



Notice is hereby given that a public meeting of the
Dental Hygiene Board of California (DHBC) will be held as follows:

DHBC Public Teleconference Meeting Agenda

Saturday, August 29, 2020
10:00 a.m. - Adjournment

Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-25-20, dated March 12, 2020, neither a public nor teleconference location is provided. Members of the public may observe or participate using the link below. Due to potential technical difficulties, please consider submitting written comments via email at least five business days prior to the meeting to elizabeth.elias@dca.ca.gov for consideration.

INSTRUCTIONS FOR MEETING PARTICIPATION

For all those who wish to participate or observe the meeting, please log on to this website (If the hyperlink does not work when clicked on, you may need to place the cursor on the hyperlink, then right click. When the popup window opens, click on Open Hyperlink to activate it and join the meeting)

<https://dca-ca.webex.com/dca-ca/onstage/g.php?MTID=e8300e09a94b8d2e03c7a207339fe6a34>

Event Number ID: 145 762 5335 Password: DHBC8292020

Instructions to connect to the meeting are attached to this agenda. The DHBC will conduct the meeting via WebEx computer program. The preferred audio connection is via telephone conference and not the microphone and speakers on your computer. The phone number and access code will be provided as part of your connection to the meeting.

MEMBERS OF THE BOARD

President – Dr. Timothy Martinez
Vice President – Nicolette Moultrie, RDH
Secretary – Garry Shay, Public Member
Educator Member – Dr. Michelle Hurlbutt
RDHAP Member – Noel Kelsch
RDH Member – Evangeline Ward
Public Member – Susan Good
Public Member – VACANT
Public Member – VACANT

The DHBC welcomes and encourages public participation in its meetings.
Please see public comment specifics in the agenda footnotes.

AGENDA

1. Roll Call & Establishment of Quorum.
2. Public Comment for Items Not on the Agenda.
[The DHBC 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 Sections 11125 & 11125.7(a))]
3. President's Welcome and Opening Statements.
4. Update from the Department of Consumer Affairs (DCA) Executive Staff on DCA Staffing and Activities.
5. Discussion and Possible Action to Approve the May 29, 2020 Full Board WebEx Teleconference Meeting Minutes.
6. Executive Officer's Report on the Following:
 - a) COVID-19
 - b) Personnel
 - c) Budget
7. Report from the Dental Board of California (DBC) by DBC Representative on DBC Activities.
8. Discussion and Possible Action on Temporary Acceptance of Alternative Licensure Examinations as Proposed by WREB, CRDTS, and ADEX in place of the Clinical Examination due to the Pandemic and Review Report and Recommendations by the DCA Office of Professional Examination Services (OPES) of the Alternative Examinations.
9. Discussion and Possible Action on Proposed Amended Regulatory Package: 16 California Code of Regulations (CCR) Section 1104.3: Reviews, Site Visits, Citation and Fine, and Probationary Status for Dental Hygiene Educational Programs.
10. Discussion and Possible Action on Proposed Amended Regulatory Package: 16 CCR Section 1105: Requirements for RDH Educational Programs.
11. Discussion and Possible Action on Fee Resolutions for 16 CCR Section 1105.2(d)(3)(E-F): Applications for Acceptance of Out-of-State Expanded Duty Education and Training in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide and Oxygen Analgesia.

12. Discussion and Possible Action on Proposed Regulatory Package: 16 CCR Section 1117: Reporting Dental Relationships Between Registered Dental Hygienists in Alternative Practice and Licensed Dentists.
13. Discussion and Possible Action on Proposed Statutory Language Amendments to BPC Section 1903: Board Member Terms (staggering).
14. Discussion and Possible Action on Proposed Statutory Language Amendments to BPC Section 1917.1: Clinical Work Hour Accumulation.
15. Discussion and Possible Action on Proposed Statutory Language Amendments to BPC Section 1926.1: Operation of Mobile Dental Hygiene Clinics; Requirements.
16. Discussion and Possible Action on Proposed Statutory Language Amendments to BPC Section 1926.3: Registered Dental Hygienist in Alternative Practice; Registration; Time Period.
17. Discussion and Possible Action on Proposed Statutory Language Amendments to Business and Professions Code (BPC) Section 1941: Addition of RDHAP and RDHEF to subdivisions (b) and (c) for congruency.
18. Legislative Update.
19. Future Agenda Items.

<<Recess to Reconvene the Full Board for Closed Session>>

20. Closed Session – Full Board

The Board may meet in closed session to deliberate on disciplinary matters pursuant to Government Code section 11126, subdivision (c)(3). If there is no closed session at this meeting, it will be announced.

<<Return to Open Session>>

21. Adjournment.

Due to technological limitations, adjournment will not be broadcast via WebEx. Adjournment will immediately follow Closed Session, and there will be no other items of business discussed.

The DHBC may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. For verification of the meeting, contact Elizabeth Elias, Assistant Executive Officer, at 916-263-2010, or access the DHBC Web Site at: www.dhbc.ca.gov.

Public comments will be taken on the agenda items at the time the specified item is raised. Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President may, at his or her discretion, apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Elizabeth Elias, Assistant Executive Officer, at 916-263-2010, or email elizabeth.elias@dca.ca.gov or send a written request to the DHBC at 2005 Evergreen Street, Suite 2050, Sacramento, CA 95815. Providing your request at least five business days prior to the meeting will help to ensure availability of the requested accommodation.

HOW TO – Join – DCA WebEx Event

The following contains instructions to join a WebEx event hosted by the Department of Consumer Affairs (DCA).

NOTE: The preferred audio connection to our event is via telephone conference and not the microphone and speakers on your computer. Further guidance relevant to the audio connection will be outlined below.

1. Navigate to the WebEx event link provided by the DCA entity (an example link is provided below for reference) via an internet browser.

Example link:

<https://dca-ca.webex.com/dca-ca/onstage/g.php?MTID=eb0a73a251f0201d9d5ef3aaa9e978bb5>

The screenshot shows a web browser window with the URL <https://dca-ca.webex.com/dca-ca/onstage/g.php?MTID=eb0a73a251f0201d9d5ef3aaa9e978bb5>. The page header includes the California Department of Consumer Affairs logo and the text "California Department of Consumer Affairs".

Event Information: 3/26

Event status: Started
Date and time: Thursday, March 26, 2020 10:30 am Pacific Daylight Time (San Francisco, GMT-07:00) [Change time zone](#)
Duration: 1 hour
Description:

By joining this event, you are accepting the Cisco Webex [Terms of Service](#) and [Privacy Statement](#).

Join Event Now

To join this event, provide the following information.

First name:
Last name:
Email address:
Event password:

[Join Now](#)
[Join by browser](#) **NEW!**
If you are the host, [start your event](#).

2. The details of the event are presented on the left of the screen and the required information for you to complete is on the right.
NOTE: If there is a potential that you will participate in this event during a Public Comment period, you must identify yourself in a manner that the event Host can then identify your line and unmute it so the event participants can hear your public comment. The 'First name', 'Last name' and 'Email address' fields do not need to reflect your identity. The department will use the name or moniker you provide here to identify your communication line should you participate during public comment.

HOW TO – Join – DCA WebEx Event

California Department of Technology x

dca-ca.webex.com/mw3300/mywebex/default.do?nomenu=true&siteurl=dca-ca&service=6&rnd=0.562003235914354&main_url=https%3A%2F%2Fdca-ca.webex.com%2Fec3300%2Feventcenter%2Fevent%2FeventAction.do%3F

Apps PreProd SimpliGov Prod SimpliGov Christian Brothers... Web Content Acces... Ferris Bueller's Day... PDF Techniques | Te... DCA Password Rese...

Event Information: 3/26

Event status: Started
Date and time: Thursday, March 26, 2020 10:30 am
Pacific Daylight Time (San Francisco, GMT-07:00)
[Change time zone](#)
Duration: 1 hour
Description:

By joining this event, you are accepting the Cisco Webex [Terms of Service](#) and [Privacy Statement](#).

Join Event Now

To join this event, provide the following information.

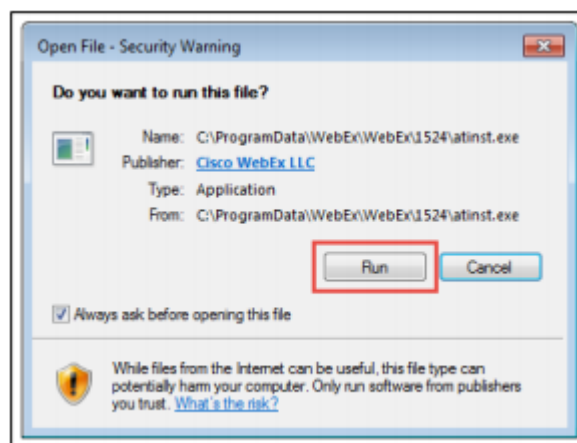
First name: Jason
Last name: Piccione
Email address: jason.piccione@dca.ca.gov
Event password: *****

Join Now
Join by browser **NEW!**
If you are the host, [start your event](#)

3. Click the 'Join Now' button.

NOTE: The event password will be entered automatically. If you alter the password by accident, close the browser and click the event link provided again.

4. If you do not have the WebEx applet installed for your browser, a new window may open, so make sure your pop-up blocker is disabled. You may see a window asking you to open or run new software. Click 'Run'.



Depending on your computer's settings, you may be blocked from running the necessary software. If this is the case, click 'Cancel' and return to the browser tab that looks like the window below. You can bypass the above process.

Starting Webex...



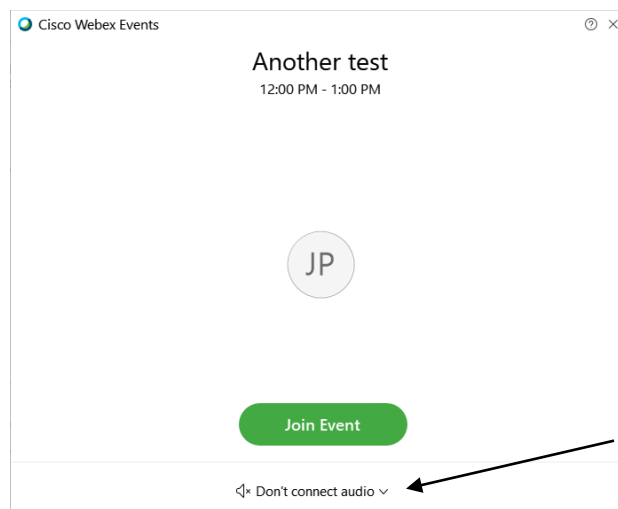
Still having trouble? [Run a temporary application](#) to join this meeting immediately.

5. To bypass step 4, click 'Run a temporary application'.
6. A dialog box will appear at the bottom of the page, click 'Run'.



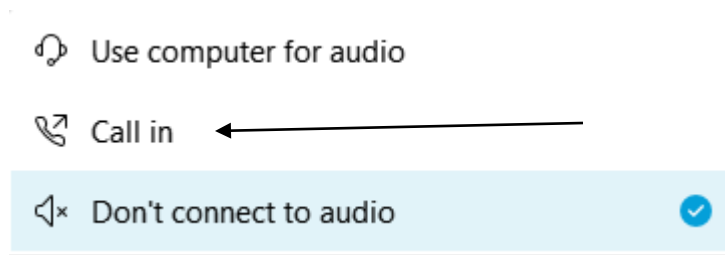
The temporary software will run, and the meeting window will open.

7. Click the audio menu below the green 'Join Event' button.

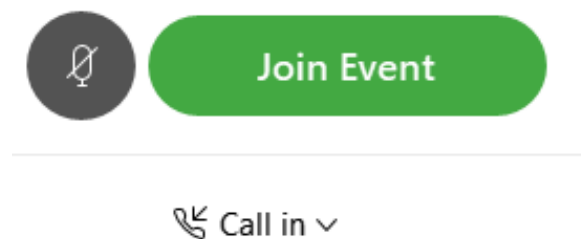


HOW TO – Join – DCA WebEx Event

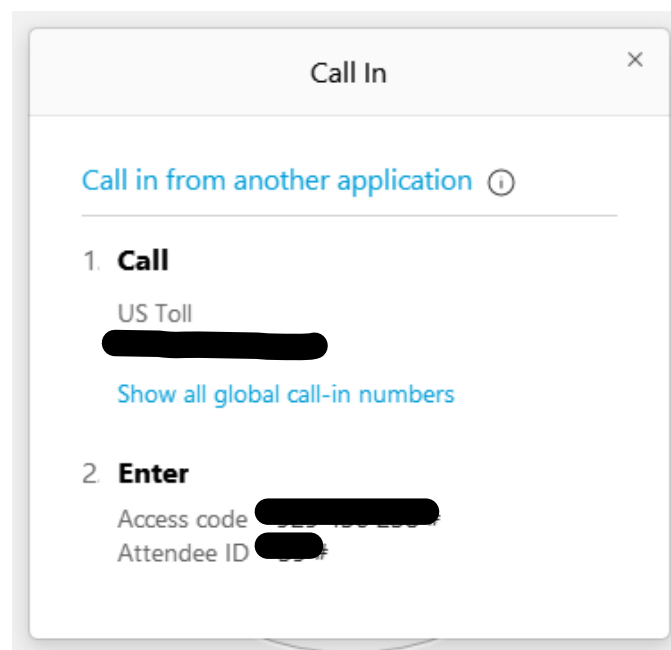
8. When the audio menu appears click 'Call in'.



9. Click 'Join Event'. The audio conference call in information will be available after you join the Event.



10. Call into the audio conference with the details provided.

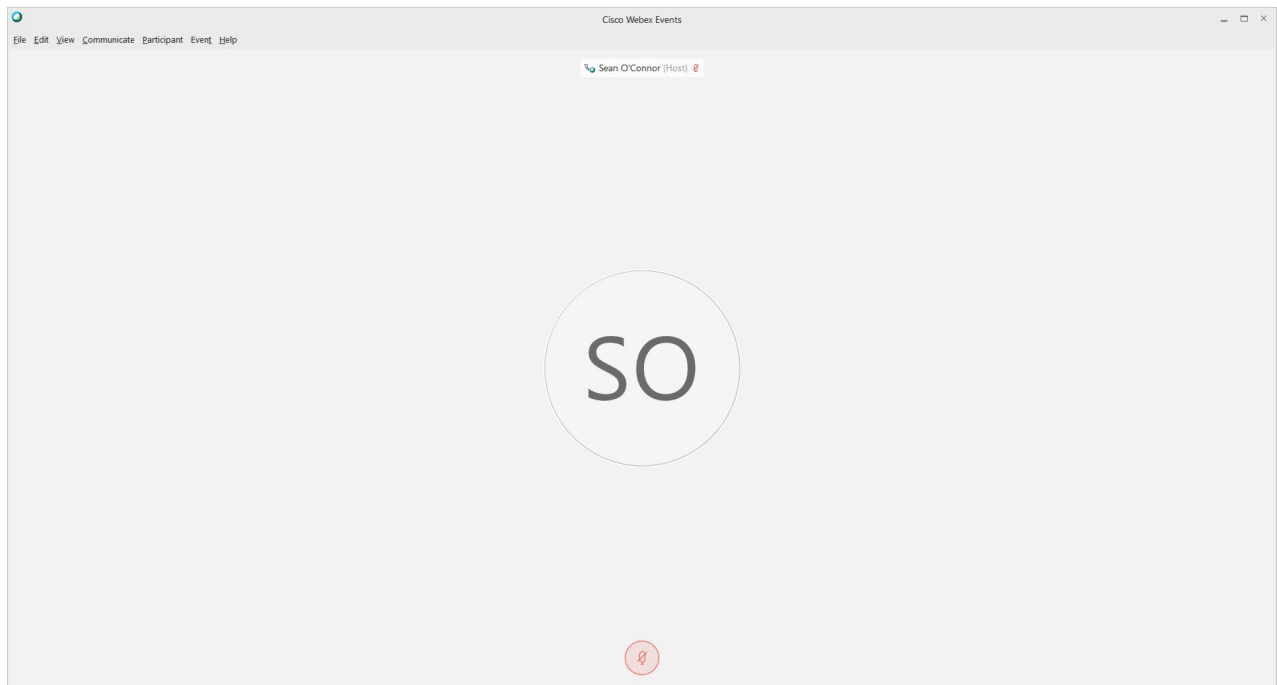


HOW TO – Join – DCA WebEx Event

NOTE: The audio conference is the preferred method. Using your computer's microphone and speakers is not recommended.

Once you successfully call into the audio conference with the information provided, your screen will look like the screen below and you have joined the event.

Congratulations!

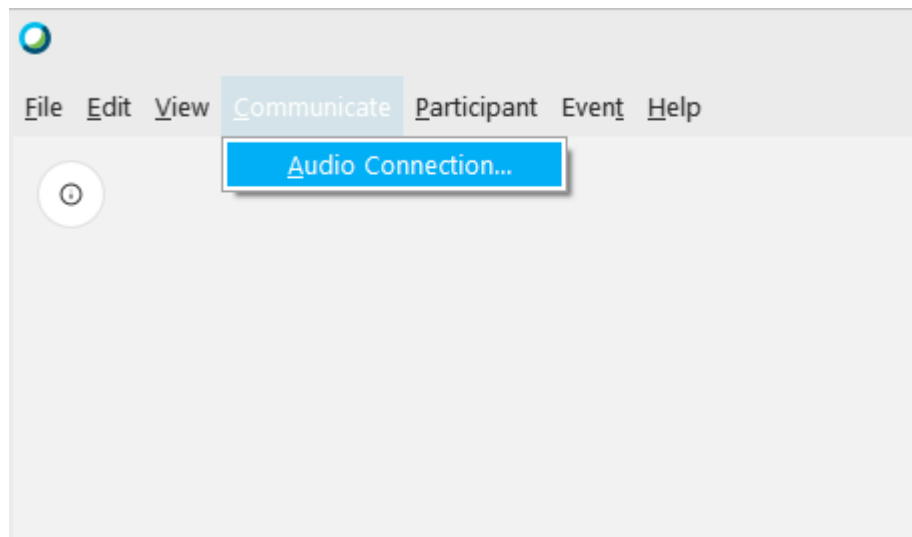


NOTE: Your audio line is muted and can only be unmuted by the event host.

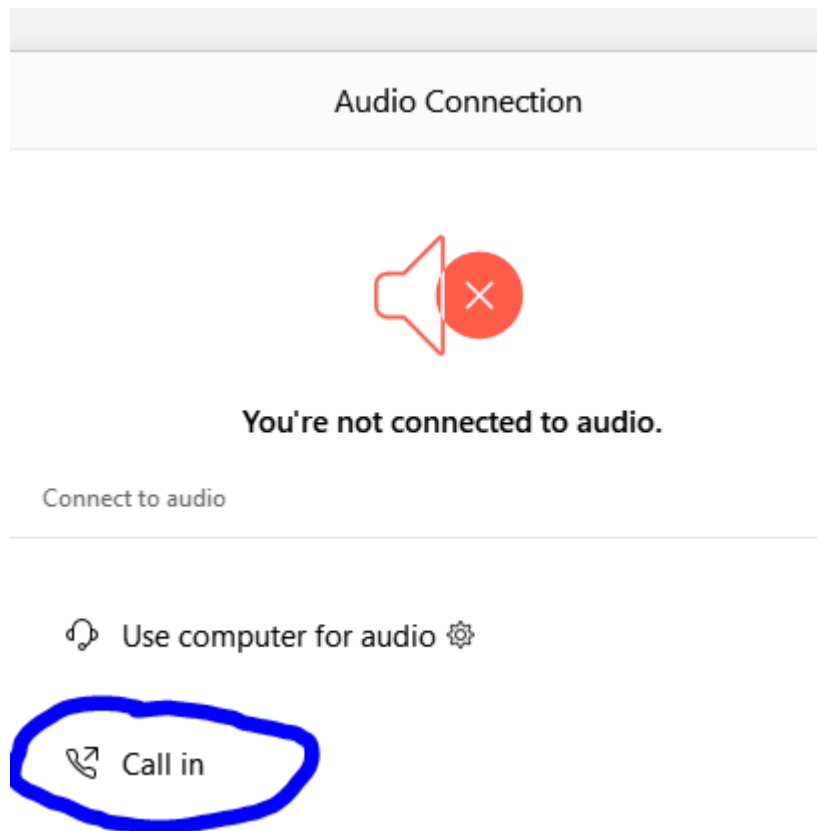
If you join the meeting using your computer's microphone and audio, or you didn't connect audio at all, you can still set that up while you are in the meeting.

Select 'Communicate' and 'Audio Connection' from top left of your screen.

HOW TO – Join – DCA WebEx Event



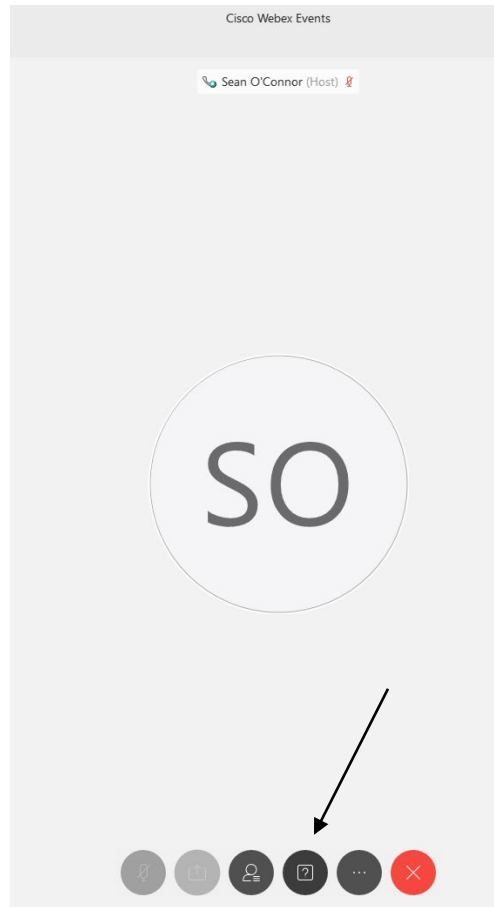
The 'Call In' information can be displayed by selecting 'Call in' then 'View'



You will then be presented the dial in information for you to call in from any phone.

Participating During a Public Comment Period

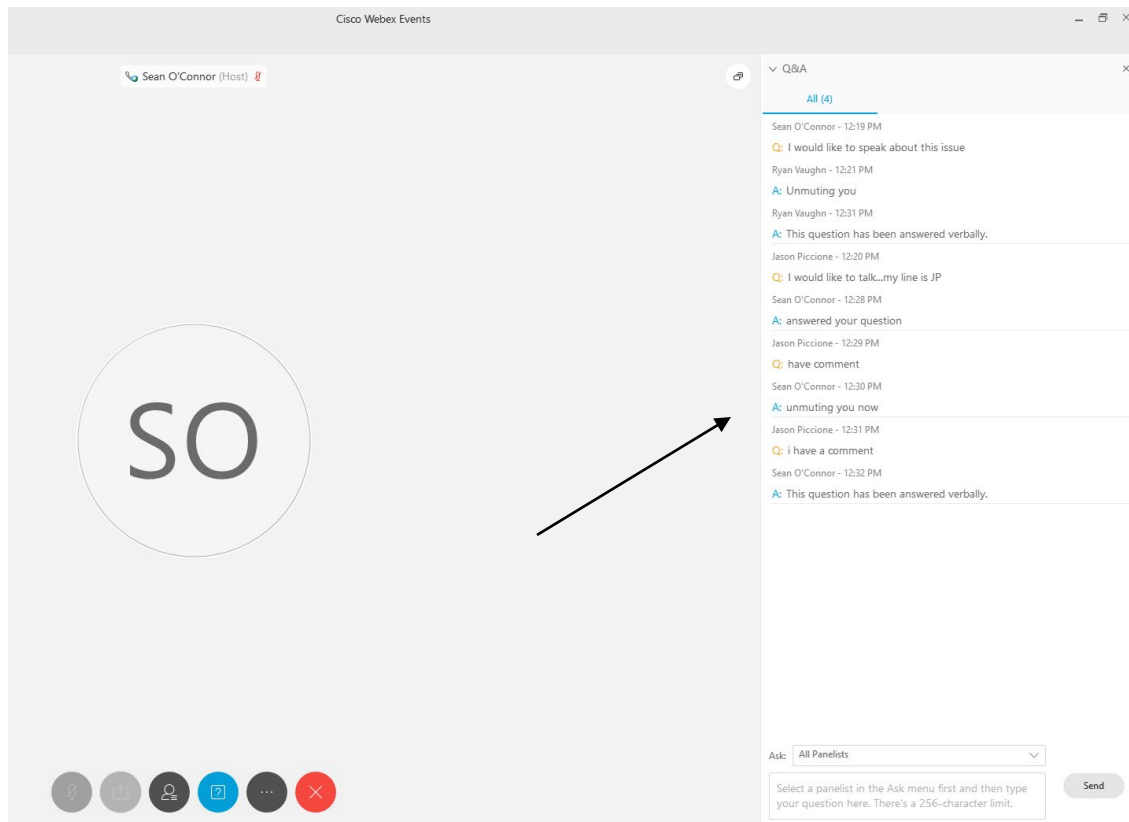
At certain times during the event, the facilitator may call for public comment. If you would like to make a public comment, click on the 'Q and A' button near the bottom, center of your WebEx session.



This will bring up the 'Q and A' chat box.

NOTE: The 'Q and A' button will only be available when the event host opens it during a public comment period.

HOW TO – Join – DCA WebEx Event



To request time to speak during a public comment period, make sure the 'Ask' menu is set to 'All panelists' and type 'I would like to make a public comment'.

Attendee lines will be unmuted in the order the requests were received, and you will be allowed to present public comment.

NOTE: Your line will be muted at the end of the allotted public comment duration. You will be notified when you have 10 seconds remaining.



Saturday, August 29, 2020

Dental Hygiene Board of California

Agenda Item 1

Roll Call & Establishment of Quorum



Saturday, August 29, 2020

Dental Hygiene Board of California

Agenda Item 2

Public Comment for Items Not on the Agenda.

[The DHBC 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 Sections 11125 & 11125.7(a))]



Saturday, August 29, 2020

Dental Hygiene Board of California

Agenda Item 3

President's Welcome and Opening Statements



Saturday, August 29, 2020

Dental Hygiene Board of California

Agenda Item 4

**Update from the Department of Consumer Affairs (DCA)
Executive Staff on DCA Staffing and Activities**



Dental Hygiene Board of California Teleconference Meeting Minutes

DRAFT

Friday, May 29, 2020

Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-25-20, dated March 12, 2020, neither a public nor teleconference location was provided.

Members of the public observed and participated by using the link that was provided in the agenda.

DHBC Members Present:

President – Dr. Timothy Martinez
Vice President – Nicolette Moultrie, RDH
Secretary – Garry Shay, Public Member
Educator Member – Dr. Michelle Hurlbutt
RDHAP Member – Noel Kelsch
RDH Member – Evangeline Ward
Public Member – Susan Good

DHBC Members Absent:

Public Member – VACANT
Public Member – VACANT

DHBC Staff Present:

Anthony Lum, Executive Officer
Elizabeth Elias, Assistant Executive Officer
Traci Napper, Licensing Program Analyst
Adina Pineschi-Petty, Doctor of Dental Surgery (DDS), Educational, Legislative, and Regulatory Specialist
Daniel Rangel, Special Investigator
William Maguire, Department of Consumer Affairs (DCA) Legal Counsel for the DHBC
Danielle Rogers, DCA Regulatory Unit Legal Counsel for the DHBC

1. Roll Call and Establishment of a Quorum

Dr. Timothy Martinez, President of the Dental Hygiene Board of California (DHBC, Board), reviewed teleconference meeting guidelines and called the meeting to order at **10:05 a.m.** Secretary Garry Shay took roll call and a quorum was established with seven members present.

2. President's Report (Informational Only)

Dr. Martinez thanked all in attendance for their patience and understanding regarding the Coronavirus (COVID-19) pandemic. Additionally, he thanked the DCA Director and DHBC executive officer and staff for continuing operations of the DHBC. Dr. Martinez acknowledged the difficulties the COVID-19 pandemic has had on dentistry, dental hygiene, and dental hygiene students.

Dr. Martinez introduced and welcomed Board Counsel William Maguire and Regulatory Counsel Danielle Rogers.

3. Public Comments for Items Not on the Agenda

Jasmine Del Toro commented on restrictions due to the pandemic in LA County.

Judy Yamamoto commented on the Board's consideration of Western Regional Examining Board (WREB) requirements for current dental hygiene students.

No further comments.

4. Discussion and Possible Action to Approve the November 22, 2019 Full Board Meeting Minutes.

Noel Kelsch moved to approve the November 22, 2019 Full Board Meeting Minutes with amendments changing "motioned" to "moved".

Second: Nicolette Moultrie.

Member discussion: None.

Public comment: None.

Vote: Motion to approve the November 22, 2019 Full Board Meeting Minutes with amendments changing "motioned" to "moved". Passed 7:0:0.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		

Name	Aye	Nay	Abstain
Garry Shay	X		
Evangeline Ward	X		

5. Discussion and Possible Action to Approve the November 22, 2019 Education Subcommittee Meeting Minutes.

Nicolette Moultrie moved to approve the November 22, 2019 Education Subcommittee Meeting Minutes with amendments changing “motioned” to “moved”.

Second: Noel Kelsch.

Member discussion: Garry Shay moved to make two amendments in the minutes where it states: “Garry Shay motioned” to “Garry Shay moved”.

Public comment: None.

No further corrections/comments.

Vote: Motion to approve the November 22, 2019 Education Subcommittee Meeting Minutes with amendments changing “motioned” to “moved”. Passed 7:0:0.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay	X		
Evangeline Ward	X		

6. Discussion and Possible Action to Approve the November 22, 2019 Legislative and Regulatory Subcommittee Meeting Minutes.

Nicolette Moultrie moved to approve the November 22, 2019 Legislative and Regulatory Subcommittee Meeting Minutes with amendments changing “motioned” to “moved”.

Second: Evangeline Ward.

Member discussion: None

Public comment: None.

Vote: Motion to approve the November 22, 2019 Legislative and Regulatory Subcommittee Meeting Minutes with amendments changing “motioned” to “moved”. Passed 7:0:0.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay	X		
Evangeline Ward	X		

7. Discussion and Possible Action to Approve the November 22, 2019 Licensing and Examination Subcommittee Meeting Minutes.

Nicolette Moultrie moved to approve the November 22, 2019 Licensing and Examination Subcommittee Meeting Minutes with amendments changing “motioned” to “moved”.

Second: Evangeline Ward.

Member discussion: None.

Public comment: None.

Vote: Motion to approve the November 22, 2019 Licensing and Examination Subcommittee Meeting Minutes with amendments changing “motioned” to “moved”. Passed 7:0:0.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay	X		
Evangeline Ward	X		

8. Discussion and Possible Action to Approve the November 23, 2019 Full Board Meeting Minutes.

Nicolette Moultrie moved to approve the November 23, 2019 Full Board Meeting Minutes with amendments changing “motioned” to “moved”.

Second: Noel Kelsch.

Member discussion: None.

Public comment: None.

Vote: Motion to approve the November 23, 2019 Full Board Meeting Minutes with amendments changing “motioned” to “moved”. Passed 7:0:0.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay	X		

Name	Aye	Nay	Abstain
Evangeline Ward	X		

9. Executive Officer's Report (Informational Only)

Executive Officer (EO) Anthony Lum reported that the COVID-19 pandemic has posed challenges for the Board and staff has been flexible in adjusting their schedules as needed to keep the office staffed and available to the public while social distancing for safety. He acknowledged the Department of Consumer Affairs (DCA) Offices of Information Systems and Human Resources for seamless transition to telework for staff and allowing the DHBC staff to continue addressing Board business. He thanked staff's willingness to be flexible to keep the DHBC running.

EO Lum reported that due to the COVID-19 pandemic, staff has been working with DCA and acknowledged the DCA internet team for their assistance to disseminate important information and links to the public.

EO Lum thanked DCA Director Kimberly Kirchmeyer and her DCA Executive Team for their frequent communication and direction during this pandemic.

Budget Report: Board spending is closed for this fiscal year. The governor reported a \$54.3 billion deficit in the May revision of the State budget mainly caused by the pandemic. As a result, only essential and mission-critical expenses for the necessary operations of the Board will be expended in order to conserve DHBC funds. Effects on staff has yet to be determined, as discussions with labor unions is ongoing.

The Board's Fund condition is good and projected to be solid for another year. Discussions at that time will need to take place regarding maintenance of solvency of the DHBC's funds.

Personnel: The hiring process is continuing to fill the two of the three current staff vacancies.

Board: There are currently two Public Member vacancies and awaiting the Legislature to make its appointments.

The new DHBC Statute books were delayed due to COVID-19 but are under final review and proofing. It will be posted on the website in PDF format upon completion of proofing for anyone and at no charge. EO Lum thanked the DCA Office of Publication, Design, and Editing for their assistance.

Public comment: No comments received.

10. Status Update Regarding Dental Hygiene Board of California's Regulatory Packages (Informational Only).

Dr. Adina Pineschi-Petty reported that there are many regulatory packages in progress in various stages. Additionally, staff has been working on regulatory changes in moving some pertinent dental hygiene regulatory authority from the Dental Board of California (DBC) to the DHBC.

Member discussion: Discussion took place regarding that the number of regulatory packages in process is unusual and an anomaly and that once these are complete the number of packages should decrease. Additionally, the length of the process has not increased significantly due to COVID-19 and the packages are progressing around the historic timeline.

Public comment: No comments received.

11. Discussion and Possible Action on the Following Proposed Regulatory Package: 16 California Code of Regulations (CCR) Sections 1135, 1136, and 1137 Substantial Relationship Criteria and Criteria for Evaluating Rehabilitation.

Dr. Adina Pineschi-Petty reported that effective July 1, 2020, Assembly Bill 2138 (Chapter 995, Statutes of 2018) will require boards to amend their existing regulations governing substantially-related crimes or acts, and rehabilitation criteria.

Dr. Petty reported that on March 2, 2020 and May 18, 2020, the Board received comments on the Board's proposed regulations implementing Assembly Bill (AB) 2138. Staff recommended to the Board to consider and possibly approve the responses drafted to address comments received on March 2, 2020 and May 18, 2020 on the Board's proposed regulations implementing AB 2138. Additionally, in response to changes in language that the Office of Administrative Law proposed to other boards, staff recommended to the Board to consider and possibly approve the amended proposed regulatory language relative to substantial relationship criteria and criteria for evaluating rehabilitation.

Motion: Nicolette Moultrie moved for the Board to approve the amended proposed regulatory language and proposed response to address comments received relative to 16 CCR Sections 1135, 1136, and 1137 substantial relationship criteria and criteria for evaluating rehabilitation, and in addition, direct staff to take all steps necessary to complete the rulemaking process, including sending out the modified text with these changes for an additional 15-day comment period. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulation, and adopt the proposed regulation as described in the modified text notice.

Second: Evangeline Ward.

Member discussion: Discussion took place regarding the additions to the proposed language in 16 CCR sections 1135, 1136, and 1137.

Public comment: None.

Vote: Motion for the Board to approve the amended proposed regulatory language relative to 16 CCR Sections 1135, 1136, and 1137 Substantial Relationship Criteria and Criteria for Evaluating Rehabilitation, and in addition, direct staff to take all steps necessary to complete the rulemaking process, including sending out the modified text with these changes for an additional 15-day comment period. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulation, and adopt the proposed regulation as described in the modified text notice. Passed 7:0:0.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay	X		
Evangeline Ward	X		

Dr. Michelle Hurlbutt moved for the Board to approve the proposed response to address comments received relative to 16 CCR Sections 1135, 1136, and 1137 Substantial Relationship Criteria and Criteria for Evaluating Rehabilitation, and in addition, direct staff to take all steps necessary to complete the rulemaking process, including sending out the modified text with these changes for an additional 15-day comment period. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulation, and adopt the proposed regulation as described in the modified text notice.

Second: Garry Shay.

Member discussion: Discussion took place regarding the proposed response to address comments received relative to 16 CCR Sections 1135, 1136, and 1137.

Public comment: None.

Vote: Motion for the Board to approve the proposed response to address comments received relative to 16 CCR Sections 1135, 1136, and 1137 Substantial Relationship Criteria and Criteria for Evaluating Rehabilitation, and in addition, direct staff to take all steps necessary to complete the rulemaking process, including sending out the modified text with these changes for an additional 15-day comment period. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulation, and adopt the proposed regulation as described in the modified text notice. Passed 7:0:0.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay	X		
Evangeline Ward	X		

12. Discussion and Possible Action on the Following Proposed Regulatory Package: 16 CCR Section 1103. Definitions.

Dr. Adina A. Pineschi-Petty reported that staff has continued with reviews of regulatory sections that may be considered by the Board for revision or clarification. Staff has reviewed 16 CCR section 1103 which provides definitions applicable to DHEPs and has proposed amendments to provide clarity to sections found within the regulation.

Staff recommended to the Board to approve the proposed amended language to clarify language found within 16 CCR section 1103 applicable to definitions for DHEPs, determine whether additional information or language is required, complete the draft of proposed regulatory language, 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 16 CCR section 1103 as noticed.

Motion: Garry Shay moved to approve the proposed amended language to clarify language found within 16 CCR section 1103 applicable to definitions for DHEPs 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 16 CCR section 1103 as noticed.

Second: Evangeline Ward.

Member discussion: Discussion took place regarding suggested amendments to 16 CCR section 1103 providing clarity to definitions applicable to DHEPs.

Public comment: Lisa Kamibayashi stated she preferred the definition of “clinical practice” to be clearer and to include simulation labs.

Tonette Steeb concurred with Dr. Hurlbutt that the amended definition of “clinical practice should omit “with patients” in the current position and replace with “patient” before “learning experiences to read: “(e) “Clinical practice” means the planned patient learning experiences with patients designed for students to apply dental hygiene knowledge and skills to meet course objectives in a variety of Committee-Dental Hygiene Board- approved clinical settings.”

Natalie Vanoli requested clarity on the Commission on Dental Accreditation (CODA) Standard 2-10 as she did not see simulation referenced within the standard.

No further comments.

Vote: Motion to approve the proposed amended language to clarify language found within 16 CCR section 1103 applicable to definitions for DHEPs 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 section 1103 as noticed. Passed 6:1:0.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie		X	
Garry Shay	X		
Evangeline Ward	X		

13. Discussion and Possible Action on the Following Proposed Regulatory Package: 16 CCR Section 1104. Approval of New RDH Educational Programs and Continuation of Approval for Approved RDH Educational Programs.

Dr. Adina A. Pineschi-Petty reported that staff has continued with reviews of regulatory sections that may be considered by the Board for revision or clarification. Staff has reviewed section 16 CCR 1104 which provides regulations for approval of new DHEPs and for continuation of approval for approved DHEPs.

Staff recommended to the Board to approve the proposed amended language to clarify language found within 16 CCR section 1104 applicable to approval of new DHEPs and for continuation of approval for approved DHEPs 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 nonsubstantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to 16 CCR section 1104 as noticed.

Motion: Garry Shay moved to approve the proposed amended language to clarify language found within 16 CCR section 1104 applicable to approval of new DHEPs and for continuation of approval for approved DHEPs 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 nonsubstantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to 16 CCR section 1104 as noticed.

Second: Nicolette Moultrie.

Member discussion: None.

Public comment: None.

Vote: Motion to approve the proposed amended language to clarify language found within 16 CCR section 1104 applicable to approval of new DHEPs and for continuation of approval for approved DHEPs 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 nonsubstantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to 16 CCR section 1104 as noticed. Passed 7:0:0.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay	X		
Evangeline Ward	X		

14. Discussion and Possible Action on the Following Proposed Regulatory Package: 16 CCR Section 1104.3. Reviews, Site Visits, Cite and Fine, and Probationary Status for Dental Hygiene Educational Programs.

Dr. Adina A. Pineschi-Petty reported that at the November 23, 2019 Full Board meeting, the Board approved the proposed regulatory language to implement section 1941.5 of the BPC. However, during the rulemaking process, substantive changes were made to the Board-approved draft regulatory language for 16 CCR section 1104.3.

Staff recommended to the Board to approve the proposed amended language found within 16 CCR section 1104.3 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 nonsubstantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to 16 CCR section 1104 as noticed.

Motion: Garry Shay moved to approve the proposed amended language found within 16 CCR section 1104.3 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 nonsubstantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to 16 CCR section 1104.3 as noticed.

Second: Dr. Michelle Hurlbutt.

Member discussion: Discussion took place regarding suggested amendments to 16 CCR section 1104.3 due to amendments during the rulemaking process.

Public comment: None.

Vote: Motion to approve the proposed amended language found within 16 CCR section 1104.3 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 nonsubstantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to 16 CCR section 1104.3 as noticed. Passed 7:0:0.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		

Name	Aye	Nay	Abstain
Garry Shay	X		
Evangeline Ward	X		

15. Discussion and Possible Action on the Following Proposed Regulatory Package: 16 CCR Section 1105.2. Required Curriculum.

DHBC legal counsel Danielle Rogers reported that at the November 23, 2019 Full Board meeting, the Board tabled addressing proposed regulatory package and related forms of 16 CCR §1105.2 Required Curriculum and requested to be placed on the agenda of the next scheduled Board meeting. The question that arose is whether the DHBC has jurisdiction to approve out-of-state Dental Hygiene Educational Programs (DHEPs) with regard to Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Sedation (SLN).

Ms. Rogers stated that in response to the public comment that was made at the prior meeting regarding the Board's authority to approve and oversee out-of-state dental hygiene programs or specifically, the SLN education and training, the intent in following the law is to ensure that the SLN education and training obtained in an out-of-state dental hygiene program is equivalent to or surpasses the SLN education and training students receive in California. She stated the Board does not have the authority or resources to oversee out-of-state educational programs; however, must create a method to be able to review and approve the education and training that is certified by the respective out-of-state program to be comparable to California's SLN education and training. This method of additional required documentation review will be used for both out-of-state dental hygiene educational programs that request Board approval and to individual out-of-state applicants whose educational programs have not requested Board SLN approval. SLN programs within California may be subject to additional oversight measures like site visits to check issues such as infection control as the Board does have direct authority over these programs.

Staff recommended to the Board to re-review the related forms, fees, and proposed language, determine whether additional information or language is required, complete the draft of proposed regulatory language, 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 16 CCR section 1105.2 as noticed.

Motion: Susan Good moved to approve the related forms, fees, and proposed language 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 16 CCR section 1105.2 as noticed.

Second: Evangeline Ward.

Member discussion: Discussion took place regarding suggested amendments to 16 CCR section 1105.2.

Public comment: Vickie Kimbrough stated that although the Board does not have purview over out-of-state programs, she questioned the tracking methods and oversight the Board will utilize to monitor out-of-state courses in SLN.

Vote: Motion to approve the related forms, fees, and proposed language 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 16 CCR section 1105.2 as noticed. Passed 7:0:0.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay	X		
Evangeline Ward	X		

16. Discussion and Possible Action on the Following Proposed Regulatory Package: 16 CCR Section 1115. Retired Licensure.

Dr. Adina Pineschi-Petty reported that at the January 29, 2019 Full Board Teleconference, the Board approved proposed language relative to the implementation of retired licensure for RDHs, RDHAPs, and RDHEFs, and directed staff to take all steps necessary to initiate the formal rulemaking process.

She stated that In response to comments made from the review by the Department of Consumer Affairs (DCA), staff recommends to the Board to re-review the proposed language in the attached document, determine whether additional information or language is required, complete the draft of proposed regulatory language, 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 section 1115.

Motion: Susan Good moved to approve the proposed amended regulatory language, 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 section 1115.

Second: Noel Kelsch.

Member discussion: None.

Public comment: None.

Vote: Motion to approve the proposed amended regulatory language, 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 section 1115. Passed 7:0:0.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay	X		
Evangeline Ward	X		

17. Discussion and Possible Action on the Following Proposed Regulatory Package: 16 CCR Section 1116. Mobile Dental Hygiene Clinic Fee Resolutions.

Dr. Adina Pineschi-Petty reported that 16 CCR section 1116 was placed on hold in the regulatory process due to lack of statutory authority for inspections of the mobile dental hygiene clinics and that the DHBC will seek legislation for that authority. However, on August 6, 2019, the Board established by resolution the fee for initial MDHC permits at \$100 and the fee for biennial MDHC permit renewals at \$150 each to cover application processing and permit issuance. It has been brought to staff's attention by the Budget Office that the initial fees established were insufficient to cover the cost expenditure for issuance of MDHC initial and renewal permits.

Dr. Pineschi-Petty stated that in order to allow 16 CCR section 1116 to move forward in the regulatory process once the authority for inspections is granted, the fees must be established by resolution for MDHC initial permits at \$150 and biennial MDHC permit renewals at \$250 to cover application processing and permit issuance.

Motion: Dr. Michelle Hurlbutt moved to establish by resolution MDHC initial permits fees at \$150 and biennial MDHC permit renewal fees at \$250 to cover application processing and permit issuance.

Second: Evangeline Ward.

Member discussion: None.

Public comment: None.

Vote: Motion to establish by resolution MDHC initial permits fees at \$150 and biennial MDHC permit renewal fees at \$250 to cover application processing and permit issuance. Passed 7:0:0.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay	X		
Evangeline Ward	X		

18. Discussion and Possible Action on the Following Proposed 1 CCR Section 100 Package: Business and Professions Code (BPC) Section 901.

DHBC legal counsel Danielle Rogers reported that the underlying statutory authority for sections 1149, 1150, 1151, 1152, and 1153 [collectively, Article 13 of Division 11 of Title 16 of the California Code of Regulations (CCR)], which was formerly Business and Professions Code (BPC) section 901, has been repealed by Assembly Bill 512 (Chapter 111, Statutes of 2013, section 1), operative January 1, 2018. Subdivision (l) of section 901 extended a previous sunset date from 2014 to 2018, but there have been no further extensions [(l)This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date]. As such, these regulatory sections must be repealed pursuant to Article 2 of Division 1 of Title 1, section 100, subdivision (a)(2) of the CCR).

Ms. Rogers stated that staff recommends to the Board to approve the Section 100 change request and direct staff to take all steps necessary to initiate the rulemaking process and authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process.

Motion: Nicolette Moultrie moved for the Board to approve the Section 100 change request and direct staff to take all steps necessary to initiate the rulemaking process and authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process.

Second: Noel Kelsch.

Member discussion: Discussion took place regarding 1 CCR section 100 package BPC Section 901.

Public comment: None.

Vote: Motion for the Board to approve the Section 100 change request and direct staff to take all steps necessary to initiate the rulemaking process and authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process.
Passed 7:0:0.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay	X		
Evangeline Ward	X		

19. Discussion and Possible Action on Temporary Modification for WREB Clinical Examination to a Written Format and Request for the DCA Office of Professional Examination Services (OPES) to Review.

Executive Officer Anthony Lum reported that the Board has been receiving numerous inquiries regarding possible clinical exam options, particularly from the Class of 2020, for the completion of licensing requirements due to the Coronavirus (COVID-19) pandemic. The clinical exams nationwide have been suspended or rescheduled for a later date due to the pandemic. As the dental hygiene clinical exam involves close in-person contact to treat patients as part of the requirements for the clinical exam, concerns have arisen as to the feasibility of administering this type of exam during the pandemic. By law, the Board cannot waive licensure requirements unless a mandate, provision or waiver is approved by the administration. On April 21, 2020, The Western Regional Examining Board (WREB) sent information to the Board regarding a Dental Hygiene Objective Structured Clinical Examination (OSCE) as an alternative to the traditional patient-based exam for temporary consideration by the Board.

Staff requests the Board to review and discuss WREB's OSCE clinical examination option to temporarily change from a patient-based, in-person clinical exam to a written exam for all applicants to complete licensure requirements due to the

pandemic. If approved, the change in format would be temporary with a finite date, unless extended. Staff also recommends for the DCA Office of Professional Examination Services (OPES) to review the proposed examination for compliance with Business and Professions Code section 139 to protect the Board. This section of the code addresses compliance with the Board's laws to ensure examination validation and that it's psychometrically sound as a replacement for the current patient-based clinical examination.

WREB representative Kelly Reich presented that WREB has been working on the OSCE to allow testing but only as a temporary measure, ensuring that the OSCE is psychometrically sound. Ms. Reich discussed the process as to the approval of the OSCE, content of the OSCE, and as to procedures that will be in place for administration of the OSCE.

OPES representative Tracy Montez presented that OPES has been working with DCA programs regarding adjustments to board-accepted exams, as the OSCE is not measuring the same skills as the accepted regulatory exam. She encouraged the Board to pause, research, allow the OPES to review, and determine if the proposed exam is in the best interest of consumer protection prior to accepting them for licensure.

Motion: Garry Shay moved for the Board to direct the Executive Officer to work with the DCA OPES to request expedited review of the WREB OSCE and other alternative non patient-based format dental hygiene exams for consideration by the Board at the next scheduled meeting.

Second: Susan Good.

Member discussion: Discussion took place regarding the temporary modification for the WREB Clinical Examination to be conducted as a written format and regarding the request for the DCA OPES to review the exam to be psychometrically sound.

Public comment: Many public comments were received from dental hygiene students and faculty in support of the Board approving alternative testing options to move the RDH licensing process forward.

There was a comment from a public member in opposition of changing licensing requirements as she did not feel the current dental hygiene class is competent and that it would not be in the interest of consumer protection and requested the Board to investigate all dental hygiene educational programs.

Vote: Motion for the Board to direct the Executive Officer to work with the DCA OPES to request expedited review of the WREB OSCE and other alternative non patient-based format dental hygiene exams for consideration by the Board at the next scheduled meeting. Passed 7:0:0.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay	X		
Evangeline Ward	X		

20. Discussion and Possible Action on Dental Hygiene Educational Program Completion Requirements During the COVID-19 Pandemic.

Executive Officer Lum reported that he's been receiving numerous inquiries from both dental hygiene educational programs (DHEP) and students regarding program completion requirements due to campus closures of clinical facilities and alternate educational delivery methods during the Coronavirus (COVID-19) pandemic. He stated that this is a unique and unprecedented situation, as the curriculum involves close, in-person clinical contact as a main part of the requirements for DHEPs by the Board and Commission on Dental Accreditation (CODA) which is the exact opposite of the administration's social distancing order to inhibit the spread of the virus.

Executive Officer Lum stated that on April 14, 2020, CODA issued a notification on "Additional Post-CODA Meeting Guidance on Interruption of Education Related to COVID-19 for the Class of 2020". In the correspondence, CODA provides a link to a temporary flexibility guidance document for the use of dental hygiene educational programs ("Guidance Document: Temporary Flexibility in Accreditation Standards to Address Interruption of Education Reporting Requirements Resulting From COVID-19 for the Class of 2020"). He stated that if the DHEPs choose to apply the discipline-specific temporary flexibility guidance provided by CODA because the school determines a student's competency, that each DHEP has the obligation and responsibility to ensure that the revised assessment and evaluation of students utilizing the temporary flexible standards ensures that those standards do not compromise educational objectives, including clinical education and training, and that each student is competent prior to graduating from the program. Additionally, he stated that CODA recognized and reminded DHEPs that there may be licensure or other credentialing implications as a result of the program's temporary curricular modifications, which must be considered by the DHEP and educational institution and outside of CODA's purview.

Executive Officer Lum stated that in the CCR there are three specific educational requirements (16 CCR section 1105, subdivisions (b)(3) and (f)(1)(C), and 16 CCR section 1107), that have been brought to the Board's attention which may pose

difficulty with flexibility guidelines. As the Board's laws do not provide any provision for temporary modification without authorization, the Board must take these specific regulations into consideration when considering alternatives to DHEP completion requirements in the interest of consumer protection. He stated the Board assembled an education taskforce consisting of several DHEP Directors which met on May 21, 2020 to provide ideas and information for Board consideration and thanked the individual members of the taskforce for their participation.

Executive Officer Lum requested the Board to discuss and consider possible solutions for students deficient in clinical education or practice hours for the DHEP to deem them "competent" for graduation. This could be extra clinical hours when appropriate or online term for students to complete the required competencies and make up the deficient hours or other suggested solution. He also asked the Board to consider temporary programmatic changes as suggested by the Education Taskforce for DHEPs affected by the COVID-19 pandemic as changes could provide temporary flexibility without compromising consumer protection. Executive Officer Lum reported that if the Board determines it is necessary to accept modifications in DHEPs due to the pandemic, that the DHBC may request a waiver from the DCA for temporary acceptance of the modifications.

Motion: Nicolette Moultrie moved for the Board to direct the Executive Officer to submit a request for a temporary waiver for requirements in found in 16 section 1105, subdivision (f)(1)(C) from DCA through June 2021 or earlier if all schools have returned to their wet-lab course instruction as defined by regulation.

Second: Dr. Michelle Hurlbutt.

Member discussion: None

Public comment: Lisa Kamibayashi voiced support of the waiver and requested a consideration of division of local anesthesia and nitrous oxide-oxygen analgesia requirements so students that have completed requirements of each are approved separately and do not have to wait until all requirements are complete.

Vote: Motion for the Board to direct the Executive Officer to submit a request for a temporary waiver for requirements found in 16 CCR section 1105, subdivision (f)(1)(C) from DCA through June 2021 or earlier if all schools have returned to their wet-lab course instruction as defined by regulation. Passed 7:0:0.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		

Name	Aye	Nay	Abstain
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay	X		
Evangeline Ward	X		

21. Discussion and Possible Action on the Commission on Dental Accreditation (CODA) Proposed Accreditation Standards for Dental Hygiene Educational Programs.

Dr. Adina Pineschi-Petty reported the Commission on Dental Accreditation (CODA) has proposed new Accreditation Standards for Dental Hygiene Educational Programs. Communities of interest may submit written comments to CODA on the proposed standards revisions until the comment due date of December 1, 2020. She reviewed the proposed CODA revisions in the meeting materials and requested the Board to discuss the proposed revisions and to direct staff to write a letter of concern to CODA regarding the proposed changes to the CODA Standards that the Board determines is unclear and recommends CODA to review.

Motion: Garry Shay moved to direct staff to submit written comments to CODA regarding the proposed changes to the CODA Standards that the Board determined are unclear and recommend to CODA to review.

Second: Evangeline Ward.

Member discussion: Discussion took place regarding proposed revisions to CODA accreditation standards for dental hygiene educational programs.

Public comment: None.

Vote: Motion to direct staff to submit written comments to CODA regarding the proposed changes to the CODA Standards that the Board determined are unclear and recommend to CODA to review. Passed 7:0:0.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		

Name	Aye	Nay	Abstain
Nicolette Moultrie	X		
Garry Shay	X		
Evangeline Ward	X		

22. Discussion and Possible Action on Proposed California Northstate University Registered Dental Hygienist in Alternative Practice (RDHAP) Program Application.

Executive Officer Lum reported that on April 16, 2020, Dr. Paul Glassman from California Northstate University submitted an application for approval of a Registered Dental Hygienist in Alternative Practice (RDHAP) Educational Program. He stated that staff has reviewed the application for compliance with California Code of Regulations (CCR) Title 16, sections 1073.2 and 1073.3 and has found the application complete.

EO Lum stated that staff recommends to the Board to review the proposal from California Northstate University for a new RDHAP Program and determine approval status.

Motion: Nicolette Moultrie moved to approve the application for a new RDHAP Program at California Northstate University.

Second: Dr. Timothy Martinez

Member discussion: Discussion took place regarding the application for a new RDHAP Program at California Northstate University.

Public comment: None.

Vote: Motion to approve the application for a new RDHAP Program at California Northstate University. Passed 7:0:0.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		

Name	Aye	Nay	Abstain
Garry Shay	X		
Evangeline Ward	X		

23. Discussion and Possible Action on the Following Legislation:

- Assembly Bills (AB) 62, 71, 193, 312, 316, 544, 613, 768, 1263, 1271, 1616, 1911, 1928, 1998, 2028, 2113, 2130, 2185, 2214, 2411, 2549, 2631, 2704, and 3045.
- Senate Bills (SB) 53, 66, 144, 154, 653, 776, 878, 1168, 1324, and 1474.

Dr. Adina Pineschi-Petty reported the status of current legislation of interest to the DHBC. The Board took the following positions on current legislation as follows:

Legislation	DHBC Position
AB 613 (Low)	Watch
AB 1263 (Low)	Support
AB 1616 (Low)	Watch
AB 1911 (Maienschein)	Watch
AB 1928 (Kiley)	Support
AB 1998 (Low)	Watch
AB 2028 (Aguiar-Curry)	Oppose
AB 2113 (Low)	Oppose
AB 2130 (Arambula)	Watch
AB 2185 (Patterson)	Support with Amendments
AB 2214 (Carrillo)	Oppose unless Amended
AB 2411 (Nazarian)	Support
AB 2549 (Salas)	Support with Amendments
AB 2631 (Cunningham)	Support
AB 2704 (Ting)	Oppose
AB 3045 (Gray)	Support with Amendments
SB 53 (Wilk)	Watch
SB 66 (Atkins McGuire)	Support as written as of 4-12-19
SB 144 (Mitchell and Hertzberg)	Watch
SB 653 (Chang)	Support with Concerns as written as of 5-29-20
SB 776 (Skinner)	Oppose
SB 878 (Jones)	Support
SB 1168 (Morrell)	Watch
SB 1324 (Allen)	Watch
SB 1474 (Glazier et al.)	Support

Motion: Dr. Michelle Hurlbutt moved to approve staff recommendations regarding positions on legislation presented.

Second: Dr. Timothy Martinez.

Member discussion: Discussion took place regarding Board positions on current legislation of concern to the Board.

Public comment: None.

Vote: Motion to approve staff recommendations regarding positions on legislation presented. Passed 7:0:0.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay	X		
Evangeline Ward	X		

24. Dental Hygiene Educational Program Site Visit Update and Schedule (Informational Only).

Dr. Adina Pineschi-Petty reported that due to the COVID-19 pandemic that CODA has delayed all DHEP site visits and due dates for DHEPs to submit their self-studies. As that has occurred, staff has cancelled the five scheduled DHBC site visits until the DHEPs are notified as to their deadline for submitting their self-studies.

Dr. Pineschi-Petty reported on the results and current status of seven previously conducted DHBC site visits.

Member discussion: Discussion took place regarding the current status of reported DHEPs and site visit processes.

Public comment: None.

25. Licensing and Examination Statistics Update (Informational Only).

Traci Napper, DHBC Licensing Program Analyst, presented current licensure and examination statistics.

Member discussion: Discussion took place regarding current reported licensing and examination data.

Public comment: None

26. Enforcement Statistics Update (Informational Only).

Daniel Rangel, DHBC Special Investigator, presented current DHBC enforcement statistics.

Member discussion: Discussion took place regarding current reported enforcement statistics and procedures during probation monitoring.

Public comments: None

27. Public Comment for Items Not on the Agenda

Lisa Kamibayashi requested the Board to consider temporary RDH licenses for California students and separating SLN certification.

“Allison” thanked the Board for utilizing WebEx and encouraged the Board to continue utilizing the WebEx format as a cost saving measure and to increase public participation.

“Patricia” expressed concern for patient safety during the COVID-19 pandemic and requested the Board to encourage dental personnel to follow CDC guidelines regarding COVID-19 procedures to encourage safety in dental and dental hygiene practices.

28. Future Agenda Items

1. Research requesting a member of the DHBC to be placed on the WREB Board.
2. Discuss adding a requirement for a feasibility study to be added to RDHAP program applications.

29. Adjournment

Meeting was adjourned at **5:58 p.m.**



Saturday, August 29, 2020

Dental Hygiene Board of California

Agenda Item 6

Executive Officer's Report on the Following:

- a) COVID-19**
- b) Personnel**
- c) Budget**

DENTAL HYGIENE BOARD - FUND 3140
BUDGET REPORT
FY 2019-20 EXPENDITURE PROJECTIONS

FM 12

OBJECT DESCRIPTION	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20				
	ACTUAL EXPENDITURES (MONTH 13)	ACTUAL EXPENDITURES (PRELIM 12)	ACTUAL EXPENDITURES (PRELIM 12)	CY REVISED BUDGET	CURRENT YEAR EXPENDITURES (FM 12)	PERCENT SPENT	PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
PERSONNEL SERVICES								
Salary & Wages (Staff)	391,591	374,780	382,016	709,000	524,594	74%	524,594	184,406
Statutory Exempt (EO)	87,156	89,052	92,616	82,000	96,688	118%	96,688	(14,688)
Temp Help Reg (907)	96,293	2,056	28,965	57,000	0	0%	0	57,000
Committee Spc 904, 931, 961 Special Per Diem	7,100	4,100	4,800	24,000	2,600	11%	2,600	21,400
Overtime	9,132	1,162	62	0	9,768	-	9,768	(9,768)
Staff Benefits	238,222	229,317	229,064	450,000	329,753	73%	329,753	120,247
TOTALS, PERSONNEL SVC	829,494	700,466	737,523	1,324,000	963,403	73%	963,403	360,597
OPERATING EXPENSE AND EQUIPMENT								
General Expense	6,146	5,132	9,436	17,000	16,933	100%	16,933	67
Fingerprint Reports	0	0	239	3,000	1,146	38%	1,250	1,750
Printing	32,514	20,610	22,864	13,000	26,907	207%	27,000	(14,000)
Communication	3,677	3,003	3,648	9,000	3,593	40%	3,920	5,080
Postage	5,411	3,332	3,406	18,000	57	0%	4,050	13,950
Insurance	10	21	3,553	0	28	-	3,500	(3,500)
Travel In State	29,951	21,176	10,672	14,000	18,980	136%	18,980	(4,980)
Training	453	0	0	5,000	2,587	52%	2,587	2,413
Facilities Operations	55,989	59,526	56,763	30,000	58,741	196%	58,741	(28,741)
C & P Services - Interdept.	0	0	43	24,000	46	0%	46	23,954
C & P Services - External	15,421	37,946	32,294	261,000	66,256	25%	66,256	194,744
DEPARTMENTAL SERVICES:								
Office of Information Services	328,663	327,690	327,690	257,000	257,000	100%	257,000	0
Administration Services	128,500	140,830	140,830	220,000	220,000	100%	220,000	0
Interagency Services	0	0	911	30,000	777	3%	777	29,223
Interagency Services w/ OPES	5,372	5,372	0	0	43,366	-	43,366	(43,366)
Division of Investigation - Internal	2,760	3,286	3,286	5,000	5,000	100%	5,000	0
Communications Division	14,446	8,910	8,910	12,000	12,000	100%	12,000	0
Program and Policy Review Division	654	7,920	7,920	13,000	13,000	100%	13,000	0
INTERAGENCY SERVICES:								
Consolidated Data Center	3	2,183	1,165	4,000	3,101	78%	4,000	0
DP Maintenance & Supply	0	304	708	3,000	40	1%	506	2,494
ENFORCEMENT:								
Attorney General	86,463	77,437	55,816	47,000	273,083	581%	273,083	(226,083)
Office Admin. Hearings	8,458	5,645	660	3,000	30,475	1016%	30,475	(27,475)
Court Reporters	175	400	500	0	9,545	-	10,413	(10,413)
Evidence/Witness Fees	0	0	0	0	6,375	-	6,955	(6,955)
Equipment	27,375	1,796	17,197	16,000	11,717	73%	11,717	4,283
TOTALS, OE&E	756,578	736,889	733,315	1,045,000	1,080,753	103%	1,091,554	(46,554)
TOTAL EXPENSE	1,586,072	1,437,355	1,470,838	2,369,000	2,044,156	86%	2,054,957	314,043
Sched. Reimb. - Fingerprints	0	0	0	(6,000)	(294)	5%	(6,000)	0
Sched. Reimb. - External/Private/Grant	(1,410)	(1,175)	(1,273)	0	0	-	0	0
Unsched. Reimb. - Probation Monitoring Fee	(12,924)	(16,670)	(20,862)	0	(12,915)	-	0	0
Unsched. Reimb. - Investigative Cost Recovery	(6,250)	(8,376)	(10,275)	0	(12,776)	-	0	0
NET APPROPRIATION	1,565,128	1,411,135	1,438,428	2,363,000	2,018,171	85%	2,048,957	314,043
SURPLUS/(DEFICIT):								13.3%

3140 - State Dental Hygiene Fund

Analysis of Fund Condition

Prepared 8.4.2020

(Dollars in Thousands)

Budget Act 2020-21

	ACTUAL 2018-19	PY 2019-20	Budget Act CY 2020-21	BY 2021-22
BEGINNING BALANCE	\$ 1,652	\$ 2,572	\$ 1,904	\$ 1,188
Prior Year Adjustments	\$ 672		\$ -	\$ -
Adjusted Beginning Balance	\$ 2,324	\$ 2,572	\$ 1,904	\$ 1,188
REVENUES, TRANSFERS, AND OTHER ADJUSTMENTS				
Revenues:				
4121200 Delinquent fees	\$ 25	\$ 27	\$ 27	\$ 27
4127400 Renewal fees	\$ 1,580	\$ 1,574	\$ 1,579	\$ 1,579
4129200 Other regulatory fees	\$ 13	\$ 15	\$ 16	\$ 16
4129400 Other regulatory licenses and permits	\$ 186	\$ 188	\$ 189	\$ 189
4140000 Sales of documents	\$ 1	\$ -	\$ -	\$ -
4163000 Income from surplus money investments	\$ 56	\$ 30	\$ 20	\$ 6
4172500 Miscellaneous revenue	\$ 12	\$ 25	\$ 25	\$ 25
Total Revenues	\$ 1,873	\$ 1,859	\$ 1,856	\$ 1,842
Total Resources	\$ 4,197	\$ 4,431	\$ 3,760	\$ 3,030
EXPENDITURES				
Disbursements:				
(State Operations)*	\$ 1,463	\$ 2,363	\$ 2,430	\$ 2,503
8880 Financial Information System for California (State Operatio	\$ -	\$ -	\$ -	\$ -
9892 Supplemental Pension Payments (State Operations)	\$ 16	\$ 34	\$ 34	\$ 34
(State Operations)	\$ 146	\$ 130	\$ 108	\$ 108
Total Disbursements	\$ 1,625	\$ 2,527	\$ 2,572	\$ 2,645
FUND BALANCE				
Reserve for economic uncertainties	\$ 2,572	\$ 1,904	\$ 1,188	\$ 385
Months in Reserve	12.2	8.9	5.4	1.7



Saturday, August 29, 2020

Dental Hygiene Board of California

Agenda Item 7

**Report from the Dental Board of California (DBC) by DBC
Representative on DBC Activities**



MEMORANDUM

DATE	August 29, 2020
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	FULL 8: Discussion and Possible Action on Temporary Acceptance of Alternative Licensure Examinations as Proposed by WREB, CRDTS, and ADEX in place of the Clinical Examination due to the pandemic and Review and Report Provided by the Office of Professional Examination Services (OPES) of the exams.

BACKGROUND

Due to the COVID-19 pandemic and associated safety precautions implemented by Governor Newsom and multiple Federal, State, and Local public health agencies to deter the spread of the virus, registered dental hygienist clinical examination administrators suspended all current patient-based clinical examinations and rescheduled them to future dates. As a result, the dental hygiene class of 2020 were left with no options to complete the clinical examination requirement to apply to obtain a dental hygiene license. At the May 29, 2020 WebEx Teleconference Board meeting, the Board requested and authorized the Department of Consumer Affairs (DCA) Office of Professional Examination Services (OPES) to review all nonpatient-based clinical examinations presented to the Board as an alternative to the live, patient-based clinical examinations. The Western Regional Examination Board (WREB), the Central Regional Dental Testing Services (CRDTS), and the American Board of Dental Examiners, Inc. (ADEX) submitted clinical examination information and data for OPES's review. Upon conclusion of the review of these alternative examinations, OPES will provide recommendations to the Board as to their findings from their review of these alternative exams as possible replacements for the live, patient-based clinical examinations.

Staff Recommendation:

Staff recommends for the Board to consider the results of OPES's review for the alternative clinical examinations and to consider their recommendations to either accept or decline them based upon OPES's findings as possible replacements for the live, patient-based clinical examinations.

Pros: If the Board approves OPES's recommendation to accept the alternative nonpatient-based clinical examinations as a suitable replacement to fulfill the clinical examination requirement, students, including the class of 2020, will be able to schedule the clinical examinations sooner rather than waiting on tentative scheduling of the live, patient-based clinical examinations due to the pandemic. This would also reduce the risk of spreading the virus by using a nonpatient-based method for testing. The approval


could also be the start of the elimination of the live, patient-based clinical examination and all of the issues associated with it.

Also, if OPES's recommendation is to decline the alternative examinations based upon the exam materials and data reviewed, it substantiates the Board's mission of consumer protection in vetting the qualifications of examinations for applicants prior to issuing the dental hygiene license. If the alternative examinations do not adequately test students for minimum competency for entry into the profession, then the test administrators need to improve the alternative examinations so that applicants are adequately tested for entry into the profession and return to the Board for approval.

Cons: If the OPES recommendation is to decline the alternative examination options, the students won't have options to complete their clinical examination requirement until the live, patient-based clinical examinations are available to schedule which may take several months for vacant slots to complete the examination. This could impact and delay students from obtaining their dental hygiene licenses and places everyone involved with the examinations at risk of spreading the virus.



MEMORANDUM

DATE	August 17, 2020
TO	Anthony Lum, Executive Officer Dental Hygiene Board of California
FROM	 Heidi Lincer, Ph.D., Chief Office of Professional Examination Services
SUBJECT	Viability of Non-Patient-Based ADEX, CRDTS, and WREB Clinical Examination Formats

Summary

To become licensed to practice as a registered dental hygienist (RDH) in California, candidates must demonstrate competence in the knowledge and skills required for practice.

Currently, the Dental Hygiene Board of California (Board) accepts the National Board Dental Hygiene Examination (NBDHE) for measuring the knowledge required to practice dental hygiene. In addition, the Board accepts either of two patient-based clinical examinations that measure the psychomotor skills required for practice: the Central Regional Dental Testing Services, Inc. (CRDTS) Dental Hygiene Examination and the Western Regional Examining Board (WREB) Dental Hygiene Examination.

Due to ethical and practical considerations, licensure examinations in dental professions are moving away from patient-based assessments, a trend that has been accelerated by the COVID-19 pandemic. The American Board of Dental Examiners (ADEX), CRDTS, and WREB are offering alternative, non-patient-based examination formats for the above patient-based clinical examinations; these formats replace live patients with typodonts or a written objective structured clinical examination. The Dental Hygiene Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) evaluate these non-patient-based examination formats to determine whether they are viable alternatives to patient-based assessment.

OPES evaluated whether each of the non-patient-based examination formats currently offered met the professional guidelines and technical standards outlined in the *Standards*

for *Educational and Psychological Testing* (2014) (Standards)¹ in measuring the psychomotor skills required for dental hygiene practice. The evaluation was based on technical documentation and psychometric evidence provided by each test provider and included information gathered in a workshop comprising subject matter experts (SMEs). Based on the results of the evaluation, OPES finds that the alternative non-patient-based examination formats offered by ADEX, CRDTS, and WREB are not *currently* viable alternatives to patient-based examinations in measuring the skills required for competent dental hygiene practice.

ADEX Manikin Treatment Clinical Examination (MTCE)

The ADEX MTCE is a simulated patient examination using a proprietary CompeDont™ (typodont). The examination requires that candidates perform calculus detection, calculus removal, periodontal probing and measurement, and make a final case presentation. Candidates are assigned four teeth for calculus detection, one quadrant for calculus removal, and two teeth for probing measurements. Three examiners independently evaluate candidate performance and assign points according to defined criteria (100 points possible). Points are deducted for calculus removal errors. Points are not deducted for tissue trauma because of the lack of sensitivity of the typodont material, which does not allow for measurement of these types of errors.

The MTCE is currently being offered on an interim basis through December 31, 2020. ADEX representatives indicated that ADEX may offer the MTCE on a permanent basis following the results of larger-scale data analyses and further examination development.

CRDTS 2020 Dental Hygiene Simulated Patient Clinical Examination (Simulated Patient DHE)

The CRDTS Simulated Patient DHE uses a typodont in a shroud to simulate patient treatment conditions. The examination requires that candidates perform an extra/intra oral assessment, calculus detection, scaling/subgingival calculus removal, and periodontal probing. Extra/intra oral assessment is conducted via presentation of oral images on a computer tablet about which the candidate answers 16 multiple-choice questions. Candidates are assigned 12 surfaces to evaluate for the presence of calculus, one mandibular quadrant for calculus removal, and two teeth for probing measurements. Three examiners independently evaluate candidate performance and assign points according to defined criteria (100 points possible). Points are deducted for errors confirmed by two or more examiners.

The Simulated Patient DHE is currently being offered on an interim basis through December 31, 2020. CRDTS representatives indicated that CRDTS may offer the

¹ *Standards* references information taken from: American Educational Research Association, American Psychological Association, and National Council on Measurement in Education. *Standards for Educational and Psychological Testing* (2014). Washington, DC: American Educational Research Association.

Simulated Patient DHE on a permanent basis following the results of larger-scale data analyses and further examination development.

WREB 2020 Dental Hygiene Objective Structured Clinical Examination (OSCE)

The WREB OSCE is a written, computer-based assessment designed to “approximate the critical thinking and decisions involved in clinical practices...[and] the application and execution of judgments, techniques, and behaviors involved in patient care” (2020 WREB Psychometric Overview, p. 2). The written OSCE uses clinical images and radiographs to replicate oral conditions and clinical situations. The OSCE comprises multiple-choice items in six content areas: (1) medical history, (2) risk assessment, (3) extra oral and intra oral assessment, (4) periodontal assessment, (5) dental hygiene treatment and care plan, and (6) instrumentation. Each question is equally weighted (1 point), and candidate scores are converted to a standardized 100-point scale.

The WREB OSCE is currently being offered on an interim basis through December 31, 2020. WREB representatives indicated that WREB may offer the written OSCE on a permanent basis following the results of larger-scale analyses of examination performance. In addition, WREB is researching and evaluating the viability of a simulated typodont alternative.

Evaluation Process

OPES performed a comprehensive evaluation of the non-patient-based ADEX, CRDTS, and WREB examination formats to determine:

1. Whether the procedures used to establish and support the validity and defensibility of these formats met professional guidelines and technical standards.
2. Whether these formats were viable alternatives to patient-based formats that measure psychomotor skills.

OPES reviewed technical documents and psychometric evidence provided by ADEX, CRDTS, and WREB related to each of the non-patient-based examination formats. OPES then convened a workshop of SMEs to evaluate the ADEX MTCE, the CRDTS Simulated Patient DHE, and the WREB OSCE. Representatives from ADEX, CRDTS, and WREB participated in the workshop by joining separately scheduled question and answer sessions during the workshop.

The workshop comprised five practicing RDHs and two RDH educators and was conducted via videoconference on August 7, 2020. Before the workshop, SMEs were asked to review documentation provided by ADEX, CRDTS, and WREB related to each of the alternative examination formats. During the workshop, OPES first reviewed with SMEs the content, grading criteria, and examination procedures used for the ADEX MTCE, the CRDTS Simulated Patient DHE, and WREB OSCE.

Next, OPES conducted question and answer sessions with representatives from ADEX, CRDTS, and WREB. The representatives each began their session by sharing background information about how the alternative examination formats were developed and validated. They then answered questions asked by SMEs and OPES.

After the presentation and the question and answer sessions, ADEX, CRDTS, and WREB representatives left the videoconference. OPES then facilitated a discussion among the SMEs as to whether competency in performing the required psychomotor skills of a dental hygienist could be tested using each of the non-patient-based formats. They also discussed whether the existing patient-based examination formats assessed competency critical for practice as a dental hygienist.

After the workshop, OPES sent the SMEs a survey to gather additional feedback and data about their confidence in the alternative examination formats offered by ADEX, CRDTS, and WREB. The purpose of this survey was to allow SMEs to offer feedback privately.

Results of the Evaluation

Summary of ADEX Evaluation

OPES found that the evidence provided by ADEX was insufficient to establish the validity of the MTCE as a measure of the psychomotor skills necessary for competent dental hygiene practice in California. At the time of this evaluation, OPES had not received validity evidence regarding the development of the content of the MTCE. In addition, ADEX has only recently begun administering the MTCE to dental hygiene candidates. As a result, large-scale performance data were not available for evaluation.

OPES evaluated a technical report provided by ADEX that presented the results of a product evaluation of the CompeDont™ in assessing dental hygiene skills. The study involved 30 SMEs comprising students, dental hygiene faculty, and practitioners. Quantitative analyses evaluated inter-rater agreement for pocket depth measurements and ratings of the presence and size of calculus deposits using the CompeDont™. Qualitative analyses consisted of a survey comprising dichotomous and Likert-response questions evaluating SME experiences with the CompeDont™ in calculus detection, calculus removal, and periodontal probing. The survey also evaluated SME perceptions about the CompeDont™ simulation of periodontal tissue and teeth. OPES found the results of the study insufficient to establish use of the CompeDont™ as a valid and comparable measure to live-patient examinations in assessing dental hygiene skills due to the small sample size and lack of performance data from the target population (dental hygiene candidates).

During the workshop, SMEs determined that the typodont used in the ADEX MTCE does not adequately measure the psychomotor skills necessary to perform competently as a dental hygienist in California. SMEs indicated that the skills measured by the typodont are consistent with pre-clinical competence rather than with those required for practice. SMEs

found the large number of ratings of “not ideal, but sufficient” of the CompeDont™ simulations during field testing problematic. In addition, SMEs found that the calculus and tissue simulation did not adequately replicate patient conditions necessary to assess minimum competence standards in performing the skills necessary for dental hygiene practice.

Summary of CRDTS Evaluation

OPES found that the evidence provided by CRDTS was insufficient to establish the validity of the Simulated Patient DHE as a measure of the psychomotor skills necessary for competent dental hygiene practice in California. OPES evaluated the occupational analysis that forms the basis for the content of the Simulated Patient DHE as part of a separate analysis. However, additional documentation is required to establish a link between the occupational analysis and the content included on the Simulated Patient DHE.

In addition, CRDTS is in the process of gathering large-scale performance data regarding performance of the Simulated Patient DHE and whether it is a comparable measure to the CRDTS patient-based DHE. These data are necessary to evaluate whether the Simulated Patient DHE is a viable psychometric alternative to the patient-based CRDTS Dental Hygiene Examination.

During the workshop, SMEs determined that the typodont used in the CRDTS Simulated Patient DHE measured pre-clinical skills rather than those required for independent dental hygiene practice. SMEs indicated that the simulated tissue response and the color and performance of simulated calculus were unrealistic and did not adequately simulate the conditions necessary to perform calculus detection and removal with a patient. SMEs further found that the tissue response was not sensitive enough to measure performance errors that could result in patient harm.

Summary of WREB Evaluation

OPES found that the evidence provided by WREB was insufficient to establish the validity of the written OSCE as a measure of the psychomotor skills necessary for competent dental hygiene practice in California. While the written OSCE is modeled after station-based patient examinations and tests clinical judgment regarding patient treatment, it does not measure psychomotor skills in an equivalent manner to the patient-based WREB Dental Hygiene Clinical Examination.

OPES evaluated the occupational analysis that forms the basis for the content of the written OSCE as part of separate analysis. In addition, WREB provided a technical report describing the content development and scoring of the written OSCE. OPES found that the occupational analysis and documentation established the validity of the content of the OSCE as a measure of the knowledge required to make clinical decisions in dental hygiene practice. However, OPES found that the documentation did not sufficiently support the

OSCE as a valid measure of the intended purpose of the examination—a measure of the psychomotor skills required for competent dental hygiene practice.

During the workshop, the SMEs determined that the content of the WREB written OSCE measured the knowledge required for dental hygiene practice but concurred that it did not sufficiently measure the psychomotor skills required for practice. Further, SMEs who had been licensed in the past five years indicated that the content of the written OSCE appears to overlap with the knowledge already measured by case-dependent questions included on the NBDHE.

Other Considerations

Performance tests used in dental clinical licensure examinations present measure challenges related to standardization and the quantification of performance criteria. In situations where there is a high degree of variability associated with the skills required for practice, competence may be better assessed through evaluations conducted during clinical training processes. Clinical training processes should be designed to expose candidates to a range of patient variables and situations that build essential skills that meet or exceed minimum competence standards for entry into a profession.

During the workshop, SMEs indicated that dental hygiene students undergo rigorous education and training standards that incorporate specific criteria for progression. In addition, passing rates on the clinical licensure examinations have historically been high. This indicates that the standards used to evaluate a candidate's skills during clinical processes may adequately meet or exceed minimum competence standards for entry into the dental hygiene profession.

Conclusions and Recommendations


Based on the results of this evaluation, OPES has determined that the non-patient-based examination formats offered by ADEX, CRDTS, and WREB are not viable alternatives to the patient-based examinations *at this time*. Each of these examination providers indicated that they are continuing to evaluate and improve upon the simulated patient options.


As patient-based testing has resumed for both the WREB and CRDTS clinical examinations, OPES recommends that the Board accept the results of only patient-based examinations at this time. OPES will continue to work with the Board to evaluate additional evidence regarding the validity of simulated patient alternatives as it becomes available. However, OPES recommends that any consideration of format change be based on evidence that supports the format as a valid measure of the knowledge and skills required for practice, and not as a response to the COVID-19 pandemic.


Due to ethical, practical, and psychometric considerations with patient-based examinations, OPES further recommends that the Board evaluate whether clinical examinations (in


addition to knowledge-based examinations) be required for licensure. OPES recommends a thorough evaluation of the clinical requirements of dental hygiene education programs to identify whether they are sufficient to demonstrate that candidates possess the minimum level of skill required for safe and competent dental hygiene practice. OPES is available to assist the Board with this evaluation.

cc: Tracy A. Montez, Ph.D., Chief, Division of Programs and Policy Review

		2020 Dental Hygiene, Local Anesthesia & Restorative Clinical Exams Status							
		Last updated: 08/09/2020 2:00pm MST							
EXAM LOCATION	REVISED CLINICAL EXAM DATE	Student Hold	Application Deadline	Document Deadline	Prometric Testing Timeframe	Exam Type	WREB BASE FEE	+ SCHOOL USE Fee	= TOTAL REGISTRATION FEE
Local Anesthesia Written-Only	REFER TO PROMETRIC WEBSITE FOR UPDATE	NA	12/2/2020	TBA	Assigned after processing	ANE	\$125	NA	\$125
Texas State Technical College (HYG OSCE) Harlingen, TX	<i>DH OSCE Monday, July 6, 2020</i>	5/9/2020	5/29/2020	6/16/2020	NA	HYG	\$450	\$100	\$550
Univ of Texas - San Antonio (HYG OSCE) San Antonio, TX	<i>DH OSCE Wednesday, July 8, 2020</i>	5/11/2020	5/24/2020	6/17/2020	NA	HYG	\$450	\$50	\$500
Tyler Jr College (HYG OSCE) Tyler, TX	<i>DH OSCE Thursday, July 9, 2020</i>	5/11/2020	5/25/2020	6/18/2020	NA	HYG	\$450	\$0	\$450
Pacific University (HYG OSCE) Hillsboro, OR	<i>DH OSCE Thursday, July 9, 2020</i>	5/11/2020	5/25/2020	6/18/2020	NA		\$450	\$60	\$510
Pacific University (RES) Hillsboro, OR	<i>July 10-12, 2020 Friday-Sunday</i>	5/11/2020	5/25/2020	6/18/2020	NA		\$460	\$60	\$520
Carrington College - Boise (HYG) Boise, ID	<i>July 10-12, 2020 Thursday-Sunday</i>	5/11/2020	5/25/2020	6/19/2020	NA	HYG	\$1,175	\$175	\$1,350
Great Falls College (MSU) (ANE) Great Falls, MT	<i>July 10, 2020 Friday</i>	5/12/2020	5/26/2020	6/19/2020	03/30/2020 - 06/25/2020	ANE	\$270	\$175	\$445
Carrington College - Mesa (HYG) Mesa, AZ	<i>July 10-12, 2020 Friday-Sunday</i>	4/6/2020	4/20/2020	5/14/2020	NA	HYG	\$1,175	\$235	\$1,410
Great Falls College (MSU) (HYG) Great Falls, MT	<i>July 11-12, 2020 Saturday-Sunday</i>	5/12/2020	5/26/2020	6/19/2020	NA	HYG	\$1,175	\$200	\$1,375
Lane Community College (HYG OSCE) Eugene, OR	<i>DH OSCE Monday, July 13, 2020</i>	5/15/2020	5/29/2020	6/22/2020	NA		\$450	\$0	\$450
Temple College (HYG OSCE) Temple, TX	<i>DH OSCE Tuesday, July 14, 2020</i>	5/16/2020	5/30/2020	6/23/2020	NA		\$450	\$0	\$450
Austin Comm College (HYG OSCE) Austin, TX	<i>DH OSCE Wednesday, July 15, 2020</i>	5/17/2020	5/31/2020	6/24/2020	NA	HYG	\$450	\$0	\$450
Univ of Texas - Houston (HYG OSCE) Houston, TX	<i>DH OSCE July 16-17, 2020</i>	5/18/2020	6/1/2020	6/25/2020	NA	HYG	\$450	\$50	\$500
Texas A&M Univ (HYG OSCE) Dallas, TX	<i>DH OSCE July 17-18, 2020</i>	5/18/2020	6/1/2020	6/25/2020	NA	HYG	\$450	\$50	\$500
Univ of the Pacific (HYG) San Francisco, CA	<i>July 18-19, 2020 Saturday-Sunday</i>	5/20/2020	6/3/2020	6/27/2020	NA	HYG	\$1,175	\$260	\$1,435
El Paso Community College (HYG OSCE) El Paso, TX	<i>DH OSCE Sunday, July 19, 2020</i>	5/1/2120	6/2/2020	6/4/2020	NA		\$450	\$0	\$450
Utah College of Dental Hygiene (ANE) Orem, UT	<i>July 24, 2020 Thursday</i>	5/26/2020	6/9/2020	7/3/2020	02/22/2020 - 07/09/2020	ANE	\$270	\$75	\$345
Utah College of Dental Hygiene (HYG) Orem, UT	<i>July 24-26, 2020 Thursday-Saturday</i>	5/26/2020	6/9/2020	7/3/2020	NA	HYG	\$1,175	\$250	\$1,425

		2020 Dental Hygiene, Local Anesthesia & Restorative Clinical Exams Status							
		Last updated: 08/09/2020 2:00pm MST							
EXAM LOCATION	REVISED CLINICAL EXAM DATE	Student Hold	Application Deadline	Document Deadline	Prometric Testing Timeframe	Exam Type	WREB BASE FEE	+ SCHOOL USE Fee	= TOTAL REGISTRATION FEE
Pima Comm College (HYG) Tucson, AZ	July 24-27, 2020 Friday-Monday	5/26/2020	6/9/2020	7/3/2020	NA	HYG	\$1,175	\$150	\$1,325
Midwestern State Univ (HYG OSCE) Wichita Falls, TX	DH OSCE July 30, 2020	6/1/2020	6/15/2020	7/9/2020	NA	HYG	\$450	\$0	\$450
Foothill College (HYG) Los Altos Hills, CA	July 30-August 2, 2020 Thursday-Sunday	6/1/2020	6/15/2020	7/9/2020	NA	HYG	\$1,175	\$325	\$1,500
Oregon Tech at Chemeketa (ANE) Salem, OR	July 31, 2020 Friday	6/2/2020	6/16/2020	7/10/2020	05/1/2020 - 07/16/2020	ANE	\$270	\$70	\$340
Oregon Tech at Chemeketa (HYG OSCE) Salem, OR	DH OSCE August 1-2, 2020	6/3/2020	6/17/2020	7/11/2020	NA	HYG	\$450	\$50	\$500
Oregon Tech at Chemeketa (RES) Salem, OR	August 2-3, 2020 Sunday-Monday	6/2/2020	6/16/2020	7/10/2020	NA	RES	\$460	\$170	\$630
Univ of New Mexico (ANE) Albuquerque, NM	August 6, 2020 Thursday-Friday	6/8/2020	6/22/2020	7/16/2020	04/05/2020 - 07/22/2020	ANE	\$270	\$75	\$345
Univ of New Mexico (HYG) Albuquerque, NM	August 7-9, 2020 Friday-Sunday	6/8/2020	6/22/2020	7/16/2020	NA	HYG	\$1,175	\$155	\$1,330
Phoenix College (ANE) Phoenix, AZ	August 7, 2020 Friday	6/9/2020	6/23/2020	7/17/2020	03/16/2020 - 07/23/2020	ANE	\$270	\$50	\$320
Phoenix College (HYG) Phoenix, AZ	August 7-10, 2020 Friday-Monday	6/9/2020	6/23/2020	7/17/2020	NA	HYG	\$1,175	\$250	\$1,425
Portland Community College (HYG OSCE) Portland, OR	DH OSCE August 13, 2020	6/15/2020	6/29/2020	7/23/2020	NA	HYG	\$450	NA	\$450
Univ of Oklahoma (HYG) Oklahoma City, OK	August 13-16 Thursday-Sunday	6/15/2020	6/29/2020	7/23/2020	NA	HYG	\$1,175	\$150	\$1,325
Pima Community College (HYG OSCE) Tucson, AZ	DH OSCE August 15, 2020	7/1/2020	6/17/2020	7/23/2020	NA	HYG	\$450	NA	\$450
West Coast University (HYG) Anaheim, CA	August 19-21, 2020 Wednesday-Friday	6/21/2020	7/5/2020	7/29/2020	NA	HYG	\$1,175	\$300	\$1,475
San Joaquin Valley - Ontario (HYG) Ontario, CA	August 21-23, 2020 Friday-Sunday	6/23/2020	7/7/2020	7/31/2020	NA	HYG	\$1,175	\$170	\$1,345
Loma Linda Univ (HYG) Loma Linda, CA	August 23-25, 2020 Sunday-Tuesday	6/14/2020	6/22/2020	8/8/2020	NA	HYG	\$1,175	\$150	\$1,325
Idaho State Univ (ANE) Pocatello, ID	August 27, 2002 Thursday	6/29/2020	7/13/2020	8/6/2020	04/12/2020 - 08/12/2020	ANE	\$270	\$75	\$345
Idaho State Univ (RES) Pocatello, ID	August 28-30, 2020 Sunday-Monday	6/29/2020	7/13/2020	8/6/2020	NA	RES	\$460	\$75	\$535
Clark College (HYG) Vancouver, WA	August 29-31, 2020 Saturday-Monday	7/1/2020	7/15/2020	8/8/2020	NA	HYG	\$1,175	\$70	\$1,245
Clark College (RES) Vancouver, WA	August 31-September 2 Monday-Wednesday	7/3/2020	7/17/2020	8/10/2020	NA	RES	\$460	\$45	\$505

		2020 Dental Hygiene, Local Anesthesia & Restorative Clinical Exams Status							
		Last updated: 08/09/2020 2:00pm MST							
EXAM LOCATION	REVISED CLINICAL EXAM DATE	Student Hold	Application Deadline	Document Deadline	Prometric Testing Timeframe	Exam Type	WREB BASE FEE	+ SCHOOL USE Fee	= TOTAL REGISTRATION FEE
Lake Washington Inst of Tech (ANE) Kirkland, WA	September 10-11 Thursday-Friday	7/13/2020	7/27/2020	8/20/2020	07/12/2020 - 08/26/2020	ANE	\$270	\$85	\$355
Lake Washington Inst of Tech (HYG) Kirkland, WA	September 11-14 Friday-Monday	7/13/2020	7/27/2020	8/20/2020	NA	HYG	\$1,175	\$145	\$1,320
Carrington College - Mesa (ANE) Mesa, AZ	September 10, 2020 Thursday	7/13/2020	7/27/2020	8/20/2020	07/12/2020 - 08/26/2020	ANE	\$270	\$75	\$345
Carrington College - Mesa (HYG) Mesa, AZ	September 10-13, 2020 Thursday-Sunday	7/13/2020	7/27/2020	8/20/2020	NA	HYG	\$1,175	\$235	\$1,410
Cabrillo College (HYG) Aptos, CA	September 11-13, 2020 Friday-Sunday	7/14/2020	7/28/2020	8/21/2020	NA	HYG	\$1,175	\$300	\$1,475
Pierce College (HYG) Lakewood, WA	September 12-15, 2020 Saturday-Tuesday	7/15/2020	7/29/2020	8/22/2020	NA	HYG	\$1,175	\$175	\$1,350
Lake Washington Inst of Tech (RES) Kirkland, WA	September 18-20 Friday-Sunday	7/21/2020	8/4/2020	8/28/2020	NA	RES	\$460	\$85	\$545
Spokane Community College (RES) Spokane, WA	September 18-20 Friday-Sunday	7/21/2020	8/4/2020	8/28/2020	NA	RES	\$460	\$85	\$545
Northern Arizona Univ (HYG) Flagstaff, AZ	September 24-26, 2020 Thursday-Saturday	7/27/2020	8/10/2020	9/3/2020	NA	HYG	\$1,175	\$225	\$1,400
Univ of Southern California (HYG) Los Angeles, CA	September 25-27 2020 Friday-Sunday	7/28/2020	8/11/2020	9/4/2020	NA	HYG	\$1,175	\$235	\$1,410
Fortis College, Salt Lake (ANE) Salt Lake City, UT	October 1, 2020 Thursday	8/3/2020	8/17/2020	9/10/2020	08/02/2020 - 09/16/2020	ANE	\$270	\$50	\$320
Fortis College, Salt Lake (HYG) Salt Lake City, UT	October 1-4, 2020 Thursday-Sunday	8/3/2020	8/17/2020	9/10/2020	NA	HYG	\$1,175	\$100	\$1,275
Fortis College, Salt Lake (HYG OSCE) Salt Lake City, UT	DH OSCE October 5, 2020	8/3/2020	8/17/2020	9/10/2020	NA	HYG	\$450	\$50	\$500
Northern Arizona Univ (ANE) Flagstaff, AZ	October 9-10, 2020 Friday-Sunday	8/11/2020	8/25/2020	9/18/2020	07/27/2020 - 09/24/2020	ANE	\$270	\$55	\$325
Utah Valley Univ (HYG) Orem, UT	October 15-17, 2020 Thursday-Saturday	8/17/2020	8/31/2020	9/24/2020	NA	HYG	\$1,175	\$125	\$1,300
Portland Comm College (HYG) Portland, OR	October 16-17, 2020 Friday-Saturday	8/18/2020	9/1/2020	9/25/2020	NA	HYG	\$1,175	\$120	\$1,295
Portland Comm College (RES) Portland, OR	October 17-18, 2020 Saturday - Sunday	8/18/2020	9/1/2020	9/25/2020	NA	RES	\$460	\$60	\$520
San Joaquin Valley - Visalia (HYG) Visalia, CA	November 6-8, 2020 Friday-Sunday	7/21/2020	8/4/2020	8/28/2020	NA	HYG	\$1,175	\$175	\$1,350
Carrington College - San Jose (HYG) San Jose, CA	November 6-8, 2020 Friday-Sunday	9/8/2020	9/22/2020	10/16/2020	NA	HYG	\$1,175	\$200	\$1,375
University of Nevada-Las Vegas (ANE) Las Vegas, NV	November 6, 2020 Friday	9/8/2020	9/22/2020	10/16/2020	9/7/2020-9/22/2020	ANE	\$270	\$100	\$370
University of Nevada-Las Vegas (HYG) Las Vegas, NV	November 6-8, 2020 Friday-Sunday	9/8/2020	9/22/2020	10/16/2020		HYG	\$1,175	\$230	\$1,405

	2020 Dental Hygiene, Local Anesthesia & Restorative Clinical Exams Status								
	Last updated: 08/09/2020 2:00pm MST								
EXAM LOCATION	REVISED CLINICAL EXAM DATE	Student Hold	Application Deadline	Document Deadline	Prometric Testing Timeframe	Exam Type	WREB BASE FEE	+ SCHOOL USE Fee	= TOTAL REGISTRATION FEE
Carrington College - Boise (ANE) Boise, ID	December 3-4, 2020 Thursday-Friday	10/5/2020	10/19/2020	11/12/2020	10/04/2020 - 11/18/2020	ANE	\$270	\$100	\$370
Carrington College - Boise (HYG) Boise, ID	December 4-6, 2020 Friday-Sunday	10/5/2020	10/19/2020	11/12/2020	NA	HYG	\$1,175	\$175	\$1,350
Concorde Career - Kansas City (HYG) Kansas City, MO	December 4-6, 2020 Friday-Sunday	10/6/2020	10/20/2020	11/13/2020	NA	HYG	\$1,175	\$70	\$1,245
Phoenix College (ANE) Phoenix, AZ	December 11-13, 2020 Friday-Sunday	10/13/2020	10/27/2020	11/20/2020	10/12/2020 - 11/26/2020	ANE	\$270	\$50	\$320
West Coast University (HYG) Anaheim, CA	Decembe 11-13, 2020 Friday-Sunday	10/13/2020	10/27/2020	11/20/2020	NA	HYG	\$1,175	\$300	\$1,475
Carrington Colege - Mesa (HYG) Mesa, AZ	Decembe 11-13, 2020 Friday-Sunday	10/13/2020	10/27/2020	11/20/2020	NA	HYG	\$1,175	\$235	\$1,410
San Joaquin Valley - Ontario (HYG) Ontario, CA	December 12-13, 2020 Saturday-Sunday	10/14/2020	10/28/2020	11/21/2020	NA	HYG	\$1,175	\$170	\$1,345
Pima Comm College (ANE) Tucson, AZ	December 19-20, 2020 Saturday-Sunday	10/21/2020	11/4/2020	11/28/2020	10/20/2020 - 12/04/2020	ANE	\$270	\$40	\$310
Chabot College (HYG) Hayward, CA	CANCELLED					HYG	\$1,175	\$325	\$1,500
College of SO. Nevada (ANE) Las Vegas, NV	CANCELLED					ANE	\$270	\$100	\$370
College of SO. Nevada (HYG) Las Vegas, NV	CANCELLED					HYG	\$1,175	\$230	\$1,405
Eastern Washington Univ (ANE) Spokane, WA	POSTPONED					ANE	\$270	\$60	\$330
Eastern Washington Univ (HYG) Spokane, WA	POSTPONED					HYG	\$1,175	\$130	\$1,305
Eastern Washington Univ (RES) Spokane, WA	CANCELLED					RES	\$460	\$90	\$550
Idaho State Univ (HYG) Pocatello, ID	CANCELLED					HYG	\$1,175	\$125	\$1,300
Sacramento City College (HYG) Sacramento, CA	CANCELLED					HYG	\$1,175	\$275	\$1,450
Southwestern College (HYG) National City, CA	POSTPONED					HYG	\$1,175	\$250	\$1,425
West Los Angeles College (HYG) Culver City, CA	POSTPONED					HYG	\$1,175	\$250	\$1,425

2020 Dental Hygiene Exam Calendar

Date	Site	City	State	Deadline
February 20-22, 2020	Concorde Career College	San Bernardino	CA	January 9, 2020
June 26-27, 2020	University of Nebraska (MANIKIN ONLY)	Lincoln	NE	June 3, 2020
June 26-28, 2020	Pima Medical Institute	Houston	TX	June 5, 2020
June 26-28, 2020	Colorado Northwestern CC	Rangeley	CO	June 5, 2020
June 26-28, 2020	Amarillo College	Amarillo	TX	June 5, 2020
July 10-12, 2020	Hawkeye Community College	Waterloo	IA	June 12, 2020
July 10-12, 2020	Oregon Institute of Tech	Klamath Falls	OR	June 12, 2020
July 10-12, 2020	Community College of Denver	Denver	CO	June 12, 2020
July 17-19, 2020	Wallace State Community College	Hanceville	AL	June 19, 2020
July 17-19, 2020	Northcentral Technical College	Wausau	WI	June 19, 2020
July 17-19, 2020	Waukesha County Technical	Waukesha	WI	June 19, 2020
July 17-19, 2020	Sheridan College	Sheridan	WY	June 19, 2020
July 24-26, 2020	Trident Technical College (MANIKIN ONLY)	Charleston	SC	June 26, 2020
July 24-26, 2020	Parkland College (MANIKIN ONLY)	Champaign	IL	June 26, 2020
July 25-26, 2020	Creighton University	Omaha	NE	June 26, 2020
July 31-Aug 2, 2020	North Dakota State	Wahpeton	ND	July 3, 2020
July 31-Aug 2, 2020	East Tennessee State University (MANIKIN ONLY)	Johnson City	TN	July 3, 2020
July 31-Aug 2, 2020	Savannah Technical College	Savannah	GA	July 3, 2020
August 7-9, 2020	Pima Medical Institute	Albuquerque	NM	July 10, 2020
August 7-9, 2020	Northeast Wisconsin Technical	Green Bay	WI	July 10, 2020
August 7-9, 2020	Oxnard College	Oxnard	CA	July 10, 2020
August 7-9, 2020	Greenville Technical College (MANIKIN ONLY)	Greenville	SC	July 10, 2020
August 7-9, 2020	Southern Illinois University (MANIKIN ONLY)	Carbondale	IL	July 10, 2020
August 14-16, 2020	Diablo Valley College	Pleasant Hill	CA	July 17, 2020
August 14-16, 2020	Lake Land College (MANIKIN ONLY)	Mattoon	IL	July 17, 2020
August 15-16, 2020	University of Hawaii - Manoa	Honolulu	HI	July 17, 2020
August 21-23, 2020	Fresno City College	Fresno	CA	July 24, 2020
August 21-23, 2020	Pacific University	Hillsboro	OR	July 24, 2020
August 21-23, 2020	Carl Sandburg College	Galesburg	IL	July 24, 2020
August 26-28, 2020	Pima Medical Institute	Seattle	WA	July 31, 2020

August 28-30, 2020	Carrington College	Sacramento	CA	July 31, 2020
August 28-30, 2020	Milwaukee Area Technical College	Milwaukee	WI	July 31, 2020
Sept 11-13, 2020	Indian Hills Community College	Ottumwa	IA	Aug 14, 2020
Sept 11-13, 2020	Athens Technical College	Athens	GA	Aug 14, 2020
Sept 11-13, 2020	Fortis College	Atlanta	GA	Aug 14, 2020
Sept 18-20, 2020	Central Georgia Technical College	Macon	GA	Aug 21, 2020
Sept 18-20, 2020	Fortis College	Atlanta	GA	Aug 21, 2020
Sept 18-19, 2020	Yakima Valley College	Yakima	WA	Aug 24, 2020
Sept 25-27, 2020	Johnson County CC	Overland Park	KS	Aug 28, 2020
October 2-4, 2020	Concorde Career College	Aurora	CO	Sept 4, 2020
October 9-11, 2020	Pima Medical Institute	Houston	TX	Sept 11, 2020
October 9-11, 2020	University of South Dakota (MANIKIN ONLY)	Vermillion	SD	Sept 11, 2020
October 9-11, 2020	Clayton State University	Morrow	GA	Sept 11, 2020
October 23-25, 2020	St. Louis Community College	Forest Park	MO	Sept 25, 2020
December 4-6, 2020	Carrington College	Sacramento	CA	October 23, 2020
December 4-6, 2020	Fortis College	Atlanta	GA	October 23, 2020
December 4-6, 2020	Milwaukee Area Technical College	Milwaukee	WI	October 23, 2020



MEMORANDUM

DATE	August 29, 2020
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer Presented by Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	FULL 9: Discussion and Possible Action on the Following Proposed Regulatory Package: 16 CCR Section 1104.3. Reviews, Site Visits, Citation and Fine, and Probationary Status for Dental Hygiene Educational Programs.

BACKGROUND

At the May 29, 2020 WebEx Teleconference Board meeting, the Board approved the proposed regulatory language to implement the mandates in Business and Professions Code (BPC) section 1941.5. However, during the rulemaking process, substantive changes were made to the Board-approved draft regulatory language for California Code of Regulations (CCR), Title 16, section 1104.3 to include specific factors to be considered for issuance of citations and fines.

Therefore, Board staff has developed the attached amended draft regulatory language of 16 CCR section 1104.3 to implement the provisions of BPC section 1941.5.

Staff Recommendation:

In response to comments made from the review of the regulatory language by the Department of Consumer Affairs, staff recommends to the Board to re-review the proposed language in the attached document, determine whether additional information or language is required, complete the draft of proposed regulatory language, 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, Title 16, Division 11 section 1104.3.

Pros: In order to implement the provisions of BPC §1941.5 to allow 16 CCR §1104.3 to move forward in the regulatory process, regulatory language must be approved by the Board.

Cons: If the proposed language and fines for review of DHEPs are not approved, the Board would not have a clear and consistent process for citations, fines, and probation of DHEPs.

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

PROPOSED LANGUAGE

Adopt Section 1104.3 of Title 16 of the California Code of Regulations (CCR) to read as follows:

§1104.3 Reviews, Site Visits, ~~Cite-Citation~~ and Fine, and Probationary Status for Dental Hygiene Educational Programs

(a) Program Reviews and Site Visits

A dental hygiene educational program for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions (collectively DHEPs) shall provide access during business hours to the program's records and premises to the Dental Hygiene Board of California (Board) or its authorized representative(s) to review the DHEP for compliance with all laws, regulations, and standards applicable to a DHEP including, but not limited to, the Business and Professions Code, the California Code of Regulations (CCR), the Commission on Dental Accreditation Standards of the American Dental Association, Occupational Safety and Health Administration, Health and Safety Code, Centers for Disease Control and Prevention, and the Health Insurance Portability and Accountability Act (HIPAA). For the purpose of this subdivision, "records" shall include, but are not limited to, course records, student records, faculty and staff records, and patient records.

(b) ~~CiteCitation~~ and Fine

(1) If the Board or its authorized representative determines that a DHEP is in violation of any law, regulation, or standard applicable to a DHEP, the DHEP shall correct the violation(s) within the amount of time specified in the order. The DHEP shall furnish the Board written proof of compliance with the order and shall permit a site visit by the Board's authorized representative to confirm compliance.

(2) In the issuance of any citation or fine, the following factors shall be considered:

(A) Nature and severity of the violation;

(B) Length of time that has passed since the date of the violation;

(C) Consequences of the violation, including the potential to harm, or actual patient harm;

(D) History of previous violations of a similar nature;

(E) Evidence that the violation was willful;

(F) Gravity of the violation; and

(G) The extent to which the cited DHEP has remediated the deficiencies.

(3) If the Board or its authorized representative orders an administrative fine for violation(s) of any law, regulation, or standard applicable to a DHEP, the DHEP shall pay the required fine, **not to exceed \$5000 per occurrence of a violation**, within the amount of time specified in the order.

~~(e)~~(c) Probationary Status of a DHEP

- (1) If the Board places a DHEP on probation, the DHEP is required to disclose their probationary status in writing to its students within fifteen (15) business days of being placed on probation. In addition, the DHEP shall advise each potential student applicant to the DHEP before offering to enroll the applicant. The DHEP shall provide the Board with written proof of compliance with this subdivision as a condition for removal from probationary status.
- (2) A DHEP on probationary status shall correct the violation(s) within the amount of time specified in the order. The DHEP shall furnish the Board written proof of compliance with the order and shall permit a site visit by the Board's authorized representative to confirm compliance.
- (A) If the DHEP on probation demonstrates that it has corrected the violation(s) and meets all requirements for approval set forth in 16 CCR section 1104, the DHEP shall be removed from probationary status.

If the DHEP on probation fails to demonstrate to the Board by the end of its probationary period that the DHEP has corrected all violation(s) and met the requirements for approval set forth in 16 CCR section 1104, the Board will revoke approval of the DHEP.

Note: Authority cited: Sections 1905, 1906, and 1941.5, Business and Professions Code. Reference cited: Sections **125.9, 148, and** 1941.5, Business and Professions Code.



MEMORANDUM

DATE	August 29, 2020
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer Presented by Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	FULL 10: Discussion and Possible Action on the Following Proposed Regulatory Package: 16 CCR Section 1105. Requirements for RDH Educational Programs.

BACKGROUND

At the Board's November 23, 2019 meeting, this proposal was presented to the Board for its review and approval. The Board approved the proposed language and delegated authority to the Board's executive officer to make any technical, non-substantive changes, if necessary. However, in response to challenges experienced by dental hygiene educational programs (DHEPs) encountered during the Coronavirus pandemic (COVID-19), substantive changes were made to the Board-approved draft regulatory language for Title 16, section 1105 of the California code of Regulations (CCR).

Staff Recommendation:

Staff recommends to the Board to re-review the proposed language in the attached document, determine whether additional information or language is required, complete the draft of proposed regulatory language, 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 section 1105.

Pros: By approving staff's recommendation, the Board will provide clarity to language found within 16 CCR section 1105 applicable to requirements for DHEPs, experience needed for non-employed participants utilized during instruction and supervision within DHEPs, state and national regulatory standards that are applicable to DHEPs, accept advanced placement (AP) education in Mathematics and English to verify competency as prerequisites for entry into dental hygiene educational programs, and acceptance of alternative education in prerequisite courses during a declared emergency. The proposed amendments to the regulatory language found in 16 CCR section 1105, if approved, would provide clarity, will comply with applicable laws within the Education Code (existing law), and move the proposal forward in the regulatory process.

Cons: If the Board does not approve the recommended amendments to the regulatory language found in 16 CCR section 1105 for clarity and for congruence with applicable sections of law within the Education Code, the regulation will continue to be open to (possibly incorrect) interpretation and create a conflicting issue where the DHEP will not be in compliance with prerequisite requirements that the educational institution supporting the DHEP accepts for general enrollment of all its students.



**TITLE 16. DENTAL HYGIENE BOARD OF CALIFORNIA DEPARTMENT OF
CONSUMER AFFAIRS
PROPOSED LANGUAGE**

Adopt amendments to section 1105 of Title 16 of the California Code of Regulations
(CCR)
to read as follows:

§ 1105. Requirements for RDH Educational Programs.

As of January 1, 2016, educational programs for registered dental hygienists shall comply with the requirements set forth below in order to secure and maintain approval by the ~~Committee~~ Dental Hygiene Board.

(a) Administration and Organization. There shall be a written program mission statement that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, and support systems. It shall also take into consideration the concepts of dental hygiene, which must include the dental hygiene process of care, environment, health-illness continuum, and relevant knowledge from related disciplines.

(b) Instruction.

(1) Instruction upon all levels shall be conducted upon the premise that dental hygiene education must meet the test of a true university discipline and shall include lectures, laboratory experiments and exercises and clinical practice under supervision by the faculty.

(2) For purposes of this section, the term "university discipline" is a level of instruction at least equivalent to that level of instruction represented by college courses in the basic sciences commonly offered or accepted in approved California dental schools.

(3) The length of instruction in the educational program shall include two academic years of fulltime instruction at the postsecondary college level or its equivalent, and a minimum of 1,600 clock hours.

(4) The instructor to student ratio shall meet approved Commission on Dental Accreditation standards referenced in subsection (c) of section 1103 of this article.

(5) Instruction involving procedures that require direct supervision shall be supervised by a faculty dentist who possesses an active California dental license or a special permit pursuant to Business and Professions Code section 1640 and no disciplinary actions in any jurisdiction.

Commented [PA1]: Language updated from previously approved language.

(c) Standards of Competency. Each educational program shall establish and maintain standards of competency. Such standards shall be available to each student, and shall be used to measure periodic progress or achievement in the curriculum.

(d) The policies and procedures by which the educational program is administered shall be in writing, shall reflect the mission and goals of the program, and shall be available to all students.

(e) The educational program shall have a written plan for evaluation of all aspects of the program, including admission and selection policy and procedures, attrition and retention of students, curriculum management, patient care competencies, ethics and professionalism, critical thinking, and outcomes assessment, including means of student achievement. If the program has submitted a written plan to the Commission on Dental Accreditation, which includes each of the elements listed above, a copy of such plan may be submitted to the Committee to meet this requirement.

(f) Admission.

(1) The minimum basis for admission into an educational program shall be the successful completion of all of the following:

(A) A high school diploma or the recognized equivalent, which will permit entrance to a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; and,

(B) College-level general education courses in the topic areas of:

~~(i) Oral and Written Communication~~

(i) Oral Communication

(ii) Written Communication*

~~(iii)~~ (iii) Psychology

~~(iiii)~~ (iv) Sociology

~~(iv)~~ (v) Mathematics*

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~~(v)~~ (vi) Cultural Diversity**

~~(vi)~~ (vii) Nutrition**

~~*This course is required prior to graduation, and may be waived as an admission requirement if included within the dental hygiene program curriculum.~~

*Advanced Placement (AP) Exam Score Exemption may be accepted in lieu of this course.

**This course is required prior to graduation and may be waived as an admission requirement if included within the dental hygiene program curriculum.

(C) College-level biomedical science courses, each of which must include a wet laboratory component, in:

(i) Anatomy

(ii) Physiology

(iii) Inorganic Chemistry

(iv) Biochemistry or Organic Chemistry with Biochemistry

(v) Microbiology

(D) If a state of emergency is declared by the Governor pursuant to Government Code section 8625, an educational program may accept prerequisite biomedical science coursework completed during the period of the state of emergency in Anatomy, Physiology, Inorganic Chemistry, Biochemistry, Organic Chemistry with Biochemistry, and Microbiology utilizing alternative instruction including, but not limited to, instructional methods such as online tutorials, webinars, or hybrid combination of online and in-person instruction with faculty, as deemed appropriate by the educational institution.

Commented [PA2]: New language.

(2) Admission of students shall be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability shall be utilized as criteria in selecting students who have the potential for successfully completing the educational program. Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists.

(g) The program shall have published student grievance policies.

(h) There shall be an organizational chart that identifies the relationships, lines of authority and channels of communication within the educational program, between the program and other administrative segments of the sponsoring institution, and between the program, the institution and extramural facilities and service learning sites.

(i) The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.

(j) The educational program director shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

(k) The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.

(l) When an individual not employed in the educational program participates in the instruction and supervision of students obtaining educational experience, his or her name and responsibilities shall be described in writing and kept on file by the dental hygiene program and shall have twenty-four (24) months of experience providing direct patient care as a registered dental hygienist or dentist.

(m) As of January 1, 2017, in a two-year college setting, graduates of the educational program shall be awarded an associate degree, and in a four-year college or university, graduates shall be awarded an associate or baccalaureate degree.

(n) All educational programs shall comply with approved accreditation standards, and state and national regulatory standards, including but not limited to those contained in the Health and Safety Code or Health Insurance Portability and Accountability Act (HIPAA) or those promulgated by the Commission on Dental Accreditation, Occupational Safety and Health Administration, or Centers for Disease Control and Prevention.

Note: Authority cited: Section 1905, Business and Professions Code. Reference: Sections 1905 and 1941, Business and Professions Code; [Section 8625, Government Code](#).



MEMORANDUM

DATE	August 29, 2020
TO	Legislative and Regulatory Subcommittee
FROM	Anthony Lum Executive Officer Presented by Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	FULL 11: Discussion and Possible Action on Fee Resolutions for 16 CCR Section 1105.2(d)(3)(E-F): Applications for Acceptance of Out-of-State Expanded Duty Education and Training in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide and Oxygen Analgesia.

Background:

At the May 29, 2020 WebEx Teleconference Board meeting, the Board approved the proposed regulatory language and fees for 1105.2: Applications for Acceptance of Out-of-State Expanded Duty Education and Training in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide and Oxygen Analgesia.

Pursuant to Business and Professions Code 1944 (a) The dental hygiene board shall establish by resolution the amount of the fees that relate to the licensing of a registered dental hygienist, a registered dental hygienist in alternative practice, and a registered dental hygienist in extended functions.

Staff Recommendation:

Staff recommends to the Board to approve the fee resolution for 16 CCR section 1105.2 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 California Code of Regulations, Title 16, Division 11 section 1105 as noticed.

Pros: In order to allow 16 CCR section 1105.2 to move forward in the regulatory process, regulatory language and fees must be approved by the Board.

Cons: If the proposed language and fees are not approved, 16 CCR section 1105.2 will not progress in the regulatory process and a clear process for implementing the regulation would not be available.



DENTAL HYGIENE BOARD OF CALIFORNIA RESOLUTION TO ADOPT PROPOSED FEES

Whereas, section 1944 of the Business and Professions Code (BPC), where the Dental Hygiene Board of California (Board) shall establish by resolution the amount of the fees that relate to the licensing of a registered dental hygienist (RDH), registered dental hygienist in alternative practice (RDHAP), and a registered dental hygienist in extended functions (RDHEF).

Whereas the following fees to be adopted by resolution by the Board:

- The Application Fee for Review and Approval of an Out-of-State Dental Hygiene Educational Program Course in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN) shall be five hundred dollars (\$500).
- The Application Fee for Review and Certification of Out-of-State Dental Hygiene Education in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN) shall be five hundred dollars (\$500).

THEREFORE, BE IT RESOLVED that the Board hereby adopts by resolution the above fees.

Adopted this 29th day of August 2020 by:

Timothy Martinez, DMD
DHBC President

cc: Anthony Lum, DHBC Executive Officer



MEMORANDUM

DATE	August 29, 2020
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer Presented by Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	FULL 12: Discussion and Possible Action on the Following Proposed Regulatory Package: 16 CCR Section 1117. Reporting Dental Relationships Between Registered Dental Hygienists in Alternative Practice and Licensed Dentists

BACKGROUND

Business and Professions Code (BPC) Section 1930 states:

A registered dental hygienist in alternative practice shall provide to the dental hygiene board documentation of an existing relationship with at least one dentist for referral, consultation, and emergency services.

(Amended by Stats. 2019, Ch. 456, Sec. 24. (SB 786) Effective January 1, 2020.)

The Board is only informed of this relationship when an RDH applies for the RDHAP license. Subsequently, staff have received numerous communications from licensed dentists and RDHAPs where they inform us that there never was a referral relationship or hasn't been a relationship for years.

Currently, there is no ongoing provision in regulation to report the relationship of a registered dental hygienist in alternative practice (RDHAP) with a licensed dentist who is available for referral, consultation, and emergency services for the RDHAP's patients of record. This compromises consumer protection by not having a dental resource for the RDHAP to refer for further, more comprehensive treatment outside the scope of the licensee's practice. Therefore, board staff has developed the attached draft regulatory language to implement the provisions of BPC section 1930.

Staff Recommendation:

Staff recommends to the Board to review the proposed language and associated form in the attached document, determine whether additional information or language is required, complete the draft of proposed regulatory language, 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 section 1117.

Pros: By approving staff's recommendation, the Board will provide clarity to the procedure to document the ongoing existing relationship of the RDHAP with a licensed dentist to ensure that a licensed dentist is available for referral, consultation, and emergency services is provided for the RDHAP's patients of record to ensure the safety of the public and move the proposal forward in the regulatory process.

Cons: If the Board does not approve the recommended amendments to the regulatory language found in proposed 16 CCR section 1117 to clarify the procedure to document the ongoing existing relationship of the RDHAP with a licensed dentist to ensure that a licensed dentist is available for referral, consultation, and emergency services, it would compromise the safety of the public and prevent the proposal from moving forward in the regulatory process.

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

PROPOSED LANGUAGE

Adopt Section 1117 of Title 16 of the California Code of Regulations (CCR)
to read as follows:

**§1117 Reporting Dental Relationships Between Registered Dental Hygienists in
Alternative Practice and Licensed Dentists**

- (a) Upon application for a registered dental hygienist in alternative practice (RDHAP) license, the applicant shall provide documentation specified in subdivision (e) to the Dental Hygiene Board of California (Board) of a relationship with at least one licensed dentist and located in California for referral, consultation, and emergency services.
- (b) An RDHAP shall provide the documentation specified in subdivision (f) to the Board of a current relationship with at least one licensed dentist for referral, consultation, and emergency services at every biennial license renewal.
- (c) An RDHAP shall report any termination of the existing dentist relationship to the Board within 30 calendar days of the termination and provide the documentation specified in subdivision (f) to the Board for at least one licensed dentist with whom the new relationship has been established for referral, consultation, and emergency services.
- (d) At all times during the relationship between the RDHAP and the dentist, the dentist's license must be current, active, and not under discipline by the Dental Board of California (DBC).
- (e) Should an RDHAP learn of the dentist with which they have an existing relationship being placed under discipline by the DBC, the RDHAP shall immediately terminate the existing dental relationship, shall notify the Board within 30 calendar days of the termination, and provide the documentation specified in subdivision (f) to the Board with at least one licensed dentist with whom the new relationship has been established for referral, consultation, and emergency services.
- (f) Required documentation to be reported to the Board shall include, but not limited to:

- (1) The dentist's name;

(2) The dentist's California license number; and

(3) Signed "Documentation of Registered Dental Hygienist in Alternative Practice (RDHAP) Relationship with Dentist" (Form RDHAP-01 (08-2020), hereby incorporated by reference.

Note: Authority cited: Sections 1905, 1906, and 1930, Business and Professions Code. Reference cited: Section 1930, Business and Professions Code.



**DOCUMENTATION OF REGISTERED DENTAL HYGIENIST IN ALTERNATIVE
PRACTICE (RDHAP) RELATIONSHIP WITH DENTIST**

Business and Professions Code (BPC) Section 1930.
California Code of Regulations (CCR) Title 16, Division 11, Section 1117

<u>Date</u>		
<u>RDHAP Name</u>	<u>RDHAP License Number</u>	<u>Expiration Date</u>
<u>RDHAP Address</u>		
<u>City</u>	<u>State</u>	<u>Zip Code</u>
Pursuant to BPC Section 1930 and 16 CCR Section 1117, I have a current relationship with at least one licensed dentist for referral, consultation, and emergency services. YES <input type="checkbox"/> NO <input type="checkbox"/>		

<u>Dentist Name</u>	<u>Dentist License Number</u>	<u>Expiration Date</u>
<u>Dentist Address</u>		
<u>City</u>	<u>State</u>	<u>Zip Code</u>
Pursuant to 16 CCR Section 1090.1, to the RDHAP's knowledge, the dentist's license is current, active and not under discipline by the Dental Board of California YES <input type="checkbox"/> NO <input type="checkbox"/>		

Pursuant to BPC Section 1930 and 16 CCR Sections 1090.1 and 1117, an RDHAP must report any changes in the relationship with their dentist in writing to the Board within 30 calendar days of the change.

Certification:

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

RDHAP Signature Date

Dentist Signature Date

RDHAP-01 (08-2020)

Page 1 of 2

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Hygiene Board of California, 2005 Evergreen Street, Suite 2050, Sacramento, CA 95815, 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	August 29, 2020
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	FULL 13 - Discussion and Possible Action on Proposed Statutory Language Amendments to BPC Section 1903: Board Member Terms (additional staggering).

Background:

The Dental Hygiene Board of California (Board) licenses and regulates California dental hygienists pursuant to sections 1900 through 1967.4 of the Business and Professions Code (BPC). Since inception of the statutes, the Board continually analyzes and reviews them for any possible revisions that would help clarify the language for staff, licensees and interested stakeholders; improve procedures; and enhance program efficiencies for the betterment of the Board. This ongoing task is to improve the Board's oversight requirements of Registered Dental Hygienists, Registered Dental Hygienists in Alternative Practice, Registered Dental Hygienists in Extended Functions, and dental hygiene educational programs to uphold the law.

The Board's current status of appointed terms for board members is separated into two groups. One group of four member's terms expires at the end of a particular year (2019) at the same time (unless reappointed) and the second group of five member's terms expires at the same time three years later (2022) unless they are reappointed, serve a final grace year, or leave prior to the term expiration to stagger the terms. These situations are not assured and may not happen, and future planning based on the members serving their full maximum two, four-year terms is needed. The grouping of so many members together in each group may pose an issue for the Board to establish a quorum at meetings to conduct its business, especially the group of five members as we wouldn't have a quorum, should they be termed out at the same time.

Action Requested:

Staff recommends for the Board to consider the proposed amended statutory language as presented in the meeting materials to group the members so that only a maximum of three members term out at one time. This will further stagger the terms so there's three groups of member terms instead of two.

Draft amended statutory language was created as a starting point and staff request the Board to review and determine whether additional information or language is required, direct staff to complete the draft of proposed statutory language and seek sponsored legislation for 2020/2021. Once the statutory language is approved, regulations can be promulgated to define the specifics to further stagger the board member terms.

Pros: The proposed statutory language revisions to BPC 1903 will allow the Board a greater chance to continually establish a quorum for each meeting to address Board issues without the effects of term limits.

Cons: If the proposed statutory language revisions to BPC 1903 are not approved and further staggering of Board member terms is not realized for the future, with the number of members being termed out at one time without reappointment, serving grace years, or extending the terms, the Board may face issues establishing quorum at meetings to conduct its business.

Proposed Statute Changes for Business and Professions Code (BPC) Section 1903

- (a)(1) The dental hygiene board shall consist of nine members as follows:
- (A) Seven members appointed by the Governor as follows:
- (i) Two members shall be public members.
 - (ii) One member shall be a practicing general or public health dentist who holds a current license in California.
 - (iii) Four members shall be registered dental hygienists who hold current licenses in California. Of the registered dental hygienist members, one shall be licensed either in alternative practice or in extended functions, one shall be a dental hygiene educator, and two shall be registered dental hygienists. No public member shall have been licensed under this chapter within five years of the date of their appointment or have any current financial interest in a dental-related business.
- (B) One public member appointed by the Senate Committee on Rules.
- (C) One public member appointed by the Speaker of the Assembly.
- (2)(A) The first appointment by the Senate Committee on Rules or the Speaker of the Assembly pursuant to this subdivision shall be made upon the expiration of the term of a public member that is scheduled to occur, or otherwise occurs, on or after January 1, 2019.
- (B) It is the intent of the Legislature that committee members appointed prior to January 1, 2019, remain as hygiene board members until their term expires or except as otherwise provided in law, whichever occurs first.
- (3) For purposes of this subdivision, a public health dentist is a dentist whose primary employer or place of employment is in any of the following:
- (A) A primary care clinic licensed under subdivision (a) of Section 1204 of the Health and Safety Code.
 - (B) A primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code.
 - (C) A clinic owned or operated by a public hospital or health system.
 - (D) A clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code.
- (b)(1) Except as specified in paragraph (2), members of the dental hygiene board shall be appointed for a term of four years. Each member shall hold office until the appointment and qualification of the member's successor or until one year shall have lapsed since the expiration of the term for which the member was appointed, whichever comes first.
- (2) Notwithstanding paragraph (1), beginning January 1, 2022, vacancies shall be filled and classified into one of three staggered classes, consisting of three members each. As a position becomes vacant, the three Class A vacancies shall be filled first, the three Class B vacancies shall be filled second, and the three Class C vacancies shall be filled third.

(A) The terms of Class A members will expire January 1, 2026.

- (B) The terms of Class B members will expire January 1, 2027.
(C) The terms of Class C members will expire January 1, 2028.

(3) Following the filling and classification of all nine member positions as described in paragraph (2), subsequent vacancies shall be filled according to the three-Class approach in paragraph (2). Each member shall serve a four-year term with Class A's term ending one year before Class B's and Class B's term ending one year before Class C's.

(4) No more than three members' terms shall expire in any given calendar year.

~~For the term commencing on January 1, 2012, two of the public members, the general or public health dentist member, and two of the registered dental hygienist members, other than the dental hygiene educator member or the registered dental hygienist member licensed in alternative practice or in extended functions, shall each serve a term of two years, expiring January 1, 2014.~~

(c) Notwithstanding any other provision of law and subject to subdivision (e), the Governor may appoint to the dental hygiene board a person who previously served as a member of the former committee or hygiene board even if the person's previous term expired.

(d) The dental hygiene board shall elect a president, a vice president, and a secretary from its membership.

(e) No person shall serve as a member of the dental hygiene board for more than two consecutive terms.

(f) A vacancy in the dental hygiene board shall be filled by appointment to the unexpired term. Notwithstanding paragraph (e), a member who is appointed to fill an unexpired term shall be eligible to serve two complete consecutive terms.

(g) Each member of the dental hygiene board shall receive a per diem and expenses as provided in Section 103.

(h) The Governor shall have the power to remove any member from the dental hygiene board for neglect of a duty required by law, for incompetence, or for unprofessional or dishonorable conduct.

(i) The dental hygiene board, with the approval of the director, may appoint a person exempt from civil service who shall be designated as an executive officer and who shall exercise the powers and perform the duties delegated by the dental hygiene board and vested in the executive officer by this article.

(j) This section shall remain in effect only until January 1, 2023, and as of that date is repealed.

Credits

(Added by Stats.2008, c. 31 (S.B.853), § 47, operative July 1, 2009. Amended by Stats.2011, c. 385 (S.B.540), § 18; Stats.2014, c. 396 (S.B.1245), § 2, eff. Jan. 1, 2015; Stats.2018, c. 858 (S.B.1482), § 10, eff. Jan. 1, 2019; Stats.2019, c. 456 (S.B.786), § 6, eff. Jan. 1, 2020.)



MEMORANDUM

DATE	August 29, 2020
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	FULL 14 - Discussion and Possible Action on Proposed Statutory Language Amendments to BPC Section 1917.1: Clinical Work Hour Accumulation.

Background:

The Dental Hygiene Board of California (Board) licenses and regulates California dental hygienists pursuant to sections 1900 through 1967.4 of the Business and Professions Code (BPC). Since inception of the statutes, the Board continually analyzes and reviews them for any possible revisions that would help clarify the language for staff, licensees and interested stakeholders; improve procedures; and enhance program efficiencies for the betterment of the Board. This ongoing task is to improve the Board's oversight requirements of Registered Dental Hygienists, Registered Dental Hygienists in Alternative Practice, Registered Dental Hygienists in Extended Functions, and dental hygiene educational programs to uphold the law.

In the past few years, the Board has received requests from out of state applicants pursuing licensure through the Licensure By Credential (LBC) pathway to apply additional clinical hours worked in excess of the minimally required 750 hours per year to credit clinical hours where they are deficient in a year due to a life changing event such as pregnancy, illness, temporary disability caused by an accident or other reason, active military assignment, or caring for a dependent family member. Pursuant to the law, LBC applicants are required to accumulate a minimum of 750 hours per year for five years immediately preceding the date of the application. However, more requests are being received when the life changing events occur within the preceding three years from the date of the application where they couldn't accumulate the required minimal 750 clinical hours for one year due to the life-changing event. The applicants have said that they've worked substantially more hours in excess of the minimum in other years within the preceding three years of the application date where crediting clinical hours from those years could be available. The hours credited would only be used for one deficient year maximum in the preceding three years.

Action Requested:

Staff recommends for the Board to consider that LBC applicants, upon proof of the life changing event that is satisfactory to the Board, may provide proof of additional hours worked in excess of the minimum required 750 hours per year in the preceding three years for credit consideration to be applied to the one deficient year by the Board at the time of application to accommodate for the event.

Draft statutory language was created as a starting point and staff request the Board to review and determine whether additional information or language is required, direct staff to complete the draft of proposed statutory language and seek sponsored legislation for 2020/2021.

Pros: The proposed statutory language revisions to 1917.1 will allow applicants who would have otherwise qualified for licensure through the Licensure By Credential pathway had it not been for a life-changing event, to obtain their license, increase access to care, and demonstrate that the Board provides reasonable accommodation where it can for life events.

Cons: If the proposed statutory language revisions to 1917.1 are not approved, LBC applicants who would've otherwise qualified for licensure had it not been for a life-changing event, won't be able to obtain licensure through the LBC pathway and will be required to apply as new applicants. This option would result in many applicants having to bear an increase in cost to obtain the dental hygiene license as requirements like exam completion may be older than what's stated in current law. The only other option is to continue to work until they have the required number of clinical hours accumulated within five years of applying as required by law which will delay their license and access to dental care for consumers.

**Proposed Statute Changes for
Business and Professions Code (BPC) Section 1917.1(a)(3):**

(3) Proof that the applicant has been in clinical practice as a registered dental hygienist or has been a full-time faculty member in an accredited dental hygiene education program for a minimum of 750 hours per year for at least five years immediately preceding the date of application under this section. The clinical practice requirement shall be deemed met if the applicant provides proof of at least three years of clinical practice and commits to completing the remaining two years of clinical practice by filing with the dental hygiene board a copy of a pending contract to practice dental hygiene in any of the following facilities: following applies:

(A) An applicant provides proof of at least three years of clinical practice and commits to completing the remaining two years of clinical practice by filing with the dental hygiene board a copy of a pending contract to practice dental hygiene in any of the following facilities:

~~(A)~~ (i) A primary care clinic licensed under subdivision (a) of Section 1204 of the Health and Safety Code.

~~(B)~~ (ii) A primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code.

~~(C)~~ (iii) A clinic owned or operated by a public hospital or health system.

~~(D)~~ (iv) A clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code.

(B) Applicants documenting the inability to accumulate the minimum required 750 hours per year in one of the three years immediately preceding the date of application due to pregnancy, illness, temporary disability caused by an accident or other reason, active military assignment, or caring for a dependent family member, or other life changing event deemed acceptable by the dental hygiene board, may provide proof of additional hours worked in excess of the minimum required 750 hours per year in the preceding three years for credit consideration to be applied to the deficient year by the dental hygiene board. Official documentation of the medical issue or disability and fitness to resume practice from a licensed physician, physician assistant, nurse practitioner, or other licensed healthcare practitioner, or military orders indicating active duty with dates, shall be submitted at the time of application for consideration.



MEMORANDUM

DATE	August 29, 2020
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer Presented by Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	FULL 15 - Discussion and Possible Action on Proposed Statutory Language Amendments to BPC Section 1926.1: Operation of Mobile Dental Hygiene Clinics; Requirements.

Background:

The Dental Hygiene Board of California (Board) licenses and regulates California dental hygienists pursuant to sections 1900 through 1967.4 of the Business and Professions Code (BPC). Since inception of the statutes, the Board continually analyzes and reviews them for any possible revisions that would help clarify the language for staff, licensees and interested stakeholders; improve procedures; and enhance program efficiencies for the betterment of the Board. This ongoing task is to improve the Board's oversight requirements of Registered Dental Hygienists, Registered Dental Hygienists in Alternative Practice, Registered Dental Hygienists in Extended Functions, and dental hygiene educational programs to uphold the law.

At the Board's November 16-17, 2018 meeting, proposed regulatory language for mobile dental hygiene clinics (proposed California Code of Regulations (CCR) Title 16, section 1116) was presented to the Board for its review and approval. The Board approved the proposed language and delegated authority to the Board's executive officer to make any technical, non-substantive changes, if necessary. After consultation with the California Department of Consumer Affairs legal department, it was determined that the Board did not have statutory authority for inspections of mobile dental hygiene clinics and suggested the Board seek statutory authority to allow 16 CCR 1116 to move forward in the rulemaking process.

Action Requested:

Staff recommends to the Board to review the language in the attached starting point document, determine whether additional information or language is required, complete the draft of proposed statutory language, and direct staff to seek sponsored legislation for 2020/2021.

Pros: The proposed statutory language revisions to 1926.1 will allow 16 CCR 1116 to move forward in the rulemaking process, allowing mobile dental hygiene clinics to be permitted, and thereby providing mobile dental hygiene clinics to areas in need of dental hygiene care.

Cons: If the proposed statutory language revisions to 1926.1 are not approved, 16 CCR 1116 will not be allowed to move forward in the rulemaking process denying permitting of mobile dental hygiene clinics, and thereby preventing mobile dental hygiene clinics to service areas in need of dental hygiene care.

**Proposed Statute Changes for
Business and Professions Code (BPC) Section 1926.1.
Operation of Mobile Dental Hygiene Clinic; Requirements**

Notwithstanding any other provision of law, a registered dental hygienist in alternative practice may operate a mobile dental hygiene clinic ~~provided by the licensee's property and casualty insurer as a temporary substitute site for the practice registered by the licensee pursuant to Section 1926.3, if both of the following requirements are met:~~

~~(a) The licensee's registered place of practice has been rendered and remains unusable due to loss or calamity.~~

(b) (a) The licensee's insurer registered dental hygienist in alternative practice shall register registers the mobile dental hygiene clinic with the dental hygiene board in compliance with sections 1926.2 and 1926.3.

(b) The mobile dental hygiene clinic shall be subject to periodic announced and unannounced reviews and inspections to ensure continued compliance of regulatory requirements for continued approval.

(c) It will constitute unprofessional conduct if the mobile dental hygiene clinic is found to be noncompliant with regulatory requirements, and the registered dental hygienist in alternative practice may be placed on probation with terms, issued a citation and fine, or have the mobile dental hygiene clinic registration withdrawn if compliance is not met within reasonable specified timelines.

(d) The dental hygiene board, or through an authorized representative, may issue a citation containing fines and orders of abatement to the registered dental hygienist in alternative practice for any violation of this section, section 1926.2, section 1926.3, or the regulations adopted pursuant to these sections of the Business & Professions Code.



MEMORANDUM

DATE	August 29, 2020
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer Presented by Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	FULL 16 - Discussion and Possible Action on Proposed Statutory Language Amendments to BPC Section 1926.3: Registered Dental Hygienist in Alternative Practice; Registration; Time Period.

Background:

The Dental Hygiene Board of California (Board) licenses and regulates California dental hygienists pursuant to sections 1900 through 1967.4 of the Business and Professions Code (BPC). Since inception of the statutes, the Board continually analyzes and reviews them for any possible revisions that would help clarify the language for staff, licensees and interested stakeholders; improve procedures; and enhance program efficiencies for the betterment of the Board. This ongoing task is to improve the Board's oversight requirements of Registered Dental Hygienists, Registered Dental Hygienists in Alternative Practice, Registered Dental Hygienists in Extended Functions, and dental hygiene educational programs to uphold the law.

The Board has been working to identify deficiencies in the law where additional oversight is needed. In existing law, Registered Dental Hygienists in Alternative Practice (RDHAP) are allowed to operate physical dental hygiene facilities in certain locations in the state; however, the Board has no oversight of these facilities other than requiring the licensee to register the location with the Board. These facilities treat many of the most underserved and vulnerable people in the population and the Board needs to ensure that they are operated safely and in accordance with all applicable laws and regulations. After consultation with the California Department of Consumer Affairs legal department, it was determined that the Board did not have statutory authority for the oversight of physical dental hygiene facilities and to seek statutory authority.

Action Requested:

Staff recommends to the Board to review the language in the attached starting point document, determine whether additional information or language is required, complete the draft of proposed statutory language, and direct staff to seek sponsored legislation for 2020/2021.

Pros: The proposed statutory language revisions to 1926.3 will allow the Board to provide oversight to physical facilities operated by Registered Dental Hygienists in Alternative Practice to ensure facilities are operated safely and in accordance with all applicable laws and regulations, thereby providing protection of the public.

Cons: If the proposed statutory language revisions to 1926.3 are not approved, physical facilities may not be operated by the Registered Dental Hygienists in Alternative Practice in accordance with all applicable laws and regulations, thereby placing the public at risk.

Proposed Statute Changes for Business and Professions Code (BPC) Section 1926.3.

Every person who is now or hereafter licensed as a registered dental hygienist in alternative practice in this state shall register with the executive officer, on forms prescribed by the dental hygiene board, the ~~person's~~ registered dental hygienist in alternative practice's physical place of practice or, if the person has more than one physical place of practice, pursuant to Section 1926.4, all of the physical places of practice. If the person has no physical place of practice, the person shall notify the executive officer. A person licensed by the dental hygiene board shall register with the executive officer within 30 days after the date of the issuance of the person's license as a registered dental hygienist in alternative practice.

(b) The registered dental hygienist in alternative practice's physical place of practice shall be subject to periodic announced and unannounced reviews and inspections to ensure continued compliance of regulatory requirements for continued approval.

(c) It will constitute unprofessional conduct if the registered dental hygienist in alternative practice's physical place of practice is found to be noncompliant with regulatory requirements, and the registered dental hygienist in alternative practice may be placed on probation with terms, issued a citation and fine, or have the physical facility's registration withdrawn if compliance is not met within reasonable specified timelines.

(d) The dental hygiene board, or through an authorized representative, may issue a citation containing fines and orders of abatement to the registered dental hygienist in alternative practice for any violation of this section, section 1925, section 1926.4, or the regulations adopted pursuant to these sections of the Business & Professions Code.



MEMORANDUM

DATE	August 29, 2020
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer Presented by Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	FULL 17 - Discussion and Possible Action on Proposed Statutory Language Amendments to Business and Professions Code (BPC) Section 1941: Addition of RDHAP and RDHEF to subdivisions (b) and (c) for congruency.

Background:

The Dental Hygiene Board of California (Board) licenses and regulates California dental hygienists pursuant to sections 1900 through 1967.4 of the Business and Professions Code (BPC). Since inception of the statutes, the Board continually analyzes and reviews them for any possible revisions that would help clarify the language for staff, licensees and interested stakeholders; improve procedures; and enhance program efficiencies for the betterment of the Board. This ongoing task is to improve the Board's oversight requirements of Registered Dental Hygienists, Registered Dental Hygienists in Alternative Practice, Registered Dental Hygienists in Extended Functions, and dental hygiene educational programs to uphold the law.

At the November 23, 2019 Full Board meeting, the Board approved the changes in the attached document for statutory language to BPC section 1941. After consultation with the California Department of Consumer Affairs legal department, the following attached language was recommended. To be consistent with statutory language throughout the BPC, newly proposed RDHAP and RDHEF educational programs will need to complete a feasibility study demonstrating a need for new educational programs prior to pursuing approval of the programs. This proposal presents congruency in the language requirement between the licensure categories of RDH, RDHAP, and RDHEF.

Action Requested:

Staff recommends to the Board to re-review the language in the attached starting point document, determine whether additional information or language is required, complete the draft of proposed statutory language, and direct staff to seek sponsored legislation for 2021.

Pros: The proposed statutory language revisions include changes which will enhance clarity, improve procedures, and increase program efficiencies.

Cons: If the proposed statutory language revisions are not approved, existing statutory language may be misinterpreted as to the intent of the requirement by law and could affect Board program functions and efficiencies.



**Proposed Statute Changes for
Business and Professions Code (BPC) Section 1941**

KEY:

Aqua Highlight – New language to be considered by the Board.

Yellow Highlight – Previous language approved by the Board.

1941. Approval of Educational Programs; Need for New Educational Programs.

programs for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions that continuously maintain a high quality standard of instruction and, where appropriate, meet the minimum standards set by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board.

(b) A new educational program for registered dental hygienists, **registered dental hygienists in alternative practice, or registered dental hygienists in extended functions** shall submit a feasibility study demonstrating a need for a new educational program and shall apply for approval from the dental hygiene board prior to seeking approval for initial accreditation from the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board. The dental hygiene board may approve, provisionally approve, or deny approval of any such new educational program.

(c) For purposes of this section, a new educational program for registered dental hygienists, **registered dental hygienists in alternative practice, or registered dental hygienists in extended functions** means a program provided by a college or institution of higher education that is accredited by a regional accrediting agency recognized by the United States Department of Education and that has as its primary purpose providing college level courses leading to an associate or higher degree, that is either affiliated with or conducted by a dental school approved by the dental board, or that is accredited to offer college level or college parallel programs by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board.

~~(d) A new educational program for registered dental hygienists in alternative practice shall submit a feasibility study demonstrating a need for a new educational program and shall apply for approval from the dental hygiene board prior to operation.~~

~~(1) The Board shall approve only those educational programs for registered dental hygienists in alternative practice (RDHAPs) which continuously maintain a high quality standard of instruction.~~

~~(2) An educational program for RDHAPs is one which has as its primary purpose providing college level education including, but not limited to, dental hygiene technique and theory, which shall include gerontology, medical emergencies, business administration and practice management as they pertain to RDHAPs. The~~

Commented [PA1]: Will be covered in regulation 16 CCR 1104.1.

program shall be given by a college or institution of higher education that is

(3) Any program for RDHAPs shall apply for and receive approval prior to operation. The dental hygiene board may approve, provisionally approve, or deny approval of any such program. Provisional approval shall not be granted for a period which exceeds the length of the program and in no event for more than 30 days. When the dental hygiene board provisionally approves a program, it shall state the reasons therefor. Provisional approval shall be limited to those programs which substantially comply with all existing standards for full approval. A program given provisional approval shall immediately notify each student of such status. The dental hygiene board's maximum processing time for an application for an RDHAP educational program shall not exceed thirty (30) business days to notify the applicant in writing that the application is complete and accepted for consideration by the Board or, that the application is deficient and what specific information is required. The dental hygiene board's maximum time to approve, provisionally approve, or deny approval of the RDHAP educational program shall not exceed ninety (90) business days upon the filing of a completed application.

(4) If the dental hygiene board denies approval of a program, the specific reasons therefor shall be provided by the Board in writing within ninety (90) business days after denial.

(Amended by Stats. 2018, Ch. 858, Sec. 36. (SB 1482) Effective January 1, 2019.)



Updated Legislative Calendar Highlights:

(Changes due to the extended recess necessitated by a spike in COVID-19 cases.)

- **August 14, 2020** – Last day for Assembly policy committees to meet and report bills.
- **August 15, 2020** – Last day for Senate policy committees to meet and report bills.
- **August 21, 2020** – Last day for Assembly and Senate fiscal committees to meet and report bills.
- **August 24, 2020** – Last day to amend bills on the Assembly floor.
- **August 26, 2020** – Last day to amend bills on the Senate Floor for chaptering purposes only.
- **August 24-31, 2020** – Assembly and Senate Floor session only.
- **August 31, 2020** – Last day for each house to pass bills. Recess begins upon adjournment.
- **September 30, 2020** – Last day for the Governor to act on passed legislation.

Legislative Bills of Interest Current as of August 19, 2020

Legislation	Topic	Status	DHBC Position
AB 613 (Low)	<p>Professions and vocations: regulatory fees. This bill would have authorized programs within the Department of Consumer Affairs to increase their fees every four years in an amount not to exceed the increase in the Consumer Price Index in the last four years.</p> <p>This bill was gut-and-amended to address issues solely related to dentistry.</p> <p>Dentists: clinical laboratories: license examinations.</p> <p>(1) Existing law provides for the licensure, registration, and regulation of clinical laboratories and various clinical laboratory personnel by the State Department of Public Health. This bill would expand the definition of "laboratory director" to include licensed dentists.</p> <p>(2) Existing law, the Dental Practice Act, provides for the licensure and regulation of the practice of dentistry by the Dental</p>	<p>Active</p> <p>Last amended: 6/29/20</p> <p>Referred to Senate Committee on Business, Professions, and Economic Development.</p>	<p>Watch</p> <p>Current Staff Recommendation: Watch.</p>

Legislation	Topic	Status	DHBC Position
	<p>Board of California. Existing law requires an applicant for licensure to have taken and received a passing score on either a clinical and written examination administered by the Western Regional Examining Board or a clinical and written examination developed by the American Board of Dental Examiners, Inc., subject to the Department of Consumer Affairs making a determination that the examination is compliant with specified requirements and standards. Existing law authorizes the acceptance of an American Board of Dental Examiners, Inc. examination only after the department makes that determination.</p> <p>This bill would delete the provision specifying that the examination may only be accepted after that determination is made. The bill, until January 1, 2024, would specify that an applicant who received a passing score on either of the examinations specified above between January 1, 2015, to December 31, 2019, inclusive, shall be deemed to satisfy the examination requirement. The bill would make conforming changes.</p>		
AB 1263 (Low)	<p>Contracts: consumer services: consumer complaints.</p> <p>This bill was gut-and-amended on January 6th to prohibit a licensee from limiting a consumer's right to file a complaint with a licensing board or participate in an investigation into the licensee by the licensing board. A violation would constitute unprofessional conduct subject to discipline by the licensing board.</p> <p>This bill would protect the consumer by preventing an RDH/RDHEF/RDHAP from entering into an agreement with a consumer to prevent the consumer from filing a complaint with the DHBC or to prevent them from participating in a DHBC investigation into the RDH/RDHEF/RDHAP for services provided.</p>	<p>Active</p> <p>Last Amended: 01/06/2020</p> <p>6/23/20: Referred to Senate Committee on Business, Professions, and Economic Development.</p>	<p>Support.</p> <p>Letter of Support sent.</p>

Legislation	Topic	Status	DHBC Position
AB 1616 (Low)	<p>Department of Consumer Affairs: boards: expunged convictions.</p> <p>This bill would require a board within the department that has posted on its internet website that a person's license was revoked because the person was convicted of a crime to, crime, within 6 months 90 days of receiving the an expungement order for the underlying offense from the person, if the person reapplies for licensure or is relicensed, to post notification of the expungement order and the date thereof on the board's internet website if the person applies for licensure or is relicensed, or remove the initial posting on its internet website that the person's license was revoked website. The bill would require the board, on receiving an expungement order, if the person is not currently licensed and does not reapply for licensure, as specified, to remove within the same period the initial posting on its internet website that the person's license was revoked and information previously posted regarding arrests, charges, and convictions. The bill would require a person in either case to pay a fee, to be \$50 fee to the board, unless another amount is determined by the department, to the board for board to be necessary to cover the cost of administering the bill's provisions.</p> <p>Expungement allows a first-time offender of a criminal conviction to seek that the records of that earlier process be sealed, making the records unavailable through the state or Federal repositories. As the Department of Consumer Affairs is a consumer protection agency, allowing records to be removed from DHBC reporting may not be in the interest of consumer protection.</p>	<p>Active</p> <p>Last Amended: 7/7/2020</p> <p>Referred to Senate Committee on Business, Professions, and Economic Development.</p>	<p>Watch</p> <p>Current Staff Recommendation: Oppose</p>

Legislation	Topic	Status	DHBC Position
AB 1911 (Maienschein)	<p>State agencies: veterans This bill would modify current law and require each state agency to include questions on its intake forms to determine whether an applicant is affiliated with the United States Armed Forces. The bill would require the state agency, through the intake form, to request permission from that person to transmit their contact information to the Department of Veterans Affairs so that the person may be notified of potential eligibility to receive state and federal veteran's benefits.</p> <p>The bill would require each state agency to electronically transmit to the Department of Veterans Affairs specified information regarding each applicant who has identified that they or a family member has served in the United States Armed Forces and has consented to be contacted about military, veterans, family member, or survivor benefits.</p>	<p>Active</p> <p>Introduced: 01/09/2020</p> <p>01/17/2020 Referred to Assembly Committee on Veterans Affairs.</p>	Watch.
AB 1998 (Low)	<p>Dental Practice Act: unprofessional conduct. A. Existing law, the Dental Practice Act, specifies unprofessional conduct by a licensee to include, among other things, the failure by a treating dentist, prior to the initial diagnosis and correction of malpositions of human teeth or the initial use of orthodontic appliances, to perform an examination pursuant to that required of a patient of record, including the review of the patient's most recent diagnostic digital or conventional radiographs or other equivalent bone imaging suitable for orthodontia. The act requires new radiographs or other equivalent bone imaging to be ordered if deemed appropriate by the treating dentist. The act defines a patient of record to mean a patient who has been examined, has had a medical and dental history completed and evaluated, and has had oral conditions diagnosed and a written plan developed by the licensed dentist. The act also specifies</p>	<p>Active</p> <p>Last Amended: 6/3/2020</p> <p>7/1/20 Referred to Senate Committee on Business, Professions, and Economic Development.</p> <p>8/8/20 Failed Passage, Reconsideration granted.</p>	<p>Watch</p> <p>Current Staff Recommendation: Watch.</p>

Legislation	Topic	Status	DHBC Position
	<p>unprofessional conduct by a licensee to include the advertising of either professional superiority or the advertising of performance of professional services in a superior manner.</p> <p>This bill would revise that unprofessional conduct provision described above to:</p> <ul style="list-style-type: none"> Require new radiographs or other equivalent bone imaging to be ordered if no radiographs are available for diagnostic review. The bill would provide that, for purposes of that unprofessional conduct provision, the correction of malpositions includes any movement of the teeth, including the treatment of malocclusions. Specify unprofessional conduct by a licensee to include the destruction of patient records before 10 years have elapsed from the date a dental service was last provided if the patient is an adult or 7 years have elapsed from the date a dental service was last provided, or one year has elapsed from the patient's 18th birthday, whichever is longer, if the patient is a minor. Specify unprofessional conduct by a licensee to include the advertising of performance of professional services in a more expeditious manner. <p>B. Existing law requires an individual, partnership, corporation, or other entity providing dental services through telehealth, prior to the rendering of services and when requested by a patient, to make available the name, telephone number, practice address, and California state license number of any dentist who will be involved in the provision of services to a patient, and</p>		

Legislation	Topic	Status	DHBC Position
	<p>makes a violation of that provision unprofessional conduct.</p> <ul style="list-style-type: none"> This bill would require the information described above to be provided to the patient at the time that the patient receives the recommended treatment plan for services involving the diagnosis and correction of malpositions of human teeth or initial use of orthodontic appliances, as specified. <p>C. Existing law prohibits a provider of dental services from requiring a patient to sign an agreement limiting the patient's ability to file a complaint with the board.</p> <ul style="list-style-type: none"> This bill would prohibit a licensed dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, registered dental hygienist in extended functions, or other person from being required to sign an agreement that limits the signatory's ability to file a complaint or provide information to the board. <p>D. Existing law requires a licensee who fails or refuses to comply with a request for the dental records of a patient, that is accompanied by that patient's written authorization for release of record to the board, within 15 days of receiving the request and authorization, to pay to the board a civil penalty of \$250 per day for each day that the documents have not been produced after the 15th day, up to a maximum of \$5,000, unless the licensee is unable to provide the</p>		

Legislation	Topic	Status	DHBC Position
	<p>documents within this time period for good cause.</p> <ul style="list-style-type: none"> This bill would specify unprofessional conduct by a licensed dentist to include failure to comply with a written request of a patient to receive a copy of any patient-signed documents within 15 days of receiving the request. 		
AB 2028 (Aguiar-Curry)	<p>State agencies: meetings.</p> <p>This bill would require state bodies subject to the Bagley-Keene Open Meeting Act to post all relevant background documents online at least ten days prior to a public meeting, instead of the agenda alone. Such writing and materials would only be eligible for distribution or discussion at the noticed meeting if posted within the ten-day timeframe. This bill would also clarify that the public has the right to comment on any agenda item listed for that meeting, regardless of whether it has been previously discussed.</p> <p>This bill would, except for closed sessions:</p> <ul style="list-style-type: none"> Require that this notice include all writings or materials provided for the noticed meeting to a member of the state body by staff of a state agency, board, or commission, or another member of the state body, that are in connection with a matter subject to discussion or consideration at the meeting. The bill would prescribe requirements to be satisfied in order for these writings or materials to be distributed or discussed. Generally require that these writings and materials be made available on the body's internet website no later than the first business day after they are provided to members of the state body or at least 48 hours in advance of the meeting, whichever 	<p>Active</p> <p>Last Amended: 7/28/2020</p> <p>8/14/2020 Referred to Senate Committee on Appropriations</p>	<p>Oppose.</p> <p>Current Staff Recommendation: Watch.</p>

Legislation	Topic	Status	DHBC Position
	<p>is earlier, and to be provided immediately upon written request. If the writings or materials are provided to the members of the state body by another state body after this 48-hour deadline, the bill would require that they be posted on the body's internet website no later than the first business day, but prior to the meeting of the state body, following the dissemination of the writings and materials to the members of the state body, and made available immediately upon written request.</p> <ul style="list-style-type: none"> • Except writings or materials relating to matters to be discussed in a closed session and state financial materials, as defined, that put the Treasurer, or specified entities for which the Treasurer serves as chairperson, at a competitive disadvantage in financial transactions from its requirements. • Authorize a state body to post and provide additional time-sensitive materials related to certain active legislation, as specified, and changing financial market conditions as they become available, as specified. Upon receipt of a written request, the bill would require that these writings or materials be provided immediately. • Existing law requires that a state body provide an opportunity for members of the public to directly address the body on each agenda item. Existing law exempts from this requirement, among other things, an agenda item that has already been considered by a committee composed exclusively of members of the state body at a public meeting where members of the public were 		

Legislation	Topic	Status	DHBC Position
	<p>afforded an opportunity to address the committee on the item.</p> <ul style="list-style-type: none"> This bill would delete this exception, thereby making the requirement to provide an opportunity to address the state body applicable to an agenda item for which the public had an opportunity to address it at a public meeting of a committee of the state body. 		
AB 2113 (Low)	<p>Refugees, asylees, and immigrants: professional licensing.</p> <p>This bill would require programs within the Department of Consumer Affairs to expedite and assist the initial licensure process for an applicant who supplies satisfactory evidence that they are a refugee, have been granted political asylum, or have a special immigrant visa, as specified. The bill would authorize programs to adopt regulations necessary to administer these provisions.</p> <p>Addition of: (b) Nothing in this section shall be construed as changing existing licensure requirements. A person applying for expedited licensure under subdivision (a) shall meet all applicable statutory and regulatory licensure requirements.</p> <p>As the Department of Consumer Affairs is a consumer protection agency, allowing expedited processes for refugees, persons that have been granted asylum, or have a special immigrant visa may not allow for proper vetting of background status to ensure safety of the public.</p>	<p>Active</p> <p>Last Amended: 8/4/2020</p> <p>8/13/2020 Senate Appropriations Suspense File</p>	<p>Oppose.</p> <p>Current Staff Recommendation: Watch.</p>
AB 2164 (Robert Rivas & Salas)	<p>Telehealth.</p> <p>Current law prohibits a requirement of in-person contact between a health care provider and a Medi-Cal patient when the service may be provided by telehealth, and, for purposes of telehealth, prohibits the department from limiting the type of setting where Medi-Cal services are</p>	<p>Active</p> <p>Last Amended: 7/22/2020</p> <p>8/13/2020 Senate Appropriations</p>	<p>New</p> <p>Staff recommendation: Watch.</p>

Legislation	Topic	Status	DHBC Position
	provided. Existing law authorizes, to the extent that federal financial participation is available, the use of health care services by store and forward under the Medi-Cal program, subject to billing and reimbursement policies developed by the department, and prohibits a requirement of in-person contact between a health care provider and a Medi-Cal patient when these services are provided by store and forward. This bill would provide that an FQHC or RHC "visit" includes an encounter between an FQHC or RHC patient and a health care provider using telehealth by synchronous interaction or asynchronous store and forward. The bill would specify that an FQHC or RHC is not precluded from establishing a patient who is located within the FQHC's or RHC's federal designated service area through synchronous interaction or asynchronous store and forward as of the date of service if specified requirements are met.	Suspense File	
AB 2130 (Arambula)	Health care professionals: underserved communities. This is a spot bill declaring the Legislature's intent to increase the number of health care professionals in underserved communities.	Active Introduced: 02/10/2020 Assembly, pending referral to policy committee.	Watch.
AB 2185 (Patterson)	Professions and vocations: applicants licensed in other states: reciprocity This bill would require each board within the department to issue a license to an applicant in the discipline for which the applicant applies if the person currently holds a license in good standing in another state in the discipline and practice level for which the person applies and if the person meets specified requirements, including that the person has held the license and has practiced in the licensed field in the other state for at least 3 of the last 5 years and pays all applicable fees. By expanding the applicants who are authorized to be licensed and may be prosecuted for a	Active Last Amended: 5/13/2020 5/14/2020 re-referred to Assembly Committee on Business and Professions.	Support with Amendments. Letter of Support if Amended sent.

Legislation	Topic	Status	DHBC Position
	<p>violation of those licensure provisions constituting a crime, the bill would impose a state-mandated program.</p> <p>Amendments to BPC 117:</p> <p>(a)(3) The person has held the license and has practiced in the licensed field in the other another state or jurisdiction for at least three of the last five years.</p> <p>(a)(5) The person submits verification that they have satisfied all education, work, examination, and other requirements for gained licensure in the other state in which the person holds a license in good standing and those requirements are similar to the standards required for licensure in this state. and holds that license in good standing, and those requirements are deemed similar to the standards required for licensure in this state by the appropriate licensing board.</p> <p>(a)(8) If required by the board, the person has passed a California jurisprudence and ethics examination or other examination otherwise required for applicants by the board on the statutes and regulations relating to the license.</p> <p>(c) This section shall not apply to the Board of Registered Nursing, Nursing or any other board that currently authorizes license portability as a component of qualifying for licensure in this state, and the Board of Behavioral Sciences or any other board that has a mandatory license portability requirement in statute, and any board that currently authorizes license portability as a component of qualifying for licensure in this state. statute. License portability is defined as either providing a license by endorsement with verification of an out-of-state license in good standing, or exempting state-specific requirements to facilitate a practitioner's ability to obtain a license and practice in multiple jurisdictions.</p>		

Legislation	Topic	Status	DHBC Position
	<p>As the applicant is required to hold a current, active, and unrestricted license in another state, district, or territory of the United States, the RDH/RDHAP/RDHEF has been vetted by a comparable licensing agency.</p> <p>Amendments: Require certification of all applicable duties of California licensure.</p>		
AB 2214 (Carrillo)	<p>Administrative Procedure Act: notice of proposed action. This bill would require a state agency, including programs within the Department of Consumer Affairs, to conspicuously post specified regulatory documents on its website within 24 hours of submitting a proposed action to the Office of Administrative Law.</p> <p>24 hours is a very short amount of time to post proposed actions forwarded to OAL on our website. The Board relies on the DCA Internet Team to post items on its website and depending upon their workload, may not be able to post the documents within a day.</p>	<p>Active</p> <p>Introduced: 02/12/2020</p> <p>02/20/2020 Referred to Assembly Committee on Accountability and Administrative Review.</p>	<p>Oppose unless amended.</p> <p>Letter of Opposition unless amended sent.</p>
AB 2411 (Nazarian)	<p>Healing arts licensees: remuneration: drug or device companies: disclosure. This bill would require a healing arts licensee who receives remuneration from a drug or device company to disclose the amount and source orally and in writing to each patient before the intended use or prescription of a drug or device manufactured or distributed.</p> <p>As a consumer protection agency, full disclosure to patients on monetary gains from selling products is in the interest of the consumer, allowing them to make an educated decision if purchasing the product.</p>	<p>Active</p> <p>Introduced: 02/18/2020</p> <p>03/02/2020 Referred to Assembly Committees on Business & Professions and Health</p>	<p>Support.</p> <p>Letter of Support sent.</p>
AB 2549 (Salas)	<p>Department of Consumer Affairs: temporary licenses. This bill would expand that requirement to issue temporary licenses to include licenses issued by the Veterinary Medical Board, the Dental Board of California, the</p>	<p>Active</p> <p>Last Amended: 5/18/2020</p> <p>7/1/2020</p>	<p>Support with Amendments.</p>

Legislation	Topic	Status	DHBC Position
	<p>Dental Hygiene Board of California, the California State Board of Pharmacy, the State Board of Barbering and Cosmetology, the Board of Psychology, the California Board of Occupational Therapy, the Physical Therapy Board of California, and the California Board of Accountancy. The bill would require a board to issue a temporary license within 30 days of receiving the required documentation. The bill would specifically direct revenues from fees for temporary licenses issued by the California Board of Accountancy to be credited to the Accountancy Fund, a continuously appropriated fund. By establishing a new source of revenue for a continuously appropriated fund, the bill would make an appropriation. The bill would require a temporary license to be converted to a standard license if, within 12 months of issuance, the applicant demonstrates having met all of the requirements for a standard license or submits documents demonstrating that the requirements to obtain the out-of-state license were substantially equivalent to the requirements for a standard license as determined by the board in order to protect the public. The bill would require a board to adopt submit to the department for approval draft regulations necessary to administer these provisions and to publish regulations on its internet website and in application materials by January 1, 2022. The bill would exempt from these provisions a board that has a process in place by which an out-of-state licensed applicant in good standing who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States is able to receive expedited, temporary authorization to practice while meeting state-specific requirements for a period of at least one year.</p> <p>As the applicant is required to hold a current, active, and unrestricted license in another state, district, or territory of the</p>	<p>Referred to Senate Committee on Business, Professions, and Economic Development.</p> <p>The author's office notified the DCA that this bill will not be set for hearing.</p>	

Legislation	Topic	Status	DHBC Position
	<p>United States, the RDH/RDHAP/RDHEF has been vetted by a comparable licensing agency. Issuing temporary licensure will provide military family members the ability to work in California to assist in providing financial security to their family.</p> <p>Amendments: Require certification of all applicable duties of California licensure.</p>		
AB 2631 (Cunningham)	<p>License fees: military partners and spouses. This bill would require programs within the Department of Consumer Affairs to waive initial or original licensing fees for spouses and domestic partners of active duty military members.</p> <p>Waiving initial licensing fees will provide military family members financial aid to allow a minor monetary relief while resettling their family.</p>	<p>Active</p> <p>Introduced: 02/20/2020</p> <p>03/02/2020 Referred to Assembly Committee on Business & Professions.</p>	<p>Support.</p> <p>Letter of Support sent.</p>
AB 2704 (Ting)	<p>Healing arts: licensees: data collection. This bill would standardize the licensee demographic data that must be collected by all healing arts boards. Several board-specific data collection requirements would be repealed. Aggregate information collected must be posted on each board's website and provided to the Office of Statewide Health Planning and Development. This bill would repeal the provisions applicable only to the licensees of those boards and, instead, would require all boards that oversee healing arts licensees to collect, collect at the time of electronic application for a license and license renewal, or at least biennially, specified demographic information, information and to post the information on the internet websites that they each maintain, and maintain. The bill would also require each board, or the Department of Consumer Affairs on its behalf, beginning on July 1, 2021, to provide the information annually to the Office of Statewide Health Planning and Development. The bill would require these boards to maintain the confidentiality</p>	<p>Active</p> <p>Last Amended: 5/14/2020</p> <p>5/18/2020 Referred to Assembly Committee on Business and Professions.</p>	<p>Oppose.</p> <p>Letter of Opposition sent.</p>

Legislation	Topic	Status	DHBC Position
	<p>of the information they receive from licensees and to only release information in aggregate form, as specified.</p> <p>Licensing data is specific to each board. By standardizing collection of data, necessary licensing information that may be specific to the DHBC may be omitted and may not serve in the best interest of the public.</p>		
AB 3045 (Gray)	<p>Department of Consumer Affairs: boards: veterans: military spouses: licenses.</p> <p>This bill would require certain programs within the Department of Consumer Affairs to issue licenses to veterans and active duty military spouses and domestic partners who hold active licenses in other jurisdictions.</p> <p>As the applicant is required to hold a current, active, and unrestricted license in another state, district, or territory of the United States, the RDH/RDHAP/RDHEF has been vetted by a comparable licensing agency. This will assist with licensure portability and will provide military family members the ability to work in California to assist in providing financial security to their family.</p> <p>Amendments: Require certification of all applicable duties of California licensure.</p>	<p>Active</p> <p>7/1/2020</p> <p>Referred to Senate Committee on Business, Professions, and Economic Development.</p>	<p>Support with Amendments.</p> <p>Letter of Support if Amended sent.</p>
SB 53 (Wilk)	<p>Open meetings.</p> <p>This bill would revise the Bagley-Keene Open Meeting Act regarding state body-created advisory committees, by requiring two-member advisory committees to hold open and public meetings if one or more of the advisory committee members is a member of the larger board, committee, or commission, and the advisory committee is supported either wholly or partially by state funds.</p>	<p>Active</p> <p>08/30/19: Held in committee and under submission.</p>	Watch
SB 144 (Mitchell and Hertzberg)	<p>Criminal fees.</p> <p>1) Deletes the provision requiring an ability to pay determination for the use of a public</p>	<p>Active</p> <p>7-27-2020:</p>	Watch

Legislation	Topic	Status	DHBC Position
	<p>defender and the provision requiring notice that such a determination will be made.</p> <p>2) Deletes the provision allowing for the recovery of costs associated with arrest.</p> <p>3) Deletes the \$25 administrative processing fee and \$10 citation processing fee.</p> <p>4) Provides that Emergency Medical Air Transportation fees shall cease to be recovered after January 1, 2020 and changes the sunset date to January 1, 2021.</p> <p>5) Deletes the \$50 registration fee for representation by a public defender.</p> <p>6) Deletes the requirement that a defendant reimburse probation for the cost of reports associated with pretrial diversion.</p> <p>7) Deletes the fees for laboratory analysis, enrollment and supervision relating to diversion.</p> <p>8) Deletes the fee to cover the administrative cost of collecting the diversion restitution fee and the county share for collecting restitution.</p> <p>9) Deletes the ability of a county to collect a fee to cover the administrative costs of collecting restitution.</p> <p>10) Deletes the ability of an employer to collect up to \$5 or \$1 for an income deduction for restitution.</p> <p>11) Deletes the requirement that a probationer reimburse the costs for transfer to another state before being allowed to leave.</p> <p>12) Deletes the fees relating to home detention.</p> <p>13) Deletes the provisions allowing fees for pretrial electronic monitoring.</p> <p>14) Deletes the ability of the entity collecting restitution to add a fee to cover actual administrative costs.</p> <p>15) Deletes the requirement that a person convicted of a drug offense pay for drug testing.</p> <p>16) Deletes the fees related to the cost of probation supervision.</p> <p>17) Deletes the requirement that an offender pay for an ignition interlock and</p>	<p>August 3 hearing postponed by committee.</p>	

Legislation	Topic	Status	DHBC Position
	<p>specifically states they are not responsible for the costs.</p> <p>18) Deletes the ability to recover for incarceration costs.</p> <p>19) Deletes the ability of a county to seek reimbursement for the reasonable costs of county parole supervision.</p> <p>20) Deletes the ability to collect state prison costs.</p> <p>21) Deletes the ability to collect a \$150 fee to cover a petition to change a plea or set aside a verdict.</p> <p>22) Deletes the \$60 fee for a petition of the dismissal or an infraction or misdemeanor.</p> <p>23) Deletes the \$150 fee for a petition to change a plea or set aside a verdict for an 1170h offense.</p> <p>24) Deletes the ability to charge a person over 26 years of age the cost of sealing a juvenile record.</p> <p>25) Deletes the ability to charge a defendant for transferring a case to another county.</p> <p>26) Deletes the ability to charge a defendant \$30 to set up a payment plan.</p> <p>27) Deletes the ability to charge a fee for work furlough or home detention.</p> <p>28) Deletes the ability to require a non-violent drug offender to contribute to the cost of treatment.</p> <p>29) Deletes the ability of probation to charge a person for electronic monitoring.</p> <p>30) Deletes the \$300 civil penalty assessment for a failure to appear.</p> <p>31) Deletes the ability of the court to order payment of interest on restitution.</p> <p>32) Deletes the ability of CDCR to collect an administration fee to cover the actual cost of collecting restitution.</p> <p>33) Deletes the ability of the counties to collect a 10% fee to cover the actual costs of collecting restitution from a person on PRCS/Mandatory Custody.</p> <p>34) Deletes the ability to charge a responsible party for health care for incarcerated youth.</p> <p>35) Deletes the ability to charge for expenses relating to a temporary release of an inmate.</p>		

Legislation	Topic	Status	DHBC Position
	<p>36) Deletes the ability to charge for a work-release program.</p> <p>37) Deletes the ability of CDCR to charge an administrative fee for a work furlough program.</p> <p>38) Deletes the authorization to charge \$15 for a written promise to appear.</p> <p>39) Deletes the ability to charge a fee for failure to make an installment payment or a fee to setup up the installment plan.</p> <p>40) Deletes the fee for a "fix it ticket."</p> <p>41) Provides that as of January 1, 2020, a number of fees that are deleted by this bill are no longer enforceable or collectible and any amounts remaining unpaid shall be vacated.</p> <p>42) Makes a number of cross-reference and conforming changes.</p>		
SB 275	<p>Psychologist: prohibition against sexual behavior.</p> <p>Gut and amended to: Health Care and Essential Workers Protection Act: personal protective equipment.</p> <p>This bill would, among other things, require specified health care employers to maintain a stockpile of unexpired personal protective equipment for use in the event of a state of emergency declaration by the Governor.</p>	<p>Amended: 7/27/2020</p> <p>8/18/2020: Placed on Suspense File.</p>	<p>New</p> <p>Staff Recommendation: Watch.</p>
SB 653 (Chang)	<p>Dental hygienists: registered dental hygienist in alternative practice: scope of practice.</p> <p>This bill would authorize:</p> <ol style="list-style-type: none"> 1) A registered dental hygienist to provide, without supervision, fluoride varnish to a patient. 2) A registered dental hygienist to provide dental hygiene preventive services and oral screenings at specified sponsored events and nonprofit organizations. 3) A registered dental hygienist in alternative practice to practice in specified clinics or in a professional 	<p>Active</p> <p>Last Amended: 01/23/2020</p> <p>8/19/2020: Ordered to Consent Calendar</p>	<p>Support with amendments as of 4-12-19.</p> <p>Letter of Support if Amended sent.</p> <p>Current Staff Recommendation: Support.</p>

Legislation	Topic	Status	DHBC Position
	<p>corporation without being an employee of that clinic or professional corporation.</p> <p>4) A registered dental hygienist in alternative practice to perform specified functions and duties of a registered dental hygienist in dental offices or both dental or medical settings. settings, as specified.</p> <p>5) A registered dental hygienist in alternative practice to perform soft-tissue-curettage and administration of local-anesthesia with documented consultation with a collaborating dentist in the residences of the homebound, residential facilities and other institutions, medical settings that a residential facility patient has been transferred to for outpatient services, dental health professional shortage areas, and dental offices, as long as a specified protocols are followed.</p> <p>6) Remove the general supervision requirement for interim therapeutic tooth restorations that are performed in specified settings and instead would require that a diagnosis, treatment plan, and instruction be provided by a dentist prior to performing the procedure.</p>		
SB 776 (Skinner)	<p>College admissions: criminal history inquiry: prohibition.</p> <p>This bill would prohibit a postsecondary educational institution in this state from inquiring about a prospective student's criminal history on an initial application form or at any time during the admissions process before the institution's final decision relative to the prospective student's application for admission. By imposing new duties on community college districts, this bill would impose a state-mandated local program.</p> <p>Peace officers: release of records.</p> <p>This bill was gut-and-amended to address issues solely related to peace officers.</p>	<p>Active</p> <p>Amended in Assembly: 7/27/2020</p>	<p>Oppose.</p> <p>Letter of Opposition sent.</p> <p>Current Staff Recommendation: None.</p>
SB 793 (Hill)	<p>Flavored tobacco products.</p> <p>Would prohibit a tobacco retailer, or any of the tobacco retailer's agents or employees,</p>	<p>Active</p> <p>Last Amended:</p>	<p>New</p>

Legislation	Topic	Status	DHBC Position
	from selling, offering for sale, or possessing with the intent to sell or offer for sale, a flavored tobacco product or a tobacco product flavor enhancer, as those terms are defined, except as specified. The bill would make a violation of this prohibition an infraction punishable by a fine of \$250 for each violation. The bill would state the intent of the Legislature that these provisions not be construed to preempt or prohibit the adoption and implementation of local ordinances related to the prohibition on the sale of flavored tobacco products.	8/10/2020 8/18/2020: Placed on Suspense File.	Staff Recommendation: Watch.
SB 878 (Jones)	Department of Consumer Affairs Licensing: applications: wait times. This bill bill, beginning July 1, 2021, would require each board within the department that issues licenses licenses, on at least a quarterly basis, to prominently display on its internet website either the current timeframe average timeframes for processing initial and renewal license applications on its internet website, as provided. or the combined current average timeframe for processing both initial and renewal license applications. The bill would also require each board to prominently display on its internet website either the current average timeframes for processing each license type that the board administers or the combined current average timeframe for processing all license types that the board administers. This bill promotes transparency into the licensing process.	Active Amended: 6/18/2020 8/19/2020: Ordered to Consent Calendar	Support. Letter of Support sent.
SB 1168 (Morrell)	State agencies: licensing services. This bill would require a state agency that issues any business license to establish a process for a person or business that is experiencing economic hardship as a result of an emergency caused by a virus to submit an application for deferral of fees required by the agency to obtain a license, renew or activate a license, or replace a physical license for display. The bill would	Active Amended: 5/30/20 6/18/20: Held in Committee under submission.	Watch. Current Staff Recommendation: Watch.

Legislation	Topic	Status	DHBC Position
	<p>require the deferral period to end 60 days following the end of the emergency.</p> <p>This bill would also require a state agency that issues any business license to establish a process to expedite licensing services, as defined, for a person or business that meets specified criteria, including that the person or business has been displaced by an emergency proclaimed or declared within 365 days of the request for licensing services.</p> <p>This bill allows for the process of expediting licensure and deferral of fees during proclaimed emergencies due to a virus.</p>		
SB 1245 (Bates)	<p>Dentistry: general anesthesia. The Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California within the Department of Consumer Affairs. The act, among other things, prescribes requirements for dentists who administer or order the administration of general anesthesia and defines general anesthesia in this regard. This bill would make a nonsubstantive change to the provision that defines general anesthesia.</p>	<p>Active</p> <p>3/5/2020: Referred to Senate Committee on Rules.</p>	<p>New</p> <p>Staff Recommendation: Watch.</p>
SB 1324 (Allen)	<p>Professional licenses. This bill would require the Department of Consumer Affairs, among other stated entities, to place a prominently displayed military licensure icon or hyperlink on its website that is linked to information about each occupational program for licensure or certification that it administers, along with additional information relating to the professional licensure of veterans, service members, and their spouses. This bill would also require the Department of Consumer Affairs to submit an annual report to the Legislature based on information collected to satisfy the requirements of this bill.</p> <p>By placing a hyperlink for military veterans, service members, and their spouses, it will</p>	<p>Active</p> <p>03/12/2020: Referred to Senate Committee on Business, Professions & Economic Development and Veterans Affairs.</p> <p>5/12/2020: Referral to Senate Committee on Veterans Affairs rescinded due</p>	<p>Watch.</p>

Legislation	Topic	Status	DHBC Position
	<p>increase visibility as to vital information needed to apply for licensure. The Board has a Military Resources icon on its website for this purpose so is in compliance despite the status of this bill.</p>	to the shortened 2020 Legislative Calendar.	
SB 1474 (Glazier et al.)	<p>Committee on Business, Professions and Economic Development Professions and vocations. (Omnibus Bill)</p> <p>Existing law provides for the licensure and regulation of registered dental hygienists by the Dental Hygiene Board of California. Existing law authorizes a registered dental hygienist to perform a procedure or provide a service within the scope of their practice under the appropriate level of supervision, as specified.</p> <p>This bill would also require a registered dental hygienist to have completed the appropriate education and training required to perform the procedure or provide the service.</p> <p>Existing law requires a person to have satisfactorily completed a specified examination within the preceding 2 years as a condition of licensure as a registered dental hygienist.</p> <p>This bill would instead require completion of the dental hygiene examination within the preceding 3 years.</p> <p>Existing law requires a person, as a condition for licensure as a registered dental hygienist in alternative practice, to successfully complete a bachelor's degree or its equivalent from an accredited college or institution of higher education, among other requirements.</p> <p>This bill would specify that the equivalent of a bachelor's degree is recognized as a minimum of 120 semester credit hours or 180 quarter credit hours in postsecondary education.</p>	<p>Active</p> <p>Last Amended: 8/10/2020</p> <p>8/11/20 Referred to Committee on Appropriations to consent file.</p> <p>8/18/2020 Placed on Suspense file.</p>	<p>Support.</p> <p>Letter of Support sent.</p>

2020 TENTATIVE ASSEMBLY LEGISLATIVE CALENDAR
COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK
Revised 5-6-20

Table with 8 columns (Days of the week) and 6 rows (Weeks) for the month of January.

Table with 8 columns (Days of the week) and 6 rows (Weeks) for the month of February.

Table with 8 columns (Days of the week) and 6 rows (Weeks) for the month of March.

Table with 8 columns (Days of the week) and 6 rows (Weeks) for the month of April, including a Spring Recess period.

Table with 8 columns (Days of the week) and 6 rows (Weeks) for the month of May.

- DEADLINES
- Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).
 - Jan. 6 Legislature reconvenes (J.R. 51(a)(4)).
 - Jan. 10 Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
 - Jan. 17 Last day for policy committees to hear and report to fiscal committees fiscal bills introduced in their house in the odd-numbered year (J.R. 61(b)(1)).
 - Jan. 20 Martin Luther King, Jr. Day.
 - Jan. 24 Last day for any committee to hear and report to the floor bills introduced in that house in the odd-numbered year. (J.R. 61(b)(2)). Last day to submit bill requests to the Office of Legislative Counsel.
 - Jan. 31 Last day for each house to pass bills introduced in that house in the odd-numbered year (J.R. 61(b)(3)) (Art. IV, Sec. 10(c)).

- Feb. 17 Presidents' Day.
- Feb. 21 Last day for bills to be introduced (J.R. 61(b)(4), J.R. 54(a)).
- Mar. 3 Primary Election.
- Mar. 20 Joint Recess begins upon adjournment (A.C.R. 189, Resolution Chapter 15, Statutes of 2020).
- Mar. 27 Cesar Chavez Day observed.

- May 4 Assembly reconvenes from Joint Recess (A.C.R. 189, Resolution Chapter 15, Statutes of 2020).
- May 22 Last day for policy committees to hear and report to fiscal committees fiscal bills introduced in the Assembly (J.R. 61(b)(5)).
- May 25 Memorial Day.
- May 29 Last day for policy committees to hear and report to the floor nonfiscal bills introduced in the Assembly (J.R. 61(b)(6)).

2020 TENTATIVE ASSEMBLY LEGISLATIVE CALENDAR
COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK
Revised 5-6-20

Table with 8 columns (Day of week) and 6 rows (Weeks) for the month of June. Includes dates and labels for 'No Hrgs.', 'Summer Recess', and 'Summer Recess'.

- June 5 Last day for fiscal committees to hear and report to the floor bills introduced in the Assembly (J.R. 61 (b)(8)).
- June 15 Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)).
- June 15-19 Assembly Floor session only. No committee may meet for any purpose except for Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(10)).
- June 19 Last day for the Assembly to pass bills introduced in that house (J.R. 61(b)(11)).
- Summer Recess begins for the Assembly upon adjournment, provided Budget Bill has been passed (J.R. 51(b)(2)).
- June 25 Last day for a legislative measure to qualify for the Nov. 3 General Election ballot (Elections Code Sec. 9040).

Table with 8 columns (Day of week) and 6 rows (Weeks) for the month of July. Includes dates and labels for 'Summer Recess' and 'Summer Recess'.

- July 3 Independence Day observed.
- July 13 Legislature reconvenes from Summer Recess (J.R. 51(b)(2)).
- July 31 Last day for policy committees to hear and report fiscal bills to fiscal committees (J.R. 61(b)(13)).

Table with 8 columns (Day of week) and 6 rows (Weeks) for the month of August. Includes dates and labels for 'No Hrgs.', 'No Hrgs.', and 'No Hrgs.'.

- Aug. 7 Last day for policy committees to meet and report bills (J.R. 61(b)(14)).
- Aug. 14 Last day for fiscal committees to meet and report bills (J.R. 61(b)(15)).
- Aug. 17 – 31 Floor session only. No committee may meet for any purpose except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(16)).
- Aug. 21 Last day to amend bills on the floor (J.R. 61(b)(17)).
- Aug. 31 Last day for each house to pass bills (Art. IV, Sec 10(c), J.R. 61(b)(18)). Final Recess begins upon adjournment (J.R. 51(b)(3)).

IMPORTANT DATES OCCURRING DURING FINAL RECESS

- 2020
Sept. 30 Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).
- Oct. 1 Bills enacted on or before this date take effect January 1, 2021. (Art. IV, Sec. 8(c)).
- Nov. 3 General Election.
- Nov. 30 Adjournment sine die at midnight (Art. IV, Sec. 3(a)).
- Dec. 7 2021-22 Regular Session convenes for Organizational Session at 12 noon. (Art. IV, Sec. 3(a)).
- 2021
Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

*Holiday schedule subject to final approval by Rules Committee.

2020 TENTATIVE LEGISLATIVE CALENDAR
COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE
Revised May 6, 2020

JANUARY						
S	M	T	W	TH	F	S
			<u>1</u>	2	3	4
5	<u>6</u>	7	8	9	<u>10</u>	11
12	13	14	15	16	<u>17</u>	18
19	<u>20</u>	21	22	23	<u>24</u>	25
26	27	28	29	30	<u>31</u>	

FEBRUARY						
S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	<u>17</u>	18	19	20	<u>21</u>	22
23	24	25	26	27	28	29

MARCH						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	<u>16</u>	17	18	19	20	21
22	23	24	25	26	<u>27</u>	28
29	30	31				

APRIL						
S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

MAY						
S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	<u>11</u>	12	13	14	15	16
17	18	19	20	21	22	23
24	<u>25</u>	26	27	28	<u>29</u>	30
31						

DEADLINES

- Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 6 Legislature Reconvenes (J.R. 51(a)(4)).
- Jan. 10 Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 17 Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house in the **odd-numbered year** (J.R. 61(b)(1)).
- Jan. 20 Martin Luther King, Jr. Day.
- Jan. 24 Last day for any committee to hear and report to the **floor** bills introduced in that house in the odd-numbered year (J.R. 61(b)(2)).
Last day to **submit bill requests** to the Office of Legislative Counsel.
- Jan. 31 Last day for each house to **pass bills introduced** in that house in the odd-numbered year (Art. IV, Sec. 10(c)), (J.R. 61(b)(3)).
- Feb. 17 Presidents’ Day.
- Feb. 21 Last day for bills to be **introduced** (J.R. 61(b)(4)), (J.R. 54(a)).
- Mar. 16 Legislature in recess, ACR 189, Resolution Chapter 15, Statutes of 2020
- Mar. 27 Cesar Chavez Day observed

- May 11 Senate Reconvenes
- May 25 Memorial Day
- May 29 Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house (J.R. 61(b)(5)).

*Holiday schedule subject to Senate Rules committee approval.

2020 TENTATIVE LEGISLATIVE CALENDAR
COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE
Revised May 6, 2020

JUNE						
S	M	T	W	TH	F	S
	1	2	3	4	<u>5</u>	6
7	8	9	10	11	12	13
14	<u>15</u>	16	17	18	<u>19</u>	20
21	<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	27
28	29	30				

June 5 Last day for **policy committees** to hear and report to the floor non-fiscal bills introduced in their house (J.R. 61(b)(6)). Last day for policy committees to meet prior to June 8 (J.R. 61(b)(7)).

June 15 **Budget Bill** must be **passed** by **midnight** (Art. IV, Sec. 12(c)(3)).

June 19 Last day for **fiscal committees** to hear and report to the floor bills introduced in their house (J.R. 61(b)(8)). Last day for **fiscal committees** to meet prior to June 29 (J.R. 61(b)(9)).

June 22-26 **Floor Session Only.** No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(b)(10)).

June 25 Last day for a legislative measure to qualify for the November 3 General Election ballot (Election code Sec. 9040).

June 26 Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).

JULY						
S	M	T	W	TH	F	S
			1	<u>2</u>	<u>3</u>	4
5	6	7	8	9	10	11
12	<u>13</u>	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	<u>31</u>	

July 2 **Summer Recess** begins upon adjournment provided Budget Bill has been passed (J.R. 51(b)(2)).

July 3 Independence Day observed.

July 13 Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).

July 31 Last day for **policy committees** to hear and report **fiscal bills** to fiscal committees (J.R. 61(b)(13)).

AUGUST						
S	M	T	W	TH	F	S
						1
2	3	4	5	6	<u>7</u>	8
9	10	11	12	13	<u>14</u>	15
16	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>	<u>21</u>	22
23	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	29
30	<u>31</u>					

August 7 Last day for **policy committees** to meet and report bills (J.R. 61(b)(14)).

Aug. 14 Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(15)).

Aug. 17 – 31 **Floor Session only.** No committees, other than conference and Rules committees, may meet for any purpose (J.R. 61(b)(16)).

Aug. 21 Last day to **amend bills** on the Floor (J.R. 61(b)(17)).

Aug. 31 Last day for **each house to pass bills**, except bills that take effect Immediately or bills in Extraordinary Session (Art. IV, Sec. 10(c)), (J.R. 61(b)(18)). **Final recess** begins upon adjournment (J.R. 51(b)(3)).

*Holiday schedule subject to Senate Rules committee approval.

IMPORTANT DATES OCCURRING DURING FINAL RECESS

2020

Sept. 30

Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor’s possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).

Nov. 3
General Election

Nov. 30
Adjournment *Sine Die* at midnight (Art. IV, Sec. 3(a)).

Dec. 7
12 m. convening of 2021-22 Regular Session (Art. IV, Sec. 3(a)).

2021

Jan. 1

Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 4

Legislature reconvenes (JR 51(a)(1)).

AMENDED IN SENATE JUNE 29, 2020

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 613

Introduced by Assembly Member Low

February 14, 2019

~~An act to add Section 101.1 to the Business and Professions Code, relating to professions and vocations, and making an appropriation therefor. An act to amend Sections 1209 and 1632.55 of, to amend, repeal, and add Section 1632 of, and to add and repeal Section 1632.56 of, the Business and Professions Code, relating to healing arts.~~

LEGISLATIVE COUNSEL'S DIGEST

AB 613, as amended, Low. ~~Professions and vocations: regulatory fees. Dentists: clinical laboratories: license examinations.~~

(1) Existing law provides for the licensure, registration, and regulation of clinical laboratories and various clinical laboratory personnel by the State Department of Public Health. Existing law requires a clinical laboratory test or examination classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) to be performed under the overall operation and administration of a laboratory director, which is defined to include certain licensees.

This bill would expand the definition of “laboratory director” to include licensed dentists.

(2) Existing law, the Dental Practice Act, provides for the licensure and regulation of the practice of dentistry by the Dental Board of California in the Department of Consumer Affairs. Existing law requires an applicant for licensure to have taken and received a passing score on either a clinical and written examination administered by the Western

Regional Examining Board or a clinical and written examination developed by the American Board of Dental Examiners, Inc., subject to the Department of Consumer Affairs making a determination that the examination is compliant with specified requirements and standards. Existing law authorizes the acceptance of an American Board of Dental Examiners, Inc. examination only after the department makes that determination.

This bill would delete the provision specifying that the examination may only be accepted after that determination is made. The bill, until January 1, 2024, would specify that an applicant who received a passing score on either of the examinations specified above between January 1, 2015, to December 31, 2019, inclusive, shall be deemed to satisfy the examination requirement. The bill would make conforming changes.

~~Existing law establishes the Department of Consumer Affairs, which is comprised of boards that are established for the purpose of regulating various professions and vocations, and generally authorizes a board to charge fees for the reasonable regulatory cost of administering the regulatory program for the profession or vocation. Existing law establishes the Professions and Vocations Fund in the State Treasury, which consists of specified special funds and accounts, some of which are continuously appropriated.~~

~~This bill would authorize each board within the department to increase every 4 years any fee authorized to be imposed by that board by an amount not to exceed the increase in the California Consumer Price Index for the preceding 4 years, subject to specified conditions. The bill would require the Director of Consumer Affairs to approve any fee increase proposed by a board except under specified circumstances. By authorizing an increase in the amount of fees deposited into a continuously appropriated fund, this bill would make an appropriation.~~

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

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

- 1 SECTION 1. Section 1209 of the Business and Professions
- 2 Code is amended to read:
- 3 1209. (a) As used in this chapter, "laboratory director" means
- 4 any person who is any of the following:
- 5 (1) A duly licensed physician and surgeon.

(2) Only for purposes of a clinical laboratory test or examination classified as waived, is any of the following:

- (A) A duly licensed clinical laboratory scientist.
- (B) A duly licensed limited clinical laboratory scientist.
- (C) A duly licensed naturopathic doctor.
- (D) A duly licensed optometrist serving as the director of a laboratory that only performs clinical laboratory tests authorized in paragraph (10) of subdivision (d) of Section 3041.
- (E) *A duly licensed dentist.*

(3) Licensed to direct a clinical laboratory under this chapter.

(b) (1) A person defined in paragraph (1) or (3) of subdivision (a) who is identified as the CLIA laboratory director of a laboratory that performs clinical laboratory tests classified as moderate or high complexity shall also meet the laboratory director qualifications under CLIA for the type and complexity of tests being offered by the laboratory.

(2) As used in this subdivision, "CLIA laboratory director" means the person identified as the laboratory director on the CLIA certificate issued to the laboratory by the federal Centers for Medicare and Medicaid Services (CMS).

(c) The laboratory director, if qualified under CLIA, may perform the duties of the technical consultant, technical supervisor, clinical consultant, general supervisor, and testing personnel, or delegate these responsibilities to persons qualified under CLIA. If the laboratory director reapportions performance of those responsibilities or duties, ~~he or she~~ *they* shall remain responsible for ensuring that all those duties and responsibilities are properly performed.

(d) (1) The laboratory director is responsible for the overall operation and administration of the clinical laboratory, including administering the technical and scientific operation of a clinical laboratory, the selection and supervision of procedures, the reporting of results, and active participation in its operations to the extent necessary to ensure compliance with this act and CLIA. ~~He or she~~ *They* shall be responsible for the proper performance of all laboratory work of all subordinates and shall employ a sufficient number of laboratory personnel with the appropriate education and either experience or training to provide appropriate consultation, properly supervise and accurately perform tests, and

1 report test results in accordance with the personnel qualifications,
2 duties, and responsibilities described in CLIA and this chapter.

3 (2) Where a point-of-care laboratory testing device is utilized
4 and provides results for more than one analyte, the testing
5 personnel may perform and report the results of all tests ordered
6 for each analyte for which ~~he or she has~~ *they have* been found by
7 the laboratory director to be competent to perform and report.

8 (e) As part of the overall operation and administration, the
9 laboratory director of a registered laboratory shall document the
10 adequacy of the qualifications (educational background, training,
11 and experience) of the personnel directing and supervising the
12 laboratory and performing the laboratory test procedures and
13 examinations. In determining the adequacy of qualifications, the
14 laboratory director shall comply with any regulations adopted by
15 the department that specify the minimum qualifications for
16 personnel, in addition to any CLIA requirements relative to the
17 education or training of personnel.

18 (f) As part of the overall operation and administration, the
19 laboratory director of a licensed laboratory shall do all of the
20 following:

21 (1) Ensure that all personnel, prior to testing biological
22 specimens, have the appropriate education and experience, receive
23 the appropriate training for the type and complexity of the services
24 offered, and have demonstrated that they can perform all testing
25 operations reliably to provide and report accurate results. In
26 determining the adequacy of qualifications, the laboratory director
27 shall comply with any regulations adopted by the department that
28 specify the minimum qualifications for, and the type of procedures
29 that may be performed by, personnel in addition to any CLIA
30 requirements relative to the education or training of personnel.
31 Any regulations adopted pursuant to this section that specify the
32 type of procedure that may be performed by testing personnel shall
33 be based on the skills, knowledge, and tasks required to perform
34 the type of procedure in question.

35 (2) Ensure that policies and procedures are established for
36 monitoring individuals who conduct preanalytical, analytical, and
37 postanalytical phases of testing to ensure that they are competent
38 and maintain their competency to process biological specimens,
39 perform test procedures, and report test results promptly and

1 proficiently, and, whenever necessary, identify needs for remedial
2 training or continuing education to improve skills.

3 (3) Specify in writing the responsibilities and duties of each
4 individual engaged in the performance of the preanalytic, analytic,
5 and postanalytic phases of clinical laboratory tests or examinations,
6 including which clinical laboratory tests or examinations the
7 individual is authorized to perform, whether supervision is required
8 for the individual to perform specimen processing, test
9 performance, or results reporting, and whether consultant,
10 supervisor, or director review is required prior to the individual
11 reporting patient test results.

12 (g) The competency and performance of staff of a licensed
13 laboratory shall be evaluated and documented by the laboratory
14 director, or by a person who qualifies as a technical consultant or
15 a technical supervisor under CLIA depending on the type and
16 complexity of tests being offered by the laboratory.

17 (1) The procedures for evaluating the competency of the staff
18 shall include, but are not limited to, all of the following:

19 (A) Direct observations of routine patient test performance,
20 including patient preparation, if applicable, and specimen handling,
21 processing, and testing.

22 (B) Monitoring the recording and reporting of test results.

23 (C) Review of intermediate test results or worksheets, quality
24 control records, proficiency testing results, and preventive
25 maintenance records.

26 (D) Direct observation of performance of instrument
27 maintenance and function checks.

28 (E) Assessment of test performance through testing previously
29 analyzed specimens, internal blind testing samples, or external
30 proficiency testing samples.

31 (F) Assessment of problem solving skills.

32 (2) Evaluation and documentation of staff competency and
33 performance shall occur at least semiannually during the first year
34 an individual tests biological specimens. Thereafter, evaluations
35 shall be performed at least annually unless test methodology or
36 instrumentation changes, in which case, prior to reporting patient
37 test results, the individual's performance shall be reevaluated to
38 include the use of the new test methodology or instrumentation.

(h) The laboratory director of each clinical laboratory of an acute care hospital shall be a physician and surgeon who is a qualified pathologist, except as follows:

(1) If a qualified pathologist is not available, a physician and surgeon or a clinical laboratory bioanalyst qualified as a laboratory director under subdivision (a) may direct the laboratory. However, a qualified pathologist shall be available for consultation at suitable intervals to ensure high-quality service.

(2) If there are two or more clinical laboratories of an acute care hospital, those additional clinical laboratories that are limited to the performance of blood gas analysis, blood electrolyte analysis, or both, may be directed by a physician and surgeon qualified as a laboratory director under subdivision (a), irrespective of whether a pathologist is available.

As used in this subdivision, a qualified pathologist is a physician and surgeon certified or eligible for certification in clinical or anatomical pathology by the American Board of Pathology or the American Osteopathic Board of Pathology.

(i) Subdivision (h) does not apply to any director of a clinical laboratory of an acute care hospital acting in that capacity on or before January 1, 1988.

(j) A laboratory director may serve as the director of up to the maximum number of laboratories stipulated by CLIA, as defined under Section 1202.5.

SEC. 2. Section 1632 of the Business and Professions Code is amended to read:

1632. (a) The board shall require each applicant to successfully complete the written examination of the National Board Dental Examination of the Joint Commission on National Dental Examinations.

(b) The board shall require each applicant to successfully complete an examination in California law and ethics developed and administered by the board. The board shall provide a separate application for this examination. The board shall ensure that the law and ethics examination reflects current law and regulations, and ensure that the examinations are randomized. Applicants shall submit this application and required fee to the board in order to take this examination. In addition to the aforementioned application, the only other requirement for taking this examination shall be certification from the dean of the qualifying dental school

1 or the dean's delegate attended by the applicant that the applicant
2 has graduated, or will graduate, or is expected to graduate.
3 Applicants who submit completed applications and certification
4 from the dean at least 15 days prior to a scheduled examination
5 shall be scheduled to take the examination. Successful results of
6 the examination shall, as established by board regulation, remain
7 valid for two years from the date that the applicant is notified of
8 having passed the examination.

9 (c) Except as otherwise provided in Section ~~1632.5~~, *1632.5 or*
10 *1632.56*, the board shall require each applicant to have taken and
11 received a passing score on one of the following:

12 (1) (A) A portfolio examination of the applicant's competence
13 to enter the practice of dentistry. This examination shall be
14 conducted while the applicant is enrolled in a dental school
15 program at a board-approved school located in California. This
16 examination shall utilize uniform standards of clinical experiences
17 and competencies, as approved by the board pursuant to Section
18 1632.1. The applicant shall pass a final assessment of the submitted
19 portfolio at the end of the applicant's dental school program. Before
20 any portfolio assessment may be submitted to the board, the
21 applicant shall remit the required fee to the board to be deposited
22 into the State Dentistry Fund, and a letter of good standing signed
23 by the dean of the applicant's dental school or the dean's delegate
24 stating that the applicant has graduated or will graduate with no
25 pending ethical issues.

26 (B) The board shall provide a report on how many other states
27 have recognized licensure by portfolio examination at the time of
28 its sunset review pursuant to subdivision (d) of Section 1601.1.
29 The report shall be submitted in compliance with Section 9795 of
30 the Government Code.

31 (2) Either one of the following examinations:

32 (A) A clinical and written examination administered by the
33 Western Regional Examining Board within five years prior to the
34 date of their application for a license under this section.

35 (B) The clinical and written examination developed by the
36 American Board of Dental Examiners, Inc., within five years prior
37 to the date of their application for a license under this section.

38 (d) Notwithstanding subdivision (b) of Section 1628, the board
39 is authorized to do either of the following:

1 (1) Approve an application for examination from, and to
2 examine an applicant who is enrolled in, but has not yet graduated
3 from, a reputable dental school approved by the board.

4 (2) Accept the results of an examination described in paragraph
5 (2) of subdivision (c) submitted by an applicant who was enrolled
6 in, but had not graduated from, a reputable dental school approved
7 by the board at the time the examination was administered.

8 In either case, the board shall require the dean of that school or
9 the dean's delegate to furnish satisfactory proof that the applicant
10 will graduate within one year of the date the examination was
11 administered or as provided in paragraph (1) of subdivision (c).

12 (e) The board may determine the testing format, as related to
13 patients, for the examination provided pursuant to subparagraph
14 (B) of paragraph (2) of subdivision (c).

15 (f) *This section shall remain in effect only until January 1, 2024,*
16 *and as of that date is repealed.*

17 SEC. 3. *Section 1632 is added to the Business and Professions*
18 *Code, to read:*

19 1632. (a) *The board shall require each applicant to*
20 *successfully complete the written examination of the National*
21 *Board Dental Examination of the Joint Commission on National*
22 *Dental Examinations.*

23 (b) *The board shall require each applicant to successfully*
24 *complete an examination in California law and ethics developed*
25 *and administered by the board. The board shall provide a separate*
26 *application for this examination. The board shall ensure that the*
27 *law and ethics examination reflects current law and regulations,*
28 *and ensure that the examinations are randomized. Applicants shall*
29 *submit this application and required fee to the board in order to*
30 *take this examination. In addition to the aforementioned*
31 *application, the only other requirement for taking this examination*
32 *shall be certification from the dean of the qualifying dental school*
33 *or the dean's delegate attended by the applicant that the applicant*
34 *has graduated, or will graduate, or is expected to graduate.*
35 *Applicants who submit completed applications and certification*
36 *from the dean at least 15 days prior to a scheduled examination*
37 *shall be scheduled to take the examination. Successful results of*
38 *the examination shall, as established by board regulation, remain*
39 *valid for two years from the date that the applicant is notified of*
40 *having passed the examination.*

1 (c) Except as otherwise provided in Section 1632.5, the board
2 shall require each applicant to have taken and received a passing
3 score on one of the following:

4 (1) (A) A portfolio examination of the applicant's competence
5 to enter the practice of dentistry. This examination shall be
6 conducted while the applicant is enrolled in a dental school
7 program at a board-approved school located in California. This
8 examination shall utilize uniform standards of clinical experiences
9 and competencies, as approved by the board pursuant to Section
10 1632.1. The applicant shall pass a final assessment of the submitted
11 portfolio at the end of the applicant's dental school program.
12 Before any portfolio assessment may be submitted to the board,
13 the applicant shall remit the required fee to the board to be
14 deposited into the State Dentistry Fund, and a letter of good
15 standing signed by the dean of the applicant's dental school or
16 the dean's delegate stating that the applicant has graduated or
17 will graduate with no pending ethical issues.

18 (B) The board shall provide a report on how many other states
19 have recognized licensure by portfolio examination at the time of
20 its sunset review pursuant to subdivision (d) of Section 1601.1.
21 The report shall be submitted in compliance with Section 9795 of
22 the Government Code.

23 (2) Either one of the following examinations:

24 (A) A clinical and written examination administered by the
25 Western Regional Examining Board within five years prior to the
26 date of their application for a license under this section.

27 (B) The clinical and written examination developed by the
28 American Board of Dental Examiners, Inc., within five years prior
29 to the date of their application for a license under this section.

30 (d) Notwithstanding subdivision (b) of Section 1628, the board
31 is authorized to do either of the following:

32 (1) Approve an application for examination from, and to
33 examine an applicant who is enrolled in, but has not yet graduated
34 from, a reputable dental school approved by the board.

35 (2) Accept the results of an examination described in paragraph
36 (2) of subdivision (c) submitted by an applicant who was enrolled
37 in, but had not graduated from, a reputable dental school approved
38 by the board at the time the examination was administered.

39 In either case, the board shall require the dean of that school
40 or the dean's delegate to furnish satisfactory proof that the

1 applicant will graduate within one year of the date the examination
2 was administered or as provided in paragraph (1) of subdivision
3 (c).

4 (e) The board may determine the testing format, as related to
5 patients, for the examination provided pursuant to subparagraph
6 (B) of paragraph (2) of subdivision (c).

7 (f) This section shall become operative on January 1, 2024.

8 SEC. 4. Section 1632.55 of the Business and Professions Code
9 is amended to read:

10 1632.55. (a) Prior to implementation of subparagraph (B) of
11 paragraph (2) of subdivision (c) of Section 1632, the department's
12 Office of Professional Examination Services shall review the
13 American Board of Dental Examiners, Inc. examination to ensure
14 compliance with the requirements of Section 139 and to certify
15 that the examination process meets those standards, and deliver
16 this review to the Dental Board of California. If the department
17 determines that the examination process fails to meet those
18 standards, does not deliver the review to the Dental Board of
19 California, or if the American Board of Dental Examiners, Inc.
20 fails to pay the costs and expenses the board incurs, as described
21 in subdivision (d), subparagraph (B) of paragraph (2) of subdivision
22 (c) of Section 1632 shall not be implemented.

23 (b) The American Board of Dental Examiners, Inc. examination
24 process shall be regularly reviewed by the department pursuant to
25 Section 139.

26 (c) The American Board of Dental Examiners, Inc. examination
27 shall meet the mandates of subdivision (a) of Section 12944 of the
28 Government Code.

29 (d) The American Board of Dental Examiners, Inc. shall pay
30 all reasonable costs and expenses the board incurs for the purposes
31 of implementing this section.

32 ~~(e) The American Board of Dental Examiners, Inc. examination~~
33 ~~may only be accepted for licensure by a candidate after it is~~
34 ~~determined that the examination has met the requirements of this~~
35 ~~section. Examinations taken prior to that date may not be used for~~
36 ~~licensure.~~

37 SEC. 5. Section 1632.56 is added to the Business and
38 Professions Code, immediately following Section 1632.55, to read:

39 1632.56. (a) Notwithstanding Section 1630, an applicant
40 receiving a passing score on an American Board of Dental

1 *Examiners, Inc. examination or an examination administered by*
2 *the Western Regional Examining Board from January 1, 2015, to*
3 *December 31, 2019, inclusive, shall satisfy the requirement of a*
4 *passing score pursuant to subdivision (c) of Section 1632 for a*
5 *license to practice dentistry in this state.*

6 *(b) This section shall remain in effect only until January 1,*
7 *2024, and as of that date is repealed.*

8 ~~SECTION 1. Section 101.1 is added to the Business and~~
9 ~~Professions Code, to read:~~

10 ~~101.1. (a) Notwithstanding any other law, no more than once~~
11 ~~every four years, any board listed in Section 101 may increase any~~
12 ~~fee authorized to be imposed by that board by an amount not to~~
13 ~~exceed the increase in the California Consumer Price Index, as~~
14 ~~determined pursuant to Section 2212 of the Revenue and Taxation~~
15 ~~Code, for the preceding four years in accordance with the~~
16 ~~following:~~

17 ~~(1) The board shall provide its calculations and proposed fee,~~
18 ~~rounded to the nearest whole dollar, to the director and the director~~
19 ~~shall approve the fee increase unless any of the following apply:~~

20 ~~(A) The board has unencumbered funds in an amount that is~~
21 ~~equal to more than the board's operating budget for the next two~~
22 ~~fiscal years.~~

23 ~~(B) The fee would exceed the reasonable regulatory costs to the~~
24 ~~board in administering the provisions for which the fee is~~
25 ~~authorized.~~

26 ~~(C) The director determines that the fee increase would be~~
27 ~~injurious to the public health, safety, or welfare.~~

28 ~~(2) The adjustment of fees and publication of the adjusted fee~~
29 ~~list is not subject to the Administrative Procedure Act (Chapter~~
30 ~~3.5 (commencing with Section 11340) of Part 1 of Division 3 of~~
31 ~~Title 2) of the Government Code.~~

32 ~~(b) For purposes of this section, "fee" includes any fees~~
33 ~~authorized to be imposed by a board for regulatory costs. "Fee"~~
34 ~~does not include administrative fines, civil penalties, or criminal~~
35 ~~penalties.~~

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AMENDED IN SENATE JULY 7, 2020
AMENDED IN ASSEMBLY JANUARY 6, 2020
AMENDED IN ASSEMBLY APRIL 1, 2019
CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 1616

**Introduced by Assembly Member Low
(Coauthor: Assembly Member Eduardo Garcia)**

February 22, 2019

An act to add Section 493.5 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 1616, as amended, Low. Department of Consumer Affairs: boards: expunged convictions.

Existing law establishes the Department of Consumer Affairs, which is composed of various boards, and authorizes a board to suspend or revoke a license on the ground that the licensee has been convicted of a crime substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued. Existing law, the Medical Practice Act, provides for the licensure and regulation of the practice of medicine by the Medical Board of California and requires the board to post certain historical information on current and former licensees, including felony and certain misdemeanor convictions. Existing law also requires the Medical Board of California, upon receipt of a certified copy of an expungement order from a current or former licensee, to post notification of the expungement order and the date thereof on its internet website.

This bill would require a board within the department that has posted on its internet website that a person's license was revoked because the person was convicted of a ~~crime to, crime~~, within ~~6 months~~ 90 days of receiving ~~the an~~ expungement order for the underlying offense from the person, *if the person reapplies for licensure or is relicensed*, to post notification of the expungement order and the date thereof on the board's internet website ~~if the person applies for licensure or is relicensed, or remove the initial posting on its internet website that the person's license was revoked~~ website. *The bill would require the board, on receiving an expungement order, if the person is not currently licensed and does not reapply for licensure, as specified, to remove within the same period the initial posting on its internet website that the person's license was revoked and information previously posted regarding arrests, charges, and convictions.* The bill would require a person in either case to pay a fee, ~~to be \$50 fee to the board, unless another amount is determined by the department, to the board for board to be necessary to cover the cost of administering the bill's provisions.~~

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

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

- 1 SECTION 1. Section 493.5 is added to the Business and
- 2 Professions Code, to read:
- 3 493.5. (a) A board within the department that has posted on
- 4 its internet website that a person's license was revoked because
- 5 the person was convicted of a crime, upon receiving from the
- 6 person a certified copy of an expungement order granted pursuant
- 7 to Section 1203.4 of the Penal Code for the underlying offense,
- 8 shall, within ~~six months~~ 90 days of receiving the expungement
- 9 order, unless it is otherwise prohibited by law, or by other terms
- 10 or conditions, do either of the following:
- 11 (1) If the person reapplies for licensure or has been relicensed,
- 12 post notification of the expungement order and the date thereof on
- 13 its internet website.
- 14 (2) If the person is not currently licensed and does not reapply
- 15 for licensure, remove the initial posting on its internet website that
- 16 the person's license was ~~revoked~~. *revoked and information*
- 17 *previously posted regarding arrests, charges, and convictions.*

1 (b) A person described in subdivision (a) shall pay to the board
2 a fee in ~~an~~ *the amount to be of fifty dollars (\$50), unless another*
3 *amount is determined by the department board to be necessary to*
4 *cover the administrative cost, ensuring that the amount* does not
5 exceed the reasonable cost of administering this section. The fee
6 shall be deposited by the board into the appropriate fund and shall
7 be available only upon appropriation by the Legislature.

8 (c) For purposes of this section “board” means an entity listed
9 in Section 101.

10 (d) If any provision in this section conflicts with Section 2027,
11 Section 2027 shall prevail.

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AMENDED IN ASSEMBLY JUNE 3, 2020

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 1998

Introduced by Assembly Member Low

January 27, 2020

An act to amend ~~Section 1680~~ of Sections 1680, 1683.1, and 1683.2 of, and to add Section 1684.1.1 to, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1998, as amended, Low. Dental Practice Act: unprofessional conduct; ~~patient of record~~; *conduct*.

Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists and dental assistants by the Dental Board of California. The act specifies unprofessional conduct by a licensee to include, among other things, the failure by a treating dentist, prior to the initial diagnosis and correction of malpositions of human teeth or the initial use of orthodontic appliances, to perform an examination pursuant to that required of a patient of ~~record~~; *record, including the review of the patient's most recent diagnostic digital or conventional radiographs or other equivalent bone imaging suitable for orthodontia. The act requires new radiographs or other equivalent bone imaging to be ordered if deemed appropriate by the treating dentist.* The act defines a patient of record to mean a patient who has been examined, has had a medical and dental history completed and evaluated, and has had oral conditions diagnosed and a written plan developed by the licensed dentist. *The act also specifies unprofessional conduct by a licensee to include the advertising of either professional superiority or the*

advertising of performance of professional services in a superior manner.

This bill would revise that unprofessional conduct provision described above to ~~provide that the failure of a treating dentist to perform an in-person examination pursuant to that required of a patient of record is unprofessional conduct under the act.~~ require new radiographs or other equivalent bone imaging to be ordered if no radiographs are available for diagnostic review. The bill would provide that, for purposes of that unprofessional conduct provision, the correction of malpositions includes any movement of the teeth, including the treatment of malocclusions. The bill would also specify unprofessional conduct by a licensee to include the destruction of patient records before 10 years have elapsed from the date a dental service was last provided if the patient is an adult or 7 years have elapsed from the date a dental service was last provided, or one year has elapsed from the patient's 18th birthday, whichever is longer, if the patient is a minor. The bill would additionally specify unprofessional conduct by a licensee to include the advertising of performance of professional services in a more expeditious manner.

Existing law requires an individual, partnership, corporation, or other entity providing dental services through telehealth, prior to the rendering of services and when requested by a patient, to make available the name, telephone number, practice address, and California state license number of any dentist who will be involved in the provision of services to a patient, and makes a violation of that provision unprofessional conduct.

This bill would require the information described above to be provided to the patient at the time that the patient receives the recommended treatment plan for services involving the diagnosis and correction of malpositions of human teeth or initial use of orthodontic appliances, as specified.

Existing law prohibits a provider of dental services from requiring a patient to sign an agreement limiting the patient's ability to file a complaint with the board.

This bill would prohibit a licensed dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, registered dental hygienist in extended functions, or other person from being required to sign an agreement that limits the

signatory's ability to file a complaint or provide information to the board.

Existing law requires a licensee who fails or refuses to comply with a request for the dental records of a patient, that is accompanied by that patient's written authorization for release of record to the board, within 15 days of receiving the request and authorization, to pay to the board a civil penalty of \$250 per day for each day that the documents have not been produced after the 15th day, up to a maximum of \$5,000, unless the licensee is unable to provide the documents within this time period for good cause.

This bill would specify unprofessional conduct by a licensed dentist to include failure to comply with a written request of a patient to receive a copy of any patient-signed documents within 15 days of receiving the request.

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

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

1 SECTION 1. Section 1680 of the Business and Professions
2 Code is amended to read:
3 1680. Unprofessional conduct by a person licensed under this
4 chapter is defined as, but is not limited to, any one of the following:
5 (a) The obtaining of any fee by fraud or misrepresentation.
6 (b) The employment directly or indirectly of any student or
7 suspended or unlicensed dentist to practice dentistry as defined in
8 this chapter.
9 (c) The aiding or abetting of any unlicensed person to practice
10 dentistry.
11 (d) The aiding or abetting of a licensed person to practice
12 dentistry unlawfully.
13 (e) The committing of any act or acts of sexual abuse,
14 misconduct, or relations with a patient that are substantially related
15 to the practice of dentistry.
16 (f) The use of any false, assumed, or fictitious name, either as
17 an individual, firm, corporation, or otherwise, or any name other
18 than the name under which the person is licensed to practice, in
19 advertising or in any other manner indicating that the person is
20 practicing or will practice dentistry, except that name as is specified
21 in a valid permit issued pursuant to Section 1701.5.

1 (g) The practice of accepting or receiving any commission or
2 the rebating in any form or manner of fees for professional services,
3 radiograms, prescriptions, or other services or articles supplied to
4 patients.

5 (h) The making use by the licensee or any agent of the licensee
6 of any advertising statements of a character tending to deceive or
7 mislead the public.

8 (i) The advertising of either professional superiority or the
9 advertising of performance of professional services in a superior
10 *or more expeditious* manner. This subdivision shall not prohibit
11 advertising permitted by subdivision (h) of Section 651.

12 (j) The employing or the making use of solicitors.

13 (k) The advertising in violation of Section 651.

14 (l) The advertising to guarantee any dental service, or to perform
15 any dental operation painlessly. This subdivision shall not prohibit
16 advertising permitted by Section 651.

17 (m) The violation of any of the provisions of law regulating the
18 procurement, dispensing, or administration of dangerous drugs,
19 as defined in Chapter 9 (commencing with Section 4000) or
20 controlled substances, as defined in Division 10 (commencing
21 with Section 11000) of the Health and Safety Code.

22 (n) The violation of any of the provisions of this division.

23 (o) The permitting of any person to operate dental radiographic
24 equipment who has not met the requirements of Section 1656.

25 (p) The clearly excessive prescribing or administering of drugs
26 or treatment, or the clearly excessive use of diagnostic procedures,
27 or the clearly excessive use of diagnostic or treatment facilities,
28 as determined by the customary practice and standards of the dental
29 profession.

30 Any person who violates this subdivision is guilty of a
31 misdemeanor and shall be punished by a fine of not less than one
32 hundred dollars (\$100) or more than six hundred dollars (\$600),
33 or by imprisonment for a term of not less than 60 days or more
34 than 180 days, or by both a fine and imprisonment.

35 (q) The use of threats or harassment against any patient or
36 licensee for providing evidence in any possible or actual
37 disciplinary action, or other legal action; or the discharge of an
38 employee primarily based on the employee's attempt to comply
39 with the provisions of this chapter or to aid in the compliance.

1 (r) Suspension or revocation of a license issued, or discipline
2 imposed, by another state or territory on grounds that would be
3 the basis of discipline in this state.

4 (s) The alteration of a patient's record with intent to deceive.

5 (t) Unsanitary or unsafe office conditions, as determined by the
6 customary practice and standards of the dental profession.

7 (u) The abandonment of the patient by the licensee, without
8 written notice to the patient that treatment is to be discontinued
9 and before the patient has ample opportunity to secure the services
10 of another dentist, registered dental hygienist, registered dental
11 hygienist in alternative practice, or registered dental hygienist in
12 extended functions and provided the health of the patient is not
13 jeopardized.

14 (v) The willful misrepresentation of facts relating to a
15 disciplinary action to the patients of a disciplined licensee.

16 (w) Use of fraud in the procurement of any license issued
17 pursuant to this chapter.

18 (x) Any action or conduct that would have warranted the denial
19 of the license.

20 (y) The aiding or abetting of a licensed dentist, dental assistant,
21 registered dental assistant, registered dental assistant in extended
22 functions, dental sedation assistant permitholder, orthodontic
23 assistant permitholder, registered dental hygienist, registered dental
24 hygienist in alternative practice, or registered dental hygienist in
25 extended functions to practice dentistry in a negligent or
26 incompetent manner.

27 (z) (1) The failure to report to the board in writing within seven
28 days any of the following: (A) the death of the licensee's patient
29 during the performance of any dental or dental hygiene procedure;
30 (B) the discovery of the death of a patient whose death is related
31 to a dental or dental hygiene procedure performed by the licensee;
32 or (C) except for a scheduled hospitalization, the removal to a
33 hospital or emergency center for medical treatment of any patient
34 to whom oral conscious sedation, conscious sedation, or general
35 anesthesia was administered, or any patient as a result of dental
36 or dental hygiene treatment. With the exception of patients to
37 whom oral conscious sedation, conscious sedation, or general
38 anesthesia was administered, removal to a hospital or emergency
39 center that is the normal or expected treatment for the underlying
40 dental condition is not required to be reported. Upon receipt of a

1 report pursuant to this subdivision the board may conduct an
2 inspection of the dental office if the board finds that it is necessary.
3 A dentist shall report to the board all deaths occurring in the
4 licensee's practice with a copy sent to the Dental Hygiene Board
5 of California if the death was the result of treatment by a registered
6 dental hygienist, registered dental hygienist in alternative practice,
7 or registered dental hygienist in extended functions. A registered
8 dental hygienist, registered dental hygienist in alternative practice,
9 or registered dental hygienist in extended functions shall report to
10 the Dental Hygiene Board of California all deaths occurring as the
11 result of dental hygiene treatment, and a copy of the notification
12 shall be sent to the board.

13 (2) The report required by this subdivision shall be on a form
14 or forms approved by the board. The form or forms approved by
15 the board shall require the licensee to include, but not be limited
16 to, the following information for cases in which patients received
17 anesthesia: the date of the procedure; the patient's age in years
18 and months, weight, and sex; the patient's American Society of
19 Anesthesiologists (ASA) physical status; the patient's primary
20 diagnosis; the patient's coexisting diagnoses; the procedures
21 performed; the sedation setting; the medications used; the
22 monitoring equipment used; the category of the provider
23 responsible for sedation oversight; the category of the provider
24 delivering sedation; the category of the provider monitoring the
25 patient during sedation; whether the person supervising the sedation
26 performed one or more of the procedures; the planned airway
27 management; the planned depth of sedation; the complications
28 that occurred; a description of what was unexpected about the
29 airway management; whether there was transportation of the patient
30 during sedation; the category of the provider conducting
31 resuscitation measures; and the resuscitation equipment utilized.
32 Disclosure of individually identifiable patient information shall
33 be consistent with applicable law. A report required by this
34 subdivision shall not be admissible in any action brought by a
35 patient of the licensee providing the report.

36 (3) For the purposes of paragraph (2), categories of provider
37 are: General Dentist, Pediatric Dentist, Oral Surgeon, Dentist
38 Anesthesiologist, Physician Anesthesiologist, Dental Assistant,
39 Registered Dental Assistant, Dental Sedation Assistant, Registered
40 Nurse, Certified Registered Nurse Anesthetist, or Other.

1 (4) The form shall state that this information shall not be
2 considered an admission of guilt, but is for educational, data, or
3 investigative purposes.

4 (5) The board may assess a penalty on any licensee who fails
5 to report an instance of an adverse event as required by this
6 subdivision. The licensee may dispute the failure to file within 10
7 days of receiving notice that the board had assessed a penalty
8 against the licensee.

9 (aa) Participating in or operating any group advertising and
10 referral services that are in violation of Section 650.2.

11 (ab) The failure to use a fail-safe machine with an appropriate
12 exhaust system in the administration of nitrous oxide. The board
13 shall, by regulation, define what constitutes a fail-safe machine.

14 (ac) Engaging in the practice of dentistry with an expired license.

15 (ad) Except for good cause, the knowing failure to protect
16 patients by failing to follow infection control guidelines of the
17 board, thereby risking transmission of bloodborne infectious
18 diseases from dentist, dental assistant, registered dental assistant,
19 registered dental assistant in extended functions, dental sedation
20 assistant permitholder, orthodontic assistant permitholder,
21 registered dental hygienist, registered dental hygienist in alternative
22 practice, or registered dental hygienist in extended functions to
23 patient, from patient to patient, and from patient to dentist, dental
24 assistant, registered dental assistant, registered dental assistant in
25 extended functions, dental sedation assistant permitholder,
26 orthodontic assistant permitholder, registered dental hygienist,
27 registered dental hygienist in alternative practice, or registered
28 dental hygienist in extended functions. In administering this
29 subdivision, the board shall consider referencing the standards,
30 regulations, and guidelines of the State Department of Public
31 Health developed pursuant to Section 1250.11 of the Health and
32 Safety Code and the standards, guidelines, and regulations pursuant
33 to the California Occupational Safety and Health Act of 1973 (Part
34 1 (commencing with Section 6300) of Division 5 of the Labor
35 Code) for preventing the transmission of HIV, hepatitis B, and
36 other bloodborne pathogens in health care settings. The board shall
37 review infection control guidelines, if necessary, on an annual
38 basis and proposed changes shall be reviewed by the Dental
39 Hygiene Board of California to establish a consensus. The hygiene
40 board shall submit any recommended changes to the infection

1 control guidelines for review to establish a consensus. As
2 necessary, the board shall consult with the Medical Board of
3 California, the Podiatric Medical Board of California, the Board
4 of Registered Nursing, and the Board of Vocational Nursing and
5 Psychiatric Technicians, to encourage appropriate consistency in
6 the implementation of this subdivision.

7 The board shall seek to ensure that all appropriate dental
8 personnel are informed of the responsibility to follow infection
9 control guidelines, and of the most recent scientifically recognized
10 safeguards for minimizing the risk of transmission of bloodborne
11 infectious diseases.

12 (ae) The utilization by a licensed dentist of any person to
13 perform the functions of any registered dental assistant, registered
14 dental assistant in extended functions, dental sedation assistant
15 permitholder, orthodontic assistant permitholder, registered dental
16 hygienist, registered dental hygienist in alternative practice, or
17 registered dental hygienist in extended functions who, at the time
18 of initial employment, does not possess a current, valid license or
19 permit to perform those functions.

20 (af) The prescribing, dispensing, or furnishing of dangerous
21 drugs or devices, as defined in Section 4022, in violation of Section
22 2242.1.

23 (ag) Using water, or other methods used for irrigation, that are
24 not sterile or that do not contain recognized disinfecting or
25 antibacterial properties when performing dental procedures on
26 exposed dental pulp.

27 (ah) (1) The failure by the treating dentist, prior to the initial
28 diagnosis and correction of malpositions of human teeth or initial
29 use of orthodontic appliances, to perform an ~~in-person~~ examination
30 pursuant to subdivision (b) of Section 1684.5, including the review
31 of the patient's most recent diagnostic digital or conventional
32 radiographs or other equivalent bone imaging suitable for
33 orthodontia. New radiographs or other equivalent bone imaging
34 shall be ordered if ~~deemed appropriate by the treating dentist. no~~
35 *radiographs are available for diagnostic review.*

36 (2) *For purposes of paragraph (1), the correction of*
37 *malpositions includes any movement of the teeth, including the*
38 *treatment of malocclusions. This paragraph is intended to clarify*
39 *existing law.*

1 ~~(ai) The destruction of patient records before either of the~~
2 ~~following has occurred:~~

3 ~~(1) Ten years have elapsed from the date a dental service was~~
4 ~~last provided if the patient is an adult.~~

5 ~~(2) Seven years have elapsed from the date a dental service was~~
6 ~~last provided if the patient is a minor, or one year has elapsed~~
7 ~~from the patient's 18th birthday, whichever is longer.~~

8 ~~SEC. 2. Section 1683.1 of the Business and Professions Code~~
9 ~~is amended to read:~~

10 1683.1. (a) Any individual, partnership, corporation, or other
11 entity that provides dental services through telehealth shall make
12 available the name, telephone number, practice address, and
13 California state license number of any dentist who will be involved
14 in the provision of services to a patient prior to the rendering of
15 services and when requested by a patient.

16 ~~(b) For services involving the diagnosis and correction of~~
17 ~~malpositions of human teeth or initial use of orthodontic~~
18 ~~appliances, as described in subdivision (ah) of Section 1680, the~~
19 ~~information required by subdivision (a) of this section shall be~~
20 ~~provided to the patient at the time that the patient receives the~~
21 ~~recommended treatment plan.~~

22 ~~(b)~~

23 (c) A violation of this section shall constitute unprofessional
24 conduct.

25 ~~SEC. 3. Section 1683.2 of the Business and Professions Code~~
26 ~~is amended to read:~~

27 1683.2. (a) A provider of dental services shall not require a
28 patient to sign an agreement that limits the patient's ability to file
29 a complaint with the board.

30 ~~(b) A licensed dentist, dental assistant, registered dental~~
31 ~~assistant, registered dental assistant in extended functions, dental~~
32 ~~sedation assistant permitholder, orthodontic assistant permitholder,~~
33 ~~registered dental hygienist, registered dental hygienist in~~
34 ~~alternative practice, registered dental hygienist in extended~~
35 ~~functions, or other person shall not be required to sign an~~
36 ~~agreement that limits the signatory's ability to file a complaint or~~
37 ~~provide information to the board.~~

38 ~~SEC. 4. Section 1684.1.1 is added to the Business and~~
39 ~~Professions Code, to read:~~

1 1684.1.1. In addition to other acts constituting unprofessional
2 conduct under this chapter, it is unprofessional conduct for a
3 licensed dentist to fail to comply with a written request of a patient
4 to receive a copy of any patient-signed documents within 15 days
5 of receiving the request. Copies of requested documents may be
6 provided to the patient electronically.

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AMENDED IN SENATE JULY 28, 2020

AMENDED IN SENATE JULY 8, 2020

AMENDED IN ASSEMBLY JUNE 4, 2020

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 2028

**Introduced by Assembly Member Aguiar-Curry
(Coauthor: Assembly Member Gonzalez)**

January 30, 2020

~~An act to amend Sections 11125 and 11125.7 of the Government Code, relating to public meetings.~~ *An act to amend Sections 11125 and 11125.7 of the Government Code, relating to public meetings.*

LEGISLATIVE COUNSEL'S DIGEST

AB 2028, as amended, Aguiar-Curry. State agencies: meetings.

Existing law, the Bagley-Keene Open Meeting Act, requires that all meetings of a state body, as defined, be open and public, and that all persons be permitted to attend any meeting of a state body, except as otherwise provided in that act. Existing law requires the state body to provide notice of its meeting, including specified information and a specific agenda of the meeting, as provided, to any person who requests that notice in writing and to make that notice available on the internet at least 10 days in advance of the meeting.

This bill would, except for closed sessions, require that this notice include all writings or materials provided for the noticed meeting to a member of the state body by staff of a state agency, board, or commission, or another member of the state body, that are in connection with a matter subject to discussion or consideration at the meeting. The bill would prescribe requirements to be satisfied in order for these

writings or materials to be distributed or discussed. The bill would generally require that these writings and materials be made available on the body's internet website no later than the first business day after they are provided to members of the state body or at least 48 hours in advance of the meeting, whichever is earlier, and to be provided immediately upon written request. If the writings or materials are provided to the members of the state body by another state body after this 48-hour deadline, the bill would require that they be posted on the body's internet website no later than the first business day, but prior to the meeting of the state body, following the dissemination of the writings and materials to the members of the state body, and made available immediately upon written request. The bill would except writings or materials relating to matters to be discussed in a closed session and state financial materials, as defined, that put the Treasurer, or specified entities for which the Treasurer serves as chairperson, at a competitive disadvantage in financial transactions from its requirements. The bill would authorize a state body to post and provide additional time-sensitive materials related to certain active legislation, as specified, and changing financial market conditions as they become available, as specified. Upon receipt of a written request, the bill would require that these writings or materials be provided immediately.

Existing law requires that a state body provide an opportunity for members of the public to directly address the body on each agenda item. Existing law exempts from this requirement, among other things, an agenda item that has already been considered by a committee composed exclusively of members of the state body at a public meeting where members of the public were afforded an opportunity to address the committee on the item.

This bill would delete this exception, thereby making the requirement to provide an opportunity to address the state body applicable to an agenda item for which the public had an opportunity to address it at a public meeting of a committee of the state body.

~~Existing law, the Bagley-Keene Open Meeting Act, requires that all meetings of a state body, as defined, be open and public, and that all persons be permitted to attend any meeting of a state body, except as otherwise provided in that act. Existing law requires the state body to provide notice of its meeting, including specified information and a specific agenda of the meeting, as provided, to any person who requests that notice in writing and to make that notice available on the internet at least 10 days in advance of the meeting.~~

~~This bill would, except for closed sessions, require that this notice include all writings or materials provided for the noticed meeting to a member of the state body by staff of a state agency, board, or commission, or another member of the state body, that are in connection with a matter subject to discussion or consideration at the meeting. The bill would prescribe requirements to be satisfied in order for these writings or materials to be distributed or discussed. The bill would generally require that these writings and materials be made available on the body's internet website no later than the first business day after they are provided to members of the state body or at least 48 hours in advance of the meeting, whichever is earlier, and to be provided immediately upon written request. If the writings or materials are provided to the members of the state body by another state body after this 48-hour deadline, the bill would require that they be posted on the body's internet website no later than the first business day, but prior to the meeting of the state body, following the dissemination of the writings and materials to the members of the state body, and made available immediately upon written request. The bill would except writings or materials relating to matters to be discussed in a closed session and state financial materials, as defined, that put the Treasurer at a competitive disadvantage in financial transactions from its requirements. The bill would authorize a state body to post and provide additional time-sensitive materials related to certain active legislation, as specified, and changing financial market conditions as they become available, as specified. Upon receipt of a written request, the bill would require that these writings or materials be provided immediately.~~

~~Existing law requires that a state body provide an opportunity for members of the public to directly address the body on each agenda item. Existing law exempts from this requirement, among other things, an agenda item that has already been considered by a committee composed exclusively of members of the state body at a public meeting where members of the public were afforded an opportunity to address the committee on the item.~~

~~This bill would delete this exception, thereby making the requirement to provide an opportunity to address the state body applicable to an agenda item for which the public had an opportunity to address it at a public meeting of a committee of the state body.~~

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

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

1 *SECTION 1. The Legislature finds and declares the following:*

2 *(a) The Bagley-Keene Open Meeting Act (Article 9 (commencing*
3 *with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title*
4 *2 of the Government Code) (hereafter “Bagley-Keene”) was*
5 *intended to implement Section 3 of Article I of the California*
6 *Constitution, which states in part, “The people have the right of*
7 *access to information concerning the conduct of the people’s*
8 *business, and, therefore, the meetings of public bodies and the*
9 *writings of public officials and agencies shall be open to public*
10 *scrutiny.”*

11 *(b) Bagley-Keene was written to protect public meetings and*
12 *public notice and to ensure the transparency of actions taken by*
13 *state agencies, boards, and commissions.*

14 *(c) Californians have the right to participate in state body*
15 *deliberations. This includes the public’s ability to comment on all*
16 *agenda items discussed at a meeting of the state body, regardless*
17 *of whether an item has been discussed previously in a committee*
18 *of the state body.*

19 *(d) The purpose of public notice is so that state bodies give the*
20 *public adequate time for review of the substance of a state body*
21 *meeting and for comment.*

22 *(e) Public notice must also include any writings or materials*
23 *provided by a state body’s staff or by a member of the state body*
24 *to other members of the state body for a noticed meeting of the*
25 *body.*

26 *(f) Bagley-Keene affirms these rights by stating in Section 11120*
27 *of the Government Code, “The people of this state do not yield*
28 *their sovereignty to the agencies which serve them. The people, in*
29 *delegating authority, do not give their public servants the right to*
30 *decide what is good for the people to know and what is not good*
31 *for them to know. The people insist on remaining informed so that*
32 *they may retain control over the instruments they have created.”*

33 *SEC. 2. Section 11125 of the Government Code is amended to*
34 *read:*

35 11125. (a) The state body shall provide notice of its meeting
36 to any person who requests that notice in writing. Notice shall be
37 given and also made available on the ~~Internet~~ internet website at
38 least 10 days in advance of the meeting, and shall include the name,

1 address, and telephone number of any person who can provide
2 further information prior to the meeting, but need not include a
3 list of witnesses expected to appear at the meeting. The written
4 notice shall additionally include the address of the ~~Internet site~~
5 *internet website* where notices required by this article are made
6 available.

7 (b) The notice of a meeting of a body that is a state body shall
8 include a specific agenda for the meeting, containing a brief
9 description of the items of business to be transacted or discussed
10 in either open or closed session. A brief general description of an
11 item generally need not exceed 20 words. A description of an item
12 to be transacted or discussed in closed session shall include a
13 citation of the specific statutory authority under which a closed
14 session is being held. No item shall be added to the agenda
15 subsequent to the provision of this notice, unless otherwise
16 permitted by this article.

17 (c) (1) *Any notice provided pursuant to subdivision (a) shall*
18 *include all writings or materials provided for the noticed meeting*
19 *to a member of the state body by the staff of that state agency,*
20 *board, or commission, or another member of the state body, that*
21 *are in connection with a matter subject to discussion or*
22 *consideration at the meeting. A state body may distribute or discuss*
23 *writings or materials only to the extent that it has complied with*
24 *the applicable requirements of this subdivision.*

25 (2) (A) *The writings or materials to be considered at a noticed*
26 *meeting and provided to members of the state body in advance of*
27 *the meeting shall be made available on the body's internet website*
28 *no later than the first business day following the dissemination of*
29 *the writings and materials to members of the state body or at least*
30 *48 hours in advance of the meeting, whichever is earlier. Upon*
31 *receipt of a written request for writings or materials provided to*
32 *members of the state body in advance of the meeting, a state body*
33 *shall provide them immediately.*

34 (B) *Any writings or materials provided to the members of the*
35 *state body by another state body after the time periods described*
36 *in subparagraph (A) have passed shall be posted on the body's*
37 *internet website no later than the first business day, but prior to*
38 *the meeting of the state body, following the dissemination of the*
39 *writings and materials to the members of the state body. Upon*
40 *receipt of a written request, these writings or materials shall be*

1 *provided immediately. A state body that satisfies the requirements*
2 *of this subparagraph may discuss these writings and materials at*
3 *an otherwise properly noticed meeting.*

4 (3) (A) *This subdivision does not apply to writings or materials*
5 *prepared for a matter to be discussed in a closed session of the*
6 *state body or to state financial materials that put the Treasurer,*
7 *or any of the boards, authorities, commissions, committees, and*
8 *councils for which the Treasurer serves as chairperson, at a*
9 *competitive disadvantage in financial transactions.*

10 (B) *For purposes of this paragraph, “financial materials” mean*
11 *documents related to bonds, loans, and grants.*

12 (4) *If the writings or materials described in paragraph (1) on*
13 *an agenda for discussion at a meeting of the state body are related*
14 *to legislation that is before the Legislature in a current legislative*
15 *session or are related to changing financial market conditions, a*
16 *state body shall satisfy the requirements of this subdivision by*
17 *posting on its internet website the writings and materials related*
18 *to the legislation or the changing market conditions as they become*
19 *available after the time periods described in paragraph (2). Upon*
20 *receipt of a written request, these writings or materials shall be*
21 *provided immediately. The state body shall make clear what date*
22 *the new or changed writings or materials are posted and, when*
23 *applicable, what changes have been made in the writings or*
24 *materials.*

25 ~~(e)~~

26 (d) *Notice of a meeting of a state body that complies with this*
27 *section shall also constitute notice of a meeting of an advisory*
28 *body of that state body, provided that the business to be discussed*
29 *by the advisory body is covered by the notice of the meeting of*
30 *the state body, provided that the specific time and place of the*
31 *advisory body’s meeting is announced during the open and public*
32 *state body’s meeting, and provided that the advisory body’s*
33 *meeting is conducted within a reasonable time of, and nearby, the*
34 *meeting of the state body.*

35 ~~(d)~~

36 (e) *A person may request, and shall be provided, notice pursuant*
37 *to subdivision (a) for all meetings of a state body or for a specific*
38 *meeting or meetings. In addition, at the state body’s discretion, a*
39 *person may request, and may be provided, notice of only those*

meetings of a state body at which a particular subject or subjects specified in the request will be discussed.

(e)

(f) A request for notice of more than one meeting of a state body shall be subject to the provisions of Section 14911.

(f)

(g) The notice shall be made available in appropriate alternative formats, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof, upon request by any person with a disability. The notice shall include information regarding how, to whom, and by when a request for any disability-related modification or accommodation, including auxiliary aids or services may be made by a person with a disability who requires these aids or services in order to participate in the public meeting.

SEC. 3. Section 11125.7 of the Government Code is amended to read:

11125.7. (a) Except as otherwise provided in this section, the state body shall provide an opportunity for members of the public to directly address the state body on each agenda item before or during the state body's discussion or consideration of the item. ~~This section is not applicable if the agenda item has already been considered by a committee composed exclusively of members of the state body at a public meeting where interested members of the public were afforded the opportunity to address the committee on the item, before or during the committee's consideration of the item, unless the item has been substantially changed since the committee heard the item, as determined by the state body.~~ Every notice for a special meeting at which action is proposed to be taken on an item shall provide an opportunity for members of the public to directly address the state body concerning that item prior to action on the item. In addition, the notice requirement of Section 11125 shall not preclude the acceptance of testimony at meetings, other than emergency meetings, from members of the public if no action is taken by the state body at the same meeting on matters brought before the body by members of the public.

(b) The state body may adopt reasonable regulations to ensure that the intent of subdivision (a) is carried out, including, but not limited to, regulations limiting the total amount of time allocated

1 for public comment on particular issues and for each individual
2 speaker.

3 (c) (1) Notwithstanding subdivision (b), when a state body
4 limits time for public comment the state body shall provide at least
5 twice the allotted time to a member of the public who utilizes a
6 translator to ensure that non-English speakers receive the same
7 opportunity to directly address the state body.

8 (2) Paragraph (1) shall not apply if the state body utilizes
9 simultaneous translation equipment in a manner that allows the
10 state body to hear the translated public testimony simultaneously.

11 (d) The state body shall not prohibit public criticism of the
12 policies, programs, or services of the state body, or of the acts or
13 omissions of the state body. Nothing in this subdivision shall confer
14 any privilege or protection for expression beyond that otherwise
15 provided by law.

16 (e) This section is not applicable to ~~closed sessions held pursuant~~
17 ~~to Section 11126; any of the following:~~

18 (1) *Closed sessions held pursuant to Section 11126.*

19 ~~(f) This section is not applicable to decisions~~

20 (2) *Decisions* regarding proceedings held pursuant to Chapter
21 5 (commencing with Section 11500), relating to administrative
22 adjudication, or to the conduct of those proceedings.

23 ~~(g) This section is not applicable to hearings~~

24 (3) *Hearings* conducted by the California Victim Compensation
25 Board pursuant to Sections 13963 and 13963.1.

26 ~~(h) This section is not applicable to agenda~~

27 (4) *Agenda* items that involve decisions of the Public Utilities
28 Commission regarding adjudicatory hearings held pursuant to
29 Chapter 9 (commencing with Section 1701) of Part 1 of Division
30 1 of the Public Utilities Code. For all other agenda items, the
31 commission shall provide members of the public, other than those
32 who have already participated in the proceedings underlying the
33 agenda item, an opportunity to directly address the commission
34 before or during the commission's consideration of the item.

35 ~~SECTION 1. The Legislature finds and declares the following:~~

36 ~~(a) The Bagley-Keene Open Meeting Act (Article 9~~
37 ~~(commencing with Section 11120) of Chapter 1 of Part 1 of~~
38 ~~Division 3 of Title 2 of the Government Code) (hereafter~~
39 ~~"Bagley-Keene") was intended to implement Section 3 of Article~~
40 ~~I of the California Constitution, which states in part, "The people~~

1 have the right of access to information concerning the conduct of
2 the people's business, and, therefore, the meetings of public bodies
3 and the writings of public officials and agencies shall be open to
4 public scrutiny."

5 (b) Bagley-Keene was written to protect public meetings and
6 public notice and to ensure the transparency of actions taken by
7 state agencies, boards, and commissions.

8 (c) Californians have the right to participate in state body
9 deliberations. This includes the public's ability to comment on all
10 agenda items discussed at a meeting of the state body, regardless
11 of whether an item has been discussed previously in a committee
12 of the state body.

13 (d) The purpose of public notice is so that state bodies give the
14 public adequate time for review of the substance of a state body
15 meeting and for comment.

16 (e) Public notice must also include any writings or materials
17 provided by a state body's staff or by a member of the state body
18 to other members of the state body for a noticed meeting of the
19 body.

20 (f) Bagley-Keene affirms these rights by stating in Section 11120
21 of the Government Code, "The people of this state do not yield
22 their sovereignty to the agencies which serve them. The people,
23 in delegating authority, do not give their public servants the right
24 to decide what is good for the people to know and what is not good
25 for them to know. The people insist on remaining informed so that
26 they may retain control over the instruments they have created."

27 SEC. 2. Section 11125 of the Government Code is amended
28 to read:

29 11125. (a) The state body shall provide notice of its meeting
30 to any person who requests that notice in writing. Notice shall be
31 given and also made available on the internet website at least 10
32 days in advance of the meeting, and shall include the name,
33 address, and telephone number of any person who can provide
34 further information prior to the meeting, but need not include a
35 list of witnesses expected to appear at the meeting. The written
36 notice shall additionally include the address of the internet website
37 where notices required by this article are made available.

38 (b) The notice of a meeting of a body that is a state body shall
39 include a specific agenda for the meeting, containing a brief
40 description of the items of business to be transacted or discussed

1 in either open or closed session. A brief general description of an
2 item generally need not exceed 20 words. A description of an item
3 to be transacted or discussed in closed session shall include a
4 citation of the specific statutory authority under which a closed
5 session is being held. No item shall be added to the agenda
6 subsequent to the provision of this notice, unless otherwise
7 permitted by this article.

8 (e) (1) Any notice provided pursuant to subdivision (a) shall
9 include all writings or materials provided for the noticed meeting
10 to a member of the state body by the staff of that state agency,
11 board, or commission, or another member of the state body, that
12 are in connection with a matter subject to discussion or
13 consideration at the meeting. A state body may distribute or discuss
14 writings or materials only to the extent that it has complied with
15 the applicable requirements of this subdivision.

16 (2) (A) The writings or materials to be considered at a noticed
17 meeting and provided to members of the state body in advance of
18 the meeting shall be made available on the body's internet website
19 no later than the first business day following the dissemination of
20 the writings and materials to members of the state body or at least
21 48 hours in advance of the meeting, whichever is earlier. Upon
22 receipt of a written request for writings or materials provided to
23 members of the state body in advance of the meeting, a state body
24 shall provide them immediately.

25 (B) Any writings or materials provided to the members of the
26 state body by another state body after the time periods described
27 in subparagraph (A) have passed shall be posted on the body's
28 internet website no later than the first business day, but prior to
29 the meeting of the state body, following the dissemination of the
30 writings and materials to the members of the state body. Upon
31 receipt of a written request, these writings or materials shall be
32 provided immediately. A state body that satisfies the requirements
33 of this subparagraph may discuss these writings and materials at
34 an otherwise properly noticed meeting.

35 (3) (A) This subdivision does not apply to writings or materials
36 prepared for a matter to be discussed in a closed session of the
37 state body or state financial materials that put the Treasurer at a
38 competitive disadvantage in financial transactions.

39 (B) For purposes of this paragraph, "financial materials" mean
40 documents related to bonds, loans, and grants.

1 ~~(4) If the writings or materials described in paragraph (1) on an~~
2 ~~agenda for discussion at a meeting of the state body are related to~~
3 ~~legislation that is before the Legislature in a current legislative~~
4 ~~session or are related to changing financial market conditions, a~~
5 ~~state body shall satisfy the requirements of this subdivision by~~
6 ~~posting on its internet website the writings and materials related~~
7 ~~to the legislation or the changing market conditions as they become~~
8 ~~available after the time periods described in paragraph (2). Upon~~
9 ~~receipt of a written request, these writings or materials shall be~~
10 ~~provided immediately. The state body shall make clear what date~~
11 ~~the new or changed writings or materials are posted and, when~~
12 ~~applicable, what changes have been made in the writings or~~
13 ~~materials.~~

14 ~~(d) Notice of a meeting of a state body that complies with this~~
15 ~~section shall also constitute notice of a meeting of an advisory~~
16 ~~body of that state body, provided that the business to be discussed~~
17 ~~by the advisory body is covered by the notice of the meeting of~~
18 ~~the state body, provided that the specific time and place of the~~
19 ~~advisory body's meeting is announced during the open and public~~
20 ~~state body's meeting, and provided that the advisory body's~~
21 ~~meeting is conducted within a reasonable time of, and nearby, the~~
22 ~~meeting of the state body.~~

23 ~~(e) A person may request, and shall be provided, notice pursuant~~
24 ~~to subdivision (a) for all meetings of a state body or for a specific~~
25 ~~meeting or meetings. In addition, at the state body's discretion, a~~
26 ~~person may request, and may be provided, notice of only those~~
27 ~~meetings of a state body at which a particular subject or subjects~~
28 ~~specified in the request will be discussed.~~

29 ~~(f) A request for notice of more than one meeting of a state body~~
30 ~~shall be subject to the provisions of Section 14911.~~

31 ~~(g) The notice shall be made available in appropriate alternative~~
32 ~~formats, as required by Section 202 of the Americans with~~
33 ~~Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal~~
34 ~~rules and regulations adopted in implementation thereof, upon~~
35 ~~request by any person with a disability. The notice shall include~~
36 ~~information regarding how, to whom, and by when a request for~~
37 ~~any disability-related modification or accommodation, including~~
38 ~~auxiliary aids or services may be made by a person with a disability~~
39 ~~who requires these aids or services in order to participate in the~~
40 ~~public meeting.~~

1 SEC. 3.— Section 11125.7 of the Government Code is amended
2 to read:

3 11125.7. (a) Except as otherwise provided in this section, the
4 state body shall provide an opportunity for members of the public
5 to directly address the state body on each agenda item before or
6 during the state body's discussion or consideration of the item.
7 Every notice for a special meeting at which action is proposed to
8 be taken on an item shall provide an opportunity for members of
9 the public to directly address the state body concerning that item
10 prior to action on the item. In addition, the notice requirement of
11 Section 11125 shall not preclude the acceptance of testimony at
12 meetings, other than emergency meetings, from members of the
13 public if no action is taken by the state body at the same meeting
14 on matters brought before the body by members of the public.

15 (b) The state body may adopt reasonable regulations to ensure
16 that the intent of subdivision (a) is carried out, including, but not
17 limited to, regulations limiting the total amount of time allocated
18 for public comment on particular issues and for each individual
19 speaker.

20 (c) (1) Notwithstanding subdivision (b), when a state body
21 limits time for public comment the state body shall provide at least
22 twice the allotted time to a member of the public who utilizes a
23 translator to ensure that non-English speakers receive the same
24 opportunity to directly address the state body.

25 (2) Paragraph (1) shall not apply if the state body utilizes
26 simultaneous translation equipment in a manner that allows the
27 state body to hear the translated public testimony simultaneously.

28 (d) The state body shall not prohibit public criticism of the
29 policies, programs, or services of the state body, or of the acts or
30 omissions of the state body. Nothing in this subdivision shall confer
31 any privilege or protection for expression beyond that otherwise
32 provided by law.

33 (e) This section is not applicable to any of the following:

34 (1) Closed sessions held pursuant to Section 11126.

35 (2) Decisions regarding proceedings held pursuant to Chapter
36 5 (commencing with Section 11500), relating to administrative
37 adjudication, or to the conduct of those proceedings.

38 (3) Hearings conducted by the California Victim Compensation
39 Board pursuant to Sections 13963 and 13963.1.

1 ~~(4) Agenda items that involve decisions of the Public Utilities~~
2 ~~Commission regarding adjudicatory hearings held pursuant to~~
3 ~~Chapter 9 (commencing with Section 1701) of Part 1 of Division~~
4 ~~1 of the Public Utilities Code. For all other agenda items, the~~
5 ~~commission shall provide members of the public, other than those~~
6 ~~who have already participated in the proceedings underlying the~~
7 ~~agenda item, an opportunity to directly address the commission~~
8 ~~before or during the commission's consideration of the item.~~

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AMENDED IN SENATE AUGUST 4, 2020

AMENDED IN ASSEMBLY MAY 4, 2020

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 2113

Introduced by Assembly Member Low
(Coauthors: Assembly Members Carrillo, Chiu, Medina,
Blanca Rubio, and Gonzalez)

February 6, 2020

An act to add Section 135.4 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 2113, as amended, Low. Refugees, asylees, and ~~immigrants:~~ *special immigrant visa holders: professional licensing: licensing: initial licensure process.*

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law prohibits ~~an entity~~ *a board* within the department from denying licensure to an applicant based upon their citizenship or immigration status.

This bill, notwithstanding any other law, would require a board within the department to expedite, and authorize it to assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that they are a refugee, have been granted ~~political~~ asylum, or have a special immigrant visa, as specified. The bill would authorize a board to adopt regulations necessary to administer these provisions.

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

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

- 1 SECTION 1. Section 135.4 is added to the Business and
2 Professions Code, to read:
3 135.4. (a) Notwithstanding any other law, a board within the
4 department shall expedite, and may assist, the initial licensure
5 process for an applicant who supplies satisfactory evidence to the
6 board that they have been admitted to the United States as a refugee
7 under Section 1157 of Title 8 of the United States Code, have been
8 granted ~~political~~ asylum by the Secretary of Homeland Security
9 or the Attorney General of the United States pursuant to Section
10 1158 of Title 8 of the United States Code, or they have a special
11 immigrant visa (SIV) that has been granted a status under Section
12 1244 of Public Law 110-181, under Public Law 109-163, or under
13 Section 602(b) of Title VI of Division F of Public Law 111-8.
14 (b) Nothing in this section shall be construed as changing
15 existing licensure requirements. A person applying for expedited
16 licensure under subdivision (a) shall meet all applicable statutory
17 and regulatory licensure requirements.
18 (c) A board may adopt regulations necessary to administer this
19 section.

O

AMENDED IN SENATE JULY 22, 2020

AMENDED IN ASSEMBLY JUNE 4, 2020

AMENDED IN ASSEMBLY MAY 11, 2020

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 2164

Introduced by Assembly Members Robert Rivas and Salas
(Principal coauthor: Assembly Member Wood)
(Coauthors: Assembly Members Carrillo, Flora, Eduardo Garcia,
Gonzalez, Mathis, Mayes, Waldron, and Luz Rivas)
(Coauthor: Senator Wilk)

February 11, 2020

An act to amend Section 14132.100 of, and to add Section 14132.726 to, of the Welfare and Institutions Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

AB 2164, as amended, Robert Rivas. Telehealth.

Existing law provides for the Medi-Cal program, which is administered by the department, under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. FQHC and RHC services are reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis, and a “visit” is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including dental providers.

Existing law prohibits a requirement of in-person contact between a health care provider and a Medi-Cal patient when the service may be

provided by telehealth, and, for purposes of telehealth, prohibits the department from limiting the type of setting where Medi-Cal services are provided. Existing law authorizes, to the extent that federal financial participation is available, the use of health care services by store and forward under the Medi-Cal program, subject to billing and reimbursement policies developed by the department, and prohibits a requirement of in-person contact between a health care provider and a Medi-Cal patient when these services are provided by store and forward.

This bill would provide that an FQHC or RHC “visit” includes an encounter between an FQHC or RHC patient and a health care provider using telehealth by synchronous ~~real time interaction~~ or asynchronous store and forward. The bill would ~~clarify, for purposes of an FQHC or RHC visit, that face-to-face contact between a health care provider and a patient is not required for an FQHC or RHC to bill for telehealth by synchronous real time or asynchronous store and forward if specified requirements are met, including that a billable provider in the Medi-Cal program, and who is employed by the FQHC or RHC, supervises or provides the services for that patient via telehealth by synchronous real time or asynchronous store and forward.~~ *specify that an FQHC or RHC is not precluded from establishing a patient who is located within the FQHC’s or RHC’s federal designated service area through synchronous interaction or asynchronous store and forward as of the date of service if specified requirements are met. The bill would require the department to adopt regulations, as specified, and to provide a status report to the Legislature on a semiannual basis until those regulations have been adopted.*

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

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

- 1 SECTION 1. The Legislature finds and declares the following:
- 2 (a) Telehealth, or the delivery of health care services through
- 3 electronic information technology, is an effective means to ensure
- 4 patients, regardless of location, can access safe and effective health
- 5 care. One method of telehealth to better serve patients and improve
- 6 primary care providers’ scope of practice are e-consults, which
- 7 are asynchronous electronic consultations between health care
- 8 providers—often a specialist and primary care provider.

(b) E-consults help patients avoid long wait times, traveling great distances, and missed income or childcare expenditures, issues that have a greater impact on the safety net population. Growth of e-consult services improve access to specialty care, expand specialists' bandwidth, and further educate primary care physicians at relatively low cost.

SEC. 2. Section 14132.100 of the Welfare and Institutions Code is amended to read:

14132.100. (a) The federally qualified health center services described in Section 1396d(a)(2)(C) of Title 42 of the United States Code are covered benefits.

(b) The rural health clinic services described in Section 1396d(a)(2)(B) of Title 42 of the United States Code are covered benefits.

(c) Federally qualified health center services and rural health clinic services shall be reimbursed on a per-visit basis in accordance with the definition of "visit" set forth in subdivision (g).

(d) Effective October 1, 2004, and on each October 1 thereafter, until no longer required by federal law, federally qualified health center (FQHC) and rural health clinic (RHC) per-visit rates shall be increased by the Medicare Economic Index applicable to primary care services in the manner provided for in Section 1396a(bb)(3)(A) of Title 42 of the United States Code. Prior to January 1, 2004, FQHC and RHC per-visit rates shall be adjusted by the Medicare Economic Index in accordance with the methodology set forth in the state plan in effect on October 1, 2001.

(e) (1) An FQHC or RHC may apply for an adjustment to its per-visit rate based on a change in the scope of service provided by the FQHC or RHC. Rate changes based on a change in the scope of service provided by an FQHC or RHC shall be evaluated in accordance with Medicare reasonable cost principles, as set forth in Part 413 (commencing with Section 413.1) of Title 42 of the Code of Federal Regulations, or its successor.

(2) Subject to the conditions set forth in subparagraphs (A) to (D), inclusive, of paragraph (3), a change in scope of service means any of the following:

(A) The addition of a new FQHC or RHC service that is not incorporated in the baseline prospective payment system (PPS)

1 rate, or a deletion of an FQHC or RHC service that is incorporated
2 in the baseline PPS rate.

3 (B) A change in service due to amended regulatory requirements
4 or rules.

5 (C) A change in service resulting from relocating or remodeling
6 an FQHC or RHC.

7 (D) A change in types of services due to a change in applicable
8 technology and medical practice utilized by the center or clinic.

9 (E) An increase in service intensity attributable to changes in
10 the types of patients served, including, but not limited to,
11 populations with HIV or AIDS, or other chronic diseases, or
12 homeless, elderly, migrant, or other special populations.

13 (F) Any changes in any of the services described in subdivision
14 (a) or (b), or in the provider mix of an FQHC or RHC or one of
15 its sites.

16 (G) Changes in operating costs attributable to capital
17 expenditures associated with a modification of the scope of any
18 of the services described in subdivision (a) or (b), including new
19 or expanded service facilities, regulatory compliance, or changes
20 in technology or medical practices at the center or clinic.

21 (H) Indirect medical education adjustments and a direct graduate
22 medical education payment that reflects the costs of providing
23 teaching services to interns and residents.

24 (I) Any changes in the scope of a project approved by the federal
25 Health Resources and Services Administration (HRSA).

26 (3) A change in costs is not, in and of itself, a scope-of-service
27 change, unless all of the following apply:

28 (A) The increase or decrease in cost is attributable to an increase
29 or decrease in the scope of service defined in subdivisions (a) and
30 (b), as applicable.

31 (B) The cost is allowable under Medicare reasonable cost
32 principles set forth in Part 413 (commencing with Section 413.1)
33 of Title 42 of the Code of Federal Regulations, or its successor.

34 (C) The change in the scope of service is a change in the type,
35 intensity, duration, or amount of services, or any combination
36 thereof.

37 (D) The net change in the FQHC's or RHC's rate equals or
38 exceeds 1.75 percent for the affected FQHC or RHC site. For
39 FQHCs and RHCs that filed consolidated cost reports for multiple
40 sites to establish the initial prospective payment reimbursement

1 rate, the 1.75-percent threshold shall be applied to the average
2 per-visit rate of all sites for the purposes of calculating the cost
3 associated with a scope-of-service change. “Net change” means
4 the per-visit rate change attributable to the cumulative effect of all
5 increases and decreases for a particular fiscal year.

6 (4) An FQHC or RHC may submit requests for scope-of-service
7 changes once per fiscal year, only within 90 days following the
8 beginning of the FQHC’s or RHC’s fiscal year. Any approved
9 increase or decrease in the provider’s rate shall be retroactive to
10 the beginning of the FQHC’s or RHC’s fiscal year in which the
11 request is submitted.

12 (5) An FQHC or RHC shall submit a scope-of-service rate
13 change request within 90 days of the beginning of any FQHC or
14 RHC fiscal year occurring after the effective date of this section,
15 if, during the FQHC’s or RHC’s prior fiscal year, the FQHC or
16 RHC experienced a decrease in the scope of service provided that
17 the FQHC or RHC either knew or should have known would have
18 resulted in a significantly lower per-visit rate. If an FQHC or RHC
19 discontinues providing onsite pharmacy or dental services, it shall
20 submit a scope-of-service rate change request within 90 days of
21 the beginning of the following fiscal year. The rate change shall
22 be effective as provided for in paragraph (4). As used in this
23 paragraph, “significantly lower” means an average per-visit rate
24 decrease in excess of 2.5 percent.

25 (6) Notwithstanding paragraph (4), if the approved
26 scope-of-service change or changes were initially implemented
27 on or after the first day of an FQHC’s or RHC’s fiscal year ending
28 in calendar year 2001, but before the adoption and issuance of
29 written instructions for applying for a scope-of-service change,
30 the adjusted reimbursement rate for that scope-of-service change
31 shall be made retroactive to the date the scope-of-service change
32 was initially implemented. Scope-of-service changes under this
33 paragraph shall be required to be submitted within the later of 150
34 days after the adoption and issuance of the written instructions by
35 the department, or 150 days after the end of the FQHC’s or RHC’s
36 fiscal year ending in 2003.

37 (7) All references in this subdivision to “fiscal year” shall be
38 construed to be references to the fiscal year of the individual FQHC
39 or RHC, as the case may be.

(f) (1) An FQHC or RHC may request a supplemental payment if extraordinary circumstances beyond the control of the FQHC or RHC occur after December 31, 2001, and PPS payments are insufficient due to these extraordinary circumstances. Supplemental payments arising from extraordinary circumstances under this subdivision shall be solely and exclusively within the discretion of the department and shall not be subject to subdivision (l). These supplemental payments shall be determined separately from the scope-of-service adjustments described in subdivision (e). Extraordinary circumstances include, but are not limited to, acts of nature, changes in applicable requirements in the Health and Safety Code, changes in applicable licensure requirements, and changes in applicable rules or regulations. Mere inflation of costs alone, absent extraordinary circumstances, shall not be grounds for supplemental payment. If an FQHC's or RHC's PPS rate is sufficient to cover its overall costs, including those associated with the extraordinary circumstances, then a supplemental payment is not warranted.

(2) The department shall accept requests for supplemental payment at any time throughout the prospective payment rate year.

(3) Requests for supplemental payments shall be submitted in writing to the department and shall set forth the reasons for the request. Each request shall be accompanied by sufficient documentation to enable the department to act upon the request. Documentation shall include the data necessary to demonstrate that the circumstances for which supplemental payment is requested meet the requirements set forth in this section. Documentation shall include both of the following:

(A) A presentation of data to demonstrate reasons for the FQHC's or RHC's request for a supplemental payment.

(B) Documentation showing the cost implications. The cost impact shall be material and significant, two hundred thousand dollars (\$200,000) or 1 percent of a facility's total costs, whichever is less.

(4) A request shall be submitted for each affected year.

(5) Amounts granted for supplemental payment requests shall be paid as lump-sum amounts for those years and not as revised PPS rates, and shall be repaid by the FQHC or RHC to the extent that it is not expended for the specified purposes.

1 (6) The department shall notify the provider of the department's
2 discretionary decision in writing.

3 (g) (1) An FQHC or RHC "visit" means a face-to-face
4 encounter between an FQHC or RHC patient and a physician,
5 physician assistant, nurse practitioner, certified nurse-midwife,
6 clinical psychologist, licensed clinical social worker, or a visiting
7 nurse. For purposes of this section, "physician" shall be interpreted
8 in a manner consistent with the federal Centers for Medicare and
9 Medicaid Services' Medicare Rural Health Clinic and Federally
10 Qualified Health Center Manual (Publication 27), or its successor,
11 only to the extent that it defines the professionals whose services
12 are reimbursable on a per-visit basis and not as to the types of
13 services that these professionals may render during these visits
14 and shall include a physician and surgeon, osteopath, podiatrist,
15 dentist, optometrist, and chiropractor. A visit shall also include a
16 face-to-face encounter between an FQHC or RHC patient and a
17 comprehensive perinatal practitioner, as defined in Section 51179.7
18 of Title 22 of the California Code of Regulations, providing
19 comprehensive perinatal services, a four-hour day of attendance
20 at an adult day health care center, and any other provider identified
21 in the state plan's definition of an FQHC or RHC visit.

22 (2) (A) A visit shall also include a face-to-face encounter
23 between an FQHC or RHC patient and a dental hygienist, a dental
24 hygienist in alternative practice, or a marriage and family therapist.

25 (B) Notwithstanding subdivision (e), if an FQHC or RHC that
26 currently includes the cost of the services of a dental hygienist in
27 alternative practice, or a marriage and family therapist for the
28 purposes of establishing its FQHC or RHC rate chooses to bill
29 these services as a separate visit, the FQHC or RHC shall apply
30 for an adjustment to its per-visit rate, and, after the rate adjustment
31 has been approved by the department, shall bill these services as
32 a separate visit. However, multiple encounters with dental
33 professionals or marriage and family therapists that take place on
34 the same day shall constitute a single visit. The department shall
35 develop the appropriate forms to determine which FQHC's or
36 RHC's rates shall be adjusted and to facilitate the calculation of
37 the adjusted rates. An FQHC's or RHC's application for, or the
38 department's approval of, a rate adjustment pursuant to this
39 subparagraph shall not constitute a change in scope of service
40 within the meaning of subdivision (e). An FQHC or RHC that

1 applies for an adjustment to its rate pursuant to this subparagraph
2 may continue to bill for all other FQHC or RHC visits at its existing
3 per-visit rate, subject to reconciliation, until the rate adjustment
4 for visits between an FQHC or RHC patient and a dental hygienist,
5 a dental hygienist in alternative practice, or a marriage and family
6 therapist has been approved. Any approved increase or decrease
7 in the provider's rate shall be made within six months after the
8 date of receipt of the department's rate adjustment forms pursuant
9 to this subparagraph and shall be retroactive to the beginning of
10 the fiscal year in which the FQHC or RHC submits the request,
11 but in no case shall the effective date be earlier than January 1,
12 2008.

13 (C) An FQHC or RHC that does not provide dental hygienist,
14 dental hygienist in alternative practice, or marriage and family
15 therapist services, and later elects to add these services and bill
16 these services as a separate visit, shall process the addition of these
17 services as a change in scope of service pursuant to subdivision
18 (e).

19 (3) Notwithstanding any other provision of this section, no later
20 than July 1, 2018, a visit shall include a marriage and family
21 therapist.

22 (4) A visit shall also include an encounter between an FQHC
23 or RHC patient and a health care provider using telehealth, either
24 in synchronous ~~real-time~~ *interaction* or asynchronous store and
25 forward, as described in Section ~~14132.726~~ *2290.5 of the Business*
26 *and Professions Code. An FQHC or RHC is not precluded from*
27 *establishing a patient who is located within the FQHC's or RHC's*
28 *federal designated service area through synchronous interaction*
29 *or asynchronous store and forward as of the date of service.*
30 *Notwithstanding this paragraph, establishing a patient through*
31 *asynchronous store and forward requires the use of a licensed*
32 *health care provider who is employed by the FQHC or RHC and*
33 *who is physically present with the patient within the FQHC's or*
34 *RHC's federal designated service area at the originating site, as*
35 *defined in paragraph (4) of subdivision (a) of Section 2290.5 of*
36 *the Business and Professions Code. For purposes of this*
37 *paragraph, the licensed health care provider is not required to be*
38 *a health care professional described in paragraph (1) or (2).*

39 (5) Notwithstanding Chapter 3.5 (commencing with Section
40 11340) of Part 1 of Division 3 of Title 2 of the Government Code,

1 *the department may implement, interpret, and make specific*
2 *paragraph (4) by means of all-county letters, provider bulletins,*
3 *and similar instructions. By July 1, 2022, the department shall*
4 *adopt regulations in accordance with the requirements of Chapter*
5 *3.5 (commencing with Section 11340) of Part 1 of Division 3 of*
6 *Title 2 of the Government Code. Beginning July 1, 2021, and*
7 *notwithstanding Section 10231.5 of the Government Code, the*
8 *department shall provide a status report to the Legislature on a*
9 *semiannual basis until regulations have been adopted.*

10 (h) If FQHC or RHC services are partially reimbursed by a
11 third-party payer, such as a managed care entity, as defined in
12 Section 1396u-2(a)(1)(B) of Title 42 of the United States Code,
13 the Medicare Program, or the Child Health and Disability
14 Prevention (CHDP) Program, the department shall reimburse an
15 FQHC or RHC for the difference between its per-visit PPS rate
16 and receipts from other plans or programs on a contract-by-contract
17 basis and not in the aggregate, and may not include managed care
18 financial incentive payments that are required by federal law to
19 be excluded from the calculation.

20 (i) (1) Provided that the following entities are not operating as
21 intermittent clinics, as defined in subdivision (h) of Section 1206
22 of the Health and Safety Code, each entity shall have its
23 reimbursement rate established in accordance with one of the
24 methods outlined in paragraph (2) or (3), as selected by the FQHC
25 or RHC:

26 (A) An entity that first qualifies as an FQHC or RHC in 2001
27 or later.

28 (B) A newly licensed facility at a new location added to an
29 existing FQHC or RHC.

30 (C) An entity that is an existing FQHC or RHC that is relocated
31 to a new site.

32 (2) (A) An FQHC or RHC that adds a new licensed location to
33 its existing primary care license under paragraph (1) of subdivision
34 (b) of Section 1212 of the Health and Safety Code may elect to
35 have the reimbursement rate for the new location established in
36 accordance with paragraph (3), or notwithstanding subdivision
37 (e), an FQHC or RHC may choose to have one PPS rate for all
38 locations that appear on its primary care license determined by
39 submitting a change in scope-of-service request if both of the
40 following requirements are met:

1 (i) The change in scope-of-service request includes the costs
2 and visits for those locations for the first full fiscal year
3 immediately following the date the new location is added to the
4 FQHC's or RHC's existing licensee.

5 (ii) The FQHC or RHC submits the change in scope-of-service
6 request within 90 days after the FQHC's or RHC's first full fiscal
7 year.

8 (B) The FQHC's or RHC's single PPS rate for those locations
9 shall be calculated based on the total costs and total visits of those
10 locations and shall be determined based on the following:

11 (i) An audit in accordance with Section 14170.

12 (ii) Rate changes based on a change in scope-of-service request
13 shall be evaluated in accordance with Medicare reasonable cost
14 principles, as set forth in Part 413 (commencing with Section
15 413.1) of Title 42 of the Code of Federal Regulations, or its
16 successors.

17 (iii) Any approved increase or decrease in the provider's rate
18 shall be retroactive to the beginning of the FQHC's or RHC's fiscal
19 year in which the request is submitted.

20 (C) Except as specified in subdivision (j), this paragraph does
21 not apply to a location that was added to an existing primary care
22 clinic license by the State Department of Public Health, whether
23 by a regional district office or the centralized application unit, prior
24 to January 1, 2017.

25 (3) If an FQHC or RHC does not elect to have the PPS rate
26 determined by a change in scope-of-service request, the FQHC or
27 RHC shall have the reimbursement rate established for any of the
28 entities identified in paragraph (1) or (2) in accordance with one
29 of the following methods at the election of the FQHC or RHC:

30 (A) The rate may be calculated on a per-visit basis in an amount
31 that is equal to the average of the per-visit rates of three comparable
32 FQHCs or RHCs located in the same or adjacent area with a similar
33 caseload.

34 (B) In the absence of three comparable FQHCs or RHCs with
35 a similar caseload, the rate may be calculated on a per-visit basis
36 in an amount that is equal to the average of the per-visit rates of
37 three comparable FQHCs or RHCs located in the same or an
38 adjacent service area, or in a reasonably similar geographic area
39 with respect to relevant social, health care, and economic
40 characteristics.

1 (C) At a new entity's one-time election, the department shall
2 establish a reimbursement rate, calculated on a per-visit basis, that
3 is equal to 100 percent of the projected allowable costs to the
4 FQHC or RHC of furnishing FQHC or RHC services during the
5 first 12 months of operation as an FQHC or RHC. After the first
6 12-month period, the projected per-visit rate shall be increased by
7 the Medicare Economic Index then in effect. The projected
8 allowable costs for the first 12 months shall be cost settled and the
9 prospective payment reimbursement rate shall be adjusted based
10 on actual and allowable cost per visit.

11 (D) The department may adopt any further and additional
12 methods of setting reimbursement rates for newly qualified FQHCs
13 or RHCs as are consistent with Section 1396a(bb)(4) of Title 42
14 of the United States Code.

15 (4) In order for an FQHC or RHC to establish the comparability
16 of its caseload for purposes of subparagraph (A) or (B) of paragraph
17 (1), the department shall require that the FQHC or RHC submit
18 its most recent annual utilization report as submitted to the Office
19 of Statewide Health Planning and Development, unless the FQHC
20 or RHC was not required to file an annual utilization report. FQHCs
21 or RHCs that have experienced changes in their services or
22 caseload subsequent to the filing of the annual utilization report
23 may submit to the department a completed report in the format
24 applicable to the prior calendar year. FQHCs or RHCs that have
25 not previously submitted an annual utilization report shall submit
26 to the department a completed report in the format applicable to
27 the prior calendar year. The FQHC or RHC shall not be required
28 to submit the annual utilization report for the comparable FQHCs
29 or RHCs to the department, but shall be required to identify the
30 comparable FQHCs or RHCs.

31 (5) The rate for any newly qualified entity set forth under this
32 subdivision shall be effective retroactively to the later of the date
33 that the entity was first qualified by the applicable federal agency
34 as an FQHC or RHC, the date a new facility at a new location was
35 added to an existing FQHC or RHC, or the date on which an
36 existing FQHC or RHC was relocated to a new site. The FQHC
37 or RHC shall be permitted to continue billing for Medi-Cal covered
38 benefits on a fee-for-service basis under its existing provider
39 number until it is informed of its FQHC or RHC enrollment
40 approval, and the department shall reconcile the difference between

1 the fee-for-service payments and the FQHC's or RHC's prospective
2 payment rate at that time.

3 (j) (1) Visits occurring at an intermittent clinic site, as defined
4 in subdivision (h) of Section 1206 of the Health and Safety Code,
5 of an existing FQHC or RHC, in a mobile unit as defined by
6 subdivision (b) of Section 1765.105 of the Health and Safety Code,
7 or at the election of the FQHC or RHC and subject to paragraph
8 (2), a location added to an existing primary care clinic license by
9 the State Department of Public Health prior to January 1, 2017,
10 shall be billed by and reimbursed at the same rate as the FQHC or
11 RHC that either established the intermittent clinic site or mobile
12 unit, or that held the clinic license to which the location was added
13 prior to January 1, 2017.

14 (2) If an FQHC or RHC with at least one additional location on
15 its primary care clinic license that was added by the State
16 Department of Public Health prior to January 1, 2017, applies for
17 an adjustment to its per-visit rate based on a change in the scope
18 of service provided by the FQHC or RHC as described in
19 subdivision (e), all locations on the FQHC's or RHC's primary
20 care clinic license shall be subject to a scope-of-service adjustment
21 in accordance with either paragraph (2) or (3) of subdivision (i),
22 as selected by the FQHC or RHC.

23 (3) This subdivision does not preclude nor limit the right of the
24 FQHC or RHC to request a scope-of-service adjustment to the
25 rate.

26 (k) An FQHC or RHC may elect to have pharmacy or dental
27 services reimbursed on a fee-for-service basis, utilizing the current
28 fee schedules established for those services. These costs shall be
29 adjusted out of the FQHC's or RHC's clinic base rate as
30 scope-of-service changes. An FQHC or RHC that reverses its
31 election under this subdivision shall revert to its prior rate, subject
32 to an increase to account for all Medicare Economic Index
33 increases occurring during the intervening time period, and subject
34 to any increase or decrease associated with applicable
35 scope-of-service adjustments as provided in subdivision (e).

36 (l) Reimbursement for Drug Medi-Cal services shall be provided
37 pursuant to this subdivision.

38 (1) An FQHC or RHC may elect to have Drug Medi-Cal services
39 reimbursed directly from a county or the department under contract
40 with the FQHC or RHC pursuant to paragraph (4).

1 (2) (A) For an FQHC or RHC to receive reimbursement for
2 Drug Medi-Cal services directly from the county or the department
3 under contract with the FQHC or RHC pursuant to paragraph (4),
4 costs associated with providing Drug Medi-Cal services shall not
5 be included in the FQHC's or RHC's per-visit PPS rate. For
6 purposes of this subdivision, the costs associated with providing
7 Drug Medi-Cal services shall not be considered to be within the
8 FQHC's or RHC's clinic base PPS rate if in delivering Drug
9 Medi-Cal services the clinic uses different clinical staff at a
10 different location.

11 (B) If the FQHC or RHC does not use different clinical staff at
12 a different location to deliver Drug Medi-Cal services, the FQHC
13 or RHC shall submit documentation, in a manner determined by
14 the department, that the current per-visit PPS rate does not include
15 any costs related to rendering Drug Medi-Cal services, including
16 costs related to utilizing space in part of the FQHC's or RHC's
17 building, that are or were previously calculated as part of the
18 clinic's base PPS rate.

19 (3) If the costs associated with providing Drug Medi-Cal
20 services are within the FQHC's or RHC's clinic base PPS rate, as
21 determined by the department, the Drug Medi-Cal services costs
22 shall be adjusted out of the FQHC's or RHC's per-visit PPS rate
23 as a change in scope of service.

24 (A) An FQHC or RHC shall submit to the department a
25 scope-of-service change request to adjust the FQHC's or RHC's
26 clinic base PPS rate after the first full fiscal year of rendering Drug
27 Medi-Cal services outside of the PPS rate. Notwithstanding
28 subdivision (e), the scope-of-service change request shall include
29 a full fiscal year of activity that does not include Drug Medi-Cal
30 services costs.

31 (B) An FQHC or RHC may submit requests for scope-of-service
32 change under this subdivision only within 90 days following the
33 beginning of the FQHC's or RHC's fiscal year. A scope-of-service
34 change request under this subdivision approved by the department
35 shall be retroactive to the first day that Drug Medi-Cal services
36 were rendered and reimbursement for Drug Medi-Cal services was
37 received outside of the PPS rate, but in no case shall the effective
38 date be earlier than January 1, 2018.

39 (C) The FQHC or RHC may bill for Drug Medi-Cal services
40 outside of the PPS rate when the FQHC or RHC obtains approval

1 as a Drug Medi-Cal provider and enters into a contract with a
2 county or the department to provide these services pursuant to
3 paragraph (4).

4 (D) Within 90 days of receipt of the request for a
5 scope-of-service change under this subdivision, the department
6 shall issue the FQHC or RHC an interim rate equal to 90 percent
7 of the FQHC's or RHC's projected allowable cost, as determined
8 by the department. An audit to determine the final rate shall be
9 performed in accordance with Section 14170.

10 (E) Rate changes based on a request for scope-of-service change
11 under this subdivision shall be evaluated in accordance with
12 Medicare reasonable cost principles, as set forth in Part 413
13 (commencing with Section 413.1) of Title 42 of the Code of
14 Federal Regulations, or its successor.

15 (F) For purposes of recalculating the PPS rate, the FQHC or
16 RHC shall provide upon request to the department verifiable
17 documentation as to which employees spent time, and the actual
18 time spent, providing federally qualified health center services or
19 rural health center services and Drug Medi-Cal services.

20 (G) After the department approves the adjustment to the FQHC's
21 or RHC's clinic base PPS rate and the FQHC or RHC is approved
22 as a Drug Medi-Cal provider, an FQHC or RHC shall not bill the
23 PPS rate for any Drug Medi-Cal services provided pursuant to a
24 contract entered into with a county or the department pursuant to
25 paragraph (4).

26 (H) An FQHC or RHC that reverses its election under this
27 subdivision shall revert to its prior PPS rate, subject to an increase
28 to account for all Medicare Economic Index increases occurring
29 during the intervening time period, and subject to any increase or
30 decrease associated with the applicable scope-of-service
31 adjustments as provided for in subdivision (e).

32 (4) Reimbursement for Drug Medi-Cal services shall be
33 determined according to subparagraph (A) or (B), depending on
34 whether the services are provided in a county that participates in
35 the Drug Medi-Cal organized delivery system (DMC-ODS).

36 (A) In a county that participates in the DMC-ODS, the FQHC
37 or RHC shall receive reimbursement pursuant to a mutually agreed
38 upon contract entered into between the county or county designee
39 and the FQHC or RHC. If the county or county designee refuses
40 to contract with the FQHC or RHC, the FQHC or RHC may follow

1 the contract denial process set forth in the Special Terms and
2 Conditions.

3 (B) In a county that does not participate in the DMC-ODS, the
4 FQHC or RHC shall receive reimbursement pursuant to a mutually
5 agreed upon contract entered into between the county and the
6 FQHC or RHC. If the county refuses to contract with the FQHC
7 or RHC, the FQHC or RHC may request to contract directly with
8 the department and shall be reimbursed for those services at the
9 Drug Medi-Cal fee-for-service rate.

10 (5) The department shall not reimburse an FQHC or RHC
11 pursuant to subdivision (h) for the difference between its per-visit
12 PPS rate and any payments for Drug Medi-Cal services made
13 pursuant to this subdivision.

14 (6) For purposes of this subdivision, the following definitions
15 apply:

16 (A) “Drug Medi-Cal organized delivery system” or
17 “DMC-ODS” means the Drug Medi-Cal organized delivery system
18 authorized under the California Medi-Cal 2020 Demonstration,
19 Number 11-W-00193/9, as approved by the federal Centers for
20 Medicare and Medicaid Services and described in the Special
21 Terms and Conditions.

22 (B) “Special Terms and Conditions” has the same meaning as
23 set forth in subdivision (o) of Section 14184.10.

24 (m) Reimbursement for specialty mental health services shall
25 be provided pursuant to this subdivision.

26 (1) An FQHC or RHC and one or more mental health plans that
27 contract with the department pursuant to Section 14712 may
28 mutually elect to enter into a contract to have the FQHC or RHC
29 provide specialty mental health services to Medi-Cal beneficiaries
30 as part of the mental health plan’s network.

31 (2) (A) For an FQHC or RHC to receive reimbursement for
32 specialty mental health services pursuant to a contract entered into
33 with the mental health plan under paragraph (1), the costs
34 associated with providing specialty mental health services shall
35 not be included in the FQHC’s or RHC’s per-visit PPS rate. For
36 purposes of this subdivision, the costs associated with providing
37 specialty mental health services shall not be considered to be within
38 the FQHC’s or RHC’s clinic base PPS rate if in delivering specialty
39 mental health services the clinic uses different clinical staff at a
40 different location.

(B) If the FQHC or RHC does not use different clinical staff at a different location to deliver specialty mental health services, the FQHC or RHC shall submit documentation, in a manner determined by the department, that the current per-visit PPS rate does not include any costs related to rendering specialty mental health services, including costs related to utilizing space in part of the FQHC's or RHC's building, that are or were previously calculated as part of the clinic's base PPS rate.

(3) If the costs associated with providing specialty mental health services are within the FQHC's or RHC's clinic base PPS rate, as determined by the department, the specialty mental health services costs shall be adjusted out of the FQHC's or RHC's per-visit PPS rate as a change in scope of service.

(A) An FQHC or RHC shall submit to the department a scope-of-service change request to adjust the FQHC's or RHC's clinic base PPS rate after the first full fiscal year of rendering specialty mental health services outside of the PPS rate. Notwithstanding subdivision (e), the scope-of-service change request shall include a full fiscal year of activity that does not include specialty mental health costs.

(B) An FQHC or RHC may submit requests for a scope-of-service change under this subdivision only within 90 days following the beginning of the FQHC's or RHC's fiscal year. Any scope-of-service change request under this subdivision approved by the department is retroactive to the first day that specialty mental health services were rendered and reimbursement for specialty mental health services was received outside of the PPS rate, but the effective date shall not be earlier than January 1, 2018.

(C) The FQHC or RHC may bill for specialty mental health services outside of the PPS rate when the FQHC or RHC contracts with a mental health plan to provide these services pursuant to paragraph (1).

(D) Within 90 days of receipt of the request for a scope-of-service change under this subdivision, the department shall issue the FQHC or RHC an interim rate equal to 90 percent of the FQHC's or RHC's projected allowable cost, as determined by the department. An audit to determine the final rate shall be performed in accordance with Section 14170.

1 (E) Rate changes based on a request for scope-of-service change
2 under this subdivision shall be evaluated in accordance with
3 Medicare reasonable cost principles, as set forth in Part 413
4 (commencing with Section 413.1) of Title 42 of the Code of
5 Federal Regulations, or its successor.

6 (F) For the purpose of recalculating the PPS rate, the FQHC or
7 RHC shall provide upon request to the department verifiable
8 documentation as to which employees spent time, and the actual
9 time spent, providing federally qualified health center services or
10 rural health center services and specialty mental health services.

11 (G) After the department approves the adjustment to the FQHC's
12 or RHC's clinic base PPS rate, an FQHC or RHC shall not bill the
13 PPS rate for any specialty mental health services that are provided
14 pursuant to a contract entered into with a mental health plan
15 pursuant to paragraph (1).

16 (H) An FQHC or RHC that reverses its election under this
17 subdivision shall revert to its prior PPS rate, subject to an increase
18 to account for all Medicare Economic Index increases occurring
19 during the intervening time period, and subject to any increase or
20 decrease associated with the applicable scope-of-service
21 adjustments as provided for in subdivision (e).

22 (4) The department shall not reimburse an FQHC or RHC
23 pursuant to subdivision (h) for the difference between its per-visit
24 PPS rate and any payments made for specialty mental health
25 services under this subdivision.

26 (n) FQHCs and RHCs may appeal a grievance or complaint
27 concerning ratesetting, scope-of-service changes, and settlement
28 of cost report audits, in the manner prescribed by Section 14171.
29 The rights and remedies provided under this subdivision are
30 cumulative to the rights and remedies available under all other
31 provisions of law of this state.

32 (o) The department shall promptly seek all necessary federal
33 approvals in order to implement this section, including any
34 amendments to the state plan. To the extent that any element or
35 requirement of this section is not approved, the department shall
36 submit a request to the federal Centers for Medicare and Medicaid
37 Services for any waivers that would be necessary to implement
38 this section.

39 (p) The department shall implement this section only to the
40 extent that federal financial participation is available.

(q) Notwithstanding any other law, the director may, without taking regulatory action pursuant to Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, implement, interpret, or make specific subdivisions (l) and (m) by means of a provider bulletin or similar instruction. The department shall notify and consult with interested parties and appropriate stakeholders in implementing, interpreting, or making specific the provisions of subdivisions (l) and (m), including all of the following:

(1) Notifying provider representatives in writing of the proposed action or change. The notice shall occur, and the applicable draft provider bulletin or similar instruction, shall be made available at least 10 business days prior to the meeting described in paragraph (2).

(2) Scheduling at least one meeting with interested parties and appropriate stakeholders to discuss the proposed action or change.

(3) Allowing for written input regarding the proposed action or change, to which the department shall provide summary written responses in conjunction with the issuance of the applicable final written provider bulletin or similar instruction.

(4) Providing at least 60 days advance notice of the effective date of the proposed action or change.

~~SEC. 3. Section 14132.726 is added to the Welfare and Institutions Code, to read:~~

~~14132.726. If federally qualified health center (FQHC) services and rural health clinic (RHC) services, as described in Section 1396d(a)(2) of Title 42 of the United States Code and Section 14132.100, involve telehealth by synchronous real time or asynchronous store and forward, all of the following apply:~~

~~(a) Face-to-face contact between a health care provider and a patient is not required for the FQHC or RHC to establish the patient at any time, including during an initial telehealth visit by synchronous real time or asynchronous store and forward, as a patient of record of the FQHC or RHC or to render and bill for services by telehealth synchronous real time or asynchronous store and forward services pursuant to subdivisions (c) and (g) of Section 14132.100, if all of the following requirements are met:~~

~~(1) A licensed nonbillable Medi-Cal provider, who is employed by the billing FQHC or RHC, is physically present with the patient~~

1 at the originating site, as defined in paragraph (4) of subdivision
2 (a) of Section 2290.5 of the Business and Professions Code.

3 ~~(2) The billing provider is also an employee of the FQHC or~~
4 ~~RHC.~~

5 ~~(3) The patient is at an originating site, as defined in paragraph~~
6 ~~(4) of subdivision (a) of Section 2290.5 of the Business and~~
7 ~~Professions Code, that is a licensed FQHC or RHC or an~~
8 ~~intermittent clinic site, as defined in subdivision (h) of Section~~
9 ~~1206 of the Health and Safety Code, of the FQHC or RHC, and is~~
10 ~~located within the FQHC's or RHC's federally designated service~~
11 ~~area.~~

12 ~~(4) A billable provider in the Medi-Cal program, and who is~~
13 ~~employed by the FQHC or RHC, supervises a licensed provider~~
14 ~~or provides the health services for that patient via telehealth by~~
15 ~~synchronous real time or asynchronous store and forward.~~

16 ~~(b) A patient relationship with the FQHC or RHC may be~~
17 ~~established at any time, including during an initial visit that~~
18 ~~includes telehealth by synchronous real time or asynchronous store~~
19 ~~and forward.~~

20 ~~(c) (1) For purposes of this section and pursuant to paragraph~~
21 ~~(4) of subdivision (g) of Section 14132.100, an FQHC or RHC~~
22 ~~“visit” includes a visit using telehealth by synchronous real time~~
23 ~~or asynchronous store and forward pursuant to Section 14132.726.~~

24 ~~(2) For purposes of this section, a “patient” is an individual~~
25 ~~enrolled in the Medi-Cal program who may or may not have an~~
26 ~~established patient of record relationship with the FQHC or RHC.~~

27 ~~(d) Notwithstanding Chapter 3.5 (commencing with Section~~
28 ~~11340) of Part 1 of Division 3 of Title 2 of the Government Code,~~
29 ~~the department may implement, interpret, and make specific this~~
30 ~~section by means of all-county letters, provider bulletins, and~~
31 ~~similar instructions. By July 1, 2022, the department shall adopt~~
32 ~~regulations in accordance with the requirements of Chapter 3.5~~
33 ~~(commencing with Section 11340) of Part 1 of Division 3 of Title~~
34 ~~2 of the Government Code. Beginning six months after the effective~~
35 ~~date of this section, and notwithstanding Section 10231.5 of the~~
36 ~~Government Code, the department shall provide a status report to~~
37 ~~the Legislature on a semiannual basis until regulations have been~~
38 ~~adopted.~~

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AMENDED IN ASSEMBLY MAY 13, 2020

AMENDED IN ASSEMBLY MARCH 16, 2020

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 2185

Introduced by Assembly Members Patterson and Gallagher

February 11, 2020

An act to add Section 117 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 2185, as amended, Patterson. Professions and vocations: applicants licensed in other states: reciprocity.

Existing law establishes the Department of Consumer Affairs, which is composed of boards that license and regulate various professions and vocations to ensure that certain businesses and professions that have potential impact upon the public health, safety, and welfare are adequately regulated. Existing law makes a violation of some of those licensure provisions a crime.

Existing law authorizes certain boards, for purposes of reciprocity, to waive examination or other requirements and issue a license to an applicant who holds a valid license in another state and meets specified other requirements, including, among others, a license to practice veterinary medicine.

This bill, with exceptions, would require each board within the department to issue a license to an applicant in the discipline for which the applicant applies if the person meets certain requirements, including, but not limited to, that the person is married to, or is in a domestic partnership or other legal union with, an active duty member of the

Armed Forces of the United States, who is assigned to a duty station in this state, the person currently holds a license in good standing in another state in the discipline and practice level and with the same scope of practice for which the person applies, the person has held the license and has practiced in the licensed field in ~~the other~~ *another state or jurisdiction* for at least 3 of the last 5 years, and the person pays all applicable fees and complies with any applicable surety bond and insurance requirements. By expanding the applicants who are authorized to be licensed and who may be prosecuted for a violation of those licensure provisions constituting a crime, the bill would impose a state-mandated program.

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

This bill would provide that no reimbursement is required by this act for a specified reason.

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

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

1 SECTION 1. Section 117 is added to the Business and
2 Professions Code, to read:

3 117. (a) Notwithstanding any law, each board within the
4 department shall issue a license in the discipline for which the
5 applicant applies if the applicant meets all of the following
6 requirements:

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

11 (2) The person currently holds a license in good standing in
12 another state in the discipline and practice level and with the same
13 scope of practice for which the person is applying.

14 (3) The person has held the license and has practiced in the
15 licensed field in ~~the other~~ *another state or jurisdiction* for at least
16 three of the last five years.

17 (4) The person has not had any disciplinary actions imposed
18 against their license and has not had a license in the discipline for

1 which the person is applying revoked or suspended in any other
2 state.

3 (5) The person submits verification that they have ~~satisfied all~~
4 ~~education, work, examination, and other requirements for gained~~
5 ~~licensure in the other state in which the person holds a license in~~
6 ~~good standing and those requirements are similar to the standards~~
7 ~~required for licensure in this state. and holds that license in good~~
8 ~~standing, and those requirements are deemed similar to the~~
9 ~~standards required for licensure in this state by the appropriate~~
10 ~~licensing board.~~

11 (6) The person would not be denied licensure under any other
12 provision of this code, including, but not limited to, disqualification
13 for criminal history relating to the license sought.

14 (7) The person pays all applicable fees for licensure and
15 complies with any applicable surety bond and insurance
16 requirements.

17 (8) If required by the board, the person has passed a California
18 jurisprudence and ethics examination ~~or other examination~~
19 otherwise required for applicants by the board on the statutes and
20 regulations relating to the license.

21 (b) This section shall not supersede any other reciprocity
22 agreement, compact membership, or statute that provides
23 reciprocity for a person who holds a valid license in another state.

24 (c) This section shall not apply to the Board of Registered
25 ~~Nursing, Nursing or any other board that currently authorizes~~
26 ~~license portability as a component of qualifying for licensure in~~
27 ~~this state, and the Board of Behavioral Sciences or any other board~~
28 ~~that has a mandatory license portability requirement in statute, and~~
29 ~~any board that currently authorizes license portability as a~~
30 ~~component of qualifying for licensure in this state. statute. License~~
31 ~~portability is defined as either providing a license by endorsement~~
32 ~~with verification of an out-of-state license in good standing, or~~
33 ~~exempting state-specific requirements to facilitate a practitioner's~~
34 ~~ability to obtain a license and practice in multiple jurisdictions.~~

35 (d) Notwithstanding any law, the fees, fines, penalties, or other
36 money received by a board pursuant to this section shall not be
37 continuously appropriated and shall be available only upon
38 appropriation by the legislature.

39 SEC. 2. No reimbursement is required by this act pursuant to
40 Section 6 of Article XIII B of the California Constitution because

1 the only costs that may be incurred by a local agency or school
2 district will be incurred because this act creates a new crime or
3 infraction, eliminates a crime or infraction, or changes the penalty
4 for a crime or infraction, within the meaning of Section 17556 of
5 the Government Code, or changes the definition of a crime within
6 the meaning of Section 6 of Article XIII B of the California
7 Constitution.

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AMENDED IN ASSEMBLY MAY 18, 2020

AMENDED IN ASSEMBLY MARCH 12, 2020

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 2549

Introduced by Assembly Member Salas
(Coauthor: Assembly Member Gonzalez)

February 19, 2020

An act to amend Sections 115.6 and 5132 of the Business and Professions Code, relating to professions and vocations, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 2549, as amended, Salas. Department of Consumer Affairs: temporary licenses.

Under existing law, the Department of Consumer Affairs, which is under the control of the Director of Consumer Affairs, is comprised of various boards, as defined, that license and regulate various professions and vocations. Existing law requires a board within the department to issue, after appropriate investigation, certain types of temporary licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders and the applicant holds a current, active, and unrestricted license that confers upon the applicant the authority to practice, in another state, district, or territory of the United States, the profession or vocation for which the applicant seeks a temporary license from the

board. Existing law authorizes a board to adopt regulations necessary to administer these provisions.

This bill would expand that requirement to issue temporary licenses to include licenses issued by the Veterinary Medical Board, the Dental Board of California, the Dental Hygiene Board of California, the California State Board of Pharmacy, the State Board of Barbering and Cosmetology, the Board of Psychology, the California Board of Occupational Therapy, the Physical Therapy Board of California, and the California Board of Accountancy. The bill would require a board to issue a temporary license within 30 days of receiving the required documentation. The bill would specifically direct revenues from fees for temporary licenses issued by the California Board of Accountancy to be credited to the Accountancy Fund, a continuously appropriated fund. By establishing a new source of revenue for a continuously appropriated fund, the bill would make an appropriation. ~~The bill would require a temporary license to be converted to a standard license if, within 12 months of issuance, the applicant demonstrates having met all of the requirements for a standard license or submits documents demonstrating that the requirements to obtain the out-of-state license were substantially equivalent to the requirements for a standard license as determined by the board in order to protect the public. The bill would require a board to adopt~~ *submit to the department for approval draft regulations necessary to administer these provisions and to publish regulations on its internet website and in application materials by January 1, 2022. The bill would exempt from these provisions a board that has a process in place by which an out-of-state licensed applicant in good standing who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States is able to receive expedited, temporary authorization to practice while meeting state-specific requirements for a period of at least one year.*

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

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

- 1 SECTION 1. Section 115.6 of the Business and Professions
- 2 Code is amended to read:
- 3 115.6. (a) ~~A~~*Except as provided in subdivision (h), a board*
- 4 *within the department shall, after appropriate investigation, issue*

1 the following eligible temporary licenses to an applicant within
2 30 days of receiving the required documentation pursuant to
3 meeting the requirements set forth in subdivision (c):

4 (1) Registered nurse license by the Board of Registered Nursing.

5 (2) Vocational nurse license issued by the Board of Vocational
6 Nursing and Psychiatric Technicians of the State of California.

7 (3) Psychiatric technician license issued by the Board of
8 Vocational Nursing and Psychiatric Technicians of the State of
9 California.

10 (4) Speech-language pathologist license issued by the
11 Speech-Language Pathology and Audiology and Hearing Aid
12 Dispensers Board.

13 (5) Audiologist license issued by the Speech-Language
14 Pathology and Audiology and Hearing Aid Dispensers Board.

15 (6) All licenses issued by the Veterinary Medical Board.

16 (7) All licenses issued by the Board for Professional Engineers,
17 Land Surveyors, and Geologists.

18 (8) All licenses issued by the Medical Board of California.

19 (9) All licenses issued by the Podiatric Medical Board of
20 California.

21 (10) All licenses issued by the Dental Board of California.

22 (11) All licenses issued by the Dental Hygiene Board of
23 California.

24 (12) All licenses issued by the California State Board of
25 Pharmacy.

26 (13) All licenses issued by the State Board of Barbering and
27 Cosmetology.

28 (14) All licenses issued by the Board of Psychology.

29 (15) All licenses issued by the California Board of Occupational
30 Therapy.

31 (16) All licenses issued by the Physical Therapy Board of
32 California.

33 (17) All licenses issued by the California Board of Accountancy.
34 Revenues from fees for temporary licenses issued under this
35 paragraph shall be credited to the Accountancy Fund in accordance
36 with Section 5132.

37 (b) The board may conduct an investigation of an applicant for
38 purposes of denying or revoking a temporary license issued
39 pursuant to this section. This investigation may include a criminal
40 background check.

1 (c) An applicant seeking a temporary license pursuant to this
2 section shall meet the following requirements:

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

8 (2) The applicant shall hold a current, active, and unrestricted
9 license that confers upon the applicant the authority to practice,
10 in another state, district, or territory of the United States, the
11 profession or vocation for which the applicant seeks a temporary
12 license from the board.

13 (3) The applicant shall submit an application to the board that
14 shall include a signed affidavit attesting to the fact that the
15 applicant meets all of the requirements for the temporary license
16 and that the information submitted in the application is accurate,
17 to the best of the applicant's knowledge. The application shall also
18 include written verification from the applicant's original licensing
19 jurisdiction stating that the applicant's license is in good standing
20 in that jurisdiction.

21 (4) The applicant shall not have committed an act in any
22 jurisdiction that would have constituted grounds for denial,
23 suspension, or revocation of the license under this code at the time
24 the act was committed. A violation of this paragraph may be
25 grounds for the denial or revocation of a temporary license issued
26 by the board.

27 (5) The applicant shall not have been disciplined by a licensing
28 entity in another jurisdiction and shall not be the subject of an
29 unresolved complaint, review procedure, or disciplinary proceeding
30 conducted by a licensing entity in another jurisdiction.

31 (6) The applicant shall, upon request by a board, furnish a full
32 set of fingerprints for purposes of conducting a criminal
33 background check.

34 (d) A temporary license issued pursuant to this section may be
35 immediately terminated upon a finding that the temporary
36 licenseholder failed to meet any of the requirements described in
37 subdivision (c) or provided substantively inaccurate information
38 that would affect the person's eligibility for temporary licensure.
39 Upon termination of the temporary license, the board shall issue
40 a notice of termination that shall require the temporary

1 licenseholder to immediately cease the practice of the licensed
2 profession upon receipt.

3 (e) An applicant seeking a temporary license as a civil engineer,
4 geotechnical engineer, structural engineer, land surveyor,
5 professional geologist, professional geophysicist, certified
6 engineering geologist, or certified hydrogeologist pursuant to this
7 section shall successfully pass the appropriate California-specific
8 examination or examinations required for licensure in those
9 respective professions by the Board for Professional Engineers,
10 Land Surveyors, and Geologists.

11 (f) A temporary license issued pursuant to this section shall
12 expire 12 months after issuance, upon issuance of an expedited
13 license pursuant to Section 115.5, a license by endorsement, or
14 upon denial of the application for expedited licensure by the board,
15 whichever occurs first.

16 ~~(g) A temporary license issued pursuant to this section shall be~~
17 ~~converted to a standard license if, within 12 months of issuance,~~
18 ~~the applicant demonstrates having met all of the requirements for~~
19 ~~a standard license or submits documents demonstrating that the~~
20 ~~requirements to obtain the out-of-state license were substantially~~
21 ~~equivalent to the requirements for a standard license as determined~~
22 ~~by the board in order to protect the public.~~

23 ~~(h)~~
24 (g) A board shall ~~adopt~~ *submit to the department for approval*
25 *draft* regulations necessary to administer this section ~~and shall~~
26 ~~publish these regulations on its internet website and in application~~
27 ~~materials~~ by January 1, 2022. *These regulations shall be adopted*
28 *pursuant to the Administrative Procedure Act (Chapter 3.5*
29 *(commencing with Section 11340) of Part 1 of Division 3 of Title*
30 *2 of the Government Code).*

31 (h) *This section shall not apply to a board that has a process*
32 *in place by which an out-of-state licensed applicant in good*
33 *standing who is married to, or in a domestic partnership or other*
34 *legal union with, an active duty member of the Armed Forces of*
35 *the United States is able to receive expedited, temporary*
36 *authorization to practice while meeting state-specific requirements*
37 *for a period of at least one year.*

38 SEC. 2. Section 5132 of the Business and Professions Code is
39 amended to read:

1 5132. (a) All moneys received by the board under this chapter
2 from any source and for any purpose and from a temporary license
3 issued under Section 115.6 shall be accounted for and reported
4 monthly by the board to the Controller and at the same time the
5 moneys shall be remitted to the State Treasury to the credit of the
6 Accountancy Fund.

7 (b) The secretary-treasurer of the board shall, from time to time,
8 but not less than once each fiscal year, prepare or have prepared
9 on their behalf, a financial report of the Accountancy Fund that
10 contains information that the board determines is necessary for
11 the purposes for which the board was established.

12 (c) The report of the Accountancy Fund, which shall be
13 published pursuant to Section 5008, shall include the revenues and
14 the related costs from examination, initial licensing, license
15 renewal, citation and fine authority, and cost recovery from
16 enforcement actions and case settlements.

17
18
19 **REVISIONS:**

20 **Heading—Line 2.**
21

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AMENDED IN ASSEMBLY MAY 14, 2020

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 2704

**Introduced by Assembly Member Ting
(Coauthor: Assembly Member Rodriguez)**

February 20, 2020

An act to add Section 502 to, and to repeal Sections 2717, 2852.5, 3518.1, 3770.1, and 4506 of, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 2704, as amended, Ting. Healing arts: licensees: data collection.

Existing law requires the Board of Registered Nursing, the Physician Assistant Board, the Respiratory Care Board of California, and the Board of Vocational Nursing and Psychiatric Technicians of the State of California to regulate and oversee the practice of healing arts within their respective jurisdictions and to, among other things, collect and report specific demographic data relating to their licensees, subject to a licensee's discretion to report their race or ethnicity, to the Office of Statewide Health Planning and Development. Existing law requires these boards to collect this data at least biennially, at the times of both issuing an initial license and issuing a renewal license. Existing law also authorizes the Board of Registered Nursing to expend \$145,000 to implement these provisions.

This bill would repeal the provisions applicable only to the licensees of those boards and, instead, would require all boards that oversee healing arts licensees to ~~collect~~, *collect at the time of electronic application for a license and license renewal*, or at least biennially, specified demographic ~~information~~, *information and to post the*

information on the internet websites that they each ~~maintain, and maintain~~. *The bill would also require each board, or the Department of Consumer Affairs on its behalf, beginning on July 1, 2021, to provide the information annually to the Office of Statewide Health Planning and Development. The bill would require these boards to maintain the confidentiality of the information they receive from licensees and to only release information in aggregate form, as specified.*

Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

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

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

- 1 SECTION 1. Section 502 is added to the Business and
- 2 Professions Code, to read:
- 3 502. (a) A board that supervises healing arts licensees under
- 4 this division shall collect ~~and analyze~~ workforce data from its
- 5 licensees as specified in subdivision (b) for future workforce
- 6 planning. The data may be collected at the time of *electronic*
- 7 *application for a license and* license renewal, or at least biennially
- 8 from a scientifically selected random sample of licensees.
- 9 (b) (1) The workforce data collected by each board about its
- 10 licensees shall include, at a minimum, information concerning all
- 11 of the following:
- 12 (A) City, county, and ZIP Code of practice.
- 13 (B) Type of employer or classification of primary practice site
- 14 among the types of practice sites specified by the board, including,
- 15 but not limited to, clinic, hospital, managed care organization, or
- 16 private practice.
- 17 (C) Work hours.
- 18 (D) Titles of positions held.
- 19 (E) Time spent in direct patient care.
- 20 (F) Clinical practice area.
- 21 (G) Race or ethnicity, subject to paragraph (2).
- 22 (H) ~~Gender~~. *Gender or gender identity*.

1 (I) Languages spoken.

2 (J) Educational background.

3 (K) Future work intentions.

4 (L) Job satisfaction ratings.

5 (2) A licensee may, but is not required to, report their race or
6 ethnicity to the board.

7 (c) Each board shall maintain the confidentiality of the
8 information it receives from licensees under this section and shall
9 only release information in an aggregate form that cannot be used
10 to identify an individual.

11 (d) Each board shall produce reports containing the workforce
12 data it collects pursuant to this section, at a minimum, on a biennial
13 basis. Aggregate information collected pursuant to this section
14 shall be posted on each board's internet website.

15 ~~(e) Each board shall annually~~ *board, or the Department of*
16 *Consumer Affairs on its behalf, shall, beginning on July 1, 2021,*
17 *and annually thereafter,* provide the data it collects pursuant to
18 this section to the Office of Statewide Health Planning and
19 Development in a manner directed by the office that allows for
20 inclusion of the data into the annual report it produces pursuant to
21 Section 128052 of the Health and Safety Code.

22 SEC. 2. Section 2717 of the Business and Professions Code is
23 repealed.

24 SEC. 3. Section 2852.5 of the Business and Professions Code
25 is repealed.

26 SEC. 4. Section 3518.1 of the Business and Professions Code
27 is repealed.

28 SEC. 5. Section 3770.1 of the Business and Professions Code
29 is repealed.

30 SEC. 6. Section 4506 of the Business and Professions Code is
31 repealed.

32 SEC. 7. The Legislature finds and declares that Section 1 of
33 this act, which adds Section 502 of the Business and Professions
34 Code, imposes a limitation on the public's right of access to the
35 meetings of public bodies or the writings of public officials and
36 agencies within the meaning of Section 3 of Article I of the
37 California Constitution. Pursuant to that constitutional provision,
38 the Legislature makes the following findings to demonstrate the
39 interest protected by this limitation and the need for protecting
40 that interest:

- 1 In order to protect the privacy of licensees, while also gathering
- 2 useful workforce data, it is necessary that some information
- 3 collected from licensees only be released in aggregate form.

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ASSEMBLY BILL

No. 3045

Introduced by Assembly Member ~~Gray~~ Members Gray and Patterson
(Principal coauthor: Assembly Member Gallagher)
(Coauthors: Assembly Members Fong, Gipson, Grayson, and
Obernolte)

February 21, 2020

An act to add Section 115.7 to the Business and Professions Code, relating to professions and vocations, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 3045, as introduced, Gray. Department of Consumer Affairs: boards: veterans: military spouses: licenses.

Under existing law, the Department of Consumer Affairs, under the control of the Director of Consumer Affairs, is comprised of various boards that license and regulate various professions and vocations. Existing law requires an applicant seeking a license from a board within the department to meet specified requirements and to pay certain licensing fees. Existing law requires a board within the department to issue, after appropriate investigation, certain types of temporary licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders and the applicant holds a current, active, and unrestricted license that confers upon the applicant the authority to practice, in another state, district, or territory of the United States, the profession

or vocation for which the applicant seeks a temporary license from the board. Existing law requires these temporary licenses to expire 12 months after issuance. Under existing law, some of the funds within the jurisdiction of a board consist of revenue from fees that are continuously appropriated.

This bill would require boards not subject to the temporary licensing provisions described above to issue licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant is an honorably discharged veteran of the Armed Forces of the United States or is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States, as provided. The bill would require an application for a license to include a signed affidavit attesting to the fact that the applicant meets all requirements for a license. By expanding the scope of the crime of perjury, the bill would impose a state-mandated local program. The bill's expansion of the requirement to issue licenses would result in revenues from fees for certain licenses being deposited into continuously appropriated funds. By establishing a new source of revenue for those continuously appropriated funds, the bill would make an appropriation.

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

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: yes. Fiscal committee: yes.
State-mandated local program: yes.

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

- 1 SECTION 1. Section 115.7 is added to the Business and
- 2 Professions Code, to read:
- 3 115.7. (a) A board not specified in subdivision (a) of Section
- 4 115.6 shall, after appropriate investigation, issue a license to an
- 5 applicant if the applicant meets all of the following requirements:
- 6 (1) The applicant shall supply evidence satisfactory to the board
- 7 that the applicant is an honorably discharged veteran of the Armed
- 8 Forces of the United States or is married to, or in a domestic
- 9 partnership or other legal union with, an active duty member of

1 the Armed Forces of the United States who is assigned to a duty
2 station in this state under official active duty military orders.

3 (2) The applicant shall hold a current, active, and unrestricted
4 license that confers upon the applicant the authority to practice,
5 in another state, district, or territory of the United States, the
6 profession or vocation for which the applicant seeks a license from
7 the board.

8 (3) The applicant shall submit an application to the board that
9 shall include a signed affidavit attesting to the fact that the
10 applicant meets all of the requirements for the license and that the
11 information submitted in the application is accurate, to the best of
12 the applicant's knowledge. The application shall also include
13 written verification from the applicant's original licensing
14 jurisdiction stating that the applicant's license is in good standing
15 in that jurisdiction.

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

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

26 (6) The applicant shall, upon request by a board, furnish a full
27 set of fingerprints for purposes of conducting a criminal
28 background check.

29 (b) A board may adopt regulations necessary to administer this
30 section.

31 SEC. 2. No reimbursement is required by this act pursuant to
32 Section 6 of Article XIII B of the California Constitution because
33 the only costs that may be incurred by a local agency or school
34 district will be incurred because this act creates a new crime or
35 infraction, eliminates a crime or infraction, or changes the penalty
36 for a crime or infraction, within the meaning of Section 17556 of
37 the Government Code, or changes the definition of a crime within
38 the meaning of Section 6 of Article XIII B of the California
39 Constitution.

1		_____
2	REVISIONS:	
3	Heading—Lines 1 and 2.	
4		_____

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AMENDED IN ASSEMBLY JULY 27, 2020

AMENDED IN ASSEMBLY JUNE 17, 2020

AMENDED IN ASSEMBLY FEBRUARY 13, 2020

AMENDED IN ASSEMBLY JANUARY 6, 2020

SENATE BILL

No. 275

Introduced by Senators Pan and Leyva

February 13, 2019

An act to add Section 12098.12 to the Government Code, to add Section 131021 to the Health and Safety Code, ~~and to add Section 6403.1 to~~ *to, and to add and repeal Section 6403.2 of*, the Labor Code, relating to personal protective equipment, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

SB 275, as amended, Pan. Health Care and Essential Workers Protection Act: personal protective equipment.

Existing law establishes the State Department of Public Health to implement various programs throughout the state relating to public health, including licensing and regulating health facilities and control of infectious diseases.

This bill, the Health Care and Essential Workers Protection Act, would require the State Department of Public Health to establish a personal protective equipment (PPE) stockpile to ensure an adequate supply of PPE for health care workers and essential workers, as defined, and would require the stockpile to be at least sufficient for a 90-day pandemic or other health emergency. The bill would require the department to establish guidelines for the procurement of the PPE stockpile, taking into account, among other things, the amount of each

type of PPE that would be required for all health care workers and essential workers in the state during the pandemic or other health emergency, which would represent the amount of PPE to be maintained in the stockpile.

The bill would require ~~providers~~, *health care employers*, including clinics, health facilities, and home health agencies, to maintain a stockpile of unexpired PPE for use in the event of a declared state of emergency and would require the stockpile to be at least sufficient for ~~a 90-day 30-day, 60-day, or 90-day pandemic or other health emergency.~~ *emergency, according to specified deadlines.* The bill would assess a civil penalty on a ~~provider~~ *health care employer* who violates that requirement of up to \$25,000 for each ~~violation.~~ *violation, as specified.* The bill would declare a ~~provider's~~ *health care employer's* failure to provide PPE to its health care workers upon reasonable request to be an independent violation of the bill's requirements. *The bill would authorize the Department of Industrial Relations to exempt a health care employer from the above-required civil penalties if the department determines that supply chain limitations make meeting the mandated level of supplies infeasible and the health care employer has made a reasonable attempt to obtain PPE, as specified.*

The bill would require the Department of Industrial Relations to adopt regulations, in consultation with the State Department of Public Health, setting forth requirements for the PPE stockpile, and would authorize the Department of Industrial Regulations to incorporate by reference existing guidance from the department and from the federal Occupational Safety and Health Administration regarding standards for PPE usage. ~~The bill would require a provider to procure at least 25% of its PPE from in-state manufacturers, to the extent permitted by federal law, as specified.~~

The bill would also establish the Personal Protective Equipment Advisory Committee (committee) to be comprised of 8 members, as specified, appointed by the Secretary of Labor. The bill would require the Department of Industrial Relations to submit a report to the Legislature, on or before May 30, 2021, including, among other recommendations, recommendations regarding the type and amount of PPE needed by health care employers to ensure compliance with public health and safety standards and would require the committee to provide recommendations to the department necessary for the report.

Existing law establishes the Made in California Program within the Governor's Office of Business and Economic Development, to

encourage consumer product awareness and to foster purchases of high-quality products made in California. Existing law creates the Made in California Fund within the State Treasury, consisting of donations and other moneys to be used for the purposes of the Made in California Program, as specified.

This bill would require the office, as a part of the Made in California Program, to encourage in-state production of PPE in order to assist the State Department of Public Health and providers in complying with the bill's requirements. The bill would create the Health Care Workforce Protection Account within the Made in California Fund, consisting of donations and other moneys, for the exclusive purpose of promoting the production of PPE. The bill would continuously appropriate the donated moneys in the account for the purpose of implementing those provisions, thereby making an appropriation. The bill would require any other funds deposited and maintained in the account to be available for the same purpose, upon appropriation by the Legislature. The bill would declare that its provisions are severable.

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

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

- 1 SECTION 1. This act shall be known, and may be cited, as the
- 2 Health Care and Essential Workers Protection Act.
- 3 SEC. 2. Section 12098.12 is added to the Government Code,
- 4 to read:
- 5 12098.12. (a) (1) As part of the Made in California Program,
- 6 the office shall encourage the in-state production of personal
- 7 protective equipment, (PPE) in order to assist the State Department
- 8 of Public Health in complying with Section 131021 of the Health
- 9 and Safety Code and to assist providers in complying with Section
- 10 6403.1 of the Labor Code.
- 11 (2) For purposes of this section, "personal protective equipment"
- 12 and "providers" have the same meanings as defined in subdivision
- 13 (c) of Section 131021 of the Health and Safety Code.
- 14 (b) The office may accept monetary donations or other donations
- 15 from businesses, nonprofit organizations, or individuals for the
- 16 purpose of implementing this section. These donations shall be
- 17 deposited in the account established in subdivision (c).

(c) The Health Care Workforce Protection Account is hereby created within the Made in California Fund established by subdivision (h) of Section 12098.10. Moneys deposited into the account shall be used exclusively for the promotion of in-state production of PPE for the purposes described in this section, Section 131021 of the Health and Safety Code, and Section 6403.1 of the Labor Code. The office shall use funds deposited into the account to provide grants, loans, loan guarantees, and other incentives for projects that increase capacity for the in-state manufacturing of PPE. Notwithstanding Section 13340, funds deposited and maintained in the account that were donated pursuant to subdivision (b) are continuously appropriated, without regard to fiscal years, to the director for the purposes of implementing this section. Any other funds deposited and maintained in the account shall be available, subject to appropriation by the Legislature, for purposes of implementing this section.

SEC. 3. Section 131021 is added to the Health and Safety Code, to read:

131021. (a) The Legislature finds that having access to a statewide stockpile of personal protective equipment in the event of a pandemic or other health emergency is vital to the health and safety of its health care and essential workers, as well as the general population, which both relies on this workforce and is susceptible to disease transmission should members of this workforce needlessly be infected with transmissible disease. Moreover, the Legislature finds that having in-state production capacity for personal protective equipment is vital to ensuring access to that equipment in the event of a pandemic or other health emergency, in light of likely national and global supply chain disruption.

(b) The department shall establish a personal protective equipment (PPE) stockpile to ensure an adequate supply of PPE for all health care workers and essential workers in the state that is at least sufficient for a 90-day pandemic or other health emergency.

(c) The following definitions apply for purposes of this section:

(1) "Department" means the State Department of Public Health.

(2) "Essential workers" means primary and secondary school workers, workers at detention facilities, as defined in Section 9500 of the Penal Code, in-home support providers, childcare providers, government workers whose work with the public continues

1 throughout the crisis, and workers in other positions that the
2 department, in its sole discretion, deems vital to public health and
3 safety, as well as economic and national security.

4 (3) “Health care worker” means any worker employed to work
5 at or by a provider to provide direct patient care and services
6 directly supporting patient care, including, but not limited, to
7 physicians, clinicians, nurses, aides, technicians, janitorial and
8 housekeeping staff, food services workers, and nonmanagerial
9 administrative staff.

10 (4) “Personal protective equipment” or “PPE” means protective
11 equipment for eyes, face, head, and extremities, protective clothing,
12 respiratory devices, and protective shields and barriers provided
13 and used wherever it is necessary by reason of hazards of processes
14 or environment, biological hazards, chemical hazards, radiological
15 hazards, or mechanical irritants encountered in a manner capable
16 of causing injury or impairment in the function of any part of the
17 body through absorption, inhalation or physical contact, including,
18 but not limited to, N95 and other filtering facepiece respirators,
19 elastomeric air-purifying respirators with appropriate particulate
20 filters or cartridges, powered air purifying respirators, disinfecting
21 and sterilizing devices and supplies, medical gowns and apparel,
22 face masks, surgical masks, face shields, gloves, and the equipment
23 identified by or otherwise necessary to comply with Sections 3380
24 and 5199 of Title 8 of the California Code of Regulations and
25 Subpart I (commencing with Section 1910.132) of Part 1910 of
26 Title 29 of the Code of Federal Regulations, as in effect on May
27 19, 2020.

28 (5) “Provider” means a licensed clinic, as described in Chapter
29 1 (commencing with Section 1200), an outpatient setting, as
30 described in Chapter 1.3 (commencing with Section 1248) of, a
31 health facility as described in Chapter 2 (commencing with Section
32 1250) of, or a county medical facility, as described in Chapter 2.5
33 (commencing with Section 1440) of, Division 2, a home health
34 agency, a physician’s office, a professional medical corporation,
35 a medical partnership, a medical foundation, a rural health clinic,
36 as defined in Section 1395x(aa)(2) of Title 42 of the United States
37 Code, or a federally qualified health center, as defined in Section
38 1395x(aa)(4) of Title 42 of the United States Code, and any other
39 entity that provides medical services in California.

1 (6) “Stockpile” means the personal protective equipment
2 stockpile created pursuant to subdivision (b).

3 (d) The department shall establish guidelines for procurement
4 of PPE for the stockpile. At a minimum, the guidelines shall take
5 into account all of the following:

6 (1) The various types of PPE that may be required during a
7 pandemic or other health emergency.

8 (2) The shelf life of each type of PPE to be obtained for the
9 stockpile and how to annually restock a portion of each type of
10 PPE to ensure the stockpile consists of unexpired PPE.

11 (3) The amount of each type of PPE that would be required for
12 all health care workers and essential workers in the state during a
13 90-day pandemic or other health emergency, which shall be the
14 amount of PPE maintained in the stockpile.

15 (e) The department shall procure 20 percent of the full stockpile
16 required according to paragraph (3) of subdivision (d) within one
17 year after enactment of the act that adds this section. The
18 department shall procure an additional 20 percent of the full
19 stockpile in each of the subsequent four years, so that the
20 department has procured 100 percent of the stockpile in five years.

21 (f) At least 25 percent of each type of PPE in the stockpile shall
22 be manufactured in California. Distribution of the 25 percent
23 required to be manufactured in California shall be exclusively
24 made via resale, whether sold during a state of emergency pursuant
25 to paragraph (1) of, or sold in the normal course of business
26 pursuant to paragraph (2) of, subdivision (g). PPE that qualifies
27 as being “substantially made” in California pursuant to Section
28 12098.10 of the Government Code presumptively counts towards
29 the 25-percent threshold.

30 (g) The department shall distribute PPE from the stockpile only
31 under either of the following two circumstances:

32 (1) If the Governor declares a state of ~~emergency~~ *emergency*,
33 *or a local emergency is declared*, for which PPE will be required.

34 (2) To sell PPE from the stockpile, provided that the department
35 acquires new PPE to offset any shortage resulting from the sale.

36 (h) The department shall establish guidelines regarding
37 distribution of PPE from the stockpile, including, but not limited
38 to, the timing and amount of PPE distribution, as well as the terms
39 of sale should the department determine sale is appropriate. The
40 guidelines shall provide, at a minimum, that in the event there is

insufficient PPE to meet needs, distribution shall be prioritized for providers and employers of essential workers that meet any of the following qualifications:

(1) The provider or employer is in a location with a high share of low-income residents.

(2) The provider or employer is in a medically underserved area, as designated by the United States Department of Health and Human Services, Health Resources and Services Administration.

(3) The provider or employer disproportionately serves a medically underserved population, as designated by the United States Department of Health and Human Services, Health Resources and Services Administration.

(i) Within three months after enactment of the act that adds this section, the department shall provide the Department of Finance with an estimate of the cost to fully stock the stockpile and to maintain the stockpile for the subsequent five years. The department shall update these estimates on an annual basis.

SEC. 4. Section 6403.1 is added to the Labor Code, to read:

6403.1. (a) The Legislature hereby finds that having access to a ~~provider-level~~ *health care employer-level* stockpile of personal protective equipment in the event of a pandemic or other health emergency is vital to the health and safety of its health care workforce, as well as the general population, who both rely on the state's health care workforce for care and are susceptible to disease transmission should members of the health care workforce needlessly be infected with transmissible disease. Moreover, the Legislature finds that having in-state production capacity for personal protective equipment is vital to ensuring access to personal protective equipment in the event of a pandemic or other health emergency, in light of likely national and global supply chain disruption.

(b) For purposes of this section:

~~(1) "PPE" and "health care worker" have the same meanings as defined in subdivision (c) of Section 131021 of the Health and Safety Code.~~

~~(1) "Department" means the Department of Industrial Relations.~~

~~(2) "Provider" "Health care employer" means a licensed clinic, as described in Chapter 1 (commencing with Section 1200) of, an outpatient setting, as described in Chapter 1.3 (commencing with Section 1248) of, a health facility as described in Chapter 2~~

1 (commencing with Section 1250) of, or a county medical facility,
2 as described in Chapter 2.5 (commencing with Section 1440) of,
3 Division 2 of the Health and Safety Code, a home health agency,
4 a physician's office with more than 25 ~~employees~~, *physicians*, a
5 professional medical corporation with more than 25 ~~employees~~,
6 *physicians*, a medical partnership with more than 25 ~~employees~~,
7 *physicians*, a medical foundation with more than 25 ~~employees~~,
8 *physicians*, a rural health clinic, as defined in Section 1395x(aa)(2)
9 of Title 42 of the United States Code, or a federally qualified health
10 center, as defined in Section 1395x(aa)(4) of Title 42 of the United
11 States Code, and any other entity that provides medical services
12 in California.

13 (3) "*PPE*" and "*health care worker*" have the same meanings
14 as defined in subdivision (c) of Section 131021 of the Health and
15 Safety Code.

16 (c) ~~Every provider~~ *Except as provided in paragraph (1) of*
17 *subdivision (d), a health care employer shall maintain a stockpile*
18 *of unexpired PPE for use in the event of a state of emergency*
19 *declaration by the Governor. The stockpile shall be at least*
20 *sufficient for a 90-day pandemic or other health emergency. An*
21 ~~employer~~ *A health care employer who violates the requirement to*
22 *maintain a supply of unexpired personal protective equipment*
23 *prescribed by this section shall be assessed a civil penalty of up*
24 *to twenty-five thousand dollars (\$25,000) for each violation.*
25 *violation, as specified in Section 6428. A health care employer*
26 *shall maintain a sufficient stockpile according to the following*
27 *schedule:*

28 (1) *Commencing June 1, 2021, the stockpile shall be at least*
29 *sufficient for a 30-day pandemic or other health emergency.*

30 (2) *Commencing June 1, 2022, the stockpile shall be at least*
31 *sufficient for a 60-day pandemic or other health emergency.*

32 (3) *Commencing June 1, 2023, the stockpile shall be at least*
33 *sufficient for a 90-day pandemic or other health emergency.*

34 (d) (1) *If a health care employer provides services exclusively*
35 *in a facility or other setting controlled by another health care*
36 *employer who is obligated to maintain a PPE stockpile, the health*
37 *care employer who controls the facility or other setting shall be*
38 *required to maintain the required PPE for the health care employer*
39 *providing services in that facility or setting.*

1 (2) If a health care employer's stockpile dips below the
2 mandated level of supplies as a result of the health care employer's
3 distribution of PPE to its health care workers during a state of
4 emergency declared by the Governor or a declared local
5 emergency for a pandemic or other health emergency, the health
6 care employer shall not be subject to the civil penalty established
7 by subdivision (c), provided the health care employer makes
8 reasonable efforts, in the discretion of the department, to replenish
9 its stockpile to the mandated level.

10 (3) The department may exempt a health care employer from a
11 civil penalty prescribed by subdivision (c) if the department
12 determines that supply chain limitations make meeting the
13 mandated level of supplies infeasible and a health care employer
14 has made a reasonable attempt, in the discretion of the department,
15 to obtain PPE. The department may grant an exemption only until
16 the supply chain limitation has been resolved and the department
17 shall revisit that determination every 90 days.

18 ~~(d) Every provider~~

19 (e) A health care employer shall provide PPE to its health care
20 workers upon their reasonable request. Each day that an employer
21 a health care employer delays in doing so shall constitute an
22 independent violation of this section.

23 ~~(e)~~

24 (f) The department, by regulation and in consultation with the
25 State Department of Public Health, shall set forth requirements
26 for ~~provider~~ health care employer stockpiles, including, but not
27 limited to, the types and amount of PPE to be maintained by the
28 ~~provider~~ health care employer based on the type and size of each
29 ~~provider~~, health care employer, as well as the composition of health
30 care workers in its workforce. The regulations shall require each
31 ~~provider~~ health care employer to maintain sufficient PPE for all
32 health care workers. The regulations may incorporate by reference
33 existing guidance of the department and of the federal Occupational
34 Safety and Health Administration regarding standards for PPE
35 usage, including, but not limited to, the guidance at Sections 3380
36 and 5199 of Title 8 of the California Code of Regulations and
37 Subpart I (commencing with Section 1910.132) of Part 1910 of
38 Title 29 of the Code of Federal Regulations, as in effect on May
39 19, 2020.

1 ~~(f) To the extent permissible by federal law, a provider shall~~
2 ~~procure at least 25 percent of PPE for their stockpiles from in-state~~
3 ~~manufacturers. PPE that qualifies as “substantially made” in~~
4 ~~California pursuant to Section 12098.10 of the Government Code~~
5 ~~presumptively counts toward the 25-percent threshold.~~

6 *SEC. 5. Section 6403.2 is added to the Labor Code, to read:*

7 *6403.2. (a) The Personal Protective Equipment Advisory*
8 *Committee is hereby established. The Secretary of Labor or their*
9 *designee shall appoint the membership of the advisory committee.*
10 *The advisory committee shall consist of eight individuals who have*
11 *experience in health care, public health, workers’ rights, or*
12 *emergency preparedness and shall consist of the following:*

13 *(1) One representative of an association representing multiple*
14 *types of hospitals and health systems.*

15 *(2) One representative of an association representing skilled*
16 *nursing facilities.*

17 *(3) One representative of an association representing primary*
18 *care clinics.*

19 *(4) One representative of an association representing physicians.*

20 *(5) Three representatives of a labor organization that represents*
21 *health care workers.*

22 *(6) One representative of a labor organization that represents*
23 *essential workers, as defined by paragraph (2) of subdivision (c)*
24 *of Section 131021 of the Health and Safety Code.*

25 *(b) The Personal Protective Equipment Advisory Committee*
26 *shall make recommendations to the department necessary for the*
27 *department to provide the report required pursuant to subdivision*
28 *(c).*

29 *(c) On or before May 30, 2021, the department shall submit a*
30 *report to the Legislature based on the recommendations of the*
31 *Personal Protective Equipment Advisory Committee. The report*
32 *shall include recommendations on implementation of the various*
33 *requirements of the committee and shall include, but not be limited*
34 *to, recommendations relating to both of the following:*

35 *(1) The type and amount of PPE needed by health care employer*
36 *type, during a public health emergency, to ensure compliance to*
37 *public health and safety standards.*

38 *(2) Guidance on who shall maintain PPE if multiple health care*
39 *employers are located at the same physical facility.*

1 *(d) (1) A report to be submitted pursuant to subdivision (c)*
2 *shall be submitted in compliance with Section 9795 of the*
3 *Government Code.*

4 *(2) Pursuant to Section 10231.5 of the Government Code, this*
5 *section is repealed on January 1, 2025.*

6 ~~SEC. 5.~~

7 SEC. 6. The provisions of this act are severable. If any
8 provision of this act or its application is held invalid, that invalidity
9 shall not affect other provisions or applications that can be given
10 effect without the invalid provision or application.

O

AMENDED IN SENATE JANUARY 23, 2020

AMENDED IN SENATE APRIL 25, 2019

AMENDED IN SENATE APRIL 22, 2019

AMENDED IN SENATE MARCH 27, 2019

SENATE BILL

No. 653

Introduced by Senator Chang

February 22, 2019

An act to amend Sections 1911, 1925, 1926, and 1926.05 of, and to add Sections ~~1911.5, 1926.01, and 1926.5~~ *1911.5 and 1926.01* to, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 653, as amended, Chang. Dental hygienists: registered dental hygienist in alternative practice: scope of practice.

Existing law, the Dental Practice Act, provides for the licensure and regulation of the practice of registered dental hygienists, registered dental hygienists in extended functions, and registered dental hygienists in alternative practice by the Dental Hygiene Board of California within the Department of Consumer Affairs. Existing law makes certain violations of specific provisions relating to healing arts by a licensee a crime.

Existing law specifies the scope of practice of a registered dental hygienist and requires any procedure performed by a registered dental hygienist that does not specifically require direct supervision of a dentist to be performed under the general supervision of a dentist. Existing law authorizes a registered dental hygienist to provide, without supervision, dental hygiene preventive services in addition to oral screenings in a specified federal, state, or local public health program.

This bill would authorize a registered dental hygienist to provide, without supervision, fluoride varnish to a patient. The bill would additionally authorize a registered dental hygienist to provide dental hygiene preventive services and oral screenings at specified sponsored events and nonprofit organizations.

Existing law authorizes a registered dental hygienist in alternative practice to perform any of the duties or functions authorized to be performed by a registered dental hygienist as an employee of a dentist, as an employee of another registered dental hygienist in alternative practice, as an employee of specified clinics, or as an employee of a professional corporation. Existing law authorizes a registered dental hygienist in alternative practice to perform additional duties and functions in residences of the homebound, schools, residential facilities and other institutions, and dental health professional shortage areas, as provided, and requires ~~the duties and functions that interim therapeutic tooth restorations that are performed in these settings to be done under the general supervision of a dentist when specified.~~ *dentist.*

This bill would *instead* authorize a registered dental hygienist in alternative practice to practice in specified clinics or in a professional corporation without being an employee of that clinic or professional corporation. The bill would additionally authorize a registered dental hygienist in alternative practice to perform specified functions and duties of a registered dental hygienist in dental *offices or both dental or medical settings, as specified.* ~~The~~

This bill would *also* authorize a registered dental hygienist in alternative practice to perform soft-tissue ~~curettage, curettage and~~ administration of local anesthesia, ~~and administration of nitrous oxide and oxygen with emergency protocols and under the direct supervision of a dentist~~ *anesthesia with documented consultation with a collaborating dentist* in the residences of the homebound, residential facilities and other institutions, *medical settings that a residential facility patient has been transferred to for outpatient services,* dental health professional shortage areas, and dental ~~or medical settings.~~ *The bill would remove the general supervision requirement and instead require prior authorization by a collaborating dentist for specified duties in those settings. The bill would also authorize a registered dental hygienist in alternative practice to continue to practice in a former dental health professional shortage area if certain conditions are met: offices, as long as a specified protocols are followed. The bill would remove the general supervision requirement for interim therapeutic tooth restorations that*

are performed in specified settings and instead would require that a diagnosis, treatment plan, and instruction be provided by a dentist prior to performing the procedure.

Because a violation of certain provisions of the bill would be a crime, the bill would create a state-mandated local program.

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

This bill would provide that no reimbursement is required by this act for a specified reason.

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

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

1 SECTION 1. Section 1911 of the Business and Professions
2 Code is amended to read:
3 1911. (a) A registered dental hygienist may provide, without
4 supervision, educational services, oral health training programs,
5 and oral health screenings.
6 (b) A registered dental hygienist shall refer any screened patients
7 with possible oral abnormalities to a dentist for a comprehensive
8 examination, diagnosis, and treatment plan.
9 (c) In any public health program created by federal, state, or
10 local law or administered by a federal, state, county, or local
11 governmental entity, at a sponsored event by a sponsoring ~~entity~~,
12 ~~entity~~ or at a nonprofit organization, a registered dental hygienist
13 may provide, without supervision, dental hygiene preventive
14 services in addition to oral screenings, including, but not limited
15 to, the application of fluorides and pit and fissure sealants. A
16 registered dental hygienist ~~employed~~ *practicing* as described in
17 this subdivision may submit, or allow to be submitted, any
18 insurance or third-party claims for patient services performed as
19 authorized in this article.
20 (d) For purposes of this section, the following shall apply:
21 (1) "Nonprofit organization" means a tax-exempt nonprofit
22 corporation supported and maintained in whole or in substantial
23 part by donations, bequests, gifts, grants, government funds, or
24 contributions, in the form of money, goods, or services, where
25 dental hygiene services are performed. A nonprofit organization

1 shall not be construed to be engaging in the unlicensed practice of
2 dentistry if all of the following apply: *dentistry*.

3 ~~(A) The nonprofit organization obtains the dental hygiene~~
4 ~~board's approval to offer dental hygiene services pursuant to~~
5 ~~regulations adopted by the dental hygiene board.~~

6 ~~(B) The nonprofit organization does nothing to interfere with,~~
7 ~~control, or otherwise direct the professional judgment of, or the~~
8 ~~services performed by, a registered dental hygienist acting within~~
9 ~~their scope of practice pursuant to this chapter.~~

10 ~~(C) The licensees providing services for or at the nonprofit~~
11 ~~organization are in compliance with all applicable provisions of~~
12 ~~this chapter.~~

13 ~~(D) The nonprofit organization operating is in compliance with~~
14 ~~this chapter and all other applicable provisions of state and federal~~
15 ~~law.~~

16 (2) "Sponsored event" shall be defined as in paragraph (4) of
17 subdivision (b) of Section 1626.6.

18 (3) "Sponsoring entity" shall be defined as in paragraph (6) of
19 subdivision (b) of Section 1626.6.

20 SEC. 2. Section 1911.5 is added to the Business and Professions
21 Code, to read:

22 1911.5. Notwithstanding Section 1912, a registered dental
23 hygienist may provide, without supervision, fluoride varnish to a
24 patient.

25 SEC. 3. Section 1925 of the Business and Professions Code is
26 amended to read:

27 1925. A registered dental hygienist in alternative practice may
28 practice, pursuant to subdivision (a) of Section 1907, subdivision
29 (a) of Section 1908, subdivisions (a) and (b) of Section 1910,
30 Section 1910.5, and Section 1926.05 as an employee of a dentist
31 or of another registered dental hygienist in alternative practice, as
32 an independent contractor, as a sole proprietor of an alternative
33 dental hygiene practice, in a primary care clinic or specialty clinic
34 that is licensed pursuant to Section 1204 of the Health and Safety
35 Code, in a primary care clinic exempt from licensure pursuant to
36 subdivision (c) of Section 1206 of the Health and Safety Code, in
37 a clinic owned or operated by a public hospital or health system,
38 in a clinic owned and operated by a hospital that maintains the
39 primary contract with a county government to fill the county's role
40 under Section 17000 of the Welfare and Institutions Code, or in a

1 professional corporation under the Moscone-Knox Professional
2 Corporation Act (commencing with Section 13400) of Part 4 of
3 Division 3 of Title 1 of the Corporations Code.

4 SEC. 4. Section 1926 of the Business and Professions Code is
5 amended to read:

6 1926. In addition to practices authorized in Section 1925, a
7 registered dental hygienist in alternative practice may perform the
8 duties authorized pursuant to subdivision (a) of Section 1907,
9 subdivision (a) of Section 1908, and subdivisions (a) and (b) of
10 Section 1910 in the following settings:

11 (a) Residences of the homebound.

12 (b) Schools.

13 (c) Residential facilities ~~and other institutions.~~ *and other*
14 *institutions and medical settings that a residential facility patient*
15 *has been transferred to for outpatient services.*

16 (d) Dental health professional shortage areas, as certified by the
17 Office of Statewide Health Planning and Development in
18 accordance with existing office guidelines.

19 (e) *Dental offices.*

20 SEC. 5. Section 1926.01 is added to the Business and
21 Professions Code, to read:

22 1926.01. (a) In addition to practices authorized in Section
23 1925, a registered dental hygienist in alternative practice may
24 perform the duties authorized pursuant to subdivisions (a) and (b)
25 of Section 1909 ~~with emergency protocols~~ *documented consultation*
26 *with a collaborating dentist* in the following settings:

27 ~~(a)~~

28 (1) Residences of the homebound.

29 ~~(b)~~

30 (2) Residential facilities ~~and other institutions.~~ *institutions and*
31 *medical settings that a residential facility patient has been*
32 *transferred to for outpatient services.*

33 ~~(c)~~

34 (3) Dental health professional shortage areas, as certified by the
35 Office of Statewide Health Planning and Development in
36 accordance with existing office guidelines.

37 ~~(d) Dental or medical settings.~~

38 (4) *Dental offices.*

1 (b) *The registered dental hygienist in alternative practice shall*
2 *have all of the following immediately available when services*
3 *authorized in this section are being performed:*

4 (1) *One additional individual trained in basic life support*
5 *qualified to administer cardiopulmonary resuscitation during an*
6 *emergency.*

7 (2) *Equipment and supplies for emergency response, including*
8 *oxygen.*

9 SEC. 6. Section 1926.05 of the Business and Professions Code
10 is amended to read:

11 1926.05. (a) In addition to the duties specified in Section 1926,
12 a registered dental hygienist in alternative practice is authorized
13 to perform the duties pursuant to Section 1910.5, in the following
14 settings:

15 (1) Residences of the homebound.

16 (2) Schools.

17 (3) Residential facilities and other institutions.

18 (4) Dental or medical settings.

19 (5) Dental health professional shortage areas, as certified by the
20 Office of Statewide Health Planning and Development in
21 accordance with existing office guidelines.

22 (b) A registered dental hygienist in alternative practice is
23 authorized to perform the duties pursuant to paragraph (2) of
24 subdivision (a) of Section 1910.5 in the settings specified in this
25 ~~section with prior authorization of a collaborating dentist.~~ *after*
26 *there has been a diagnosis, treatment plan, and instruction to*
27 *perform the procedure provided by a dentist.*

28 SEC. 7. ~~Section 1926.5 is added to the Business and Professions~~
29 ~~Code, to read:~~

30 ~~1926.5. A registered dental hygienist in alternative practice~~
31 ~~may continue to practice in a former dental health professional~~
32 ~~shortage area, if both of the following conditions are met:~~

33 ~~(a) The registered dental hygienist in alternative practice~~
34 ~~established their practice in a certified dental health professional~~
35 ~~shortage area.~~

36 ~~(b) The registered dental hygienist in alternative practice~~
37 ~~continues to practice within the dental health professional shortage~~
38 ~~area after the date the dental health professional shortage area~~
39 ~~designation was lifted, if a minimum of 15 percent of the annual~~
40 ~~visits at their practice are for persons with Medi-Cal benefits.~~

~~SEC. 8.~~

SEC. 7. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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AMENDED IN ASSEMBLY AUGUST 10, 2020

AMENDED IN ASSEMBLY JULY 27, 2020

AMENDED IN SENATE JUNE 18, 2020

AMENDED IN SENATE MAY 5, 2020

SENATE BILL

No. 793

Introduced by Senators Hill, Glazer, McGuire, Pan, Skinner, and Wiener

(Principal coauthor: Senator Durazo)

(Principal coauthors: Assembly Members Bauer-Kahan, Berman, Bloom, Gonzalez, McCarty, Muratsuchi, Robert Rivas, and Wood)

(Coauthors: Senators Allen, Archuleta, Beall, Caballero, Dodd, Lena Gonzalez, Hertzberg, Jackson, Leyva, Monning, Nielsen, Portantino, and Rubio)

(Coauthors: Assembly Members Boerner Horvath, Bonta, Chiu, Chu, Cooley, Frazier, *Friedman*, Cristina Garcia, Holden, Levine, Limón, Low, Mullin, *Nazarian*, O'Donnell, Petrie-Norris, Quirk-Silva, Luz Rivas, Blanca Rubio, Santiago, Mark Stone, Ting, and Wicks)

January 6, 2020

An act to add Article 5 (commencing with Section 104559.5) to Chapter 1 of Part 3 of Division 103 of the Health and Safety Code, relating to tobacco products.

LEGISLATIVE COUNSEL'S DIGEST

SB 793, as amended, Hill. Flavored tobacco products.

Existing law, the Stop Tobacco Access to Kids Enforcement (STAKE) Act, prohibits a person from selling or otherwise furnishing tobacco products, as defined, to a person under 21 years of age. Existing law also prohibits the use of tobacco products in county offices of education,

on charter school or school district property, or near a playground or youth sports event, as specified.

This bill would prohibit a tobacco retailer, or any of the tobacco retailer's agents or employees, from selling, offering for sale, or possessing with the intent to sell or offer for sale, a flavored tobacco product or a tobacco product flavor enhancer, as those terms are defined, except as specified. The bill would make a violation of this prohibition an infraction punishable by a fine of \$250 for each violation. The bill would state the intent of the Legislature that these provisions ~~not be construed to~~ *do not* preempt or prohibit the adoption and implementation of local ordinances related to the prohibition on the sale of flavored tobacco products. The bill would state that its provisions are severable. By creating a new crime, the bill would impose a state-mandated local program.

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

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

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

1 SECTION 1. Article 5 (commencing with Section 104559.5)
2 is added to Chapter 1 of Part 3 of Division 103 of the Health and
3 Safety Code, to read:

4
5 Article 5. Tobacco Sale Prohibition
6

7 104559.5. (a) For purposes of this section, the following
8 definitions apply:

9 (1) "Characterizing flavor" means a distinguishable taste or
10 aroma, or both, other than the taste or aroma of tobacco, imparted
11 by a tobacco product or any byproduct produced by the tobacco
12 product. Characterizing flavors include, but are not limited to,
13 tastes or aromas relating to any fruit, chocolate, vanilla, honey,
14 candy, cocoa, dessert, alcoholic beverage, menthol, mint,
15 wintergreen, herb, or spice. A tobacco product shall not be
16 determined to have a characterizing flavor solely because of the

1 use of additives or flavorings or the provision of ingredient
2 information. Rather, it is the presence of a distinguishable taste or
3 aroma, or both, as described in the first sentence of this definition,
4 that constitutes a characterizing flavor.

5 (2) “Constituent” means any ingredient, substance, chemical,
6 or compound, other than tobacco, water, or reconstituted tobacco
7 sheet, that is added by the manufacturer to a tobacco product during
8 the processing, manufacture, or packing of the tobacco product.

9 (3) “Flavored shisha tobacco product” means any shisha tobacco
10 product that contains a constituent that imparts a characterizing
11 flavor.

12 (4) “Flavored tobacco product” means any tobacco product that
13 contains a constituent that imparts a characterizing flavor.

14 (5) “Hookah” means a type of waterpipe, used to smoke shisha
15 or other tobacco products, with a long flexible tube for drawing
16 aerosol through water. Components of a hookah may include heads,
17 stems, bowls, and hoses.

18 (6) “Hookah tobacco retailer” means a tobacco retailer that is
19 engaged in the retail sale of shisha tobacco products, hookah, and
20 hookah smoking accessories.

21 (7) “Labeling” means written, printed, pictorial, or graphic
22 matter upon a tobacco product or any of its packaging.

23 (8) *“Loose leaf tobacco” consists of cut or shredded pipe*
24 *tobacco, usually sold in pouches, excluding any tobacco product*
25 *which, because of its appearance, type, packaging, or labeling, is*
26 *suitable for use and likely to be offered to, or purchased by,*
27 *consumers as tobacco for making cigarettes, including*
28 *roll-your-own cigarettes.*

29 ~~(8)~~

30 (9) “Packaging” means a pack, box, carton, or container of any
31 kind, or, if no other container, any wrapping, including cellophane,
32 in which a tobacco product is sold or offered for sale to a consumer.

33 (10) *“Premium cigar” means any cigar that is handmade, is*
34 *not mass produced by use of mechanization, has a wrapper that*
35 *is made entirely from whole tobacco leaf, and has a wholesale*
36 *price of no less than twelve dollars (\$12). A premium cigar does*
37 *not have a filter, tip, or nontobacco mouthpiece and is capped by*
38 *hand.*

39 ~~(9)~~

40 (11) “Retail location” means both of the following:

1 (A) A building from which tobacco products are sold at retail.

2 (B) A vending machine.

3 ~~(10)~~

4 ~~(12)~~ “Sale” or “sold” means a sale as that term is defined in
5 Section 30006 of the Revenue and Taxation Code.

6 ~~(11)~~

7 ~~(13)~~ “Shisha tobacco product” means a tobacco product smoked
8 or intended to be smoked in a hookah. “Shisha tobacco product”
9 includes, and may be referred to as, hookah tobacco, waterpipe
10 tobacco, maassel, narghile, and argileh. “Shisha tobacco product”
11 does not include any electronic devices, such as an electronic
12 hookah, electronic cigarette, or electronic tobacco product.

13 ~~(12)~~

14 ~~(14)~~ “Tobacco product” means a tobacco product as defined in
15 paragraph (8) of subdivision (a) of Section 104495, as that
16 provision may be amended from time to time.

17 ~~(13)~~

18 ~~(15)~~ “Tobacco product flavor enhancer” means a product
19 designed, manufactured, produced, marketed, or sold to produce
20 a characterizing flavor when added to a tobacco product.

21 ~~(14)~~

22 ~~(16)~~ “Tobacco retailer” means a person who engages in this
23 state in the sale of tobacco products directly to the public from a
24 retail location. “Tobacco retailer” includes a person who operates
25 vending machines from which tobacco products are sold in this
26 state.

27 (b) (1) A tobacco retailer, or any of the tobacco retailer’s agents
28 or employees, shall not sell, offer for sale, or possess with the
29 intent to sell or offer for sale, a flavored tobacco product or a
30 tobacco product flavor enhancer.

31 (2) ~~There shall be~~ *is* a rebuttable presumption that a tobacco
32 product is a flavored tobacco product if a manufacturer or any of
33 the manufacturer’s agents or employees, in the course of their
34 agency or employment, has made a statement or claim directed to
35 consumers or to the public that the tobacco product has or produces
36 a characterizing flavor, including, but not limited to, text, color,
37 images, or all, on the product’s labeling or packaging that are used
38 to explicitly or implicitly communicate that the tobacco product
39 has a characterizing flavor.

(c) Subdivision (b) ~~shall~~ *does* not apply to the sale of flavored shisha tobacco products by a hookah tobacco retailer if all of the following conditions are met:

(1) The hookah tobacco retailer has a valid license to sell tobacco products issued pursuant to Chapter 2 (commencing with Section 22971.7) of Division 8.6 of the Business and Professions Code.

(2) The hookah tobacco retailer does not permit any person under 21 years of age to be present or enter the premises at any time.

(3) The hookah tobacco retailer shall operate in accordance with all relevant state and local laws relating to the sale of tobacco products.

(4) If consumption of tobacco products is allowed on the premises of the hookah tobacco retailer, the hookah tobacco retailer shall operate in accordance with all state and local laws relating to the consumption of tobacco products on the premises of a tobacco retailer, including, but not limited to, Section 6404.5 of the Labor Code.

(d) Subdivision (b) does not apply to sales of premium cigars sold in cigar lounges where products are purchased and consumed only on the premises.

(e) Subdivision (b) does not apply to loose leaf tobacco or premium cigars.

~~(d)~~

(f) A tobacco retailer, or agent or employee of a tobacco retailer, who violates this section is guilty of an infraction and shall be punished by a fine of two hundred fifty dollars (\$250) for each violation of this section.

~~(e)~~

(g) This section does not preempt or otherwise prohibit the adoption of a local standard that imposes greater restrictions on the access to tobacco products than the restrictions imposed by this section. To the extent that there is an inconsistency between this section and a local standard that imposes greater restrictions on the access to tobacco products, the greater restriction on the access to tobacco products in the local standard shall prevail.

SEC. 2. The provisions of this act are severable. If any provision of this act or its application is held invalid, that invalidity

1 shall not affect other provisions or applications that can be given
2 effect without the invalid provision or application.

3 SEC. 3. No reimbursement is required by this act pursuant to
4 Section 6 of Article XIII B of the California Constitution because
5 the only costs that may be incurred by a local agency or school
6 district will be incurred because this act creates a new crime or
7 infraction, eliminates a crime or infraction, or changes the penalty
8 for a crime or infraction, within the meaning of Section 17556 of
9 the Government Code, or changes the definition of a crime within
10 the meaning of Section 6 of Article XIII B of the California
11 Constitution.

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AMENDED IN SENATE JUNE 18, 2020

SENATE BILL

No. 878

Introduced by Senator Jones

January 22, 2020

An act to add Section 139.5 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 878, as amended, Jones. Department of Consumer Affairs Licensing: applications: wait times. Affairs: license: application: processing timeframes.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs.

~~This bill~~ *bill, beginning July 1, 2021, would require each board within the department that issues licenses licenses, on at least a quarterly basis, to prominently display on its internet website either the current timeframe average timeframes for processing initial and renewal license applications on its internet website, as provided, or the combined current average timeframe for processing both initial and renewal license applications. The bill would also require each board to prominently display on its internet website either the current average timeframes for processing each license type that the board administers or the combined current average timeframe for processing all license types that the board administers.*

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

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

- 1 SECTION 1. Section 139.5 is added to the Business and
2 Professions Code, to read:
3 139.5. ~~Each~~ *Beginning July 1, 2021, each* board, as defined in
4 ~~section~~ *Section 22*, within the department that issues a license shall
5 do both of the ~~following~~: *following on at least a quarterly basis*:
6 (a) Prominently display ~~the~~ *on its internet website one of the*
7 *following*:
8 (1) ~~The current-timeframe average timeframes~~ for processing
9 initial and renewal license ~~applications on its internet website.~~
10 *applications.*
11 (2) *The combined current average timeframe for processing*
12 *both initial and renewal license applications.*
13 (b) ~~With respect to the information displayed on the website,~~
14 ~~specify the~~ *Prominently display on its internet website one of the*
15 *following*:
16 (1) ~~The current average-timeframe timeframes~~ for processing
17 each license ~~category.~~ *type that the board administers.*
18 (2) *The combined current average timeframe for processing all*
19 *license types that the board administers.*

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Introduced by Senator BatesFebruary 20, 2020

An act to amend Section 1646 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 1245, as introduced, Bates. Dentistry: general anesthesia.

The Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California within the Department of Consumer Affairs. The act, among other things, prescribes requirements for dentists who administer or order the administration of general anesthesia and defines general anesthesia in this regard.

This bill would make a nonsubstantive change to the provision that defines general anesthesia.

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

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

- 1 SECTION 1. Section 1646 of the Business and Professions
2 Code is amended to read:
3 1646. "General anesthesia," as used in this article, ~~means is~~
4 *defined as* a controlled state of depressed consciousness or
5 unconsciousness, accompanied by partial or complete loss of
6 protective reflexes, produced by a pharmacologic or
7 nonpharmacologic method, or a combination thereof.

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Saturday, August 29, 2020

Dental Hygiene Board of California

Agenda Item 19

Future Agenda Items



Saturday, August 29, 2020

Dental Hygiene Board of California

Agenda Item 20

Closed Session