DHCC
Dental Hygiene
Committee
of California

DECEMBER 6 - 7, 2013 MEETINGS

EVERGREEN HEARING ROOM
2005 EVERGREEN STREET, 1ST FLOOR
SACRAMENTO, CA 95815

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
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

Notice is hereby given that a public meeting of the Dental Hygiene Committee of California (DHCC) 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 DHCC at the time the item is heard.

Saturday, December 7, 2013
9:00 a.m. – Adjournment
Evergreen Hearing Room
2005 Evergreen Street, 1st Floor
Sacramento, CA 95815

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

Roll Call/Establishment of Quorum

1. Public Comment for Items Not on the Agenda

2. Approval of the September 6, 2013, DHCC Meeting Minutes

3. Approval of September 7, 2013, DHCC Sunset Review Meeting Minutes

4. President's Report

5. Update from the Dental Board of California

6. Executive Officer's Report

7. Update on BreEZe Project

8. Budget Report

9. Discussion and Possible Action to Amend Proposed Regulatory Language as a result of Comments Received During the 15-Day Public Comment Period for the DHCC's Rulemaking to Add *California Code of Regulations (CCR), Title 16, Division 11, §1107* Relevant to RDH Courses in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia, and Periodontal Soft Tissue Curettage

10. Update, Discussion, and Possible Action on the Following Regulations:

a. DHCC Uniform Standards Related to Substance Abuse and Disciplinary Guidelines, *CCR, Title 16, Division 11, §1138*; and

b. Dental Hygiene Regulations, *CCR, Title 16, Division 11, §§1100, 1101, 1121, 1122, 1124, 1126, 1127, and 1133*

11. Licensing and Examination Subcommittee Report:

The DHCC may take action on any items listed on the Licensing and Examination Subcommittee agenda and the recommendations provided by the subcommittee.

12. Legislative and Regulatory Subcommittee Report:

The DHCC may take action on any items listed on the Legislative and Regulatory Subcommittee agenda and the recommendations provided by the subcommittee.

13. Enforcement Subcommittee Report:

The DHCC may take action on any items listed on the Enforcement Subcommittee agenda and the recommendations provided by the subcommittee.

14. Education and Outreach Subcommittee Report:

The DHCC may take action on any items listed on the Education and Outreach Subcommittee agenda and the recommendations provided by the subcommittee.

15. Election of DHCC Officers for 2014

16. Proposed DHCC 2014 Meeting Calendar

17. ***Closed Session***

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

Return to Open Session

18. Future Agenda Items

19. Adjournment

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

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

Saturday, December 7, 2013

Dental Hygiene Committee of California

Full Committee

Roll Call

Establishment of a Quorum

Saturday, December 7, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 1

Public Comment for Items Not on the Agenda

Saturday, December 7, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 2

Approval of the September 6, 2013

Meeting Minutes

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL HYGIENE COMMITTEE OF CALIFORNIA
2005 Evergreen Street Suite 1050, Sacramento, CA 95815
P (916) 263-1978 | **F** (916) 263-1978 | **www.dhcc.ca.gov**

DRAFT - DENTAL HYGIENE FULL COMMITTEE MEETING MINUTES

Embassy Suites – South San Francisco
Monterey/Saratoga Meeting Room
250 Gateway Boulevard
South San Francisco, CA 94080
Friday, September 6, 2013

Roll Call – The Dental Hygiene Committee of California (DHCC) President called the meeting to order with roll call at 9:06 a.m. With eight DHCC members present, a quorum was established.

DHCC members present:

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

DHCC members absent:

None

DHCC Staff present:

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

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

Public present:

Jim Conway, Pacific Assistance Group
Julie D'Angelo Fellmeth, Center for Public Interest Law (CPIL)
Corrine M. Fishman, DCA, Board and Bureau Relations
Karen Fischer, Executive Officer, Dental Board of California (DBC)
Marian Fujimoto, DHCC Clinical Examination Subject Matter Expert
JoAnn Galliano, Program Director, Chabot College

Beth Gray, Southwestern College
Mary J. Hegary, RN, MS, JMJ
Kim Laudenslager, Director of Dental Hygiene Examinations, Central Regional Dental Testing Service (CRDTS)
Nadine Lavell, California Dental Hygiene Association (CDHA)
Huong Le, DDS, President, DBC
Bill Lewis, California Dental Association (CDA)
Virginia Matthews, Maximus
Bill Pequinot– DCA Contracts Analyst
Stephanie Pengilley, CPIL
Lin Sarfaraz, RDH, CDHA
Corrine Strickland, CDHA
Maureen Titus, CDHA
Vickie Kimbrough-Walls, Director, Southwestern College Dental Hygiene Program, CDHA
Tracy R. Zemanksky, Pacific Assistance Group

President's Announcement –

President Hurlbutt introduced CDHA President Nadine Lavell, CDHA President-Elect Corrine Strickland, members of the CDHA Government Relations Committee: Maureen Titus, JoAnn Galliano, and Mariann Fujimoto, who is also a member of the DHCC Clinical Licensure Exam Committee staff as well as a Subject Matter Expert.

President Hurlbutt also welcomed: Karen Fischer, the EO of the DBC, Bill Lewis from CDA, Corrine Fishman, from the DCA Board Bureau Relations Office, Kurt Heppler, DCA Legal Counsel, Bill Pequinot from the DCA Contracts Unit., Virginia Matthews from Maximus, and Julie D'Angelo Fellmeth from CPIL.

FULL 1 – Public Comment for Items Not on the Agenda

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

FULL 2 – Approval of the May 3, 3013 Meeting Minutes

President Hurlbutt asked for a motion to accept the May 3, 2013 Meeting minutes.

- **MOTION: Evangeline Ward moved to accept the May 3, 2013 DHCC Meeting Minutes.**

  Nicolette Moultrie seconded the motion.

President Hurlbutt asked for any public or DHCC member comments on the motion. There was no further comment.

Vote: The motion passed (8 – 0).

FULL 3 – President's Report

President Hurlbutt reported that after the May 2013 meeting, she appointed the following DHCC members to their respective subcommittees:

Education and Outreach Subcommittee –

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

Enforcement Subcommittee –

Chair – Garry Shay, Public Member
Nicolette Moultrie, RDH
Noel Kelsch, RDHAP
Sherrie-Ann Gordon, Public Member

Legislation/Regulation –

Chair – Nicolette Moultrie, RDH
Garry Shay, Public Member
Michelle Hurlbutt, RDH Educator
Susan Good, Public Member

Licensing and Examinations –

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

President Hurlbutt also informed the members that she attended:

- The May and August 2013 DBC meetings where she updated the DBC members about the DHCC activities;
- The Annual Examiner Orientation held on June 8, 2013 at West Coast University in Anaheim, California (CA); and
- Various Ad-Hoc DHCC meetings in June and July 2013 for DHCC regulations and Sunset Review.

FULL 4 – Executive Officer's Report

Ms. Hubble informed the members that the DHCC currently has two vacant staff positions: a Staff Services Analyst (SSA) and an Office Technician (OT), which staff is working to fill both positions. She stated that the OT position was granted in an approved Legislative Budget Change Proposal (LBCP) from Senate Bill (SB) 1202 (Ch. 331, Statutes of 2012) appropriated in the new budget beginning July 1, 2013.

She reported that the following activities occurred since the last DHCC meeting:

- She and Nancy Gaytan, DHCC's Enforcement Analyst, and DBC staff met with dental hygiene graduates where information was presented about licensing, enforcement, and examination topics.
- She and President Hurlbutt attended the May16-17, 2013 DBC meeting in Oakland, CA and the August 26-27, 2013 DBC meeting in Sacramento, CA.

- She and President Hurlbutt attended the hygiene examination orientation at West Coast University in June, 2013. She reported that the DHCC released the DHCC Clinical Licensure Examination results from the June 9, 2013 administration on June 18, 2013, and that the July 7, 2013 examination results were released within two weeks of the exam administration. She explained that by releasing the results quickly, applicants were able to complete the licensing process sooner which enabled them to apply for jobs.
- She attended an administrative hearing in Los Angeles in June 2013 with Ms. Gaytan.
- She attended the June and July 2013 Ad-Hoc meetings to create, review, and discuss new regulations and the Sunset Review Report.

Ms. Hubble also reported that she and President Hurlbutt met with staff from the Bureau for Private Postsecondary Education regarding educational programs. The result of the meeting will be discussed at a future DHCC meeting.

Ms. Hubble then said that she visited Soutwestern College in National City, CA on July 12, 2013, where school staff administered their first soft tissue curretage, nitrous oxide and oxygen analgesia, and local anesthesia course. She noted that the course was very well received by both the students and faculty.

Ms. Hubble reported that the DHCC has outgrown its current office suite and may move at the end of December 2013 or in early January 2014. She stated that the current office space costs about $3,000/month in rent and that the new office space will cost approximately $4,000/month, but is much larger, has more cubicles for staff, and rooms for file storage and copying.

Ms. Hubble stated that with respect to the BreEZe project, it has been reported at prior meetings that the DHCC is scheduled to participate in Release 2 of the project. She indicated that Release 1 has not been implemented for other boards by the DCA Office of Informations Services (OIS) and its release is tentatively scheduled for September 2013. She continued that once the system is implemented for Release 1, there will be delays for the DHCC to process license renewals and cashiering throughout September and October 2013 while the system is being implemented.

She reported that the DHCC had communicated to CDHA to request to post this information on its website to apprise their members and stakeholders of the processing delay information. She indicated that CDHA sent an e-mail blast to 2,507 of its members and that 1,278 (50.97%) of them had reviewed the message. She added that the DHCC has approximately 1,600 dental hygienists who will be renewing their licenses in September and October 2013 and that the information about the processing delays has been posted on the DHCC website, too.

Ms. Hubble noted that the RDH educational programs in the state have not been reviewed in decades. She explained that the DHCC staff is now

closely examining dental hygiene educational programs and are conducting site visits to ensure compliance. She stated that DHCC staff is developing a plan that will be shared with the DHCC members to show a schedule for reviewing the dental hygiene educational programs. She indicated that the DHCC also plans to review the curriculum offered in the California programs concerning soft tissue curretage, nitrous oxide and oxygen analgesia, and local anesthesia procedures.

Ms. Hubble reminded the DHCC members that they should have received information from Tony Lum, DHCC Administration Analyst, regarding mandatory training requriements (e.g., sexual harassment, ethics, and for new members, board member training) for members. She noted that mandatory DHCC member training for new members was being held on November 20, 2013 in Sacramento, CA. She continued that the mandatory Sexual Harrassment training webinars are scheduled for November 20, 2013 and December 17 2013 respectively. She emphasized that this is mandatory training for the members must be completed in 2013, as it is a training compliance reporting year for the DCA.

Ms. Hubble shared that the DHCC had recently received a letter of thanks from the Office of Statwide Healthcare Planning and Development (OSHPD) Health Care Workforce Development Division for sharing the survey information that is part of the DHCC renewal forms. The survey data includes a licensee's zip code, demographic information, and cultural information such as the languages a licensee may speak. She explained that DCA staff developed a survey data interface to house and share this information with OSHPD and, by law, they are required to develop a report concerning this information.

Ms. Hubble reminded those members whose terms expire on January 1, 2014 (Susan Good, Timothy Martinez, DMD, Nicolette Moutrie, RDH, Garry Shay, and Evangeline, Ward, RDH), that their last meeting will be in December 2013. She encouraged them to quickly submit an application for reappointment to the Governor's office if they want to continue to serve on the DHCC.

Ms. Hubble informed the DHCC members that effective July 1, 2013, there were changes made within the California State agencies. She explained that the State and Consumer Services Agency, where the DCA had been under its organizational umbrella, was abolished by the Governor. She stated that the DCA is now under the organizational umbrella of the Business, Consumer Services, and Housing Agency (BCSHA). She indicated that as a result of the agency reorganization, the DHCC has an additional workload to address by changing all of its letterhead forms and items on the website to reflect the agency change.

Ms. Hubble reported that there had been changes within DCA as well. She said that Christine Lally had replaced Rochelle Everhart as the DCA Board and Bureau Relations Deputy Director and contact as of August 2013.

Sherrie Gordon inquired about the two vacant positions on the DHCC staff. Ms. Hubble explained that both positions are based in Sacramento and

that the SSA position was previously held by Tom Jurach. She indicated that Mr. Jurach accepted a position with the DCA OIS to work on the BreEZe project. She explained that the vacant OT position was created by a LBCP from SB 1202 (Ch. 331, Statutes of 2012) to address the additional workload created by the bill that allows for the registration of mobile dental hygiene units for RDHAPs, additional offices for RDHAPs, special permits to allow out-of-state practitioners to teach in California, and for educational institutions to register extramural facilities with the DHCC.

JoAnn Galliano, representing Chabot College, commended the DHCC staff for mailing the June and July 2013 examination results within 2 weeks of examinees taking the DHCC Clinical Licensure Examination. She noted that in the past, exam results often took 4-6 weeks to receive. She indicated that the long notification period impacted many dental hygiene students as they have student loans that must be repaid once they graduate from dental hygiene school. She said that being able to get the exam results quickly meant that the students could obtain a license within 4-6 weeks of graduating, find work quickly, and be prepared to start repaying their student loans that are coming due.

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

Karen Fischer, EO of the DBC, informed the DHCC that DBC President Le had been present at the meeting, but needed to leave to attend a mandatory training course in Oakland.

Ms. Fischer informed the DHCC members of the following DBC activities:

- The DBC participated in CDA Present at the Moscone Center in San Francisco on August 15-17, 2013. She noted that DBC Investigative and Licensing staff were able to attend. She noted that over 15,000 individuals attended the event.
- Jennifer Thornburg was hired on July 22, 2013 as the DBC's Assistant Executive Officer. Ms. Thornburg spent 13 years with DCA and 5 years with the Franchise Tax Board before returning to the DCA and the DBC.
- The DBC is preparing for participation in Phase II of the BreEZe project. As with the DHCC licensees, the DBC is encouraging its licensees to submit their license renewals as soon as they receive them so they will not be affected by the delay that will be caused by the implementation for the DCA programs participating in Phase I.
- The DBC will be participating in a prescribing task force that the Medical Board of California will be conducting on September 23, 2013 in Sacramento. The mission of this task force is to identfy ways to proactively approach and find solutions to the epidemic of overprescribing.
- At the DBC meeting on August 26-27, 2013, the Dental Assisting Council met the first day. They welcomed a new member, Michelle Jawad, to the council. During the 18 months the council has been in existence, they have put forward a regulatory priority in which they will be revising the regulations for the dental assiting educational programs

and courses. This will become one of the DBC's priorities in terms of regulations.

- The DBC members also voted to initiate the rulemaking file for the Portfolio Pathway to licensure. The DBC staff is developing the Intial Statement of Reasons and will be submitting this document to the Office of Administrative Law (OAL) in the near-future.
- Fee increase regulations are in the 45-day comment period which will culminate in a hearing on September 23, 2013. A teleconference is scheduled for October 9, 2013, should the DBC receive any adverse comments to which a response is needed. With approval from the DCA, Department of Finance, and OAL, the DBC should be able to raise its fees to the statutory cap by July 1, 2014.
- The DBC reviewed the DHCC agenda and minutes from its May 2013 meeting and similarly adjusted their Strategic Plan. She explained that the DBC Strategic Plan was updated and adopted in December 2012 as a 3-year plan. In reviewing it more closely, now that the BreEZe project has been delayed, the DBC decided to change their 3-year plan into a 4-year plan.
- The DBC is in the process of updating their Board Member Administive Manual, as it was last updated in 2006. The DBC will also be updating their letterhead and forms to reflect the new agency's name.
- The DBC regulatory priorites for fiscal year (FY) 2013/14 are going to be: 1) an increase in the dentistry initial licensing and renewal fees, and 2) portfolio pathway to licensure. She stated that the Uniform Standards are with the DCA and should be finalized soon. Rulemaking files concerning the abandonment of RDA-EF applications, changes to the Licensing by Credential pathway, and dental assisting education program and courses are also being developed.
- The last DBC meeting of the year has been scheduled for November 21-22, 2013 in Studio City. The DBC meeting dates for 2014 have been determined and they are:

    1. Feburary 27-28, 2014 – San Diego
    2. May 29-30, 2014 – San Francisco
    3. August 25-26, 2014 – Sacramento
    4. November 6-7, 2014 – Los Angeles

Ms. Fischer indicated that the DBC staff are currently working on specific locations for the 2014 meetings in these locations.

Ms. Hubble asked what the DBC's decision was concerning the Infection Control Guidelines. Ms. Fischer responded that the Guidelines will be reviewed biennially.

FULL 6 – Presentations by Virginia Matthews from Maximus and JulieD'Angelo Fellmeth from the Center for Public Interest Law (CPIL), on the Diversion Program

Mr. Lum reminded the DHCC members that at the May 2013 meeting, there was an agenda item and discussion on the Diversion Program. To help the DHCC members make an informed decision as to whether to continue to have a Diversion Program, he noted that DHCC staff had arranged presentations from the following three individuals about the program and the contracting process:

- Virginia Matthews from Maximus (the DCA contracted vendor for the Diversion Program);
- Julie D'Angelo Fellmeth, CPIL; and
- Bill Pequinot, Contract Analyst, DCA Contracts Unit.

Ms. Matthews provided a Powerpoint presentation that explained the participant monitoring, contractor responsibilities, program components (including the Diversion Evaluation Committee – DEC- model), case manager, and DEC responsibilities and duties of a diversion program.

Ms. Matthews said that there are two methods for participation in a diversion program: self-referral and probation referral. She talked about the recovery program, including a possible suspension from practice, random urine testing, and participating in both daily 12-step meetings and health support groups 1-2 times per month.

Ms. Matthews stated that if a participant is allowed to return to practice, they must have completed 30 days of negative drug test results and are assigned a worksite monitor who is in a supervisory position. She indicated that participants are included in random drug testing and pay for treatment costs either by self-pay or insurance. She continued that the participants also need to pay for body fluid testing ($62.50 per test, plus cost of collection - $15-$75 or more) and collection costs, as well as Health Support Group Costs which can be between $150 - $400/month.

Garry Shay asked how many drug tests a participant might have in a year. Ms. Matthews responded that a participant may undergo 52 - 104 random tests per year.

Evangeline Ward commented that the program seemed expensive for participants.

Mr. Shay asked what the rate of success was for program participants. Ms. Matthews responded that the success rate for the Diversion program was 60%. She noted that this figure did not include self-referrals. She added that Maximus does not have statistics for post-graduate participants, as there is no requirement to monitor participants after graduation from the diversion program.

Ms. Hurlbutt asked what the process would be if a participant had a relapse and charged with DUI. Ms. Matthews explained that she receives a call from the DBC Diversion Program Manager informing her of the

participant's relapse. She then notifies the participant and asks them about the incident. She said the participant is then immediately removed from practice and the participant's employer and worksite monitor are informed. She stated that in working with the DEC consultant, a treatment plan is developed for the individual. She noted that 90% of the participants that relapse return to in-patient treatment.

Ms. Hurlbutt said that she was on the DHCC in 2010 when there was an issue with inaccurate drug level measurements by Maximus. She asked what safeguards have been put in place since that time for the inaccuracies not to occur again. Kurt Heppler, DCA legal counsel for the contract with Maximums, informed the DHCC members that the inaccuracies at that time were caused by a worker who transposed testing panels. He stated that the inconsistency at that time has been corrected and to the best of his knowledge, has not reoccurred.

Ms. Gordon asked what the program participation cost was per participant. Ms. Matthews stated that the cost for participants varies because of the number of random urine tests they have to complete. Mr. Shay calculated that by using the cost estimates provided by Maximus, a diversion participant could pay well over $72,000/year.

Dr. Steven Grinsted spoke in favor of the Diversion Program noting that he has worked with addictive disorders for 30 years with participants in all different types of licenses. He noted that the cost of the Diversion program is cheaper than the cost of the individual's addiction. It was his opinion that Diversion does work and that it protects the public.

Julie D'Angelo Fellmeth, (CPIL) indicated that she had done a great deal of personal research into Diversion Programs for substance abusing licensees. She said that she does not support Diversion – either in concept or implementation in CA. She explained that Diversion had been implemented in two ways in CA: 1) the first was with the Medical Board of California (MBC) where it was an in-house program that was staffed and overseen by MBC employees; and 2) the second way Diversion is implemented is by having several health care boards within DCA combine to create a master contract that is processed through the DCA to have an outside agency (e.g., Maximus) administrer the Diversion Program.

Ms. Fellmeth provided details explaining each of the methods that diversion was implemented in CA. She said she was most familiar with the MBC program, noting that the program existed for 27 years. She explained that some of the problems with the Diversion Program were:

- The MBC did not closely monitor their diversion program.
- The responsibility for overseeing the program was given to a Liaison Committee controlled by the California Medical Association (CMA) for 24 of the 27 years.
- The MBC's program was audited 5 times in 27 yeas and failed every audit, but nothing was done to correct the issues presented by the audit.

- Participants were able to deceive urine sample collectors because they would not collect samples on weekends, even though they were instructed to do so, and Diversion participants knew of this.
- There was an absence of enforceable rules or standards for participants or staff related to the diversion program.
- No rules existed regarding the number of relapses a participant could have without being terminated from the program.
- MBC never took ownership of the program until it was too late. The MBC never had an oversight committee of Board members until the final 3 years of the program.
- The Diversion Program was physically and structurally isolated from the other areas of the MBC.

Ms. Fellmeth stated that in July 2007, the MBC voted to end its Diversion Program. She said that when the MBC encounters a substance abusing physician, it takes action against that physician immediately, the action is made available to the public, and the information is posted on the MBC's website for consumer knowledge and protection.

Ms. Fellmeth explained that the second method the Diversion program has been implemented in CA is by contracting the adminstration of the Diversion Program to an outside agency. She stated that this model is currently being used by several boards within DCA including the DBC.

Ms. Fellmeth said that there are several documented problems with this arrangement. She cited that newspaper articles that were distributed reported serious problems at the Board of Registered Nursing with its Diversion Program. There was also a 10-month long breach of contract by Maximus, the diversion program's contractor, that resulted in the program's failure to detect a relapse in 140 health care professionals who were participating in the program and that the wrong testing thresholds were being applied to the samples. She also indicated that none of the Diversion programs within DCA has ever been audited.

Ms. Fellmeth noted that Maximus had only been audited once, in 2010, as a result of a requirement in Senate Bill (SB) 1441 (Ch. 548, Statutes of 2008). The audit found that Maximus was generally operating in compliance with the contract. The report found that in 65% of the cases reviewed by the auditor, Maximus did not maintain complete documentation that every term and condition of the Diversion program contract was in compliance – e.g., not obtaining confirmation of meeting attendance by the participant and not always reporting positive drug tests to the board in a timely fashion.

Ms. Fellmeth said that there is a couple of problems with the concept and implementation of diversion. She said the first problem of Diversion is that it is not consistent with DHCC's statutory mandate to protect the public per Secion 1902.1 of the Business and Professions Code (BPC). She continued that a second problem of diversion is that it is a confidential and secretive process that is inconsistent with the transparency of licensing programs today. She explained that licensee participants can enter the

program in private without their patients ever knowing that they have a substance abuse problem, participants can retain their license to practice without restriction, and although they should be monitored frequently, participants do not always receive it.

Ms. Fellmeth suggested that outside audits of the contracted vendor by a third party are necessary to ensure the program is operating correctly and should be included in the contract for diversion program services.

Ms. Fellmeth said that by statute, the DHCC is required to have a diversion program; however, the DHCC members can seek to change that through the Sunset Review process. She stated that the DHCC does not have an overwhelming need for a diversion program, as there has only been two participants in the last four years.

President Hurlbutt inquired as to what entity would require the audit of the contracted vendor and pay for it.

Ms. Felmeth stated that some legislation had requried the audit of the MBC's Diversion program and the MBC had to pay the cost.

Ms. Gordon said that just because the DHCC only had two licensees participate in the Diversion program over the last four years does not necessarily indicate the fact that the program isn't needed. She asked Ms. Fellmeth what the benefits are, if any, of having a Diversion Program. Ms. Fellmeth responded that if a licensee was committed to recovery and if the vendor and the board agressively and rigorously enforced the rules of the program, the program probably can help a person who is committed to recovery. She indicated that her concern is that this situation had not occurred in the past. She stated that boards with a Diversion program and Maximus have not always consistly and rigorously enforced the rules that were in existence and, consequently, the participants were not committeed to their recovery. She added that what the participants are committed to is biding time – riding out the duration of time that they need to remain in a Diversion program.

Ms. Gordon asked if there was a relationship that could exist between enforcement and diversion, if not an either/or option.

Claire Yazigi answered that Diversion can be a term of probation. She explained that a licensee with a substance abuse problem can proceed through the disciplinary process and one term of their probation could be to participate in the Diversion program.

Ms. Fellmeth added that there are three ways to enter into a Diversion program and they are:

1) Self-referral – the licensee identifies a substance abuse problem and self-admits himself/herself to the Diversion program;
2) In-Lieu of when the enforcement program becomes aware of a licensee's substance abuse problem; and
3) As a term of probation ordered by the board or committee with the license jurisdiction.

Susan Good asked if it would help to have continued monitoring after someone completes the Diversion program. Ms. Fellmeth agreed that monitoring a participant after graduating from the Diversion program would help, but noted that individuals would not enroll in the program if they had to pay $10,000 per year for a lifetime of monitoring.

Noel Kelsch asked if the DHCC could have an outside, third-party diversion program where the DHCC would refer substance-abusing licensees. President Hurlbutt responded that the DHCC is currently a part of the DBC's diversion program through contract; however, if the DHCC chose not to have a Diversion program, it is a good time to consider and discuss not having the program.

Ms. Kelsch asked if the DHCC could send licensees with alcohol or drug addictions into the community-based programs that perform the same or similar functions as a diversion program. Ms. Yazigi stated that the DHCC would need to work within the scope of the DBC's diversion contract. Mr. Shay asked if the DHCC could consider other vendors. Ms. Yazigi replied that since the diversion contract is offered department-wide, individual programs cannot contract outside of the vendor that was granted the bid.

James Conway, Marriage, Family, and Child Counselor (MFCC) and Maximus health group facilitator, stated that he works for a State-wide monioring program for physicians and spoke in favor of the Diversion Program.

Ms. Galliano said that she believed the public had a right to know if they were being treated by a physician, dentist, or dental hygientist who had a substance abuse problem. She stated that this is an opportunity for the DHCC in Sunset Review to make a decision about the Diversion program and which is more important: the consumer's right to know or protection of the licensees.

Mary Haggerty spoke in favor of the Diversion program.

Dr Tracy Zumanski, a licensed clinical psychologist and MFCC who has worked in the addiction field since 1992, shared three points:

1) The Health Insurance Portability and Accountability Act (HIPAA) – health care professionals, just as anyone else in the United States, are entitled to privacy concerning their medical care and needs. There is an inherent problem with releasing confidential information about who is getting treatment for a medical condition.
2) Rehabilitation is public protection. Formal diversion programs monitor participants more closely than an enforcement program.
3) Saving lives is protecting the public. Allowing indidviduals to participate in a diversion program prior to getting into trouble helps save lives – the licensee's, their family members, and consumers.

Mr. Pequinot, Contract Analyst with the DCA Contracts Unit, informed the DHCC about the DCA's role in the diversion contract process, solicitation

for a Diversion contract from outside vendors, and the cost to be incurred by the board or committee. He noted that the DCA Contracts Unit works with boards and committees to implement and administer a State-wide program covering substance abuse and mental illness of health care professionals.

Mr. Pequinot indicated that in addition to writing the contract, they also provide oversight to resolve contract issues or problems with the contractor as the need arises. He noted that the DCA Contracts Unit staff can also amend the contract if the amendment will enhance the program by providing services such as implementing random drug screen panels or improvements in testing methodology.

Mr. Pequinot explained that part of the process for procuring the Diversion Program contract was to use a bid system. He explained that in this process, the DCA requires certain mandatory qualifications bidders must meet to submit proposals. He stated that the current diversion contract was awarded to Maximus in January 2010. He indicated that it was a three-year agreement that ran through December 31, 2012, with two option years to extend it for two additional years. He continued that the initial contract was for $7 million and was amended in December 2012 for an additional year of diversion services and the corresponding funds needed were added to the agreement. He also stated that built into the contract is an audit requirement.

President Hurlbutt asked how many times the DCA had audited Maximus. Mr. Pequinot replied once. He noted that he had not participated in the audit, as it was completed by the DCA's Internal Audits Office. He explained that they would review the terms and conditions of the contract and the contractor's performance of what they were supposed to do.

Ms. Matthews said that from the audit, there had been a 3-month, 6-month, and 1-year follow-up, and any corrective actions that were requested were done.

President Hurlbutt asked if a program participant could be rejected from the program for non-compliance. Ms. Mathews said yes, within one day and added that it would be the DBC's responsibility to take action against the licensee.

President Hurlbutt asked why follow-up for program graduates is not included in the contract. Mr. Pequinot responded that normally most contracts are for just the services the vendor provides.

President Hurlbutt asked how the State would know that the diversion program and the participant were successful. Mr. Heppler responded that the issue would need to be addressed by the board and would be their responsibility.

FULL 7 – Discussion and Possible Action on the Diversion Program

Mr. Lum indicated that now that the DHCC heard the presentations, staff requested direction and possibly a decision whether to continue offering

the Diversion Program to its licensees, especially with the DHCC Sunset Review coming soon.

President Hurlbutt commented that the DHCC has the ability within its Sunset Review to identify this as an area that the members request a change. She said that it would be easier at this time if the DHCC members decided whether they wanted to retain the Diversion Program or eliminate it.

- **MOTION: Susan Good moved to continue a Diversion Program in the current manner it is being conducted.**

  Timothy Martinez seconded the motion.

Ms. Good commented that it appeared to her that the DHCC is mandated by law to provide a Diversion Program. She stated that it does not mean that the DHCC cannot change its decision and go in another direction at Sunset Review. She indicated that she reviewed the DHCC May 2013 meeting minutes and found that 17 of 22 DHCC enforcement actions were drug and alcohol related. She said that statistics show the DHCC has a large problem with drugs and alcohol and the Diversion Program offers an alternative to enforcement. She also said that while the program may need some revision, she believed the DHCC needed to have this program in place rather than nothing at all.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: The motion passed (4 – 3; Michelle Hurlbutt abstained from the vote). Members that opposed could not be identified as a hand count was taken.

President Hurlbutt then said that she thought the DHCC was ready to make a decision on the Diversion program's future.

- **MOTION: Nicolette Moultrie moved that for the future, the DHCC's recommendation for its Sunset Review Process will be to change the statute to eliminate the self-referral nature of diversion, leaving only the "in-lieu of" disciplinary cases and stipulations containing Diversion as a condition of probation.**

  Sherrie-Ann Gordon seconded the motion.

President Hurlbutt asked that after the elimination of self-referral and only approving "in-lieu-of" and as a part of probation, is there any current provision that would not allow the DHCC to include diversion in its stipulated settlements. Ms. Yazigi indicated that there is no current provision that hinders the DHCC from requiring licensees to participate in a diversion program as part of stipulated settlements.

President Hurlbutt asked for any further comments from the public or DHCC members.

Ms. Good spoke against the motion based on the testimony she had heard today. She said that the self-referral pathway is an important part of the Diversion Program because it allows those licensees with drug and alcohol issues to come forward earlier and address them. She stated that without the self-referral pathway, licensees with a drug and/or alcohol problem will continue practicing and wait until they are caught if their only option is the "in-lieu-of" pathway or as a part of probation. She indicated that if protecting the public is the DHCC's primary responsibility, it should recognize the fact that being able to self-refer will get a person into treatment sooner rather than not having the option available.

Ms. Gordon spoke in support of the motion to eliminate the self-referral aspect of diversion in the best interest of consumer protection because with the information that was provided, she is not convinced that a licensee opting for self-referral truly fits this category or are they simply avoiding the disciplinary process.

Ms. Matthews commented that when a person enters Diversion as a self-referral, and Maximus receives information that the person has an arrest or conviction against them, their status changes from a self-referral to a board-referral.

Vote: The motion passed (5-3; Susan Good, Garry Shay, and Timothy Martinez opposed).

FULL 8 – Budget Report

Mr. Lum informed the DHCC members that since this was his first September meeting since coming to the DHCC, he wanted to give the members an overview of the prior FY and the remaining resources within the fund at year-end. He reported that last year's budget was roughly $1.4 million and that 90% of the budget was spent on program functions and the remaining 10% of the budget was reverted back into the DHCC fund.

Mr. Lum reported that the DHCC revenue received was about $200,000 less than what was initially projected and was primarily due to a decrease in the number of examination applicants for the DHCC Clinical Licensure Examination. He stated that this was expected because of the WREB clinical examination being accepted for licensure requirements. He indicated that one other possible factor in the decreased revenue for last year was that the number of hygienists who, due to the current economic climate, chose not to renew their license.

Mr. Lum stated that for the current budget year, a 2% growth increase is usually approved by the Department of Finance (DOF) to try and compensate for the ever-growing cost of doing business. With this growth allowance, the DHCC's budget for FY 2013-14 is roughly $1.5 million.

Mr. Lum reported that some of the additional expected expenditures for FY 2013/14 include:

- Filling a new Office Technician position that was granted by SB 1202;
- Additional rent and equipment expenses that will be needed when the DHCC moves to its new office space in early 2014. There will be a

higher rent expenditure, but the new office suite is roughly double the size of the DHCC's current office space; and

- The DCA OIS recently informed the DHCC that it will need to upgrade all of its computers for the BreEZe system to function properly.

Mr. Lum stated that at the last DHCC meeting, he was asked to obtain a cost estimate for the BreEZe project. He reported that new BreEZe cost information was unavailable, as the DCA Budgets staff is working on Budget Change Proposals for the cost of the BreEZe project and at this stage of the process, they remain confidential.

Mr. Lum then directed members to the materials in their packet concerning the Annual Expenditure and Revenue Tracking chart. He explained that the charts summarized the revenue over the past four years and noted that while the DHCC's expenditures have remained roughly the same from year to year, the total revenue generated has been flat or slowly in decline. He added that the examination revenue is one of the categories that continue to decline.

Mr. Lum then directed members to the DHCC Analysis of Fund Condition chart. In using this chart, he showed the members that by FY 2014-15, the DHCC fund would be in the negative (insolvent).

Ms. Good inquired whether the revenue was down because fewer people were taking the DHCC Clinical Licensure Examination.

Mr. Lum stated that fewer dental hygiene students were electing to take the DHCC Clinical Licensure Examination in favor of the WREB exam, which in turn provided less revenue for the DHCC.

President Hurlbutt said that many of the dental hygiene students were taking the WREB, even though it is more expensive than the DHCC Clinical Licensure Examination, and explained that the advantage that WREB has over the DHCC's exam is that it is accepted in more states for licensing purposes than the DHCC's Clinical Licensure Examination. She indicated that the DHCC does not receive any revenue from candidates who elect to take the WREB examination.

FULL 9 – Discuss and Possible Action to Increase all Renewal Fees

Mr. Lum reported that the DHCC fund is projected to be insolvent by the end of FY 2014-15 if additional revenue is not generated to replenish the reserve that has been depleted over the past four years. He explained that staff had created multiple fee scenarios to identify adequate, reliable, and consistent revenue to replenish the DHCC's fund. He stated that the only option that will maintain fund solvency for an extended period, barring any new additional expenses, is to increase the licensing renewal and delinquency fees for all DHCC licensing categories [e.g., RDH, RDHAP, RDHEF, and Fictitious Name Permit (FNP)], as these are the main revenue generating fees for the DHCC.

Mr. Lum recommended increases to the RDH, RDHAP, RDHEF, and FNP renewal fees by $80 to $160 biennially, and the delinquent renewal fees by $40 to $80 effective January 1, 2014. He stated that the DHCC needs to

start generating revenue now to head off insolvency from ever occurring. He explained that it will take time to generate adequate revenue to return the fund to an acceptable level. He said that while DOF expects programs to maintain a 3 - 6 month reserve, he would like to see a 10-12 month reserve as any large expenditure, new program mandate, or other major expense would deplete a smaller reserve quickly, threaten the DHCC fund with insolvency sooner than anticipated, and force the DHCC to raise fees again to generate more revenue. He added that the proposed fee increases are projected to sustain the DHCC fund for 3 - 5 years at an acceptable level barring any new mandates or expensive program expenditures.

President Hurlbutt asked Mr. Lum if the fee increases requested by the DHCC staff brought the fees to their statutory cap. He replied that the selected fee proposals did elevate the fees to their statutory maximums.

Dr. Martinez asked how many RDH's renew their licenses every year. Mr. Lum replied that approximately 8,000 licensees renew their licenses each year.

Ms. Gordon inquired as to the reasons why the DHCC's fund is progressively being depleted. Mr. Lum replied that the reasons the fund is gradually being reduced is because there has not been any increase in revenue to maintain the fund to pay for the increase in the cost of doing business. He explained that there are a few reasons for the depleted fund which are:

1) The DHCC's primary revenue generating fee, the license renewal fees for all licensure categories, is overdue for an increase which will raise revenue;
2) New DHCC program mandates and expenditures that have arisen over the past few years has resulted in the reserve being slowly depleted; and
3) The cost of doing business has increased every year and with revenue projections remaining flat unless additional revenue is identified, the fund is naturally and gradually depleted. He added that postage rates, enforcement costs, salary and wages, and examination costs have all increased over the past few years.

President Hurlbutt informed the members that State agencies cannot generate a profit. She explained that the DHCC's revenue is generated through the fees that are charged to its licensees and do not have the ability to raise revenue similarly to a for-profit program that can sell items or services to generate revenue. She stated that the DHCC's fund situation is very common throughout all of the agencies within the DCA, as the fees charged to licensees are the only method of revenue generation.

Dr. Martinez asked what occurs if the DHCC budget goes into the red. Mr. Lum replied that the DHCC would probably be dissolved and become a bureau within the DCA.

Mr. Shay stated that if the licensing renewal fees were increased to the proposed $160 biennially (every two years), the cost to licensees would be equivalent to $6.67 per month to maintain their license. He also asked if

there were other possible sources of income for revenue generation. President Hurlbutt said that one possibility was increasing the application fee for an original license. She pointed out that the DHCC has an application fee cap of $250, but is only currently charging $100.

Ms. Galliano representing CHDHA said that they were in support of raising the fees to generate additional revenue to avoid insolvency of the DHCC fund. She stated that the profession realizes how important the DHCC is and recognizes the good job they have done. She indicated that by having the DHCC Clinical Licensure Examination results being processed so quickly, the students understand and appreciate the value of that service.

- **MOTION: Noel Kelsch moved for the DHCC to increase the RDH, RDHAP, RDHEF, and FNP renewal fees by $80 to $160 and the delinquent renewal fees by $40 to $80 by resolution to be effective January 1, 2014.**

  Sherrie Gordon seconded the motion.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: The motion passed (8 - 0)

FULL 10 – Discussion and Possible Action Regarding Extramural Clinic Fees

Mr. Lum reminded members that at the May 2013 meeting, an RDH educator shared concerns about the required $200 annual fee charged for each extramural site for dental hygiene programs in California. He said that the educator indicated that the annual fee was high and had a severe impact on most dental hygiene program's budgets and explained that many dental hygiene programs utilized multiple sites to enhance the dental hygiene students' clinical experiences. The educator stated that the high fee would force a reduction in number of extramural sites which would result in inhibiting the student's dental hygiene education because it restricted the dental hygiene experiences by having a limited number of clinical rotations.

During the DHCC's discussion, it was determined that the $200 fee is a one-time registration fee per extramural site. The DHCC staff reported that to date, only two dental hygiene schools have registered extramural clinic fees with the DHCC.

Ms. Kelsch asked what the DHCC was doing to check to see about the other dental hygiene schools that have not paid the registration fee. Ms. Hubble replied that staff is sending out an official notice to all of the dental hygiene schools to inform them about the required registration fee. President Hurlbutt also indicated that when DHCC staff and the DHCC members met with the dental hygiene program directors, they were informed of the required Extramural Clinic registration fee at that time.

- **MOTION: Nicolette Moultrie moved to take no action on the agenda item, but send a letter to the Dental Hygiene Programs defining an extramural facility and informing them of the requirement to pay the one-time $200 registration fee for each extramural clinic to the DHCC.**

  Sherrie Gordon seconded the motion.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: The motion passed (7 – 1, Susan Good opposed).

FULL 11 – Update on DHCC Standards Related to Substance Abuse and Disciplinary Guidelines – §1138, Title 16, Division 11, California Code of Regulations (CCR).

Donna Kantner reminded the members that at the April 2012 DHCC meeting, the DHCC approved language relative to the Uniform Standards for substance abusing licensees and Disciplinary Guidelines, directed staff to initiate the formal rulemaking process including the notice of the proposed language for a 45-day public comment period, set the proposed language for public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package.

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

Ms. Kantner stated that she prepared the Final Statement of Reasons and other documents to complete the rulemaking file. She indicated that the rulemaking file was submitted to the DCAs' Legal Office, Legislation and Policy Review Unit, and Executive Office for their individual reviews and approval on May 7, 2013. She continued that once the file is approved by the three DCA programs, it will proceed to the State's Business, Consumer Services, and Housing Agency for review and approval. She stated that if the file is deemed to have a fiscal impact, it may require review and approval by DOF. She said that after all of the above entities complete their respective reviews and approve the file, it will be submitted to the OAL for final review. She added that OAL has 30 working days to complete its review of the rulemaking file before notifying the DHCC of approval or whether additional revision is needed.

FULL 12 – Discussion and Possible Action to Amend Proposed Regulatory Language in response to Comments Received During the 45-Day Public Comment Period for the Committee's Rule Making to Add Title 16, CCR §1107 and 1108 Relevant to RDH Courses in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia, and Periodontal Soft Tissue Curettage

The DHCC took the following actions to address the comments received during the 45-day public comment period and staff recommends to:

- Comments received from Dr. Michael Dunn:

  The DHCC members accepted the comments and staff recommendation.

- Comments received from Joan Geenfield:

  The DHCC members accepted the staff recommendations with the exception regarding CCR § 1108(f)(5) which was revised to read:

  (5) a copy of the student evaluations and summation thereof.

- Comments received from Jessica Scruggs at the regulatory hearing on August 21, 2013:

  The DHCC members accepted the staff's recommendation.

- **MOTION: Nicolette Moultrie moved to approve the DHCC staff recommendations with the one amendment to Title 16, CCR § 1108(f)(5).**

  Sherrie Gordon seconded the motion.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: The motion passed (8 - 0).

The DHCC members then reviewed the following:

- September 6, 2013 text of CCR § 1107;
- Application for Approval of Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia, and Periodontal Soft Tissue Curettage form;
- Local Anesthesia, Nitrous Oxide-Oxygen, and Periodontal Soft Tissue Curettage Course Provider Biennial Report form; and
- Certification in Administration of Local Anesthesia, Nitrous Oxide-Oxygen Analgesia, and Performance of Periodontal Soft Tissue Curettage form.

- **MOTION: Susan Good moved to adopt all of the amendments to the text and forms to the rulemaking file related to Title 16, CCR § 1107.**

  Evangeline Ward seconded the motion.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: The motion passed (8 - 0).

- **MOTION: Nicolette Moultrie moved to approve the proposed modified text for the 15-day comment period and delegate to the Executive Officer the authority to adopt the proposed regulatory changes, as modified, and if there are no adverse comments received, delegate to the Executive Officer the authority to make any technical or non-substantive changes that may be required in completing the rulemaking file.**

  Evangeline Ward seconded the motion.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: The motion passed (8 - 0).

FULL 13 – Discussion and Possible Action on Proposed Dental Hygiene Regulations Title 16, Articles 1, 2, 6, and 8 of the CCR

Ms. Kantner informed the DHCC members that at its December 5 - 6, 2010 meeting, the DHCC approved proposed regulatory language and directed staff to make any non-substantive changes and proceed through the regulatory process.

Ms. Kantner stated that due to staffing shortages, other workload and regulatory priorities, and the massive volume of the regulations being proposed, this item was brought back to the DHCC for prioritization on December 12, 2011, and the DHCC voted to divide the regulations into three phases. She explained that in drafting the Initial Statement of Reasons (ISR) required for notice of any regulatory action, the DHCC staff identified sections of the text as outdated language and other sections unclear. As such, she indicated that an unclear regulatory proposal violated one of the six standards of regulations – clarity. She continued that some sections were also duplicative of statute and, as written, the proposed regulations would violate two of OAL's six standards for regulations - clarity and non-duplication.

Ms. Kantner stated that at its May 3, 2013 meeting, the DHCC was informed that the text was being revised to correct the problems. She indicated that after the corrections, the regulatory language for Phase I would be reviewed by the DCA's legal counsel for the DHCC's consideration at the September 2013 meeting. She stated that the regulatory language for the DHCC's consideration is in the meeting materials for this agenda item.

- **MOTION: Garry Shay moved to adopt the DHCC staff recommendation to discuss and take action to approve the proposed regulatory language, direct staff to take all necessary steps to initiate the formal rulemaking process, set the proposed regulations for a public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package.**

  Susan Good seconded the motion.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: The motion passed (8 - 0).

FULL 14 – Update on the Following Legislation:

Ms. Kantner provided an update on the current status of the following legislation:

a) Assembly Bill (AB) 18 (Pan) – Health Care Coverage: Pediatric Oral Care Benefits;

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

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

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

e) AB 258 (Chavez) – State Agencies: Veterans;

f) AB 291 (Nesande) – California Sunset Review Commission;

g) AB 318 (Logue) – Medi-Cal: Teledentistry;

h) AB 512 (Rendon) – Healing Arts: Licensure Exemption;

i) AB 771 (Jones) – Public Health: Wellness **(**Ms. Kantner reported that this bill was no longer of any interest to the DHCC, as it had been revised and amended to issues that did not pertain to the DHCC);

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

k) AB 1231 (Perez) – Regional Centers: Telehealth;

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

m) SB 176 (Galgiani) – Administrative Procedures: California Regulatory Notice Register;

n) SB 456 (Padilla) – Healthcare Coverage;

o) SB 532 (De Leon) – Professions and Vocations: Military Spouses;

p) SB 562 (Galgiani) – Dentists: Mobile or Portable Dental Units;

q) SB 809 (DeSaulnier) – Controlled Substances: Reporting; and

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

The DHCC Members commented that the Tracked Legislation Chart was excellently completed.

- **MOTION: Garry Shay moved to accept the legislative information contained in the chart.**

  Susan Good seconded the motion.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: The motion passed (8 – 0).

FULL 15 – Closed Session

The DHCC may meet in Closed Session to deliberate on Disciplinary Matters pursuant to Government Code §11126 (c)(3).

The DHCC met in closed session to discuss enforcement issues.

FULL 16* – Future Agenda Items

President Hurlbutt asked that the following items be included on the next DHCC meeting agenda:

- Cite and Fine and Disciplinary Orders Procedures and Parameters Discussion;
- The 2014 Meeting Schedule;
- Accepting the CRDTS examination for California licensure; and
- Increase the fee for licensing applications.

FULL 17 – Adjournment

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

The DHCC Full Committee Meeting adjourned at 7:27 p.m.

Saturday, December 7, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 3

Approval of the September 7, 2013

Sunset Review Meeting Minutes

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL HYGIENE COMMITTEE OF CALIFORNIA
2005 Evergreen Street Suite 1050, Sacramento, CA 95815
P (916) 263-1978 | **F** (916) 263-1978 | **www.dhcc.ca.gov**

DRAFT - DENTAL HYGIENE FULL COMMITTEE MEETING MINUTES – 2013/14 SUNSET REVIEW

Embassy Suites – South San Francisco
Golden Gate Meeting Room
250 Gateway Boulevard
South San Francisco, CA 94080
Saturday, September 7, 2013

Roll Call – The Dental Hygiene Committee of California (DHCC) President called the meeting to order with roll call at 9:07 a.m. With seven DHCC members present, a quorum was established.

DHCC members present:

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

DHCC members absent:

Sherrie-Ann Gordon, Public Member

DHCC Staff present:

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

Public present:

Diane Azevedo, California Dental Hygiene Association (CDHA)
Jason Bryant, California Dental Association (CDA)
JoAnn Galliano, Program Director, Chabot College
Kim Laudenslager, Director of Dental Hygiene Examinations, Central Regional Dental Testing Service (CRDTS)
Nadine Lavell, CDHA
Bill Lewis, California Dental Association (CDA)
Stephanie Pengilley, Center for Public Interest Law (CPIL)

Narine Strickland, CDHA
Maureen Titus, CDHA

FULL 1 – Public Comment for Items Not on the Agenda

President Hurlbutt asked for any public comment for items not on the agenda.

Amber Howell, an RDH student, asked that the DHCC maintain its annual March clinical licensure examination administrations as students who graduate in January of each year will be forced to take the Western Regional Examination Board (WREB) instead of the DHCC Clinical Licensure Examination.

Kim Laudenslager introduced herself to the DHCC members and asked that they consider accepting the CRDTS Regional Examination for purposes of licensure in California. She added that the examination is already accepted in 40 states.

FULL 2 – Discussion and Possible Action on the 2014 DHCC Sunset Review Report

President Hurlbutt said that Lori Hubble would lead the discussion on the DHCC's Sunset Review Report.

Ms. Hubble directed the DHCC members to the 2014 DHCC Sunset Review Report Table of Contents where the first 10 sections of the report were discussed and approved in concept:

Section 1 – Background and Description of the Board and Regulated Professions

Section 2 – Performance Measures and Customer Satisfaction Surveys

Section 3 – Fiscal and Staff

Section 4 – Licensensing Program

Section 5 – Enforcement Program

Section 6 – Public Information Policies

Section 7 – Online Practice Issues

Section 8 – Workforce Development and Job Creation

Section 9 – Current Issues

Section 10 – Board Action and Response to Prior Sunset Issues

Section 11 – New Issues:

- **MOTION: Nicolette Moultrie moved to include in the DHCC Sunset Report that staff be directed to seek an increase in the statutory maximum for RDH, RDHAP, and RDHEF license and delinquent fees as appropriate.**

  Noel Kelsch seconded the motion.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: the motion passed (7-0 Sherrie-Ann Gordon was absent).

- **MOTION: Evangeline Ward moved to include in the the new issues for the DHCC Sunset Review Report: 1) the addition of a managerial position to alleviate the Executive Officer (EO) from direct office oversight and thus, allow the EO to concentrate on EO functions; and 2) add an additional staff position to implement the continuing education (CE) audit, CE course, and CE provider review program.**

  Garry Shay seconded the motion.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: The motion passed (7-0 Sherrie-An Gordon was absent).

- **MOTION: Garry Shay moved to include in the DHCC Sunset Review Report that a Statute of Limitations for enforcement actions be added to the DHCC statutes.**

  Noel Kelsch seconded the motion.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: The motion passed (7-0; Sherrie-Ann Gordon was absent).

- **MOTION: Noel Kelsch moved to create a new section of law within the Dental Hygiene Practice Act that would implement penalties for failure to report unprofessional conduct that are currently within Business and Professions Code (BPC) Section 1950.5 of the Dental Practice Act.**

  Nicolette Moultrie seconded the motion.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: The mtion passed (7-0; Sherrie-Ann Gordon was absent.)

- **MOTION: Noel Kelsch motioned to move the direct supervision duties listed in BPC Section 1909 to BPC Section 1910 (General Supervision).**

  Evangeline Ward seconded the motion.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: The motion passed (7-0; Sherrie-Ann Gordon was absent).

- **MOTION: Garry Shay moved to include in the DHCC Sunset Review Report as an issue that an alternative dental hygiene practice established within a designated shortage area will remain in full effect regardless of the desingation period.**

  Nicolette Moultrie seconded the motion.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: The motion passed (7-0; Sherrie-Ann Gordon was absent).

- **MOTION: Garry Shay recommended that language be added to BPC Section 1936.1 that would enable the DHCC to establish a measure of continued competency as a condition of license renewal.**

  Noel Kelsch seconded the motion.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: The motion passed (7-0; Sherrie-Ann Gordon was absent).

- **MOTION: Noel Kelsch moved to include in the New Issues section of the Sunset Review Report that BPC Section 1928 be amended to include:**
  a) **A registered dental hygienist in alternative practice (RDHAP) may submit or allow to be submitted any insurance or third-party claims for patient services performed as authorized pursuant to this article.**
  b) **Whenever any such insurance policy or plan provides for reimbursement for any service which may may be lawfully performed by a person licensed in this state for the practice of dental hygiene, reimbursement under such policy or plan shall not be denied when such service is renedered by a person so licensed.**

c) Nothing in this article shall preclude an insurance company from setting different fee schedules in an insurance policy for different services performed by different professions, but the same fee schedule shall be used for those portions of health services which are substantially identical although performed by different professions.

Nicolette Moultrie seconded the motion.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: The motion passed (7-0; Sherrie-Ann Gordon was absent).

- **MOTION: Nicolette Moultrie moved to amend BPC Section 1917(b) to eliminate the term "clinical" to allow for the development of alternative pathways for licensure.**

Noel Kelsch seconded the motion.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: The motion passed (7-0; Sherrie-Ann Gordon was absent).

- **MOTION: Garry Shay moved to include in the DHCC Sunset Review Report recommendations that BPC Section 1901 be amended to read:**

(a) There is hereby created ~~within the jurisdiction of the Dental Board of California a~~ the Dental Hygiene ~~Commttee~~ Board of California in which the administration of this article is vested.

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

Nicolette Moultrie seconded the motion.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: The motion passed (7-0; Sherrie-Ann Gordon was absent).

- **MOTION: Garry Shay moved to include the following recommendations in the DHCC Sunet Review Report:**

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

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

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

  Nicholette Moultrie seconded the motion.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: The motion passed (7-0; Sherrie-Ann Gordon was absent).

- **MOTION: Nicolette Moultrie moved to include in the DHCC Sunset Review Report an amendment to BPC Section 1917.3 to include a requirement that any applicant who fails the DHCC Law and Ethics Examination three times must successfully complete remedial education at an approved dental hygiene program or a comparable organization approved by the DHCC.**

  Noel Kelsch seconded the motion.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: The motion passed (7-0; Sherrie-Ann Gordon was absent).

- **MOTION: Garry Shay moved to include in the DHCC Sunset Review Report that BPC Section 1922.1 be added wherein any applicant for an RDHAP who fails to pass the DHCC Law and Ethics Examination after three attempts shall not be eligible for furhter re-examination until the examinee has successfully completed remedical edcation at a DHCC-approved provider.**

  Nicolette Moultrie seconded the motion.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: The motion passed (7-0; Sherrie-Ann Gordon was absent).

Section 12 **–** Attachments:

No action was required concerning this section.

Section 13 – Board Specific Issues:

- **MOTION: Garry Shay moved to accept the changes discussed in the DHCC's Sunset Review Report and direct staff to complete the report.**

  Susan Good seconded the motion.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: The motion passed (7 – 0; Sherrie-Ann Gordon was absent).

FULL 3 – The California Dental Hygiene Association's Report on the 2014 DHCC Sunset Review

JoAnn Galliano presented the CDHA Sunset Review document that CDHA will be submitting to the Joint Legislative Sunset Review Committee. She noted that the CDHA draft report contains three items that RDH's are not already doing:

1) Remove prescription requirement for RDHAP's: Removal of BPC Section 1931;

2) Allow RDH/RDHAP's to prescribe topical agents such as fluoride products and chlorohexidine; and

3) Allow RDHAP's to establish corporations.

- **MOTION: Susan Good moved to support, in concept, the CDHA Sunset Review Report as presented.**

  Evangeline Ward seconded the motion.

President Hurlbutt asked whether there was any further comment from the public or DHCC members. There was no further comment.

Vote: The motion passed (7-0; Sherrie-Ann Gordon was absent).

FULL 4 – Adjournment

The Saturday, September 7, 2013 Full Committee Sunset Review meeting adjourned at 1:57 p.m.

Saturday, December 7, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 4

President's Report:

A verbal report will be provided.

Saturday, December 7, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 5

Update from the Dental Board of California:

A verbal report will be provided.

Saturday, December 7, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 6

Executive Officer's Report:

A verbal report will be provided.

Saturday, December 7, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 7

Update on the BreEZe Project

A verbal report will be provided.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
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

MEMORANDUM

DATE	December 7, 2013
TO	DHCC Committee Members
FROM	Traci Napper, Program Analyst
SUBJECT	**Agenda Item 7 – Update on BreEZe Project**

Staff will provide a verbal report.

Saturday, December 7, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 8

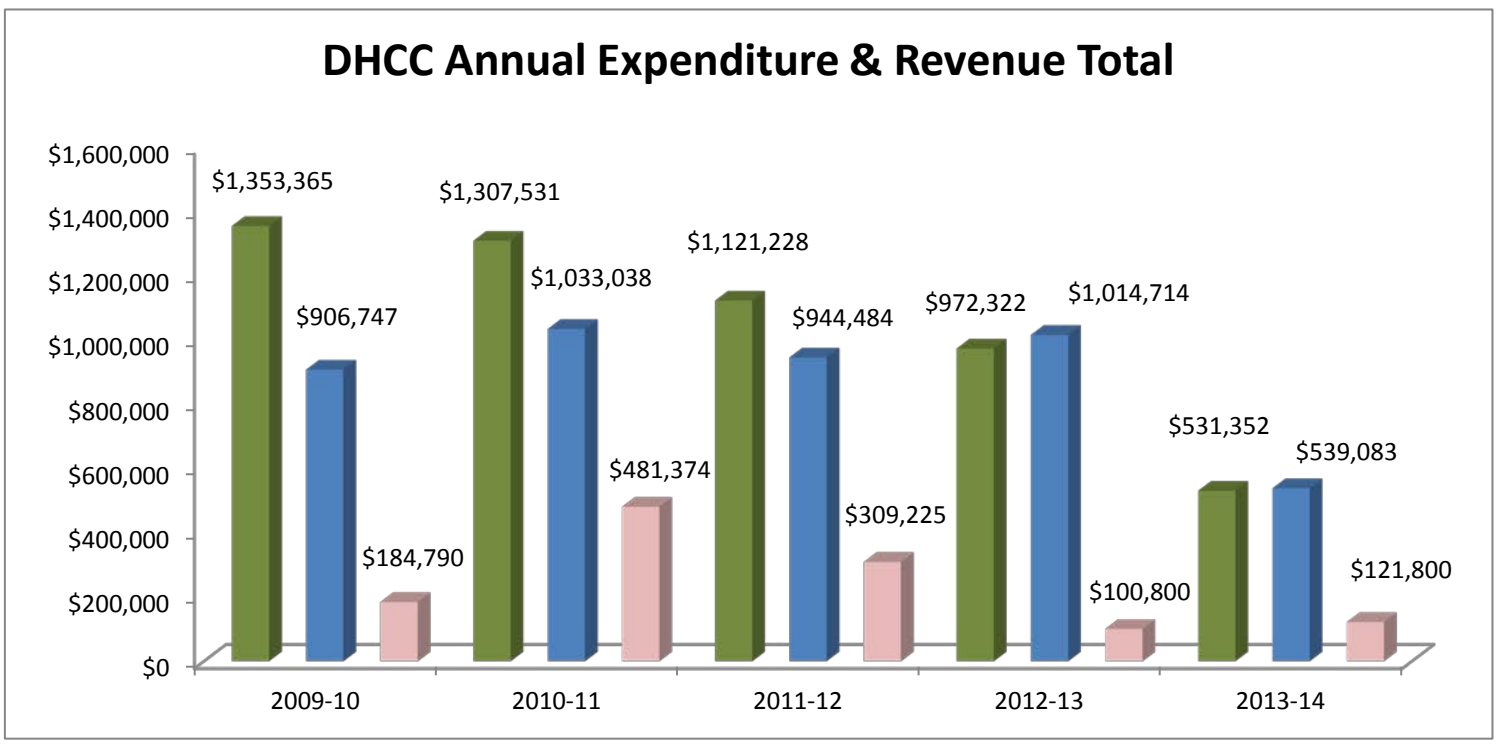
Budget Report

11/15/2013

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	$972,322	$531,352	$0
DHCC Exam Revenue	$184,790	$481,374	$309,225	$100,800	$121,800	$0
DHCC Expenditure per FY	$906,747	$1,033,038	$944,484	$1,014,714	$539,083	$0

Notes:
a) DHCC established in FY 2009/10
b) Exam Fees - increased to $525 in FY 2009/10 from $220
c) WREB exam accepted in FY 2010-11
d) FY 2013-14 data thru 10/31/2013



GREEN = Total Revenue
BLUE = Total Expenditures
PINK = Exam Revenue

Anticipated FY 2013/14 Revenue = $1,112,000
Avg. Monthly Expenditures to date (4 months) = $134,771
FY 2013/14 Budget = $1,529,000

Saturday, December 7, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 9

Discussion and Possible Action to Amend Proposed Regulatory Language as a result of Comments Received During the 15-Day Public Comment Period for the DHCC's Rulemaking to Add *California Code of Regulations (CCR), Title 16, Division 11, §1107* Relevant to RDH Courses in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia, and Periodontal Soft Tissue Curettage

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
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

MEMORANDUM

DATE	December 6, 2013
TO	DHCC Committee Members
FROM	Donna Kantner, DHCC Staff
SUBJECT	**Agenda Item 9 -** Discussion and Possible Action to Amend Proposed Regulatory Language as a result of Comments Received During the 15-day Public Comment Period for the Committee's Rulemaking to Add *California Code of Regulations (CCR)*, *Title 16, §1107* Relevant to RDH Courses in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia, and Periodontal Soft Tissue Curettage

Background

At its May 3, 2013 meeting, the Committee approved proposed regulatory language, directed staff to take all necessary steps to initiate the formal rulemaking process, and set the proposed regulations for a public hearing.

The proposed regulations were noticed and a public hearing was set for August 21, 2013. Written comments were received from Dr. Michael Dunne and Joan Greenfield during the public comment period, and additional amendments were suggested by legal counsel and staff. Amendments were adopted at the Committee's September 6, 2013 meeting, and staff was directed to notice the proposed changes for a 15-day comment period. The following comments were received during the comment period, and staff recommends changes to the text as indicated below in red.

COMMENTS RECEIVED DURING THE 15-DAY PUBLIC COMMENT PERIOD:

Comments Received from Joan Greenfield:

Joan Greenfield commented that she had concerns regarding CCR section **1107(a)**. She noted that, "This is a poorly constructed paragraph." She suggested that it could read, "The Committee shall approve only those educational courses of instruction in local anesthetic, nitrous oxide-oxygen analgesia, and periodontal soft tissue curettage that meet the following course requirements," and further suggested that the final sentence, "Continuation of approval will be contingent upon compliance with these requirements," be moved to follow CCR subsection **1107(a)(1)(C)**.

Staff Recommendation: Staff believes that the existing text is clearer than the suggested amendment and recommends retaining the first modified text as follows:

(a) Approval of Course. The Committee shall approve only those educational courses of instruction in local anesthetic, nitrous oxide-oxygen analgesia, and periodontal soft tissue curettage that continuously meet all course requirements. Continuation of approval will be contingent upon compliance with these requirements.

Ms. Greenfield commented that the word "type" should be stricken from CCR, section **1107(a)(1)(A)** and, "with scavenger systems," added following machines. She also recommended adding the phrase, "Continuation of approval will be contingent upon compliance with these requirements," after **CCR, section 1107(a)(1)(C)**.

Staff Recommendation: Staff recommends acceptance of this comment and clarification by amending the text as requested, with the exception of not moving the final sentence of CCR, section 1107(a) to follow (C) and retaining it within CCR, section 1107(a):

(a)(1) A course in local anesthesia, nitrous oxide-oxygen analgesia, and periodontal soft tissue curettage is a course that provides instruction in the following duties:

> (A) Administration of local anesthetic agents, infiltration and conductive, limited to the oral cavity; (2)(B) Administration of nitrous oxide and oxygen when used as an analgesic; utilizing fail-safe ~~type~~ machines with scavenger systems containing no other general anesthetic agents; and

(3)(C) Periodontal soft tissue curettage.

Ms. Greenfield commented that in proposed **CCR, section 1107(a)(2),** she feels the term "operation" is confusing and suggested striking the phrase "for approval of a new course."

Staff Recommendation: Staff recommends acceptance of this comment and clarification by amending the text as requested, as follows:

An applicant course provider shall submit a, "Application for Approval of a Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia, and Periodontal Soft Tissue Curettage" (DHCC SLN-01 059/2013) hereby incorporated by reference, accompanied by the appropriate fee, ~~for approval of a new course~~ and shall receive approval prior to ~~operation~~ enrollment of students.

Ms. Greenfield further commented regarding the above CCR, section 1107(a)(2) that, "Doesn't this actually belong under approval of course?"

Staff Recommendation: Staff recommends retaining the Section at the beginning of the regulation for prominence and ease of applicants' use. An application must be submitted before it can be reviewed according to the requirements.

Regarding **CCR, section 1107(b)(1)(C)**, Ms. Greenfield commented that the Committee does not approve hygiene programs out of state, asking why the phrase "approved by the Committee" was included.

Staff Recommendation: Staff recommends acceptance of this comment and clarification by amending the text as requested, as follows:

(B) Provide a letter of certification from the dean or program director of an educational program ~~approved by the Committee~~ accredited by the Commission on Dental Accreditation that the course applicant is in his or her final academic term and is expected to meet all educational requirements for graduation. The school seal must be affixed to the letter with the name of the program.

Regarding **CCR, sections 1107(b)(2)(C) and (b)(6)(C)**, Ms. Greenfield commented that the phrases "within the last two years" and "within the previous two years" is confusing, as it is "within two years from what?"

Staff Recommendation: Since there was no suggested text and the intent is that all faculty have educational methodology prior to teaching students and every two years thereafter, staff recommends acceptance of the comment and the following changes:

CCR, section 1107(b)(2)(C) - Complete an educational methodology course within the ~~last~~ two years immediately preceding any provision of course instruction and every two years thereafter;

CCR, section 1107(b)(6)(C) - A copy of faculty calibration plan, faculty credentials, licenses and certifications including documented background in educational methodology within ~~previous~~ two years immediately preceding any provision of course instruction and every two years thereafter.

Regarding **CCR, section 1107(b)(6)(D)**, Ms. Greenfield recommends eliminating this subsection commenting "Redundant. You have already asked for such information in sections (A) and (B)."

Staff Recommendation: Staff recommends rejection of this comment as subsection (D) asks for different pieces of information than subsection (D). Individual student records contain a particular student"s information, not copies of curricula, course syllabus, or clinic rubrics. Individual student records may contain a copy of the student"s completed written examinations and completed competency evaluations, or may simply contain other evidence that the particular student has successfully completed the course. Subsection (A) asks that the course retain a master copy of all approved curricula utilized, with corresponding course syllabi. Subsection (B) asks that the course retain a master copy of written examinations, clinic rubrics, and completed competency evaluations. This information may be used to cross-reference whether a particular student has successfully completed the required coursework, or whether the course provider"s curriculum, examinations, clinic rubrics, and competency evaluations meet regulatory requirements. Staff recommends retaining the following text:

(A) A copy of each approved curriculum, containing a course syllabus.
(B) A copy of completed written examinations, clinic rubrics, and completed competency evaluations.
(C) A copy of faculty calibration plan, faculty credentials, licenses, and certifications including documented background in educational methodology within previous two years.
(D) Individual student records, including those necessary to establish satisfactory completion of the course.

Regarding **CCR, section 1107(b)(7)(B)**, Ms. Greenfield commented that, "On the one hand you are saying „a basic understanding" and at the end of the paragraph you are saying „perform each procedure with competence and judgment"," suggesting "basic" be stricken.

Staff Recommendation: Staff accepts this comment and recommends striking the word "basic" from the subsection, as follows:

(B) Curriculum shall provide students with an ~~basic~~ understanding of these procedures as provided in the section of this article on Requirements for RDH Programs and an ability to perform each procedure with competence and judgment.

Regarding **CCR, section 1107(b)(7)(D),** Ms. Greenfield commented "Poorly written sentence."

Staff Recommendation: Since no suggestions were provided, staff recommends the text be modified to specify that a course may have only one remediation policy, as follows:

(D) Curriculum shall include a remediation ~~policies~~ policy, and procedures outlining course guidelines for students who fail to successfully complete the course.

Regarding **CCR, section 1107(b)(7)(E)(v)**, Ms. Greenfield commented that the sentence should read, "A remediation policy and procedures."

Staff Recommendation: Staff recommends acceptance of this comment and the following change:

(v) A R~~r~~emediation policy and procedures.

Regarding **CCR, section 1107(b)(8)(K)**, Ms. Greenfield commented that there should be an "s" on the end of the word "Technique".

Staff Recommendation: Staff recommends acceptance of this comment and the following change:

(K) Techniques of administration of maxillary and mandibular local infiltrations, field blocks and nerve blocks, nitrous oxide-oxygen analgesia, and performance of periodontal soft tissue curettage;

Regarding **CCR, section 1107(b)(8)(L)**, Ms. Greenfield commented that the word "techniques" should be changed to "procedures."

Staff Recommendation: Staff recommends acceptance of this comment and the following change:

(L) Proper infection control ~~techniques~~ procedures according to the provisions of CCR, Title 16, Division 10, Section 1005, Chapter 1, Article 4;

Regarding **CCR, section 1107(b)(8)(M)**, Ms. Greenfield commented, "I have already commented on this section on a previous occasion. Either be more complete or change this area. Total lung capacity is not the issue to be recorded. The percentage /amount of the gases and duration of administration should be recorded."

Staff Recommendation: Staff recommends acceptance of this comment and the following change:

(M) Patient documentation that meets the standard of care, including, but not limited to, computation of maximum recommended dosages for local anesthetics and ~~total lung capacity for~~the tidal volume, percentage and amount of the gases and duration of administration of nitrous oxide analgesia;

Ms. Greenfield commented, "I don"t see any requirement to teach medical emergencies in the course. Shouldn"t that be added?"

Staff Recommendation: Staff notes that **CCR, section 1107(b)(8(I)** contains requirements that the course instruct in "Complications and management of periodontal soft tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia emergencies;"

Relative to **CCR, section 1107(b)(5)** regarding clinical education, Ms. Greenfield commented that she still had concerns that a contract is still required with a dental school or a dental hygiene program and a course provider. She stated, "Dental Schools and Dental Hygiene Programs typically do NOT do contracts with other companies or organizations. The language as written appears to require a contract that gives the Dental school or Hygiene program the right to designate faculty. I can certainly understand that DHCC would want to see a facilities rental or lease agreement and description of the facilities, but beyond that, this language seems to still represent a limiting bias for providers with no actual foundation for such bias."

Staff Recommendation: Staff notes that this comment has been partially addressed by previous amendments, and recommends the following additional changes:

(5) Clinical Education. As of January 1, 2016, each course"s clinical training shall be given at a dental or dental hygiene school or facility approved by the Committee, which

has a written contract for such training ~~with a dental or dental hygiene program~~. Such written contract 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 course provider.~~dental or dental hygiene school.~~ A facility shall not include a dental office unless such office is an extramural facility of an educational program approved by the Committee.

Additional Amendments
In addition to the amendments proposed in response to the above comments, staff drafted further clarifying amendments to CCR, section 1107(b)(3), as follows:

CCR, section 1107(b)(3) Facilities and Equipment. Pre-clinical and clinical instruction shall be held at a physical facility. Physical facilities and equipment shall be maintained and replaced in a manner designed to provide students with a course designed to meet the educational objectives set forth in this section. A physical facility shall have all of the following:

(A) A lecture classroom, a patient clinic area, a sterilization facility, and a radiology area for use by the students.

(B) Access for all students to equipment necessary to develop dental hygiene skills in these duties.

(C) Infection control equipment shall be provided according to the requirements of CCR, Title 16, Division 10, Section 1005, Chapter 1, Article 1.

(D) At least one complete nitrous oxide-oxygen unit shall be provided for each six (6) students enrolled in the course and shall include a fail-safe flowmeter, functional scavenger system, and disposable or sterilizable nasal hoods for each laboratory partner or patient. All tubing, hoses, and reservoir bags shall be maintained and replaced at regular intervals to prevent leakage of gases. When not attached to a nitrous oxide-oxygen unit, all gas cylinders shall be maintained in an upright position and secured with a chain or in a cart designed for storage of gas cylinders.

Committee Action Requested
❑ 1) Discuss each comment and either accept or reject staff"s recommendation, providing a rationale that will be included in the rulemaking file.

2) Discuss the additional amendments drafted by staff.

3) Take action to accept or reject each of the proposed amendments.

4) If any amendments are accepted, direct staff to notice the proposed changes for a 15-day comment period and delegate to the Executive Officer any non-substantive changes necessary to complete the rulemaking file.

Dental Hygiene Committee of California
Department of Consumer Affairs

MODIFIED TEXT

Changes to the originally proposed language are shown by double underline for new text and double strikeout for deleted text.

Changes to the first modified text are shown by bold print with bold single underline for new text and bold print with single strikeout for deleted text.

New changes are highlighted for easy location.

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

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

(a) Approval of Course. The Committee shall approve only those educational courses of instruction~~for these duties~~ in local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage~~dental hygiene~~ ~~which~~that continuously meet all course requirements. ~~This article governs the approval of educational programs for courses in local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage.~~ Continuation of approval will be contingent upon compliance with these requirements.
~~(a)~~(1) 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)~~(A) Administration of local anesthetic agents, infiltration and conductive, limited to the oral cavity;

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

~~(3)~~(C) Periodontal soft tissue curettage.

~~(b)~~(2) An applicant course provider shall submit an "Application for Approval of a Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage" (DHCC SLN-01 0~~5~~9/2013) hereby incorporated by reference, accompanied by the appropriate fee, ~~**for approval of a new course**~~ **and shall receive approval prior to** ~~**operation**~~**enrollment of students**. ~~If the Committee denies approval of a course, the committee shall provide to the applicant the specific reasons for denial in writing within ninety (90) days.~~
~~(c) The Committee may withdraw approval at any time it determines a course does not meet the requirements established in this section or other requirements of law.~~
~~(d)~~(3) All courses shall be at the postsecondary educational level.
~~(e)~~(4) Each approved course shall be subject to review by the Committee at any time.

(f)(5) Each approved course shall submit a biennial report "Report of a Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage" (DHCC SLN-03 059/2013) hereby incorporated by reference.

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

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

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

(a) Administration. Each(b) Requirements for Approval. In order to be approved, a 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.

(1) Administration. Upon successful completion of the course, students shall receive a certificate of completion. The course provider shall require studentscourse applicants to possess current certification in Basic Life Support for health care providers as required by Title 160, Division 10, Chapter 1, Article 4, Section 1016 (b)(1)(C) of the California Code of Regulations (CCR) in order to be eligible for admission to the course, and eitherone of the following:

(1)(A) Possess a valid active license to practice dental hygiene issued by the Committee; or,

(2)(B) Have Ggraduated from an educational program for dental hygienists approved by the Commission on Dental Accreditation or an equivalent accrediting body approved by the Committee; or.

(C) Provide a letter of certification from the dean or program director of an educational program **approved by the Committeeaccredited by the Commission on Dental Accreditation** that the course applicant is in his or her final academic term and is expected to meet all educational requirements for graduation. The school seal must be affixed to the letter with the name of the program.

(b)(2) Faculty. Pre-clinical and clinical Ffaculty, including course director and supervising dentist(s), shall:

(1)(A) pPossess a valid, active California license to practice dentistry or dental hygiene for at least two (2) years immediately preceding any provision of course instruction.;

(2)(B) pProvide pre-clinical and clinical instruction only in procedures within the scope of practice of their respective licenses.

(3)(C) have education in Complete an educational methodology course **within the last two (2) years immediately preceding any provision of course instruction and every two years thereafter**; and must be calibrated.

(4) Be calibrated in instruction and grading by the course provider.

~~(c)~~(3) Facilities and Equipment. Pre-clinical and clinical instruction shall be held at a physical facility. Physical facilities and equipment shall be maintained and replaced in a manner designed to provide students with a~~n educationally optimal environment~~ course designed to meet the educational objectives set forth in this section. A physical facility shall have all of the following:

~~(1)~~(A) A lecture classroom, a patient clinic area, **a sterilization facility** and a radiology area~~, and a laboratory~~ for use by the students.

~~(2)~~(B) A~~ll students shall have a~~ccess for all students to equipment necessary to develop dental hygiene skills in these duties.

~~(3)~~(C) Infection control equipment shall be provided according to the requirements of CCR Title 16, Division ~~11~~10, Chapter 1, Article 1, Section 1005.

(D) At least one complete nitrous oxide-oxygen unit shall be provided for each six (6) students enrolled in the course and shall include a fail-safe flowmeter, functional scavenger system and disposable or sterilizable nasal hoods for each laboratory partner or patient. All tubing, hoses and reservoir bags shall be maintained and replaced at regular intervals to prevent leakage of gases. When not attached to a nitrous oxide-oxygen unit, all gas cylinders shall be maintained in an upright position, secured with a chain or in a cart designed for storage of gas cylinders.

~~(d)~~(4) Health and Safety. A ~~C~~course provider~~s~~ shall comply~~must document compliance~~ with ~~health and safety policies in accordance with~~ local, state, and federal health and safety laws and regulations.

~~(1)~~(A) All students shall have access to the course's hazardous waste management plan for the disposal of needles, cartridges, medical waste and storage of oxygen and nitrous oxide tanks.

~~(2)~~(B) All students shall have access to the course's clinic and radiation hazardous communication plan.

~~(3)~~(C) All students shall receive a copy of the course's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.

~~(e)~~(5) Clinical Education. As of January 1, 2016, each course's clinical training shall be given at a dental or dental hygiene school or facility approved by the Committee, which has a written contract ~~of affiliation~~ for such training ~~with a dental or dental hygiene program~~. Such written contract ~~of affiliation~~ shall include a description of the settings in which the clinical training may be received and shall provide for direct supervision of such training by faculty designated by the **course provider**~~dental or dental hygiene school~~. A~~n affiliated~~ facility shall not include a dental office unless such office is an extramural facility of an educational program approved by the Committee. ~~Each course shall provide the clinical facilities and clinical resources necessary to accomplish education in local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage as provided in California Code of Regulations (CCR) Title 16, Division 10, Section 1072.1(g)(4).~~

(f)(6) Recordkeeping. A ~~C~~course provider~~s must~~shall possess and maintain the following for a period of not less than 5 years:

~~(1)~~(A) A copy ~~Copies~~ of each approved curriculum, containing a course syllabus.

~~(2)~~(B) A copy ~~Copies~~ of completed written examinations, ~~lab and~~ clinic rubrics, and completed competency evaluations.

~~(3)~~(C) A copy ~~Copies~~ of faculty calibration plan, faculty credentials, licenses, and certifications including documented background in educational methodology **~~within previous two years~~ immediately preceding any provision of course instruction and every two years thereafter**.

~~(4)~~(D) Individual student records, including those necessary to establish satisfactory completion of the course.

~~(5)~~(E) A copy of ~~S~~student course evaluations and a summation thereof~~summaries~~.

~~(g)~~(7) Curriculum Organization and Learning Resources.

~~(1)~~(A) 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~~ the section of this article ~~[or Section 1072.1 of Article 2, Chapter 3 of Division 10]~~on Requirements for RDH Programs.

~~(2)~~(B) Curriculum shall provide students with a**n** ~~**basic**~~ understanding of these procedures as provided in ~~subdivision (g)(4)(C) of Section 1105~~the section of this article ~~[or Section 1072.1 of Article 2, Chapter 3 of Division 10]~~on Requirements for RDH Programs and an ability to perform each procedure with competence and judgment.

~~(3)~~(C) Curriculum shall prepare the student to assess, plan, implement, and evaluate these procedures as provided and in accordance with ~~subdivision (g)(4)(C) of Section 1105~~the section of this article on Requirements for RDH Programs~~[or Section 1072.1 of Article 2, Chapter 3 of Division 10]~~.

~~(4)~~(D) Curriculum ~~must~~shall include **a** remediation ~~policy~~**policies****policy,** and procedures outlining course guidelines for students who fail to successfully complete the course.

~~(5)~~(E) Students shall be provided a course syllabus that contains:

~~(A)~~(i) Course learning outcomes,

~~(B)~~(ii) Titles of references used for course materials~~Textbook(s) published within the previous 5 years~~,

~~(C)~~(iii) Content objectives,

~~(D)~~(iv) Grading criteria which includes competency evaluations and ~~lab and~~ clinic rubrics to include problem solving and critical thinking skills that reflect course learning outcomes, and

~~(E)~~(v) **A ~~R~~r**emediation policy and procedures.

~~(6)~~(F) Students shall have reasonable access to dental and medical reference textbooks, current scientific journals, audio visual materials and other relevant resources.

~~(h)~~(8) General Curriculum Content. Areas of didactic, ~~laboratory,~~ preclinical and clinical instruction shall include:

~~(1)~~(A)Indications and contraindications for all patients of:

~~(A)~~(i)periodontal soft tissue curettage;

~~(B)~~(ii) administration and reversal of local anesthetic agents;
~~(C)~~(iii)nitrous oxide-oxygen analgesia agents
~~(2)~~(B)Head and neck anatomy;
~~(3)~~(C) Physical and psychological evaluation procedures;
~~(4)~~(D) Review of body systems related to course topics;
~~(5)~~(E) Theory and psychological aspects of pain and anxiety control;
~~(6)~~(F) Selection of pain control modalities;
~~(7)~~(G) Pharmacological considerations such as action of anesthetics and vasoconstrictors, local anesthetic reversal agents and nitrous oxide-oxygen analgesia~~ agents~~;
~~(8)~~(H) Recovery from and post-procedure evaluation of periodontal soft tissue curettage, local anesthesia and nitrous oxide/oxygen analgesia;
~~(9)~~(I) Complications and management of periodontal soft tissue curettage, local anesthesia ~~&~~and nitrous oxide-oxygen analgesia emergencies;
~~(10)~~(J) Armamentarium required and current technology available for local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage;
~~(11)~~(K) Technique**s** of administration of maxillary and mandibular local infiltrations, field blocks and nerve blocks, nitrous oxide-oxygen analgesia and performance of periodontal soft tissue curettage;
~~(12)~~(L) Proper infection control **~~techniques~~procedures** according to the provisions of Title 16, Division 10, Chapter 1, Article 4, Section 1005 of the California Code of Regulations~~CCR Title 16, Division 11, Chapter 1, Article 1, Section 1005~~;
~~(13)~~(M) Patient documentation that meets the standard of care, including, but not limited to, computation of maximum recommended dosages for local anesthetics and **~~total lung capacity for~~the tidal volume, percentage and amount of the gases and duration of** administration of nitrous oxide-oxygen analgesia;
~~(14)~~(N) Medical and legal considerations including patient consent, standard of care, and patient privacy;
~~(15)~~(O) Student course evaluation mechanism.
~~(ii)~~(9) Specific Curriculum Content.
~~(1)~~(A) Local anesthetic agents curriculum must include at least thirty (30) hours of instruction, including at least fifteen (15) hours of didactic~~,~~ and preclinical ~~and/or laboratory~~ instruction and at least fifteen (15) hours of clinical instruction. Preclinical instruction shall include a minimum of two (2) experiences per injection, which may be on another student. Clinical instruction shall~~that~~ include~~s~~ at least four~~three~~ (~~3~~4) clinical experiences per injection on four~~three~~ different patients, of which only one may be on another student. Curriculum must include maxillary and mandibular anesthesia techniques for local infiltration, field block and nerve block to include anterior superior alveolar (ASA) nerve block (infraorbital), middle superior alveolar nerve block (MSA), anterior middle superior alveolar nerve block (AMSA), posterior superior alveolar nerve block (PSA), greater palatine nerve block, nasopalatine (P-ASA) nerve block, supraperiosteal, inferior alveolar nerve block (to include Gow-Gates technique), lingual nerve block, buccal nerve block, mental nerve block, incisive nerve block

and intraseptal injections. ~~One of these clinical experiences per injection will be used as a clinical competency~~One clinical experience per injection shall be used to determine clinical competency in the course. The competency evaluation for each injection and technique must be achieved at a minimum of 75%.

~~(2)~~(B) Nitrous oxide-oxygen analgesia curriculum must include at least eight (8) hours of instruction, including at least four (4) hours of didactic~~,~~ and preclinical ~~and/or laboratory~~ instruction and at least four (4) hours of clinical instruction. This includes at least two (2) preclinical experiences on patients, both of which may be on another student, and at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine~~as a~~ clinical competency in the course. Each clinical experience shall include the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia. The competency evaluation must be achieved at a minimum of 75%.

~~(3)~~(C) 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 use of a laser approved for soft tissue curettage~~laser~~. This includes at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine~~as a~~ clinical competency in the course. The competency evaluation for this procedure must be achieved at a minimum of 75%.

~~(i)~~(10) Certificate of Completion. A course provider shall issue a certificate of completion "Certification in Administration of Local Anesthesia, Nitrous Oxide-Oxygen Analgesia, and Periodontal Soft Tissue Curettage, (DHCC SLN-02 05/2013) hereby incorporated by reference, only after a student has achieved clinical competency of the three procedures.

(d) Appeals.

(1)The Committee may deny or withdraw its approval of a course. If the Committee denies or withdraws approval of a course, the reasons for withdrawal or denial will be provided in writing within ninety (90) days.

(2) Any course provider whose approval is denied or withdrawn shall be granted an informal conference before the Executive Officer or his or her designee prior to the effective date of such action. The course provider shall be given at least ten days' notice of the time and place of such informal conference and the specific grounds for the proposed action.

(3) The course provider may contest the denial or withdrawal of approval by either:

(A) Appearing at the informal conference. The Executive Officer shall notify the course provider of the final decision of the Executive Officer within ten days of the informal conference. Based on the outcome of the informal conference, the course provider may then request a hearing to contest the Executive Officer's final decision. A course provider shall request a hearing by written notice to the Committee within 30 calendar days of the postmark date of the letter of the Executive Officer's final decision after informal conference. Hearings shall be

held pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. Or;
(B) Notifying the Committee in writing the course provider's election to forego the informal conference and to proceed with a hearing pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. Such notification shall be made to the Committee before the date of the informal conference.

Note Authority cited: Sections 1905, 1906, ~~and~~ 1909, and 1944 Business and Professions Code. Reference: Sections 1905, ~~and~~ 1909, 1917, and 1944 Business and Professions Code.

Saturday, December 7, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 10

Update, Discussion, and Possible Action on the Following Regulations:

a. DHCC Uniform Standards Related to Substance Abuse and Disciplinary Guidelines, *CCR, Title 16, Division 11, §1138*; and

b. Dental Hygiene Regulations, *CCR, Title 16, Division 11, §§1100, 1101, 1121, 1122, 1124, 1126, 1127, and 1133*

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

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**

MEMORANDUM

DATE	December 6, 2013
TO	DHCC Committee Members
FROM	Donna Kantner, DHCC Staff
SUBJECT	**Agenda Item 10 -** Regulations Update

a. DHCC Uniform Standards Related to Substance Abuse and Disciplinary Guidelines, *CCR, Title 16, Division 11, §1138*

This file has been reviewed and approved by the Department and Agency, and is currently undergoing review by the Department of Finance, as there is some fiscal impact to licensees who are disciplined. After this review is completed, the file will be submitted to the Office of Administrative Law for the final step in the review process.

b. Dental Hygiene Regulations, *CCR, Title 16, Division 11, §§1100, 1101, 1121, 1122, 1124, 1126, 1127, and 1133*

This proposal was approved by the Committee at its last meeting and submitted to the Office of Administrative Law for notice of the 45-day public comment period and public hearing, scheduled for January 15, 2014. If adverse comments are received, those will be brought to the Committee for discussion at a future meeting or teleconference.

Committee Action Requested

❑ Informational only. No action requested.

Saturday, December 7, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 11

Licensing and Examination Subcommittee Report:

The DHCC may take action on any items listed on the Licensing and Examination Subcommittee agenda and the recommendations provided by the subcommittee.

Saturday, December 7, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 12

Legislative and Regulatory Subcommittee Report:

The DHCC may take action on any items listed on the Legislative and Regulatory Subcommittee agenda and the recommendations provided by the subcommittee.

Saturday, December 7, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 13

Enforcement Subcommittee Report:

The DHCC may take action on any items listed on the Enforcement Subcommittee agenda and the recommendations provided by the subcommittee.

Saturday, December 7, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 14

Education and Outreach Subcommittee Report:

The DHCC may take action on any items listed on the Education and Outrreach Subcommittee agenda and the recommendations provided by the subcommittee.

Saturday, December 7, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 15

Election of DHCC Officers for 2014

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
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

MEMORANDUM

DATE	December 7, 2013
TO	DHCC Committee Members
FROM	Lori Hubble, Executive Officer
SUBJECT	**Agenda Item 15 - Election of Officers**

Section 1903 (c) of the Business and Professions Code requires the Committee to elect a president, vice president, and secretary from its membership. The election of officers has typically taken place in December of each year.

The DHCC Member Guidelines and Procedure Manual outlines the election of officers:

OFFICERS

The DHCC shall annually elect, from its members, a President, a Vice-President, and a Secretary each of whom shall hold office for a term of one year. An officer shall not serve in a particular office position for more than two consecutive terms unless extenuating circumstances prevail and it is the will of the majority of the members to do so.

Elections shall take place each year. All officers may be elected on one motion or ballot as a slate of officers unless objected to by a member.

If the office of the President becomes vacant, the Vice President shall assume the office of the President. If the office of the Vice-President becomes vacant, an election shall be held at the next scheduled meeting. Elected officers shall then serve the remainder of the term.

The current slate of officers are:

President – Michelle Hurlbutt, RDH Educator
Vice President – Vacant
Secretary – Evangeline Ward, RDH

Committee Action Requested

❑ Nomination of President
Nomination of Vice President
Nomination of Secretary

Saturday, December 7, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 16

Proposed DHCC 2014 Meeting Calendar

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
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

MEMORANDUM

DATE	December 7, 2013
TO	DHCC Committee Members
FROM	Lori Hubble, Executive Officer
SUBJECT	**Agenda Item 16 – Proposed DHCC 2014 Meeting Calendar**

Pursuant to Business and Professions Code, Section 1904, the Committee shall meet at least two times each calendar year and shall conduct additional meetings in appropriate locations that are necessary to transact its business.

Historically, the Committee has met at least two times per year and added teleconference meetings as needed. The teleconference meetings have been added to primarily address regulatory packages.

Staff has determined that the following proposed dates are expected to meet the requirements in order to conduct business:

- **Wednesday, March 5, 2014 - Teleconference - 12 Noon**

- **Friday, May 2, 2014**
- **Saturday, May 3, 2014 – *Los Angeles***

- **Friday, December 5, 2014**
- **Saturday, December 6, 2014 - *Sacramento***

Attached is a calendar for your reference.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

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**

2014

JANUARY

mon	tue	wed	thu	fri	sat	sun
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

FEBRUARY

mon	tue	wed	thu	fri	sat	sun
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

MARCH

mon	tue	wed	thu	fri	sat	sun
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL

mon	tue	wed	thu	fri	sat	sun
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MAY

mon	tue	wed	thu	fri	sat	sun
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JUNE

mon	tue	wed	thu	fri	sat	sun
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

JULY

mon	tue	wed	thu	fri	sat	sun
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

AUGUST

mon	tue	wed	thu	fri	sat	sun
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

SEPTEMBER

mon	tue	wed	thu	fri	sat	sun
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

OCTOBER

mon	tue	wed	thu	fri	sat	sun
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

NOVEMBER

mon	tue	wed	thu	fri	sat	sun
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

DECEMBER

mon	tue	wed	thu	fri	sat	sun
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Saturday, December 7, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 17

Closed Session

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

Saturday, December 7, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 18

Future Agenda Items

Saturday, December 7, 2013

Dental Hygiene Committee of California

Full Committee

Agenda Item 19

Adjournment