



DHCC Teleconference Meeting

Wednesday, March 5, 2014

Dental Hygiene Committee of California

Agenda



NOTICE OF PUBLIC MEETING - TELECONFERENCE

March 5, 2014

12:00 p.m. - Adjournment

Department of Consumer Affairs
2005 Evergreen Street, Silverwood Lake Room
Sacramento, CA 95815
916-263-1978

DENTAL HYGIENE COMMITTEE OF CALIFORNIA TELECONFERENCE AGENDA

1. Call to Order – Roll Call and Establishment of a Quorum.
2. Public Comment for Items Not on the Meeting Agenda.
3. President's Report.
4. Discussion and Possible Action to Approve the December 7, 2013 DHCC Full Committee Meeting Minutes.
5. Discussion and Possible Action to Amend Proposed Regulatory Language as a result of Comments Received During the 45-Day Public Comment Period for the DHCC's Rulemaking to Add *California Code of Regulations (CCR), Title 16, Division 11, §1100, 1101, 1121, 1122, 1124, 1126, 1127 and 1133* Relevant to Definitions, Administration, and Examinations.
6. Discussion and Possible Action on Feasibility Study Regulations, *California Code of Regulations, Title 16, Division 11, § 1104, 1104.1 and 1104.2.*

TELECONFERENCE LOCATIONS:

Michelle Hurlbutt, President, RDH Educator 190 North Mountain Avenue Upland, CA 91786	Nicolette Moultrie, Vice President, RDH Diablo Valley College 321 Golf Club Road Life Health Sciences Building Pleasant Hill, CA 94523
Noel Kelsch, Secretary, RDHAP Moorpark City Library 699 Moorpark Avenue Moorpark, CA 93021	Timothy Martinez, DMD Western University of Health Sciences Administrative Office 1460 E. Holt Avenue, Suite 150, Entrance #4 Pomona, CA 91767

Susan Good, Public Member 1401 Fulton Street, Suite 801 Fresno, CA 93721	Evangeline Ward, RDH Compassionate Care Dental 179 Elmira Road, Suite H Vacaville, CA 95687
--	--

One or more Dental Hygiene Committee of California (DHCC) Member(s) will participate in this meeting at the teleconference sites listed above. Each teleconference location is accessible to the public and the public will be given opportunity to address the DHCC at each teleconference location. The public teleconference sites are noticed on the agenda. Public comments will be taken on the agenda items at the time the specified item is raised. The DHCC 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, contact Anthony Lum at 916-576-5004, or access the DHCC Web Site at: www.dhcc.ca.gov

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



Wednesday, March 5, 2014

Dental Hygiene Committee of California

DHCC Teleconference Meeting

Agenda Item 1

Call to Order – Roll Call and Establishment of Quorum



Wednesday, March 5, 2014

Dental Hygiene Committee of California

DHCC Teleconference Meeting

Agenda 2

Public Comment for Items Not on the Meeting Agenda



Wednesday, March 5, 2014

Dental Hygiene Committee of California

DHCC Teleconference Meeting

Agenda 3

President's Report



Wednesday, March 5, 2014

Dental Hygiene Committee of California

DHCC Teleconference Meeting

Agenda 4

Discussion and Possible Action to Approve the December 7, 2013
DHCC Full Committee Meeting Minutes.



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

**Evergreen Hearing Room
 2005 Evergreen Street, 1st Floor
 Sacramento, CA 95815
 Saturday, December 7, 2013**

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

DHCC members present:

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

DHCC members absent:

Susan Good, Public Member

DHCC Staff present:

Lori Hubble, Executive Officer (EO)
 Anthony Lum, Administrative Analyst
 Donna Kantner, Retired Annuitant
 Claire Yazigi, Department of Consumer Affairs' (DCA) Legal Representative

Public present:

Cindy Callaghan, Educational Consultant DHCC
 Karen Fischer, Executive Officer, Dental Board of California (DBC)
 Maureen Fujimoto, DHCC Clinical Examination Subject Matter Expert
 JoAnn Galliano, Program Director, Chabot College
 Tom Jurach, DCA, Office of Information Services (OIS)(BreEZe Project)
 Kim Laudenslager, Director of Dental Hygiene Examinations, Central Regional Dental Testing Service (CRDTS)
 Nadine Lavell, California Dental Hygiene Association (CDHA)
 Bill Lewis, California Dental Association (CDA)

Susan Lopez, CDHA
Lisa Okamoto, CDHA
Brandon Rutschmann, DCA OIS (BreEZe Project Director)
Connie Selinsky, WREB
Korine Strickland, CDHA
Maureen Titus, CDHA
Shanda Wallace, Subject Matter Expert DHCC

President's Announcement –

President Hurlbutt introduced CDHA President Nadine Lavell, CDHA President-Elect Korine Strickland, members of the CDHA Government Relations Committee: Maureen Titus, JoAnn Galliano, and Maureen 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.

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 September 6, 2013 DHCC Meeting Minutes

President Hurlbutt asked for a motion to accept the September 6, 2013 DHCC Meeting minutes.

- **MOTION: Garry Shay moved to accept the September 6, 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 (Susan Good was absent).

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

President Hurlbutt asked for a motion to accept the September 7, 2013 Sunset Review Meeting minutes.

- **MOTION: Nicolette Moultrie moved to accept the September 7, 2013 DHCC Sunset Review Meeting Minutes.**

Garry Shay seconded the motion.

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

Vote: The motion passed 6 – 0 (Susan Good was absent for the vote and Sherrie Gordon was not present at the September 7, 2013 Sunset Review meeting).).

FULL 4 – President's Report

President Hurlbutt reported that she had attended ad-hoc meetings regarding the DHCC Sunset Review Report as well as the DHCC regulations.

President Hurlbutt noted that she had met with staff from Senator Bocanegra's office to clarify the DHCC's position on the Teledentistry Bill (AB 1174). She reported that the main purpose of the meeting related to the DHCC interpretation of the law regarding a Registered Dental Hygienist's ability to determine the radiograph that would be taken for the patient.

President Hurlbutt stated that on Sunday, December 8, 2013, she will meet with the DHCC Chief examiners to review the clinical licensing examination orientation for 2014. She then highlighted the following three items that have occurred this year:

- 1) The relationship between the DBC and the DHCC continues to grow and evolve and is very positive for continued communication between the two entities;
- 2) There is continued improvement of the DHCC's clinical licensure examination because of rigorous review by subject matter experts; and
- 3) The DHCC's regulatory language and packages continue to progress through the regulatory process.

President Hurlbutt thanked the DHCC members and staff for their dedication and commitment.

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

Karen Fischer, EO of the DBC, provided the DHCC members with an update on recent DBC activities:

- The DBC held its quarterly meeting on November 21-22, 2013 in Burbank. At the meeting members elected new offices for the coming year:
 - President - Fran Burton
 - Vice-President - Bruce Witcher
 - Secretary – Juy Forsyth, RDA
- The Dental Assisting Council elected Theresa Lua, RDAEF, as their Chair, and Ann Contreras, RDA, was elected Vice-Chair.
- Ms. Fischer read a letter from DBC President Dr. Le written to the DHCC congratulating President Hurlbutt and all of the members on a successful year and noted the excellent year of collaboration between the DBC and DHCC.

- Ms. Fischer stated that the DBC was recently appointed six (6) new Board members.
- Ms. Fischer informed the DHCC members that the DBC is tracking the same legislation as the DHCC and in addition to the bills that the DHCC is tracking, the DBC is also monitoring:
 - AB 836 (Skinner) – The bill would reduce the required continuing education units required for license renewal for retired dentists as they provide uncompensated care.
 - SB 809 (DeSaulnier)– The bill would require an additional \$12 from licensees to fund the Controlled Utilization and Review System (CURES) program. This is an effort to stop overprescribing of pharmaceuticals and would go into effect April 1, 2014. The \$12 CURES fee for licensees to pay would be added to the May 2014 license renewals. The \$12 will be applied to a CURES fund created by DCA.
- Ms. Fischer continued that the DBC also had a busy regulatory year where the following was addressed:
 - The DBC's Uniform Standards are close to being filed with the Office of Administrative Law.
 - The DBC is proposing a license renewal fee increase and the regulatory package is progressing quickly. She explained that the DBC has not raised its license renewal fee in over 14 years. She stated that the Renewal fees will increase from \$365 to \$450 (fee maximum) biennially effective July 1, 2014.
 - The Portfolio regulations are also progressing. She stated that the final comment period will end on December 23, 2013. She indicated that a hearing is scheduled for January 6, 2014 for those individuals who did not submit their comments by the December 23, 2014 deadline. She added that the DBC staff will compile all of the comments received on the issue and they will be addressed at the DBC February 27-28, 2014 meeting.

Ms. Fischer stated that the DBC received a request from the Los Angeles County Dental Society (LACDS) asking the DBC to reconsider language for a Notice to Consumers sign that would be posted in dentists' offices pertaining to how individuals could contact the DBC. Ms. Fischer added that at their November 22, 2013 meeting, DBC members directed staff to file a Section 100 change with the Office of Administrative Law to address the LACDS concern. As a result, the language for the sign will now read "Notice" rather than "Notice to Consumers."

Ms. Fischer noted that she had just completed her first year as the DBC's Executive Officer. She thanked Lori Hubble and President Hurlbutt for their support, encouragement, and assistance over the past year. She stated that 2014 will be rigorous for the DBC's workload. She noted that not only will the DBC be part of the new BreEZe computer system, it will also be presenting two new bills. She indicated that one piece of

legislation would address the ability of the DBC to accept another accrediting agency's report for foreign dental schools. She explained that the Commission on Dental Accreditation is currently accrediting foreign dental schools so these graduates would possibly be eligible for licensure in the United States.

Ms. Fischer stated that the second piece of legislation's purpose will be to raise the fee maximum for license renewals. She noted that the DCA calculated that the DBC renewal fees should be at \$525 per license in order to maintain fund solvency for a number of years; however, with the current cap at \$450, the DBC could only raise the renewal fees to the statutory maximum (\$450). As a result, the DBC will be requesting the Legislature to increase the license renewal fee ceiling to \$700.

Ms. Fischer closed her report noting that the Dental Assisting Council will hold a workshop on December 12, 2013 from 9:00 am - 3:00 pm to start reviewing Registered Dental Assisting education programs and course requirements. She continued that the DBC will then promulgate regulations this year to update these requirements.

FULL 6 – Executive Officer's Report

Lori Hubble thanked the DHCC staff, particularly Tony Lum, for the level of effort that he gives in his everyday work, but especially for meeting preparation. She also thanked Donna Kantner for her high level of commitment for her work on the DHCC regulatory packages.

Ms. Hubble reported that the DHCC has outgrown its current office suite and will be moving in February or March of this year. She noted that the move is contingent on the Occupational Therapy Board moving to their new office so the DHCC can backfill their suite.

Ms. Hubble reported that she had attended several ad-hoc committee meetings for writing both the DHCC Sunset Review Report and regulations. She then reported that Tony Lum delivered the DHCC Sunset Review Report to the Legislature at the beginning of November 2013. She explained that 16 copies went to the Senate Business, Professions and Economic Development Committee, and 19 copies went to the Assembly Business, Professions, and Consumer Protection Committee. She stated that the Sunset Review Report is accessible on the DHCC website.

Ms. Hubble informed the members that the DHCC will be participating in a new travel reimbursement computer system called CalATERS. She noted that this is a web-based application that allows state employees to process travel claims. DHCC members should not feel much of an impact as staff will complete the work needed to process travel claims in the system.

Ms. Hubble reported that the DHCC staff dealt with a couple of challenges in November and December. She explained that while the license renewal fee increase for all licensure categories became effective January 1, 2014, the license renewal notices were printed with the old renewal fee. DHCC staff was able to affix labels with the correct fees indicated on all the renewal notices (approximately 800) and mail them to licensees in time for their renewal. She added that the DCA has made a commitment that the

February 2014 renewal notices will have the correct fee amounts printed; however, these notices will be sent to licensees less than the normal 60-days prior to the license expiration. A notice will be placed on the DHCC website that those licensees whose licenses expire in February 2014 will need to submit their renewals immediately upon receipt to avoid having their license expire.

Ms. Hubble informed the DHCC members that this week provided another challenge. She explained that individuals who had an expiration date of November 2013 found that their license was put into a delinquent status even if they paid their renewal on time. The DHCC received a report that one licensee had her malpractice cancelled and as a result, she was unable to work. DCA Legal Counsel (Claire Yazigi) was called and informed that this glitch affected licensees of 22 Boards. A notice was put on the DHCC website informing licensees of this problem. To correct the problem, certification letters were mailed to licensees who were affected by this situation.

Ms. Hubble reminded the members that a number of their service terms expire this year; however, there is a one-year grace period where they can continue to serve. She stated that a number of members have expressed an interest in continuing to serve on the DHCC and that the Governor's office would be contacting them.

FULL 7 – Update on BreEZe Project

Tom Jurach explained that the BreEZe project is an integrated management information system that is going to incorporate most of the daily activities of the DHCC regarding application processing, license maintenance, enforcement duties, cash handling, and electronic file maintenance.

He stated that the BreEZe Program will do the following:

- Allows applicants and licensees to follow, maintain, and manage the status of their license(s).
- Enables licensees to pay their renewals and, in real time, update their license status and/or expiration date. This eliminates the lead time of the legacy process which may take weeks to process a renewal if, for instance, a licensee requires a duplicate renewal notice sent to them.
- Increases the efficiency and management of posting licensing records including status, enforcement, probation, and other publicly-disclosed documents by enabling the staff at DHCC to manage these details by themselves, in real time.

Mr. Jurach added that BreEZe will increase the efficiencies in management for posting licensing records and will include the status and enforcement/probation and other publically disclosed documents.

Brandon Rutschmann, DCA OIS and the BreEZe Project Director, reported that Release 1 went live on October 8, 2013 for many DCA boards. He noted that there are many challenges in initiating a brand new computer system for DCA which is a project that has been tried numerous times

since the 1990's. He explained that Release II (which the DHCC is part of) has a 1-year implementation cycle. The BreEZe staff has been communicating with Board Executive Officers regarding staff as this program will be very resource intensive while the system is being designed. He explained that the BreEZe team's intention is to design the system the right way from the beginning.

Mr. Rutschmann informed the members that new budget costs for the remainder of the project have not been provided to all boards and committees at this time. He noted that the new price for BreEZe is \$77 million for all 38 clients that are part of the project. He noted that the cost to the DHCC would be about \$440,000 (paid between FYs 2011/12 – 2016/17).

President Hurlbutt asked why the DCA chose to use an off the shelf product instead of a customized product. Mr. Rutschmann answered that the initial estimate for BreEZe using off-the shelf software was \$30 million. A custom-built system would have cost \$80 million. He noted that such an approach made sense as many of the boards have similar activities (e.g., licensing, renewals, enforcement, and complaints).

President Hurlbutt asked how the price went from \$33 million to \$77 million. Mr. Rutschmann replied that no vendor had ever worked with a licensing program the size of DCA's (~2.7 million licensees). He noted that the vendor initially estimated it would take 2 years to complete the project; however, their new estimate is that it will take 4 years to complete.

President Hurlbutt asked how realistic the \$440,000 is with the DHCC being a year away from complete implementation and asked if the cost to the DHCC would double. Mr. Rutschmann replied that he could never be certain that the price would not double.

President Hurlbutt also asked what happens if it gets to a point where a board or committee cannot afford BreEZe? Mr. Rutschmann replied that DCA will not expect the boards or committees to raise fees from its applicants and licensees to cover the extra cost for the BreEZe project.

Noel Kelsch asked if BreEZe has created a delay in licensing. Mr. Rutschmann responded that there have been some delays, but these will diminish as staff becomes accustomed to the system.

Mr. Rutschmann noted that there will be 4-5 days when the BreEZe project goes live where staff will not be able to use the legacy computer systems as the BreEZe system is implemented. He added that the DCA will try to start the system change in the middle of the month so there is minimal impact on the license renewals.

FULL 8 – Budget Report

Mr. Lum directed members to the bar chart in their packets. He noted that most questions concerning the DHCC budget dealt with expenditures, revenues, and specifically with examination revenue. He explained that the chart displayed all of this information so that the members would have a visual reference as to the amount of expenditures, revenue, and

examination revenue the DHCC experienced. He then reviewed the information in the chart and asked for any questions in regard to the presented material.

Joanne Galliano asked if examination costs would increase if the DHCC accepts CRDTS. Mr. Lum explained that examinees will need to pay whatever the costs are for the examination. As a result, if fewer individuals are taking the California Clinical Licensure Examination, it will cost them more as the DHCC charges the actual amount of the cost to administer the examination.

FULL 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, Section 1107 Relevant to RDH Courses in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage.

Ms. Kantner informed the members that DHCC staff had reviewed and addressed the last group of comments received from Joan Greenfield. She then reviewed the December 6, 2013 memo she had written to the DHCC members concerning Ms. Greenfield’s comments and the DHCC staff recommendations.

- **MOTION: Nicolette Moultrie moved to accept the recommendations by DHCC staff and 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.**

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 (Susan Good was absent)

FULL 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 Discussion and Possible Action Regarding Extramural Clinic Fees**

Ms. Kantner informed the members that the Uniform Standards related to Substance Abuse and Disciplinary Guidelines have been approved by the Department of Finance. She added that she made a copy and delivered it to the Office of Administrative Law (OAL) on December 4, 2013. She explained that OAL will have 30 working days to review.

In regards to the Dental Hygiene Regulations, CCR, Title 16, Division 11, §§1100, 1101, 1121, 1122, 1124, 1126, 1127, and 1133 Discussion and Possible Action Regarding Extramural Clinic Fees, Ms. Kantner explained that this proposal was approved by the DHCC at its September 2013 meeting and subsequently submitted to OAL for Notice of the 45-day public comment period and public hearing, which is scheduled for January 15, 2014. She continued that if adverse comments are received during the comment period or hearing, they will be brought to the DHCC for discussion at a future meeting. She added that to date, no comments have been received.

FULL 11 – Licensing and Examination Subcommittee Report:

President Hurlbutt, Chair of the Licensing and Examination Subcommittee, reported that the Licensing and Examination Subcommittee had met the day before and that all subcommittee members were present.

Subcommittee members reviewed the 2014 DHCC clinical examination schedule, the clinical and written examination statistics, and the licensing statistics.

President Hurlbutt informed the subcommittee members that Kim Laudenslager, Director of Dental Hygiene Examinations, CRDTS, provided a presentation on the CRDTS examination and answered questions about the possibility of the DHCC accepting CRDTS as an approved testing agency.

President Hurlbutt informed the DHCC members that the first recommendation of the Licensing and Examination Subcommittee was for the DHCC to accept CRDTS as an approved clinical dental hygiene examination provider for licensure.

- **MOTION: Noel Kelsch moved that the subcommittee recommend that the DHCC accept CRDTS as an approved clinical dental hygiene examination effective January 1, 2014.**

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 (Susan Good was absent)

President Hurlbutt then reported that the subcommittee also reviewed the regulatory language to clarify remedial education pursuant to Business and Professions Code, §1917.3. She noted that during the meeting, subcommittee members directed staff to develop additional language concerning technical changes and make typographical corrections to the text and forms. Ms. Kantner then reviewed the additional language that had been developed (tan pages, Attachment 1) at the request of the subcommittee. She then reviewed the changes that were made at the subcommittee's direction, noting that changes were made to both the application form and regulatory text (highlighted and bolded in the meeting materials).

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

Garry Shay seconded the motion.

After discussion, the members agreed to change § 1108 (C) (2) to read:

(2) Faculty. Pre-clinical and clinical faculty, including course director and supervising dentist(s) with no disciplinary actions, shall:
(A) Possess a valid, active California license with to practice dentistry or dental hygiene. Such license shall have been issued at least two (2) years immediately preceding any provision of course instruction.

Members also agreed to add, "...in an approved dental hygiene educational program" to §1108 (a) (3).

With respect to the application form, the members agreed to:

- Strike §1104 on the top of the front page;
- Add a column to the Course Faculty Information for status of an out-of state license; and
- Add a sentence to #2 reading: "Faculty members who hold an out-of-state license must provide a certification."

The DHCC members also directed staff to ensure that applicants with an out-of-state license have no disciplinary actions against any license they hold.

VOTE: The motion passed 7-0 (Susan Good was absent).

President Hurlbutt then reported that future agenda items include investigation of establishing a retire status category for registered dental hygiene licensure, and to investigate whether the DHCC should become a CRDTS members state.

- **MOTION: Noel Kelsch moved to approve and file the report**
Garry Shay seconded the motion.

VOTE: The motion passed 7-0 (Susan Good was absent).

FULL 12 – Legislative and Regulatory Subcommittee Report

Nicolette Moultrie, Chair of the Legislative and Regulatory Subcommittee, reported that at its December 6, 2013 meeting, the members discussed and made additional changes to the regulatory language for the Education Program §§1103, 1104, 1104.1, 1104.2, 1104.3, 1105, 1105.1, 1105.2, 1105.3, 1105.4, 1105.5, 1105.6, 1105.7, 1106, 1109, 1110, 1111, 1112, and 1114 and that Ms. Kantner had made those changes.

- **MOTION: Noel Kelsch moved that the DHCC direct staff to notice the proposed changes for a 45 day comment period and delegate to the Executive Officer any non-substantive changes necessary to complete the rulemaking file.**

Michelle Hurlbutt seconded the motion.

Ms. Moultrie asked if there was any further comment from the members or the public. There was no further comment from the members or the public

Vote: The motion passed (7-0, Susan Good was absent)

- **MOTION: Michelle Hurlbutt moved that the DHCC accept the Legislative and Regulatory Review Subcommittee report be placed on file.**

Evangeline Ward seconded.

Ms. Moultrie asked if there was any further comment from the members or the public. There was no further comment from the members or the public.

Vote: The motion passed (7-0, Susan Good was absent).

FULL 13 – Enforcement Subcommittee Report

Garry Shay, Chair of the Enforcement Subcommittee, informed the members that the subcommittee had met the day before and had received and filed various documents concerning statistical information with regard to Enforcement. He stated that these documents were in the members' meeting packets for their review.

Mr. Shay asked for any comment from the members or the public. There was no further comment.

- **MOTION: Noel Kelsch moved to receive and file all of the documents pertaining to the Enforcement Subcommittee.**

Michelle Hurlbutt seconded the motion.

Mr. Shay asked if there was any further comment from the members or the public. There was no further comment.

Vote: The motion passed 7–0 (Susan Good was absent).

FULL 14 – Education and Outreach Subcommittee Report

Sherrie-Ann Gordon, Chair of the Education and Outreach Subcommittee, reported that the Education and Outreach subcommittee met the day before. The subcommittee heard a presentation from Traci Napper concerning statistical information regarding the DHCC website (i.e.,

number of website hits, where the hits originated, and particular categories website viewers were interested in).

Ms. Gordon reported that the subcommittee had two recommendations for consideration by the full DHCC Committee. She stated that the first recommendation was to change the name of the Education and Outreach subcommittee to the Education Subcommittee. She explained that budgetary restrictions do not allow for participation in outreach events and activities around the State as had been done before.

Ms. Gordon then stated that the second recommendation was to change the subcommittee's function. She noted that the purpose of the Education Subcommittee is to provide recommendations to the full committee on granting, renewing, and withdrawing approval of educational programs for registered dental hygienists, registered dental hygienists in extended functions, and registered dental hygienists in alternative practice. She continued that the subcommittee was also responsible to provide recommendations to the full committee regarding approval of a feasibility study for new educational programs. She added that the subcommittee may also provide information and recommendation to the full committee on issues relating to curriculum and school approval.

- **MOTION: Nicolette Moultrie moved to accept the subcommittee's recommendation to change the name of the Education and Outreach Subcommittee to the Education Subcommittee.**

Evangeline Ward seconded the motion.

Ms. Gordon asked whether there was any further comment from the public or the members. There was no further comment.

Vote: The motion passed 7-0 (Susan Good was absent).

- **MOTION: Evangeline Ward moved to adopt the subcommittee report and file it.**

Michelle Hurlbutt seconded the motion.

President Hurlbutt asked for any comments from the members or the public. There were no comments.

Vote: The motion passed 7-0 (Susan Good was absent).

FULL 15 – Election of DHCC Officers for 2014

- **MOTION: Nicolette Moultrie nominated Michelle Hurlbutt for President of the DHCC.**

Susan Johnson seconded the motion.

President Hurlbutt asked for any comments from the members or the public. There were no comments.

Vote: the motion passed 7-0 (Susan Good was absent).

- **MOTION: Noel Kelsch nominated Nicolette Moultrie for Vice President of the DHCC.**

Sherrie-Ann Gordon seconded the motion.

President Hurlbutt asked for any comments from the members or the public. There were no comments.

Vote: the motion passed 7-0 (Susan Good was absent).

- **MOTION: - Michelle Hurlbutt nominated Noel Kelsch for Secretary of the DHCC.**

Nicolette Moultrie seconded the motion.

President Hurlbutt asked for any comments from the members or the public. There were no comments.

Vote: The motion passed 7-0 (Susan Good was absent).

FULL 16* – Proposed DHCC 2014 Meeting Calendar

After a brief discussion the following motion was made:

- **MOTION: - Nicolette Moultrie moved to accept the following dates for the DHCC meeting calendar:**
 - Wednesday, March 5, 2014 - Teleconference: 12:00 p.m.;
 - Friday and Saturday, May 2-3, 2014 – *Los Angeles area (specific site TBD); and*
 - Friday and Saturday, December 5-6, 2014 – *Sacramento.*

Sherrie-Ann Gordon seconded the motion.

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

VOTE: The Motion passed 7-0 (Susan Good was absent)

FULL 17 – Closed Session

There was no closed session at this meeting.

FULL 18 – Future Agenda Items

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

- Discuss adding the DHCC to the 800 series reporting requirements; and
- Include the DHCC as a CRDTS member state.

FULL 19 – Adjournment

The meeting was adjourned at 12:27 p.m.



Wednesday, March 5, 2014

Dental Hygiene Committee of California

DHCC Teleconference Meeting

Agenda 5

Discussion and Possible Action to Amend Proposed Regulatory Language as a result of Comments Received During the 45-Day Public Comment Period for the DHCC's Rulemaking to Add California Code of Regulations (CCR), Title 16, Division 11, § 1100, 1101, 1121, 1122, 1124, 1126, 1127, and 1133 Relevant to Definitions, Administration, and Examinations.



MEMORANDUM

DATE	March 5, 2014
TO	DHCC Committee Members
FROM	Donna Kantner, DHCC Staff
SUBJECT	Agenda Item - Discussion and Possible Action to Amend Proposed Regulatory Language as a result of Comments Received During the 45-Day Public Comment Period for the Committee's Rulemaking to Add <i>Title 16, CCR, §1100, 1101, 1121, 1122, 1124, 1126, 1127 and 1133</i> Relevant to Definitions, Administration and Examinations

Background

At its September 6, 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 set for January 15, 2014. Attached are written comments received from the California Dental Association (CDA) at the hearing, along with staff's recommendations for each comment and proposed amendments to the text.

COMMENTS RECEIVED AT THE REGULATORY HEARING ON JANUARY 15, 2014

1. CDA commented that the proposed definition of "Assessment" in **Subsection 1100(c)** is more broad than statute allows and believes it is an expansion of scope and not in the best interest of the patient. CDA cited Business and Professions Code Section 1908(a) as listing "assessment" first, as it precedes the development, planning and implementation of the dental hygiene care plan that results from that assessment, and "not intended to give the dental hygienist unlimited authority to determine what records to collect." CDA also cited Business and Professions Code Section 1684.5 which limits duties which may be delegated by the dentist to an auxiliary prior to an initial examination and subsequent determination of how to proceed with the patient's care, and states that it is unprofessional conduct for a dentist to allow an auxiliary to perform procedures necessary for diagnostic purposes unless the patient is established as a patient of record or has received at least a preliminary examination by the dentist.

Staff Recommendation: Staff recommends rejection of this comment. This definition mirrors the American Dental Education Association's (ADEA's) definition of the term for educators teaching in dental hygiene programs. All dental hygiene programs that are

accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association use this definition to describe the action of collecting information regarding a patient's oral and general health condition, and all accredited programs include protocols for taking radiographs. Section 1684.5 relates to unprofessional conduct for a **dentist**, and does not apply to a dentist providing temporary services outside of a dental office, such as health fairs or schools. Many Registered Dental Hygienists (RDHs) provide services in public health settings without a dentist's supervision according to the provisions of Section 1911(c). All Registered Dental Hygienists in Alternative Practice (RDHAPs) may provide services to patients for up to 18 months without a prescription from a dentist or a physician. This definition does not expand the scope of practice, but clearly defines the practice of dental hygiene as it currently exists.

2. CDA commented that the definition of "dental hygiene care plan" in Subsection **1100(h)** does not focus on the recognized set of dental hygiene services involving disease prevention and periodontal care, stating that there is "an important distinction to make between care that is under a dentist's, rather than a hygienist's, discretion to determine," suggesting the following amendments:

"Dental hygiene care plan" means an organized presentation or list of interventions to ~~promote health or prevent disease or promote periodontal health of the patient's oral condition~~; plan is designed by the dental hygienist based on assessment data, dental hygiene diagnosis, and consists of services within the scope of ~~that provide~~ [sic] dental hygiene care practice.

Staff Recommendation: Staff recommends rejection of this comment, because this definition mirrors ADEA's definition of a "dental hygiene care plan" and is taught in all CODA-accredited dental hygiene programs nationwide. The scope of practice of dental hygiene is to promote health. Dental hygienists provide more than simply periodontal services, including nutrition counseling and health screening, which relates to whole-body health. Studies have shown that oral conditions such as inflammation impact the entire body and not only the oral cavity. Additionally, Sections 1902.2 and 1908 refer to the "practice of dental hygiene," therefore it is appropriate to retain the term "practice'.

3. CDA commented that the phrase "promote oral health and improve the patient's quality of life" is too broad for the definition of "Dental hygiene preventive services," contained in **Subsection 1100(i)** "is much too broad for this definition, as it essentially describes all dental treatment, only some of which is provided by a dental hygienist." CDA felt that no clarity was achieved and no definition was necessary.

Staff Recommendation: Staff recommends rejection of this comment. This definition mirrors ADEA's definition of "dental hygiene preventive services" and is taught in all CODA-accredited dental hygiene programs nationwide. The scope of practice of dental hygiene, similar to other health professions, is to promote health, as evidenced by Section 1908 of the business and Professions Code's inclusion of "counseling, and health screenings" along with "oral health education" as practices included in dental hygiene. Poor oral health impacts the health of the entire body and the patient's quality of life.

4. CDA commented that the definition of "Dental hygiene therapeutic interventions," contained in **Subsection 1100(j)** is too broad, stating that since Business and Professions Code section 1910 provides clear examples of dental hygiene services, but does not say "including, but not limited to" in providing these examples. CDA feels that

this definition may include many undefined procedures, “many of which only a dentist may provide,” and is concerned that confusion or an expansion of scope may result.

Staff Recommendation: Staff recommends rejection of this comment, noting that dental hygienists provide many services that promote oral health within their profession, not limited to the three examples listed in statute, and Section 1910 lists only functions that hygienists may perform under general supervision, and is not an exhaustive list of all procedures allowed under direct supervision or no supervision. Since technology and materials constantly change within the profession, it is not appropriate to list specific methods of the therapies used by dental hygienists to control oral disease. Practices excluded from dental hygiene are detailed in Business and Professions Code Section 1908.

5. CDA commented that there is no need for a definition of “Ethics” as in **Subsection 1100(l)**, as there is no reference in law for a standard for ethics examinations for dentists, and therefore no benefit from adding a definition of ethics beyond that proposed in Article 6, Section 1121.

Staff Recommendation: Staff recommends rejection of this comment, noting that there is no definition of ethics in Section 1121, only the requirement that the applicant demonstrate “the ability to recognize and apply ethical principles.” Section 1917(d) requires all dental hygienist applicants to pass “an examination in California law and ethics as prescribed by the Committee.” The definition in Section 1100(l) contains the reference documents used to develop the required ethics examination, and applicants need to be able to access this information.

6. CDA commented that the term “Periodontal evaluation record” defined in **Subsection 1100(p)** is synonymous with the term “dental hygiene assessment” – “collection of all necessary records to establish the periodontal condition and render a dental hygiene care plan.” CDA does not see the necessity for this additional definition and believes it “raises more questions than it answers.”

Staff Recommendation: Staff notes that the dental hygiene assessment is an activity and the periodontal evaluation record is the document that contains the result of that systematic collection of information; however, since it seems to be unclear, recommends acceptance of this comment and insertion of the word “documentation” after “assessment” for clarity, as follows”

(p) “Periodontal evaluation record” means that part of the dental hygiene assessment documentation pertaining to the clinical observations of the gingiva, periodontal pocket probe depths, measurement of the location of the free gingival margin/recession, calculation of attachment loss, measurement of keratinized/attached gingiva, detection of marginal and deep bleeding on probing, detection of suppuration, detection of furcation involvement, detection of fremitus and mobility, and assessment of plaque and calculus accumulations.

7. CDA commented that the proposed definition of “refer” contained in **Subsection 1100(r)** “is highly problematic,” and that the response of the patient is not part of the equation. CDA believes there is no necessity for this additional definition and is concerned that it raises more questions than it answers.

Staff Recommendation: Staff notes that Sections 1911(b) and 1930 both include provisions that require dental hygienists to refer patients to a dentist, necessitating this

definition. This definition mirrors ADEA's definition and is taught in all accredited dental hygiene programs nationwide. Staff recommends acceptance of this comment, and suggests striking the second sentence to eliminate any perception of an attempt to regulate patients conduct.

8. CDA commented that they have concerns with the Committee's development of "a lengthy and specific set of definitions that create inconsistency within the Dental Practice Act and among dental professionals, and in some cases appear to make interpretations of scope of practice beyond what statute allows." CDA stated its concern that the Committee "does not actually have the authority to clarify scope of practice issues and rather it should make recommendations to the Dental Board as described in Business and Professions Code Section 1905.2"

Staff Recommendation: Staff recommends rejection of this comment since Business and Professions Code Section 1905(a)(9) clearly gives the Committee the authority to "Adopt, amend and revoke rules and regulations to implement the provisions of this article, including the amount of required supervision by a registered dental hygienist, a registered dental hygienist in in alternative practice, or a registered dental hygienist in extended functions of a registered dental assistant."

Additionally, Section 1906(a) of the Business and Professions Code specifically states that "The committee shall adopt, amend and revoke regulations to implement the requirements of this article." Section 1906(c) further states that "Unless contrary to the provisions of this article, regulations adopted by the dental board shall continue to apply to registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions **until other regulations are adopted by the committee**. All references in those regulations to "board" shall mean the committee, which shall solely enforce the regulations with respect to registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions." [Emphasis added]

These regulations reflect existing dental hygiene scope of practice, and as such fall within the authority of the Committee.

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 nonsubstantive changes necessary to complete the rulemaking file.



Wednesday, March 5, 2014

Dental Hygiene Committee of California

DHCC Teleconference Meeting

Agenda 5

California Dental Association (CDA) Comments Received during the
Public Comment Period.



January 15, 2014

Donna Kantner

Via email: Donna.Kantner@dca.ca.gov

2005 Evergreen Street, Suite 1050

Sacramento, CA 95815

RE: Proposed language for Title 16, Division 11, California Code of Regulation, Section, 1100, 1101, 1121-1122, 1124, 1126-1127, and 1133

Dear Ms. Kantner:

The California Dental Association (CDA) appreciates the opportunity to comment on the proposed regulatory package referenced above. While CDA recognizes the benefit of clarity for licensees, dentists and the public, we are concerned about how some of the terms that have an impact on the allowable duties of a hygienist were defined in this regulation package. Many of the terms, such as those described in sections (o), (p) and (r), do not require regulatory clarification to understand and the definitions provided actually expand the scope of a hygienist beyond what the statute allows. Because these definitions have an impact on the allowable duties (scope of practice) of a hygienist and across all of dentistry, we strongly believe they should be recommendations to the Dental Board of California, not direct regulations of the DHCC.

Specifically, CDA has concerns with the following sections:

1. **Subsection 1100 (c) "Assessment:"** We believe the proposed definition of "Assessment" in Subsection 1100(c), is more broad than statute allows. While dental hygienists commonly collect diagnostic records for dental hygiene specific services, they may only collect diagnostic records for care beyond that at the direction of a dentist who will be using those records to make a diagnosis and treatment plan for such care. CDA's concern with the definition as proposed is that, specifically as it relates to exposing patients to radiographic images, without that explicit link to the dentist, it is not only an expansion of scope but also is not in the best interest of the patient.

We would note that Business and Professions Code Section 1908 (a) reads, "The practice of dental hygiene includes dental hygiene assessment and development, planning, and implementation of a dental hygiene care plan. It also includes oral health education, counseling, and health screenings." As written, the "dental hygiene assessment," precedes the "development, planning and implementation of the dental hygiene care plan" – something that logically results from that assessment. This description was not intended to give the dental hygienist unlimited authority to determine what records to collect.

To further emphasize CDA's concerns we note that Business and Professions Code Section 1684.5 (a) seeks to clarify what procedures can be delegated to a dental auxiliary prior to the dentist's initial examination of a patient and subsequent determination of how to proceed with that patient's care. It states that it is unprofessional conduct for a dentist to allow a dental auxiliary to perform procedures necessary for diagnostic purposes (e.g. radiographs) unless the patient is an established patient of record or has received at least a preliminary examination by the dentist.

California Dental Association

1201 K Street, 14th Floor
Sacramento, CA 95814

916.443.0505
800.232.7645
916.443.2943 fax

cda.org

These sections, taken in totality, lead CDA to conclude that the definition of "Assessment" as proposed, when applied to Business and Professions Code Section 1908 (a), is broader than statutory authority allows.

2. **Subsection 1100 (h) "Dental Hygiene care plan:"** CDA is concerned that the proposed definition does not focus the "dental hygiene care plan" on the recognized set of dental hygiene services involving disease prevention and periodontal care. This is an important distinction to make between care that is under a dentist's, rather than a hygienist's, discretion to determine. To clarify, CDA's view of a "Dental Hygiene care plan" is:

"Dental hygiene care plan" means an organized presentation or list of interventions to ~~promote health or prevent disease or promote periodontal health of the patient's oral condition~~; plan is designed by the dental hygienist based on assessment data, dental hygiene diagnosis, and consists of services within the scope of that ~~provide dental hygiene care practice~~.

3. **Subsection 1100 (i) "Dental Hygiene preventive services:"** CDA believes that the phrase "promote oral health and improve the patient's quality of life" is much too broad for this definition, as it essentially describes all dental treatment, only some of which is provided by a dental hygienist. It is not apparent what clarity is achieved and therefore why a definition is needed.
4. **Subsection 1100 (j) "Dental Hygiene therapeutic interventions:"** Business and Professions Code Section 1910 provides clear examples of dental hygiene services, citing oral prophylaxis, scaling, and root planing. It should be noted that 1910 does not say "including, but not limited to" in providing these examples. As proposed, the definition becomes a much larger bucket of undefined procedures that does not distinguish between the broad range of therapeutic interventions available, many of which only a dentist may provide, potentially adding to confusion or may be interpreted as a scope expansion.
5. **Subsection 1100 (l) "Ethics:"** The need for regulations establishing a benchmark for the dental hygiene ethics examination is unclear, as we are not able to find any reference in law to a parallel standard for ethics examinations for dentists, and do not see a benefit of adding a definition of ethics beyond what is proposed in Article 6, section 1121.
6. **Subsection 1100 (p) "Periodontal evaluation record:"** CDA believes that this term is synonymous with the "dental hygiene assessment" - that is, collection of all necessary records to establish the periodontal condition and render a dental hygiene care plan. We do not see the necessity for this additional definition, and as in other places, are concerned it raises more questions than it answers to have both in regulatory language.
7. **Subsection 1100 (r) "Refer:"** CDA believes the proposed definition of "refer" is highly problematic. The term is commonly used, with common understanding that it is an action taken by a provider to fulfill her/his responsibility to patients. The response of the patient is not part of this equation. The statement of reason notes that patients frequently do not accept or follow through on the referral. The provider of care has the responsibility to document the actions she/he has taken and any known action/non-action by the patient. Adding this aspect of the provider-patient relationship to a definition of "refer," however, will not solve the expressed concern and potentially has significant unintended consequences.

8. CDA has a more overarching concern with the DHCC developing a lengthy and specific set of definitions that create inconsistency within the Dental Practice Act and among dental professionals, and in some cases appear to make interpretations of scope of practice beyond what statute allows. Even while we disagree with the proposed definitions, perhaps more importantly we are concerned that DHCC does not actually have the authority to clarify scope of practice issues and rather it should make recommendations to the Dental Board as described in Business and Professions Code Section 1905.2. This concern was heightened after hearing testimony by a representative of the California Dental Hygienists Association at the January 14, 2014 Assembly Health Committee hearing on AB 1174 (Bocanegra), suggesting that the provisions of AB 1174 would conflict with these proposed regulations.

CDA believes there are significant unintended consequences with DHCC moving forward with these definitions in isolation and encourages DHCC to address these, as a scope of practice issue, in collaboration with the Dental Board. Thank you again for the opportunity to submit comments and clarify CDA's concerns. Please do not hesitate to contact me if you have questions at carrie.gordon@cda.org, or 916.554.4962.

Sincerely,

A handwritten signature in black ink that reads "Carrie Gordon". The signature is fluid and cursive, with the first name "Carrie" being more prominent than the last name "Gordon".

Carrie Gordon
Vice President, Government Affairs

c: Lori.Hubble@dca.ca.gov



Wednesday, March 5, 2014

Dental Hygiene Committee of California

DHCC Teleconference Meeting

Agenda 5

Regulatory Modified Language for the DHCC's Rulemaking to Add California Code of Regulations (CCR), Title 16, Division 11, § 1100, 1101, 1121, 1122, 1124, 1126, 1127, and 1133 Relevant to Definitions, Administration, and Examinations.

TITLE 16
California Code of Regulations
Professional and Vocational Regulations
Division 11
Dental Hygiene Committee of California

Changes to the originally proposed language are shown by double underline for new text and ~~double **strikeout**~~ for deleted text. Changes are **highlighted** for easy location.

ARTICLE 1. DEFINITIONS

§1100. Definitions.

For purposes of this division:

- (a) "Administration of local anesthesia" means the administration of local anesthetic agents by infiltration injection or conductive injection.
- (b) "Administration of nitrous oxide and oxygen" means the administration of nitrous oxide and oxygen when used as an analgesic during dental treatment.
- (c) "Assessment" means the systematic collection, analysis, and documentation of the oral and general health status and patient needs through a variety of methods, including choice of radiographs, diagnostic tools, and instruments.
- (d) "Basic supportive dental procedures" means fundamental duties or functions as referenced in California Code of Regulations Section 1067(l).
- (e) "Committee office" means the Committee office located in Sacramento, California.
- (f) "Executive Officer" means the Executive Officer appointed by the Committee.
- (g) "Dental assistant" means an unlicensed person as referenced in California Code of Regulations (CCR) Section 1067(b).
- (h) "Dental hygiene care plan" means an organized presentation or list of interventions to promote health or prevent disease of the patient's oral condition; plan is designed by the dental hygienist based on assessment data, dental hygiene diagnosis, and consists of services within the scope of dental hygiene practice.
- (i) "Dental hygiene preventive services" means those services provided by the dental hygienist that prevent oral disease or pathology, promote oral health and improve the patient's quality of life.
- (j) "Dental hygiene therapeutic interventions" means specific procedure or set of procedures designed to intervene in the disease process to produce a therapeutic benefit.
- (k) "Dental hygiene treatment plan" means an organized presentation or list of interventions to promote health or prevent disease of the patient's oral condition designed by the registered dental hygienist in alternative practice based on assessment data and consists of services within the scope of practice of the registered dental hygienist in alternative practice.
- (l) "Ethics" for the purposes of the examination required by Section 1917(d) of the Code, means an act or acts in accordance with the California Dental Hygienists' Association (CDHA) or the American Dental Hygienists Association (ADHA) Code of Ethics.
- (m) "Gross trauma" means a burn, deep laceration, long laceration and/or puncture to soft tissue, hard tissue, and/or bone

(n) "Licentiate" or "Licensee" means any individual licensed or registered by the Committee.

(o) "Periodontal debridement" means the process by which hard and soft deposits are removed from the supragingival and subgingival surfaces of the teeth, including the disruption of bacterial cell walls of nonadherent plaque.

(p) "Periodontal evaluation record" means that part of the dental hygiene assessment document pertaining to the clinical observations of the gingiva, periodontal pocket probe depths, measurement of the location of the free gingival margin/recession, calculation of attachment loss, measurement of keratinized/attached gingiva, detection of marginal and deep bleeding on probing, detection of suppuration, detection of furcation involvement, detection of fremitus and mobility, and assessment of plaque and calculus accumulations.

(q) "Polishing the coronal surfaces of teeth", or "coronal polishing" means a procedure limited to the removal of plaque on and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with rubber cup or brush and a polishing agent.

(r) "Refer" means through assessment, diagnosis, or treatment, it is determined that services are needed beyond the practitioner's competence or area of expertise. ~~patient understands and consents to the referral and some form of evaluation will be accomplished through cooperation with professionals to whom the patient has been referred.~~

(s) "Root planing" means the process of instrumentation which removes all residual calculus and toxic materials from the root to produce a clean, smooth tooth surface.

(t) "Scaling" means the removal of calculus and dental biofilm from the supragingival and subgingival exposed tooth surfaces.

(u) "Soft tissue curettage" means the removal of the inflamed soft tissue lateral to the pocket wall, which is not subgingival curettage referring to the procedure that is performed apical to the epithelial attachment, severing the connective tissue attachment down to the osseous crest.

(v) "Treatment facility" for purposes of section 1902 of the Code means any place where oral health services are provided.

Note: Authority cited: Section 1905, Business and Professions Code. Reference: Sections 1902, 1905, 1908, 1909, 1910, 1911 and 1917 Business and Professions Code.

ARTICLE 2: ADMINISTRATION

§ 1101. Delegation to Committee's Executive Officer.

(a) Except for those powers reserved exclusively to the "agency itself" under the Administrative Procedure Act, (Section 11500 et seq. of the Government Code), the Committee delegates and confers upon the Executive Officer, or his or her designee, all functions necessary to the dispatch of business of the Committee in connection with investigative and administrative proceedings under the jurisdiction of the Committee, including issuing an order for medical or mental examination under Section 820 of the Code, and the ability to approve stipulated settlement agreements for the revocation, surrender or interim suspension of a license.

(b) The power and discretion conferred by law upon the Committee to initiate review and prosecute accusations and statements of issues pursuant to Sections 11500 through 11528 of the Government Code are hereby delegated to and conferred upon the Committee's Executive Officer or in the absence thereof a designee.

Note: Authority cited: Section 1905, Business and Professions Code. Reference: Sections 1905 and 1950, Business and Professions Code; and Sections 11500-11528, Government Code.

ARTICLE 6. EXAMINATIONS

§1121. Dental Hygiene Written Examinations

Prior to issuance of a license, an applicant for licensure as an RDH, RDHAP or RDHEF shall successfully take and complete a supplemental written examination in California Law and Ethics.

(a) Each examination shall be specific for the RDH, RDHAP or RDHEF license, and (b) shall test the applicant's knowledge of California law as it relates to the specific dental hygiene practice and the applicant's ability to recognize and apply ethical principles.

(c) An applicant shall be deemed to have passed the examination with a minimum score of seventy-five percent (75%).

NOTE: Authority cited: Section 1905, Business and Professions Code. Reference: Sections 1917, 1918, and 1922 Business and Professions Code.

§1122. General Procedures for the Dental Hygiene Committee of California Written Examinations.

(a) An applicant shall be able to read and interpret instructions and examination materials.

(b) An applicant may be dismissed from the entire examination for engaging in conduct listed in Section 123 of the Code.

Note: Authority cited: Sections 123, 496, 1905, and 1917, Business and Professions Code. Reference: Sections 123, 496, 1905, and 1917, Business and Professions Code.

§1124. General Procedures for the Dental Hygiene Committee of California Clinical Examination.

(a) Each applicant shall furnish patients, instruments, and materials needed to take and complete the clinical examination.

(b) A patient provided by an applicant must be at least eighteen (18) years of age and shall be in a health condition acceptable for dental hygiene treatment. If conditions indicate a need to consult the patient's physician or for the patient to be pre-medicated, the applicant must obtain the necessary written medical clearance and/or evidence of premedication before the patient will be accepted. The examiners may, in their discretion, reject a patient who in the opinion of at least two examiners has a condition

that interferes with evaluation or that may be hazardous to the patient, other patients, applicants or examiners. A hazardous condition includes, but is not limited to, acute symptomatic hepatitis, active herpetic lesions, acute periodontal or periapical abscesses, or necrotizing ulcerative gingivitis. Whenever a patient is rejected, the reason for such rejection shall be noted on the examination record and shall be signed by both rejecting examiners.

(c) It is the applicant's responsibility to provide an interpreter, if necessary, to complete the medical history and consent form for non-English speaking patients. An interpreter will be allowed in the grading area only if requested by an examiner.

(d) No person shall be admitted to an examination clinic unless he or she is wearing an identification badge.

(e) An applicant may be dismissed from the entire examination for engaging in conduct listed in Section 123 of the Code.

Note: Authority cited: Sections 123, 1905, and 1917, Business and Professions Code. Reference: Sections 123, 1905, and 1917 Business and Professions Code.

§1126. Conduct of Dental Hygiene Committee of California Clinical Examinations.

Examinations shall be anonymous. An anonymous examination is one conducted in accordance with procedures, including but not limited to those set forth below, which ensure and preserve anonymity of applicants.

(a) The Committee shall randomly assign each applicant a number for identification purposes throughout the entire examination.

(b) Grading examiners shall not view applicants during the performance of the examination assignments. A grading examiner shall be a California licensed RDH, RDHAP, or RDHEF for a minimum of five years.

(c) There shall be no communications between grading examiners and clinic supervisors except for oral communications conducted in the presence of Committee staff. There shall be no communication between grading examiners and applicants except written communications.

NOTE: Authority cited: Sections 1905 and 1917 Business and Professions Code. Reference: Sections 1905 and 1917, Business and Professions Code.

§1127. Dental Hygiene Committee of California Clinical Examination Review Procedures; Appeals.

(a) An applicant who has failed an examination shall be provided with notice, upon written request, of those areas in which he or she is deficient.

(b) An unsuccessful applicant who has been informed of the areas of deficiency in his or her performance on the examination and who has determined that one or more of the following errors was made during the course of his or her examination and grading may appeal to the Committee within sixty (60) days following receipt of his or her examination results:

(1) Significant procedural error in the examination process;

(2) Evidence of adverse discrimination;

(3) Evidence of substantial disadvantage to the applicant.
(c) An appeal shall be made by means of a written letter specifying the grounds upon which the appeal is based. The Executive Officer shall respond to the appeal in writing and may request a personal appearance by the applicant. The Committee shall thereafter take such action as it deems appropriate.

Note: Authority cited: Sections 1905 and 1917, Business and Professions Code. Reference: Sections 1905 and 1917, Business and Professions Code.

ARTICLE 8. MINIMUM STANDARDS FOR INFECTION CONTROL

§1133. Minimum Standards for Infection Control

Licensees shall comply with the Minimum Standards for Infection Control as set forth in Section 1005 of the California Code of Regulations.

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



Wednesday, March 5, 2014

Dental Hygiene Committee of California

DHCC Teleconference Meeting

Agenda 6

Discussion and Possible Action on Feasibility Study Regulations, California Code of Regulations (CCR), Title 16, Division 11, § 1104, 1104.1, and 1104.2.



MEMORANDUM

DATE	March 5, 2014
TO	DHCC Committee Members
FROM	Donna Kantner, DHCC Staff
SUBJECT	Agenda Item 6 - Discussion and Possible Action on Feasibility Study Regulations, <i>California Code of Regulations, Title 16, Division 11, § 1104, 1104.1 and 1104.2.</i>

This item will be tabled to the Committee's next meeting in May.



Wednesday, March 5, 2014

Dental Hygiene Committee of California

DHCC Teleconference Meeting

Additional Public Comment and Adjournment