



Saturday, May 6, 2017

Dental Hygiene Committee of California

Legislative & Regulatory Subcommittee

Agenda



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

LEGISLATIVE AND REGULATORY SUBCOMMITTEE MEETING

Saturday, May 6, 2017
Bougainvillea Room
Atrium Hotel at Orange County Airport
18700 MacArthur Blvd.
Irvine, CA 92612

Additional Teleconference Location Available at:

Catalano-Fenske
1401 Fulton Street, Suite 801
Fresno, CA 93721

Legislative and Regulatory Subcommittee Members:

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

Upon Conclusion of the Full Committee meeting.

Agenda

LEG 1 – Roll Call

LEG 2 – Public Comment for Items Not on the Agenda

[The DHCC may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 & 11125.7(a)]

LEG 3 – Chairperson's Report

LEG 4 – Approval of the December 3, 2016 Leg/Reg Subcommittee Meeting Minutes

LEG 5 – Discussion and Possible Action to Adopt Positions on Current Legislation

- AB 15, Maienschein. Denti-Cal program: reimbursement rates.
- AB 224, Thurmond. Dentistry: anesthesia and sedation.
- AB 387, Thurmond. Minimum wage: healthcare interns.
- AB 703, Flora. Professions and vocations: licenses: fee waivers.
- AB 706, Patterson. Medical Board of California: licenses.

- AB 753, Caballero. Denti-Cal: improved access.
- AB 767, Quirk-Silva. Master Business License Act.
- AB 1277, Daly. Dentistry: Dental Board of California: regulations.
- SB 300, Monning. Sugar-sweetened beverages: health warnings.
- SB 379, Atkins. Pupil health: oral health assessment.
- SB 508, Roth. Medi-Cal: dental health.
- SB 572, Stone. Healing arts licensees: violations: grace period.
- SB 707, Cannella. Medi-Cal: Denti-Cal Advisory Group.

LEG 6 – Discussion and Possible Action to Seek Statutory Authority to Amend Business & Professions Code §1950.5 to Add Proposed Language for Mandated Reporting Requirements Specific to the Profession

LEG 7 – Discussion and Possible Action on CCR, Title 16, Division 11, §1153 Name Badge at Sponsored Events

LEG 8 – Discussion and Possible Action on Proposed CCR, Title 16, Division 11, §1104(b)(6) Review of Educational Programs

LEG 9 – Discussion and Possible Action to Amend CCR, Title 16, Division 11, §§1107(b)(9)(A) & 1107(b)(9)(B) RDH Course in Local Anesthesia, Nitrous Oxide – Oxygen Analgesia, and Periodontal Soft Tissue Curettage

LEG 10 – Future Agenda Items

LEG 11 – Adjournment

DHCC members who are not members of this subcommittee may attend meetings as observers only, and may not participate or vote. Action may be taken on any item listed on this agenda, including information only items. Items may be taken out of order for convenience, to accommodate speakers, or maintain a quorum. All times are approximate and subject to change. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-1978 or access the Committee's Web Site at www.dhcc.ca.gov.

The meeting facilities are accessible to individuals with physical disabilities. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Estelle Champlain at (916) 576-5007 or e-mail at: estelle.champlain@dca.ca.gov or send a written request to DHCC at 2005 Evergreen Street, Ste. 2050, Sacramento, CA 95815. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.



Saturday, May 6, 2017

Dental Hygiene Committee of California

Legislative & Regulatory Subcommittee Meeting

Agenda Item 2

Public Comment for Items Not on the Agenda

[The DHCC may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 & 11125.7(a))]



Saturday, May 6, 2017

Dental Hygiene Committee of California

Legislative & Regulatory Subcommittee Meeting

Agenda Item 3

Chairperson's Report



Saturday, May 6, 2017

Dental Hygiene Committee of California

Legislative & Regulatory Subcommittee Meeting

Agenda Item 4

**Approval of December 3, 2016 Subcommittee
Minutes**



LEGISLATIVE & REGULATORY SUBCOMMITTEE MEETING MINUTES

Saturday, December 3, 2016
2005 Evergreen Street, 1st Floor
1st Floor Hearing Room
Sacramento, CA 95815

LEGISLATIVE & REGULATORY SUBCOMMITTEE MEMBERS

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

LEG 1 Roll Call/Establishment of Quorum

Susan Good, Chair of the Legislative and Regulatory Subcommittee, called the meeting to order at 10:34 a.m. Chair Good took roll call and a quorum was established with all four subcommittee members present.

LEG 2 Public Comment for Items Not on the Agenda

Chair Good asked if any subcommittee member or member of the public would like to comment on any item not on the agenda. There were no comments.

LEG 3 Approval of the May 6, 2016 Legislative & Regulatory Subcommittee Meeting Minutes

Garry Shay requested that the word “noted” replace the word “injected” in reference to a recorded comment he had made as part of the minutes.

Motion: Michelle Hurlbutt moved to approve the May 6, 2016 Legislative and Regulatory Subcommittee meeting minutes, as amended.

Second: Nicolette Moultrie.

Chair Good asked if any member of the public would like to comment. There were no comments.

Vote: The motion to approve the May 6, 2016 Legislative and Regulatory Subcommittee meeting minutes, as amended, passed 4-0.

Name	Vote:		Other
	Aye	Nay	
Susan Good	X		
Michelle Hurlbutt	X		
Nicolette Moultrie	X		
Garry Shay	X		

LEG 4 Policy Regarding New Procedure for the State Rulemaking Process

Ms. Champlain explained that on September 7, 2016, the Department of Consumer Affairs (DCA) changed its policy for processing rulemaking packages. DCA had previously held the practice of reviewing all rulemaking packages prior to those packages being submitted to the Office of Administrative Law (OAL). Then, around five years ago, DCA waived the right to preliminary review. Now, in light of OAL having issued a rash of disapprovals to rulemaking packages originating with DCA, administrators at DCA revoked the waiver for preliminary review. The result is that DCA entities now must submit all rulemaking packages through a review process within DCA prior to submitting those rulemaking packages to OAL. This change will add at least four months of front-end processing to each rulemaking package submitted to OAL.

Chair Good asked for clarification on the purpose of this change. Ms. Champlain replied that although there will be an additional processing time prior to submission to OAL, the expectation was that there will be fewer disapprovals from OAL. Chair Good commented that this may mean less time overall if the result is avoiding disapproval at OAL's level.

Michelle Hurlbutt asked how the change will affect the rulemaking packages that are already in process. Kelsey Pruden, DHCC's Legal Counsel, explained that DHCC's pending rulemaking packages will have to be processed using the recently adopted method. Ms. Pruden clarified that while the process that was in place prior to September 2016 allowed a rulemaking package to process through preliminary steps with only an informal approval from the DCA legal department, the new process requires a formal approval from the DCA legal department before proceeding. DHCC's rulemaking packages therefore have to be re-evaluated through the DCA legal department so that the formal approval can be given.

Ms. Hurlbutt expressed concern about the added processing time. She stated that since DHCC's regulations are all concerned with consumer protection, the added delay to an already long process is particularly worrisome. She asked that

those involved be mindful of priorities so that the rulemaking packages could move as expediently as possible.

Ms. Champlain stated that although every person she had worked with in the rulemaking process seemed to be dedicated to timely and efficiently processing the rulemaking packages, since the process itself involves back and forth collaboration and modification through different entities, it may not be realistic to promise expediency. For example, each rulemaking package is disseminated through DCA's regulatory and legislative review unit where it passes to DCA's budget and legal units. Any change requested by one of these units would require another review of the updated version to pass through the other unit so that both legal and budget approve the final version that will be presented to OAL. Additionally, each unit does not have one single individual to grant approval. In both the legal and budget units, there are analysts or attorneys, plus their supervisors. Approval must be granted at the top level of each unit.

Chair Good stated that the consumer can only gain by a prudent and diligent process for rulemaking. While this adjustment may delay some important regulations from going into effect, it will ensure that when those regulations do go into effect, they will be the best that they can be.

Public Comment: JoAnne Galliano asked if, once a rulemaking package is noticed with OAL and a hearing takes place, then there are changes resulting from the hearing, would those changes cause the rulemaking package to have to be routed through the entire process again? Ms. Pruden answered that since the final rulemaking review is still in place, all changes after a hearing would require the rulemaking to be reviewed again. She noted that the second approval would likely take less time than the first.

There were no additional comments.

LEG 5 Status Report on Legislation

Ms. Champlain reported on the status of bills the DHCC had elected to follow during the May 2016 meeting as well as bills members of the public had subsequently requested the DHCC follow.

- AB 1863, Wood, was chaptered. This allows Federally Qualified Health Centers and Rural Health Centers to apply for an adjustment to the rate for a visit with a RDH. Chapter 610.
- AB 2859, Low, was chaptered. This enables DHCC to issue retired status licenses by regulation. Chapter 473

- SB 1039, Hill, was chaptered. This increases DHCC's license renewal fee ceiling from \$160 to \$500 for biennial renewals. Chapter 799.
- SB 1098, Cannella, was chaptered. This bill was substantially changed from the time DHCC chose to watch. Originally, it would have created an advisory committee to promote and facilitate increased utilization for children eligible to receive Denti-Cal services. The version of this bill that passed had omitted the advisory committee in favor of requiring the Department of Health Care Services to self-report on their progress toward increasing Denti-Cal utilization. Chapter 630.
- The following bills died: AB 12, Cooley; AB 648, Low; SB 1033, Hill; SB 1155 Morrell; and SB 1217, Stone.

Chair Good asked if any subcommittee member or member of the public would like to comment. There were no comments.

LEG 6 Discussion & Possible Action to Promulgate Regulations for a Retired License Status; Recommendation to the Full Committee

Ms. Champlain reported that the passage of AB 2859 authorized the DHCC to create, by regulation, a retired category of licensure. The bill included the following parameters for the retired license:

- Holder of a retired license may not engage in any activity for which an active license is required.
- Holder of a retired license will not be required to renew that license.
- Licensing agency may only issue a retired license to an applicant who holds a license that is not placed on inactive status for disciplinary reasons.

Ms. Champlain stated that the other aspects of the retired license will be at the discretion of the DHCC. She provided proposed regulatory language and application forms for consideration.

Public Comment: JoAnne Galliano noted that the fee for the retired license would have to be established through statute and that this would take time. Ms. Pruden agreed.

The subcommittee members determined that since the new rulemaking process was likely to be lengthy, it would be best to agree on the substance of the proposed language and relevant forms at the present meeting so DCA's review

could begin as soon as possible. Then, while the rulemaking file was processing, the DHCC would pursue legislation for the retired licensure fees.

Ms. Hurlbutt stated that since in some of the DHCC's standing regulations there is no specific fee listed, instead there is a reference to "fees required by the committee," it may not be necessary to list a specific fee in DHCC's retired license regulation. By listing a relative rather than a specific fee, the DHCC may be able to avoid having to seek statutory authority for the fee. Ms. Pruden advised that since the forms are considered part of the regulatory language, they are required to be clear to the persons affected. Stating a relative fee, such as half the current licensing fee, may be flagged as unclear.

Ms. Pruden itemized revisions throughout the proposed forms and regulatory language that would increase clarity and specificity. The subcommittee discussed each item and agreed on the outcome as follows:

- Fees.
The fee for issuing a retired license should be half of what the fee for an active license was on the day the applicant applied for a retired license. This would be stated on the application. This would need to be enacted through statute.
- Age Requirement Discarded in Favor of Years of Service Requirement.
Mr. Lum asked the subcommittee to clarify their intention regarding whether an applicant should be required to have reached a particular age as a condition of qualifying for a retired status license.

Mr. Shay requested that the subcommittee discuss the policy reasons behind promulgating a retired license in order to answer this question.

Lori Hubble stated that licensees who have reached the age of retirement often feel there is a stigma in allowing their license to cancel, but presently, the only other option besides maintaining the requirements for active licensure is to place the license on inactive status and continue to pay the renewal fees every two years. Ms. Hubble said that the retired license serves the purpose of allowing a licensee to maintain pride in his or her professional accomplishments at the close of a career.

Nicolette Moultrie stated that she is not sure it is fair to associate an age requirement with the retired license because if a licensee chooses to change professions and has no intention of returning to the practice of dental hygiene, yet still wants to maintain the license that was earned, as it is, the DHCC would continue to collect renewal fees until that individual reaches a certain age.

Chair Good stated that she supports an age requirement for eligibility for a retired license because without it, many licensees may choose to retire to avoid paying a renewal fee and completing continuing education, but then attempt to reactivate the license at a time much later on. In these cases, if more than five years had passed then the individual would have to go through the entire process that a new applicant must go through. She indicated that it is foreseeable that this process could cause problems. Additionally, she noted, the retired license states the word, “retired” and this word usually indicates that a person has reached a certain age.

Mr. Shay stated that he would be in favor of taking out the age requirement as long as the provision stating a retired license can only be returned to active status one time.

Ms. Pruden noted that some licensing entities require licensees to have attained a certain number of years licensed in their profession instead of using an age requirement.

Mr. Shay stated that it would be best to find a simple and straightforward method that would be easy for the licensee to understand and easy to administer. He stated that if the age of retirement under the Social Security Act were the criteria chosen, it could prove problematic since it could be different for each person and the staff would have to research each application to discover that applicant’s minimum age of retirement. He proposed that it would be reasonable to require ten years of licensed service to the profession. This would satisfy the underlying need for an individual to have been invested in the profession, it would not be too burdensome on the licensee, and it would be easy for the staff to verify. He added that if this option were adopted, it would be wise to make very explicit on the application for retirement of license that there is a one-time limit on bringing a retired license back to active status.

- Out-of-State Licensed Experience Will Not Count Toward Years of Service.

Only the time an applicant was licensed in California would count toward that applicant’s required years of service for determining eligibility for a retired license. However, *all* years the applicant was licensed in California would count, even if the applicant was not in practice during some of those years. (This provision was intended to cover educators who are licensed but are not practicing.)

- No Practice of Any Kind While License is Retired.

Ms. Pruden noted that the bill allowed for an exception if pursued by regulation that would allow practice while in retired status in specific situations. She inquired whether the subcommittee intended that holders of retired licenses not be allowed to provide dental hygiene services at

sponsored free health events. Ms. Hurlbutt said that she did not support retired licensees providing dental hygiene services of any kind or in any setting. Chair Good added that since a holder of a retired license is not required to maintain proficiencies through continuing education, allowing this person to provide dental hygiene services could put the public at risk.

- Two Year Limit for Reactivating Retired License.

Ms. Moultrie stated she would like to reduce the amount of time that a retired license could be brought back to active status from the proposed five years to two years. This reduction would allow a person who is relatively young at the time of retiring his or her license a reasonable window of opportunity to decide if he or she may want to place the license on an inactive status to keep the option available for a later reactivation.

Ms. Champlain added that Ms. Moultrie's idea would solve the additional problem of how to reevaluate for competency when a holder of a retired license wishes to return that license to active status. The current requirement for holders of active licenses is a biennial certification of having met continuing education requirements. If the time limit for returning a retired license to active status is reduced from five years to two years, it would perfectly correspond with the regular continuing education reevaluation, thereby eliminating the need for a separate competency evaluation mechanism.

- Ten (Non)Consecutive Years Qualify.

Ms. Moultrie requested that the subcommittee address whether a licensee should have to have served ten consecutive years in the profession and whether the ten years must be spent practicing in California. The subcommittee reached consensus in determining that the licensee should have held a current (whether active or inactive) California license for ten years. It should not matter if those ten years were consecutive.

- Retroactively Applying the Retired License is Not Currently Feasible.

The subcommittee discussed the viability of an option for licensees who had, at the close of their careers as hygienists, allowed their licenses to cancel prior to the creation of the retired category of licensure, to be allowed to qualify for a retired license.

Ms. Pruden pointed out that it may not be possible to retroactively apply a statute. AB 2859 explicitly states that a "retired license shall be issued to a person with either an active license or an inactive license that was not placed on inactive status for disciplinary reasons." She added that the relevant section of the Business and Professions Code pertaining to cancelled licenses* would also preclude opening the retired license to those whose license has been cancelled.

§1939 states a license that is not renewed within five years after its expiration may not be renewed, restored, reinstated, or reissued. The holder of the license may apply for and obtain a new license upon meeting all of the requirements of a new applicant prescribed in this article.

Chair Good noted that while it would have been nice to offer an exception, under these circumstances it appears that doing so will not be possible. Mr. Shay agreed and suggested the subcommittee abandon the idea.

Motion: Michelle Hurlbutt moved to direct staff to integrate the changes that the subcommittee discussed and to recommend to the full committee to adopt the language and forms as amended.

Second: Nicolette Moultrie.

Chair Good asked if any member of the public would like to comment. There were no comments.

Vote: The motion to direct staff to integrate the changes that the subcommittee discussed and to recommend to the full committee to adopt the language and forms as amended passed 4-0.

Name	Vote:		Other
	Aye	Nay	
Susan Good	X		
Michelle Hurlbutt	X		
Nicolette Moultrie	X		
Garry Shay	X		

LEG 7 Future Agenda Items

Ms. Hurlbutt stated that the DHCC will need to seek statutory authority setting the retired license fee.

Ms. Hurlbutt requested that staff investigate the possibility of a statutory change to allow licensees who, at the close of their careers as hygienists, allowed their licenses to cancel, prior to the creation of the retired category of licensure, to have access to a retired license.

Chair Good asked if any member of the public would like to propose a future agenda item. There were no comments.

LEG 8 Adjournment

Motion: Chair Good moved to adjourn.

Second: Nicolette Moultrie.

Vote: The motion to adjourn passed 4-0.

Name	Vote:		Other
	Aye	Nay	
Susan Good	X		
Michelle Hurlbutt	X		
Nicolette Moultrie	X		
Garry Shay	X		

The Legislative and Regulatory Subcommittee adjourned at 12:20 p.m.



Saturday, May 6, 2017

Dental Hygiene Committee of California

Legislative & Regulatory Subcommittee Meeting

Agenda Item 5

**Discussion and Possible Action: Adopt
Positions on Current Legislation (Senate &
Assembly Bills)**



MEMORANDUM

DATE	May 6, 2017
TO	Legislative and Regulatory Subcommittee
FROM	Anthony Lum, Interim Executive Officer
SUBJECT	LEG 5 – Discussion and Possible Action to Adopt Positions on Current Legislation

ASSEMBLY BILL (AB) 15, MAIENSCHEN. DENTI-CAL PROGRAM: REIMBURSEMENT RATES.

Doubles reimbursement rates for the 15 most common covered procedures. Appropriates funds from the Healthcare Treatment Fund and federal matching funds.

AB 224, THURMOND. DENTISTRY: ANESTHESIA AND SEDATION.

Extends current elevated licensing criteria that is in place for dentists who administer or order general anesthesia to also apply to dentists who administer or order deep sedation.

Here is the definition of deep sedation from the bill:

“Deep sedation” means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

AB 387, THURMOND. MINIMUM WAGE: HEALTHCARE INTERNS.

Expands the definition of employer resulting in a requirement that any person engaging in work experience to satisfy requirements for licensure must be paid at least minimum wage for his or her labor.

AB 703, FLORA. PROFESSIONS AND VOCATIONS: LICENSES: FEE WAIVERS.

Requires fee waiver for application and issuance of an initial license for each applicant who is married to, or in a domestic partnership or other legal union with, an active duty servicemember *if* the applicant holds a current license in the same profession or vocation in another state, district, or territory.

AB 706, PATTERSON. MEDICAL BOARD OF CALIFORNIA: LICENSES.

This is the most current iteration of a developing trend in licensure renewal bills. Enumerated categories of medical licenses would expire at 12 midnight on the last day of the month in which the license was issued during the second year of a two-year term commencing from the date of issuance. Currently, these licenses expire every other year on the licensee's birthday (as is the DHCC's practice). The change eliminates inconsistency that now exists, whereby some licensees pay the full licensure fee for an abbreviated initial license term.

AB 753, CABALLERO. DENTI-CAL: IMPROVED ACCESS.

Appropriates up to \$300M for the fiscal year 2017-18 from the Healthcare Treatment Fund to the State Department of Healthcare Services to improve access to and utilization of Denti-Cal. Some of this money would come from Proposition 56 (tobacco tax).

AB 767, QUIRK-SILVA. MASTER BUSINESS LICENSING ACT.

Authorizes a person who applies for two or more business licenses that have been incorporated into the master business license system to submit a master application requesting the issuance of the licenses. The bill would also require that all fees collected under the master business license system, including the master license application fee and the fees of the regulatory agencies, shall be deposited into the Master License Fund, which would be created in the State Treasury. Moneys in the fund from master application fees may, upon appropriation by the Legislature, be expended only to administer this provision or be transferred to the appropriate licensing agencies.

AB 1277, DALY. DENISTRY: DENTAL BOARD OF CALIFORNIA: REGULATIONS.

Requires the Dental Board to amend regulations pertaining to the minimum standards for infection control to require water or other methods used for irrigation to be sterile or contain recognized disinfecting or antibacterial properties when performing any dental procedure that exposes dental pulp.

SENATE BILL (SB) 300, MONNING. SUGAR-SWEETENED BEVERAGES: HEALTH WARNINGS.

Prohibits a person from distributing, selling, or offering for sale a sugar-sweetened beverage in a sealed beverage container, or a multipack of sugar-sweetened beverages, in this state unless the beverage container or multipack bears a health warning. This is expected to help combat the rising prevalence of diabetes among Californians.

SB 379, ATKINS. PUPIL HEALTH: ORAL HEALTH ASSESSMENT.

Mandates reporting on prevalence of dental carries in school children. The reports would be based off either assessments parents/guardians acquire from their child's dentist or from data gathered at free oral health assessments in the schools. Parents would retain the right to opt out. The reports would be sent from school districts to a system designated by the state dental director so the state dental director would have the information needed to create effective oral health improvement strategies for the state.

SB 508, ROTH. MEDI-CAL: DENTAL HEALTH.

Provides funding and support for the Dental Health Collaboration Pilot Program, which would use a hybrid collaboration model to provide comprehensive oral health care, including oral hygiene education, prevention services, and dental treatment, under the auspices of a dental managed care plan to San Bernardino and Riverside counties. This is the program that Dr. Kumar spoke about at the DHCC's December meeting.

SB 572, STONE. HEALING ARTS LICENSEES: VIOLATIONS: GRACE PERIOD.

Requires a 15-day grace period be extended to a licensee who commits a violation of the provisions governing his or her profession as long as the violation would not result in irreparable harm if left uncorrected for 15 days. The grace period would not be available to licensees already on probation at the time of the new violation.

SB 707, CANNELLA. MEDI-CAL: DENTI-CAL ADVISORY GROUP.

Revival of a similar bill from last year's session. The advisory group would study the policies and priorities of the Denti-Cal program and provide advice and assistance to the Legislature and the Governor with the goal of increasing the Denti-Cal utilization rate among child beneficiaries by 60%. Notably, the advisory group would consist of eight members, appointed by the Governor, from various sectors of the dental health care profession.



Saturday, May 6, 2017

Dental Hygiene Committee of California

Legislative & Regulatory Subcommittee Meeting

Agenda Item 6

Discussion and Possible Action:

**Seek Amendment to B & P Code § 1950.5 to Add
Language for Mandated Reporting Requirements
Specific to the Profession**

Proposed language for a new subsection (z) further defining Unprofessional Conduct in Business and Professions Code § 1950.5.

This proposed language is based on Penal Code §§ 11166 (a) and (f) and 11165.9 which collectively deal with unprofessional conduct for *any* mandated reporter. The main differences are that the proposed language (below in red) is specific to hygienists and that instead of using the term “child,” as it appears in the Penal Code, this version describes the potential victim as a “patient” to allow for reporting to protect additional vulnerable groups such as elders, mentally handicapped people, or any other patient who may be suffering abuse or neglect at home.

(z) Any registered dental hygienist, registered dental hygienist in extended functions, or registered dental hygienist in alternative practice, in his or her professional capacity or within the scope of his or her employment, who knows or reasonably suspects that the home or institution in which a patient resides is unsuitable for the patient because of abuse or neglect to the patient shall bring the condition to the attention of the proper agency by making an initial report by telephone as soon as practicably possible to any police or sheriff's department (not including a school district police or security department or the county welfare department). Under no circumstances shall the registered dental hygienist, registered dental hygienist in extended functions, or registered dental hygienist in alternative practice allow more than 24 hours to lapse before making such an initial report. Any registered dental hygienist, registered dental hygienist in extended functions, or registered dental hygienist in alternative practice who makes an initial telephone report shall also prepare and send, fax, or electronically transmit, to the same police or sheriff's department which the initial report was submitted, a written follow-up report within 36 hours of receiving information concerning the incident of possible neglect or abuse.

For comparison, here is Penal Code § 11166 (a) & (f) [with comments inside green brackets]:

(a) Except as provided in subdivision (d) [which specifically applies to clergy members], and in Section 11166.05 [which specifically applies to situations in which the reporter suspects a child is suffering severe emotional distress], a mandated reporter shall make a report to an agency specified in Section 11165.9 [included below] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make an initial report by telephone to the agency immediately or as soon as is practicably possible, and shall prepare and send, fax, or electronically transmit a written followup report within 36 hours of receiving the information concerning the

incident. The mandated reporter may include with the report any nonprivileged documentary evidence the mandated reporter possesses relating to the incident.

(1) For purposes of this article, “reasonable suspicion” means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse or neglect. “Reasonable suspicion” does not require certainty that child abuse or neglect has occurred nor does it require a specific medical indication of child abuse or neglect; any “reasonable suspicion” is sufficient. For purposes of this article, the pregnancy of a minor does not, in and of itself, constitute a basis for a reasonable suspicion of sexual abuse.

(2) The agency shall be notified and a report shall be prepared and sent, faxed, or electronically transmitted even if the child has expired, regardless of whether or not the possible abuse was a factor contributing to the death, and even if suspected child abuse was discovered during an autopsy.

(3) A report made by a mandated reporter pursuant to this section shall be known as a mandated report.

...

(f) Any mandated reporter who knows or reasonably suspects that the home or institution in which a child resides is unsuitable for the child because of abuse or neglect of the child shall bring the condition to the attention of the agency to which, and at the same time as, he or she makes a report of the abuse or neglect pursuant to subdivision (a).

...

Penal Code § 11165.9

Reports of suspected child abuse or neglect shall be made by mandated reporters, or in the case of reports pursuant to Section 11166.05, may be made, to any police department or sheriff’s department, not including a school district police or security department, county probation department, if designated by the county to receive mandated reports, or the county welfare department. Any of those agencies shall accept a report of suspected child abuse or neglect whether offered by a mandated reporter or another person, or referred by another agency, even if the agency to whom the report is being made lacks subject matter or geographical jurisdiction to investigate the reported case, unless the agency can immediately electronically transfer the call to an agency with proper jurisdiction. When an agency takes a report about a case of suspected child abuse or neglect in which that agency lacks jurisdiction, the agency shall immediately refer the case by telephone, fax, or electronic transmission to an agency with proper jurisdiction. Agencies that are required to receive reports of suspected child abuse or

neglect may not refuse to accept a report of suspected child abuse or neglect from a mandated reporter or another person unless otherwise authorized pursuant to this section, and shall maintain a record of all reports received.



Saturday, May 6, 2017

Dental Hygiene Committee of California

Legislative & Regulatory Subcommittee Meeting

Agenda Item 7

**Discussion and Possible Action:
CCR, Title 16, Division 11, §1153 Sponsored Events**

DENTAL HYGIENE COMMITTEE OF CALIFORNIA

2005 Evergreen Street, Suite 2050 Sacramento, CA 95815

P (916) 263-1978 | F (916) 263-2688 | www.dhcc.ca.gov



MEMORANDUM

DATE	May 6, 2017
TO	Legislative and Regulatory Subcommittee
FROM	Anthony Lum, Interim Executive Officer
SUBJECT	LEG 7 – CCR, Title 16, Division 11, § 1153 Name Badge at Sponsored Events

Background:

DHCC's rulemaking file to amend Title 16, Division 11, §1153 of the California Code of Regulations for the purpose of facilitating out-of-state licensees' participation as volunteers at Sponsored Free Healthcare Events in California is currently undergoing the final steps of the Department of Consumer Affairs' approval process which must be completed before the rulemaking file can be considered by the Office of Administrative Law. The Division of Legislative and Regulatory Review recently identified a concern regarding the clarity of language pertaining to the required contents on the name badge an out-of-state volunteer would be required to wear.

Committee Action Requested

☐ Staff requests adopting the following amendments to the proposed language to make the name badge requirement more explicit and more easily understood by the regulated audience. The first page that follows will contain the language the DHCC approved during its May 2016 meeting. The next page will contain the proposed language that is meant to add clarity.

State of California
DENTAL HYGIENE COMMITTEE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

Proposed Regulation Order
(§§ 1150, 1151, and 1153, tit. 16, Cal. Code Regs.)

[Note: The proposed amendments to existing regulation text and subject to comment in this rulemaking are shown in underline to indicate additions and ~~strikeout~~ to indicate deletions.]

Title 16. Professional and Vocational Regulations
Division 11. Dental Hygiene Committee of California
Article 13. Sponsored Free Health Care Events—Requirements for Exemption.

Amend sections 1150, 1151 and 1153, article 13, division 11, title 16, California Code of Regulations, to read as follows:

§ 1150. Sponsoring Entity Registration and Recordkeeping Requirements.

(a) Registration. A sponsoring entity that wishes to provide, or arrange for the provision of, health care services at a sponsored event under section 901 of the code shall register with the Committee not later than 90 calendar days prior to the date ~~on which~~ the sponsored event is scheduled to begin. A sponsoring entity shall register with the Committee or its delegatee by submitting to the Committee a completed “Registration of Sponsoring Entity Under Business & Professions Code Section 901,” Form 901-A (DCA/20142016 - revised), which is hereby incorporated by reference.

(b) Determination of Completeness of Form. The Committee may, by resolution, delegate to the Department of Consumer Affairs the authority to receive and process “Registration of Sponsoring Entity Under Business & Professions Code Section 901,” Form 901-A (DCA/20142016 - revised) on behalf of the Committee. The Committee or its delegatee shall inform the sponsoring entity within 15 calendar days of receipt of “Registration of Sponsoring Entity Under Business & Professions Code Section 901,” Form 901-A (DCA/20142016 - revised) in writing that the form is either complete and the sponsoring entity is registered or that the form is deficient and what specific information or documentation is required to complete the form and be registered. The Committee or its delegatee shall reject the registration if all of the identified deficiencies have not been corrected at least 30 days prior to the commencement of the sponsored event.

(c) Recordkeeping Requirements. Regardless of where it is located, a sponsoring entity shall maintain at a physical location in California a copy of all records required by section 901 as well as a copy of the authorization for participation issued by the Committee to an out-of-state practitioner. The sponsoring entity shall maintain these records for a period of at least five years after the date on which a sponsored event ended. The records may be maintained in either paper or electronic form. The sponsoring entity shall notify the Committee at the time of registration, as to the form in which it will maintain the records. In addition, the sponsoring entity shall keep a copy of all records required by section 901(g) of the code at the physical location of the sponsored event until that event has ended. These records shall be available for inspection and copying during the operating hours of the sponsored event upon request of any representative of the Committee.

(d) Requirement for Prior Committee Approval of Out-of-State Practitioner. A sponsoring entity shall not permit an out-of-state practitioner to participate in a sponsored event unless and until the sponsoring entity has received written approval from the Committee.

(e) Report. Within 15 calendar days after a sponsored event has concluded, the sponsoring entity shall file a report with the Committee summarizing the details of the sponsored event. This report

may be in a form of the sponsoring entity's choosing, but shall include, at a minimum, the following information:

- (1) The date(s) of the sponsored event;
- (2) The location(s) of the sponsored event;
- (3) The type(s) and general description of all health care services provided at the sponsored event: and
- (4) A list of each out-of-state practitioner granted authorization pursuant to this article who participated in the sponsored event, along with the license number of that practitioner.

Note: Authority cited: Sections 901 and 1906, Business and Professions Code. Reference: Section 901, Business and Professions Code.

§ 1151. Out-of-State Practitioner Authorization to Volunteer to Practice Without a California Dental Hygiene License at a ~~Participate in~~ Sponsored Free Health Care Event.

(a) Request for Authorization to ~~Participate~~Practice. An out-of-state practitioner ("applicant") may request authorization from the Committee to volunteer to participate practice without a California dental hygiene license at in a sponsored free health care event (sponsored event) and provide such health care services at the sponsored event as would be permitted if the applicant were licensed by the Committee to provide those services. An applicant shall request authorization by submitting to the Committee a completed "Request for Authorization to Volunteer to Practice Without a California Dental Hygiene License at a Registered Sponsored Free Health Care Event" Form DHCC 901-B (~~07/2012~~) (5/2016), which is hereby incorporated by reference, accompanied by a nonrefundable, nontransferable processing fee of \$86.00. The applicant shall also furnish electronic fingerprints to establish the identity of the applicant and to permit the Committee to conduct a criminal history record check. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check.

(b) Response to Request for Authorization to ~~Participate~~Practice. Within ~~20~~30-60 calendar days of receiving a completed request for authorization, the Committee shall notify the sponsoring entity or local government entity administering the sponsored event whether that request is approved or denied.

(c) Denial of Request for Authorization to ~~Participate~~Practice.

(1) The Committee shall deny a request for authorization to ~~participate~~practice if:

(A) The submitted "Request for Authorization to Volunteer to Practice Without a California Dental Hygiene License at a Registered Free Sponsored Free Health Care Event" Form DHCC 901-B (~~07/2012~~) (5/2016) is incomplete and the applicant has not responded to the Committee's request for additional information ~~within 7 days of such a request~~.

(B) The applicant does not possess a current active and valid dental hygiene license in good standing.

(C) The applicant has not satisfactorily completed a course of instruction, approved by the Committee in accordance with Business and Professions Code section 1909, in the following procedures, if these procedures are to be performed, or the sponsoring entity will not be providing an appropriately licensed or authorized dentist for direct supervision of these procedures:

(i) 1. Periodontal ~~S~~soft-tissue curettage;

(ii) ~~2.~~ Administration of local anesthetic agents; and

(iii) ~~3.~~ Administration of nitrous oxide and oxygen, whether administered alone or in combination with each other.

(D) The applicant has failed to comply with a requirement of this article or has committed any act that would constitute grounds for denial of an application for licensure by the Committee.

(E) The Committee has been unable to obtain a report from a criminal history records check at least ~~7~~ seven working days before the date of the sponsored event.

(F) The applicant was previously denied an application to practice dentistry, dental hygiene, or dental assisting in this state.

(2) The Committee may deny a request for authorization to ~~participate~~ practice if:

(A) The request is received less than ~~20~~ 30 calendars days before the date on which the sponsored event will begin.

(B) The applicant has been previously denied a request for authorization by the Committee to practice in a sponsored event.

(C) The applicant has previously had an authorization to ~~participate in~~ practiced at a sponsored event terminated by the Committee.

(D) The applicant has ~~participated in~~ practiced at three (3) or more sponsored events during the 12 month period immediately preceding the current application.

(d) Appeal of Denial. An applicant requesting authorization to ~~participate in~~ practice at a sponsored event may appeal the denial of such request by following the procedures set forth in section 1152(d)-(e).

NOTE: Authority cited: Sections 901 and 1906, Business and Professions Code. Reference: Section 901, Business and Professions Code.

§ 1153. Additional Practice Requirements for Out-of-State Practitioners Authorized to ~~Participate~~ Volunteer to Practice Without a California Dental Hygiene License in ~~at~~ Sponsored Free Health Care Events.

(a) Each out-of-state practitioner authorized to volunteer to ~~participate~~ practice at in a sponsored event and provide dental hygiene services at the sponsored event pursuant to section 1154 shall provide a written notice to each patient or prospective patient prior to performing any services. This notice shall be in at least 12 point font; and include, at a minimum, the following information:

(1) The state, district, or territory where the out-of-state practitioner is licensed in good standing;

(2) The name of each governmental agency that has issued the out-of-state practitioner a license to practice dental hygiene and the effective dates of each license;

(3) The out-of-state practitioner's license number(s);

(4) The dates the out-of-state practitioner is authorized to practice ~~by the Committee~~; and,

(5) A disclosure that states: "The Dental Hygiene Committee of California has only authorized me to provide services under my license from another state and only at this free health care event for a period not to exceed ~~ten~~(10) days."

(6) If the out-of-state practitioner is not authorized by the Committee to perform the administration of local anesthetic, nitrous oxide-oxygen sedation, and periodontal soft tissue curettage, the information must be disclosed in the written notice to each patient.

(b) This ~~e~~ notice required by this ~~S~~ section shall be provided separate and apart from all other notices or authorizations that a patient may be given or required to sign and shall be retained by the patient.

(c) The out-of-state practitioner authorized to practice in a sponsored event shall wear a name badge that includes the name of the practitioner and procedures authorized to perform pursuant to section 1151 (c)(1)(C).

NOTE: Authority cited: Sections 901 and 1906, Business and Professions Code. Reference: Section 901, Business and Professions Code.



**Proposed Language to Clarify Requirements
for Volunteer Hygienists' Name Badges at
Sponsored Events**

State of California
DENTAL HYGIENE COMMITTEE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

Proposed Regulation Order
(§§ 1150, 1151, and 1153, tit. 16, Cal. Code Regs.)

[Note: The proposed amendments to existing regulation text and subject to comment in this rulemaking are shown in underline to indicate additions and ~~strikeout~~ to indicate deletions.]

Title 16. Professional and Vocational Regulations
Division 11. Dental Hygiene Committee of California
Article 13. Sponsored Free Health Care Events—Requirements for Exemption.

Amend sections 1150, 1151 and 1153, article 13, division 11, title 16, California Code of Regulations, to read as follows:

§ 1150. Sponsoring Entity Registration and Recordkeeping Requirements.

(a) Registration. A sponsoring entity that wishes to provide, or arrange for the provision of, health care services at a sponsored event under section 901 of the code shall register with the Committee not later than 90 calendar days prior to the date ~~on which~~ the sponsored event is scheduled to begin. A sponsoring entity shall register with the Committee or its delegatee by submitting to the Committee a completed “Registration of Sponsoring Entity Under Business & Professions Code Section 901,” Form 901-A (DCA/20142016 - revised), which is hereby incorporated by reference.

(b) Determination of Completeness of Form. The Committee may, by resolution, delegate to the Department of Consumer Affairs the authority to receive and process “Registration of Sponsoring Entity Under Business & Professions Code Section 901,” Form 901-A (DCA/20142016 - revised) on behalf of the Committee. The Committee or its delegatee shall inform the sponsoring entity within 15 calendar days of receipt of “Registration of Sponsoring Entity Under Business & Professions Code Section 901,” Form 901-A (DCA/20142016 - revised) in writing that the form is either complete and the sponsoring entity is registered or that the form is deficient and what specific information or documentation is required to complete the form and be registered. The Committee or its delegatee shall reject the registration if all of the identified deficiencies have not been corrected at least 30 days prior to the commencement of the sponsored event.

(c) Recordkeeping Requirements. Regardless of where it is located, a sponsoring entity shall maintain at a physical location in California a copy of all records required by section 901 as well as a copy of the authorization for participation issued by the Committee to an out-of-state practitioner. The sponsoring entity shall maintain these records for a period of at least five years after the date on which a sponsored event ended. The records may be maintained in either paper or electronic form. The sponsoring entity shall notify the Committee at the time of registration, as to the form in which it will maintain the records. In addition, the sponsoring entity shall keep a copy of all records required by section 901(g) of the code at the physical location of the sponsored event until that event has ended. These records shall be available for inspection and copying during the operating hours of the sponsored event upon request of any representative of the Committee.

(d) Requirement for Prior Committee Approval of Out-of-State Practitioner. A sponsoring entity shall not permit an out-of-state practitioner to participate in a sponsored event unless and until the sponsoring entity has received written approval from the Committee.

(e) Report. Within 15 calendar days after a sponsored event has concluded, the sponsoring entity shall file a report with the Committee summarizing the details of the sponsored event. This report

may be in a form of the sponsoring entity's choosing, but shall include, at a minimum, the following information:

- (1) The date(s) of the sponsored event;
- (2) The location(s) of the sponsored event;
- (3) The type(s) and general description of all health care services provided at the sponsored event: and
- (4) A list of each out-of-state practitioner granted authorization pursuant to this article who participated in the sponsored event, along with the license number of that practitioner.

Note: Authority cited: Sections 901 and 1906, Business and Professions Code. Reference: Section 901, Business and Professions Code.

§ 1151. Out-of-State Practitioner Authorization to Volunteer to Practice Without a California Dental Hygiene License at a ~~Participate in~~ Free Health Care Event.

(a) Request for Authorization to ~~Participate~~Practice. An out-of-state practitioner ("applicant") may request authorization from the Committee to volunteer to participate practice without a California dental hygiene license at in a sponsored free health care event (sponsored event) and provide such health care services at the sponsored event as would be permitted if the applicant were licensed by the Committee to provide those services. An applicant shall request authorization by submitting to the Committee a completed "Request for Authorization to Volunteer to Practice Without a California Dental Hygiene License at a Registered Sponsored Free Health Care Event" Form DHCC 901-B (~~07/2012~~) (5/2016), which is hereby incorporated by reference, accompanied by a nonrefundable, nontransferable processing fee of \$86.00. The applicant shall also furnish electronic fingerprints to establish the identity of the applicant and to permit the Committee to conduct a criminal history record check. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check.

(b) Response to Request for Authorization to ~~Participate~~Practice. Within ~~20~~30-60 calendar days of receiving a completed request for authorization, the Committee shall notify the sponsoring entity or local government entity administering the sponsored event whether that request is approved or denied.

(c) Denial of Request for Authorization to ~~Participate~~Practice.

(1) The Committee shall deny a request for authorization to ~~participate~~practice if:

(A) The submitted "Request for Authorization to Volunteer to Practice Without a California Dental Hygiene License at a Registered Free Sponsored Free Health Care Event" Form DHCC 901-B (~~07/2012~~) (5/2016) is incomplete and the applicant has not responded to the Committee's request for additional information ~~within 7 days of such a request~~.

(B) The applicant does not possess a current active and valid dental hygiene license in good standing.

(C) The applicant has not satisfactorily completed a course of instruction, approved by the Committee in accordance with Business and Professions Code section 1909, in the following procedures, if these procedures are to be performed, or the sponsoring entity will not be providing an appropriately licensed or authorized dentist for direct supervision of these procedures:

- (i) 1. Periodontal ~~S~~soft-tissue curettage;

(ii) ~~2.~~ Administration of local anesthetic agents; and

(iii) ~~3.~~ Administration of nitrous oxide and oxygen, whether administered alone or in combination with each other.

(D) The applicant has failed to comply with a requirement of this article or has committed any act that would constitute grounds for denial of an application for licensure by the Committee.

(E) The Committee has been unable to obtain a report from a criminal history records check at least ~~7~~ seven working days before the date of the sponsored event.

(F) The applicant was previously denied an application to practice dentistry, dental hygiene, or dental assisting in this state.

(2) The Committee may deny a request for authorization to ~~participate~~ practice if:

(A) The request is received less than ~~20~~ 30 calendars days before the date on which the sponsored event will begin.

(B) The applicant has been previously denied a request for authorization by the Committee to practice in a sponsored event.

(C) The applicant has previously had an authorization to ~~participate in~~ practiced at a sponsored event terminated by the Committee.

(D) The applicant has ~~participated in~~ practiced at three (3) or more sponsored events during the 12 month period immediately preceding the current application.

(d) Appeal of Denial. An applicant requesting authorization to ~~participate in~~ practice at a sponsored event may appeal the denial of such request by following the procedures set forth in section 1152(d)-(e).

NOTE: Authority cited: Sections 901 and 1906, Business and Professions Code. Reference: Section 901, Business and Professions Code.

§ 1153. Additional Practice Requirements for Out-of-State Practitioners Authorized to ~~Participate~~ Volunteer to Practice Without a California Dental Hygiene License in ~~at~~ Sponsored Free Health Care Events.

(a) Each out-of-state practitioner authorized to volunteer to ~~participate~~ practice at in a sponsored event and provide dental hygiene services at the sponsored event pursuant to section 1154 shall provide a written notice to each patient or prospective patient prior to performing any services. This notice shall be in at least 12 point font; and include, at a minimum, the following information:

(1) The state, district, or territory where the out-of-state practitioner is licensed in good standing;

(2) The name of each governmental agency that has issued the out-of-state practitioner a license to practice dental hygiene and the effective dates of each license;

(3) The out-of-state practitioner's license number(s);

(4) The dates the out-of-state practitioner is authorized to practice ~~by the Committee~~; and,

(5) A disclosure that states: "The Dental Hygiene Committee of California has only authorized me to provide services under my license from another state and only at this free health care event for a period not to exceed ~~ten~~(10) days."

(6) If the out-of-state practitioner is not authorized by the Committee to perform the administration of local anesthetic, nitrous oxide-oxygen sedation, and periodontal soft tissue curettage, the information must be disclosed in the written notice to each patient.

(b) This ~~e~~ notice required by this ~~S~~section shall be provided separate and apart from all other notices or authorizations that a patient may be given or required to sign and shall be retained by the patient.

(c) The out-of-state practitioner authorized to practice in a sponsored event shall wear a name badge that includes:

(1) The name of the practitioner, and

(2) If periodontal soft-tissue curettage, administration of local anesthetic agents, and/or administration of nitrous oxide and oxygen, whether administered alone or in combination with each other, are to be performed, and the practitioner has been expressly authorized by the Committee, then the badge shall also include the words, "I am authorized to perform the following procedures under the direct supervision of an appropriately licensed or authorized dentist:

(i.) Periodontal soft-tissue curettage;

(ii.) Administration of local anesthetic agents; and

(iii.) Administration of nitrous oxide and oxygen."

(d) If the Committee has not provided the practitioner written authorization prior to the sponsored event to allow the practitioner to perform the procedures listed in (c)(2)(i.-iii.) of this Section, then the practitioner shall not perform those functions, nor shall the practitioner list those functions on his or her name badge.

NOTE: Authority cited: Sections 901 and 1906, Business and Professions Code. Reference: Section 901, Business and Professions Code.



Saturday, May 6, 2017

Dental Hygiene Committee of California

Legislative & Regulatory Subcommittee Meeting

Agenda Item 8

**Discussion and Possible Action on
Proposed CCR, Title 16, Division 11, §1104(b)(6)
Review of Educational Programs**



MEMORANDUM

DATE	May 6, 2016
TO	Legislative and Regulatory Subcommittee
FROM	Anthony Lum, Interim Executive Officer
SUBJECT	LEG 8 Discussion and Possible Action on Proposed CCR, Title 16, Division 11, §1104(b)(6) Review of Educational Programs

Background:

As the DHCC becomes more involved with the oversight of the dental hygiene educational programs, more issues have arisen that need to be addressed. To appropriately oversee California's dental hygiene educational programs, the Dental Hygiene Committee of California needs the proper tools and structure to review programs. Inclusive of these tools are the review of documents such as biosketches, infection control procedures, curriculum syllabi, admissions processes, school catalog, etc., in addition to conducting site visits to ensure the program is functioning within the parameters of the law and to help the program comply with the law if any deficiencies are identified. This proposed new regulatory section will provide additional tools and structure necessary to properly oversee the dental hygiene educational programs.

Committee Action Requested

☐ Discuss and take action to approve the proposed regulatory language, and direct staff to take all necessary steps to initiate the formal rulemaking process and set the proposed regulations for a 45-day public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package.

§ 1104. Approval of New RDH Educational Programs and Continuation of Approval for Approved RDH Educational Programs.

(a) A new educational program shall obtain Committee approval prior to admission of students.

(b) The Committee shall review the approval of all approved educational programs in accordance with accreditation renewal standards set by the Commission on Dental Accreditation of the American Dental Association (CODA), or an equivalent accrediting body, as determined by the Committee. In the event that an equivalent body has not been established by the Committee, the standards shall be set by CODA.

(1) All educational programs accredited by CODA, or an equivalent accrediting body, as determined by the Committee, shall submit to the Committee after each accreditation site visit an electronic copy of the Self-Study Report in accordance with the requirements specified in CODA's "Self-Study Guide for the Evaluation of a Dental Hygiene Education Program" (As Last Revised: January 1, 2016), which is hereby incorporated by reference, and a copy of the final report of the findings within thirty (30) days of the final report issuance.

(2) If the educational program is granted the CODA's, or an equivalent accrediting body's, as determined by the Committee, status of "Approval with Reporting Requirements", the program shall submit to the Committee copies of any and all correspondence received from or submitted to CODA, or an equivalent accrediting body, as determined by the Committee, until such time as the status of "Approval without Reporting Requirements" is granted.

(3) If the educational program is granted CODA's, or an equivalent accrediting body's, as determined by the Committee, status of "Approval with Reporting Requirements with Intent to Withdraw", the program shall notify the Committee within 10 days, and the Committee shall withdraw approval until such time as the status of "Approval without Reporting Requirements" is granted. Students enrolled in a program where approval has been withdrawn will not be considered graduates of an approved program and shall be ineligible for licensure. The program shall notify the students of the withdrawal of approval and the potential for ineligibility for licensure on the basis of not having graduated from an approved program. The program shall copy the Committee on the notification to students and any correspondence submitted to CODA, or an equivalent accrediting body, as determined by the Committee, regarding accreditation status.

(4) If the educational program is withdrawn from accredited status by CODA, or an equivalent accrediting body, as determined by the Committee, the program shall notify the Committee in writing of such status within 10 days and the Committee shall withdraw approval. The program shall submit copies of any and all correspondence received from or submitted to CODA, or an equivalent accrediting body, as determined by the Committee. Students enrolled in a program where accreditation has been withdrawn will not be considered graduates of an accredited program and shall be ineligible for licensure.

(5) Continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in this Article. Written notification of continuation of approval shall be provided.

(6) To determine Committee approval of a new or currently approved educational program, the Committee or its designee may conduct announced or unannounced onsite inspections and reviews of the program and may require the program to submit any written information or material that the Committee or its designee deem necessary and appropriate for review. If the educational program fails or refuses to allow the Committee or its designee to conduct onsite program inspections and reviews, or fails or refuses to submit any required written information or material after receiving notice from the Committee or its designee, it is grounds for denial or withdrawal of the program's approval.

(c) All Committee-approved programs shall maintain current accreditation by CODA, or an equivalent accrediting body, as determined by the Committee.

(d) All Committee-approved sponsoring and affiliated institutions shall maintain current institutional accreditation pursuant to Business and Professions Code section 1941(c).

(e) A material misrepresentation of fact by a new educational program or an approved educational program in any information required to be submitted to the Committee is grounds for denial of approval or revocation of the program's approval.

Note: Authority cited: Sections 1905 and 1906, Business and Professions Code. Reference: Sections 1905 and 1941, Business and Professions Code.



Saturday, May 6, 2017

Dental Hygiene Committee of California

Legislative & Regulatory Subcommittee Meeting

Agenda Item 9

**Discussion and Possible Action to Amend
CCR, Title 16, Division 11, §§1107(b)(9)(A) &
1107(b)(9)(B) RDH Course in Local
Anesthesia, Nitrous Oxide-Oxygen Analgesia,
and Periodontal Soft Tissue Curettage**

§1107. 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 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.

(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;

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

(C) Periodontal soft tissue curettage.

(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 12/2013) hereby incorporated by reference, accompanied by the appropriate fee, and shall receive approval prior to enrollment of students.

(3) All courses shall be at the postsecondary educational level.

(4) Each approved course shall be subject to review by the Committee at any time.

(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 09/2013) hereby incorporated by reference.

(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. The course provider shall require course applicants to possess current certification in Basic Life Support for health care providers as required by Title 16, Division 10, Chapter 1, Article 4, Section 1016 (b)(1)(C) of the California Code of Regulations in order to be eligible for admission to the course, and one of the following:

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

(B) Have graduated 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 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.

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

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

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

- (C) Complete an educational methodology course immediately preceding any provision of course instruction and every two years thereafter; and,
 - (D) Be calibrated in instruction and grading by the course provider.
- (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, 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.
- (4) Health and Safety. A course provider shall comply with local, state, and federal health and safety laws and regulations.
- (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.
 - (B) All students shall have access to the course's clinic and radiation hazardous communication plan.
 - (C) All students shall receive a copy of the course's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.
- (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. 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. A facility shall not include a dental office unless such office is an extramural facility of an educational program approved by the Committee.
- (6) Recordkeeping. A course provider shall possess and maintain the following for a period of not less than 5 years:
- (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 immediately preceding any provision of course instruction and every two years thereafter.
 - (D) Individual student records, including those necessary to establish satisfactory completion of the course.
 - (E) A copy of student course evaluations and a summation thereof.
- (7) Curriculum Organization and Learning Resources.
- (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 the section of this article on Requirements for RDH Programs.

(B) Curriculum shall provide students with an 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.

(C) Curriculum shall prepare the student to assess, plan, implement, and evaluate these procedures as provided and in accordance with the section of this article on Requirements for RDH Programs.

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

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

- (i) Course learning outcomes,
- (ii) Titles of references used for course materials,
- (iii) Content objectives,
- (iv) Grading criteria which includes competency evaluations and clinic rubrics to include problem solving and critical thinking skills that reflect course learning outcomes, and
- (v) A remediation policy and procedures.

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

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

(A) Indications and contraindications for all patients of:

- (i) periodontal soft tissue curettage;
- (ii) administration and reversal of local anesthetic agents;
- (iii) nitrous oxide-oxygen analgesia agents

(B) Head and neck anatomy;

(C) Physical and psychological evaluation procedures;

(D) Review of body systems related to course topics;

(E) Theory and psychological aspects of pain and anxiety control;

(F) Selection of pain control modalities;

(G) Pharmacological considerations such as action of anesthetics and vasoconstrictors, local anesthetic reversal agents and nitrous oxide-oxygen analgesia;

(H) Recovery from and post-procedure evaluation of periodontal soft tissue curettage, local anesthesia and nitrous oxide/oxygen analgesia;

(I) Complications and management of periodontal soft tissue curettage, local anesthesia and nitrous oxide-oxygen analgesia emergencies;

(J) Armamentarium required and current technology available for local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage;

(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;

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

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

(N) Medical and legal considerations including patient consent, standard of care, and patient privacy;

(O) Student course evaluation mechanism.

(9) Specific Curriculum Content.

(A) Local anesthetic agents curriculum must include at least thirty (30) hours of instruction, including at least fifteen (15) hours of didactic and preclinical 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 include at least four (4) clinical experiences per injection on four 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, suprapariosteal, inferior alveolar nerve block (to include Gow-Gates technique), lingual nerve block, buccal nerve block, mental nerve block, incisive nerve block and intraseptal injections. One 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%.

Injection Type	Didactic Instruction	Clinical Instruction	Required Preclinical Injections	Required Clinical Injections
Anterior Superior Alveolar (ASA)/Infraorbital	Yes	Yes	2	4
Middle Superior Alveolar (MSA)	Yes	Yes	2	4
Anterior Middle Superior Alveolar (AMSA)	Yes	Yes	2	4
Posterior Superior Alveolar (PSA)	Yes	Yes	2	4
Greater Palatine (GP)	Yes	Yes	2	4
Nasopalatine (P-ASA)	Yes	Yes	2	4
Suprapariosteal	Yes	Yes	2	4

Inferior Alveolar (IA)	Yes	Yes	2	4
*Gow Gates	Yes			
Lingual	Yes	Yes	2	4
Buccal	Yes	Yes	2	4
Mental	Yes	Yes	2	4
Incisive	Yes	Yes	2	4
Intraseptal	Yes	Yes	2	4

(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 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 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%.

Nitrous Oxide-Oxygen Sedation Requirements	Didactic and Preclinical Instruction	Clinical Instruction	Required Preclinical Experiences	Required Clinical Experiences
Minimum 8 hours of instruction	Yes Minimum 4 hours instruction	Yes Minimum 4 hours instruction	1. Minimum two experiences 2. Both experiences may be on another student 3. Minimum of 20 minutes of nitrous oxide-oxygen exposure for each experience	1. Minimum three experiences 2. One experience may be on another student 3. One experience must be used to determine competency 4. Minimum of 20 minutes of nitrous oxide-oxygen exposure for each experience

(C) Periodontal soft tissue curettage curriculum must include at least six (6) hours of instruction, including at least three (3) hours of didactic and preclinical instruction and at least three (3) hours of clinical instruction. Education may include use of a laser approved for soft tissue curettage. 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 clinical competency in the course. The competency evaluation for this procedure must be achieved at a minimum of 75%.

(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 09/2013), hereby incorporated by reference, only after a student has achieved clinical competency of the three procedures.

(c) 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, 1909, and 1944, Business and Professions Code. Reference: Sections 1905, 1909, 1917, and 1944, Business and Professions Code.



Saturday, May 6, 2017

Dental Hygiene Committee of California

Legislative & Regulatory Subcommittee Meeting

Agenda Item 10

Future Agenda Items



Saturday, May 6, 2017

Dental Hygiene Committee of California

Legislative & Regulatory Subcommittee Meeting

Agenda Item 11

Adjournment