state agencies, boards, and commissions to publish a notice prior to any meeting date or report, provided the meeting or report is seeking public input, as described.

Analysis: This bill would require the Committee to submit for publication in the California Regulatory Notice Register notification 15 days prior to any meeting date or report that seeks input from the public, including workshops, informational hearings, scoping hearings, preliminary meetings, public and stakeholder outreach meetings, 15-day comment period notices, and posting of Internet Web site links to informational and state reports prepared for public review and comment.

This bill would create additional administrative workload for staff and increase the already lengthy timeframe involved in promulgating regulations. All DHCC meetings would need to be noticed in the California Regulatory Notice Register, since there is normally the opportunity for public discussion and input regarding current regulatory actions and any proposed future regulations at each meeting. It is unclear what format these notifications would require. If the meeting agenda must be part of the notice, this will require additional time for review and finalization of all meeting agendas.

TYPE OF BILL

Active
 Non-Urgency
 Non-Appropriations
 Majority Vote Required

Non-State-Mandated Local Program
 Fiscal
 Non-Tax Levy

ATTACHED:

1) Language

COMMITTEE POSITION:

SUPPORT:____ **OPPOSE:**____ **NEUTRAL:** ____ **WATCH:** ____

Introduced by Senator Galgiani

February 6, 2013

An act to add Section 11346.46 to the Government Code, relating to administrative procedures.

LEGISLATIVE COUNSEL'S DIGEST

SB 176, as introduced, Galgiani. Administrative procedures.

Existing law governs the procedure for the adoption, amendment, or repeal of regulations by state agencies and for the review of those regulatory actions by the Office of Administrative Law, including procedures relating to increased public participation in the adoption, amendment, and repeal of these regulations.

This bill would, in order to increase public participation and improve the quality of regulations, require state agencies, boards, and commissions to publish a notice prior to any meeting date or report, provided the meeting or report is seeking public input, as described.

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

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

- 1 SECTION 1. Section 11346.46 is added to the Government
- 2 Code, to read:
- 3 11346.46. (a) In order to increase public participation in the
- 4 regulation development process and improve the quality of
- 5 regulations, state agencies, boards, and commissions shall publish
- 6 a notice in the California Regulatory Notice Register, as prepared
- 7 by the Office of Administrative Law, at least 15 days prior to any

- 1 meeting date or report, provided the meeting or report is seeking
2 public input.
- 3 (b) For purposes of this section, meetings and reports seeking
4 public input include, but are not limited to, the following:
- 5 (1) Informational hearings.
6 (2) Workshops.
7 (3) Scoping hearings.
8 (4) Preliminary meetings.
9 (5) Public and stakeholder outreach meetings.
10 (6) Fifteen-day comment period notices.
11 (7) The posting of Internet Web site links to informational and
12 state reports prepared for public review and comment.



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 21

- i) Discuss and Possible Action on Senate Bill 456 (Padilla) – Healthcare Coverage

Dental Hygiene Committee of California

2005 Evergreen Street, Suite 1050, Sacramento, CA 95815
 P 916-263.1978 F 916.263.2688 | www.dhcc.ca.gov



Bill Number: SB 456	AUTHOR: Assembly Member PADILLA
SPONSOR:	VERSION: 02/21/13
INTRODUCED: February 21, 2013	BILL STATUS : In RULES Committee
BILL LOCATION: Senate	HISTORY: 03/11 Referred to Com. on RLS. 2/22/13 From printer. May be acted upon on or after March 24. 02/21/13 Introduced. Read first time. To Com. on RLS. for assignment. To print.
AGENDA ITEM: 21i.	
SUBJECT: Health Care Coverage	

SUMMARY

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of its provisions a crime. Existing law provides for the establishment and operation of a principal office and branch offices of the Director of the Department of Managed Health Care.

This bill, as currently written, would make technical, non-substantive changes to those provisions.

Analysis: This bill is a spot bill intended to revisit last year's proposed SB 694 that would have created a statewide Office of Oral Health within the Department of Public Health, with the authority to oversee a large study assessing the ability of midlevel dental practitioners to provide additional procedures to inform future decisions regarding the state's unmet oral care needs. Last year's SB 694 prohibited any use of General Fund monies for the purpose of funding the Office of Oral Health, relying on federal funding and other public and private funding sources, such as grants. Revisions to the current bill have not been specified, and staff will continue to monitor the bill and inform the Committee of any impacts on the practice of dental hygiene.

TYPE OF BILL

Active

Non-Urgency

Non-Appropriations

Majority Vote Required

Non-State-Mandated Local Program

Non- Fiscal

Non-Tax Levy

ATTACHED:

1) Language

COMMITTEE POSITION:

SUPPORT:____ **OPPOSE:**____ **NEUTRAL:** ____ **WATCH:** ____

Introduced by Senator PadillaFebruary 21, 2013

An act to amend Section 1341.1 of the Health and Safety Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 456, as introduced, Padilla. Health care coverage.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of its provisions a crime. Existing law provides for the establishment and operation of a principal office and branch offices of the Director of the Department of Managed Health Care.

This bill would make technical, nonsubstantive changes to that provision.

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

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

- 1 SECTION 1. Section 1341.1 of the Health and Safety Code is
- 2 amended to read:
- 3 1341.1. The director shall have his or her principal office in
- 4 the City of Sacramento, and may establish branch offices in the
- 5 City and County of San Francisco, in the City of Los Angeles, and
- 6 in the City of San Diego. The director shall from time to time
- 7 obtain the necessary furniture, stationery, fuel, light, and *any* other

- 1 proper ~~conveniences~~ *convenience* for the transaction of the business
- 2 of the Department of Managed Health Care.

O



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 21

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

Dental Hygiene Committee of California

2005 Evergreen Street, Suite 1050, Sacramento, CA 95815
 P 916-263.1978 F 916.263.2688 | www.dhcc.ca.gov



Bill Number: SB 821	AUTHOR: Senate Committee on Business, Professions and Economic Development - Omnibus
SPONSOR: Department of Consumer Affairs	VERSION: 03/20/13
INTRODUCED: March 20, 2013	BILL STATUS : In Business, Professions and Economic Development Committee
BILL LOCATION: Senate	HISTORY: 04/05 Set for hearing April 29. 04/03 Referred to Com. on B., P. & E.D. 03/21 From printer. May be acted upon on or after April 20. 03/20 Introduced. Read first time. To Com. on RLS. for assignment. To print.
AGENDA ITEM: 21j.	
SUBJECT: Healing Arts	

SUMMARY

Existing law, the Dental Practice Act, establishes the Dental Board of California, which was formerly known as the Board of Dental Examiners of California. Existing law requires the board to have and use a seal bearing its name. Existing law creates, within the jurisdiction of the board, a Dental Hygiene Committee of California, that is responsible for regulation of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions.

This bill would amend those provisions to remove an obsolete reference to the former board and to make other technical changes.

Analysis: This bill is the Department's annual Omnibus bill, which contains various non-substantive and technical changes to statutory law governing boards, bureaus and committees under the Department of Consumer Affairs. The Committee proposed three technical corrections for inclusion in the bill.

TYPE OF BILL

Active

Non-Urgency

Non-Appropriations

Majority Vote Required

Non-State-Mandated Local Program

Non- Fiscal

Non-Tax Levy

ATTACHED:

1) Language

COMMITTEE POSITION:

SUPPORT:____ **OPPOSE:**____ **NEUTRAL:** ____ **WATCH:** ____

Introduced by Committee on Business, Professions and Economic Development (Senators Price (Chair), Block, Corbett, Emmerson, Galgiani, Hernandez, Hill, Padilla, Wyland, and Yee)

March 20, 2013

An act to amend Sections 1613, 1915, 1926.2, 3024, 3025, 3040, 3041.2, 3051, 3057.5, 3077, 3093, 3098, 3103, 3106, 3107, 3109, 3163, 4980.36, 4980.43, 4980.72, 4989.68, 4996.3, 4996.9, 4996.18, 4996.23, 4999.33, 4999.46, 4999.47, and 4999.60 of the Business and Professions Code, and to amend Section 14132 of the Welfare and Institutions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 821, as introduced, Committee on Business, Professions and Economic Development. Healing arts.

(1) Existing law, the Dental Practice Act, establishes the Dental Board of California, which was formerly known as the Board of Dental Examiners of California. Existing law requires the board to have and use a seal bearing its name. Existing law creates, within the jurisdiction of the board, a Dental Hygiene Committee of California, that is responsible for regulation of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions.

This bill would amend those provisions to remove an obsolete reference to the former board and to make other technical changes.

(2) Existing law, the Optometry Practice Act, provides for the licensure and regulation of optometrists by the State Board of Optometry. That act refers to the authorization to practice optometry issued by the board as a certificate of registration.

This bill would instead refer to that authorization issued by the board as an optometrist license and would make other technical and conforming changes.

(3) Existing law provides for the licensure and regulation of marriage and family therapists, licensed educational psychologists, licensed clinical social workers, and licensed professional clinical counselors by the Board of Behavioral Sciences.

Existing law requires all persons applying for marriage and family therapist licensure examinations to have specified hours of experience, not including experience gained by interns or trainees as independent contractors.

This bill would specify that experience for work reported on an IRS Form 1099 does not count towards the necessary experience.

Existing law also authorizes the board to issue a license to a person who, at the time of submitting an application for a license pursuant to this chapter, holds a valid license in good standing issued by a board of marriage counselor examiners, board of marriage and family therapists, or corresponding authority, of any state or country if certain conditions are met, considering hours of experience obtained outside of California during the 6-year period immediately preceding the date the applicant initially obtained the license.

This bill would instead require time actively licensed as a marriage and family therapist to be accepted at a rate of 100 hours per month up to a maximum of 1,200 hours if the applicant has fewer than 3,000 hours of qualifying supervised experience.

Existing law establishes a \$75 delinquent renewal fee for a licensed educational psychologist and for clinical social workers.

This bill would instead specify that \$75 is the maximum delinquent renewal fee.

Existing law requires an applicant for registration as an associate clinical social worker to meet specified requirements. Existing law also defines the application of social work principles and methods.

This bill would additionally require that all applicants and registrants be at all times under the supervision of a supervisor responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who is responsible to the board for compliance with all laws, rules, and regulations governing the practice of clinical social work. The bill would also specify that the practice of clinical social

work includes the use, application, and integration of the coursework and experience required.

Existing law requires a licensed professional clinical counselor, to qualify for a clinical examination for licensure, to complete clinical mental health experience, as specified, including not more than 250 hours of experience providing counseling or crisis counseling on the telephone.

This bill instead would require not more than 375 hours of experience providing personal psychotherapy, crisis counseling, or other counseling services via telehealth.

(4) The bill would also make other technical, nonsubstantive changes.

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

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

- 1 SECTION 1. Section 1613 of the Business and Professions
- 2 Code is amended to read:
- 3 1613. The board shall have and use a seal bearing the name
- 4 ~~“Board of Dental Examiners of California.”~~ *“Dental Board of*
- 5 *California.”*
- 6 SEC. 2. Section 1915 of the Business and Professions Code is
- 7 amended to read:
- 8 1915. No person other than a registered dental hygienist,
- 9 registered dental hygienist in alternative ~~functions~~ *practice*, or
- 10 registered dental hygienist in extended functions or a licensed
- 11 dentist may engage in the practice of dental hygiene or perform
- 12 dental hygiene procedures on patients, including, but not limited
- 13 to, supragingival and subgingival scaling, dental hygiene
- 14 assessment, and treatment planning, except for the following
- 15 persons:
- 16 (a) A student enrolled in a dental or a dental hygiene school
- 17 who is performing procedures as part of the regular curriculum of
- 18 that program under the supervision of the faculty of that program.
- 19 (b) A dental assistant acting in accordance with the rules of the
- 20 dental board in performing the following procedures:
- 21 (1) Applying nonaerosol and noncaustic topical agents.
- 22 (2) Applying topical fluoride.
- 23 (3) Taking impressions for bleaching trays.

(c) A registered dental assistant acting in accordance with the rules of the dental board in performing the following procedures:

- (1) Polishing the coronal surfaces of teeth.
- (2) Applying bleaching agents.
- (3) Activating bleaching agents with a nonlaser light-curing device.

- (4) Applying pit and fissure sealant.

(d) A registered dental assistant in extended functions acting in accordance with the rules of the dental board in applying pit and fissure sealants.

(e) A registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions licensed in another jurisdiction, performing a clinical demonstration for educational purposes.

SEC. 3. Section 1926.2 of the Business and Professions Code is amended to read:

1926.2. (a) Notwithstanding any other provision of law, a registered dental hygienist in alternative practice may operate one mobile dental hygiene clinic registered as a dental hygiene office or facility. The owner or operator of the mobile dental hygiene clinic or unit shall be registered and operated in accordance with regulations established by the committee, which regulations shall not be designed to prevent or lessen competition in service areas, and shall pay the fees described in Section 1944.

(b) A mobile service unit, as defined in subdivision (b) of Section 1765.105 of the Health and Safety Code, and a mobile unit operated by an entity that is exempt from licensure pursuant to subdivision (b), (c), or (h) of Section 1206 of the Health and Safety Code, are exempt from this article ~~and Article 3.5 (commencing with Section 1658)~~. Notwithstanding this exemption, the owner or operator of the mobile unit shall notify the committee within 60 days of the date on which dental hygiene services are first delivered in the mobile unit, or the date on which the mobile unit's application pursuant to Section 1765.130 of the Health and Safety Code is approved, whichever is earlier.

(c) A licensee practicing in a mobile unit described in subdivision (b) is not subject to subdivision (a) as to that mobile unit.

SEC. 4. Section 3024 of the Business and Professions Code is amended to read:

1 3024. The board may grant or refuse to grant ~~certificates of~~
2 ~~registration~~ *an optometrist license* as provided in this chapter and
3 may revoke or suspend the ~~certificate of registration~~ *license* of any
4 optometrist for any of the causes specified in this chapter.

5 It shall have the power to administer oaths and to take testimony
6 in the exercise of these functions.

7 SEC. 5. Section 3025 of the Business and Professions Code is
8 amended to read:

9 3025. The board may make and promulgate rules and
10 regulations governing procedure of the board, the admission of
11 applicants for examination for ~~certificates of registration as~~
12 ~~optometrists~~ *a license as an optometrist*, and the practice of
13 optometry. All ~~such of those~~ rules and regulations shall be in
14 accordance with and not inconsistent with the provisions of this
15 chapter. ~~Such~~ The rules and regulations shall be adopted, amended,
16 or repealed in accordance with the provisions of the Administrative
17 Procedure Act.

18 SEC. 6. Section 3040 of the Business and Professions Code is
19 amended to read:

20 3040. It is unlawful for a person to engage in the practice of
21 optometry or to display a sign or in any other way to advertise or
22 hold himself or herself out as an optometrist without having first
23 obtained a ~~certificate of registration~~ *an optometrist license* from
24 the board under the provisions of this chapter or under the
25 provisions of any former act relating to the practice of optometry.
26 The practice of optometry includes the performing or controlling
27 of any acts set forth in Section 3041.

28 In any prosecution for a violation of this section, the use of test
29 cards, test lenses, or of trial frames is prima facie evidence of the
30 practice of optometry.

31 SEC. 7. Section 3041.2 of the Business and Professions Code
32 is amended to read:

33 3041.2. (a) The State Board of Optometry shall, by regulation,
34 establish educational and examination requirements for licensure
35 to insure the competence of optometrists to practice pursuant to
36 subdivision (a) of Section 3041. Satisfactory completion of the
37 educational and examination requirements shall be a condition for
38 the issuance of an original ~~certificate of registration~~ *optometrist*
39 *license* under this chapter, on and after January 1, 1980. Only those
40 optometrists who have successfully completed educational and

1 examination requirements as determined by the State Board of
2 Optometry shall be permitted the use of pharmaceutical agents
3 specified by subdivision (a) of Section 3041.

4 (b) Nothing in this section shall authorize an optometrist issued
5 an original ~~certificate~~ *optometrist license* under this chapter before
6 January 1, 1996, to use or prescribe therapeutic pharmaceutical
7 agents specified in subdivision (d) of Section 3041 without
8 otherwise meeting the requirements of Section 3041.3.

9 SEC. 8. Section 3051 of the Business and Professions Code is
10 amended to read:

11 3051. All applicants for examination for ~~a certificate of~~
12 ~~registration~~ *an optometrist license* in accordance with the
13 educational and examination requirements adopted pursuant to
14 Section 3023.1 shall show the board by satisfactory evidence that
15 he or she has received education in child abuse detection and the
16 detection of alcoholism and other chemical substance dependency.
17 This section shall apply only to applicants who matriculate in a
18 school of optometry on or after September 1, 1997.

19 SEC. 9. Section 3057.5 of the Business and Professions Code
20 is amended to read:

21 3057.5. Notwithstanding any other provision of this chapter,
22 the board shall permit a graduate of a foreign university who meets
23 all of the following requirements to take the examinations for ~~a~~
24 ~~certificate of registration~~ *as an optometrist license*:

25 (a) Is over the age of 18 years.

26 (b) Is not subject to denial of ~~a certificate~~ *license* under Section
27 480.

28 (c) Has a degree as a doctor of optometry issued by a university
29 located outside of the United States.

30 SEC. 10. Section 3077 of the Business and Professions Code
31 is amended to read:

32 3077. As used in this section, “office” means any office or
33 other place for the practice of optometry.

34 (a) No person, singly or in combination with others, may have
35 an office unless he or she is ~~registered~~ *licensed* to practice
36 optometry under this chapter.

37 (b) An optometrist, or two or more optometrists jointly, may
38 have one office without obtaining ~~a further~~ *branch office* license
39 from the board.

1 (c) On and after October 1, 1959, no optometrist, and no two
2 or more optometrists jointly, may have more than one office unless
3 he or she or they comply with the provisions of this chapter as to
4 an additional office. The additional office, for the purposes of this
5 chapter, constitutes a branch office.

6 (d) Any optometrist who has, or any two or more optometrists,
7 jointly, who have, a branch office prior to January 1, 1957, and
8 who desire to continue the branch office on or after that date shall
9 notify the board in writing of that desire in a manner prescribed
10 by the board.

11 (e) On and after January 1, 1957, any optometrist, or any two
12 or more optometrists, jointly, who desire to open a branch office
13 shall notify the board in writing in a manner prescribed by the
14 board.

15 (f) On and after January 1, 1957, no branch office may be
16 opened or operated without a branch office license. Branch office
17 licenses shall be valid for the calendar year in or for which they
18 are issued and shall be renewable on January 1st of each year
19 thereafter. Branch office licenses shall be issued or renewed only
20 upon the payment of the fee therefor prescribed by this chapter.

21 On or after October 1, 1959, no more than one branch office
22 license shall be issued to any optometrist or to any two or more
23 optometrists, jointly.

24 (g) Any failure to comply with the provisions of this chapter
25 relating to branch offices or branch office licenses as to any branch
26 office shall work the suspension of the ~~certificate of registration~~
27 *optometrist license* of each optometrist who, individually or with
28 others, has a branch office. ~~A certificate of registration~~ *An*
29 *optometrist license* so suspended shall not be restored except upon
30 compliance with those provisions and the payment of the fee
31 prescribed by this chapter for restoration of a ~~certificate of~~
32 ~~registration license~~ after suspension for failure to comply with the
33 provisions of this chapter relating to branch offices.

34 (h) The holder or holders of a branch office license shall pay
35 the annual renewal fee therefor in the amount required by this
36 chapter between the first day of January and the first day of
37 February of each year. The failure to pay the fee in advance on or
38 before February 1st of each year during the time it is in force shall
39 ipso facto work the suspension of the branch office license. The
40 license shall not be restored except upon written application and

1 the payment of the penalty prescribed by this chapter, and, in
2 addition, all delinquent branch office fees.

3 (i) Nothing in this chapter shall limit or authorize the board to
4 limit the number of branch offices that are in operation on October
5 1, 1959, and that conform to this chapter, nor prevent an
6 optometrist from acquiring any branch office or offices of his or
7 her parent. The sale after October 1, 1959, of any branch office
8 shall terminate the privilege of operating the branch office, and
9 no new branch office license shall be issued in place of the license
10 issued for the branch office, unless the branch office is the only
11 one operated by the optometrist or by two or more optometrists
12 jointly.

13 Nothing in this chapter shall prevent an optometrist from owning,
14 maintaining, or operating more than one branch office if he or she
15 is in personal attendance at each of his or her offices 50 percent
16 of the time during which the office is open for the practice of
17 optometry.

18 (j) The board shall have the power to adopt, amend, and repeal
19 rules and regulations to carry out the provisions of this section.

20 (k) Notwithstanding any other provision of this section, neither
21 an optometrist nor an individual practice association shall be
22 deemed to have an additional office solely by reason of the
23 optometrist's participation in an individual practice association or
24 the individual practice association's creation or operation. As used
25 in this subdivision, the term "individual practice association" means
26 an entity that meets all of the following requirements:

27 (1) Complies with the definition of an optometric corporation
28 in Section 3160.

29 (2) Operates primarily for the purpose of securing contracts
30 with health care service plans or other third-party payers that make
31 available eye/vision services to enrollees or subscribers through a
32 panel of optometrists.

33 (3) Contracts with optometrists to serve on the panel of
34 optometrists, but does not obtain an ownership interest in, or
35 otherwise exercise control over, the respective optometric practices
36 of those optometrists on the panel.

37 Nothing in this subdivision shall be construed to exempt an
38 optometrist who is a member of an individual practice association
39 and who practices optometry in more than one physical location,
40 from the requirement of obtaining a branch office license for each

1 of those locations, as required by this section. However, an
2 optometrist shall not be required to obtain a branch office license
3 solely as a result of his or her participation in an individual practice
4 association in which the members of the individual practice
5 association practice optometry in a number of different locations,
6 and each optometrist is listed as a member of that individual
7 practice association.

8 SEC. 11. Section 3093 of the Business and Professions Code
9 is amended to read:

10 3093. Before setting aside the revocation or suspension of any
11 ~~certificate~~ *optometrist license*, the board may require the applicant
12 to pass the regular examination given for applicants for ~~certificates~~
13 ~~of registration~~ *an optometrist license*.

14 SEC. 12. Section 3098 of the Business and Professions Code
15 is amended to read:

16 3098. When the holder uses the title of “Doctor” or “Dr.” as a
17 prefix to his *or her* name, without using the word “optometrist”
18 as a suffix to his *or her* name or in connection with it, or, without
19 holding a diploma from an accredited school of optometry, the
20 letters “Opt. D.” or “O.D.” as a suffix to his *or her* name, it
21 constitutes a cause to revoke or suspend his ~~certificate~~ *of*
22 ~~registration~~ *or her optometrist license*.

23 SEC. 13. Section 3103 of the Business and Professions Code
24 is amended to read:

25 3103. It is unlawful to include in any advertisement relating
26 to the sale or disposition of goggles, sunglasses, colored glasses
27 or occupational eye-protective devices, any words or figures that
28 advertise or have a tendency to advertise the practice of optometry.

29 This section does not prohibit the advertising of the practice of
30 optometry by a ~~registered~~ *licensed* optometrist in the manner
31 permitted by law.

32 SEC. 14. Section 3106 of the Business and Professions Code
33 is amended to read:

34 3106. Knowingly making or signing any ~~certificate~~ *license*,
35 *certifcate*, or other document directly or indirectly related to the
36 practice of optometry that falsely represents the existence or
37 nonexistence of a state of facts constitutes unprofessional conduct.

38 SEC. 15. Section 3107 of the Business and Professions Code
39 is amended to read:

1 3107. It is unlawful to use or attempt to use any license *or*
2 *certificate* issued by the board that has been purchased, fraudulently
3 issued, counterfeited, or issued by mistake, as a valid license *or*
4 *certificate* .

5 SEC. 16. Section 3109 of the Business and Professions Code
6 is amended to read:

7 3109. Directly or indirectly accepting employment to practice
8 optometry from any person not having a valid, unrevoked license
9 as an optometrist or from any company or corporation constitutes
10 unprofessional conduct. Except as provided in this chapter, no
11 optometrist may, singly or jointly with others, be incorporated or
12 become incorporated when the purpose or a purpose of the
13 corporation is to practice optometry or to conduct the practice of
14 optometry.

15 The terms “accepting employment to practice optometry” as
16 used in this section shall not be construed so as to prevent a
17 licensed optometrist from practicing optometry upon an individual
18 patient.

19 Notwithstanding the provisions of this section or the provisions
20 of any other law, a licensed optometrist may be employed to
21 practice optometry by a physician and surgeon who holds a
22 ~~certificate~~ *license* under this division and who practices in the
23 specialty of ophthalmology or by a health care service plan
24 pursuant to the provisions of Chapter 2.2 (commencing with
25 Section 1340) of Division 2 of the Health and Safety Code.

26 SEC. 17. Section 3163 of the Business and Professions Code
27 is amended to read:

28 3163. Except as provided in Section ~~3125~~ 3078, the name of
29 an optometric corporation and any name or names under which it
30 may be rendering professional services shall contain and be
31 restricted to the name or the last name of one or more of the
32 present, prospective, or former shareholders and shall include the
33 words optometric corporation or wording or abbreviations denoting
34 corporate existence, provided that the articles of incorporation
35 shall be amended to delete the name of a former shareholder from
36 the name of the corporation within two years from the date the
37 former shareholder dies or otherwise ceases to be a shareholder.

38 SEC. 18. Section 4980.36 of the Business and Professions
39 Code is amended to read:

40 4980.36. (a) This section shall apply to the following:

1 (1) Applicants for licensure or registration who begin graduate
2 study before August 1, 2012, and do not complete that study on
3 or before December 31, 2018.

4 (2) Applicants for licensure or registration who begin graduate
5 study before August 1, 2012, and who graduate from a degree
6 program that meets the requirements of this section.

7 (3) Applicants for licensure or registration who begin graduate
8 study on or after August 1, 2012.

9 (b) To qualify for a license or registration, applicants shall
10 possess a doctor's or master's degree meeting the requirements of
11 this section in marriage, family, and child counseling, marriage
12 and family therapy, couple and family therapy, psychology, clinical
13 psychology, counseling psychology, or counseling with an
14 emphasis in either marriage, family, and child counseling or
15 marriage and family therapy, obtained from a school, college, or
16 university approved by the Bureau for Private Postsecondary
17 Education or accredited by either the Commission on the
18 Accreditation of Marriage and Family Therapy Education or a
19 regional accrediting agency recognized by the United States
20 Department of Education. The board has the authority to make the
21 final determination as to whether a degree meets all requirements,
22 including, but not limited to, course requirements, regardless of
23 accreditation or approval.

24 (c) A doctor's or master's degree program that qualifies for
25 licensure or registration shall do the following:

26 (1) Integrate all of the following throughout its curriculum:

27 (A) Marriage and family therapy principles.

28 (B) The principles of mental health recovery-oriented care and
29 methods of service delivery in recovery-oriented practice
30 environments, among others.

31 (C) An understanding of various cultures and the social and
32 psychological implications of socioeconomic position, and an
33 understanding of how poverty and social stress impact an
34 individual's mental health and recovery.

35 (2) Allow for innovation and individuality in the education of
36 marriage and family therapists.

37 (3) Encourage students to develop the personal qualities that
38 are intimately related to effective practice, including, but not
39 limited to, integrity, sensitivity, flexibility, insight, compassion,
40 and personal presence.

(4) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.

(5) Provide students with the opportunity to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(d) The degree described in subdivision (b) shall contain no less than 60 semester or 90 quarter units of instruction that includes, but is not limited to, the following requirements:

(1) Both of the following:

(A) No less than 12 semester or 18 quarter units of coursework in theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy and marital and family systems approaches to treatment and how these theories can be applied therapeutically with individuals, couples, families, adults, including elder adults, children, adolescents, and groups to improve, restore, or maintain healthy relationships.

(B) Practicum that involves direct client contact, as follows:

(i) A minimum of six semester or nine quarter units of practicum in a supervised clinical placement that provides supervised fieldwork experience.

(ii) A minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.

(iii) A student must be enrolled in a practicum course while counseling clients, except as specified in subdivision (c) of Section 4980.42.

(iv) The practicum shall provide training in all of the following areas:

(I) Applied use of theory and psychotherapeutic techniques.

(II) Assessment, diagnosis, and prognosis.

(III) Treatment of individuals and premarital, couple, family, and child relationships, including trauma and abuse, dysfunctions, healthy functioning, health promotion, illness prevention, and working with families.

(IV) Professional writing, including documentation of services, treatment plans, and progress notes.

1 (V) How to connect people with resources that deliver the
2 quality of services and support needed in the community.

3 (v) Educational institutions are encouraged to design the
4 practicum required by this subparagraph to include marriage and
5 family therapy experience in low-income and multicultural mental
6 health settings.

7 (vi) In addition to the 150 hours required in clause (ii), 75 hours
8 of either of the following:

9 (I) Client-centered advocacy, as defined in Section 4980.03.

10 (II) Face-to-face experience counseling individuals, couples,
11 families, or groups.

12 (2) Instruction in all of the following:

13 (A) Diagnosis, assessment, prognosis, and treatment of mental
14 disorders, including severe mental disorders, evidence-based
15 practices, psychological testing, psychopharmacology, and
16 promising mental health practices that are evaluated in peer
17 reviewed literature.

18 (B) Developmental issues from infancy to old age, including
19 instruction in all of the following areas:

20 (i) The effects of developmental issues on individuals, couples,
21 and family relationships.

22 (ii) The psychological, psychotherapeutic, and health
23 implications of developmental issues and their effects.

24 (iii) Aging and its biological, social, cognitive, and
25 psychological aspects.

26 (iv) A variety of cultural understandings of human development.

27 (v) The understanding of human behavior within the social
28 context of socioeconomic status and other contextual issues
29 affecting social position.

30 (vi) The understanding of human behavior within the social
31 context of a representative variety of the cultures found within
32 California.

33 (vii) The understanding of the impact that personal and social
34 insecurity, social stress, low educational levels, inadequate housing,
35 and malnutrition have on human development.

36 (C) The broad range of matters and life events that may arise
37 within marriage and family relationships and within a variety of
38 California cultures, including instruction in all of the following:

39 (i) ~~Child and adult abuse assessment and reporting.~~

- 1 (i) *A minimum of seven contact hours of training or coursework*
2 *in child abuse assessment and reporting as specified in Section*
3 *28, and any regulations promulgated thereunder.*
- 4 (ii) Spousal or partner abuse assessment, detection, intervention
5 strategies, and same-gender abuse dynamics.
- 6 (iii) Cultural factors relevant to abuse of partners and family
7 members.
- 8 (iv) Childbirth, child rearing, parenting, and stepparenting.
- 9 (v) Marriage, divorce, and blended families.
- 10 (vi) Long-term care.
- 11 (vii) End of life and grief.
- 12 (viii) Poverty and deprivation.
- 13 (ix) Financial and social stress.
- 14 (x) Effects of trauma.
- 15 (xi) The psychological, psychotherapeutic, community, and
16 health implications of the matters and life events described in
17 clauses (i) to (x), inclusive.
- 18 (D) Cultural competency and sensitivity, including a familiarity
19 with the racial, cultural, linguistic, and ethnic backgrounds of
20 persons living in California.
- 21 (E) Multicultural development and cross-cultural interaction,
22 including experiences of race, ethnicity, class, spirituality, sexual
23 orientation, gender, and disability, and their incorporation into the
24 psychotherapeutic process.
- 25 (F) The effects of socioeconomic status on treatment and
26 available resources.
- 27 (G) Resilience, including the personal and community qualities
28 that enable persons to cope with adversity, trauma, tragedy, threats,
29 or other stresses.
- 30 (H) Human sexuality, including the study of physiological,
31 psychological, and social cultural variables associated with sexual
32 behavior and gender identity, and the assessment and treatment of
33 psychosexual dysfunction.
- 34 (I) Substance use disorders, co-occurring disorders, and
35 addiction, including, but not limited to, instruction in all of the
36 following:
- 37 (i) The definition of substance use disorders, co-occurring
38 disorders, and addiction. For purposes of this subparagraph,
39 “co-occurring disorders” means a mental illness and substance
40 abuse diagnosis occurring simultaneously in an individual.

- 1 (ii) Medical aspects of substance use disorders and co-occurring
- 2 disorders.
- 3 (iii) The effects of psychoactive drug use.
- 4 (iv) Current theories of the etiology of substance abuse and
- 5 addiction.
- 6 (v) The role of persons and systems that support or compound
- 7 substance abuse and addiction.
- 8 (vi) Major approaches to identification, evaluation, and treatment
- 9 of substance use disorders, co-occurring disorders, and addiction,
- 10 including, but not limited to, best practices.
- 11 (vii) Legal aspects of substance abuse.
- 12 (viii) Populations at risk with regard to substance use disorders
- 13 and co-occurring disorders.
- 14 (ix) Community resources offering screening, assessment,
- 15 treatment, and followup for the affected person and family.
- 16 (x) Recognition of substance use disorders, co-occurring
- 17 disorders, and addiction, and appropriate referral.
- 18 (xi) The prevention of substance use disorders and addiction.
- 19 (J) California law and professional ethics for marriage and
- 20 family therapists, including instruction in all of the following areas
- 21 of study:
 - 22 (i) Contemporary professional ethics and statutory, regulatory,
 - 23 and decisional laws that delineate the scope of practice of marriage
 - 24 and family therapy.
 - 25 (ii) The therapeutic, clinical, and practical considerations
 - 26 involved in the legal and ethical practice of marriage and family
 - 27 therapy, including, but not limited to, family law.
 - 28 (iii) The current legal patterns and trends in the mental health
 - 29 professions.
 - 30 (iv) The psychotherapist-patient privilege, confidentiality, the
 - 31 patient dangerous to self or others, and the treatment of minors
 - 32 with and without parental consent.
 - 33 (v) A recognition and exploration of the relationship between
 - 34 a practitioner's sense of self and human values and his or her
 - 35 professional behavior and ethics.
 - 36 (vi) Differences in legal and ethical standards for different types
 - 37 of work settings.
 - 38 (vii) Licensing law and licensing process.
- 39 (e) The degree described in subdivision (b) shall, in addition to
- 40 meeting the requirements of subdivision (d), include instruction

1 in case management, systems of care for the severely mentally ill,
2 public and private services and supports available for the severely
3 mentally ill, community resources for persons with mental illness
4 and for victims of abuse, disaster and trauma response, advocacy
5 for the severely mentally ill, and collaborative treatment. This
6 instruction may be provided either in credit level coursework or
7 through extension programs offered by the degree-granting
8 institution.

9 (f) The changes made to law by this section are intended to
10 improve the educational qualifications for licensure in order to
11 better prepare future licentiates for practice, and are not intended
12 to expand or restrict the scope of practice for marriage and family
13 therapists.

14 SEC. 19. Section 4980.43 of the Business and Professions
15 Code is amended to read:

16 4980.43. (a) Prior to applying for licensure examinations, each
17 applicant shall complete experience that shall comply with the
18 following:

19 (1) A minimum of 3,000 hours completed during a period of at
20 least 104 weeks.

21 (2) Not more than 40 hours in any seven consecutive days.

22 (3) Not less than 1,700 hours of supervised experience
23 completed subsequent to the granting of the qualifying master's
24 or doctoral degree.

25 (4) Not more than 1,300 hours of supervised experience obtained
26 prior to completing a master's or doctoral degree.

27 The applicant shall not be credited with more than 750 hours of
28 counseling and direct supervisor contact prior to completing the
29 master's or doctoral degree.

30 (5) No hours of experience may be gained prior to completing
31 either 12 semester units or 18 quarter units of graduate instruction
32 and becoming a trainee except for personal psychotherapy.

33 (6) No hours of experience may be gained more than six years
34 prior to the date the application for examination eligibility was
35 fled, except that up to 500 hours of clinical experience gained in
36 the supervised practicum required by subdivision (c) of Section
37 4980.37 and subparagraph (B) of paragraph (1) of subdivision (d)
38 of Section 4980.36 shall be exempt from this six-year requirement.

39 (7) Not more than a combined total of 1,000 hours of experience
40 in the following:

1 (A) Direct supervisor contact.

2 (B) Professional enrichment activities. For purposes of this
3 chapter, “professional enrichment activities” include the following:

4 (i) Workshops, seminars, training sessions, or conferences
5 directly related to marriage and family therapy attended by the
6 applicant that are approved by the applicant’s supervisor. An
7 applicant shall have no more than 250 hours of verified attendance
8 at these workshops, seminars, training sessions, or conferences.

9 (ii) Participation by the applicant in personal psychotherapy,
10 which includes group, marital or conjoint, family, or individual
11 psychotherapy by an appropriately licensed professional. An
12 applicant shall have no more than 100 hours of participation in
13 personal psychotherapy. The applicant shall be credited with three
14 hours of experience for each hour of personal psychotherapy.

15 (8) Not more than 500 hours of experience providing group
16 therapy or group counseling.

17 (9) For all hours gained on or after January 1, 2012, not more
18 than 500 hours of experience in the following:

19 (A) Experience administering and evaluating psychological
20 tests, writing clinical reports, writing progress notes, or writing
21 process notes.

22 (B) Client centered advocacy.

23 (10) Not less than 500 total hours of experience in diagnosing
24 and treating couples, families, and children. For up to 150 hours
25 of treating couples and families in conjoint therapy, the applicant
26 shall be credited with two hours of experience for each hour of
27 therapy provided.

28 (11) Not more than 375 hours of experience providing personal
29 psychotherapy, crisis counseling, or other counseling services via
30 telehealth in accordance with Section 2290.5.

31 (12) It is anticipated and encouraged that hours of experience
32 will include working with elders and dependent adults who have
33 physical or mental limitations that restrict their ability to carry out
34 normal activities or protect their rights.

35 This subdivision shall only apply to hours gained on and after
36 January 1, 2010.

37 (b) All applicants, trainees, and registrants shall be at all times
38 under the supervision of a supervisor who shall be responsible for
39 ensuring that the extent, kind, and quality of counseling performed
40 is consistent with the training and experience of the person being

1 supervised, and who shall be responsible to the board for
2 compliance with all laws, rules, and regulations governing the
3 practice of marriage and family therapy. Supervised experience
4 shall be gained by interns and trainees ~~either only~~ as an employee
5 or as a volunteer. The requirements of this chapter regarding
6 gaining hours of experience and supervision are applicable equally
7 to employees and volunteers. ~~Experience shall not be gained by~~
8 ~~interns or trainees as an independent contractor. Work performed~~
9 ~~by an intern or trainee as an independent contractor or reported~~
10 ~~on an IRS Form 1099 shall not satisfy the requirements of this~~
11 ~~chapter regarding gaining hours of supervised experience.~~

12 (1) If employed, an intern shall provide the board with copies
13 of the corresponding W-2 tax forms for each year of experience
14 claimed upon application for licensure.

15 (2) If volunteering, an intern shall provide the board with a letter
16 from his or her employer verifying the intern's employment as a
17 volunteer upon application for licensure.

18 (c) Except for experience gained pursuant to subparagraph (B)
19 of paragraph (7) of subdivision (a), supervision shall include at
20 least one hour of direct supervisor contact in each week for which
21 experience is credited in each work setting, as specified:

22 (1) A trainee shall receive an average of at least one hour of
23 direct supervisor contact for every five hours of client contact in
24 each setting.

25 (2) An individual supervised after being granted a qualifying
26 degree shall receive at least one additional hour of direct supervisor
27 contact for every week in which more than 10 hours of client
28 contact is gained in each setting. No more than five hours of
29 supervision, whether individual or group, shall be credited during
30 any single week.

31 (3) For purposes of this section, "one hour of direct supervisor
32 contact" means one hour per week of face-to-face contact on an
33 individual basis or two hours per week of face-to-face contact in
34 a group.

35 (4) Direct supervisor contact shall occur within the same week
36 as the hours claimed.

37 (5) Direct supervisor contact provided in a group shall be
38 provided in a group of not more than eight supervisees and in
39 segments lasting no less than one continuous hour.

1 (6) Notwithstanding paragraph (3), an intern working in a
2 governmental entity, a school, a college, or a university, or an
3 institution that is both nonprofit and charitable may obtain the
4 required weekly direct supervisor contact via two-way, real-time
5 videoconferencing. The supervisor shall be responsible for ensuring
6 that client confidentiality is upheld.

7 (7) All experience gained by a trainee shall be monitored by the
8 supervisor as specified by regulation.

9 (d) (1) A trainee may be credited with supervised experience
10 completed in any setting that meets all of the following:

11 (A) Lawfully and regularly provides mental health counseling
12 or psychotherapy.

13 (B) Provides oversight to ensure that the trainee's work at the
14 setting meets the experience and supervision requirements set forth
15 in this chapter and is within the scope of practice for the profession
16 as defined in Section 4980.02.

17 (C) Is not a private practice owned by a licensed marriage and
18 family therapist, a licensed psychologist, a licensed clinical social
19 worker, a licensed physician and surgeon, or a professional
20 corporation of any of those licensed professions.

21 (2) Experience may be gained by the trainee solely as part of
22 the position for which the trainee volunteers or is employed.

23 (e) (1) An intern may be credited with supervised experience
24 completed in any setting that meets both of the following:

25 (A) Lawfully and regularly provides mental health counseling
26 or psychotherapy.

27 (B) Provides oversight to ensure that the intern's work at the
28 setting meets the experience and supervision requirements set forth
29 in this chapter and is within the scope of practice for the profession
30 as defined in Section 4980.02.

31 (2) An applicant shall not be employed or volunteer in a private
32 practice, as defined in subparagraph (C) of paragraph (1) of
33 subdivision (d), until registered as an intern.

34 (3) While an intern may be either a paid employee or a
35 volunteer, employers are encouraged to provide fair remuneration
36 to interns.

37 (4) Except for periods of time during a supervisor's vacation or
38 sick leave, an intern who is employed or volunteering in private
39 practice shall be under the direct supervision of a licensee that has
40 satisfied the requirements of subdivision (g) of Section 4980.03.

1 The supervising licensee shall either be employed by and practice
2 at the same site as the intern's employer, or shall be an owner or
3 shareholder of the private practice. Alternative supervision may
4 be arranged during a supervisor's vacation or sick leave if the
5 supervision meets the requirements of this section.

6 (5) Experience may be gained by the intern solely as part of the
7 position for which the intern volunteers or is employed.

8 (f) Except as provided in subdivision (g), all persons shall
9 register with the board as an intern in order to be credited for
10 postdegree hours of supervised experience gained toward licensure.

11 (g) Except when employed in a private practice setting, all
12 postdegree hours of experience shall be credited toward licensure
13 so long as the applicant applies for the intern registration within
14 90 days of the granting of the qualifying master's or doctoral
15 degree and is thereafter granted the intern registration by the board.

16 (h) Trainees, interns, and applicants shall not receive any
17 remuneration from patients or clients, and shall only be paid by
18 their employers.

19 (i) Trainees, interns, and applicants shall only perform services
20 at the place where their employers regularly conduct business,
21 which may include performing services at other locations, so long
22 as the services are performed under the direction and control of
23 their employer and supervisor, and in compliance with the laws
24 and regulations pertaining to supervision. Trainees and interns
25 shall have no proprietary interest in their employers' businesses
26 and shall not lease or rent space, pay for furnishings, equipment
27 or supplies, or in any other way pay for the obligations of their
28 employers.

29 (j) Trainees, interns, or applicants who provide volunteered
30 services or other services, and who receive no more than a total,
31 from all work settings, of five hundred dollars (\$500) per month
32 as reimbursement for expenses actually incurred by those trainees,
33 interns, or applicants for services rendered in any lawful work
34 setting other than a private practice shall be considered an
35 employee and not an independent contractor. The board may audit
36 applicants who receive reimbursement for expenses, and the
37 applicants shall have the burden of demonstrating that the payments
38 received were for reimbursement of expenses actually incurred.

39 (k) Each educational institution preparing applicants for
40 licensure pursuant to this chapter shall consider requiring, and

shall encourage, its students to undergo individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Each supervisor shall consider, advise, and encourage his or her interns and trainees regarding the advisability of undertaking individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Insofar as it is deemed appropriate and is desired by the applicant, the educational institution and supervisors are encouraged to assist the applicant in locating that counseling or psychotherapy at a reasonable cost.

SEC. 20. Section 4980.72 of the Business and Professions Code is amended to read:

4980.72. (a) This section applies to persons who are licensed outside of California and apply for licensure on or after January 1, 2014.

(b) The board may issue a license to a person who, at the time of submitting an application for a license pursuant to this chapter, holds a valid license in good standing issued by a board of marriage counselor examiners, board of marriage and family therapists, or corresponding authority, of any state or country, if all of the following conditions are satisfied:

(1) The applicant's education is substantially equivalent, as defined in Section 4980.78. The applicant's degree title need not be identical to that required by Section 4980.36 or 4980.37.

(2) The applicant complies with Section 4980.76, if applicable.

(3) The applicant's supervised experience is substantially equivalent to that required for a license under this chapter. ~~The board shall consider hours of experience obtained outside of California during the six-year period immediately preceding the date the applicant initially obtained the license described above.~~ *If the applicant has less than 3,000 hours of qualifying supervised experience, time actively licensed as a marriage and family therapist shall be accepted at a rate of 100 hours per month up to a maximum of 1,200 hours.*

(4) The applicant passes the California law and ethics examination.

(5) The applicant passes a clinical examination designated by the board. An applicant who obtained his or her license or registration under another jurisdiction may apply for licensure with the board without taking the clinical examination if both of the following conditions are met:

1 (A) The applicant obtained a passing score on the licensing
2 examination set forth in regulation as accepted by the board.

3 (B) The applicant's license or registration in that jurisdiction is
4 in good standing at the time of his or her application and has not
5 been revoked, suspended, surrendered, denied, or otherwise
6 restricted or encumbered as a result of any disciplinary proceeding
7 brought by the licensing authority of that jurisdiction.

8 SEC. 21. Section 4989.68 of the Business and Professions
9 Code is amended to read:

10 4989.68. (a) The board shall assess the following fees relating
11 to the licensure of educational psychologists:

12 (1) The application fee for examination eligibility shall be one
13 hundred dollars (\$100).

14 (2) The fee for issuance of the initial license shall be a maximum
15 amount of one hundred fifty dollars (\$150).

16 (3) The fee for license renewal shall be a maximum amount of
17 one hundred fifty dollars (\$150).

18 (4) The delinquency fee shall be *a maximum amount of*
19 *seventy-five* dollars (\$75). A person who permits his or her license
20 to become delinquent may have it restored only upon payment of
21 all the fees that he or she would have paid if the license had not
22 become delinquent, plus the payment of any and all delinquency
23 fees.

24 (5) The written examination fee shall be one hundred dollars
25 (\$100). An applicant who fails to appear for an examination, once
26 having been scheduled, shall forfeit any examination fees he or
27 she paid.

28 (6) The fee for rescoring a written examination shall be twenty
29 dollars (\$20).

30 (7) The fee for issuance of a replacement registration, license,
31 or certificate shall be twenty dollars (\$20).

32 (8) The fee for issuance of a certificate or letter of good standing
33 shall be twenty-five dollars (\$25).

34 (9) The fee for issuance of a retired license shall be forty dollars
35 (\$40).

36 (b) With regard to all license, examination, and other fees, the
37 board shall establish fee amounts at or below the maximum
38 amounts specified in this chapter .

1 SEC. 22. Section 4996.3 of the Business and Professions Code,
2 as amended by Section 55 of Chapter 799 of the Statutes of 2012,
3 is amended to read:

4 4996.3. (a) The board shall assess the following fees relating
5 to the licensure of clinical social workers:

6 (1) The application fee for registration as an associate clinical
7 social worker shall be seventy-five dollars (\$75).

8 (2) The fee for renewal of an associate clinical social worker
9 registration shall be seventy-five dollars (\$75).

10 (3) The fee for application for examination eligibility shall be
11 one hundred dollars (\$100).

12 (4) The fee for the clinical examination shall be one hundred
13 dollars (\$100). The fee for the California law and ethics
14 examination shall be one hundred dollars (\$100).

15 (A) An applicant who fails to appear for an examination, after
16 having been scheduled to take the examination, shall forfeit the
17 examination fees.

18 (B) The amount of the examination fees shall be based on the
19 actual cost to the board of developing, purchasing, and grading
20 each examination and the actual cost to the board of administering
21 each examination. The written examination fees shall be adjusted
22 periodically by regulation to reflect the actual costs incurred by
23 the board.

24 (5) The fee for rescoring an examination shall be twenty dollars
25 (\$20).

26 (6) The fee for issuance of an initial license shall be a maximum
27 of one hundred fifty-five dollars (\$155).

28 (7) The fee for license renewal shall be a maximum of one
29 hundred fifty-five dollars (\$155).

30 (8) The fee for inactive license renewal shall be a maximum of
31 seventy-seven dollars and fifty cents (\$77.50).

32 (9) The renewal delinquency fee shall be *a maximum of*
33 seventy-five dollars (\$75). A person who permits his or her license
34 to expire is subject to the delinquency fee.

35 (10) The fee for issuance of a replacement registration, license,
36 or certificate shall be twenty dollars (\$20).

37 (11) The fee for issuance of a certificate or letter of good
38 standing shall be twenty-five dollars (\$25).

39 (12) The fee for issuance of a retired license shall be forty dollars
40 (\$40).

(b) With regard to license, examination, and other fees, the board shall establish fee amounts at or below the maximum amounts specified in this chapter .

(c) This section shall become operative on January 1, 2014.

SEC. 23. Section 4996.9 of the Business and Professions Code is amended to read:

4996.9. The practice of clinical social work is defined as a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a nonmedical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; ~~or~~ doing research related to social work; *and the use, application, and integration of the coursework and experience required by Sections 4996.2 and 4996.23.*

Psychotherapy, within the meaning of this chapter, is the use of psychosocial methods within a professional relationship, to assist the person or persons to achieve a better psychosocial adaptation, to acquire greater human realization of psychosocial potential and adaptation, *and* to modify internal and external conditions which affect individuals, groups, or communities in respect to behavior, emotions, and thinking, in respect to their intrapersonal and interpersonal processes.

SEC. 24. Section 4996.18 of the Business and Professions Code is amended to read:

4996.18. (a) A person who wishes to be credited with experience toward licensure requirements shall register with the board as an associate clinical social worker prior to obtaining that experience. The application shall be made on a form prescribed by the board.

(b) An applicant for registration shall satisfy the following requirements:

(1) Possess a master's degree from an accredited school or department of social work.

1 (2) Have committed no crimes or acts constituting grounds for
2 denial of licensure under Section 480.

3 (3) Commencing January 1, 2014, have completed training or
4 coursework, which may be embedded within more than one course,
5 in California law and professional ethics for clinical social workers,
6 including instruction in all of the following areas of study:

7 (A) Contemporary professional ethics and statutes, regulations,
8 and court decisions that delineate the scope of practice of clinical
9 social work.

10 (B) The therapeutic, clinical, and practical considerations
11 involved in the legal and ethical practice of clinical social work,
12 including, but not limited to, family law.

13 (C) The current legal patterns and trends in the mental health
14 professions.

15 (D) The psychotherapist-patient privilege, confidentiality,
16 dangerous patients, and the treatment of minors with and without
17 parental consent.

18 (E) A recognition and exploration of the relationship between
19 a practitioner's sense of self and human values, and his or her
20 professional behavior and ethics.

21 (F) Differences in legal and ethical standards for different types
22 of work settings.

23 (G) Licensing law and process.

24 (c) An applicant who possesses a master's degree from a school
25 or department of social work that is a candidate for accreditation
26 by the Commission on Accreditation of the Council on Social
27 Work Education shall be eligible, and shall be required, to register
28 as an associate clinical social worker in order to gain experience
29 toward licensure if the applicant has not committed any crimes or
30 acts that constitute grounds for denial of licensure under Section
31 480. That applicant shall not, however, be eligible for examination
32 until the school or department of social work has received
33 accreditation by the Commission on Accreditation of the Council
34 on Social Work Education.

35 *(d) All applicants and registrants shall be at all times under the*
36 *supervision of a supervisor who shall be responsible for ensuring*
37 *that the extent, kind, and quality of counseling performed is*
38 *consistent with the training and experience of the person being*
39 *supervised, and who shall be responsible to the board for*

1 *compliance with all laws, rules, and regulations governing the*
2 *practice of clinical social work.*

3 ~~(d)~~

4 (e) Any experience obtained under the supervision of a spouse
5 or relative by blood or marriage shall not be credited toward the
6 required hours of supervised experience. Any experience obtained
7 under the supervision of a supervisor with whom the applicant has
8 a personal relationship that undermines the authority or
9 effectiveness of the supervision shall not be credited toward the
10 required hours of supervised experience.

11 ~~(e)~~

12 (f) An applicant who possesses a master's degree from an
13 accredited school or department of social work shall be able to
14 apply experience the applicant obtained during the time the
15 accredited school or department was in candidacy status by the
16 Commission on Accreditation of the Council on Social Work
17 Education toward the licensure requirements, if the experience
18 meets the requirements of Section 4996.23. This subdivision shall
19 apply retroactively to persons who possess a master's degree from
20 an accredited school or department of social work and who
21 obtained experience during the time the accredited school or
22 department was in candidacy status by the Commission on
23 Accreditation of the Council on Social Work Education.

24 ~~(f)~~

25 (g) An applicant for registration or licensure trained in an
26 educational institution outside the United States shall demonstrate
27 to the satisfaction of the board that he or she possesses a master's
28 of social work degree that is equivalent to a master's degree issued
29 from a school or department of social work that is accredited by
30 the Commission on Accreditation of the Council on Social Work
31 Education. These applicants shall provide the board with a
32 comprehensive evaluation of the degree and shall provide any
33 other documentation the board deems necessary. The board has
34 the authority to make the final determination as to whether a degree
35 meets all requirements, including, but not limited to, course
36 requirements regardless of evaluation or accreditation.

37 ~~(g)~~

38 (h) A registrant shall not provide clinical social work services
39 to the public for a fee, monetary or otherwise, except as an
40 employee.

1 ~~(h)~~

2 (i) A registrant shall inform each client or patient prior to
3 performing any professional services that he or she is unlicensed
4 and is under the supervision of a licensed professional.

5 SEC. 25. Section 4996.23 of the Business and Professions
6 Code is amended to read:

7 4996.23. The experience required by subdivision (c) of Section
8 4996.2 shall meet the following criteria:

9 (a) All persons registered with the board on and after January
10 1, 2002, shall have at least 3,200 hours of post-master's degree
11 supervised experience providing clinical social work services as
12 permitted by Section 4996.9. At least 1,700 hours shall be gained
13 under the supervision of a licensed clinical social worker. The
14 remaining required supervised experience may be gained under
15 the supervision of a licensed mental health professional acceptable
16 to the board as defined by a regulation adopted by the board. This
17 experience shall consist of the following:

18 (1) A minimum of 2,000 hours in clinical psychosocial
19 diagnosis, assessment, and treatment, including psychotherapy or
20 counseling.

21 (2) A maximum of 1,200 hours in client-centered advocacy,
22 consultation, evaluation, and research.

23 (3) Of the 2,000 clinical hours required in paragraph (1), no less
24 than 750 hours shall be face-to-face individual or group
25 psychotherapy provided to clients in the context of clinical social
26 work services.

27 (4) A minimum of two years of supervised experience is required
28 to be obtained over a period of not less than 104 weeks and shall
29 have been gained within the six years immediately preceding the
30 date on which the application for licensure was filed.

31 (5) Experience shall not be credited for more than 40 hours in
32 any week.

33 (b) "Supervision" means responsibility for, and control of, the
34 quality of clinical social work services being provided.
35 Consultation or peer discussion shall not be considered to be
36 supervision.

37 (c) (1) Prior to the commencement of supervision, a supervisor
38 shall comply with all requirements enumerated in Section 1870 of
39 Title 16 of the California Code of Regulations and shall sign under

1 penalty of perjury the “Responsibility Statement for Supervisors
2 of an Associate Clinical Social Worker” form.

3 (2) Supervised experience shall include at least one hour of
4 direct supervisor contact for a minimum of 104 weeks. For
5 purposes of this subdivision, “one hour of direct supervisor contact”
6 means one hour per week of face-to-face contact on an individual
7 basis or two hours of face-to-face contact in a group conducted
8 within the same week as the hours claimed.

9 (3) An associate shall receive at least one additional hour of
10 direct supervisor contact for every week in which more than 10
11 hours of face-to-face psychotherapy is performed in each setting
12 in which experience is gained. No more than five hours of
13 supervision, whether individual or group, shall be credited during
14 any single week.

15 (4) Group supervision shall be provided in a group of not more
16 than eight supervisees and shall be provided in segments lasting
17 no less than one continuous hour.

18 (5) Of the 104 weeks of required supervision, 52 weeks shall
19 be individual supervision, and of the 52 weeks of required
20 individual supervision, not less than 13 weeks shall be supervised
21 by a licensed clinical social worker.

22 (6) Notwithstanding paragraph (2), an associate clinical social
23 worker working for a governmental entity, school, college, or
24 university, or an institution that is both a nonprofit and charitable
25 institution, may obtain the required weekly direct supervisor
26 contact via live two-way videoconferencing. The supervisor shall
27 be responsible for ensuring that client confidentiality is preserved.

28 (d) The supervisor and the associate shall develop a supervisory
29 plan that describes the goals and objectives of supervision. These
30 goals shall include the ongoing assessment of strengths and
31 limitations and the assurance of practice in accordance with the
32 laws and regulations. The associate shall submit to the board the
33 initial original supervisory plan upon application for licensure.

34 (e) Experience shall only be gained in a setting that meets both
35 of the following:

36 (1) Lawfully and regularly provides clinical social work, mental
37 health counseling, or psychotherapy.

38 (2) Provides oversight to ensure that the associate’s work at the
39 setting meets the experience and supervision requirements set forth

1 in this chapter and is within the scope of practice for the profession
2 as defined in Section 4996.9.

3 (f) Experience shall not be gained until the applicant has been
4 registered as an associate clinical social worker.

5 (g) Employment in a private practice as defined in subdivision
6 (h) shall not commence until the applicant has been registered as
7 an associate clinical social worker.

8 (h) A private practice setting is a setting that is owned by a
9 licensed clinical social worker, a licensed marriage and family
10 therapist, a licensed psychologist, a licensed physician and surgeon,
11 or a professional corporation of any of those licensed professions.

12 *(i) Work performed by an associate as an independent*
13 *contractor or reported on an IRS Form 1099 shall not satisfy the*
14 *requirements of this chapter regarding gaining hours of supervised*
15 *experience.*

16 ~~(i)~~

17 (j) If volunteering, the associate shall provide the board with a
18 letter from his or her employer verifying his or her voluntary status
19 upon application for licensure.

20 ~~(j)~~

21 (k) If employed, the associate shall provide the board with copies
22 of his or her W-2 tax forms for each year of experience claimed
23 upon application for licensure.

24 ~~(k)~~

25 (l) While an associate may be either a paid employee or
26 volunteer, employers are encouraged to provide fair remuneration
27 to associates.

28 ~~(l)~~

29 (m) An associate shall not do the following:

30 (1) Receive any remuneration from patients or clients and shall
31 only be paid by his or her employer.

32 (2) Have any proprietary interest in the employer's business.

33 (3) Lease or rent space, pay for furnishings, equipment, or
34 supplies, or in any other way pay for the obligations of his or her
35 employer.

36 ~~(m)~~

37 (n) An associate, whether employed or volunteering, may obtain
38 supervision from a person not employed by the associate's
39 employer if that person has signed a written agreement with the

1 employer to take supervisory responsibility for the associate's
2 social work services.

3 ~~(n)~~

4 (o) Notwithstanding any other provision of law, associates and
5 applicants for examination shall receive a minimum of one hour
6 of supervision per week for each setting in which he or she is
7 working.

8 SEC. 26. Section 4999.33 of the Business and Professions
9 Code is amended to read:

10 4999.33. (a) This section shall apply to the following:

11 (1) Applicants for examination eligibility or registration who
12 begin graduate study before August 1, 2012, and do not complete
13 that study on or before December 31, 2018.

14 (2) Applicants for examination eligibility or registration who
15 begin graduate study before August 1, 2012, and who graduate
16 from a degree program that meets the requirements of this section.

17 (3) Applicants for examination eligibility or registration who
18 begin graduate study on or after August 1, 2012.

19 (b) To qualify for examination eligibility or registration,
20 applicants shall possess a master's or doctoral degree that is
21 counseling or psychotherapy in content and that meets the
22 requirements of this section, obtained from an accredited or
23 approved institution, as defined in Section 4999.12. For purposes
24 of this subdivision, a degree is "counseling or psychotherapy in
25 content" if it contains the supervised practicum or field study
26 experience described in paragraph (3) of subdivision (c) and, except
27 as provided in subdivision (f), the coursework in the core content
28 areas listed in subparagraphs (A) to (M), inclusive, of paragraph
29 (1) of subdivision (c).

30 (c) The degree described in subdivision (b) shall contain not
31 less than 60 graduate semester or 90 graduate quarter units of
32 instruction, which shall, except as provided in subdivision (f),
33 include all of the following:

34 (1) The equivalent of at least three semester units or four and
35 one-half quarter units of graduate study in all of the following core
36 content areas:

37 (A) Counseling and psychotherapeutic theories and techniques,
38 including the counseling process in a multicultural society, an
39 orientation to wellness and prevention, counseling theories to assist
40 in selection of appropriate counseling interventions, models of

1 counseling consistent with current professional research and
2 practice, development of a personal model of counseling, and
3 multidisciplinary responses to crises, emergencies, and disasters.

4 (B) Human growth and development across the lifespan,
5 including normal and abnormal behavior and an understanding of
6 developmental crises, disability, psychopathology, and situational
7 and environmental factors that affect both normal and abnormal
8 behavior.

9 (C) Career development theories and techniques, including
10 career development decisionmaking models and interrelationships
11 among and between work, family, and other life roles and factors,
12 including the role of multicultural issues in career development.

13 (D) Group counseling theories and techniques, including
14 principles of group dynamics, group process components, group
15 developmental stage theories, therapeutic factors of group work,
16 group leadership styles and approaches, pertinent research and
17 literature, group counseling methods, and evaluation of
18 effectiveness.

19 (E) Assessment, appraisal, and testing of individuals, including
20 basic concepts of standardized and nonstandardized testing and
21 other assessment techniques, norm-referenced and
22 criterion-referenced assessment, statistical concepts, social and
23 cultural factors related to assessment and evaluation of individuals
24 and groups, and ethical strategies for selecting, administering, and
25 interpreting assessment instruments and techniques in counseling.

26 (F) Multicultural counseling theories and techniques, including
27 counselors' roles in developing cultural self-awareness, identity
28 development, promoting cultural social justice, individual and
29 community strategies for working with and advocating for diverse
30 populations, and counselors' roles in eliminating biases and
31 prejudices, and processes of intentional and unintentional
32 oppression and discrimination.

33 (G) Principles of the diagnostic process, including differential
34 diagnosis, and the use of current diagnostic tools, such as the
35 current edition of the Diagnostic and Statistical Manual, the impact
36 of co-occurring substance use disorders or medical psychological
37 disorders, established diagnostic criteria for mental or emotional
38 disorders, and the treatment modalities and placement criteria
39 within the continuum of care.

1 (H) Research and evaluation, including studies that provide an
2 understanding of research methods, statistical analysis, the use of
3 research to inform evidence-based practice, the importance of
4 research in advancing the profession of counseling, and statistical
5 methods used in conducting research, needs assessment, and
6 program evaluation.

7 (I) Professional orientation, ethics, and law in counseling,
8 including California law and professional ethics for professional
9 clinical counselors, professional ethical standards and legal
10 considerations, licensing law and process, regulatory laws that
11 delineate the profession's scope of practice, counselor-client
12 privilege, confidentiality, the client dangerous to self or others,
13 treatment of minors with or without parental consent, relationship
14 between practitioner's sense of self and human values, functions
15 and relationships with other human service providers, strategies
16 for collaboration, and advocacy processes needed to address
17 institutional and social barriers that impede access, equity, and
18 success for clients.

19 (J) Psychopharmacology, including the biological bases of
20 behavior, basic classifications, indications, and contraindications
21 of commonly prescribed psychopharmacological medications so
22 that appropriate referrals can be made for medication evaluations
23 and so that the side effects of those medications can be identified.

24 (K) Addictions counseling, including substance abuse,
25 co-occurring disorders, and addiction, major approaches to
26 identification, evaluation, treatment, and prevention of substance
27 abuse and addiction, legal and medical aspects of substance abuse,
28 populations at risk, the role of support persons, support systems,
29 and community resources.

30 (L) Crisis or trauma counseling, including crisis theory;
31 multidisciplinary responses to crises, emergencies, or disasters;
32 cognitive, affective, behavioral, and neurological effects associated
33 with trauma; brief, intermediate, and long-term approaches; and
34 assessment strategies for clients in crisis and principles of
35 intervention for individuals with mental or emotional disorders
36 during times of crisis, emergency, or disaster.

37 (M) Advanced counseling and psychotherapeutic theories and
38 techniques, including the application of counseling constructs,
39 assessment and treatment planning, clinical interventions,
40 therapeutic relationships, psychopathology, or other clinical topics.

(2) In addition to the course requirements described in paragraph (1), 15 semester units or 22.5 quarter units of advanced coursework to develop knowledge of specific treatment issues or special populations.

(3) Not less than six semester units or nine quarter units of supervised practicum or field study experience, or the equivalent, in a clinical setting that provides a range of professional clinical counseling experience, including the following:

- (A) Applied psychotherapeutic techniques.
- (B) Assessment.
- (C) Diagnosis.
- (D) Prognosis.
- (E) Treatment.
- (F) Issues of development, adjustment, and maladjustment.
- (G) Health and wellness promotion.
- (H) Professional writing including documentation of services, treatment plans, and progress notes.
- (I) How to find and use resources.
- (J) Other recognized counseling interventions.
- (K) A minimum of 280 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

(d) The 60 graduate semester units or 90 graduate quarter units of instruction required pursuant to subdivision (c) shall, in addition to meeting the requirements of subdivision (c), include instruction in all of the following:

(1) The understanding of human behavior within the social context of socioeconomic status and other contextual issues affecting social position.

(2) The understanding of human behavior within the social context of a representative variety of the cultures found within California.

(3) Cultural competency and sensitivity, including a familiarity with the racial, cultural, linguistic, and ethnic backgrounds of persons living in California.

(4) An understanding of the effects of socioeconomic status on treatment and available resources.

(5) Multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and disability and their incorporation into the psychotherapeutic process.

(6) Case management, systems of care for the severely mentally ill, public and private services for the severely mentally ill, community resources for victims of abuse, disaster and trauma response, advocacy for the severely mentally ill, and collaborative treatment. The instruction required in this paragraph may be provided either in credit level coursework or through extension programs offered by the degree-granting institution.

(7) Human sexuality, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.

(8) Spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.

~~(9) Child abuse assessment and reporting.~~

(9) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting, as specified in Section 28, and any regulations promulgated thereunder.

(10) Aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(e) A degree program that qualifies for licensure under this section shall do all of the following:

(1) Integrate the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments.

(2) Integrate an understanding of various cultures and the social and psychological implications of socioeconomic position.

(3) Provide the opportunity for students to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(f) (1) An applicant whose degree is deficient in no more than three of the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) may satisfy those deficiencies by successfully completing post-master's or postdoctoral degree coursework at an accredited or approved institution, as defined in Section 4999.12.

(2) Coursework taken to meet deficiencies in the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) shall be the equivalent of three semester units or four and one-half quarter units of study.

(3) The board shall make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation.

SEC. 27. Section 4999.46 of the Business and Professions Code, as amended by Section 65 of Chapter 799 of the Statutes of 2012, is amended to read:

4999.46. (a) To qualify for the licensure examination specified by paragraph (2) of subdivision (a) of Section 4999.53, applicants shall complete clinical mental health experience under the general supervision of an approved supervisor as defined in Section 4999.12.

(b) The experience shall include a minimum of 3,000 postdegree hours of supervised clinical mental health experience related to the practice of professional clinical counseling, performed over a period of not less than two years (104 weeks), which shall include:

(1) Not more than 40 hours in any seven consecutive days.

(2) Not less than 1,750 hours of direct counseling with individuals or groups in a setting described in Section 4999.44 using a variety of psychotherapeutic techniques and recognized counseling interventions within the scope of practice of licensed professional clinical counselors.

(3) Not more than 500 hours of experience providing group therapy or group counseling.

~~(4) Not more than 250 hours of experience providing counseling or crisis counseling on the telephone.~~

(4) Not more than 375 hours of experience providing personal psychotherapy, crisis counseling, or other counseling services via telehealth in accordance with Section 2290.5.

(5) Not less than 150 hours of clinical experience in a hospital or community mental health setting, as defined in Section 1820 of Title 16 of the California Code of Regulations.

(6) Not more than a combined total of 1,250 hours of experience in the following related activities:

(A) Direct supervisor contact.

(B) Client centered advocacy.

1 (C) Not more than 250 hours of experience administering tests
2 and evaluating psychological tests of clients, writing clinical
3 reports, writing progress notes, or writing process notes.

4 (D) Not more than 250 hours of verified attendance at
5 workshops, *seminars*, training sessions, or conferences directly
6 related to professional clinical counseling that are approved by the
7 applicant's supervisor.

8 (c) No hours of clinical mental health experience may be gained
9 more than six years prior to the date the application for examination
10 eligibility was filed.

11 (d) An applicant shall register with the board as an intern in
12 order to be credited for postdegree hours of experience toward
13 licensure. Postdegree hours of experience shall be credited toward
14 licensure, provided that the applicant applies for intern registration
15 within 90 days of the granting of the qualifying degree and is
16 registered as an intern by the board.

17 (e) All applicants and interns shall be at all times under the
18 supervision of a supervisor who shall be responsible for ensuring
19 that the extent, kind, and quality of counseling performed is
20 consistent with the training and experience of the person being
21 supervised, and who shall be responsible to the board for
22 compliance with all laws, rules, and regulations governing the
23 practice of professional clinical counseling.

24 (f) Experience obtained under the supervision of a spouse or
25 relative by blood or marriage shall not be credited toward the
26 required hours of supervised experience. Experience obtained
27 under the supervision of a supervisor with whom the applicant has
28 had or currently has a personal, professional, or business
29 relationship that undermines the authority or effectiveness of the
30 supervision shall not be credited toward the required hours of
31 supervised experience.

32 (g) ~~Supervision—~~*Except for experience gained pursuant to*
33 *subparagraph (D) of paragraph (6) of subdivision (b), supervision*
34 *shall include at least one hour of direct supervisor contact in each*
35 *week for which experience is credited in each work setting.*

36 (1) No more than five hours of supervision, whether individual
37 or group, shall be credited during any single week.

38 (2) An intern shall receive at least one additional hour of direct
39 supervisor contact for every week in which more than 10 hours of

1 face-to-face psychotherapy is performed in each setting in which
2 experience is gained.

3 (3) For purposes of this section, “one hour of direct supervisor
4 contact” means one hour of face-to-face contact on an individual
5 basis or two hours of face-to-face contact in a group of not more
6 than eight persons in segments lasting no less than one continuous
7 hour.

8 (4) Notwithstanding paragraph (3), an intern working in a
9 governmental entity, a school, a college, or a university, or an
10 institution that is both nonprofit and charitable, may obtain the
11 required weekly direct supervisor contact via two-way, real-time
12 videoconferencing. The supervisor shall be responsible for ensuring
13 that client confidentiality is upheld.

14 (h) This section shall become operative on January 1, 2014.

15 SEC. 28. Section 4999.47 of the Business and Professions
16 Code is amended to read:

17 4999.47. (a) Clinical counselor trainees, interns, and applicants
18 shall perform services *only* as an employee or as a volunteer.

19 The requirements of this chapter regarding gaining hours of
20 clinical mental health experience and supervision are applicable
21 equally to employees and volunteers. ~~Experience shall not be~~
22 ~~gained by clinical counselor interns or trainees as an independent~~
23 ~~contractor~~ *Work performed as an independent contractor or*
24 *reported on an IRS Form 1099 shall not satisfy the requirements*
25 *of this chapter regarding gaining hours of supervised experience.*

26 (1) If employed, a clinical counselor intern shall provide the
27 board with copies of the corresponding W-2 tax forms for each
28 year of experience claimed upon application for licensure as a
29 professional clinical counselor.

30 (2) If volunteering, a clinical counselor intern shall provide the
31 board with a letter from his or her employer verifying the intern’s
32 employment as a volunteer upon application for licensure as a
33 professional clinical counselor.

34 (b) Clinical counselor trainees, interns, and applicants shall not
35 receive any remuneration from patients or clients, and shall only
36 be paid by their employers.

37 (c) While an intern may be either a paid employee or a volunteer,
38 employers are encouraged to provide fair remuneration.

39 (d) Clinical counselor trainees, interns, and applicants who
40 provide voluntary services or other services, and who receive no

1 more than a total, from all work settings, of five hundred dollars
2 (\$500) per month as reimbursement for expenses actually incurred
3 by those clinical counselor trainees, interns, and applicants for
4 services rendered in any lawful work setting other than a private
5 practice shall be considered an employee and not an independent
6 contractor.

7 (e) The board may audit an intern or applicant who receives
8 reimbursement for expenses and the intern or applicant shall have
9 the burden of demonstrating that the payments received were for
10 reimbursement of expenses actually incurred.

11 (f) Clinical counselor trainees, interns, and applicants shall only
12 perform services at the place where their employer regularly
13 conducts business and services, which may include other locations,
14 as long as the services are performed under the direction and
15 control of the employer and supervisor in compliance with the
16 laws and regulations pertaining to supervision. Clinical counselor
17 trainees, interns, and applicants shall have no proprietary interest
18 in the employer's business.

19 (g) Each educational institution preparing applicants for
20 licensure pursuant to this chapter shall consider requiring, and
21 shall encourage, its students to undergo individual, marital or
22 conjoint, family, or group counseling or psychotherapy, as
23 appropriate. Each supervisor shall consider, advise, and encourage
24 his or her interns and clinical counselor trainees regarding the
25 advisability of undertaking individual, marital or conjoint, family,
26 or group counseling or psychotherapy, as appropriate. Insofar as
27 it is deemed appropriate and is desired by the applicant, the
28 educational institution and supervisors are encouraged to assist
29 the applicant in locating that counseling or psychotherapy at a
30 reasonable cost.

31 SEC. 29. Section 4999.60 of the Business and Professions
32 Code is amended to read:

33 4999.60. (a) This section applies to persons who are licensed
34 outside of California and apply for examination eligibility on or
35 after January 1, 2014.

36 (b) The board may issue a license to a person who, at the time
37 of submitting an application for a license pursuant to this chapter,
38 holds a valid license as a professional clinical counselor, or other
39 counseling license that allows the applicant to independently

1 provide clinical mental health services, in another jurisdiction of
2 the United States if all of the following conditions are satisfied:

3 (1) The applicant's education is substantially equivalent, as
4 defined in Section 4999.62.

5 (2) The applicant complies with subdivision (b) of Section
6 4999.40, if applicable.

7 (3) The applicant's supervised experience is substantially
8 equivalent to that required for a license under this chapter. ~~The~~
9 ~~board shall consider hours of experience obtained outside of~~
10 ~~California during the six-year period immediately preceding the~~
11 ~~date the applicant initially obtained the license described above.~~
12 *If the applicant has less than 3,000 hours of qualifying supervised*
13 *experience, time actively licensed as a professional clinical*
14 *counselor shall be accepted at a rate of 100 hours per month up*
15 *to a maximum of 1,200 hours.*

16 (4) The applicant passes the examinations required to obtain a
17 license under this chapter. An applicant who obtained his or her
18 license or registration under another jurisdiction may apply for
19 licensure with the board without taking the clinical examination
20 if both of the following conditions are met:

21 (A) The applicant obtained a passing score on the licensing
22 examination set forth in regulation as accepted by the board.

23 (B) The applicant's license or registration in that jurisdiction is
24 in good standing at the time of his or her application and has not
25 been revoked, suspended, surrendered, denied, or otherwise
26 restricted or encumbered as a result of any disciplinary proceeding
27 brought by the licensing authority of that jurisdiction.

28 SEC. 30. Section 14132 of the Welfare and Institutions Code
29 is amended to read:

30 14132. The following is the schedule of benefits under this
31 chapter:

32 (a) Outpatient services are covered as follows:

33 Physician, hospital or clinic outpatient, surgical center,
34 respiratory care, optometric, chiropractic, psychology, podiatric,
35 occupational therapy, physical therapy, speech therapy, audiology,
36 acupuncture to the extent federal matching funds are provided for
37 acupuncture, and services of persons rendering treatment by prayer
38 or healing by spiritual means in the practice of any church or
39 religious denomination insofar as these can be encompassed by

1 federal participation under an approved plan, subject to utilization
2 controls.

3 (b) (1) Inpatient hospital services, including, but not limited
4 to, physician and podiatric services, physical therapy and
5 occupational therapy, are covered subject to utilization controls.

6 (2) For Medi-Cal fee-for-service beneficiaries, emergency
7 services and care that are necessary for the treatment of an
8 emergency medical condition and medical care directly related to
9 the emergency medical condition. This paragraph shall not be
10 construed to change the obligation of Medi-Cal managed care
11 plans to provide emergency services and care. For the purposes of
12 this paragraph, “emergency services and care” and “emergency
13 medical condition” shall have the same meanings as those terms
14 are defined in Section 1317.1 of the Health and Safety Code.

15 (c) Nursing facility services, subacute care services, and services
16 provided by any category of intermediate care facility for the
17 developmentally disabled, including podiatry, physician, nurse
18 practitioner services, and prescribed drugs, as described in
19 subdivision (d), are covered subject to utilization controls.
20 Respiratory care, physical therapy, occupational therapy, speech
21 therapy, and audiology services for patients in nursing facilities
22 and any category of intermediate care facility for the
23 developmentally disabled are covered subject to utilization controls.

24 (d) (1) Purchase of prescribed drugs is covered subject to the
25 Medi-Cal List of Contract Drugs and utilization controls.

26 (2) Purchase of drugs used to treat erectile dysfunction or any
27 off-label uses of those drugs are covered only to the extent that
28 federal financial participation is available.

29 (3) (A) To the extent required by federal law, the purchase of
30 outpatient prescribed drugs, for which the prescription is executed
31 by a prescriber in written, nonelectronic form on or after April 1,
32 2008, is covered only when executed on a tamper resistant
33 prescription form. The implementation of this paragraph shall
34 conform to the guidance issued by the federal Centers of Medicare
35 and Medicaid Services but shall not conflict with state statutes on
36 the characteristics of tamper resistant prescriptions for controlled
37 substances, including Section 11162.1 of the Health and Safety
38 Code. The department shall provide providers and beneficiaries
39 with as much flexibility in implementing these rules as allowed
40 by the federal government. The department shall notify and consult

1 with appropriate stakeholders in implementing, interpreting, or
2 making specific this paragraph.

3 (B) 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 take the actions specified in subparagraph (A)
6 by means of a provider bulletin or notice, policy letter, or other
7 similar instructions without taking regulatory action.

8 (4) (A) (i) For the purposes of this paragraph, nonlegend has
9 the same meaning as defined in subdivision (a) of Section
10 14105.45.

11 (ii) Nonlegend acetaminophen-containing products, with the
12 exception of children's acetaminophen-containing products,
13 selected by the department are not covered benefits.

14 (iii) Nonlegend cough and cold products selected by the
15 department are not covered benefits. This clause shall be
16 implemented on the first day of the first calendar month following
17 90 days after the effective date of the act that added this clause,
18 or on the first day of the first calendar month following 60 days
19 after the date the department secures all necessary federal approvals
20 to implement this section, whichever is later.

21 (iv) Beneficiaries under the Early and Periodic Screening,
22 Diagnosis, and Treatment Program shall be exempt from clauses
23 (ii) and (iii).

24 (B) Notwithstanding Chapter 3.5 (commencing with Section
25 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
26 the department may take the actions specified in subparagraph (A)
27 by means of a provider bulletin or notice, policy letter, or other
28 similar instruction without taking regulatory action.

29 (e) Outpatient dialysis services and home hemodialysis services,
30 including physician services, medical supplies, drugs and
31 equipment required for dialysis, are covered, subject to utilization
32 controls.

33 (f) Anesthesiologist services when provided as part of an
34 outpatient medical procedure, nurse anesthetist services when
35 rendered in an inpatient or outpatient setting under conditions set
36 forth by the director, outpatient laboratory services, and X-ray
37 services are covered, subject to utilization controls. Nothing in
38 this subdivision shall be construed to require prior authorization
39 for anesthesiologist services provided as part of an outpatient
40 medical procedure or for portable X-ray services in a nursing

1 facility or any category of intermediate care facility for the
2 developmentally disabled.

3 (g) Blood and blood derivatives are covered.

4 (h) (1) Emergency and essential diagnostic and restorative
5 dental services, except for orthodontic, fixed bridgework, and
6 partial dentures that are not necessary for balance of a complete
7 artificial denture, are covered, subject to utilization controls. The
8 utilization controls shall allow emergency and essential diagnostic
9 and restorative dental services and prostheses that are necessary
10 to prevent a significant disability or to replace previously furnished
11 prostheses which are lost or destroyed due to circumstances beyond
12 the beneficiary's control. Notwithstanding the foregoing, the
13 director may by regulation provide for certain fixed artificial
14 dentures necessary for obtaining employment or for medical
15 conditions that preclude the use of removable dental prostheses,
16 and for orthodontic services in cleft palate deformities administered
17 by the department's California Children Services Program.

18 (2) For persons 21 years of age or older, the services specified
19 in paragraph (1) shall be provided subject to the following
20 conditions:

21 (A) Periodontal treatment is not a benefit.

22 (B) Endodontic therapy is not a benefit except for vital
23 pulpotomy.

24 (C) Laboratory processed crowns are not a benefit.

25 (D) Removable prosthetics shall be a benefit only for patients
26 as a requirement for employment.

27 (E) The director may, by regulation, provide for the provision
28 of fixed artificial dentures that are necessary for medical conditions
29 that preclude the use of removable dental prostheses.

30 (F) Notwithstanding the conditions specified in subparagraphs
31 (A) to (E), inclusive, the department may approve services for
32 persons with special medical disorders subject to utilization review.

33 (3) Paragraph (2) shall become inoperative July 1, 1995.

34 (i) Medical transportation is covered, subject to utilization
35 controls.

36 (j) Home health care services are covered, subject to utilization
37 controls.

38 (k) Prosthetic and orthotic devices and eyeglasses are covered,
39 subject to utilization controls. Utilization controls shall allow
40 replacement of prosthetic and orthotic devices and eyeglasses

1 necessary because of loss or destruction due to circumstances
2 beyond the beneficiary's control. Frame styles for eyeglasses
3 replaced pursuant to this subdivision shall not change more than
4 once every two years, unless the department so directs.

5 Orthopedic and conventional shoes are covered when provided
6 by a prosthetic and orthotic supplier on the prescription of a
7 physician and when at least one of the shoes will be attached to a
8 prosthesis or brace, subject to utilization controls. Modification
9 of stock conventional or orthopedic shoes when medically
10 indicated, is covered subject to utilization controls. When there is
11 a clearly established medical need that cannot be satisfied by the
12 modification of stock conventional or orthopedic shoes,
13 custom-made orthopedic shoes are covered, subject to utilization
14 controls.

15 Therapeutic shoes and inserts are covered when provided to
16 beneficiaries with a diagnosis of diabetes, subject to utilization
17 controls, to the extent that federal financial participation is
18 available.

19 (l) Hearing aids are covered, subject to utilization controls.
20 Utilization controls shall allow replacement of hearing aids
21 necessary because of loss or destruction due to circumstances
22 beyond the beneficiary's control.

23 (m) Durable medical equipment and medical supplies are
24 covered, subject to utilization controls. The utilization controls
25 shall allow the replacement of durable medical equipment and
26 medical supplies when necessary because of loss or destruction
27 due to circumstances beyond the beneficiary's control. The
28 utilization controls shall allow authorization of durable medical
29 equipment needed to assist a disabled beneficiary in caring for a
30 child for whom the disabled beneficiary is a parent, stepparent,
31 foster parent, or legal guardian, subject to the availability of federal
32 financial participation. The department shall adopt emergency
33 regulations to define and establish criteria for assistive durable
34 medical equipment in accordance with the rulemaking provisions
35 of the Administrative Procedure Act (Chapter 3.5 (commencing
36 with Section 11340) of Part 1 of Division 3 of Title 2 of the
37 Government Code).

38 (n) Family planning services are covered, subject to utilization
39 controls.

(o) Inpatient intensive rehabilitation hospital services, including respiratory rehabilitation services, in a general acute care hospital are covered, subject to utilization controls, when either of the following criteria are met:

(1) A patient with a permanent disability or severe impairment requires an inpatient intensive rehabilitation hospital program as described in Section 14064 to develop function beyond the limited amount that would occur in the normal course of recovery.

(2) A patient with a chronic or progressive disease requires an inpatient intensive rehabilitation hospital program as described in Section 14064 to maintain the patient's present functional level as long as possible.

(p) (1) Adult day health care is covered in accordance with Chapter 8.7 (commencing with Section 14520).

(2) Commencing 30 days after the effective date of the act that added this paragraph, and notwithstanding the number of days previously approved through a treatment authorization request, adult day health care is covered for a maximum of three days per week.

(3) As provided in accordance with paragraph (4), adult day health care is covered for a maximum of five days per week.

(4) As of the date that the director makes the declaration described in subdivision (g) of Section 14525.1, paragraph (2) shall become inoperative and paragraph (3) shall become operative.

(q) (1) Application of fluoride, or other appropriate fluoride treatment as defined by the department, *and* other prophylaxis treatment for children 17 years of age and ~~under~~, *under* are covered.

(2) All dental hygiene services provided by a *registered dental hygienist, registered dental hygienist in extended function, and registered dental hygienist in alternative practice licensed* pursuant to Sections ~~1768 and 1770~~ 1753, 1917, 1918, and 1922 of the Business and Professions Code may be covered as long as they are within the scope of Denti-Cal benefits and they are necessary services provided by a *registered dental hygienist, registered dental hygienist in extended functions, or registered dental hygienist in alternative practice*.

(r) (1) Paramedic services performed by a city, county, or special district, or pursuant to a contract with a city, county, or special district, and pursuant to a program established under Article 3 (commencing with Section 1480) of Chapter 2.5 of Division 2

1 of the Health and Safety Code by a paramedic certified pursuant
2 to that article, and consisting of defibrillation and those services
3 specified in subdivision (3) of Section 1482 of the article.

4 (2) All providers enrolled under this subdivision shall satisfy
5 all applicable statutory and regulatory requirements for becoming
6 a Medi-Cal provider.

7 (3) This subdivision shall be implemented only to the extent
8 funding is available under Section 14106.6.

9 (s) In-home medical care services are covered when medically
10 appropriate and subject to utilization controls, for beneficiaries
11 who would otherwise require care for an extended period of time
12 in an acute care hospital at a cost higher than in-home medical
13 care services. The director shall have the authority under this
14 section to contract with organizations qualified to provide in-home
15 medical care services to those persons. These services may be
16 provided to patients placed in shared or congregate living
17 arrangements, if a home setting is not medically appropriate or
18 available to the beneficiary. As used in this section, "in-home
19 medical care service" includes utility bills directly attributable to
20 continuous, 24-hour operation of life-sustaining medical equipment,
21 to the extent that federal financial participation is available.

22 As used in this subdivision, in-home medical care services,
23 include, but are not limited to:

24 (1) Level of care and cost of care evaluations.

25 (2) Expenses, directly attributable to home care activities, for
26 materials.

27 (3) Physician fees for home visits.

28 (4) Expenses directly attributable to home care activities for
29 shelter and modification to shelter.

30 (5) Expenses directly attributable to additional costs of special
31 diets, including tube feeding.

32 (6) Medically related personal services.

33 (7) Home nursing education.

34 (8) Emergency maintenance repair.

35 (9) Home health agency personnel benefits which permit
36 coverage of care during periods when regular personnel are on
37 vacation or using sick leave.

38 (10) All services needed to maintain antiseptic conditions at
39 stoma or shunt sites on the body.

40 (11) Emergency and nonemergency medical transportation.

1 (12) Medical supplies.

2 (13) Medical equipment, including, but not limited to, scales,
3 gurneys, and equipment racks suitable for paralyzed patients.

4 (14) Utility use directly attributable to the requirements of home
5 care activities which are in addition to normal utility use.

6 (15) Special drugs and medications.

7 (16) Home health agency supervision of visiting staff which is
8 medically necessary, but not included in the home health agency
9 rate.

10 (17) Therapy services.

11 (18) Household appliances and household utensil costs directly
12 attributable to home care activities.

13 (19) Modification of medical equipment for home use.

14 (20) Training and orientation for use of life-support systems,
15 including, but not limited to, support of respiratory functions.

16 (21) Respiratory care practitioner services as defined in Sections
17 3702 and 3703 of the Business and Professions Code, subject to
18 prescription by a physician and surgeon.

19 Beneficiaries receiving in-home medical care services are entitled
20 to the full range of services within the Medi-Cal scope of benefits
21 as defined by this section, subject to medical necessity and
22 applicable utilization control. Services provided pursuant to this
23 subdivision, which are not otherwise included in the Medi-Cal
24 schedule of benefits, shall be available only to the extent that
25 federal financial participation for these services is available in
26 accordance with a home- and community-based services waiver.

27 (t) Home- and community-based services approved by the
28 United States Department of Health and Human Services may be
29 covered to the extent that federal financial participation is available
30 for those services under waivers granted in accordance with Section
31 1396n of Title 42 of the United States Code. The director may
32 seek waivers for any or all home- and community-based services
33 approvable under Section 1396n of Title 42 of the United States
34 Code. Coverage for those services shall be limited by the terms,
35 conditions, and duration of the federal waivers.

36 (u) Comprehensive perinatal services, as provided through an
37 agreement with a health care provider designated in Section
38 14134.5 and meeting the standards developed by the department
39 pursuant to Section 14134.5, subject to utilization controls.

1 The department shall seek any federal waivers necessary to
2 implement the provisions of this subdivision. The provisions for
3 which appropriate federal waivers cannot be obtained shall not be
4 implemented. Provisions for which waivers are obtained or for
5 which waivers are not required shall be implemented
6 notwithstanding any inability to obtain federal waivers for the
7 other provisions. No provision of this subdivision shall be
8 implemented unless matching funds from Subchapter XIX
9 (commencing with Section 1396) of Chapter 7 of Title 42 of the
10 United States Code are available.

11 (v) Early and periodic screening, diagnosis, and treatment for
12 any individual under 21 years of age is covered, consistent with
13 the requirements of Subchapter XIX (commencing with Section
14 1396) of Chapter 7 of Title 42 of the United States Code.

15 (w) Hospice service which is Medicare-certified hospice service
16 is covered, subject to utilization controls. Coverage shall be
17 available only to the extent that no additional net program costs
18 are incurred.

19 (x) When a claim for treatment provided to a beneficiary
20 includes both services which are authorized and reimbursable
21 under this chapter, and services which are not reimbursable under
22 this chapter, that portion of the claim for the treatment and services
23 authorized and reimbursable under this chapter shall be payable.

24 (y) Home- and community-based services approved by the
25 United States Department of Health and Human Services for
26 beneficiaries with a diagnosis of AIDS or ARC, who require
27 intermediate care or a higher level of care.

28 Services provided pursuant to a waiver obtained from the
29 Secretary of the United States Department of Health and Human
30 Services pursuant to this subdivision, and which are not otherwise
31 included in the Medi-Cal schedule of benefits, shall be available
32 only to the extent that federal financial participation for these
33 services is available in accordance with the waiver, and subject to
34 the terms, conditions, and duration of the waiver. These services
35 shall be provided to individual beneficiaries in accordance with
36 the client's needs as identified in the plan of care, and subject to
37 medical necessity and applicable utilization control.

38 The director may under this section contract with organizations
39 qualified to provide, directly or by subcontract, services provided
40 for in this subdivision to eligible beneficiaries. Contracts or

1 agreements entered into pursuant to this division shall not be
2 subject to the Public Contract Code.

3 (z) Respiratory care when provided in organized health care
4 systems as defined in Section 3701 of the Business and Professions
5 Code, and as an in-home medical service as outlined in subdivision
6 (s).

7 (aa) (1) There is hereby established in the department, a
8 program to provide comprehensive clinical family planning
9 services to any person who has a family income at or below 200
10 percent of the federal poverty level, as revised annually, and who
11 is eligible to receive these services pursuant to the waiver identified
12 in paragraph (2). This program shall be known as the Family
13 Planning, Access, Care, and Treatment (Family PACT) Program.

14 (2) The department shall seek a waiver in accordance with
15 Section 1315 of Title 42 of the United States Code, or a state plan
16 amendment adopted in accordance with Section
17 1396a(a)(10)(A)(ii)(XXI)(ii)(2) of Title 42 of the United States
18 Code, which was added to Section 1396a of Title 42 of the United
19 States Code by Section 2303(a)(2) of the federal Patient Protection
20 and Affordable Care Act (PPACA) (Public Law 111-148), for a
21 program to provide comprehensive clinical family planning
22 services as described in paragraph (8). Under the waiver, the
23 program shall be operated only in accordance with the waiver and
24 the statutes and regulations in paragraph (4) and subject to the
25 terms, conditions, and duration of the waiver. Under the state plan
26 amendment, which shall replace the waiver and shall be known as
27 the Family PACT successor state plan amendment, the program
28 shall be operated only in accordance with this subdivision and the
29 statutes and regulations in paragraph (4). The state shall use the
30 standards and processes imposed by the state on January 1, 2007,
31 including the application of an eligibility discount factor to the
32 extent required by the federal Centers for Medicare and Medicaid
33 Services, for purposes of determining eligibility as permitted under
34 Section 1396a(a)(10)(A)(ii)(XXI)(ii)(2) of Title 42 of the United
35 States Code. To the extent that federal financial participation is
36 available, the program shall continue to conduct education,
37 outreach, enrollment, service delivery, and evaluation services as
38 specified under the waiver. The services shall be provided under
39 the program only if the waiver and, when applicable, the successor
40 state plan amendment are approved by the federal Centers for

1 Medicare and Medicaid Services and only to the extent that federal
2 financial participation is available for the services. Nothing in this
3 section shall prohibit the department from seeking the Family
4 PACT successor state plan amendment during the operation of the
5 waiver.

6 (3) Solely for the purposes of the waiver or Family PACT
7 successor state plan amendment and notwithstanding any other
8 provision of law, the collection and use of an individual's social
9 security number shall be necessary only to the extent required by
10 federal law.

11 (4) Sections 14105.3 to 14105.39, inclusive, 14107.11, 24005,
12 and 24013, and any regulations adopted under these statutes shall
13 apply to the program provided for under this subdivision. No other
14 provision of law under the Medi-Cal program or the State-Only
15 Family Planning Program shall apply to the program provided for
16 under this subdivision.

17 (5) Notwithstanding Chapter 3.5 (commencing with Section
18 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
19 the department may implement, without taking regulatory action,
20 the provisions of the waiver after its approval by the federal Health
21 Care Financing Administration and the provisions of this section
22 by means of an all-county letter or similar instruction to providers.
23 Thereafter, the department shall adopt regulations to implement
24 this section and the approved waiver in accordance with the
25 requirements of Chapter 3.5 (commencing with Section 11340) of
26 Part 1 of Division 3 of Title 2 of the Government Code. Beginning
27 six months after the effective date of the act adding this
28 subdivision, the department shall provide a status report to the
29 Legislature on a semiannual basis until regulations have been
30 adopted.

31 (6) In the event that the Department of Finance determines that
32 the program operated under the authority of the waiver described
33 in paragraph (2) or the Family PACT successor state plan
34 amendment is no longer cost effective, this subdivision shall
35 become inoperative on the first day of the first month following
36 the issuance of a 30-day notification of that determination in
37 writing by the Department of Finance to the chairperson in each
38 house that considers appropriations, the chairpersons of the
39 committees, and the appropriate subcommittees in each house that

1 considers the State Budget, and the Chairperson of the Joint
2 Legislative Budget Committee.

3 (7) If this subdivision ceases to be operative, all persons who
4 have received or are eligible to receive comprehensive clinical
5 family planning services pursuant to the waiver described in
6 paragraph (2) shall receive family planning services under the
7 Medi-Cal program pursuant to subdivision (n) if they are otherwise
8 eligible for Medi-Cal with no share of cost, or shall receive
9 comprehensive clinical family planning services under the program
10 established in Division 24 (commencing with Section 24000) either
11 if they are eligible for Medi-Cal with a share of cost or if they are
12 otherwise eligible under Section 24003.

13 (8) For purposes of this subdivision, “comprehensive clinical
14 family planning services” means the process of establishing
15 objectives for the number and spacing of children, and selecting
16 the means by which those objectives may be achieved. These
17 means include a broad range of acceptable and effective methods
18 and services to limit or enhance fertility, including contraceptive
19 methods, federal Food and Drug Administration approved
20 contraceptive drugs, devices, and supplies, natural family planning,
21 abstinence methods, and basic, limited fertility management.
22 Comprehensive clinical family planning services include, but are
23 not limited to, preconception counseling, maternal and fetal health
24 counseling, general reproductive health care, including diagnosis
25 and treatment of infections and conditions, including cancer, that
26 threaten reproductive capability, medical family planning treatment
27 and procedures, including supplies and followup, and
28 informational, counseling, and educational services.
29 Comprehensive clinical family planning services shall not include
30 abortion, pregnancy testing solely for the purposes of referral for
31 abortion or services ancillary to abortions, or pregnancy care that
32 is not incident to the diagnosis of pregnancy. Comprehensive
33 clinical family planning services shall be subject to utilization
34 control and include all of the following:

35 (A) Family planning related services and male and female
36 sterilization. Family planning services for men and women shall
37 include emergency services and services for complications directly
38 related to the contraceptive method, federal Food and Drug
39 Administration approved contraceptive drugs, devices, and

1 supplies, and followup, consultation, and referral services, as
2 indicated, which may require treatment authorization requests.

3 (B) All United States Department of Agriculture, federal Food
4 and Drug Administration approved contraceptive drugs, devices,
5 and supplies that are in keeping with current standards of practice
6 and from which the individual may choose.

7 (C) Culturally and linguistically appropriate health education
8 and counseling services, including informed consent, that include
9 all of the following:

10 (i) Psychosocial and medical aspects of contraception.

11 (ii) Sexuality.

12 (iii) Fertility.

13 (iv) Pregnancy.

14 (v) Parenthood.

15 (vi) Infertility.

16 (vii) Reproductive health care.

17 (viii) Preconception and nutrition counseling.

18 (ix) Prevention and treatment of sexually transmitted infection.

19 (x) Use of contraceptive methods, federal Food and Drug
20 Administration approved contraceptive drugs, devices, and
21 supplies.

22 (xi) Possible contraceptive consequences and followup.

23 (xii) Interpersonal communication and negotiation of
24 relationships to assist individuals and couples in effective
25 contraceptive method use and planning families.

26 (D) A comprehensive health history, updated at the next periodic
27 visit (between 11 and 24 months after initial examination) that
28 includes a complete obstetrical history, gynecological history,
29 contraceptive history, personal medical history, health risk factors,
30 and family health history, including genetic or hereditary
31 conditions.

32 (E) A complete physical examination on initial and subsequent
33 periodic visits.

34 (F) Services, drugs, devices, and supplies deemed by the federal
35 Centers for Medicare and Medicaid Services to be appropriate for
36 inclusion in the program.

37 (9) In order to maximize the availability of federal financial
38 participation under this subdivision, the director shall have the
39 discretion to implement the Family PACT successor state plan
40 amendment retroactively to July 1, 2010.

1 (ab) (1) Purchase of prescribed enteral nutrition products is
2 covered, subject to the Medi-Cal list of enteral nutrition products
3 and utilization controls.

4 (2) Purchase of enteral nutrition products is limited to those
5 products to be administered through a feeding tube, including, but
6 not limited to, a gastric, nasogastric, or jejunostomy tube.
7 Beneficiaries under the Early and Periodic Screening, Diagnosis,
8 and Treatment Program shall be exempt from this paragraph.

9 (3) Notwithstanding paragraph (2), the department may deem
10 an enteral nutrition product, not administered through a feeding
11 tube, including, but not limited to, a gastric, nasogastric, or
12 jejunostomy tube, a benefit for patients with diagnoses, including,
13 but not limited to, malabsorption and inborn errors of metabolism,
14 if the product has been shown to be neither investigational nor
15 experimental when used as part of a therapeutic regimen to prevent
16 serious disability or death.

17 (4) Notwithstanding Chapter 3.5 (commencing with Section
18 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
19 the department may implement the amendments to this subdivision
20 made by the act that added this paragraph by means of all-county
21 letters, provider bulletins, or similar instructions, without taking
22 regulatory action.

23 (5) The amendments made to this subdivision by the act that
24 added this paragraph shall be implemented June 1, 2011, or on the
25 first day of the first calendar month following 60 days after the
26 date the department secures all necessary federal approvals to
27 implement this section, whichever is later.

28 (ac) Diabetic testing supplies are covered when provided by a
29 pharmacy, subject to utilization controls.



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 22

CLOSED SESSION



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 23

Future Agenda Items



Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 24

Next DHCC Committee Meeting
September 6-7, 2013

2013 Dental Hygiene Committee of CA

12-15-11

DHCC Meetings	CDHEA Meeting, Burbank, CA – February 8-10, 2013
Proposed DHCC Meeting, Glendale – May 3, 2013	CDHA Scientific Session, Anaheim – April 12, 2013
Proposed DHCC Meeting, Sacramento – December 6 and 7, 2013	CDHA House of Delegates Meeting, – Long Beach, CA – May 31-June 2, 2013
RDH Instrumentation Course, WCU – January 27, 2013	ADHA Annual Session, – Boston, MA – June 22-25, 2013
RDH Orientation and Exam, USC – June 8-9, 2013	Holiday – New Years Day – January 1, 2013
RDH Orientation and Exam, USC – July 13-14, 2013	Holiday – Martin Luther King Jr. Day – January 21, 2013
RDH Orientation and Exam, UCSF – July 27-28, 2013	Holiday – President's Day – February 18, 2013
RDH Orientation and Exam, UCSF – October 19-20, 2013	Holiday - Cesar Chavez Day – March 31, 2013
	Holiday – Memorial Day – May 27, 2013
Dental Board Meetings – 2013	Holiday – Independence Day – July 4, 2013
Feb 28-Mar 1 – San Diego May 16-17 – SF Aug 15,16 – Sacto-Nov 7, 8 - LA	Holiday – Labor Day – September 2, 2013
CDA Convention, Anaheim – April 11-13, 2013	Holiday – Veterans Day – November 11, 2013
ADA Annual Meeting -New Orleans October 31, 2013 – November 3, 2013	Holiday – Thanksgiving Day & Day After – November 28-29, 2013
Student Regional Conferences –Concord & Los Angeles-March 2-3, 2013	Holiday – Christmas Day – December 25, 2013

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Friday, May 3, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 25

Adjournment of the May 3, 2013
Full Committee Meeting