



**Friday, November 16, 2018**

**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 (DHCC) will be held as follows:

**LEGISLATIVE AND REGULATORY SUBCOMMITTEE MEETING**

**Friday, November 16, 2018**

Radisson Hotel Fresno

Conference Center

1055 Van Ness Avenue

Fresno CA 93721

9:00 am until adjournment

**Legislative and Regulatory Subcommittee Members:**

Garry Shay, Public Member, Chair

Noel Kelsch, RDHAP Member

Sandy Klein, Public Member

Timothy Martinez, Public Health Dentist Member

**Upon Conclusion of the Licensing and Examination Subcommittee 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 April 20, 2018 Leg/Reg Subcommittee Meeting Minutes**

**LEG 5 - Report on 2018 Legislative Bills – Results (Bills reported at April 2018 meeting)**

**LEG 6 – Discussion, Possible Action, and Recommendation to the Full Committee on the Following Proposed Regulatory Packages:**

- a) 16 CCR §1105.4 Appeals Process (Educational Programs)
- b) 16 CCR §1109 Radiograph Decision Making and Interim Therapeutic Restoration
- c) 16 CCR §1115 Retired License
- d) 16 CCR §1116 Mobile Dental Hygiene Clinic

**LEG 7 - Discussion and Possible Action, and Recommendation to the Full Committee for 2019  
Legislative Proposals: Omnibus Bill**

**LEG 8 - Future Agenda Items**

**LEG 9 - 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](http://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 Brittany Alicia at (916) 576-5001 or e-mail at: [brittany.alicia@dca.ca.gov](mailto:brittany.alicia@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.



*Roll Call for the Dental Hygiene Committee of California's  
Legislative and Regulatory Subcommittee Meeting  
November 16, 2018*

	Present	Absent
Garry Shay, Public Member, Chair		
Noel Kelsch, RDHAP Member		
Sandy Klein, Public Member		
Timothy Martinez, Public Health Dentist Member		



**Friday, November 16, 2018**

**Dental Hygiene Committee of California**

**Legislative and Regulatory Subcommittee Meeting**

**Agenda Item 2**

**Public Comment for Items Not on the Agenda**

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**Friday, November 16, 2018**

**Dental Hygiene Committee of California**

**Legislative and Regulatory Subcommittee Meeting**

**Agenda Item 3**

**Chairperson's Report**

**A Verbal Report Will Be Given**



**Friday, November 16, 2018**

**Dental Hygiene Committee of California**

**Legislative and Regulatory Subcommittee Meeting**

**Agenda Item 4**

**Approval of April 20, 2018 Subcommittee Meeting  
Minutes**



## **Legislative & Regulatory Subcommittee Minutes**

### **Friday, April 20, 2018**

#### **Location:**

Doubletree by Hilton Hotel – San Diego Mission Valley  
7450 Hazard Center Drive  
San Diego, CA 92108

#### **DHCC Members Present:**

Garry Shay, Chairperson, Public Member  
Noel Kelsch, Registered Dental Hygienist in Alternative Practice (RDHAP)  
Sandra Klein, Public Member  
Timothy Martinez, Public Health Dentist

#### **DHCC Staff Present:**

Anthony Lum, Executive Officer  
Brittany Alicia, Receptionist  
Nancy Gaytan, Enforcement Analyst  
Adina Pineschi-Petty, Doctor of Dental Surgery (DDS), Educational Specialist  
Jason Hurtado, Department of Consumer Affairs (DCA) Legal Counsel for the DHCC

#### **Public Present:**

Beth Wilson, California Dental Hygienist's Association (CDHA)  
Maureen Titus, CDHA, RDHAP  
Heidi Cossam, CDHA  
Karen Fischer, Executive Officer, Dental Board of California (DBC)  
Thomas Stewart, DDS, President, DBC  
JoAnn Galliano, RDH, MS, DHCC Educational Consultant and Subject Matter Expert (SME)  
Debra Daniels, Taft College  
Vickie Kimbrough, Taft College, Purple Pen  
Leslie Nazaroff, San Joaquin Valley College (SJVC) – Ontario  
Brenda Serpa, SJVC – Visalia  
Morgan Stacey, Duane Marris, LLP  
Kelly Reich, Western Regional Examination Board (WREB)  
Sabrina Santucho, Concorde Career College (CCC) – San Bernardino  
Jana Pierce, Shasta College  
Meg Robison, Southwestern College (SWC), Dental Hygiene Student  
Jen Stoehr, SWC Dental Hygiene Student  
Amanda Friednchs, SWC Dental Hygiene Student  
Kassandra Brown, SWC Dental Hygiene Student  
Kerrin Bradford, SWC Dental Hygiene Student  
Amelia Mosser, SWC Dental Hygiene Student  
Lisa Kamibayashi, West Los Angeles College (WLAC)  
Arezou Goshtasbi, Concorde Career College (CCC) – Garden Grove



Laurel Sampson, CCC – San Diego  
Veronica Patino, SWC  
Victoria Mayfield, SWC  
Summery Cheam, SWC  
Jeressa Balagot, SWC  
Farah Al-jay, SWC  
Jean Honny, SWC, RDH  
Donna Smith, University of Southern California (USC)  
Linda Brookman, USC

## 1. Roll Call and Establishment of a Quorum

Garry Shay, Chairperson of the Legislative and Regulatory Subcommittee, called the meeting to order at 3:22 p.m. Roll call was taken and a quorum established with all four members present.

## 2. Public Comments for Items Not on the Agenda

Chair Shay requested comments from the public or the Subcommittee.

Maureen Titus, CDHA, requested mobile dental unit regulations to be placed on the agenda.

Noel Kelsch added infection control should be discussed regarding mobile dental units.

Timothy Martinez requested discussion on portable dental units placed on the agenda.

No further comments received.

## 3. Chairperson's Report

Chair Shay stated that he is looking forward to the experience as chair of this Subcommittee.

## 4. Approval of the November 17, 2017 Legislative and Regulatory Subcommittee Minutes

Chair Shay stated that not enough Dental Hygiene Committee of California (DHCC) Legislative and Regulatory Subcommittee Members were present at the November 17, 2017 meeting; therefore, the minutes could only be accepted rather than adopted.

Chair Shay requested comments from the public or the Subcommittee.

No comments received.

## 5. Status Report on Legislative Bills of Interest to the DHCC

Anthony Lum, Executive Officer of the DHCC, presented the staff's recommended positions on current bills before the California Legislature. The Subcommittee considered each bill and decided to vote to adopt the suggested positions for the bills they had agreed on, and then further discuss the remaining bills one by one.

***Motion: Noel Kelsch moved to adopt staff's recommendation on Assembly Bill 767, 1659, 2264, 2643; and Senate Bills 1137, 1465, and 1482 as follows:***

Bill	Position
AB 767, Master Business License	Watch
AB 1659, Healing Arts Boards: Inactive Licenses	Send Letter of Concern
AB 2138, Licensing Boards: denial of application: revocation or suspension of licensure: criminal conviction	Oppose
AB 2264, Professions and Vocations Fees	Oppose
AB 2483, Department of Consumer Affairs: Office of Supervision of Occupational Boards	Watch
AB 2643, Dentistry: General Anesthesia: Health Care Coverage	Support
SB 707, Medi-Cal: Denti-Cal Advisory Group	Support, if amended to include DBC and DHCC member
SB 1137, Veterans: Professional Licensing Benefits	Watch
SB 1148, Medi-Cal: Restorative dental services	Oppose
SB 1465, Professions and Vocations: Examinations	Watch
SB 1482, Dental Hygienists (DHCC Sunset Review Bill)	Support

Second: Sandra Klein

Chair Shay requested comments from the public or the Subcommittee.

There were no comments.

***Vote: The motion to adopt staff's recommendation on Assembly Bill 767, 1659, 2264, 2643; and Senate Bills 1137, 1465, and 1482. Passed 4:0.***

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Nicolette Moultrie	X		
Garry Shay	X		

**AB 2078, Sex Offenses: Professional Services:**

This bill would expand the crime of sexual battery to apply to a person who performs professional services which entail having access to another person's body, who touches an intimate part of that person's body while performing those services, and the touching was against the person's will for the purpose of sexual arousal, sexual gratification, or sexual abuse. This bill was averted because RDHs work in close proximity with patients and make intentional and non-intentional contact with them. Staff's recommendation is to watch.

Chair Shay requested comments from the public or Subcommittee.

Ms. Kelsch stated that she is in favor of this bill.

Ms. Klein stated that she was also in favor of this bill.

Chair Shay expressed his concern for the bill regarding sodomy as sexual conduct. He would like to ask the author to amend this section to make it clearer that additional elements are needed to make sodomy a crime; sodomy is not a crime in itself.

No further comments received.

Motion: Noel Kelsch moved to support and send letter to the author of Assembly Bill 2078.

Second: Sandra Klein

***Vote: Motion to support and send letter to the author of Assembly Bill 2078. Passed 4:0.***

Name	Aye	Nay	Abstain
Noel Kelsch	X		
Sandra Klein	X		
Timothy Martinez	X		
Garry Shay	X		

### **AB 2138, Licensing Boards: Denial of Application: Criminal Conviction:**

This bill would deny an application for supervision or revocation to criminal conviction. The existing law authorizes a board to deny, suspend, or revoke a license or take disciplinary action against a licensee or applicant if they have been convicted of a crime. The bill raises the provisions by only denying, revoking, or suspending a license if the applicant is currently incarcerated or if the crime occurred within the last 5 years, except for violent felonies and directly related to the qualifications of the profession. Staff recommends to watch.

Chair Shay requested comments from the Subcommittee.

Chair Shay stated that he did not agree with the provision that says, "A board shall not require an applicant for licensure to disclose any information or documentation regarding the applicant's criminal history." He suggests that the author is may be confusing the idea of self-incrimination rather than reporting facts. Boards should be able to ask about criminal history if an individual is applying for a professional license.

Nancy Gaytan stated that currently, the DHCC can deny licensure to an applicant who does not disclose any criminal convictions.

Jason Hurtado, Department of Consumer Affairs (DCA) Legal Counsel for the DHCC, suggested that this bill does not prevent the board from obtaining criminal records by other means.

Chair Shay stated that criminal history can be obtained by other means, but it will most likely raise costs for the board to obtain such information.

JoAnn Galliano stated that there are several suspect statements throughout the bill. Section 4 of the bill stated that a probation term can only be two years or less. Additionally, in §481 it states each board shall develop criteria to determine whether a crime is directly or adversely related to the qualifications, functions, or duties of the business or profession the board regulates, and there is a list of criteria the board must go through to determine the outcome of licensure. She stated that it appears to make the board the judge and jury.

No further comments received.

Motion: Sandra Klein moved to oppose Assembly Bill 2138.

Second: Noel Kelsch

Chair Shay requested comments from the public or the Subcommittee.  
No further comments received.

***Vote: Motion to oppose Assembly Bill 2138. passed 4:0.***

Name	Aye	Nay	Abstain
Noel Kelsch	X		
Sandra Klein	X		
Timothy Martinez	X		
Garry Shay	X		

### **SB 707, Medi-Cal: Denti-Cal Advisory Group.**

This bill establishes the Denti-Cal Advisory Group in the Department of Healthcare Services. CDHA supports the bill and its purpose is to study structure policy and priorities of Denti-Cal with the goal of raising the Denti-Cal utilization rate among eligible child beneficiaries to 60% or greater and improving the oral health of the Medi-Cal eligible population. In addition, it evaluates how Denti-Cal program policies align with and support the implementation of the state oral health plan. Staff recommendation is to support.

Ms. Kelsch stated that she would like the language amended that says there are eight members appointed by the governor to 10 members which includes one representative from the Dental Board of California (DBC) and one representative from DHCC.

Dr. Martinez clarified that there is no dental advisory committee at all working with the Denti-Cal program. Additionally, with an increase to 60% for eligible child beneficiaries, one must be very innovative, so the elected member must have a great understanding of how to increase access through unique programs.

Chair Shay requested comments from the public or the Subcommittee.

No further comments received.

Motion: Noel Kelsch moved to support and send letter to amend SB 707 to include one member from the DBC and one member from the DHCC.

Second: Timothy Martinez

***Vote: Motion to support and amend SB 707 to include one member from the DBC and one member from the DHCC. Passed 4:0.***

Name	Aye	Nay	Abstain
Noel Kelsch	X		
Susan Klein	X		
Timothy Martinez	X		
Garry Shay	X		

**SB 762, Healing Arts License: License Activation Fee Waiver.**

This bill would wave the license renewal fee for inactive licenses for the sole purpose of providing voluntary, unpaid service to public agencies, not for profit agencies, institutions, or corporations that provides medical services to indigent patients in medically underserved or critical need population areas of the state. Staff recommendation is to watch.

Chair Shay requested comments from the public or the Subcommittee.

Ms. Kelsch stated that all consumers must be treated equally whether they are high or low income, and stated she disagrees with the language as it is written.

Chair Shay expressed his concern that the bill does not necessarily limit the licensees practice to the areas specified. It would be difficult to enforce this bill and track a licensees practice.

There were no further comments.

Motion: Noel Kelsch moved to oppose Senate Bill 762 as written.

Second: Timothy Martinez

***Vote: The motion to oppose Senate Bill 762 as written. Passed 4:0.***

Name	Aye	Nay	Abstain
Noel Kelsch	X		
Sandra Klein	X		
Timothy Martinez	X		
Garry Shay	X		

## **SB 984, State Boards and Commissions: Representation: Women.**

This bill requires that boards be comprised of at least 50% women. Staff recommends to watch.

Chair Shay requested comments from the public or the Subcommittee.

Chair Shay stated that recent legislation is recognizing the rights of transgender people and to use the term “women” is not sufficient in his opinion. He stated that the term “self-identified women” should be used instead.

There were no further comments.

Motion: Noel Kelsch moved to support and send letter to amend SB Senate Bill 984 to use the term “self-identified women” rather than “women”.

Second: Timothy Martinez

***Vote: Motion to support and amend Senate Bill 984 to use the term “self-identified women” rather than “women”. Passed 4:0.***

Name	Aye	Nay	Abstain
Noel Kelsch	X		
Sandra Klein	X		
Timothy Martinez	X		
Garry Shay	X		

## **SB 1148, Medi-Cal: Restorative Dental Services.**

This bill would expand the scope of benefits to allow the Denti-Cal provider the use of silver diamine fluoride (SDF) as a caries arresting agent after consultation with the beneficiary and obtains informed consent, and if the treatment is included as part of a comprehensive treatment plan. A RDH, RDHAP, RDHEF can use SDF as part of their treatments according to the current law.

Staff commented that the language in the bill is restrictive to prohibit hygienists from using it as a preventative and therapeutic agent to control caries. Staff recommendation is to oppose unless amended.

Chair Shay requested comments from the public or the Subcommittee.

Ms. Kelsch stated that this bill requires a comprehensive treatment plan, which an RDH in a public health setting and an RDHAP would not necessarily have, as it implies a patient

should be seen by a doctor first to provide the comprehensive treatment plan. This contradicts the fact that an RDH in a public health setting and RDHAPs are working in underserved areas where dentists are not readily available. Ms. Kelsch proposed sending a letter to the author which underlines how restrictive this bill is to hygienists and patients who require this type of preventative care.

Representative from CDA clarified that the purpose of this bill is to create a mechanism for dentists to use SDF as a restorative measure for caries rather than only using it for preventative measures. CDA does not believe that this bill restricts hygienists from using SDF as a preventative measure before a patient is seen by a dentist as it would be a separate billing code.

Ms. Galliano stated that this bill is specifically meant for reimbursement. So, if RDH and RDHAPs are currently allowed, by law, to use SDF for therapeutic purposes as well as the control of caries without the supervision of a dentist, RDH and RDHAPs should be able to bill the procedure, regardless if the patient uses private insurance or Denti-Cal. With this bill, which includes a comprehensive treatment plan, it creates a system where an RDH or RDHAP could not bill for the procedure unless there is a comprehensive treatment plan already in place.

Maureen Titus, CDHA, RDHAP, stated that this bill would essentially be withholding emergency care from patients in underserved areas. She continues that in her experience, it can take several months for a patient to be seen by a dentist in the public health setting. She felt very strongly that the author should be encouraged to change this bill.

There were no further comments.

Motion: Noel Kelsch moved to oppose SB 1148, Medi-Cal: Restorative Dental Services and send a letter to the author.

Second: Sandra Klein

***Vote: Motion to oppose SB 1148, Medi-Cal: Restorative Dental Services and send a letter to the author. Passed 4:0.***

Name	Aye	Nay	Abstain
Noel Kelsch	X		
Sandra Klein	X		
Timothy Martinez	X		
Garry Shay	X		



Executive Officer Lum presented an **update on prior Legislative Bills of Interest to DHCC** with a chart of the bills and their status.

Chair Shay requested comments from the public or the Subcommittee.

No comments received.

## 6. Discussion and Possible Action, and Recommendation to the Full Committee to Amend 16 CCR, Division 11, § 1103 Definitions (To Update Reference to the Commission on Dental Accreditation's Most Current Revision to Accreditation Standards for Dental Hygiene Educational Programs From 2015 to 2018)

Executive Officer Lum stated that this agenda item was a result of the November 2017 DHCC meeting.

The DHCC had approved to update these regulations to the current standards. At the time of the November 2017 DHCC meeting, it was presented that there would be an update that would go into effect as of February 2018. However, subsequent information indicated that there will be additional and new information coming from the Commission on Dental Accreditation (CODA) over the Summer of 2018. Staff recommendation is to postpone this agenda item until the next DHCC meeting.

Chair Shay requested comments from the public or the Subcommittee.

No comments received.

Motion: Noel Kelsch moved to postpone this agenda item until the next DHCC meeting.

Second: Sandra Klein

***Vote: Motion to postpone the Discussion and Possible Action, and Recommendation to the Full Committee to Amend 16 CCR, Division 11, § 1103 Definitions (To update Reference to the Commission on Dental Accreditation's Most Current Revision to Accreditation Standards for Dental Hygiene Educational Programs From 2015 to 2018). Passed 4:0.***

Name	Aye	Nay	Abstain
Noel Kelsch	X		
Sandra Klein	X		
Timothy Martinez	X		
Garry Shay	X		

## 7. Discussion and Possible Action, and Recommendation to the Full Committee to Adopt CCR, Title 16, Division 11, § 1105.5 Radiographic Decision-Making and Interim Therapeutic Restoration Course for RDH, RDHAP, and RDHEF

Executive Officer Lum stated that this regulation is not complete at this point. Staff recommendation is to postpone this agenda item until the next DHCC meeting.

Chair Shay requested comments from the public or the Subcommittee.

No comments received.

Motion: Noel Kelsch moved to postpone this agenda item until the next DHCC meeting.

Second: Timothy Martinez

***Vote: Motion to postpone the Discussion and Possible Action, and Recommendation to the Full Committee to Adopt CCR, Title 16, Division 11, § 1105.5 Radiographic Decision-Making and Interim Therapeutic Restoration Course for RDH, RDHAP, and RDHEF. Passed 4:0.***

Name	Aye	Nay	Abstain
Noel Kelsch	X		
Sandra Klein	X		
Timothy Martinez	X		
Garry Shay	X		

## 8. Future Agenda Items

Chair Shay requested an explanation be provided with staff recommendations for future DHCC meetings.

Chair Shay requested comments from the public or the Subcommittee.

No comments received.

## 9. Adjournment

Chair Shay adjourned the Legislative and Regulatory Subcommittee meeting at 4:36 p.m.



**Friday, November 16, 2018**

**Dental Hygiene Committee of California**

**Legislative and Regulatory Subcommittee Meeting**

**Agenda Item 5**

**Report on 2018 Legislative Bills – Results (Bills reported  
on at April 2018 meeting)**

2017-18 Legislative Bills	DHCC Position
AB 767 (Quirk-Silva), <del>Master Business License</del> GO-Biz Information Technology.  (Gutted and Amended to another issue of no concern to DHCC)	Watch
AB 1659 (Low), Healing Arts Boards: Inactive Licenses.  Prohibits holder of an Inactive license from representing that they have an active license. Also authorizes a board to establish a lower Inactive License Renewal Fee if it chooses.  (Chaptered 249, Statutes of 2018)	Send Letter of Concern  Letter not sent
AB 2078 (Daly), Sex Offenses: professional services.  Last Action: 8/16/18 (died in Committee)	Watch
AB 2138 (Chiu), Licensing Boards: denial of application: revocation or suspension of licensure: criminal conviction.  Reduces barriers to licensure for individuals with prior criminal convictions by limiting a regulatory board's discretion to deny a new license application to cases where the applicant was formally convicted of a substantially related crime or subjected to formal discipline by a licensing board, with offenses older than seven years no longer eligible for license denial, with several enumerated exemptions.  (Chaptered 995, Statutes of 2018)	Oppose  Letter of Opposition Sent to Author
AB 2264 (Brough), Professions and Vocations Fees.  Last Action: 3/1/18 (died in Committee)	Oppose, unless amended
AB 2409 (Kiley), Professions and Vocations: occupational regulations.  Last Action: 4/17/18 (died in Committee)	Listed on April 2018 meeting agenda, but information left out of meeting materials
AB 2483 (Voepel), <del>Department of Consumer Affairs: Office of Supervision of Occupational Boards</del> Indemnification of public officers and employees: antitrust awards.	Watch

(Gutted and amended to issue of no concern to DHCC)	
<p>AB 2643 (Irwin), Dentistry: General Anesthesia: Health Care Coverage.</p> <p>Removes facility-based restrictions on health plan and insurer coverage of dental anesthesia, thereby requiring current dental anesthesia coverage to also apply in outpatient settings. (Current law requires coverage in hospitals and surgery centers when it is medically necessary, for children under age seven, and for those with developmental disabilities.)</p> <p>It also modifies the informed consent form used for general anesthesia in the case of a minor undergoing the procedure.</p> <p>Last Action: 5/25/18 (held in Committee)</p>	Watch
<p>SB 244 (Lara), Privacy: Agencies: personal information.</p> <p>Limits the collection and disclosure of information obtained by a local or state agency for purposes of issuing a local identification card, driver's license, or the administration of public services, as specified.</p> <p>(Chaptered 885, Statutes of 2018)</p>	No Action/watch
<p>SB 707 (Canella), Medi-Cal: Denti-Cal Advisory Group.</p> <p>Vetoed by the Governor 9/26/18</p> <p>(Reason: Not every Medi-Cal issue needs a stakeholder process to deliberate and advise the DHCS)</p>	Support, if amended to include DBC and DHCC member
<p>SB 762 (Hernandez), <del>Healing Arts Licensee: License Activation Fee: Waiver</del> Optometry: administration of immunizations.</p> <p>(Chaptered 330, Statutes of 2018)</p> <p>Bill subject matter was revised to only pertain to Optometry</p>	Watch
<p>SB 984 (Skinner), State Boards and Commissions: Representation: women.</p> <p>This bill requires the composition of each appointed state board and commission to have a specified number of women directors and requires the office of the governor to collect and release</p>	Watch

<p>aggregated demographic data provided by state board and commission applicants, nominees, and appointees.</p> <p>Last Action: 8/16/18 (held in Committee)</p>	
<p>SB 1137 (Vidak), Veterans: Professional Licensing Benefits</p> <p>Requires the Department of Veterans Affairs and the Department of Consumer Affairs to, in consultation with each other, take appropriate steps to increase awareness regarding professional licensing benefits available to veterans and their spouses, as specified.</p> <p>(Chaptered 414, Statutes of 2018)</p>	<p>Watch</p>
<p>SB 1148 (Pan), Medi-Cal: Restorative dental services</p> <p>This bill permits a Denti-Cal provider for the treatment of dental caries to provide, and receive Denti-Cal reimbursement for, silver diamine fluoride (SDF) when used as a caries arresting agent for specified populations of Medi-Cal beneficiaries, if specified conditions are met.</p> <p>Vetoed by the Governor on 9/27/18</p> <p>(Reason: bill requires significant, ongoing general fund commitments and should be considered as part of the budget process)</p>	<p>Oppose, unless amended</p> <p>Letter of Opposition was sent to Author</p>
<p>SB 1465 (Hill), <del>Professions and Vocations: Examinations</del> Contractors: civil actions: reporting</p> <p>Amended to remove examination issue and pertain to only contractors.</p> <p>(Chaptered 514, Statutes of 2018)</p>	<p>Watch</p>
<p>SB 1482 (Hill), Dental Hygienists (DHCC Sunset Review Bill)</p> <p>The Bill authorizes the following:</p> <ol style="list-style-type: none"> <li>1. Creates the Dental Hygiene Board of California (DHBC).</li> <li>2. Reconstructs the appointing authority of the board from 9 Governor appointees to 7 Governor appointees and 2 public member appointees; 1 from the Senate, 1 from the</li> </ol>	<p>Support</p> <p>Letter of Support Sent to Author</p>

<p>Assembly after 2019 or when the next 2 public members end their terms.</p> <ol style="list-style-type: none"> <li>3. Requires RDH applicant to have completed the clinical exam within 2 years of applying for RDH licensure.</li> <li>4. Eliminates the option to complete the state clinical examination toward RDH licensure.</li> <li>5. Requires the DHBC to renew approval of dental hygiene educational programs who certifies that the program continues to meet the requirements proscribed by the DHBC.</li> <li>6. Authorizes to conduct periodic surveys, evaluations, and announced and unannounced site visits to existing and new RDH, RDHAP, and RDHEF educational programs for DHCC and CODA compliance.</li> <li>7. Authorizes to place existing or new dental hygiene educational programs on probation, issue citation and fines and orders of abatement for any approved educational program.</li> <li>8. Prohibits the fee for the DHBC to conduct compliance site visits on dental hygiene educational programs not to exceed the actual cost incurred by the DHBC.</li> <li>9. Prohibits the fee for a Retired License from exceeding ½ of the current License Renewal Fee.</li> <li>10. Authorizes the acceptance of hard fingerprint cards for out-of-state applicants for licensure or licensees residing out-of-state who do not currently have electronic fingerprints on file.</li> <li>11. Requires random audits of at least 5% of licensee population each year for Continuing Education (CE) compliance.</li> <li>12. Extends the board's operations until 2023.</li> </ol> <p>(Chaptered 858, Statutes of 2018)</p>	
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**Friday, November 16, 2018**

**Dental Hygiene Committee of California**

**Legislative and Regulatory Subcommittee Meeting**

**Agenda Item 6**

**Discussion, Possible Action, and Recommendation to the Full Committee on the Following Proposed Regulatory Packages:**

- a)16 CCR § 1105.4 Appeals Process (Educational Programs)**
- b)16 CCR §1109 Radiograph Decision Making and Interim Therapeutic Restoration**
- c)16 CCR § 1115 Retired License**
- d)16 CCR § 1116 Mobile Dental Hygiene Clinic**



## MEMORANDUM

<b>DATE</b>	November 16, 2018
<b>TO</b>	Dental Hygiene Committee of California Legislative and Regulatory Subcommittee
<b>FROM</b>	Anthony Lum Executive Officer Dental Hygiene Committee of California
<b>SUBJECT</b>	<b>Discussion and Possible Action, and Recommendation to the Full Committee Proposed Draft Regulatory Language for 16 CCR §1105.4. Appeals Process.</b>

### Background:

Since the Dental Hygiene Committee of California (DHCC) began oversight in Dental Hygiene Educational Programs (DHEP) in January 2016, the appeals process for DHEPs that have deficiencies has posed some challenges due to the step process of the regulations.

### Staff Recommendation:

Staff recommends to the Legislative and Regulatory Subcommittee to review the language in the attached starting point document, determine whether additional information or language is required, and complete the draft to be presented to the Full Committee.

**Pros:** Provides clarification of duties and responsibilities during the Educational Programs review process between the Committee and EO.

**Cons:** None.

## I. Regulation

### a. 1105.4. Appeals Process – Switch EO & Committee/Board

(a) The Committee Executive Officer may deny or withdraw its approval of an educational program. If the Committee Executive Officer denies or withdraws approval of a program, the reasons for withdrawal or denial will be provided in writing within ninety (90) business days.

(b) Any educational program whose approval is denied or withdrawn shall be granted an informal conference before the Executive Officer or his or her designee Board prior to the effective date of such action. The educational program shall be given at least ~~ten~~ thirty (30) business days' notice of the time and place of such informal conference and the specific grounds for the proposed action.

(c) The educational program may contest the denial or withdrawal of approval by either:

(1) Appearing at the informal conference. The Executive Officer Board shall notify the educational program of the final decision of the Executive Officer Board within thirty (30) ~~ten~~ business days of the informal conference. Based on the outcome of the informal conference, the program may then request a hearing to contest the Executive Officer's Board's final decision. An educational program or program applicant shall request a hearing by written notice to the Committee Board within thirty (30) calendar business days of the postmark date of the letter of the Executive Officer's Board's final decision after the 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;~~ or

(2) Notifying the Committee Board in writing the program'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 Board before the date of the informal conference.



## MEMORANDUM

<b>DATE</b>	November 16, 2018
<b>TO</b>	Dental Hygiene Committee of California
<b>FROM</b>	Anthony Lum Executive Officer Dental Hygiene Committee of California
<b>SUBJECT</b>	<b>Discussion and Possible Action, and Recommendation to the Full Committee Proposed Draft Educational Regulatory Language for 16 CCR §1109. Radiographic Decision-Making and Interim Therapeutic Restoration Courses for the Registered Dental Hygienist (RDH), Registered Dental Hygienists in Alternative Practice (RDHAP), and Registered Dental Hygienists in Extended Functions (RDHEF) – Approval; Curriculum Requirements; Issuance of Approval.</b>

### Background

Assembly Bill 1174 (Bocanegra, Chapter 662, Statutes of 2014) required the Dental Hygiene Committee of California (Committee) to propose regulatory language in Additional Authorized Duties of Registered Dental Hygienists (RDH), Registered Dental Hygienists in Alternative Practice (RDHAP), and Registered Dental Hygienists in Extended Functions (RDHEF) and adopt regulations to establish requirements for courses of instruction Radiographic Decision-Making and Interim Therapeutic Restoration (RDM/ITR) for RDHs, RDHAP, and RDHEF, using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Office of Health Planning and Development.

Committee staff has developed the attached draft regulatory language and application form as a starting point to implement the provisions of AB 1174.

### Action Requested:

Consider and possibly accept the proposed regulatory language relative to the implementation of RDM/ITR for RDHs, RDHAPs, and RDHEFs, and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to the California Code of Regulations (CCR), Title 16, Division 11 §1109 as noticed.

**Pros:** The Committee will be in compliance with Business and Professions Code §1910.5 to set regulations to implement the statute.

**Cons:** None

## TITLE 16. DENTAL HYGIENE BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

### PROPOSED LANGUAGE

Adopt Section 1109 of Title 16 of the California Code of Regulations (CCR) to read as follows:

**§ 1109. Radiographic Decision-Making and Interim Therapeutic Restoration Courses for the Registered Dental Hygienist (RDH), Registered Dental Hygienists in Alternative Practice (RDHAP), and Registered Dental Hygienists in Extended Functions (RDHEF) – Approval; Curriculum Requirements; Issuance of Approval.**

The Dental Hygiene Board of California (Board) shall approve only those educational courses in Radiographic Decision-Making (RDM) and Interim Therapeutic Restorations (ITR) for the Registered Dental Hygienist (RDH), Registered Dental Hygienists in Alternative Practice (RDHAP), and Registered Dental Hygienists in Extended Functions (RDHEF) pursuant to Business and Professions Code (BPC) §§1910.5 and 1921, that continuously meet all course requirements, in addition to the requirements set forth by 16 CCR §§1104 through 1108, and all laws and regulations pertaining to the practice of dental hygiene.

Each approved course shall be subject to review of requirements and content by the Board at any time. Continuation of approval will be contingent upon compliance with these requirements. Course providers shall be responsible for informing the Board of any changes to the course content, physical facilities, and faculty within ten (10) days of such changes.

(a) Approval of a Radiographic Decision-Making and Interim Therapeutic Restoration Educational Course for the Student in a Dental Hygiene Educational Program.

In accordance with BPC §1910.5, a Registered Dental Hygienist (RDH), is authorized to 1) determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist, following the protocols established by the dentist, herein referred to Radiographic Decision-Making (RDM) and, 2) place protective restorations, herein referred to as Interim Therapeutic Restorations (ITR), consisting of removal of soft material from the tooth using only hand instrumentation and subsequent placement of an adhesive restorative material. The functions described herein may only be performed by a Registered Dental Hygienist (RDH), upon completion of a Board-approved California dental hygiene educational program that has additionally obtained Board approval to educate dental hygiene students in the performance of these functions.

(1) Radiographic Decision-Making and Interim Therapeutic Restorations Course Requirements.

(A) A California dental hygiene educational program shall submit an “Application for Approval of a Course for Radiographic Decision-Making and Interim Therapeutic Restorations in a Dental Hygiene Educational Program” DHCC ITR-03 (9/2018), hereby incorporated by reference; and

(B) Submit application fee to the Board pursuant to BPC §1944 (a)(11); and

(C) The course shall be sufficient in length for the students to develop competency in making decisions regarding which radiographs to expose to facilitate diagnosis and treatment planning by a dentist but shall be, at a minimum, four (4) hours in length and include didactic, laboratory and simulated clinical experiences; and

(D) The course shall be sufficient in length for the students to develop competency in placement of protective restorations but shall be, at a minimum, 16 hours in length, including four (4) hours of didactic training, four (4) hours of laboratory training, and eight (8) hours of clinical training.

(2) New or existing Dental Hygiene Educational Programs seeking to incorporate or offer stand-alone permit courses in RDM and/or ITR shall submit applications and all related fees to the Board prior to instruction.

(3) In addition to the instructional components described in this subdivision, a program or course shall be established at the postsecondary educational level.

(b) Approval of Radiographic Decision-Making and Interim Therapeutic Restoration Educational Courses for the RDH, RDHAP, and RDHEF.

In accordance with Business and Professions Code (BPC) §§1910.5 and 1921, a Registered Dental Hygienist (RDH), Registered Dental Hygienists in Alternative Practice (RDHAP), and Registered Dental Hygienists in Extended Functions (RDHEF) is authorized to 1) determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist, following the protocols established by the dentist, herein referred to Radiographic Decision-Making (RDM) and, 2) place protective restorations, herein referred to as Interim Therapeutic Restorations (ITR), consisting of removal of soft material from the tooth using only hand instrumentation and subsequent placement of an adhesive restorative material. The functions described herein may only be performed by a Registered Dental Hygienist (RDH), Registered Dental Hygienists in Alternative Practice (RDHAP), and Registered Dental Hygienists in Extended Functions (RDHEF) after having provided evidence, satisfactory to the Board, of having completed both Board-approved continuing educational courses in RDM and ITR.

(1) Radiographic Decision-Making Course Requirements.

(A) An applicant course provider shall submit an "Application for Approval of a Continuing Educational Course in Radiographic Decision-Making for the RDH, RDHAP, and RDHEF" DHCC RDM-01 (9/2018), hereby incorporated by reference; and

(B) Submit application fee to the Board pursuant to BPC §1944 (a)(11); and

(C) The course shall be sufficient in length for the students to develop competency in making decisions regarding which radiographs to expose to facilitate diagnosis and treatment planning by a dentist but shall be, at a minimum, four (4) hours in length and include didactic, laboratory and simulated clinical experiences.

(2) Interim Therapeutic Restorations Course Requirements.

- (A) An applicant course provider shall submit an "Application for Approval of a Continuing Educational Course in Placement of Interim Therapeutic Restorations for the RDH, RDHAP, and RDHEF" DHCC ITR-04 (9/2018), hereby incorporated by reference; and
- (B) Submit application fee to the Board pursuant to BPC §1944 (a)(11); and
- (C) The course shall be sufficient in length for the students to develop competency in placement of protective restorations but shall be, at a minimum, 16 hours in length, including four (4) hours of didactic training, four (4) hours of laboratory training, and eight (8) hours of clinical training.

(3) In addition to the instructional components described in this subdivision, a program or course shall be established at a post-graduate educational level.

(c) Requirements for Approval of Radiographic Decision-Making and Interim Therapeutic Restoration Courses.

(1) Administration.

In order to be approved, each course shall provide the resources necessary to accomplish education as specified in this section. Course providers shall be responsible for informing the Board of any changes to the course content, physical facilities, and faculty within ten (10) business days of such changes.

(2) Admission.

(A) In order to be eligible for admission to a course in "Radiographic Decision-Making and Interim Therapeutic Restoration Educational Course for the Student in a Dental Hygiene Educational Program", students shall:

- (i) Be a student in good standing in a Dental Hygiene Education Program, and
- (ii) Possess current certification in Basic Life Support and Cardiopulmonary Resuscitation (BLS/CPR) from the American Heart Association or the American Red Cross.

(B) In order to be eligible for admission to a "Continuing Educational Course in Radiographic Decision-Making for the RDH, RDHAP, and RDHEF" and/or a "Continuing Educational Course in Placement of Interim Therapeutic Restorations for the RDH, RDHAP, and RDHEF", participants shall:

- (i) Possess a current, active license as a Registered Dental Hygienist (RDH) Registered Dental Hygienists in Alternative Practice (RDHAP), or Registered Dental Hygienists in Extended Functions (RDHEF), and

- (ii) Possess current certification in Basic Life Support and Cardiopulmonary Resuscitation (BLS/CPR) from the American Heart Association or the American Red Cross.

(3) Faculty.

Didactic, laboratory, preclinical, and clinical faculty, including the program or course director and supervising dentist(s) shall:

- (A) Possess a valid, active California RDH, RDHAP, RDHEF or Doctor of Dental Surgery (DDS)/Doctor of Dental Medicine (DMD) license with no disciplinary action at any time in any jurisdiction to practice dental hygiene or dentistry;
- (B) Possess current certification in Basic Life Support and Cardiopulmonary Resuscitation (BLS/CPR) from the American Heart Association or the American Red Cross;
- (C) Maintain currency in evaluation protocols for RDM and ITR placement;
- (D) Completed a minimum of a one-hour methodology course in evaluation for RDM and ITR placement prior to instruction;
- (E) Have experience and expertise teaching the subject areas relevant to RDM and ITR; and
- (F) Be calibrated in instruction and grading of RDM and ITR.

(4) Facilities and Equipment.

- (A) Radiographic Decision-Making and Interim Therapeutic Restoration Educational Course for the Student in a Dental Hygiene Educational Program.

Didactic instruction may take place in an in-person or an online environment. Each course shall have access to adequate equipment and facilities for lecture and/or testing.

Laboratory 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:

- (i) A patient clinic area, laboratory, and a radiology area;
- (ii) Access to equipment necessary to develop dental hygiene skills in RDM/ITR duties; and
- (iii) Infection control equipment shall be provided as described in CCR, title 16, Division 10, Chapter 1, Article 1, section 1005.



(B) Radiographic Decision-Making Educational Courses for the RDH RDHAP, and RDHEF.

Didactic instruction may take place in an in-person or an online environment. Each course shall have access to adequate equipment and facilities for lecture and/or testing and shall be maintained and replaced in a manner designed to provide participants with a course designed to meet the educational objectives set forth in this section.

(C) Interim Therapeutic Restoration Educational Courses for the RDH, RDHAP, and RDHEF.

Didactic instruction may take place in an in-person or an online environment. Each course shall have access to adequate equipment and facilities for lecture and/or testing.

Laboratory 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 participants with a course designed to meet the educational objectives set forth in this section. A physical facility shall have all of the following:

- (i) A patient clinic area, laboratory, and a radiology area;
- (ii) Access to equipment necessary to develop dental hygiene skills in ITR duties; and
- (iii) Infection control equipment shall be provided as described in CCR, title 16, Division 10, Chapter 1, Article 1, section 1005.

(5) Health and Safety.

A course provider shall comply with all local, state, and federal health and safety laws and regulations.

(A) All students/participants 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/participants shall have access to the course's clinic and radiation hazardous communication plan.

(C) All students/participants shall receive a copy of the course's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information. Faculty shall review with each student/participant the information listed in (A) - (C).

(6) Curriculum and Learning Resources.

(A) RDM didactic instruction shall include:

(i) CAMBRA "Caries Management by Risk Assessment" concept;

(ii) Guidelines for RDM to include, but not limited to, the following concepts of:

(a) The American Dental Association's *Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation* (revised 2012); and

(b) The American Academy of Pediatric Dentistry's *Guidelines on Prescribing Dental Radiographs*.

(iii) The guidelines developed by Pacific Center for Special Care at the University of the Pacific Arthur A. Dugoni School of Dentistry (Pacific) for use in training for Health Workforce Pilot Project (HWPP) #172 including:

(a) Instruction on specific decision-making guidelines that incorporate information about the patient's health, radiographic history, time span since previous radiographs were taken, and availability of previous radiographs; and

(b) Instruction pertaining to the general condition of the mouth including extent of dental restorations present, visible signs of abnormalities, including broken teeth, dark stain within the tooth, and visible holes in teeth.

(B) RDM laboratory instruction shall include a review of clinical cases with instructor-led discussion about radiographic decision-making in clinical situations.

(C) RDM simulated-clinical instruction shall include case-based examination with various clinical situations where trainees make decisions about which radiographs to expose and demonstrate competency to faculty based on these case studies.

(D) ITR placement. Didactic, laboratory, and clinical instruction shall include:

(i) Review of pulpal anatomy.

(ii) Theory of adhesive restorative materials used in the placement of adhesive protective restorations including mechanisms of bonding to tooth structure, handling characteristics of the materials, preparation of the tooth prior to material placement, and placement techniques.

(iii) Criteria used in clinical dentistry pertaining to the use and placement of adhesive protective restorations; Criteria shall include, but not limited to:

(a) Patient factors:

(1) The patient's American Society of Anesthesiologists Physical Status Classification is Class III or less;

(2) The patient is cooperative enough to have the restoration placed without the need for special protocols, including sedation or physical support;

(3) The patient, or responsible party, has provided consent for the procedure; and

(4) The patient reports that the tooth is asymptomatic, or if there is mild sensitivity which stops within a few seconds of the removal of the offending stimulus.

(b) Tooth Factors:

(1) The lesion is accessible without the need for creating access using a dental handpiece;

(2) The margins of the lesion are accessible so that clean, non-involved margins can be obtained around the entire periphery of the lesion with the use of hand instrumentation;

(3) The depth of the lesion is more than two millimeters from the pulp on radiographic examination or is judged by the DDS/DMD to be a shallow lesion such that the treatment does not endanger the pulp or require the use of local anesthetic; and

(4) The tooth is restorable and does not have other significant pathology.

(iv) Theory of protocols to deal with adverse outcomes used in the placement of adhesive protective restorations including mechanisms of bonding to tooth structure, handling characteristics of the materials, preparation of the tooth prior to material placement, and placement techniques;

(v) Criteria for evaluating successful completion of adhesive protective restorations including, but not limited to, restorative material not in hyper occlusion, no marginal voids, and minimal excess material;

(vi) Protocols for adverse outcomes after ITR placement including, but not limited to; exposed pulp, tooth fracture, gingival tissue injury, high occlusion, open margins, tooth sensitivity, rough surface, complications, or unsuccessful completion of adhesive protective restorations including situations requiring immediate referral to a dentist; and

(vii) Protocols for follow-up of adhesive protective restorations, including, but not limited to follow-up examination of the ITR at one (1) week, three (3) months, six (6) months, and one (1) year.

(E) Minimum ITR Requirements.

(i) Laboratory instruction shall include placement of ten (10) adhesive protective restorations where students/participants demonstrate competency in this technique on typodont teeth.

(ii) Clinical instruction shall include experiences where students/participants demonstrate, at a minimum, the placement of five (5) interim therapeutic restorations that shall be evaluated by the program faculty to criteria-referenced standards.

(F) Curriculum shall require adherence to infection control standards as provided in section 16 CCR §1005.

(G) Curriculum shall prepare the student/participant to assess, plan, implement and evaluate procedures as provided in subdivision (c)(6) of this section to perform with competence and judgment.

(H) Students/participants shall be provided a course syllabus that contains:

(i) Course learning outcomes;

(ii) Titles of references used for course materials;

(iii) Content objectives; and

(iv) Grading criteria which includes competency evaluations and laboratory, preclinical, and clinical rubrics to include problem solving and critical thinking skills that reflect course learning outcomes.

(I) Successful completion shall require students/participants to achieve competency at a minimum of 75% in each of the skill competencies.

(7) Recordkeeping.

A course provider shall possess and maintain the following for a period of not less than 5 years:

(A) Individual student/participant records, including those necessary to establish satisfactory completion of the course;

(B) Copies of lab and clinical competency documents;

(C) Copies of faculty calibration plans, faculty credentials, licenses, and certifications including documented background in educational methodology within previous two years;

(E) Copies of student/participant course evaluations and a summation thereof; and

(F) Copies of curriculum, including course syllabi, exams, sample test questions and clinic rubrics.

(d) Satisfactory completion of courses in RDM and ITR placement is determined using criteria-referenced completion standards, where the instructor determines when the student/participant has achieved competency based on these standards, but students/participants take varying amounts of time to achieve competency. Any student/participant who does not achieve competency in these duties in the specified period of instruction may receive additional education and evaluation. In cases where, in the judgment of the faculty, students/participants are not making adequate progress, they would be discontinued from the RDM and/or ITR courses.

(e) Certificates of Completion.

(1) Dental Hygiene Educational Programs shall issue and provide the student with an original "Certification of Completion of a Course in Radiographic Decision-Making and Interim Therapeutic Restorations for the RDH, RDHAP, and RDHEF" pursuant to the regulations of requirements set forth by 16 CCR §1016 (h)(1), only after a student has successfully completed the requirements of his or her course in RDM and ITR.

(2) Educational Courses for the RDH, RDHAP, and RDHEF.

(A) A course provider shall issue and provide the participant with an original "Certification of Completion of a Course in Radiographic Decision-Making for the RDH, RDHAP, and RDHEF" pursuant to the regulations of requirements set forth by 16 CCR §1016 (h)(1), only after a participant has successfully completed the requirements of his or her course in RDM.

(B) A course provider shall issue and provide the participant with an original "Certification of Completion of a Course in Interim Therapeutic Restoration for the RDH, RDHAP, and RDHEF", pursuant to the regulations of requirements set forth by 16 CCR §1016 (h)(1), only after a participant has successfully completed the requirements of his or her course in ITR.

(f) Appeals.

(1) The Board may deny or withdraw its approval of a course. If the Board 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 or applicant 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 applicant or course provider shall be given at least fifteen (15) business days' notice of the time and place of such informal conference and the specific grounds for the proposed action.

(3) The applicant or 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 fifteen (15) business 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 Board within thirty (30) business 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 Board 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 Board before the date of the informal conference.



## Application for Approval of a Continuing Education Course in Radiographic Decision Making for the Registered Dental Hygienist, Registered Dental Hygienist in Alternative Practice, and Registered Dental Hygienist in Expanded Functions

Business & Professions Code §§1910.5 and 1921, California Code of Regulations Title 16, Division 11 §1109

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

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

**PLEASE TYPE OR PRINT LEGIBLY.**

<b>RDM Continuing Education Course Provider</b>			
<i>RDM Continuing Education Course Provider Name</i>			
<i>*Mailing Address</i>			
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone</i>
<i>Course Director Name</i>		<i>Course Director Email</i>	

\*This information is public. You may provide a P.O. Box. If you provide a physical address to the Committee, be sure to specify that the physical address is not to be used as the address of record.

### Requirements for Course Approval:

A "Continuing Education Course in Radiographic Decision Making for the Registered Dental Hygienist" must be approved prior to operation. Each approved course must submit a biennial report. Course records shall be subject to inspection by the Committee at any time. The Committee may withdraw approval at any time that it determines that a course does not meet the requirements of the law.

- Will the course be sufficient in length for the participants to develop competency in making decisions regarding which radiographs to expose to facilitate diagnosis and treatment planning by a dentist but shall be, at a minimum, four (4) hours in length and include didactic, laboratory and simulated clinical experiences to follow the requirements of 16 CCR §1109?

Yes ☐ No ☐

- Will the course provide instruction in determining which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient?

**Attach a copy of RDM curriculum.** The curriculum must include course syllabi which includes curriculum content; specific instruction hours in the individual areas of didactic, laboratory and simulated clinical instruction; written course and specific instructional learning outcomes that will be accomplished within the framework of the course, including theoretical aspects of each subject as well as practical application; competency forms, and methods of evaluation; remediation policies; and faculty assignments. **Label as Exhibit 1.**

Yes ☐ No ☐

- Will the course be established at the post-graduate educational level?

Yes ☐ No ☐

4. Will all faculty possess the requirements pursuant to 16 CCR §1109 (c)(3)?  
\*Attach a list of names of all faculty, copies of their CA RDH/DDS/DMD licensures and proof of RDM training. **Label as Exhibit 2.**
- Yes ☐ No ☐
5. Will the Dental Hygiene Continuing Educational Provider (DHCEP) provide the resources necessary to accomplish education as specified in 16 CCR §1109?
- Yes ☐ No ☐
6. Will all participants have access to equipment and materials necessary to develop the skills in the duty being taught?  
\*Attach a list of equipment and supplies available for each participant. **Label as Exhibit 3.**
- Yes ☐ No ☐
7. Will you retain for at least five (5) years copies of individual participant records, including those necessary to establish satisfactory completion of the course; copies of lab and simulated clinical competency documents; copies of faculty calibration plans; faculty credentials, licenses, and certifications including documented background in educational methodology within previous two years; copies of participant course evaluations and a summation thereof; and copies of curriculum, including course syllabi, exams, sample test questions and simulated clinical rubrics?
- Yes ☐ No ☐
8. Will the DHCEP issue and provide the participant with an original "Certification of Completion of a Course in Radiographic Decision Making for the RDH" pursuant to the regulations of requirements set forth by 16 CCR §1016 (h)(1), only after a participant has successfully completed the requirements of his or her course in RDM?  
\*Attach a sample of the certificate that will be issued. **Label as Exhibit 4.**
- Yes ☐ No ☐

#### Acknowledgement:

9. Will the DHCEP inform the DHCC of any changes to the course content, physical facilities, and faculty within ten (10) business days of such changes?
- Yes ☐ No ☐
10. Have you reviewed BPC §§1910.5 and 1921 and 16 CCR §1109?
- Yes ☐ No ☐
11. Do you agree to abide by the requirements set forth in BPC §§1910.5 and 1921 and 16 CCR §1109 **AND** do you acknowledge that failure to do so may result in loss of course approval?
- Yes ☐ No ☐

**The Committee may approve or deny approval of any course. If the Committee denies approval of a course, the reasons for denial will be provided in writing within sixty (60) business days pursuant to 16 CCR §1109.**

#### Certification:

***I certify, under the penalty of perjury under the laws of the State of California, that the statements made in the application are true and correct.***

\_\_\_\_\_  
Signature of Course Director

\_\_\_\_\_  
Date

#### INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Hygiene Committee of California, 2005 Evergreen Street, Suite 2050, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, §1900 et seq. The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review his or her own personal information maintained by the agency as set forth in the Information Practices Act unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.





## Application for Approval of a Course in Radiographic Decision-Making and Interim Therapeutic Restorations for the Student in a Dental Hygiene Educational Program

Business & Professions Code §§1910.5 and 1921, California Code of Regulations Title 16, Division 11 §1109

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

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

PLEASE TYPE OR PRINT LEGIBLY.

<b>RDM/ITR Course Provider</b>			
<i>Dental Hygiene Educational Program Name</i>			
<i>Mailing Address</i>			
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone</i>
<i>Course Director Name</i>		<i>Course Director Email</i>	
<i>Program Director Name</i>		<i>Program Director Email</i>	

### Requirements for Course Approval:

A course in "Radiographic Decision-Making and Interim Therapeutic Restorations for the Student in a Dental Hygiene Educational Program" must be approved prior to implementation. Course records shall be subject to inspection by the Committee at any time. The Committee may withdraw approval at any time that it determines that a course does not meet the requirements of the law.

- Will the course be sufficient in length for the students to develop competency in making decisions regarding which radiographs to expose to facilitate diagnosis and treatment planning by a dentist but shall be, at a minimum, four (4) hours in length and include didactic, laboratory and simulated clinical experiences to follow the requirements of 16 CCR §1109?

Yes ☐ No ☐

- Will the course provide instruction in determining which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient?

Include a copy of the curriculum for the course(s) where determining radiographs to be performed is provided. The curriculum must include course syllabi which includes curriculum content; specific instruction hours in the individual areas of didactic, laboratory and simulated clinical instruction; written course and specific instructional learning outcomes that will be accomplished within the framework of the course(s), including theoretical aspects of each subject as well as practical application; competency forms, and methods of evaluation; remediation policies; and faculty load assignments. **Label as Exhibit 1.**

Yes ☐ No ☐

3. Will the course be sufficient in length for the students to develop competency in placement of protective restorations but shall be, at a minimum, sixteen (16) hours in length, including four (4) hours of didactic training, four (4) hours of laboratory training, and eight (8) hours of clinical training to follow the requirements of 16 CCR §1109?

Yes ☐ No ☐

4. Will the course provide instruction in protective restorations which are identified as interim therapeutic restorations (ITR), clearly state curriculum subject matter, specific instruction hours in the individual areas of didactic, laboratory and clinical instruction, and include written course and specific instructional learning outcomes that will be accomplished within the framework of the course(s), including theoretical aspects of each subject as well as practical application in accordance with BPC §§1910.05 and 1926.05 using the competency based training protocols established by 16 CCR §1109?

\*Attach a copy of ITR curriculum. The curriculum must include course syllabi which includes curriculum content; specific instruction hours in the individual areas of didactic, laboratory and clinical instruction; written course and specific instructional learning outcomes that will be accomplished within the framework of the course(s), including theoretical aspects of each subject as well as practical application; competency forms, and methods of evaluation; remediation policies; and faculty load assignments. **Label as Exhibit 2.**

Yes ☐ No ☐

5. Will the course be established at the postsecondary level?

Yes ☐ No ☐

6. Will all faculty possess the requirements pursuant to 16 CCR §1109 (c)(3)?

\*Attach a list of names of all faculty, copies of their CA RDH/DDS/DMD licensures and proof of RDM/ITR training. **Label as Exhibit 3.**

Yes ☐ No ☐

7. Will the Dental Hygiene Educational Program (DHEP) provide the resources necessary to accomplish education as specified in 16 CCR §1109?

Yes ☐ No ☐

8. Will there be a laboratory, patient clinic area and radiology area for use by students?

\*Attach a facility site map indicating each of these areas. **Label as Exhibit 4.**

Yes ☐ No ☐

9. Will all students have access to equipment and materials necessary to develop the skills in the duties being taught?

\*Attach a list of equipment and supplies available for each student. **Label as Exhibit 5.**

Yes ☐ No ☐

10. Will you retain for at least five (5) years copies of individual student records, including those necessary to establish satisfactory completion of the course; copies of lab and clinical competency documents; copies of faculty calibration plans; faculty credentials, licenses, and certifications including documented background in educational methodology within previous two years; copies of student course evaluations and a summation thereof; and copies of curriculum, including course syllabi, exams, sample test questions and clinic rubrics?

Yes ☐ No ☐

11. Will the DHEP issue and provide the student with an original "Certification of Completion of a Course in Radiographic Decision-Making and Interim Therapeutic Restorations for the RDH" pursuant to the regulations of requirements set forth by 16 CCR §1016 (h)(1), only after a student has successfully completed the requirements of his or her course in RDM and ITR?

\*Attach a sample of the certificate that will be issued. **Label as Exhibit 6.**

Yes ☐ No ☐

## Acknowledgement:

12. Will the DHEP inform the DHCC of any changes to the course content, physical facilities, and faculty within ten (10) business days of such changes?  
Yes ☐ No ☐
13. Have you reviewed BPC §§1910.5 and 1921 and 16 CCR §1109?  
Yes ☐ No ☐
14. Do you agree to abide by the requirements set forth in BPC §§1910.5 and 1921 and 16 CCR §1109 **AND** do you acknowledge that failure to do so may result in loss of course approval?  
Yes ☐ No ☐

**The Committee may approve or deny approval of any course. If the Committee denies approval of a course, the reasons for denial will be provided in writing within sixty (60) business days pursuant to 16 CCR §1109.**

## Certification:

***I certify, under the penalty of perjury under the laws of the State of California, that the statements made in the application are true and correct.***

\_\_\_\_\_  
Signature of Course Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

### INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Hygiene Committee of California, 2005 Evergreen Street, Suite 2050, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, §1900 et seq. The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review his or her own personal information maintained by the agency as set forth in the Information Practices Act unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.



## Application for Approval of a Continuing Education Course in Interim Therapeutic Restorations for the Registered Dental Hygienist, Registered Dental Hygienist in Alternative Practice, and Registered Dental Hygienist in Extended Functions

Business & Professions Code §§1910.5 and 1921, California Code of Regulations Title 16, Division 11 §1109

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

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

**PLEASE TYPE OR PRINT LEGIBLY.**

<b>ITR Continuing Education Course Provider</b>			
<i>ITR Continuing Education Course Provider Name</i>			
<i>*Mailing Address</i>			
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone</i>
<i>Course Director Name</i>		<i>Course Director Email</i>	

\*This information is public. You may provide a P.O. Box. If you provide a physical address to the Committee, be sure to specify that the physical address is not to be used as the address of record.

### Requirements for Course Approval:

A "Continuing Education Course in Interim Therapeutic Restorations for the Registered Dental Hygienist" must be approved prior to operation. Each approved course must submit a biennial report. Course records shall be subject to inspection by the Committee at any time. The Committee may withdraw approval at any time that it determines that a course does not meet the requirements of the law.

1. Will the course be sufficient in length for the participants to develop competency in placement of protective restorations but shall be, at a minimum, sixteen (16) hours in length, including four (4) hours of didactic training, four (4) hours of laboratory training, and eight (8) hours of clinical training to follow the requirements of 16 CCR §1109?  
Yes ☐ No ☐
2. Will the course(s) provide instruction in protective restorations which are identified as interim therapeutic restorations (ITR), clearly state curriculum subject matter, specific instruction hours in the individual areas of didactic, laboratory and clinical instruction, and include written course and specific instructional learning outcomes that will be accomplished within the framework of the course, including theoretical aspects of each subject as well as practical application in accordance with BPC §§1910.05 and 1921 using the competency based training protocols established by 16 CCR §1109?

**\*Attach a copy of ITR curriculum.** The curriculum must include course syllabi which includes curriculum content; specific instruction hours in the individual areas of didactic, laboratory and clinical instruction; written course and specific instructional learning outcomes that will be accomplished within the framework of the course(s), including theoretical aspects of ITR as well as practical application; competency forms, and methods of evaluation; remediation policies; and faculty assignments.

**Label as Exhibit 1.**

Yes ☐ No ☐

3. Will the course be established at the post-graduate educational level?

Yes ☐ No ☐

4. Will all faculty possess the requirements pursuant to 16 CCR §1109 (c)(3)?  
\*Attach a list of names of all faculty, copies of their CA RDH/DDS/DMD licensures and proof of RDM/ITR training. **Label as Exhibit 2.**
- Yes ☐ No ☐
5. Will the Dental Hygiene Continuing Educational Provider (DHCEP) provide the resources necessary to accomplish education as specified in 16 CCR §1109?
- Yes ☐ No ☐
6. Will there be a laboratory, patient clinic area and radiology area for use by participants?  
\*Attach a facility site map indicating each of these areas. **Label as Exhibit 3.**
- Yes ☐ No ☐
7. Will all participants have access to equipment and materials necessary to develop the skills in the duty being taught?  
\*Attach a list of equipment and supplies available for each participant. **Label as Exhibit 4.**
- Yes ☐ No ☐
8. Will you retain for at least five (5) years copies of individual participant records, including those necessary to establish satisfactory completion of the course; copies of lab and clinical competency documents; copies of faculty calibration plans; faculty credentials, licenses, and certifications including documented background in educational methodology within previous two years; copies of participant course evaluations and a summation thereof; and copies of curriculum, including course syllabi, exams, sample test questions and clinic rubrics?
- Yes ☐ No ☐
9. Will the DHCEP issue and provide the participant with an original "Certification of Completion of a Course in Interim Therapeutic Restorations for the RDH" pursuant to the regulations of requirements set forth by 16 CCR §1016 (h)(1), only after a participant has successfully completed the requirements of his or her course in ITR?  
\*Attach a sample of the certificate that will be issued. **Label as Exhibit 5.**
- Yes ☐ No ☐

#### Acknowledgement:

10. Will the DHCEP inform the DHCC of any changes to the course content, physical facilities, and faculty within ten (10) business days of such changes?
- Yes ☐ No ☐
11. Have you reviewed BPC §§1910.5 and 1921 and 16 CCR §1109?
- Yes ☐ No ☐
12. Do you agree to abide by the requirements set forth in BPC §§1910.5 and 1921 and 16 CCR §1109 **AND** do you acknowledge that failure to do so may result in loss of course approval?
- Yes ☐ No ☐

**The Committee may approve or deny approval of any course. If the Committee denies approval of a course, the reasons for denial will be provided in writing within sixty (60) business days pursuant to 16 CCR §1109.**

#### Certification:

***I certify, under the penalty of perjury under the laws of the State of California, that the statements made in the application are true and correct.***

\_\_\_\_\_  
Signature of Course Director

\_\_\_\_\_  
Date

#### INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Hygiene Committee of California, 2005 Evergreen Street, Suite 2050, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, §1900 et seq. The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review his or her own personal information maintained by the agency as set forth in the Information Practices Act unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.



## MEMORANDUM

DATE	November 16, 2018
TO	Dental Hygiene Committee of California Legislative and Regulatory Subcommittee
FROM	Anthony Lum Executive Officer Dental Hygiene Committee of California
SUBJECT	<b>Discussion and Possible Action, and Recommendation to the Full Committee Proposed Draft Regulatory Language for 16 CCR §1115. Retired Licensure.</b>

### Background:

On September 22, 2016, Governor Edmund G. Brown Jr. signed Assembly Bill 2859 (Stats of 2016, ch.473), enacting Section 464, which took effect January 1, 2017. Section 464 provides the statutory authority for the Committee to establish by regulation, a system for a retired category of licensure for its licensees who are not actively engaged in their profession. This proposal would implement the requirements for obtaining and maintaining such a license in retired status.

This proposal would add a new Article 4 to Division 11 §1115 in the Committee's regulations that would be entitled "Retired Licensure." This proposal establishes requirements for a license being placed in retired status and sets forth requirements and procedures for reactivating a retired license.

### Staff Recommendation:

Staff recommends to the Legislative and Regulatory Subcommittee to review the language with Office of Administrative Law edits in the attached document, determine whether additional information or language is required, and complete the draft of proposed regulatory language to be recommended to the Full Committee.

**Pros:** The specific benefit anticipated by the proposed adoption of the regulation is to establish a system to implement statutes authorizing the Committee to issue licenses on retired status. The proposed regulatory action is designed to allow individuals who place their license on retired status to provide specific representations to the public, which would otherwise be prohibited without implementation of this proposed regulatory action.

This regulation would allow RDHs, RDHAPs, and RDHEFs who no longer intend to practice their licensed profession to avoid paying biennial renewal fees if they qualify for a retired license. Adoption of the proposed regulatory action will benefit licensees who retire by charging a one-time fee that is equal to half the current biennial renewal fee.

The proposed regulatory action also promotes transparency in policies that the Committee establishes pertaining to the practice of dental hygiene and the representations licensees make regarding their license status. This serves to promote and protect public safety.

This regulation would allow RDHs, RDHAPs, and RDHEFs who no longer intend to practice their licensed profession to avoid having their license placed in delinquent or cancelled status if they qualify for a retired license.

Finally, this regulation would elevate the morale of the profession by creating a reasonable method by which retired RDHs, RDHAPs, and RDHEFs who had invested at least ten years of good standing in the profession to be able to maintain a license that demonstrates their contribution to the profession.

**Cons:** None

## Proposed Regulation for Retired Licensure

(All language is new and proposed to be adopted.)

California Code of Regulations, Title 16, Division 11, Article 4, §1115. Retired Licensure.

**Commented [AP1]:** Changed number to allow room for more regulations in Article 3.

(a) A retired license shall be issued to a registered dental hygienist (RDH), registered dental hygienist in alternative practice (RDHAP), or registered dental hygienist in extended functions (RDHEF) if the licensee meets the following requirements:

**Commented [AP2]:** Added for clarity.

(1) Holds an active or inactive license issued by the Board that is not expired, suspended, revoked, placed on inactive status for disciplinary reasons, or otherwise subjected to current or past discipline within the previous seven (7) years; and

**Commented [AP3]:** Reviewer recommended to clarify "otherwise disciplined". Seven years is arbitrary and may be changed at the discretion of the Committee.

(2) Has been licensed in California for a minimum of ten years to practice as a registered dental hygienist, registered dental hygienist in extended functions, or registered dental hygienist in alternative functions; and

(3) Submit to the Board a completed "Application for a Retired RDH, RDHAP, or RDHEF License DHBC RLC-01 (11/18), hereby incorporated by reference; and

**Commented [AP4]:** Form renamed for clarity.

(4) Payment of half of the current License Renewal Fee as required by the Board pursuant to BPC 1944(a)(14).

(b) Once the Board has issued a retired license, the holder of a retired license shall:

(1) Be exempt from continuing education requirements;

(2) Be exempt from renewal of the retired license; and

(3) Utilize his or her professional title only with the unabbreviated word "retired" preceding or after the professional designation.

(c) The holder of a retired license shall not engage in any activity for which an active registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions license is required.

(d) Changing to a retired status does not prevent the DHBC from investigating potential violations or taking action against a license for confirmed violations of laws governing the practice of dental hygiene.

**Commented [AP5]:** Reviewer recommended this to be added to capture the language on the retired license application form.



(e) In order for the holder of a retired license issued pursuant to this section to restore his or her license to an active status, the holder of that license shall:

(1) Request to restore his or her active license within two years of issuance of the retired license; and

(2) Submit a completed "Application for Reactivation of a Retired RDH, RDHAP, or RDHEF License" DHBC RLC-02, hereby incorporated by reference; and

(3) Payment of a \$160 fee as required by the Board; and

(4) Submit proof of completion of current continuing education requirements pursuant to 16 CCR §§1017(a) and 1017(c); and

(5) Comply with fingerprint submission requirements pursuant to 16 CCR §1132.

(f) A licensee may be granted a retired license pursuant to this section on no more than two separate occasions and may only apply to restore retired license to active status one time.

**Commented [AP6]:** Legal suggested three years. This additional year will allow more time if an individual is deemed "disabled" to further rehab and know whether they can possibly return to work without issue.

**Commented [AP7]:** Added for clarity.

**Commented [AP8]:** Reviewer recommended to add fee in regulatory language as it is not in BPC 1944.

**Commented [AP9]:** Corrected for clarity.

**Commented [AP10]:** Corrected for clarity.

Note: Authority cited: Sections 464, 1905, and 1906, Business and Professions Code. Reference cited: Section 464, Business and Professions Code.



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**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](http://www.dhcc.ca.gov)



## Application for a Retired RDH, RDHAP, or RDHEF License

Business & Professions Code (BPC) §§464, 1905, and 1906, and California Code of Regulations (CCR) Title 16, Division 11, §1115.

**Non-Refundable Application Fee: \$80**  
**(Must accompany application)**

### DHBC USE ONLY

Receipt \_\_\_\_\_ RC \_\_\_\_\_  
Date Filed \_\_\_\_\_ \$ \_\_\_\_\_  
Approved \_\_\_\_\_ Denied \_\_\_\_\_  
RDH/RDHAP/RDHEF# \_\_\_\_\_

Please type or print legibly.

<u>License Number</u> <input type="checkbox"/> RDH <input type="checkbox"/> RDHAP <input type="checkbox"/> RDHEF			<u>Date</u>
<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	
<u>Address of Record*</u>			
<u>City</u>	<u>State</u>	<u>Zip Code</u>	
<u>Home Phone Number</u>		<u>Mobile Phone Number</u>	
<u>Email Address</u>			

\*The address you enter on this application is public information and will be available on the Internet pursuant to BPC§1902.2(b). If you do not want your home address to be made public, you may instead provide a post office box or your business address.

### IMPORTANT – PLEASE READ CAREFULLY

- Restoring a retired license to active status is only permitted one (1) time and may only be done within two (2) years from the date the retired license was issued. See the reverse for more information.
- A holder of a retired license may not engage in any activity for which an active license issued by the DHCC is required.
- In order to be eligible for a retired license, you must hold an active or inactive license issued by the Committee for a minimum of ten years as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions that is not expired, suspended, revoked, placed on inactive status for disciplinary reasons, or otherwise subjected to current or past discipline within the previous seven (7) years.
- If your license is expired, you must clear all outstanding requirements and renew the license before your application for a retired license will be processed. Expired licenses that cannot be renewed will not be processed.
- The holder of a retired license is not required to renew that license.
- The holder of a retired license is exempt from continuing education requirements.

Commented [AP1]: Added for clarity.

Commented [AP2]: Changed number to allow for other regulations in Article 3.

Commented [AP3]: Changed formatting to help with converting to fillable PDF.

Commented [AP4]: Corrected reference.

Commented [AP5]: Added to coincide with regulatory language.

Commented [AP6]: Added language per reviewer recommendation. Number of years is at the discretion of the Committee.

- The holder of a retired license shall be permitted to use his or her professional title *only* with the unabbreviated word “retired” preceding or after the professional designation.
- Changing to a retired status does not prevent the DHCC from investigating potential violations or taking action against your license for confirmed violations of laws governing the practice of dental hygiene.

**Commented [AP7]:** Placed this language in regulations per reviewer recommendation.

I have read and understand the information provided on this application and I meet the requirements for a retired license. I hereby request that my license be placed in retired status. I certify under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A RETIRED LICENSE MAY BE REACTIVATED ONLY ONE (1) TIME AND WITHIN TWO (2) YEARS  
OF BEING PLACED IN RETIRED STATUS**

**Commented [AP8]:** Legal suggested three years. This additional year will allow more time if an individual is deemed “disabled” to further rehab and know whether they can possibly return to work without issue.

To reactivate your retired license, you must meet all the current criteria for licensure including:

- Reactivation request received within two years of the retirement request date.
- Continuing education requirements set forth in 16 CCR §1017; and
- Compliance with fingerprinting and disclosure of criminal convictions as set forth in 16 CCR §1132; and
- Complete the “Application for Reactivation of a Retired RDH, RDHAP, or RDHEF License” DHCC RLC-02 (11/2018); and
- Pay the reactivation fee of \$160.

**Commented [AP9]:** Added to coincide with regulations.

**Commented [AP10]:** Added per reviewer recommendation.



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## Application for a Retired RDH, RDHAP, or RDHEF License

Business & Professions Code (BPC) §§464, 1905, and 1906, and California Code of Regulations (CCR) Title 16, Division 11, §1115.

**Non-Refundable Application Fee: \$80**  
**(Must accompany application)**

### DHBC USE ONLY

Receipt \_\_\_\_\_ RC \_\_\_\_\_  
Date Filed \_\_\_\_\_ \$ \_\_\_\_\_  
Approved \_\_\_\_\_ Denied \_\_\_\_\_  
RDH/RDHAP/RDHEF# \_\_\_\_\_

Please type or print legibly.

License Number <input type="checkbox"/> RDH <input type="checkbox"/> RDHAP <input type="checkbox"/> RDHEF			Date
Last Name	First Name	Middle Name	
Address of Record*			
City	State	Zip Code	
Home Phone Number	Mobile Phone Number		
Email Address			

\*The address you enter on this application is public information and will be available on the Internet pursuant to BPC§1902.2(b). If you do not want your home address to be made public, you may instead provide a post office box or your business address.

### IMPORTANT – PLEASE READ CAREFULLY

- Restoring a retired license to active status is only permitted one (1) time and may only be done within two (2) years from the date the retired license was issued. See the reverse for more information.
- A holder of a retired license may not engage in any activity for which an active license issued by the DHCC is required.
- In order to be eligible for a retired license, you must hold an active or inactive license issued by the Committee for a minimum of ten years as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions that is not expired, suspended, revoked, placed on inactive status for disciplinary reasons, or otherwise subjected to current or past discipline within the previous seven (7) years.
- If your license is expired, you must clear all outstanding requirements and renew the license before your application for a retired license will be processed. Expired licenses that cannot be renewed will not be processed.
- The holder of a retired license is not required to renew that license.
- The holder of a retired license is exempt from continuing education requirements.

Commented [AP1]: Added for clarity.

Commented [AP2]: Changed number to allow for other regulations in Article 3.

Commented [AP3]: Changed formatting to help with converting to fillable PDF.

Commented [AP4]: Corrected reference.

Commented [AP5]: Added to coincide with regulatory language.

Commented [AP6]: Added language per reviewer recommendation. Number of years is at the discretion of the Committee.

- The holder of a retired license shall be permitted to use his or her professional title *only* with the unabbreviated word “retired” preceding or after the professional designation.
- Changing to a retired status does not prevent the DHCC from investigating potential violations or taking action against your license for confirmed violations of laws governing the practice of dental hygiene.

**Commented [AP7]:** Placed this language in regulations per reviewer recommendation.

I have read and understand the information provided on this application and I meet the requirements for a retired license. I hereby request that my license be placed in retired status. I certify under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A RETIRED LICENSE MAY BE REACTIVATED ONLY ONE (1) TIME AND WITHIN TWO (2) YEARS  
OF BEING PLACED IN RETIRED STATUS**

To reactivate your retired license, you must meet all the current criteria for licensure including:

- Reactivation request received within two years of the retirement request date.
- Continuing education requirements set forth in 16 CCR §1017; and
- Compliance with fingerprinting and disclosure of criminal convictions as set forth in 16 CCR §1132; and
- Complete the “Application for Reactivation of a Retired RDH, RDHAP, or RDHEF License” DHCC RLC-02 (11/2018); and
- Pay the reactivation fee of \$160.

**Commented [AP8]:** Added to coincide with regulations.

**Commented [AP9]:** Added per reviewer recommendation.



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## Application for Reactivation of a Retired RDH, RDHAP, or RDHEF License

Business & Professions Code (BPC) §§464, 1905, and 1906, and California Code of Regulations (CCR) Title 16, Division 11 §1115.

**Non-Refundable Application Fee: \$160**  
**(Must accompany application)**

### DHBC USE ONLY

Receipt \_\_\_\_\_ RC \_\_\_\_\_  
Date Filed \_\_\_\_\_ \$ \_\_\_\_\_  
Approved \_\_\_\_\_ Denied \_\_\_\_\_  
RDH/RDHAP/RDHEF# \_\_\_\_\_

Please type or print legibly.

<u>Date</u>		
<u>License Number</u> <input type="checkbox"/> RDH <input type="checkbox"/> RDHAP <input type="checkbox"/> RDHEF		
<u>Date License was Retired**</u>		
<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>
<u>Address of Record*</u>		
<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Home Phone Number</u>	<u>Mobile Phone Number</u>	
<u>Email Address</u>		

\*The address you enter on this application is public information and will be available on the Internet pursuant to BPC§1902.2(b). If you do not want your home address to be made public, you may instead provide a post office box or your business address.

**\*\* A retired license may only be reactivated within two (2) years from the date the retired license was issued.**

### **IMPORTANT – PLEASE READ CAREFULLY**

**You may not practice dental hygiene, dental hygiene in alternative practice, or dental hygiene in extended functions until the Dental Hygiene Committee of California (Committee) approves your request to restore your retired license to active status.**

1. In order to reactivate a retired license, you must complete the same number of continuing education units that are required to renew an active license and submit the certificates of completion to the Committee.
2. 16 CCR §1132 requires, as a condition of license renewal, criminal history record checks and criminal offender record information searches for all licensees for whom no current record of the licensee's fingerprints exist within the criminal

**Commented [AP1]:** Added for clarity.

**Commented [AP2]:** Numbering change to allow for other regulations.

**Commented [AP3]:** Fee added per reviewer recommendation.

**Commented [AP4]:** Changed formatting to help with converting to fillable PDF.

**Commented [AP5]:** Changed per reviewer recommendations.

**Commented [AP6]:** Legal suggested three years. This additional year will allow more time if an individual is deemed "disabled" to further rehab and know whether they can possibly return to work without issue.

offender record identification database of the Department of Justice. The Committee shall not restore a retired license to active status until the licensee has complied with this requirement.

3. Enclose your original retired pocket license.

4. Please answer the following questions:

(a) Have you, since your prior renewal cycle, been convicted of, or are you under investigation for, any violation of the law in this or any other state, the United States, or other country?

☐ Yes (If yes, please explain on an attached sheet). ☐ No

Note: You do not need to disclose traffic infractions with penalties under \$1,000 unless the infraction involved alcohol, dangerous drugs, or controlled substances.

(b) Are you, or have you been since your last renewal cycle, subject to any completed or pending disciplinary actions against any other healthcare license you hold?

☐ Yes (If yes, please explain on an attached sheet). ☐ No

**I have read and understand the information provided on this application, and hereby request that my retired license be restored to active status. I certify under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## MEMORANDUM

<b>DATE</b>	November 16, 2018
<b>TO</b>	Dental Hygiene Committee of California
<b>FROM</b>	Anthony Lum Executive Officer Dental Hygiene Committee of California
<b>SUBJECT</b>	<b>Discussion and Possible Action, and Recommendation to the Full Committee Proposed Draft Regulatory Language for 16 CCR §1116. Mobile Dental Hygiene Clinics; Issuance of Approval.</b>

### Background

Business and Professions Code (BPC) §1926.1. “Operation of mobile dental hygiene clinic; Requirements” and BPC §1926.2. “Operation of mobile dental hygiene clinic registered as dental hygiene office or facility; Mobile units exempted from certain laws” were created by Senate Bill 1202 (Senator Leno) in 2012 and effective January 1, 2013. Among other provisions, it created the ability for a Registered Dental Hygienist in Alternative Practice (RDHAP) to operate a mobile dental hygiene clinic.

In addition, Senate Bill 1202 provided for the creation of BPC §1944 (g) “The fee for registration of a mobile dental hygiene unit shall not exceed one hundred fifty dollars (\$150) and BPC §1944 (h) “The biennial renewal fee for a mobile dental hygiene unit shall not exceed two hundred and fifty dollars (\$250)”.

Committee staff has developed the attached draft regulatory language and application form as a starting point to implement the provisions of SB 1202.

### Action Requested:

Consider and possibly accept the proposed regulatory language relative to the implementation of regulations for Mobile Dental Hygiene Clinic Units, and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to the California Code of Regulations (CCR), Title 16, Article 4, Division 11 §1116 as noticed.

**Pros:** Establish the ability to regulate and enforce federal, state, and local safety and infection control statutes and regulations to ensure the public health and safety.

**Cons:** None.



## TITLE 16. DENTAL HYGIENE BOARD OF CALIFORNIA - DEPARTMENT OF CONSUMER AFFAIRS

### PROPOSED LANGUAGE

Adopt §1116 of Title 16 of the California Code of Regulations (CCR) to read as follows:

#### **§ 1116. Mobile Dental Hygiene Clinics; Issuance of Approval.**

- (a) Definition. For purposes of §§1926.1 and 1926.2 of the code, the following definitions shall apply:
- (1) a “mobile dental hygiene clinic” or “mobile dental hygiene unit” means any self-contained facility in which dental hygiene services are rendered which may be moved, towed, or transported from one location to another.
  - (2) “(2) “Portable dental hygiene clinic” or “portable dental hygiene unit” means a self-contained unit housing equipment used for providing dental hygiene treatment or prevention that is transported to, and used on a temporary basis at, non-dental hygiene office locations.
  - (3) “Communication capability” means an operator has telephone service that is accessible twenty-four (24) hours per day.
  - (4) “Necessary parties” means emergency responders, medical/dental/dental hygiene clinics, care facility or school staff, guardians, and designated family members.
  - (5) “Operator” means an individual licensed to practice dental hygiene in the State of California who has registered a mobile dental hygiene practice or portable dental hygiene unit with the Board pursuant to the registration requirements of this regulation.
  - (6) “Permanently established dental hygienist” means dental hygienist who has a place of practice pursuant to §1926.3.
  - (7) “Routinely” means a dental hygiene practice that provides dental hygiene treatment via mobile or portable means for more than thirty (30) days in any twelve (12) month time period.
- (b) Application for Permit. A licensed registered dental hygienist in alternative practice (RDHAP) who wishes to operate a mobile dental hygiene clinic shall apply to the Board for a permit by submitting an “Application for Operation of a Mobile Dental Hygiene Clinic” (MDHC-01 10/18) hereby incorporated by reference, providing evidence of compliance with the requirements of this section, and paying the fee prescribed in §1944(g) for application for a mobile dental hygiene clinic permit.
- (1) The Board shall inform an applicant for a permit in writing within 7 business days whether the application is complete and accepted for filing or is deficient and what specific information is required.
  - (2) The Board shall decide within 60 business days after the filing of a completed application whether the applicant meets the requirements of a permit.
- (c) Requirements.
- (1) The applicant shall certify and submit documentation of the following to the Board along with their applications:

- (A) Proof of insurance from a licensed insurance carrier that the operator maintains at least the minimum amount of general and professional liability insurance.
  - (B) There is a written procedure for emergency follow-up care for patients treated in the mobile dental hygiene clinic and that such procedure includes arrangements for treatment in a dental facility which is permanently established in the area.
  - (C) There is a written agreement or contract with a permanently established dentist or dental clinic within the geographical area in which the mobile or portable dental hygiene unit proposes to provide services indicating their willingness to accept patients for emergency care.
  - (D) The mobile dental hygiene clinic shall have communication facilities which will enable the operator to contact necessary parties in the event of a medical or dental emergency.
  - (E) A phone number where patients are able to contact the official business, and have their non-emergency call returned, with questions, concerns, or emergency needs. If a live person is not available to answer calls, the phone line shall include a recorded message with information about who to contact in case of a dental emergency.
  - (F) The mobile dental hygiene clinic conforms to all applicable federal, state and local laws, regulations and ordinances dealing with radiographic equipment, flammability, construction, sanitation and zoning and the applicant possesses all applicable county and city licenses or permits to operate the unit.
  - (G) The driver of the unit possesses a valid California driver's license.
  - (H) Proof of radiation machine registration with the California Department of Public Health (CDPH).
- (2) Official Place of Business and Maintenance of Records.
- (A) The applicant shall maintain an official business or mailing address of record which shall be filed with the Board.
  - (B) The Board shall be notified within 30 days of any change in the address of record.
  - (C) All written or printed documents available from or issued by the mobile dental hygiene clinic shall contain the official address of record for the mobile dental hygiene clinic.
  - (D) All dental hygiene and official records shall be maintained by the operator and available for inspection and copying upon request by representatives of the Board or other person as authorized by state or federal law.
  - (E) With a signed patient authorization, patient records, including radiographs and any diagnosis and proposed treatment plan, must be provided to the requesting entity within fifteen (15) business days.
- (3) Each mobile dental hygiene clinic shall:
- (A) Have ready access to a ramp or lift if services are provided to disabled persons. If one is not available, the mobile dental hygiene clinic operator must provide a justification that is consistent with the Americans with Disabilities Act (ADA). Portable dental hygiene units are exempt from this requirement.
  - (B) Be in compliance with the current Recommended Infection Control Practices for Dentistry as published by the Federal Centers for Disease Control and Injury Prevention (CDC) and

16 §CCR 1005.

- (C) Provide infection control equipment according to the requirements of 16 CCR §1005 and comply with all local, state, and federal health and safety laws and regulations.
  - (D) Have a properly functioning sterilization system according to the requirements of 16 CCR §1005 and comply with all local, state, and federal health and safety laws and regulations.
  - (E) Have ready access to an adequate supply of potable water, including hot water.
  - (F) Have ready access to toilet facilities.
  - (G) Have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials.
  - (H) Allow the inspection of the mobile or portable dental hygiene unit by a representative of the Board prior to receiving approval to operate, at the Board's discretion.
  - (I) Have communication capability which enables the operator thereof to contact emergency medical services and other necessary parties in the event of a medical or dental emergency.
  - (J) Have an Automated External Defibrillator (AED).
  - (K) Have a schedule and log demonstrating the regular inspection of all emergency drugs and equipment for administration of anesthesia, including the date(s) and name of person who last checked drugs and equipment and the results of the checks, including that of the condition of the equipment according to the manufacturers' specifications.
  - (L) Conform to all applicable policies of the California Departments of Health Care Services and Public Health.
- (4) Each mobile dental hygiene clinic operator shall notify the Board in writing within thirty (30) days of any change in status or ownership of the mobile dental hygiene clinic.
- (d) Transferability. A permit to operate a mobile dental hygiene clinic is not transferable.
- (e) Renewal. A permit to operate a mobile dental hygiene clinic expires at the same time as the permit holder's RDHAP license. The permit holder may apply for renewal and shall pay the fee set for renewal of a mobile dental hygiene clinic permit pursuant to BPC §1944(h).
- (f) Exemptions.
- (1) Mobile or portable dental hygiene facilities operated by or sponsored by agencies of the federal, state or local government or California dental hygiene schools are exempt from the requirements of this section.
- (g) Identification of Personnel, Notification of Changes in Written Procedures, and Display of Licenses.
- (1) The operator of a mobile or portable dental hygiene unit shall identify and advise the Board in writing within thirty (30) days of any change of licensed personnel associated with the mobile or

portable dental hygiene unit operation by providing the full name, address, telephone numbers, and license numbers.

- (2) The operator shall advise the Board in writing within thirty (30) days of any change in the written procedure for emergency follow-up care for patients treated in the mobile or portable dental hygiene unit, including arrangements for treatment in a dental facility which is permanently established in the area. The permanent dental facility(s) shall be identified in the written procedure.
- (3) Each dental hygienist or any other licensed individual providing dental hygiene services in the mobile or portable dental hygiene unit shall prominently display evidence of his or her California dental hygiene license in plain view of patients.

(h) Identification of Location of Services.

- (1) Each operator of a mobile or portable dental hygiene unit shall maintain a confidential written or electronic record detailing the following for each location where services are provided:
  - (A) Street address of the service location;
  - (B) Date of each treatment session;
  - (C) Names of patients served; and
  - (D) Types of dental hygiene services provided.
- (2) The confidential written or electronic record shall be made available to a representative of the Board within ten (10) days of the Board's receipt of a request. Costs for such records shall be borne by the mobile or portable dental hygiene unit.

(i) (i) Licensed Dental Hygienist in Charge. A California licensed dental hygienist in good standing with the Board shall be in charge of and responsible at all times and for all aspects of a mobile dental hygiene facility or portable dental hygiene operation subject to the requirements of this section.

(j) Information for Patients.

- (1) During or at the conclusion of each patient's visit to the mobile or portable dental hygiene unit, the patient, or if a minor, the minor's parent or legal representative, shall be provided with an information sheet. If the patient has provided consent to an institutional facility, dental office or dental hygiene practice to access the patient's dental health records, the institution shall also be provided with a copy of the information sheet. An institutional facility includes, but is not limited to, a long-term care facility or school. A dental office includes, but is not limited to, a private practice, a community clinic, or other mobile or portable dental hygiene unit.
- (2) The information sheet as required herein shall include the following:
  - (A) Pertinent contact information for the mobile or portable dental hygiene unit;
  - (B) Name of the dental hygienist and other licensed dental staff who provided services;
  - (C) A description of the treatment rendered, including CDT billed service codes and fees associated with treatment, and tooth numbers when appropriate; and

- (D) A description of any dental/dental hygiene needs observed during a screening, assessment, or other form of visual inspection, or diagnosis during an examination.
  - (E) If necessary, referral information to a dentist within the patient's geographically accessible area as required by this regulation.
  - (F) Detailed bill for services rendered, detailing the amount covered by patient's insurance and the amount due from the patient (if any);
  - (G) Language, including the Board's contact information, notifying patients of their right to contact the Board should the patient have a problem they are unable to resolve with the mobile or portable dental hygiene unit and/or the rendering dental hygienist.
- (k) Follow-up Treatment Services.
- (1) "Patient of record" refers to a patient who has had a medical and dental history completed and evaluated; has had oral conditions assessed and documented; and a written plan developed by the licensed dental hygienist.
  - (2) A mobile or portable dental hygiene unit provider who collects assessment/diagnostic records, including radiographs, shall be considered to have accepted the patient as a patient of record.
  - (3) Providers shall meet their responsibility for ensuring care to patients of record by arranging for proper follow up care for treatment provided, and referring for care identified but not provided, to a geographically accessible location for dental services.
  - (4) A mobile or portable dental hygiene unit provider that does not follow-up with treatment or follow-up on referral for treatment consistent with the requirements of section (k)(3), shall be considered as abandoning the patient. Preventative programs are exempt.
  - (5) A provider shall make reasonable documented attempts to follow up with patients who fail to appear for follow up care or referred appointments. After these reasonable attempts, the provider shall be considered to have met the patient of record responsibilities.
- (l) Cessation of Operation.
- (1) Upon cessation of operation by the mobile or portable dental hygiene unit, the operator shall notify the Board within thirty (30) days of the last day of operation in writing of the final disposition of patient records and charts.
  - (2) If the mobile dental hygiene facility or portable unit is sold, a new registration application must be filed with the board.
  - (3) Upon choosing to discontinue practice or services in a community, the operator of a mobile dental hygiene clinic or portable dental hygiene unit shall notify all patients of record and preserve all records.
  - (4) The operator shall make reasonable arrangements with the active patients of the mobile hygiene clinic or portable dental hygiene unit for the transfer of the patient's records, including radiographs or copies thereof, to the succeeding practitioner or, at the written request of the patient, to the patient.
  - (5) As used in this section, "active patient" applies and refers to a patient of record whom the mobile dental hygiene clinic or the portable dental hygiene unit has examined, treated, or cared for within

the two-year (2) year period prior to discontinuation of practice, or moving from or leaving the community.

(m) Consent for Services.

- (1) No dental/dental hygiene services, including dental/dental hygiene examination or disease prevention services shall be performed on a patient unable to provide direct consent, such as a minor or person with special needs, without a signed consent from the parent or legal representative.
- (2) The mobile or portable provider, who offers only dental disease prevention services, shall list the services provided, clearly state that they are limited to prevention, and advise the patient to seek comprehensive examination from a dentist.
- (3) Consent for services provided by a mobile or portable dental hygiene provider whose program includes multiple dental hygiene services, including preventive, and/or therapeutic services shall provide a list of available procedures, and the risks and benefits of each. At a minimum, the consent process must offer the parent or legal representative the following options:
  - (A) To consent to proceed with restorative, surgical or other dental treatment identified by the dental hygienist provider at the first opportunity, waiving request for further information or details of the procedures
  - (B) To receive first a written dental hygiene treatment plan and to consent to the recommended services prior to commencing treatment
  - (C) To request to be present at the time of treatment
- (4) Consent forms shall include a request for the name of the patient's dentist and date of last visit, if known. Providers governed by this section are encouraged to take all reasonable steps to consult with a patient's existing dentist of record, if any, as appropriate to avoid duplication of services.
- (n) Safety. A mobile dental hygiene clinic must have carbon monoxide detection devices installed and in proper working order.
- (o) Failure to Comply. Failure to comply with state statutes or regulations regulating the practice of dentistry, dental hygiene, and the operation of mobile or portable dental hygiene units may subject the operator and all practitioners providing services through a mobile or portable dental hygiene unit to disciplinary action.

Note: Authority cited: §§1906, 1926.1, 1926.2, 1926.3, and 1944 Business and Professions Code.

Reference: §§1926.1, 1926.2, 1926.3, and 1944 Business and Professions Code.



## Application for a Mobile Dental Hygiene Clinic

Business & Professions Code (BPC) §§1921 – 1931, and 1944, California Code of Regulations (CCR) Title 16, Division 11 §1116.

**Non-Refundable Fee: \$100**  
**(Must accompany application)**

Receipt	_____	RC	_____
Date Filed	_____	\$	_____
Approved	_____	Denied	_____
MDHC#	_____		_____

**PLEASE TYPE OR PRINT LEGIBLY.**

<b>Mobile Dental Hygiene Clinic Operator</b>			
RDHAP Name			
Mailing Address (This information is public. You may provide a P.O. Box. If you provide a physical address to the Committee, be sure to specify that the physical address is not to be used as the address of record.)			
City	State	Zip	Phone
Email			RDHAP License #
Affiliated Dentist Name			
Affiliated Dentist Address of Practice			
City	State	Zip	Phone

**Requirements for a mobile dental hygiene clinic must be approved prior to operation. The Committee may withdraw approval at any time that it determines that a mobile dental hygiene clinic does not meet the requirements of the law.**

**Please answer the following:**

- Does the mobile dental hygiene clinic (MDHC) applicant possess proof of insurance from a licensed insurance carrier that the operator maintains at least the minimum amount of general and professional liability insurance? YES ☐ NO ☐  
Limits? \_\_\_\_\_ (Provide a copy and label as Exhibit 1)
- Is there a written procedure for emergency follow-up care for patients treated in the MDHC, and that such procedure includes arrangements for treatment in a dental facility which is permanently established in the area? (Provide a copy and label as Exhibit 2) YES ☐ NO ☐

3. Is there a written agreement or contract with a permanently established dentist or dental clinic within the geographical area in which the MDHC proposes to provide services indicating their willingness to accept patients for emergency care?  
(Provide a copy and label as Exhibit 3) YES ☐ NO ☐
4. Does the MDHC have communication facilities which will enable the operator to contact necessary parties in the event of a medical or dental emergency? YES ☐ NO ☐
5. Does the MDHC have a phone number where patients are able to contact the official business, and have their non-emergency call returned, with questions, concerns, or emergency needs. If a live person is not available to answer calls, the phone line shall include a recorded message with information about who to contact in case of a dental emergency? YES ☐ NO ☐
6. Does the MDHC conform to all applicable federal, state and local laws, regulations and ordinances dealing with radiographic equipment, flammability, construction, sanitation and zoning, and the applicant possesses all applicable county and city licenses or permits to operate the unit? YES ☐ NO ☐
7. Does the driver of the MDHC possesses a valid California driver's license? (Provide a copy and label as Exhibit 4) YES ☐ NO ☐
8. Does the MDHC operator have proof of radiation machine registration with the California Department of Public Health (CDPH)? (Provide a copy and label as Exhibit 5) YES ☐ NO ☐
9. Does the MDHC have ready access to a ramp or lift if services are provided to disabled persons. If one is not available, the MDHC operator must provide a justification that is consistent with the Americans with Disabilities Act (ADA). Portable dental hygiene units are exempt from this requirement? (Provide a justification and label as Exhibit 6) YES ☐ NO ☐
10. Is the MDHC in compliance with the current Recommended Infection Control Practices for Dentistry as published by the Federal Centers for Disease Control and Injury Prevention (CDC) and 16 CCR §1005? YES ☐ NO ☐
11. Does the MDHC provide infection control equipment according to the requirements of 16 CCR §1005 and comply with all local, state, and federal health and safety laws and regulations?  
(Provide copies of hazardous waste management and infection control protocols and label as Exhibit 7) YES ☐ NO ☐
12. Does the MDHC have a properly functioning sterilization system according to the requirements of 16 CCR §1005 and comply with all local, state, and federal health and safety laws and regulations? YES ☐ NO ☐
13. Does the MDHC have ready access to an adequate supply of potable water, including hot water? YES ☐ NO ☐
14. Does the MDHC have ready access to toilet facilities? YES ☐ NO ☐
15. Does the MDHC have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials? YES ☐ NO ☐
16. Does the MDHC have an Automated External Defibrillator (AED)? YES ☐ NO ☐
17. Will the MDHC allow the inspection of the mobile or portable dental hygiene unit by a representative of the Board prior to receiving approval to operate, at the Board's discretion? YES ☐ NO ☐
18. Will the MDHC have a schedule and log demonstrating the regular inspection of all emergency drugs and equipment for administration of anesthesia, including the date(s) and name of person who last checked drugs and equipment and the results of the checks, including that of the condition of the equipment according to the manufacturers' specifications? YES ☐ NO ☐



19. Will the MDHC conform to all applicable policies of the California Departments of Health Care Services and Public Health?  
YES ☐ NO ☐
20. Will the MDHC operator notify the Committee in writing within thirty (30) days of any change in status, personnel, or ownership of the mobile dental hygiene clinic?  
YES ☐ NO ☐
21. Will the MDHC operator notify the Committee in writing within thirty (30) days of any change in status, personnel, or ownership of the mobile dental hygiene clinic?  
YES ☐ NO ☐
22. Will all dental hygiene and official records be maintained by the MDHC operator and available for inspection and copying upon request by representatives of the Board or other person as authorized by state or federal law?  
YES ☐ NO ☐

### Acknowledgement

23. Have you reviewed BPC §§1921 – 1931, and 1944, and 16 CCR §1116?  
YES ☐ NO ☐
24. Do you agree to abide by the requirements set forth in BPC §§1921 – 1931, and 1944, and 16 CCR §1116 and acknowledge that failure to do so may result in loss of your mobile dental hygiene clinic registration?  
YES ☐ NO ☐

**The Committee may approve or deny approval of any mobile dental hygiene clinic registration. If the Committee denies approval of a course, the reasons for denial will be provided in writing within sixty (60) business days pursuant to 16 CCR §1116.**

### Certification

***I certify, under the penalty of perjury under the laws of the State of California, that the statements made in the application are true and correct.***

\_\_\_\_\_  
Signature of Mobile Dental Hygiene Clinic Operator

\_\_\_\_\_  
Date

#### INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Hygiene Committee of California, 2005 Evergreen Street, Suite 2050, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, §1900 et seq. The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review his or her own personal information maintained by the agency as set forth in the Information Practices Act unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.



**Friday, November 16, 2018**

**Dental Hygiene Committee of California**

**Legislative and Regulatory Subcommittee Meeting**

**Agenda Item 7**

**Discussion and Possible Action, and Recommendation  
to the Full Committee for 2019 Legislative Proposals:  
Omnibus Bill**



**Friday, November 16, 2018**

**Dental Hygiene Committee of California**

**Legislative and Regulatory Subcommittee Meeting**

**Agenda Item 8**

**Future Agenda Items**



**Friday, November 16, 2018**

**Dental Hygiene Committee of California**

**Legislative and Regulatory Subcommittee Meeting**

**Agenda Item 9**

**Adjournment**