



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, November 21, 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

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.

For all those who wish to participate or observe the meeting, please log on to the website below. 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-meetings.webex.com/dca-meetings/onstage/g.php?MTID=eac2bdd8a4ceba084eaca877101b29672>

Event Number ID:146 201 4314 Password: DHBC11212020

Audio conference: US Toll Number: +1-415-655-0001
Access code: 146 201 4314

MEMBERS OF THE BOARD

President – Dr. Timothy Martinez
Vice President – Nicolette Moultrie, RDH Member
Secretary – Garry Shay, Public Member
RDH Educator Member – Carmen Dones
RDHAP Member – Noel Kelsch
RDH Member – Evangeline Ward
Public Member – Susan Good
Public Member – Denise Davis
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).]
3. President's Welcome and Report.
4. Update from the Department of Consumer Affairs (DCA) Executive Staff on DCA Staffing and Activities.
5. Discussion and Possible Action to Approve the August 29, 2020 Full Board WebEx Teleconference Meeting Minutes.
6. Executive Officer's Report on the Following:
 - a) COVID-19
 - b) Personnel
 - c) Budget
 - d) Clinical Examination Update
 - e) Administration
7. Election of 2021 DHBC Officers.
8. Discussion and Possible Action on Proposed 2021 & 2022 DHBC Board Meeting Dates.
9. 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.
10. Discussion and Possible Action on Proposed Amended Regulatory Package: 16 CCR Section 1107: RDH Course in Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN).
11. Discussion and Possible Action on Proposed Amended Regulatory Package: 16 CCR Section 1109: Requirements for Courses of Instruction in Radiographic Decision Making (RDM) and Interim Therapeutic Restoration (ITR) for the Registered Dental Hygienist, Registered Dental Hygienists in Alternative Practice, and Registered Dental Hygienists in Extended Functions.

12. Discussion and Possible Action on the Following Proposed Regulatory Package: 16 CCR Section 1115. Retired Licensure.
13. Discussion and Possible Action on Proposed Regulatory Package: 16 CCR Section 1123: Clinical Passing Rate.
14. Discussion and Possible Action on Proposed Regulatory Package: 16 CCR Section 1138.1: Unprofessional Conduct.
15. Discussion and Possible Action on Proposed Statutory Language Amendments to Business and Professions Code (BPC) Section 1917.1: Clinical Work Hour Accumulation.
16. Discussion and Possible Action on Proposed Statutory Language Amendments to BPC Section 1926.1: Operation of Mobile Dental Hygiene Clinic; Requirements.
17. Discussion and Possible Action on Proposed Statutory Language Amendments to BPC Section 1926.3: Registered Dental Hygienist in Alternative Practice; Registration; Time Period.
18. Discussion and Possible Action on Proposed Statutory Language Amendments to BPC Section 1941: Changes to Accreditation Status
19. Discussion and Possible Action on Proposed New Statute: BPC Section 1941.6: Patient/Student Record Retention
20. Discussion and Possible Action on Inactive Status Licensure.
21. Dental Hygiene Educational Program Site Visit Update and Schedule.
22. Enforcement Statistics Report.
23. Licensing and Examination Statistics Report.
24. Future Agenda Items.

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

25. 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>>

26. 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



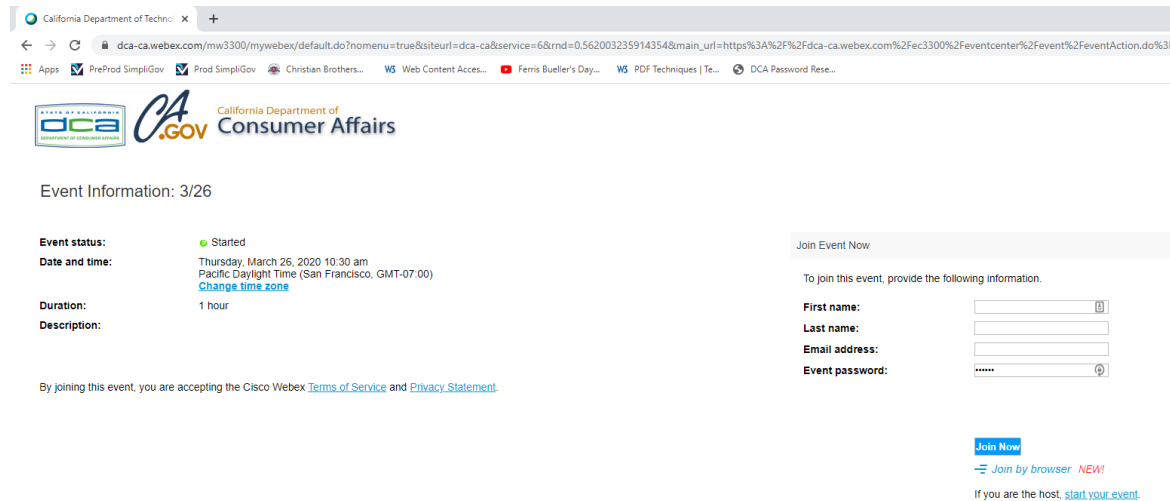
The following contains instructions to join a WebEx event hosted by the Department of Consumer Affairs (DCA).

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.

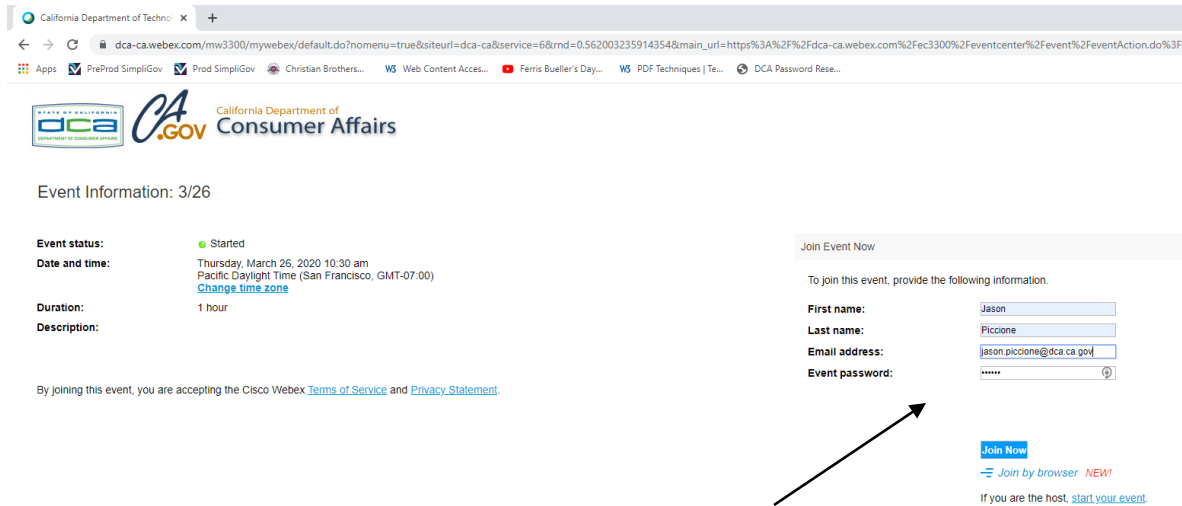
Example link:

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



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.

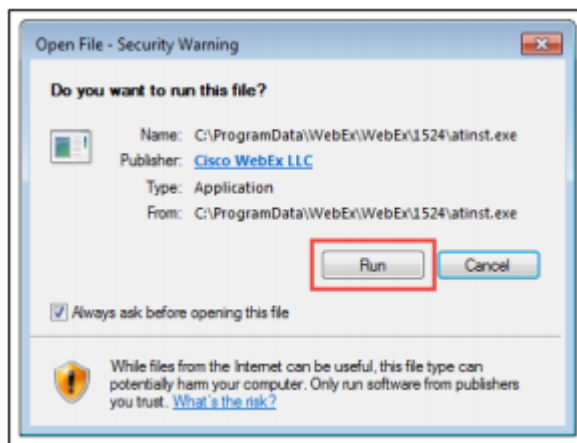
HOW TO – Join – DCA WebEx Event



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'.



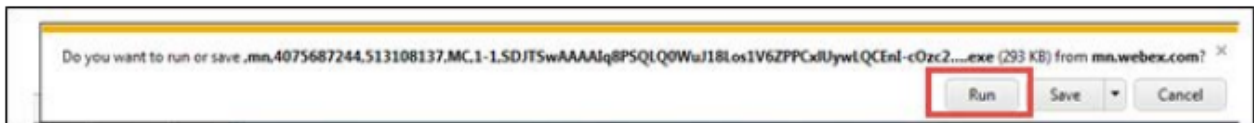
Depending on your computer's settings, you may be blocked from running the necessary software. If this is the case, click 'Cancel' and return to the browser tab that looks like the window below. You can bypass the above process.

Starting Webex...



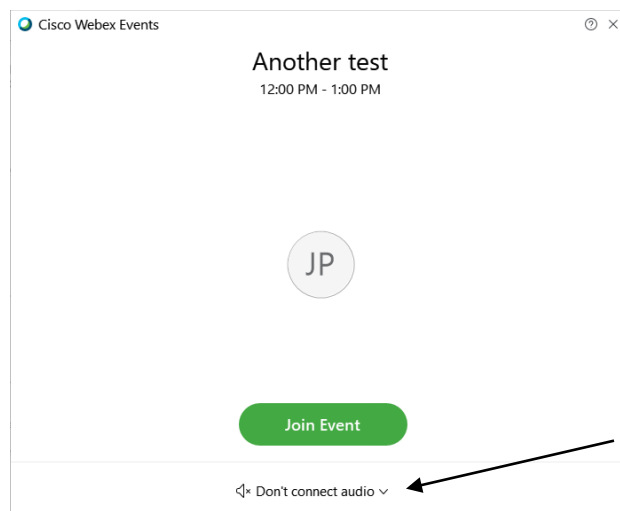
Still having trouble? [Run a temporary application](#) to join this meeting immediately.

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



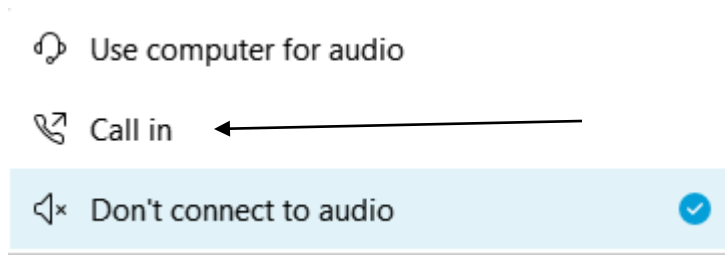
The temporary software will run, and the meeting window will open.

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

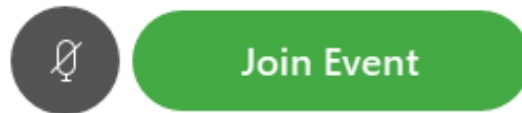


HOW TO – Join – DCA WebEx Event

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

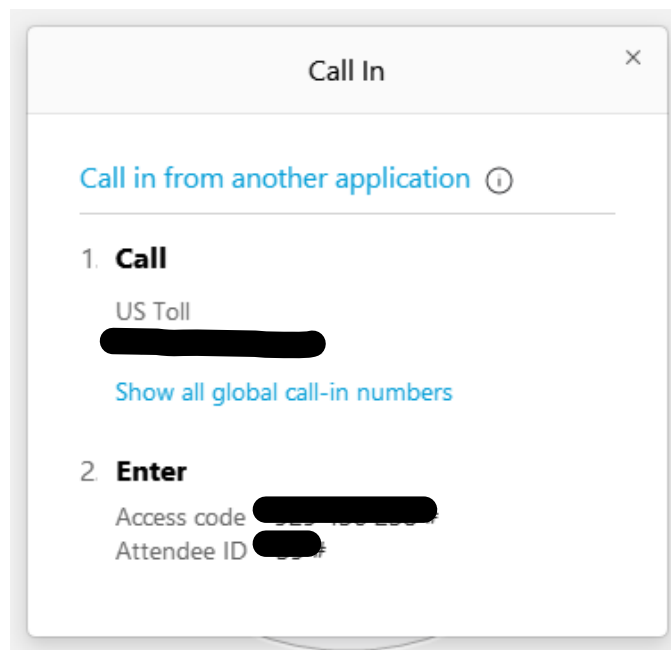


9. Click 'Join Event'. The audio conference call in information will be available after you join the Event.



Call in ▾

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

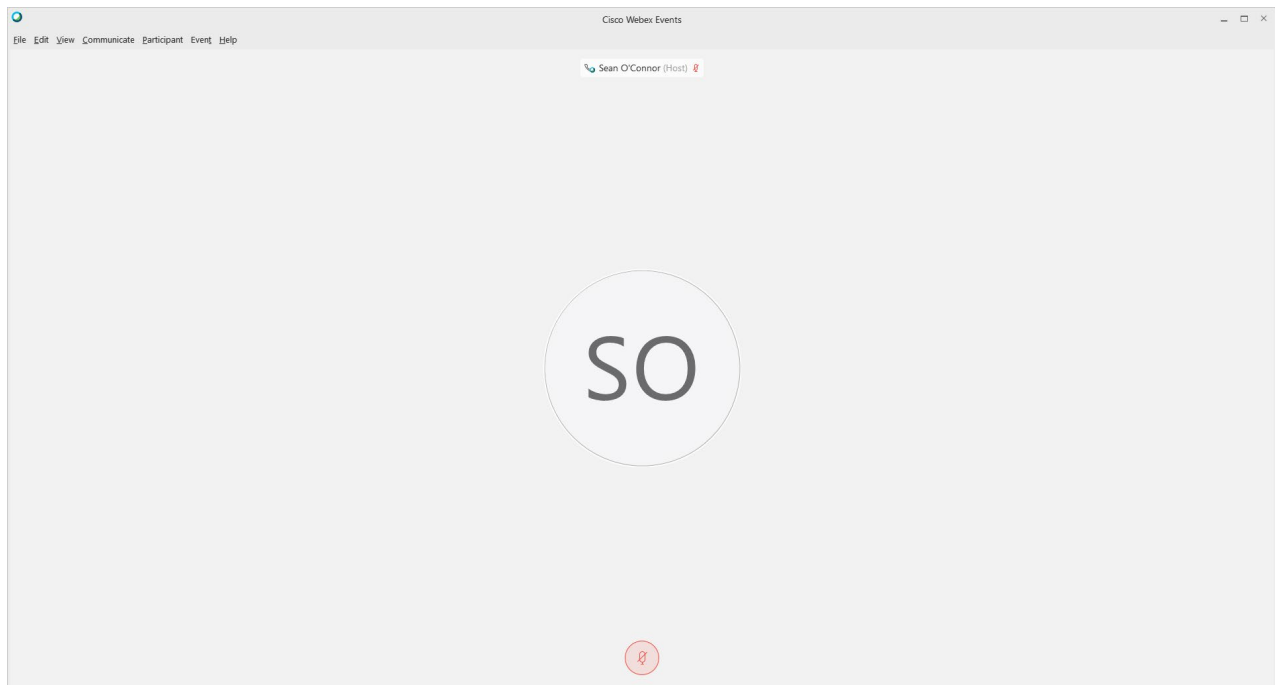


HOW TO – Join – DCA WebEx Event

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!

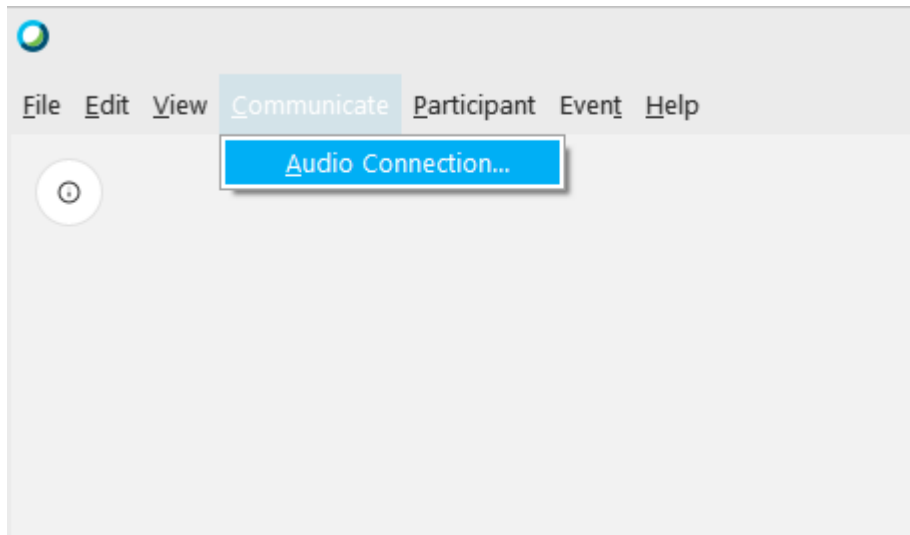


NOTE: Your audio line is muted and can only be unmuted by the event host.

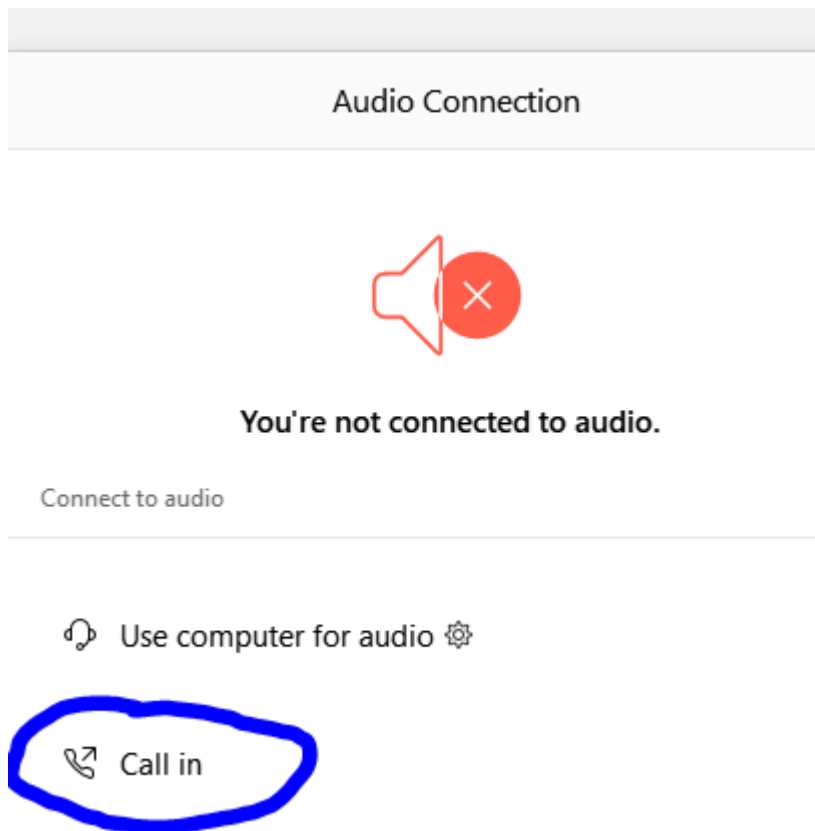
If you join the meeting using your computer's microphone and audio, or you didn't connect audio at all, you can still set that up while you are in the meeting.

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

HOW TO – Join – DCA WebEx Event



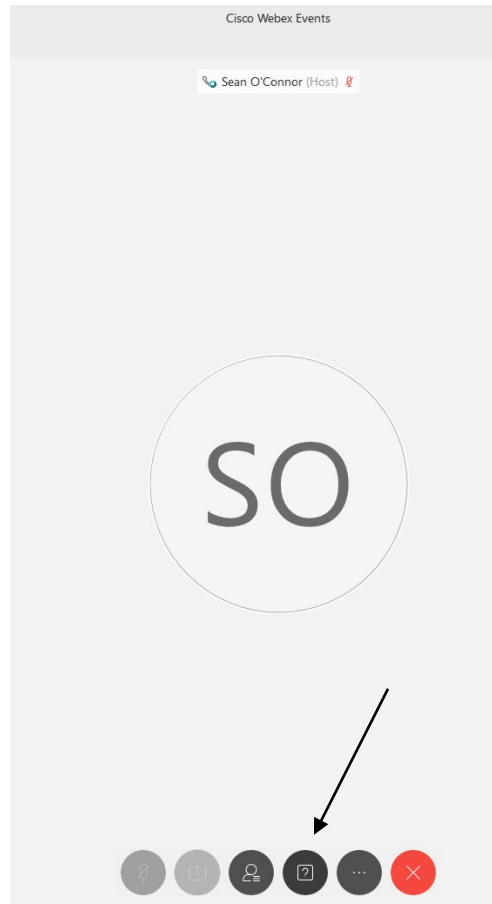
The 'Call In' information can be displayed by selecting 'Call in' then 'View'



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

Participating During a Public Comment Period

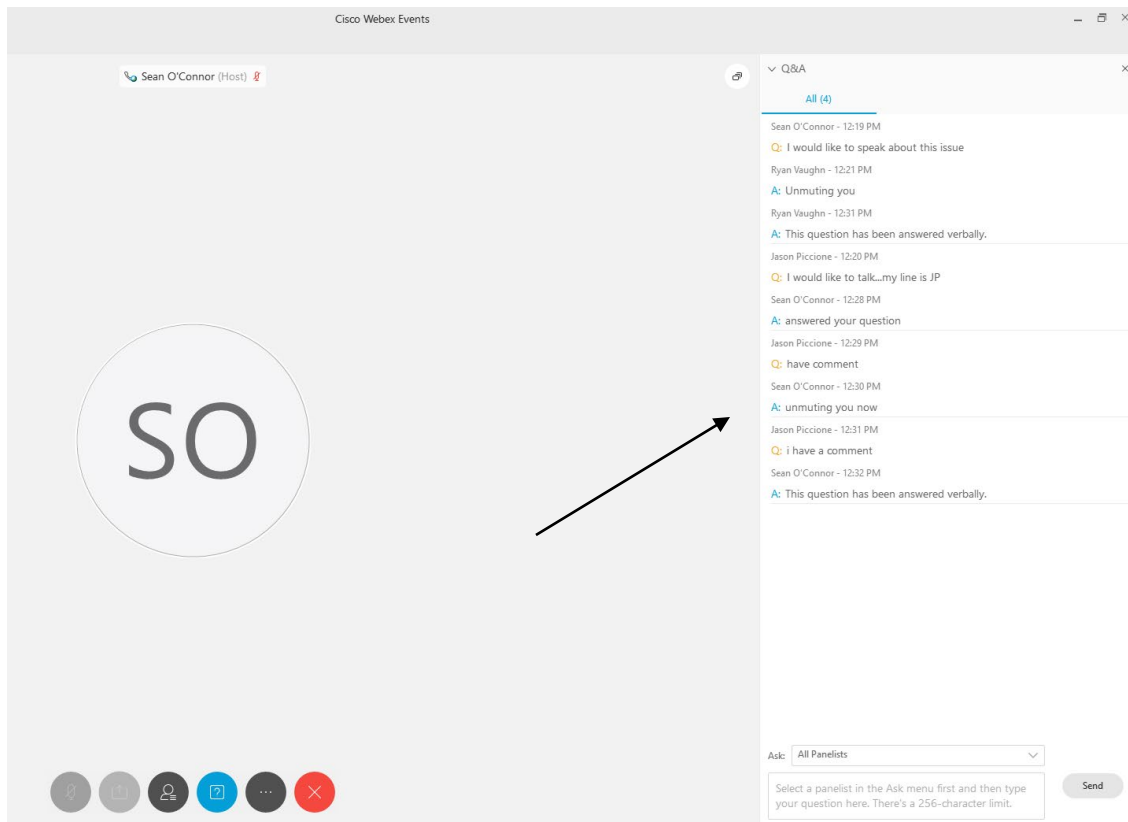
At certain times during the event, the facilitator may call for public comment. If you would like to make a public comment, click on the 'Q and A' button near the bottom, center of your WebEx session.



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.



Member	Present	Absent
Susan Good		
Denise Davis		
Carmen Dones		
Noel Kelsch		
Timothy Martinez		
Nicolette Moultrie		
Garry Shay		
Evangeline Ward		

Saturday, November 21, 2020

Dental Hygiene Board of California

Agenda Item 1

Roll Call & Establishment of Quorum

Board Secretary to call the Roll.



Saturday, November 21, 2020

Dental Hygiene Board of California

Agenda Item 2

Public Comment for Items Not on the Agenda.

[The Board may not discuss or act 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, November 21, 2020

Dental Hygiene Board of California

Agenda Item 3

President's Welcome and Report



Saturday, November 21, 2020

Dental Hygiene Board of California

Agenda Item 4

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



Saturday, November 21, 2020

Dental Hygiene Board of California

Agenda Item 5

**Discussion and Possible Action to Approve the
August 29, 2020 Full Board WebEx Teleconference
Meeting Minutes.**



Dental Hygiene Board of California Teleconference Meeting Minutes

Saturday, August 29, 2020

DRAFT

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, Public Health Dentist Member
Vice President – Nicolette Moultrie, RDH Member
Secretary – Garry Shay, Public Member
RDH 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
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 **10:08 a.m.** Secretary Garry Shay completed the roll call and a quorum was established with seven members present.

2. Public Comment for Items Not on the Agenda.

Dr. Melissa Fellman urged the Board to consider regulatory language to be more prescriptive as to time devoted to teaching students versus administrative responsibilities for Dental Hygiene Educational Program Directors.

3. President's Report (Informational Only).

Dr. Martinez stated that due to the continuing Coronavirus (COVID-19) pandemic, the Board changed to virtual meeting methods to inhibit the spread of the virus and foresees this method continuing minimally through the end of the year.

Dr. Martinez reminded the Board's licensee population that they are some of the most highly educated and trained professionals pertaining to infection control and advised them to utilize their knowledge to educate others in the proper use of Personal Protective Equipment (PPE) and infection control procedures and urged all in attendance to follow the accepted actions to inhibit the spread of the virus by social distancing, wearing masks, and utilizing personal hygiene best practices.

There was no Board member or public comment.

4. Update from the Department of Consumer Affairs (DCA) Executive Staff on DCA Staffing and Activities (Informational Only).

Carrie Holmes, DCA Deputy Director, Board and Bureau Relations updated the Board on the role of DCA Board and Bureau relations. Additionally, she updated the Board on the new leadership team at the Business, Consumer Services, and Housing Agency as well as at DCA. Ms. Holmes advised the Board of four new reports developed by the Budget Office and the Office of Informational Services at DCA to allow the Board access to more accurate business reporting tools.

Ms. Holmes reported on the DCA Regulations Unit which was developed to assist the Board with regulation packages and advised that testing of the new Cherwell submission platform is complete and will be reviewed to allow for all DCA Board and Bureau usage.

Ms. Holmes reported on DCA's response to the COVID-19 pandemic and advised of the status of waivers to the law requested by Boards and Bureaus within DCA, and advised that Boards review regulations for ongoing, permanent changes.

There was no Board member or public comment.

5. Discussion and Possible Action to Approve the May 29, 2020 Full Board WebEx Teleconference Meeting Minutes.

Motion: Garry Shay moved to approve the May 29, 2020 Full Board WebEx Teleconference Meeting Minutes.

Second: Susan Good.

Member discussion: None.

Public comment: None.

Vote: Motion to approve the May 29, 2020 Full Board WebEx Teleconference Meeting Minutes. Passed 6:0:1.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt			X (Lost connection.)
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay	X		
Evangeline Ward	X		

6. Executive Officer's Report (Informational Only).

COVID-19:

Executive Officer (EO) Anthony Lum reported that the Board office reopened as of mid-June to normal operational hours of 8 – 5 and that staff have adapted well to teleworking on a rotational schedule to be in the office for coverage while our public counter is open, with no programmatic functions disrupted.

EO Lum reported that on August 27, 2020, the DCA Director approved a new CE waiver (DCA 20-53) that allows licensees whose licenses expire or expired at the end of March – October 2020 to temporarily waive CE requirements to renew their licenses. For any licensees who has or had a CE deficiency to renew their license at the time of expiration, they will have until the waiver expiration date, which is February 27, 2021 to complete the deficient CE hours unless the waiver is amended and extended. This waiver supersedes the prior 2 authorized CE waivers issued which were withdrawn.

EO Lum reported that DCA approved to temporarily waive the wet laboratory requirement for prerequisite biomedical science courses for prospective dental hygiene students. This waiver (DCA 20-35) was effective as of July 13, 2020 and expires 60 days from that date unless amended and extended. The tentative expiration date is September 11, 2020. He communicated a request to the administration to have this waiver extended until the end of the year because of the

normal length of the courses being a quarter or semester in length, but no official notification has been released and the waiver will be reassessed soon.

Personnel:

EO Lum reported on staffing changes and advised that Brittany Elliott who was our Citation and Fine Analyst, will now assume the Probation Monitoring functions and continue the citation and fine desk until the position can be backfilled. Additionally, the Board hired Sabra D'Ambrosio to work the Board's continuing education program and an additional Licensing Analyst position was filled and that person will start working in September.

Budget:

EO Lum reported on the current FY 2020/21 budget, the Budget Expenditure Report for FY 2019/20, and the latest Fund Condition. Additionally, he advised that the Board will probably need to review methods to increase revenue in the near future.

Board Comment: Noel Kelsch voiced concern as to the staff pay-cuts due to the State Budget and acknowledged staff for their diligent work efforts.

There was no Board member or public comment.

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

Dr. Thomas Stewart, DBC President, reported on current DBC activities and Board member appointments. Additionally, Dr. Stewart reported that the availability of online WebEx meetings has enhanced the Board's outreach and have been fiscally advantageous for the DBC.

Dr. Stewart reported on COVID-19 pandemic impact on the DBC, education, and licensee population. He reported measures taken by the DBC to address the impact on education, including acceptance of alternative testing options.

There was no Board member or public comment.

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.

Executive Officer Anthony Lum reported that at the May 29, 2020 WebEx Teleconference Board meeting, the Board requested and authorized the 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. Submissions reviewed by OPES included the Western Regional Examination Board (WREB) 2020 Dental Hygiene Objective Structured Clinical Examination (OSCE), the Central Regional Dental Testing Services (CRDTS) 2020 Dental Hygiene Simulated Patient Clinical Examination (Simulated Patient DHE), and the American Board of Dental Examiners, Inc. (ADEX) Manikin Treatment Clinical Examination (MTCE).

Heidi Lincer, Chief of OPES and Tracy Montez, Chief of DCA's Policy and Program Review Division presented the process for review of the non-patient-based examination formats and the results of the review. Based on the results of this evaluation, OPES determined that the non-patient-based examination formats offered by ADEX, CRDTS, and WREB are not viable alternatives to the patient-based clinical examinations at this time.

Motion: Susan Good moved for the Board to decline the proposed alternative licensure examinations as proposed by WREB, CRDTS, and ADEX in place of the current patient-based clinical examinations based upon OPES's recommendation that none of the examinations could establish validation as an adequate substitute alternative to the live, in-person dental hygiene clinical examination. The Board requests for the exam administrators to revise their respective alternative examinations and propose them to the Board at a future meeting date for approval consideration.

Second: Garry Shay.

Member discussion: Discussion took place regarding the proposed alternative licensure examinations as proposed by WREB, CRDTS, and ADEX in place of the current clinical examinations.

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.

Vote: Motion for the Board to decline the proposed alternative licensure examinations as proposed by WREB, CRDTS, and ADEX in place of the current clinical examinations based upon OPES's recommendation that none of the examinations could establish validation as an adequate substitute alternative to the live, patient-based dental hygiene clinical examination. The Board requests for the exam administrators to revise their respective

alternative examinations and propose them to the Board at a future meeting date for consideration. Failed 2:5:0.

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		

Motion: Dr. Michelle Hurlbutt moved for the Board to temporarily accept the mannequin-based alternative licensure examinations as proposed by CRDTS and ADEX, and a mannequin-based WREB exam, if available, in addition to the current clinical examinations due to the COVID-19 pandemic from August 29, 2020 until March 31, 2021 and reassess the examinations at the November 2020 Board meeting.

Second: Noel Kelsch.

Member discussion: Further discussion took place regarding the proposed alternative licensure examinations as proposed by WREB, CRDTS, and ADEX in place of the current clinical examinations.

Public comment: Many additional 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.

Vote: Motion for the Board to temporarily accept the mannequin-based alternative licensure examinations as proposed by CRDTS and ADEX, and a mannequin-based WREB exam, if available, in addition to the current clinical examinations due to the COVID-19 pandemic from August 29, 2020 until March 31, 2021 and reassess at the November 2020 Board meeting. Passed 5:2:0.

Name	Aye	Nay	Abstain
Susan Good		X	

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

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.

Dr. Adina Pineschi-Petty reported that 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. Dr. Pineschi-Petty recommended to the Board to re-review the 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.

Motion: Garry Shay moved for the Board to approve the proposed amended language for 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 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.

Second: Nicolette Moultrie.

Member discussion: Member discussion took place regarding proposed amended regulatory package: 16 CCR section 1104.3: Reviews, Site Visits, Citation and Fine, and Probationary Status for Dental Hygiene Educational Programs.

Public comment: None.

Vote: Motion for the Board to approve the proposed amended language for 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 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. 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		

10. Discussion and Possible Action on Proposed Amended Regulatory Package: 16 CCR Section 1105: Requirements for RDH Educational Programs.

Dr. Adina Pineschi-Petty reported that 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 16 CCR section 1105. Dr. Pineschi-Petty recommended to the Board to re-review the 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.

Motion: Nicolette Moultrie moved for the Board to approve the proposed amended language for 16 CCR section 1105 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 1105.

Second: Garry Shay.

Member discussion: Discussion took place regarding proposed amended regulatory package: 16 CCR Section 1105: Requirements for RDH Educational Programs.

Public comment: None.

Vote: Motion for the Board to approve the proposed amended language for 16 CCR section 1105 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 1105. 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		

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.

Dr. Adina A. Pineschi-Petty reported that 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. She advised the Board that pursuant to BPC section 1944 (a), the 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. Dr. Pineschi-Petty recommended for 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.

Motion: Garry Shay moved for 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 1105.2 as noticed.

Second: Susan Good.

Member discussion: Discussion took place regarding the 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.

Public comment: The public voiced concerns with regard to Board oversight of the out-of-state programs and requested the Board to consider those approved out-of-state programs to submit tracking forms, in addition to the biennial reports.

No further comments.

Vote: Motion for 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 1105.2 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		

12. Discussion and Possible Action on Proposed Regulatory Package: 16 CCR Section 1117: Reporting Dental Relationships Between Registered Dental Hygienists in Alternative Practice (RDHAP) and Licensed Dentists.

Dr. Adina A. Pineschi-Petty reported the Board is only informed of the relationship between an RDHAP and dentist when an RDH applies for the RDHAP license and stated that currently, there is no ongoing provision in regulation to report the relationship of a RDHAP with a licensed dentist who is available for referral, consultation, and emergency services for the RDHAP’s patients of record. She stated 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. Dr. Pineschi-Petty recommended to the Board to review the proposed language and associated form, 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.

Motion: Nicolette Moultrie moved for the Board to approve the amended proposed language including removal of “and” between “dentist” and “located” in subdivision (a) and amended associated form (adding “application number or” to “RDHAP License Number”) for 16 CCR 1117 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.

Second: Evangeline Ward

Member discussion: Discussion took place regarding proposed regulatory package: 16 CCR Section 1117: Reporting Dental Relationships Between Registered Dental Hygienists in Alternative Practice (RDHAP) and Licensed Dentists.

Public comment:

The public voiced concerns regarding reporting requirements of the RDHAP/Dentist relationship as some RDHAPs are unsure of their initial use of the license and may not have an initial RDHAP/Dentist relationship, and that the reporting requirement may be considered as a hurdle which could limit access to care.

Vote: Motion for the Board to approve the amended proposed language including removal of “and” between “dentist” and “located” in subdivision (a) and amended associated form (adding “application number or” to “RDHAP License Number”) for 16 CCR 1117 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. Passed 6:0:1.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay			X (Left meeting at 12:05)
Evangeline Ward	X		

13. Discussion and Possible Action on Proposed Statutory Language Amendments to BPC Section 1903: Board Member Terms (staggering).

Executive Officer Anthony Lum reported that 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.

Executive Officer Lum requested for the Board to consider the proposed amended statutory language as presented in the meeting materials, determine whether additional information or language is required, and direct staff to complete the draft of proposed statutory language and seek sponsored legislation for 2021.

Motion: Dr. Michelle Hurlbutt moved for the Board to table the discussion on the proposed amended language for BPC section 1903, direct staff to work on the statutory language, and bring back to the November 20, 2020 meeting.

Second: Noel Kelsch.

Member discussion: Discussion took place regarding proposed amendments to statutory language for BPC Section 1903: Board Member Terms.

Public comment: None.

Vote: Motion for the Board to table the discussion on the proposed amended language for BPC section 1903, direct staff to work on the statutory language, and bring back to the November 2020 Board meeting. Passed 4:2:1.

Name	Aye	Nay	Abstain
Susan Good		X	
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay			X (Left meeting at 12:05)
Evangeline Ward		X	

14. Discussion and Possible Action on Proposed Statutory Language Amendments to BPC Section 1917.1: Clinical Work Hour Accumulation.

Executive Officer Anthony Lum reported that 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. He stated that 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.

Executive Officer Lum requested for the Board to consider the proposed amended statutory language, determine whether additional information or language is required, and direct staff to complete the draft of proposed statutory language and seek sponsored legislation for 2021.

Motion: Susan Good moved for the Board to approve the proposed amended language for BPC section 1917.1 and direct staff to seek sponsored legislation for 2021.

Second: Evangeline Ward.

Member discussion: Discussion took place regarding proposed amendments to statutory language for BPC Section 1917.1: Clinical Work Hour Accumulation.

Public comment: None.

Vote: Motion for the Board to approve the proposed amended language for BPC section 1917.1 and direct staff to seek sponsored legislation for 2021. Failed 2:4:0.

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 (Left meeting at 12:05)
Evangeline Ward	X		

15. Discussion and Possible Action on Proposed Statutory Language Amendments to BPC Section 1926.1: Operation of Mobile Dental Hygiene Clinics; Requirements.

Dr. Adina Pineschi-Petty reported that 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.

Dr. Pineschi-Petty requested for the Board to consider the proposed amended statutory language, determine whether additional information or language is required, and direct staff to complete the draft of proposed statutory language and seek sponsored legislation for 2021.

Motion: Dr. Michelle Hurlbutt moved for the Board to approve the proposed amended language for BPC section 1926.1 and direct staff to seek sponsored legislation for 2021.

Second: Evangeline Ward

Member discussion: Discussion took place regarding proposed amendments to statutory language for BPC section 1926.1: Operation of Mobile Dental Hygiene Clinics; Requirements.

Public comment: Public comments cited concerns that language removed from BPC section 1926.1 would limit the ability for an RDHAP to obtain a MDHC permit and requested for the Board to establish permanent regulations to allow applications for mobile dental hygiene clinics.

Vote: Motion for the Board to approve the proposed amended language for BPC section 1926.1 and direct staff to seek sponsored legislation for 2021. Passed 5:0:2.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch			X (Not available.)
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay			X (Left meeting at 12:05)
Evangeline Ward	X		

16. Discussion and Possible Action on Proposed Statutory Language Amendments to BPC Section 1926.3: Registered Dental Hygienist in Alternative Practice; Registration; Time Period.

Dr. Adina Pineschi-Petty reported that in existing law, RDHAPs 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. She stated that 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.

Dr. Pineschi-Petty requested for the Board to consider the proposed amended statutory language, determine whether additional information or language is required, and direct staff to complete the draft of proposed statutory language and seek sponsored legislation for 2021.

Motion: Noel Kelsch moved for the Board to table the discussion on the proposed amended language for BPC section 1926.3, direct staff to work on the statutory language with the RDHAP Representative and bring back to the November 2020 Board meeting.

Second: Dr. Michelle Hurlbutt.

Member discussion: Discussion took place regarding proposed amendments to statutory language for BPC section 1926.3: Registered Dental Hygienist in Alternative Practice; Registration; Time Period.

Public comment: Public comments requested for the Board to review the statutory language with RDHAP representatives to ensure RDHAP facility oversight is equitable among portable, mobile, and brick and mortar facilities.

Vote: Motion for the Board to table the discussion on the proposed amended language for BPC section 1926.3, direct staff to work on the statutory language with the RDHAP Representative and bring back to the November 2020 Board meeting. Passed 6:0:1.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay			X (Left meeting at 12:05)
Evangeline Ward	X		

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.

Dr. Adina Pineschi-Petty reported that 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.

Dr. Pineschi-Petty requested for the Board to consider the proposed amended statutory language, determine whether additional information or language is required, and direct staff to complete the draft of proposed statutory language and seek sponsored legislation for 2021.

Motion: Nicolette Moultrie moved for the Board to approve the proposed amended language, with addition of “any required” between “seeking” and “approval” in

subdivision (b) for BPC section 1941 and direct staff to seek sponsored legislation for 2021.

Second: Noel Kelsch.

Member discussion: Discussion took place regarding BPC section 1941: Addition of RDHAP and RDHEF to subdivisions (b) and (c) for congruency.

Public comment: Public comments proposed concerns regarding RDHAP programs requiring feasibility studies prior to opening.

Vote: Motion for the Board to approve the proposed amended language, with addition of “any required” between “seeking” and “approval” in subdivision (b), for BPC section 1941 and direct staff to seek sponsored legislation for 2021. Passed 6:0:1.

Name	Aye	Nay	Abstain
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie	X		
Garry Shay			X (Left meeting at 12:05)
Evangeline Ward	X		

18. Legislative Update (Informational Only).

Dr. Adina Pineschi-Petty updated the Board on the current status of legislation that is of interest to the Board.

No Board or public comment.

19. Future Agenda Items.

1. 1105.1: Dental Hygiene Educational Program Director to define majority of time devoted to program management. (Board)
2. Long-term examination methods with a taskforce formed. (Board)
3. Review of RDHAP practice setting statutory language with Board staff, Legal Counsel, and the Board RDHAP Representative. (Board)
4. Disciplinary Guidelines. (Board)
5. RDHAP mobile dental unit applications. (Public Comment)

The meeting proceeded into Closed Session where enforcement issues were discussed.

20. Adjournment

Meeting was adjourned at **7:30 p.m.**

DRAFT



Saturday, November 21, 2020

Dental Hygiene Board of California

Agenda Item 6

Executive Officer's Report on the Following:

- a) COVID-19**
- b) Personnel**
- c) Budget**
- d) Clinical Examination Update**
- e) Administration**



Division of Programs and Policy Review
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MEMORANDUM

DATE	November 2, 2020
TO	Anthony Lum, Executive Officer Dental Hygiene Board of California
FROM	<i>Tracy Montez</i> Tracy Montez, Ph.D., Chief Division of Programs and Policy Review
SUBJECT	Follow-Up on Viability of Registered Dental Hygienist Non-patient-based Clinical Examinations

Earlier this year, the Dental Hygiene Board (DHB) asked the Office of Professional Examination Services (OPES) to evaluate the viability of Registered Dental Hygienist (RDH) non-patient-based clinical examinations offered by the American Board of Dental Examiners (ADEX), the Central Regional Dental Testing Services, Inc. (CRDTS), and the Western Regional Examining Board (WREB). OPES presented the results of its study at the August 29, 2020 board meeting. At that meeting, the DHB asked OPES to evaluate any additional data that would become available between the August and November board meetings. Limited data was available at the time of the OPES study.

The purpose of this memo is to follow up on this request.

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. ADEX, CRDTS, and WREB are offering alternative, non-patient-based examination formats, replacing live patients with typodonts or a written objective structured clinical examination.

In the OPES memo dated August 17, 2020, it was reported that:

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)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

¹ 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.

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.

To date, no additional data has been presented to OPES to modify the conclusions presented in the August 17, 2020 memo.

OPES stands by its initial conclusions and recommends that the Board do the following:

- Accept the results of only patient-based examinations at this time.
- Consider format changes based on psychometric evidence that supports the examination format as a valid measure of the knowledge and skills required for practice, and not as a response to the COVID-19 pandemic.
- Evaluate whether a knowledge-based examination is a robust enough format to measure competence for entry into RDH practice, or whether a clinical examination is also necessary.
- Assess whether the clinical requirements of dental hygiene education programs 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 DHB with implementing the above recommendations and to conduct any additional psychometric evaluations that are needed to comply with Business and Professions Code section 139.

cc: Heidi Lincer, Ph.D., Chief, Office of Professional Examination Services



MEMORANDUM

DATE	November 21, 2020
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	FULL 7: Election of Officers

Current Officers:

President	Timothy Martinez
Vice President	Nicolette Moultrie
Secretary	Garry Shay

Nominations for New Officers:

President	
Vice President	
Secretary	

Member	Aye	Nay	Other
Susan Good			
Denise Davis			
Carmen Dones			
Noel Kelsch			
Timothy Martinez			
Nicolette Moultrie			
Garry Shay			
Evangeline Ward			

Staff Recommendation:

Continue existing officers for another year.



MEMORANDUM

DATE	November 21, 2020
TO	Dental Hygiene Board of California
FROM	Anthony Lum, Executive Officer Dental Hygiene Board of California
SUBJECT	FULL 8: Proposed DHBC Meeting Dates for 2021 and 2022

The scheduled Board meetings have temporarily changed from an in-person format to an online format due to the pandemic. Once the environment changes to where everyone can meet safely, the format may be changed back to in-person meetings at locations throughout the state once locations are obtained. Please keep in mind, however, that we've had the highest number of participants at board meetings conducted through WebEx Teleconference than in-person meetings, so we're reaching more people and experiencing increased public participation through teleconference. Also, for meeting efficiencies, I have elected to bypass subcommittee meetings unless they are needed to conduct our business.

Staff has researched and reviewed the following proposed meeting dates for 2021 and 2022 which hopefully do not conflict with any holidays or major events and present it to the Board for approval.

2021

Saturday, March 20, 2021
 Saturday, July 17, 2021
 Saturday, November 20, 2021

2022

Saturday, March 19, 2022
 Saturday, July 23, 2022
 Saturday, November 19, 2022

365 January 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
53						1	2
1	3	4	5	6	7	8	9
2	10	11	12	13	14	15	16
3	17	18	19	20	21	22	23
4	24	25	26	27	28	29	30
5	31						

365 February 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
5		1	2	3	4	5	6
6	7	8	9	10	11	12	13
7	14	15	16	17	18	19	20
8	21	22	23	24	25	26	27
9	28						

365 March 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
9		1	2	3	4	5	6
10	7	8	9	10	11	12	13
11	14	15	16	17	18	19	20
12	21	22	23	24	25	26	27
13	28	29	30	31			

365 April 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
13					1	2	3
14	4	5	6	7	8	9	10
15	11	12	13	14	15	16	17
16	18	19	20	21	22	23	24
17	25	26	27	28	29	30	

365 May 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
17							1
18	2	3	4	5	6	7	8
19	9	10	11	12	13	14	15
20	16	17	18	19	20	21	22
21	23	24	25	26	27	28	29
22	30	31					

365 June 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
22			1	2	3	4	5
23	6	7	8	9	10	11	12
24	13	14	15	16	17	18	19
25	20	21	22	23	24	25	26
26	27	28	29	30			

365 July 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
26					1	2	3
27	4	5	6	7	8	9	10
28	11	12	13	14	15	16	17
29	18	19	20	21	22	23	24
30	25	26	27	28	29	30	31

365 August 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
31	1	2	3	4	5	6	7
32	8	9	10	11	12	13	14
33	15	16	17	18	19	20	21
34	22	23	24	25	26	27	28
35	29	30	31				

365 September 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
35				1	2	3	4
36	5	6	7	8	9	10	11
37	12	13	14	15	16	17	18
38	19	20	21	22	23	24	25
39	26	27	28	29	30		

365 October 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
39						1	2
40	3	4	5	6	7	8	9
41	10	11	12	13	14	15	16
42	17	18	19	20	21	22	23
43	24	25	26	27	28	29	30
44	31						

365 November 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
44		1	2	3	4	5	6
45	7	8	9	10	11	12	13
46	14	15	16	17	18	19	20
47	21	22	23	24	25	26	27
48	28	29	30				

365 December 2021

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
48				1	2	3	4
49	5	6	7	8	9	10	11
50	12	13	14	15	16	17	18
51	19	20	21	22	23	24	25
52	26	27	28	29	30	31	

- 1 Jan** New Year's Day
- 18 Jan** Martin Luther King Day
- 12 Feb** Lincoln's Birthday
- 14 Feb** Valentine's Day
- 15 Feb** Presidents Day
- 16 Feb** Mardi Gras Carnival
- 14 Mar** Daylight Saving (Start)

- 17 Mar** St. Patrick's Day
- 1 Apr** April Fool's Day
- 2 Apr** Good Friday
- 4 Apr** Easter
- 5 Apr** Easter Monday
- 5 May** Cinco de Mayo
- 9 May** Mother's Day

- 15 May** Armed Forces Day
- 23 May** Pentecost
- 24 May** Pentecost Monday
- 31 May** Memorial Day
- 14 Jun** Flag Day
- 20 Jun** Father's Day
- 4 Jul** Independence Day

- 6 Sep** Labor Day
- 11 Sep** September 11th
- 17 Sep** Citizenship Day
- 24 Sep** Native American Day
- 11 Oct** Columbus Day
- 16 Oct** Boss's Day
- 16 Oct** Sweetest Day

- 31 Oct** Halloween
- 7 Nov** Daylight Saving (End)
- 11 Nov** Veterans' Day
- 25 Nov** Thanksgiving
- 7 Dec** Pearl Harbor
- 25 Dec** Christmas Day
- 31 Dec** New Year's Eve

Calendar & Holidays



365 January 2022

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
52							1
1	2	3	4	5	6	7	8
2	9	10	11	12	13	14	15
3	16	17	18	19	20	21	22
4	23	24	25	26	27	28	29
5	30	31					

365 February 2022

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
5			1	2	3	4	5
6	6	7	8	9	10	11	12
7	13	14	15	16	17	18	19
8	20	21	22	23	24	25	26
9	27	28					

365 March 2022

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
9			1	2	3	4	5
10	6	7	8	9	10	11	12
11	13	14	15	16	17	18	19
12	20	21	22	23	24	25	26
13	27	28	29	30	31		

365 April 2022

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
13						1	2
14	3	4	5	6	7	8	9
15	10	11	12	13	14	15	16
16	17	18	19	20	21	22	23
17	24	25	26	27	28	29	30

365 May 2022

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
18	1	2	3	4	5	6	7
19	8	9	10	11	12	13	14
20	15	16	17	18	19	20	21
21	22	23	24	25	26	27	28
22	29	30	31				

365 June 2022

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
22			1	2	3	4	
23	5	6	7	8	9	10	11
24	12	13	14	15	16	17	18
25	19	20	21	22	23	24	25
26	26	27	28	29	30		

365 July 2022

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
26						1	2
27	3	4	5	6	7	8	9
28	10	11	12	13	14	15	16
29	17	18	19	20	21	22	23
30	24	25	26	27	28	29	30
31	31						

365 August 2022

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
31		1	2	3	4	5	6
32	7	8	9	10	11	12	13
33	14	15	16	17	18	19	20
34	21	22	23	24	25	26	27
35	28	29	30	31			

365 September 2022

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
35					1	2	3
36	4	5	6	7	8	9	10
37	11	12	13	14	15	16	17
38	18	19	20	21	22	23	24
39	25	26	27	28	29	30	

365 October 2022

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
39							1
40	2	3	4	5	6	7	8
41	9	10	11	12	13	14	15
42	16	17	18	19	20	21	22
43	23	24	25	26	27	28	29
44	30	31					

365 November 2022

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
44		1	2	3	4	5	
45	6	7	8	9	10	11	12
46	13	14	15	16	17	18	19
47	20	21	22	23	24	25	26
48	27	28	29	30			

365 December 2022

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
48					1	2	3
49	4	5	6	7	8	9	10
50	11	12	13	14	15	16	17
51	18	19	20	21	22	23	24
52	25	26	27	28	29	30	31

- 1 Jan** New Year's Day
- 17 Jan** Martin Luther King Day
- 12 Feb** Lincoln's Birthday
- 14 Feb** Valentine's Day
- 21 Feb** Presidents Day
- 1 Mar** Mardi Gras Carnival
- 13 Mar** Daylight Saving (Start)

- 17 Mar** St. Patrick's Day
- 1 Apr** April Fool's Day
- 15 Apr** Good Friday
- 17 Apr** Easter
- 18 Apr** Easter Monday
- 5 May** Cinco de Mayo
- 8 May** Mother's Day

- 21 May** Armed Forces Day
- 30 May** Memorial Day
- 5 Jun** Pentecost
- 6 Jun** Pentecost Monday
- 14 Jun** Flag Day
- 19 Jun** Father's Day
- 4 Jul** Independence Day

- 5 Sep** Labor Day
- 11 Sep** September 11th
- 17 Sep** Citizenship Day
- 23 Sep** Native American Day
- 10 Oct** Columbus Day
- 15 Oct** Sweetest Day
- 17 Oct** Boss's Day

- 31 Oct** Halloween
- 6 Nov** Daylight Saving (End)
- 11 Nov** Veterans' Day
- 24 Nov** Thanksgiving
- 7 Dec** Pearl Harbor
- 25 Dec** Christmas Day
- 31 Dec** New Year's Eve

Calendar & Holidays

2022

Calendar-365.com



MEMORANDUM

DATE	November 21, 2020
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer Presented by Adina A. Pineschi-Petty, DDS Education, Legislation, and Regulatory Specialist
SUBJECT	FULL 9: Discussion and Possible Action on the Following Proposed Regulatory Package: 16 CCR Sections 1135, 1136, and 1137 Substantial Relationship Criteria and Criteria for Evaluating Rehabilitation.

Background:

Pursuant to Business and Professions Code sections 141, 475, and 480, under existing law, boards may deny or discipline a license based upon discipline imposed by California, another state, an agency of the federal government, or another country for any act substantially related to the licensed profession.

Effective July 1, 2020, Assembly Bill 2138 (Chapter 995, Statutes of 2018) requires boards to amend their existing regulations governing substantially-related crimes or acts, and rehabilitation criteria.

Business and Professions Code section 480 presently authorizes boards to deny an application for licensure based on a conviction for a crime or act substantially related to the licensed business or profession. Likewise, section 490 authorizes boards to suspend or revoke a license on the basis that the licensee was convicted of a crime substantially related to the qualifications, functions, or duties of the business or profession.

At the Dental Hygiene Board of California’s (Board) April 12-13, 2019 meeting, the regulatory proposal was presented to the Board for its review and approval. 16 CCR section 1135 establishes the criteria for determining when a crime is substantially related to the qualifications, functions and duties of a licensee. 16 CCR sections 1136 and 1137 establish the criteria for determining rehabilitation of an applicant or licensee when considering the denial, suspension, revocation or reinstatement of a license on the basis of a criminal conviction. The Board approved the proposed language and delegated authority to the Board’s executive officer to make any technical, non-substantive changes, if necessary.

Additionally, at the Board's May 29, 2020 WebEx teleconference, the Board addressed comments received on March 2, 2020 and May 18, 2020 on the Board's proposed regulations implementing Assembly Bill (AB) 2138 and approved amended proposed regulatory language in response to changes in language that the Office of Administrative Law (OAL) proposed to other boards.

On September 28, 2020, the Board was notified by OAL that they have been meeting with the Department of Consumer Affairs (DCA) in an effort to come up with clear language that is common to the DCA boards implementing AB 2138 and has agreed to certain language. OAL is allowing DCA boards to amend text to conform to this language as non-substantive changes so as to be consistent with the statute and with each other. However, one amendment proposed by OAL was a substantive change, required a 15-day notice period, and was noticed to the public on October 14, 2020.

On October 14, 2020, the Board received comments on the Board's proposed regulations implementing Assembly Bill (AB) 2138. Staff has prepared the following document which summarizes the comments and proposes a response for the Board's approval.

Staff Recommendation:

Staff recommends for the Board to consider and approve the response drafted to address comments received on October 14, 2020.

Additionally, in response to amended language proposed by OAL, staff recommends to the Board to review and approve the amended proposed regulatory language relative to substantial relationship criteria and criteria for evaluating rehabilitation, and in addition, direct staff to take all steps necessary to complete the rulemaking process, 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.

Pros: If the Board approves the addressed comments, and as the proposed regulatory language fulfills the new requirements to evaluate applications with a criminal history as set forth in AB 2138 and if approved, the Board will meet the department's deadline.

Cons: If the proposed comments and regulatory language is not approved, the Board will not have adequate time for the regulation to proceed through the current regulatory process pursuant to the Administrative Procedures Act.



(Proposed Deletion in Strikeout; Proposed Addition in Underline)

Article 10. Uniform Standards Related to Substance Abuse and Disciplinary Guidelines Denials, Discipline, and Reinstatement

SECOND MODIFIED TEXT

Proposed amendments to the regulatory language are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

Modifications to the proposed regulatory language are shown in double underline for new text and ~~double strikethrough~~ for deleted text.

Second modifications to the proposed regulatory language are shown in *italicized double underline* for new text and ~~*italicized double strikethrough*~~ for deleted text.

To add section 1135 in Article 10 of Division 11 of Title 16 of the California Code of Regulations to read as follows:

1135. Substantial Relationship Criteria.

(a) For the purposes of the denial, suspension or revocation of a license pursuant to Section 141, ~~or~~ Division 1.5 (commencing with Section 475), or **Sections 1950, 1950.5, or 1952** of the Code, a crime, professional misconduct, or act shall be considered to be substantially related to the qualifications, functions or duties of a dental hygienist, dental hygienist in alternative practice, or a dental hygienist in extended functions if, to a substantial degree, it evidences present or potential unfitness of a person holding a license to perform the functions authorized by the license in a manner consistent with the public health, safety or welfare.

(b) In making the substantial relationship determination required under subdivision (a) for a crime, the Dental Hygiene Board of California (Board) shall consider the following criteria:

(1) The nature and gravity of the offense;

(2) The number of years elapsed since the date of the offense; and

(3) The nature and duties of a dental hygienist, dental hygienist in alternative practice, or a dental hygienist in extended functions;

(c) For purposes of subdivision (a), substantially related crimes, professional misconduct, or acts shall include, but are not limited to, the following:

(1) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of Chapter 1 of Division 2 (commencing with Section 500) of the Code.

(2) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of the Dental Practice Act (Chapter 4 of Division 2, commencing with Section 1600, of the Code) or other state or federal laws governing the practice of dental hygienists, dental hygienists in alternative practice, and dental hygienists in extended functions.

(3) Conviction or act involving fiscal dishonesty.

(4) Conviction or act involving child abuse.

(5) A conviction requiring a person to register as a sex offender pursuant to Section 290 of the Penal Code.

(6) Conviction or act involving lewd conduct or sexual impropriety.

~~(7) Conviction or act involving assault, battery, or other violence. Assaultive or abusive conduct as defined in Penal Code section 11160, subdivision (d).~~

(8) Any **criminal** conviction, **crime**, professional misconduct, or act involving the use, sale, gift, administration, furnishing of narcotics, ~~or~~ dangerous drugs or dangerous devices (Section 4022 of the Code) to an extent or in a manner dangerous to the individual or the public.

(9) Conviction for driving under the influence of drugs or alcohol.

Note: Authority cited: Sections 481, **493**, 1905, and 1906, Business and Professions Code. Reference: Sections 141, 480, 481, 490, ~~and~~ 493, **1950, 1950.5, and 1952**, Business and Professions Code.



Proposed Regulation for Rehabilitation Criteria for Denials and Reinstatements.

SECOND MODIFIED TEXT

Proposed amendments to the regulatory language are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

Modifications to the proposed regulatory language are shown in double underline for new text and ~~double strikethrough~~ for deleted text.

Second modifications to the proposed regulatory language are shown in *italicized double underline* for new text and ~~italicized double strikethrough~~ for deleted text.

To add section 1136 in Article 10 of Division 11 of Title 16 of the California Code of Regulations to read as follows:

1136. Rehabilitation Criteria for Denials and Reinstatements.

- (a) When considering the denial of a license under Section 480 of the Code on the ground that the applicant ~~was has been~~ convicted of a crime, the Dental Hygiene Board of California (Board) shall consider whether the applicant made a showing of rehabilitation ~~and is presently eligible for a license~~, if the applicant completed the criminal sentence at issue without a violation of parole or probation. In making this determination, the Board shall consider the following criteria:
- (1) The nature and gravity of the crime(s) under consideration.
 - (2) The length(s) of the applicable parole or probation period(s).
 - (3) The extent to which the applicable parole or probation period was shortened or lengthened, and the reason(s) the period was modified.
 - (4) The terms or conditions of parole or probation and the extent to which they bear on the applicant's rehabilitation.
 - (5) The extent to which the terms or conditions of parole or probation were modified, and the reason(s) for modification.

(b) If the applicant has not completed the criminal sentence at issue without a violation of parole or probation, the board determines that the applicant did not make the showing of rehabilitation based on the criteria in subdivision (a), the denial is based on professional misconduct, or the denial is based on Sections 1943 or 1958.1 of the code, If subdivision (a) is inapplicable, or the Board determines that the applicant did not make the showing of rehabilitation based on the criteria in subdivision (a), the Board shall apply the following criteria in evaluating an applicant's rehabilitation. The Board shall find that the applicant made a showing of rehabilitation and is presently eligible for a license if, after consideration of the following criteria, the Board finds that the applicant is rehabilitated:

(1) The nature and ~~severity~~ gravity of the act(s), professional misconduct, or crime(s) under consideration as grounds for denial.

(2) Evidence of any act(s), professional misconduct, or crime(s) committed subsequent to the act(s), professional misconduct, or crime(s) under consideration as grounds for denial under sections 480 or 1943 of the Code.

(3) The time that has elapsed since commission of the act(s), professional misconduct, or crime(s) referred to in subsection (b)(1) or (b)(2).

(4) ~~The extent to which~~ Whether the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.

(5) Evidence, if any, of rehabilitation submitted by the applicant.

(c) When considering a petition for reinstatement of a license or a petition for modification or termination of probation under the provisions of section 1957 of the Code, the Board shall evaluate evidence of rehabilitation submitted by the petitioner considering those criteria specified in this section, as applicable.

NOTE: Authority cited: Sections 480, 481, 482, 1905, and 1906, Business and Professions Code. Reference: Sections 480, 481, 482, 488, 493, 1943, and 1957, and 1958.1, Business and Professions Code.



Proposed Regulation for Rehabilitation Criteria for Suspensions and Revocations.

SECOND MODIFIED TEXT

Proposed amendments to the regulatory language are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

Modifications to the proposed regulatory language are shown in double underline for new text and ~~double strikethrough~~ for deleted text.

Second modifications to the proposed regulatory language are shown in *italicized double underline* for new text and ~~italicized double strikethrough~~ for deleted text.

To add section 1137 in Article 10 of Division 11 of Title 16 of the California Code of Regulations to read as follows:

1137. Rehabilitation Criteria for Suspensions and Revocations.

(a) When considering the suspension or revocation of a license issued by the Dental Hygiene Board of California (Board) **under Section 490 of the Code** on the ground that a person holding a license as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions has been convicted of a crime, the Board shall consider whether the licensee made a showing of rehabilitation ~~and is presently fit for a license~~, if the licensee completed the criminal sentence at issue without a violation of parole or probation. In making this determination, the Board shall consider the following criteria:

- (1) The nature and gravity of the crime(s) under consideration.
- (2) The length(s) of the applicable parole or probation period(s).
- (3) The extent to which the applicable parole or probation period was shortened or lengthened, and the reason(s) the period was modified.
- (4) The terms or conditions of parole or probation and the extent to which they bear on the licensee's rehabilitation.

(5) The extent to which the terms or conditions of parole or probation were modified, and the reason(s) for modification.

(b) If the licensee has not completed the criminal sentence at issue without a violation of parole or probation, the board determines that the licensee did not make the showing of rehabilitation based on the criteria in subdivision (a), the suspension or revocation is based on a disciplinary action as described in Section 141 of the Code, or the suspension or revocation is based on one or more of the grounds specified in Sections 1949, 1950, 1952, 1955, or 1958.1 of the Code, ~~If subdivision (a) is inapplicable, or the Board determines that the licensee did not make the showing of rehabilitation based on the criteria in subdivision (a), the Board shall apply the following criteria in evaluating a licensee's rehabilitation. The Board shall find that the licensee made a showing of rehabilitation and is presently fit for a license if, after considering the following criteria, the Board finds that the licensee is rehabilitated:~~

(1) The nature and ~~severity~~ gravity of the act(s), ~~disciplinary action(s)~~ or crime(s) under consideration.

(2) The total criminal record.

(3) The time that has elapsed since commission of the act(s), ~~disciplinary action(s)~~ or crime(s).

(4) Whether the licensee has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the licensee.

(5) The criteria in subdivision (a)(1) ~~through~~ (5), as applicable.

(6) If applicable, evidence of dismissal proceedings pursuant to section 1203.4 of the Penal Code.

(7) Evidence, if any, of rehabilitation submitted by the licensee.

NOTE: Authority cited: Sections 481, 482, ~~490~~, 1905, and 1906, Business and Professions Code. Reference: Sections 481, 482, 488, 490, 493, ~~1943~~, 1949, 1950, 1952, 1955, ~~and 1957~~, and 1958.1, Business and Professions Code.



Summary of Comments to Proposed Title 16, California Code of Regulations, Sections 1135-1137

A. On October 14, 2020, the Dental Hygiene Board of California (Board) received a letter from Brinton Fickett (E) on the Board's proposed regulations implementing Assembly Bill (AB) 2138. Below are the Board's responses to the comments made therein.

Comment Summary:

This comment states that regardless of proof of rehabilitation, those convicted of crimes should not be rewarded with the opportunity to practice in this profession and that no shortage of dental hygienists would be so great that opening it up to criminals should be considered an option.

Response:

The Board appreciates the sentiment behind the comment but declines to modify the text in response.

The author of letter E incorrectly identifies their opposition to "proposed legislation". Legislation (AB 2138) was already passed and must be acted upon by the Board. The purpose of the notification was to advise as to proposed regulations to clarify substantial relationship criteria and criteria for rehabilitation, as required by AB 2138 (BPC, § 481). Consistent with the requirements enacted by AB 2138, these regulations would adopt all of the following criteria, which would assist the Board in implementing a balanced approach to evaluating an applicant's eligibility for licensure:

1. The nature and gravity of the offense.
2. The number of years elapsed since the date of the offense.
3. The nature and duties of a dental hygienist, dental hygienist in alternative practice, or a dental hygienist in extended functions.

Clarifying how to determine whether a crime is substantially related and clarifying the factors that will be considered when evaluating rehabilitation should assist applicants and licensees with demonstrating their rehabilitation, while protecting the public and maintaining the integrity of the profession.

Accordingly, the Board is making no changes to the proposed regulations in response to this comment.

From: Brinton Fickett
To: [REDACTED]
Subject: Proposed legislation
Date: Wednesday, October 14, 2020 4:38:36 PM

[EXTERNAL]: [REDACTED]

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.....

Good evening,

As an RDH, I would like to weigh in on the proposed legislation that may prevent the denial of licensure due to previous convictions.

Regardless of proof of rehabilitation, this is not a profession for those who commit crimes. Dental hygiene requires the utmost integrity, and therefore it is a privilege to be part of a profession and licensed by a state that holds us to a high standard.

Those convicted of crimes should not be rewarded with the opportunity to practice in this profession. In my opinion, no shortage of dental hygienists would be so great that opening it up to criminals should be considered an option.

Thank you!

Sent from my iPhone



MEMORANDUM

DATE	November 21, 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 1107: RDH Course in Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN).

Background:

At the Board's November 17, 2018 meeting, proposed amendments to California Code of Regulations (CCR), Title 16, section 1107: RDH Course in Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN) was presented to the Board for its review and approval. The Board approved the proposed regulatory amendments to 16 CCR section 1107 and directed 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, authorized the Executive Officer to make any non-substantive changes to the rulemaking package, and if after the close of the 45-day public comment period and public regulatory hearing, if no adverse comments were received, authorized 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 1107.

Staff Recommendation:

Staff recommends to the Board to consider and approve the responses drafted to address public comments received on the Board's proposed amended regulation for 16 CCR 1107 and, if no changes are made to the proposed amended language, direct staff to take all steps necessary to complete the rulemaking process, authorize the Executive Officer to make any non-substantive changes to the proposed regulation, and adopt the proposed text to 16 CCR section 1107.

Pros: If the Board approves the addressed comments, the Board will allow the amended language for 16 CCR 1107 to move forward in the regulatory process.

Cons: If the proposed comments and regulatory language is not approved, 16 CCR 1107 will not be able to move forward in the regulatory process.



Summary of Comments to Proposed Title 16, California Code of Regulations, Sections 1107

A. On July 31, 2020, the Dental Hygiene Board of California (Board) received an email from Cathy DiFrancesco on the Board's proposed amendments to 16 CCR 1107. Below are the Board's responses to the comments made therein.

Comment A-1

Comment Summary:

This comment requests that the Gow Gates nerve block injection remain in section 1107(a)(9)(A). The commenter asserts that the Gow Gates injection is safer, more advantageous, less risky than the inferior alveolar nerve block, easier to teach to students, and more comfortable for the patient.

Response:

The Board has considered this comment, and declines to make any amendments to the regulation text based thereon.

The Board's proposed amendments to the regulation remove the references to individual techniques (such as the Gow Gates technique) to achieve anesthesia and more broadly refer to all injections to the individual nerves as "field blocks" and "nerve blocks." This is necessary to clarify that all techniques classified as field blocks and nerve blocks of the individual nerves are acceptable for education in local anesthesia.

The Gow-Gates technique is an anesthesia technique for the inferior alveolar (IA) nerve. Therefore, it is not necessary to include it since the regulation separately references the IA nerve and would include the Gow Gates technique.

B. On July 31, 2020, the Board received an email from Jennifer Apocotos-Kirk on the Board's proposed amendments to 16 CCR 1107. Below are the Board's responses to the comments made therein.

Comment B-1

Comment Summary:

This comment states that the number of hours of instruction in soft tissue curettage and clinical instruction seem "extensive." The commenter requests the Board clarify didactic and clinical instruction in soft tissue curettage.

Response:

The Board has considered this comment, and declines to make any amendments to the regulation text based thereon.

The Board has not proposed any amendments regarding soft tissue curettage curriculum in this proposal. Accordingly, the commenter's comments are beyond the scope of this rulemaking proposal.

Comment B-2

Comment Summary:

This comment requests clarification of what curettage method must be taught.

Response:

The Board has considered this comment, and declines to make any amendments to the regulation text based thereon.

The Board has not proposed any amendments regarding soft tissue curettage curriculum in in this proposal. Accordingly, the commenter's comments are beyond the scope of this rulemaking proposal.

C. On August 11, 2020, the Board received an email from Tracy Ross on the Board's proposed amendments to 16 CCR 1107. Below are the Board's responses to the comments made therein.

Comment C-1

Comment Summary:

This comment states that the proposed amendments to subdivision (b)(9)(A) do not mention some of the required injections, including the Greater Palatine, Nasopalatine, Intraseptal, and Incisive injections.

Response:

The Board has considered this comment, and declines to make any amendments to the regulation text based thereon.

The Board's proposal removes the references to individual techniques to achieve anesthesia and reference all injections as "field blocks" and "nerve blocks" to all the individual applicable nerves. This amendment is necessary to clarify that all techniques classified as field blocks and nerve blocks of the individual nerves are acceptable for

education in local anesthesia.

The Greater Palatine injection has not been removed from the regulation. The Incisive and Nasopalatine injections have only been relocated in the regulation. The “Intraseptal” is a nerve block technique, not an individual nerve. Therefore, the regulation requires the technique to be taught as part of the nerve block technique for each individual nerve.

Comment C-2

Comment Summary:

This comment proposes to eliminate the mental injection from the curriculum because it is used for soft tissue anesthesia only, and not necessary for the scaling of teeth.

Response:

The Board has considered this comment, and declines to make any amendments to the regulation text based thereon.

The Board’s proposal removes the references to individual techniques to achieve anesthesia and reference all injections as “field blocks” and “nerve blocks” to all the individual applicable nerves. This amendment is necessary to clarify that all techniques classified as field blocks and nerve blocks of the individual nerves are acceptable for education in local anesthesia.

The mental nerve is an individual nerve which innervates the soft tissue of the chin and lower lip, as well as to the gingiva (gums) of the mandibular (lower) incisors (front), canine, and premolar teeth. The gingiva is manipulated during scaling of the teeth and may be the cause of discomfort during this manipulation. The mental nerve block is often utilized in conjunction with the incisive nerve block to decrease discomfort for the patient. Therefore, the Board decided to include it in the regulation.

D. On August 14, 2020, the Board received an email from Cara Gramaglia on the Board’s proposed amendments to 16 CCR 1107. Below are the Board’s responses to the comments made therein.

Comment D-1

Comment Summary:

This comment reiterates the comments made by Cathy DiFrancesco, supra.

Response:

The Board incorporates herein by reference its response to Ms. DiFrancesco’s

comments.

E. On August 17, 2020, the Board received an email from Lygia Jolley on the Board's proposed amendments to 16 CCR 1107. Below are the Board's responses to the comments made therein.

Comment E-1

Comment Summary:

This comment proposes to eliminate the mental injection from the curriculum. The commenter asserts that the mental and incisive injections are essentially the same injection technique, and both will actually anesthetize the premolar and anterior region along with the facial tissue. Hygienists should not give two injections that do the same thing.

Response:

The Board has considered this comment, and declines to make any amendments to the regulation text based thereon.

The Board's proposal removes the references to individual techniques to achieve anesthesia and reference all injections as "field blocks" and "nerve blocks" to all the individual applicable nerves. This amendment is necessary to clarify that all techniques classified as field blocks and nerve blocks of the individual nerves are acceptable for education in local anesthesia.

The incisive nerve and the mental nerve are two different nerves and require two different injections. The incisive nerve is an individual nerve which innervates the mandibular incisor and canine teeth. The mental nerve is an individual nerve which innervates the soft tissue of the chin and lower lip, as well as to the gingiva of the mandibular incisors, canine, and premolar teeth. The mental nerve block is a more conservative injection and utilized when only the soft tissue or gingiva needs to be anesthetized for a dental or dental hygiene procedure. Therefore, the Board decided to include it in the regulation.

F

[REDACTED]

From: Cathy DiFrancesco [REDACTED]
Sent: Friday, July 31, 2020 1:00 PM
To: Lum, Anthony@DCA [REDACTED]
Subject: Deletion of the Gow Gates injection included in the amendment of section 1107 of Title 16

[EXTERNAL]: [REDACTED]

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Hi, Tony!

You may remember me as one of the charter members of the DHCC upon its formation.

A-1

I respectfully request that the Gow Gates nerve block injection remain in Title 16, section 1107, (9), (A) for the following reasons:

1. The Gow Gates injection is safer, more advantageous, and less risky than the Inferior Alveolar Nerve Block (IANB) injection. especially when the patient has a history of standard IANB failure due to anatomical variability or accessory innervation.
2. The Gow Gates effectively anesthetizes BOTH the lingual and the buccal nerves simultaneously, if administered correctly. This negates the need for an additional buccal injection when giving the IANB, resulting in less anesthetic/discomfort for the patients.
2. It is easier to teach to students. (Unfortunately, many faculty have never used it or know about it.)
 - For example, after giving a Gow Gates nerve block, if one sits the patient up for 30 secs -1 minute, it increases the mean onset of anesthesia dramatically.
 - When performing two quadrants of SRP on the same side of the mouth, a Gow Gates nerve block and an AMSA injection (maximum of 3.6 mL anesthetic) can successfully anesthetize the entire area, resulting in several less injections and much less anesthesia.
 - While we can still teach six injections to achieve that same desired effect anesthetizing two quadrants on the same side of the mouth when using the IANB, students should be taught the option for both imjections to provide optimal patient care.
3. Finally and most importantly~The Gow Gates nerve block injection is much more comfortable for the patient compared to the IANB injection.

CLINICAL APPLICATION: Learning BOTH the IANB and the Gow Gates injections sets students up for success and increases dental hygiene students' abilities to provide successful local anesthesia

consistently for mandibular teeth.

PERSONAL COMMENT: After attending an anesthesia update course that taught the Gow Gates injection by Dr. Budenz at the University of the Pacific in 2011, I saw the success rate and never gave an IANB again. Also, when a patient tells me, "They can never get me numb on the bottom (arch)," I know that the Gow Gates injection will definitely work since this patient has usually been given an IANB injection in the past.

RESEARCH: The research tells us that the Gow Gates injection is a successful alternative to the IA injection:

Alternative mandibular nerve block techniques

[https://jada.ada.org/article/S0002-8177\(14\)63749-1/fulltext](https://jada.ada.org/article/S0002-8177(14)63749-1/fulltext)

"Knowing how to perform only one method to block the inferior alveolar nerve limits the dentist's ability to provide successful anesthesia consistently and makes reaching the goal of pain-free dentistry for all patients more difficult."

A Randomized Controlled Study Comparing Efficacy of Classical and Gow-Gates Technique for Providing Anesthesia During Surgical Removal of Impacted Mandibular Third Molar: A Split Mouth Design

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5385690/>

"Gow gates technique is found to be more reliable, beneficial and have higher success rate than classical inferior alveolar nerve block technique."

I respectfully request the Dental Hygiene Board keep the Gow Gates local anesthesia injection in Title 16, section 1107(9)(A). We owe our students the knowledge and training of these two nerve block injections, so they are fully prepared and competent to perform their duties upon graduation.

Sincerely,

Cathy DiFrancesco, RDH, BS
Periodontal Therapist

From: Apocotos-Kirk, Jennifer
To: [REDACTED]
Cc: Apocotos-Kirk, Jennifer
Subject: Title 16 CCR 1107
Date: Friday, July 31, 2020 2:01:38 PM

[EXTERNAL]: [REDACTED]

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DO NOT: click links or open attachments unless you know the content is safe.

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Dear Dr. Petty and Mr. Lum,

Regarding 1107 RDH Course in Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia.

I have a question/concern about periodontal soft tissue curettage.

- B-1** • Can clarification of the requirements needed for curettage instruction be given
 - number of hours of instruction seem extensive as does the number of hours of clinical instruction
 - a clearer recommendation of what specifics DHBC is looking for in regards to both didactic and clinical instruction

- B-2** • If guidelines could be more clear as to what curettage method is to be taught?
 - **Gingival curettage** is the removal of the inflamed soft tissue lateral to the pocket wall
 - **Subgingival curettage** is performed apical to the epithelial attachment, serving the connective tissue attachment down to the osseous crest

Thank you for your time.

Kind regards,
Jennifer

Jennifer Apocotos-Kirk, RDHAP, MA
2nd Year Clinical Coordinator, Dental Hygiene Program

Health Sciences Department
Santa Rosa Junior College
1501 Mendocino Ave.
Santa Rosa, CA 95401



From: Tracy Ross
To: [REDACTED]
Subject: Amend section 1107 of Article 3 of Division 11 of Title 16 of the CCR (RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage)
Date: Tuesday, August 11, 2020 11:51:14 AM

[EXTERNAL]: [REDACTED]

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To Whom It May Concern,

I am writing in response to comment on the proposed amendment of section 1107 of Title 16 of the California Code of Regulations related to "RDH Course in Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)".

Section 1107, subdivision (b)(9)(A):

C-1 First, in "The curriculum must include" paragraph, some of the required injections are not mentioned. I believe the Greater Palatine (GP), Nasopalatine (NP), Intra-septal and Incisive should be added. The addition of these injections in the curriculum paragraph will better match the chart provided.

C-2 Secondly, I propose to eliminate the mental injection from the curriculum. Rationale is that it is used for soft tissue anesthesia only. Dental hygienists need pulpal anesthesia which is achieved with the incisive by including the pressure post injection over the mental foramen. Therefore, the mental is not necessary for the purpose of scaling teeth.

Thank you for your consideration.

Sincerely,

Tracy Ross, RDH, M.Ed

[REDACTED]
Subject: FW: Gow-Gates
Date: Friday, August 14, 2020 11:18:47 AM

Public comment on SLN for you. Thx.

From: Carol Gramaglia [REDACTED]
Sent: Friday, August 14, 2020 3:36 AM
To: Lum, Anthony@DCA [REDACTED]
Subject: Gow-Gates

[EXTERNAL]: [REDACTED]

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Dear Dr. Lum,

I am a passionate, progressive registered dental hygienist that has practiced since 1996. I was saddened to read that the DHCC is considering the removal of the Gow-Gates injection from its curriculum.

I was taught the technique from an extremely qualified dental hygienist, Cathy DiFrancesco BS. She was a former charter member of the DHCC upon its formation.

I respectfully request that the Gow-Gates nerve block injection remain in Title 16, section 1107, (9), (A) for the following reasons:

1. The Gow-Gates injection is safer, more advantageous, and less risky than the Inferior Alveolar Nerve Block (IANB) injection especially when the patient has a history of standard IANB failure due to anatomical variability or accessory innervation.
2. The Gow-Gates effectively anesthetizes BOTH the lingual and the buccal nerves simultaneously, if administered correctly. This negates the need for an additional buccal injection when giving the IANB, resulting in less anesthetic/discomfort for the patients.
3. It would have been easier for me (and perhaps other students) to learn than the IANB, (Sadly my instructors were not shown the technique)
 - For example, after giving a Gow Gates nerve block, if one sits the patient up for 30 secs -1 minute, it increases the mean onset of anesthesia dramatically.
 - When performing two quadrants of SRP on the same side of the mouth, a Gow-Gates nerve block and an AMSA injection (maximum of 3.6 mL anesthetic) can successfully anesthetize the entire area, resulting in several less injections and much less anesthesia.
 - While we can still teach six injections to achieve that same desired effect anesthetizing two

quadrants on the same side of the mouth when using the IANB, students should be taught the option for both injections to provide optimal patient care.

4. Finally and most importantly~The Gow-Gates nerve block injection is much more comfortable for the patient compared to the IANB injection. I have *never* had a patient experience a “zing” or *and “electric shock”* sensation when I have used this technique.

CLINICAL APPLICATION: Learning BOTH the IANB and the Gow-Gates injections sets students up for success, and increases dental hygiene students’ abilities to provide successful local anesthesia *consistently and less painfully* for mandibular teeth.

PERSONAL COMMENT: After my mentor attended an anesthesia update course that taught the Gow-Gates injection by Dr. Budenz at the University of the Pacific in 2011, she saw the success rate and never gave an IANB again. I was so grateful that she imparted this knowledge to myself. Also, when a patient shares , “They can never get me numb on the bottom (arch),” I know that the Gow-Gates injection will definitely work since this patient has usually been given an IANB injection in the past.

RESEARCH: The research has consistently shown that the Gow-Gates injection is a successful alternative to the IA injection:

Alternative mandibular nerve block techniques

[https://jada.ada.org/article/S0002-8177\(14\)63749-1/fulltext](https://jada.ada.org/article/S0002-8177(14)63749-1/fulltext)

"Knowing how to perform only one method to block the inferior alveolar nerve limits the dentist's ability to provide successful anesthesia consistently and makes reaching the goal of pain-free dentistry for all patients more difficult."

A Randomized Controlled Study Comparing Efficacy of Classical and Gow-Gates Technique for Providing Anesthesia During Surgical Removal of Impacted Mandibular Third Molar: A Split Mouth Design

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5385690/>

"Gow gates technique is found to be more reliable, beneficial and have higher success rate than classical inferior alveolar nerve block technique."

I respectfully implore the Dental Hygiene Board keep the Gow-Gates local anesthesia injection in Title 16, section 1107(9)(A).

We owe our students the knowledge and training of these two nerve block injections, so they are fully prepared and competent to perform their duties upon graduation.

Sincerely,

Cara Gramaglia RDA, RDH
Periodontal Therapist

From: Lygia Jolley
To: [REDACTED]
Subject: Proposed language for ammendments to Local Anesthesia, nitrous oxide, and soft tissue currettage regulation
Date: Monday, August 17, 2020 8:29:34 AM

[EXTERNAL]: [REDACTED]

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Adina,

E-1

I would like to make the following comment regarding the proposed language for the Local Anesthesia, Nitrous Oxide, and Soft Tissue Curettage Regulation.

I would like make the following suggestion: to amend the regulation by deleting the mental NB injection from the proposed list of injections for the Local Anesthesia requirements . My justification is the mental and incisive are essentially the same injection technique and both will actually anesthetize the premolar and anterior region along with the facial tissue. When you administer a incisive injection it includes the mental nerve and we as hygienist and dentist do not just anesthetize the mental nerve. It is the same technique you just do not push on the mental foramen. I have found in teaching that when we give just a mental in lab on one side and we give the incisive on the other side. The teeth are anesthetized on both sides. I feel it is in the best interest of the public to not give 2 injections that basically have the same technique and do the same thing. This is an area that has the tendency to create an intraoral hematoma and extraoral hematoma.

Lygia Jolley, RDH, BA

Dental Hygiene Full-time Instructor



MEMORANDUM

DATE	November 21, 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 11: Discussion and Possible Action on the Following Proposed Regulatory Package 16 CCR Section 1109: Requirements for Courses of Instruction in Radiographic Decision Making (RDM) and Interim Therapeutic Restoration (ITR) for the Registered Dental Hygienists, Registered Dental Hygienists in Alternative Practice, and Registered Dental Hygienists in Extended Functions.

Background:

On September 27, 2014, Governor Edmund G. Brown Jr. signed Assembly Bill (AB) 1174 (Bocanegra, Chapter 662, Statutes of 2014), which authorized additional duties for registered dental hygienists and RDHAPs and required the Dental Hygiene Board of California (Board) to adopt regulations to establish requirements for courses of instruction in Radiographic Decision Making (RDM) and Interim Therapeutic Restoration (ITR) for Registered Dental Hygienists, Registered Dental Hygienists in Alternative Practice, and Registered Dental Hygienists in Extended Functions.

Among other things, AB 1174 enacted Business and Professions Code (BPC) section 1910.5, which became operative on January 1, 2018. BPC section 1910.5 requires the Board to establish by regulation requirements for courses of instruction in RDM and ITR for registered dental hygienists and RDHAPs using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Office of Statewide Health Planning and Development. Pursuant to BPC section 1921, a RDHEF may perform any of the duties or functions authorized to be performed by a registered dental hygienist.

At the May 2, 2015 meeting of the Board's Education Subcommittee, the Subcommittee was advised of their statutory authority to establish regulations for RDM and ITR courses of instruction pursuant to BPC section 1910.5.

At the Board's January 29, 2019 teleconference meeting, the Board discussed, amended, and voted unanimously to approve regulatory language and application forms for courses in RDM and ITR. In addition, the Board voted to set the fee amount for

educational providers seeking approval of RDM and ITR courses at \$300. Additionally, the Board delegated authority to the Board's executive officer to make any technical, non-substantive changes, if necessary.

On September 9, 2020, the Board received public comments on the Board's proposed regulations implementing BPC 1910.5. Staff has prepared the following document which summarizes the comments and proposes a response for the Board's approval.

Staff Recommendation:

Staff recommends to the Board to consider and approve the responses drafted to address public comments received on September 9, 2020 on the Board's proposed regulations implementing BPC 1910.5.

Additionally, staff recommends to the Board to consider and possibly approve the amended proposed regulatory language relative to courses in RDM and ITR, 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.

Pros: If the Board approves the addressed comments, regulatory package 16 CCR 1109 will be allowed to proceed through the current regulatory process.

Cons: If the proposed comments and regulatory language is not approved, regulatory package 16 CCR 1109 will not be allowed to proceed through the current regulatory process.



Summary of Comments to Proposed Title 16, California Code of Regulations, Sections 1109

A. On September 9, 2020, the Dental Hygiene Board of California (Board) received a letter from Ralph M. Shenefelt, Senior Vice President of the Health and Safety Institute (Comments) on the Board's proposed amendments to 16 CCR 1109. Below are the Board's responses to the comments made therein.

Comment A-1

Comment Summary:

This comment requests the Board add "Health and Safety Institute" to the list of approved providers of Cardiopulmonary Resuscitation (CPR) in proposed Title 16, section 1109, subdivisions (d)(2)(A)(ii), (d)(2)(B)(ii) and (d)(3)(B).

Response:

The Board accepts this comment.

Business and Professions Code (BPC) section 1936.1(b) requires as a condition of renewal that licensees shall complete a portion of the required continuing education hours in specific areas adopted in regulation by the Board. Additionally, BPC section 1936.1(c) states: "The providers of courses referred to in this section shall be approved by the dental hygiene board. Providers approved by the dental board shall be deemed approved by the dental hygiene board."

Title 16, California Code of Regulations (CCR), section 1016(b)(1)(C), promulgated by the Dental Board, states:

The mandatory requirement for certification in Basic Life Support shall be met by completion of either:

(i) An American Heart Association (AHA) or American Red Cross (ARC) course in Basic Life Support (BLS) or,

(ii) A BLS course taught by a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE).

Accordingly, the Board will amend section 1109 as follows:

Subdivision (d)(2)(A)(ii) to read:

(ii) Possess current certification in Basic Life Support (BLS) and Cardiopulmonary Resuscitation (CPR) from the American Heart Association (AHA) or the American Red Cross (ARC), or a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE).

Subdivision (d)(2)(B)(ii) to read:

(ii) Possess current certification in Basic Life Support (BLS) and Cardiopulmonary Resuscitation (CPR) from the American Heart Association (AHA) or the American Red Cross (ARC), or a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE).

Subdivision (d)(3)(B) to read:

(B) Possess current certification in Basic Life Support (BLS) and Cardiopulmonary Resuscitation (CPR) from the American Heart Association (AHA) or American Red Cross (ARC), or a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE);



VIA EMAIL, DELIVERY & READ RECEIPT REQUESTED

September 9, 2020

Dental Hygiene Board of California
Attn: Adina A. Pineschi-Petty, DDS
2005 Evergreen St, Ste. 2050
Sacramento, CA 95815

RE: Proposed Rule Comment, 16 CCR 1109

Dear Dr. Pineschi-Petty,

The purpose of this letter is to request amendment of language in the [proposed rules](#) of the Dental Hygiene Board of California ("Board").

I. Proposed Rule Language

- a. 16 CCR 1109(d)(2)(A)(ii), B(ii) and (3)(B). "Possess current certification in Basic Life Support (BLS) and Cardiopulmonary Resuscitation (CPR) from the American Heart Association (AHA) or the American Red Cross (ARC).

II. Requested Amendment

A-1

- a. 16 CCR 1109(d)(2)(A)(ii), B(ii) and (3)(B). "Possess current certification in Basic Life Support (BLS) and Cardiopulmonary Resuscitation (CPR) from the American Heart Association (AHA) ~~or the American Red Cross (ARC)~~ or the Health & Safety Institute.

III. Reasons for Requesting Amendment

- a. The American Heart Association[®], Inc. (“AHA”), the American National Red Cross (“ARC”) and the [Health and Safety Institute](#) (“HSI”) are the largest providers of CPR training in the United States.^{1,2}
- b. Like the AHA and ARC, HSI is nationally accredited by the [Commission on Accreditation of Pre-Hospital Continuing Education](#) (“CAPCE”). CAPCE is the national accrediting body for Emergency Medical Services continuing education courses and course providers.
- c. Like the AHA and ARC, HSI is a nationally approved Academy of General Dentistry (“AGD”) Program Approval for Continuing Education (“PACE”) continuing dental education (“CDE”) provider.³
- d. The training business units of the HSI, AHA and ARC are similar.
 - i. Each corporation develops and markets commercially available, proprietary training programs, products, and services to their approved Training Centers; either directly or via distributors.
 - ii. The business structures of the approved Training Centers include sole proprietorships, partnerships, corporations, LLCs, non-profits, as well as both large and small government agencies.
 - iii. Instructors are authorized to certify course participants. Certification requires instructor evaluation of hands-on skills to verify skill competency.
- e. As proposed, the rule language:
 - i. Unfairly fixes a bias for the proprietary BLS/CPR training programs, products and services of the AHA; its [Approved Training Centers](#) and for-profit BLS/CPR

¹Anderson ML, et al. [Rates of cardiopulmonary resuscitation training in the United States](#). *JAMA Intern Med*. 2014 Feb 1;174(2):194-201 doi: 10.1001/jamainternmed.2013.11320. [Retrieved 09/09/2020]

²Virani S, et al. Heart Disease and Stroke Statistics- 2020 Update. A Report from the American Heart Association *Circulation*. 020; 141:00–00. Clinical Statements and Guidelines. Awareness and Treatment, pg. e318 (**Large file**). Available: <https://www.ahajournals.org/doi/pdf/10.1161/CIR.0000000000000757> [Retrieved 09/20/2020]

³ AGD Provider ID # 355121, 9/1/2018 - 8/31/2022

training company⁴ and the ARC and its [Licensed Training Providers](#) - all whom have a vested economic interest in BLS/CPR training - particularly where it is required for occupational licensing; and

- ii. Will have an adverse business impact on the 2,163 HSI Training Centers in California, many of which are small or micro businesses employing or independently contracting with more than 5,463 HSI Authorized Instructors by preventing competition on equal and fair terms; and
- iii. Will have an inequitable cost impact on course providers by denying them the use of a substantially equivalent means of compliance and potentially lower cost BLS/CPR training alternative and by preventing greater choice in BLS/CPR training vendor selection, quality, and service; and
- iv. Will have an unreasonable cost impact on students who present a legitimate HSI BLS/CPR certification by denying them eligibility for admission and forcing the inconvenience and additional costs associated with superfluous AHA or ARC BLS/CPR training and certification.

IV. Additional Facts

- a. HSI's emergency care and continuing education training programs are currently accepted, approved or recognized as an industry credential meeting the requirements of more than 7000 US state regulatory agencies, occupational licensing boards, national associations, commissions and councils in more than 550 occupations and professions.
- b. HSI publishes and administers a set of [quality assurance standards](#) designed to monitor and improve the performance of HSI, its approved Training Centers and Authorized Instructors so that the products and services provided meet or exceed the requirements of regulatory authorities and other approvers.

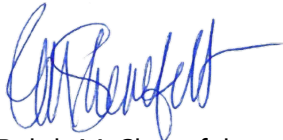
⁴ Dallas-based American Heart Association to spin off a CPR training company, July 5, 2018 Available: <https://www.dallasnews.com/business/health-care/2018/06/29/dallas-based-american-heart-association-spin-off-cpr-training-company>. [Retrieved 09/09/2020]

- c. HSI is a member of the Council on Licensure, Enforcement and Regulation ([CLEAR](#)), the international resource for professional regulation stakeholders. HSI Quality Assurance representatives are [Nationally Certified Regulatory Investigators](#).
- d. HSI is a member of the American National Standards Institute ([ANSI](#)) and ASTM International ([ASTM](#)) – both globally recognized leaders in the development and delivery of international voluntary consensus standards.

Conclusion

The AHA, ARC and HSI are the largest providers of CPR training in the United States. The requested amendment will encourage full and free competition while achieving the goal of maintaining the quality measures necessary to protect public health and safety; equally effectively and with less burden to all affected persons. We support regulations that do not harm employment, competition or innovation. We value, believe in and promote successful completion of a valid BLS/CPR program as an important component in protecting public safety, health and welfare. We look forward to helping the Board protect the health and safety of the citizens of California.

Respectfully,



Ralph M. Shenefelt

Senior Vice President

Health and Safety Institute



MEMORANDUM

DATE	November 21, 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 1115. Retired Licensure.

Background:

At the May 29, 2020 Full Board WebEx 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, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and authorized the Executive Officer to make any non-substantive changes to the rulemaking package.

Staff Recommendation:

In response to comments made from the review by the Business, Consumer Services, and Housing Agency, staff recommends to the Board to review and approve the amended proposed regulatory language and amended forms and direct staff to take all steps necessary to complete 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.

Pros: In order to allow 16 CCR section 1115 to move forward in the regulatory process, regulatory language must be approved by the Board to allow implementation of retired licensure for RDHs, RDHAPs, and RDHEFs.

Cons: If the proposed language is not approved, 16 CCR section 1115 will not be able to progress in the regulatory process to implement retired licensure for RDHs, RDHAPs, and RDHEFs.



Proposed Text for Retired Licensure

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

§1115. Retired Licensure.

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

(1) Holds an active license or an inactive license that was not placed on inactive status as a result of revocation or suspension; Holds an active or inactive license issued by the Board that is not expired, suspended, revoked, placed on inactive status for disciplinary reasons, or otherwise subjected to current discipline; and

(2) Has been licensed in California for a minimum of ten (10) years to practice as an RDH, RDHAP, or RDHEF; and

(3)(2) Submit to the Board a completed "Application for a Retired RDH, RDHAP, or RDHEF License" DHBC RLC-01 (New 01/19/20), hereby incorporated by reference; and

(4)(3) Submit an \$80 fee to the Board.

(b) A retired license may be issued to an RDH, RDHAP, or RDHEF who has been deemed permanently disabled if the licensee meets the following requirements:

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

(2) Has been licensed in California to practice as an RDH, RDHAP, or RDHEF; and

(3) Submit to the Board a completed "Application for a Retired RDH, RDHAP, or RDHEF License" DHBC RLC-01 (New 01/19), hereby incorporated by reference; and

(4) Submit documents from a licensed physician to the satisfaction of the Board and signed under penalty of perjury, certifying that the licensee is permanently disabled and unable to practice dental hygiene; and

(5) Submit an \$80 fee to the Board.

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

- (1) Be exempt from continuing education requirements;
- (2) Be exempt from renewal of the retired license; and
- (3) Utilize his or her professional title only with the unabbreviated word “retired” preceding or after the professional designation.

~~(d)~~(c) The holder of a retired license shall not engage in any activity for which an active RDH, RDHAP, or RDHEF license is required.

~~(e)~~(d) The Board shall not be prevented from investigating violations or taking action against a retired license for violations of laws governing the practice of dental hygiene.

~~(f)~~(e) To restore a license to active status, the holder of a retired license shall comply with the following requirements:

- (1) Request to restore his or her license to active status within three (3) years of issuance of the retired license; ~~and~~
- (2) Submit a completed “Application for Reactivation of a Retired RDH, RDHAP, or RDHEF License” DHBC RLC-02 ([New 01/19/20](#)), hereby incorporated by reference; ~~and~~
- (3) Payment of a \$160 fee as required by the Board; ~~and~~
- (4) Submit proof of completion of current continuing education requirements pursuant to 16 CCR sections ~~1017(a) and section 1017(c)~~1016 and 1017; and
- (5) Comply with fingerprint submission requirements pursuant to 16 CCR section 1132.

~~(g)~~(f) Should a licensee seek to restore their license more than three (3) years after issuance of the retired license, the licensee must file a new application for licensure.

~~(5) If retired license status was issued due to a permanent disability, the retired licensee must submit documents from a licensed physician to the satisfaction of the Board and signed under penalty of perjury, that the retired licensee’s disability no longer exists or no longer affects his or her ability to safely practice dental hygiene.~~

~~(h) A licensee may be granted a retired license pursuant to this section on no more than two (2) separate occasions and may only apply to restore his or her retired license to active status one (1) time.~~

Note: Authority cited: Sections 464, 1905, 1906, and 1944 Business and Professions Code. Reference cited: Sections 464, 1906, and 1944 Business and Professions Code.



Application for a Retired RDH, RDHAP, or RDHEF License

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

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

DHBC USE ONLY	
Receipt _____	RC _____
Date Filed _____	\$ _____
Approved _____	Denied _____
RDH/RDHAP/RDHEF# _____	

Please type or print legibly.

<u>License Number</u> <input type="checkbox"/> RDH <input type="checkbox"/> RDHAP <input type="checkbox"/> RDHEF		<u>Date</u>	<u>Permanently Disabled?</u> <input type="checkbox"/> Yes** <input type="checkbox"/> No <u>If yes, attach documentation to application.</u>
<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	
<u>Address of Record*</u>			
<u>City</u>	<u>State</u>	<u>Zip Code</u>	
<u>Home Phone Number</u>	<u>Mobile Phone Number</u>		
<u>Email Address</u>			

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

IMPORTANT – PLEASE READ CAREFULLY

- **Enclose your original license(s) issued by the Board with this application.**
- **Restoring a retired license to active status is only permitted one (1) time and may only be done within three (3) years from the date the retired license was issued. See the reverse for more information.**
- **A holder of a retired license may not engage in any activity for which an active license issued by the DHBC is required.**
- **In order to be eligible for a retired license, you must hold an active or inactive license issued by the Board for a minimum of ten (10) years as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions that is not expired, suspended, revoked, placed on inactive status for disciplinary reasons, or otherwise**

subjected to current discipline. was not placed on inactive status as a result of revocation or suspension.

- ~~**A retired license may be issued to an RDH, RDHAP, or RDHEF who has been deemed permanently disabled if the licensee has been licensed in California to practice as an RDH, RDHAP, or RDHEF; holds an active or inactive license issued by the Board that is not expired, suspended, revoked, placed on inactive status for disciplinary reasons, or otherwise subjected to current discipline; and submits proof, to the satisfaction of the Board and signed under penalty of perjury, certifying that the licensee is permanently disabled and unable to practice dental hygiene.~~
- If your license is expired, you must clear all outstanding requirements and renew the license before your application for a retired license will be processed. Expired licenses that cannot be renewed will not be processed.
- The holder of a retired license is not required to renew that license.
- The holder of a retired license is exempt from continuing education requirements.
- The holder of a retired license shall be permitted to use his or her professional title only with the unabbreviated word "retired" preceding or after the professional designation.
- Changing to a retired status does not prevent the DHBC from investigating potential violations or taking action against your license for confirmed violations of laws governing the practice of dental hygiene.

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

Signature: _____

Date: _____

A RETIRED LICENSE MAY BE REACTIVATED ~~ONLY ONE (1) TIME AND~~ WITHIN THREE (3) YEARS OF BEING PLACED IN RETIRED STATUS

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

- Reactivation request received within three (3) years of the retirement request date.
- Continuing education requirements set forth in 16 CCR ~~§section~~ 1017; and
- Compliance with fingerprinting and disclosure of criminal convictions as set forth in 16 CCR §1132; and
- Complete the "Application for Reactivation of a Retired RDH, RDHAP, or RDHEF License" DHBC RLC-02 (01/201910/20); and
- Pay the reactivation fee of \$160.

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, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, ~~§section~~ 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.

DHBC RLC-01 (04/1910/22)

Dental Hygiene
16-CCR-1115

Form Incorporated by Reference
DHBC RLC-01 (01/19)

Page 2 of 2
01-19-19



Application for Reactivation of a Retired RDH, RDHAP, or RDHEF License
 Business & Professions Code (BPC) §§ sections 464,1905, and 1906, and California Code of Regulations (CCR) Title 16, Division 11 § sections 1016, 1017, and 1115.

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

DHBC USE ONLY	
Receipt _____	RC _____
Date Filed _____	\$ _____
Approved _____	Denied _____
RDH/RDHAP/RDHEF# _____	

Please type or print legibly.

<u>Date</u>		
<u>License Number</u> <input type="checkbox"/> RDH <input type="checkbox"/> RDHAP <input type="checkbox"/> RDHEF	<u>Date License was Retired**</u>	<u>Was this license retired due to disability?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO
<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>
<u>Address of Record*</u>		
<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Home Phone Number</u>	<u>Mobile Phone Number</u>	
<u>Email Address</u>		

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

**** A retired license may only be reactivated within three (3) years from the date the retired license was issued.**

IMPORTANT – PLEASE READ CAREFULLY

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

1. In order to reactivate a retired license, you must complete the same number of continuing education units that are required to renew an active license and submit the certificates of completion to the Board along with this form. Please refer to 16 CCR sections 1016 and 1017 for continuing education requirements.

2. 16 CCR section 1132 requires licensees to furnish a full set of electronic fingerprints for the purpose of conducting a criminal history record check and criminal offender record information search. The Board shall not restore a retired license to active status until the licensee has complied with this requirement, if applicable.
3. Enclose your original retired license.
4. Please ~~answer/certify~~ the following ~~questions~~:
 - (a) ~~Have you, s~~Since retirement of DHBC licensure, ~~I have not~~ been convicted of, or ~~are you~~ under investigation for, any violation of the law in this or any other state, the United States, or other country?
Note: You do not need to disclose traffic infractions with penalties under \$1,000 unless the infraction involved alcohol, dangerous drugs, or controlled substances.
 Yes (If yes, please explain on an attached sheet). No (if no, please explain on an attached sheet).
Note: You do not need to disclose traffic infractions with penalties under \$1,000 unless the infraction involved alcohol, dangerous drugs, or controlled substances.
 - (b) ~~Are you or have you been, s~~Since retirement of DHBC licensure, ~~I have not been~~ subjected to ~~any completed or pending disciplinary actions~~discipline against any other healthcare license ~~you I~~ hold?
 Yes (If yes, please explain on an attached sheet). No (if no, please explain on an attached sheet).
 - (c) ~~If retired license status was issued due to a permanent disability, does the disability no longer exist or does it no longer affect your ability to safely practice dental hygiene?~~
 Yes (If yes, please submit proof). No Not Applicable

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

Signature: _____ Date: _____

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, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, [§section](#) 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



DENTAL HYGIENE BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1350 Sacramento, CA 95815
P (916) 263-1978 | F (916) 263-2688 | www.dhbc.ca.gov



Practices Act unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstance



MEMORANDUM

DATE	September 21, 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 13: Discussion and Possible Action on the Following Proposed Regulatory Package: 16 CCR Section 1123. Dental Hygiene Clinical Examinations; Passing Rates.

BACKGROUND

The Dental Hygiene Board of California (Board) licenses and regulates California dental hygienists pursuant to sections 1100 through 1144 of Title 16 of the California Code of Regulations. Since inception of the regulations, 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.

Staff Recommendation:

Staff recommends to the Board to 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 1123.

Pros: By approving staff's recommendation, the Board will provide clarity to acceptable exam criteria for acceptance by the Board for licensure of RDHs, RDHAPs, and RDHEFs.

Cons: If the Board does not approve the recommended language for to acceptable exam criteria for acceptance by the Board for licensure of RDHs, RDHAPs, and RDHEFs, the regulatory package may not move forward.

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

Adopt Section 1123 of Title 16 of the California Code of Regulations (CCR) to read as follows:

§ 1123. Dental Hygiene Clinical Examinations; Passing Rates.

(a) Registered Dental Hygienist. Each applicant for licensure as a registered dental hygienist who attains a criterion-referenced passing score in a clinical examination approved by the Dental Hygiene Board of California (Board) pursuant to Business and Professions Code section 1917, or any exam designated by the Board to be acceptable in lieu of the approved clinical examinations, shall be considered as having passed the examination. The passing score on the clinical examination, or any exam designated by the Board to be acceptable in lieu of the approved clinical examinations, shall be determined by a criterion-referenced procedure performed by a qualified psychometrician and approved by the Board.

(b) Registered Dental Hygienist in Extended Functions. Each applicant for licensure as an RDHEF who attains a criterion-referenced passing score on each procedure in the examination shall be deemed to have passed the required examination. A registered dental hygienist who has passed the RDAEF examination prior to December 31, 1991 shall be eligible for licensure as an RDHEF without further examination. The passing score on the clinical examination shall be determined by a criterion-referenced procedure performed by a qualified psychometrician and approved by the Board.

Note: Authority cited: Sections 1905 and 1906, Business and Professions Code.
Reference: Section 1917, Business and Professions Code.



MEMORANDUM

DATE	November 21, 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 14: Discussion and Possible Action on the Following Proposed Regulatory Package: 16 CCR Section 1138.1. Unprofessional Conduct.

BACKGROUND

Business and Professions Code (BPC) Section 1950.5 sets forth the standards for unprofessional conduct by a person licensed by the Dental Hygiene Board of California (Board).

Currently, there is no existing provision in regulation for inclusion of additional areas considered to be unprofessional conduct including, but not limited to providing false statements to the Board, failure to provide requested documentation to the Board, failure to cooperate with Board investigations, or failure to report any conviction or disciplinary action against the licensee. Therefore, board staff has developed the attached draft regulatory language to implement California Code of Regulations (CCR), Title 16, Division 11 section 1138.1.

Staff Recommendation:

Staff recommends to the Board to 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 1138.1.

Pros: By approving staff's recommendation, the Board would define and provide clarity to the licensee as to additional areas considered to be unprofessional conduct, enhance

investigative authority for staff to complete the Board's mandates and would increase the safety of the public.

Cons: If the Board does not approve proposed regulatory package 16 CCR 1138.1, the package may not move forward, areas considered to be serious sources of unprofessional conduct would be undefined and investigative efforts may be hindered which could lead to serious impacts in protecting the public.

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

Adopt Section 1138.1 of Title 16 of the California Code of Regulations (CCR) to read as follows:

§ 1138.1 Unprofessional Conduct.

In addition to the conduct described in Section 1950.5 of the Code, “unprofessional conduct” also includes, but is not limited to, the following:

- (a) Knowingly making any statement or signing any certificate or other document directly or indirectly related to the practice of dental hygiene which falsely represents the existence or nonexistence of a state of facts.
- (b) A licensee’s failure to provide to the Dental Hygiene Board of California (Board), as directed, lawfully requested copies of documents within 15 calendar days of receipt of the request or within the time specified in the request, whichever is later, unless the licensee is unable to provide the documents within this time period for good cause, including but not limited to, physical inability to access the records in the time allowed due to illness or travel. This subdivision shall not apply to a licensee who does not have access to, or control over the documents.
- (c) Failure to cooperate and participate in any Board investigation pending against the licensee. This subsection shall not be construed to deprive a licensee of any privilege guaranteed by the Fifth Amendment to the Constitution of the United States, or any other constitutional or statutory privileges. This subdivision shall not be construed to require a licensee to cooperate with a request that would require the licensee to waive any constitutional or statutory privilege or to comply with a request for information or other matters within an unreasonable period of time in light of the time constraints of the licensee’s practice. Any exercise by a licensee of any constitutional or statutory privilege shall not be used against the licensee in an administrative or disciplinary proceeding against the licensee.
- (d) Failure to report to the Board, within 30 calendar days, any of the following:
 - (1) The conviction of the licensee, including any verdict of guilty, or pleas of guilty or no contest, of any felony or misdemeanor.
 - (2) Any final disciplinary action taken by another licensing entity or authority of this state or of another state or an agency of the federal government or the United States military.

(e) Failure or refusal to comply with a court order issued in the enforcement of a subpoena mandating the release of records to the Board.

Note: Authority cited: Sections 1905 and 1906, Business and Professions Code.
Reference: Section 1950.5, Business and Professions Code.



MEMORANDUM

DATE	November 21, 2020
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	FULL 15 - 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.

At the August 29, 2020 meeting, proposed amended statutory language was brought to the Board for consideration to allow Licensure By Credential (LBC) applicants to credit excess clinical hours worked over the minimum 750 hour requirement within the preceding three years of the application to be applied to a deficient 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. The Board rejected the original proposal, suggested that the section of law be revised, and directed staff to work on the language and resubmit amended draft language for consideration at the November 2020 Board meeting.

In an effort of restructuring the section of law and reviewing the history of the provisions of the LBC pathway to licensure, BPC section 1917.1 subdivision (3) was revised to eliminate the 5-year work experience requirement and the 3-year work experience plus two-year contract requirement with a public health agency for the remaining two years for a total of five years of experience provision because 3-year option was rarely used and difficult to identify and find public health agencies to contract with. In staff’s opinion, three years of work experience totaling at least 3,000 clinical hours in three of the preceding five years from the application date as the revised proposed language states, would be enough to demonstrate adequate work experience to obtain a dental hygiene license through the LBC pathway.

Action Requested:

Staff drafted new amended statutory language for this section of law and requests the Board to review and determine whether additional information or language is required, and direct staff to seek sponsored legislation for 2021 if approved.

Pros: The proposed statutory language revisions to 1917.1, subdivision (3) streamlines the Licensure By Credential (LBC) pathway and will allow more out-of-state applicants with at least three years of work experience to qualify for licensure through the LBC pathway. Because the minimum 3,000 work hours can be extended over a 5-year period preceding the application date, it also allows flexibility in the applicant's qualifications to accommodate for possible temporary life-changing events like pregnancy, illness, military assignment, or temporary disability.

Cons: If the proposed statutory language revisions to 1917.1, subdivision (3) is not approved, LBC applicants may not be able to qualify to apply who would've otherwise qualified for licensure had it not been for a life-changing event or inconsistent work history and will be required to apply as new applicants. This option would result in applicants having to bear an increased expense in resources and time to retake the clinical examination to fulfill the exam requirement stated in current law. The only other option is to continue to work where they reside out-of-state until they have the required number of clinical hours accumulated within five years of applying as required by law which will significantly delay them relocating to California, the issuance of their license and access to dental care for consumers.



Legend:

Proposed amended language approved on 11-23-2019

New proposed amendments to be reviewed/considered/approved

Proposed Amendments to Business and Professions Code Section 1917.1: Dental Hygienist, Licensure Without Examination; Out-of-State Dental Hygienists

(a) The dental hygiene board may grant a license as a registered dental hygienist to an applicant who has not taken a clinical examination before the dental hygiene board, if the applicant submits all of the following to the dental hygiene board:

(1) A completed application form and all fees required by the dental hygiene board.

(2) Proof of a current license as a registered dental hygienist issued by another state that is not revoked, suspended, or otherwise restricted.

(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~~ **3,000** hours ~~per year for at least five~~ **in three** years ~~of the five consecutive 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:~~

~~(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.~~

(4) Satisfactory performance on a California law and ethics examination and any examination that may be required by the dental hygiene board.

(5) Proof that the applicant has not been subject to disciplinary action by any state in which the applicant is or has been previously issued any professional or vocational license. If the applicant has been subject to disciplinary action, the dental hygiene board

shall review that action to determine if it warrants refusal to issue a license to the applicant.

(6) Proof of graduation from a school of dental hygiene accredited by the Commission on Dental Accreditation.

(7) Proof of satisfactory completion of the National Board Dental Hygiene Examination and of a state clinical examination, regional clinical licensure examination, or any other clinical dental hygiene examination approved by the dental hygiene board.

(8) Proof that the applicant has not failed the state clinical examination, the examination given by the Western Regional Examining Board, or any other clinical dental hygiene examination approved by the dental hygiene board for licensure to practice dental hygiene under this chapter more than once or once within five years prior to the date of application for a license under this section.

(9) Documentation of completion of a minimum of 25 units of continuing education earned in the two years preceding application, including completion of any continuing education requirements imposed by the dental hygiene board on registered dental hygienists licensed in this state at the time of application.

(10) Any other information as specified by the dental hygiene board to the extent that it is required of applicants for licensure by examination under this article.

(11) Furnishing satisfactory evidence of having successfully completed a course or education and training in local anesthesia, nitrous oxide-oxygen analgesia, and periodontal soft tissue curettage approved by the dental hygiene board.

(b) The dental hygiene board may periodically request verification of compliance with the requirements of paragraph (3) of subdivision (a) and may revoke the license upon a finding that the employment requirement or any other requirement of paragraph (3) of subdivision (a) has not been met.

(c) The dental hygiene board shall provide in the application packet to each out-of-state dental hygienist pursuant to this section the following information:

(1) The location of dental manpower shortage areas in the state.

(2) Any nonprofit clinics, public hospitals, and accredited dental hygiene education programs seeking to contract with licensees for dental hygiene service delivery or training purposes.



MEMORANDUM

DATE	November 21, 2020
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	FULL 16 - Discussion and Possible Action on Proposed Statutory Language Amendments to Business and Professions Code (BPC) Section 1926.1: Operation of Mobile Dental Hygiene Clinic; 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 (RDHAP), 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.

At the Board’s August 29, 2020 WebEx teleconference, the Board approved the presented amended language for BPC 1926.1 and directed staff to seek sponsored legislation for 2021. However, after the meeting, the Board received a comment from the California Dental Association requesting to add the phrase “in the settings listed in section 1926” to clarify that operation of mobile dental hygiene clinics would only occur in designated areas where RDHAPs can provide dental hygiene services as defined in BPC section 1926.

Action Requested:

Staff amended the previously approved statutory language and requests the Board to review and approve the revised version and direct staff to seek sponsored legislation for 2021.

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

Cons: If the proposed statutory language revisions to BPC 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.



Legend:

Proposed amended language approved on 8-29-2020

New proposed amendments to be reviewed/considered/approved

**Proposed Amendments to Business and Professions Code 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 in the settings listed in section 1926. ~~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 with 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 demonstrated 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	November 21, 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 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.

At the August 29, 2020 Board’s WebEx Teleconference, the Board reviewed draft language and a motion was put forward for the Board to table the discussion on the proposed amended language for BPC section 1926.3, direct staff to work on the statutory language with the RDHAP Representative and bring back to the November 21, 2020 Board meeting.

Action Requested:

Staff recommends to the Board to re-review the language in the attached 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 and portable dental hygiene equipment operated by Registered Dental Hygienists in Alternative Practice to ensure facilities and equipment 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 and portable equipment 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 and compromising consumer protection.



Legend:

New proposed amendments to be reviewed/considered/approved

Proposed Amendments to Business and Professions Code Section 1926.3: Registered Dental Hygienist in Alternative Practice; Registration; Time Period

(a) 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 place of practice registered dental hygienist in alternative practice's owned physical facility or, if the person registered dental hygienist in alternative practice has more than one place of practice owned physical facility, pursuant to Section 1926.4, all of the places of practice owned physical facilities. If the person registered dental hygienist in alternative practice has no place of practice does not own a physical facility, the person registered dental hygienist in alternative practice 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) A registered dental hygienist in alternative practice who utilizes portable equipment to practice dental hygiene shall register with the executive officer, on forms prescribed by the dental hygiene board, the registered dental hygienist in alternative practice's physical facility by which the portable equipment is maintained.

(c) The registered dental hygienist in alternative practice's physical facilities and equipment shall be subject to periodic announced and unannounced inspections to ensure continued compliance with regulatory requirements for continued approval.

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

(e) 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	November 21, 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 18 - Discussion and Possible Action on Proposed Statutory Language Amendments to Business and Professions Code (BPC) Section 1941: Changes to Accreditation Status.

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 August 29, 2020 Full Board WebEx Teleconference meeting, the Board approved changes in statutory language for BPC section 1941 requiring newly proposed RDHAP and RDHEF educational programs to complete a feasibility study demonstrating a need for new educational programs prior to pursuing approval of the programs. This proposal presented congruency in the language requirement between the licensure categories of RDH, RDHAP, and RDHEF.

The Board received notification that on February 20, 2020, the United States Department of Education (USDE) sent a letter to State Leaders notifying that as the USDE holds all accrediting agencies to the same standards, the distinctions between regional and national accrediting agencies are unfounded, that the USDE will no longer use the terms "regional" or "national" to refer to an accrediting agency, and that the USDE will distinguish only between institutional and programmatic accrediting agencies.

Action Requested:

As a result, of the change in accreditation designations by the USDE, 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 necessitated by National changes in law and 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.



Legend:

Proposed amended language approved on 8-29-2020

New proposed amendments to be reviewed/considered/approved

Proposed Amendments to Business and Professions Code Section

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

(a) The dental hygiene board shall grant or renew approval of only those educational 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 (collectively RDHs) 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 any required 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 or existing educational program for RDHs

registered dental hygienists in extended functions means a program provided by a college or institution of higher education that is accredited by a regional an 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.



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF THE UNDER SECRETARY

February 26, 2020

Re: FINAL ACCREDITATION AND STATE AUTHORIZATION REGULATIONS

Dear State Leaders:

This letter is to inform you that the U.S. Department of Education (Department) has published final regulations relating to the accreditation of institutions of higher education, as well as State authorization requirements for distance education, which may have an impact on your State.

The final regulations published this year were developed by a diverse negotiated rulemaking panel, which reached consensus in April 2019.¹ The Department published a Notice of Proposed Rule Making based on the consensus language, and received approximately 200 comments from the public regarding the proposed regulations. The Department responded to those comments, as appropriate, in the final regulation. With the exception of a few provisions relating to the recognition of accrediting agencies, which will take effect on January 1, 2021 and July 1, 2021, the accreditation and State authorization regulations will take effect on July 1, 2020.²

Below we highlight several key provisions of the final regulation that could have an impact on States. We are providing this notification to help you plan appropriately.

Regional versus National Accreditation

The Department is aware that some States have enacted laws and policies that treat institutions and the students who attend them differently based solely on whether the institution is accredited by a “national” accrediting agency or a “regional” accrediting agency. For example, some States limit opportunities to sit for occupational licensing exams to students who have completed a program at a regionally accredited institution. In other instances, transfer of credit determinations at public institutions, and other benefits provided by States, are limited to students who attended regionally accredited institutions.

Because the Department holds all accrediting agencies to the same standards, distinctions between regional and national accrediting agencies are unfounded. Moreover, we have determined that most regional accreditors operate well outside of their historic geographic borders, primarily through the accreditation of branch campuses and additional locations. As a result, our new regulations have removed geography from an accrediting agency’s scope.³ Instead of distinguishing between regional and national accrediting agencies, the Department will distinguish only between institutional and programmatic accrediting agencies. The Department will no longer use the terms “regional” or “national” to refer to an accrediting agency.

¹ 84 FR 58834

² The new regulations delay implementation of changes to the Department staff’s review of accrediting agency applications for initial or renewal of recognition under 34 C.F.R. § 602.32(d) until January 1, 2021. See 84 FR 58927. The new regulations also delay implementation of changes to the Department staff’s process for responding to accrediting agency applications and allowing agency responses within 180 days under 34 C.F.R. § 602.32(h) until July 1, 2021. See 84 FR 58928.

³ See 84 FR 58917-58918 (amending 34 C.F.R. §§ 602.3, 602.11).

Because the Department will no longer distinguish between “regional” and “national” accrediting agencies, we wanted to provide States with advanced notice of this change so that State leaders will have sufficient opportunity to adjust State laws, regulations, or policies accordingly.

State Authorization

The Department’s revised Accreditation and State Authorization regulations also make changes to State authorization requirements.⁴ For example, in order for a distance education provider to serve students in a State other than the one in which the institution has a physical presence, either the State in which the institution is located or the State in which the student is located must have a process in place to receive and review student complaints.⁵ We encourage all States to implement the appropriate policies and processes to accept, investigate, and respond to student complaints.

In addition, because it is important for all students – and not just those who enroll in distance education – to understand whether the program in which they are enrolled will qualify them to work in certain occupations in a given State, the revised regulations require both ground-based and online programs to notify students whether the program will or will not meet licensure requirements in a particular State, or in the event that the institution has not made that determination, where a student may obtain that information.⁶

The revised regulations continue to recognize State reciprocity agreements, such that an institution participating in a State reciprocity agreement will have satisfied the Department’s State authorization requirements in any State that also participates in the reciprocity agreement.⁷ In response to public comments, the Department provided further clarity that, while States participating in a State authorization reciprocity agreement may still enforce their own general-purpose State laws and regulations outside of the State authorization of distance education, States participating in a reciprocity agreement may not impose additional distance education regulations or requirements upon institutions that participate in such agreements.⁸

The Department of Education has developed informational webinars to help States, institutions of higher education, and accreditors understand what is required of them under our new regulations. The webinars are located on the Department’s website at <https://www2.ed.gov/policy/highered/reg/hearulemaking/2018/index.html>.

Should you have any questions, please feel free to contact the Accreditation Group at the Department of Education at aslrecordsmanager@ed.gov or 202-453-7615.

Sincerely,



Diane Auer Jones
Principal Deputy Under Secretary
Delegated the Duties of Under Secretary

⁴ See generally 84 FR 58914-58915 (amending 34 C.F.R. § 600.2); 84 FR 58915-58916 (amending 34 C.F.R. § 600.9).

⁵ See 84 FR 58915 (amending 34 C.F.R. § 600.9(c)). See 84 FR 58845-58846 (comments and discussion).

⁶ See 84 FR 58932 (amending 34 C.F.R. § 668.43(a)(5)).

⁷ See 34 C.F.R. § 600.9(c)(1)(ii).

⁸ See 84 FR 58841-58842, 58914-58915 (amending 34 C.F.R. § 600.2).



MEMORANDUM

DATE	November 21, 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 19 - Discussion and Possible Action on Proposed New Statute: Business and Professions Code (BPC) Section 1941.6: Patient/Student Record Retention.

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 (collectively RDHs), and dental hygiene educational programs (DHEPs) to uphold the law.

The Board has received questions as to the duration patient records and, in DHEPs, patient and student records should be maintained after last contact with the patient and student. After research and referencing the United States Code of Federal Regulations, the Healthcare Insurance, Portability and Accountability Act (HIPAA), and Title 5 of the California Code of Regulations, it was determined that RDH patient records should be maintained for a minimum of six years after last patient contact and DHEPs shall retain clinical patient records for a minimum of six years after last patient contact and DHEP student records for a minimum of six years after student graduation or exit from the program.

Action Requested:

Staff recommends to the Board to review the language in the attached starting point document, provide edits as needed, and approve a final draft of proposed statutory language so staff can seek sponsored legislation for 2021.

Pros: The proposed statutory language will enhance clarity, improve procedures, and increase program efficiencies for the Board and DHEPs by determining the minimum length of time patient and student records must be maintained.

Cons: If the proposed statutory language is not approved, no existing statutory language addresses the record maintenance issue and may affect Board and DHEP program functions and efficiencies.



All new language to be reviewed/considered/approved

Proposed New Statute: Business and Professions Code 1941.6: Patient/Student Record Retention

Registered Dental Hygienists, Registered Dental Hygienists in Alternative Practice, and Registered Dental Hygienists in Expanded Functions (collectively RDHs) shall retain patient records for a minimum of six (6) years after last patient contact. RDH educational programs shall retain clinical patient records for a minimum of six (6) years after last patient contact and RDH student records for a minimum of six (6) years after student graduation or exit from the program.

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45 CFR § 164.306 - Security standards: General rules.

(a) General requirements. Covered entities and business associates must do the following:

(1) Ensure the confidentiality, integrity, and availability of all electronic protected health information the covered entity or business associate creates, receives, maintains, or transmits.

(2) Protect against any reasonably anticipated threats or hazards to the security or integrity of such information.

(3) Protect against any reasonably anticipated uses or disclosures of such information that are not permitted or required under subpart E of this part.

(4) Ensure compliance with this subpart by its workforce.

(b) Flexibility of approach. (1) Covered entities and business associates may use any security measures that allow the covered entity or business associate to reasonably and appropriately implement the standards and implementation specifications as specified in this subpart.

(2) In deciding which security measures to use, a covered entity or business associate must take into account the following factors:

(i) The size, complexity, and capabilities of the covered entity or business associate.

(ii) The covered entity's or the business associate's technical infrastructure, hardware, and software security capabilities.

(iii) The costs of security measures.

(iv) The probability and criticality of potential risks to electronic protected health information.

(c) Standards. A covered entity or business associate must comply with the applicable standards as provided in this section and in §§ 164.308, 164.310, 164.312, 164.314 and 164.316 with respect to all electronic protected health information.

(d) Implementation specifications. In this subpart:

(1) Implementation specifications are required or addressable. If an implementation specification is required, the word "Required" appears in parentheses after the title of the implementation specification. If an implementation specification is addressable, the word "Addressable" appears in parentheses after the title of the implementation specification.

(2) When a standard adopted in § 164.308, § 164.310, § 164.312, § 164.314, or § 164.316 includes required implementation specifications, a covered entity or business associate must implement the implementation specifications.

U.S. CODE OF FEDERAL REGULATIONS

(3) When a standard adopted in § 164.308, § 164.310, § 164.312, § 164.314, or § 164.316 includes addressable implementation specifications, a covered entity or business associate must -

(i) Assess whether each implementation specification is a reasonable and appropriate safeguard in its environment, when analyzed with reference to the likely contribution to protecting electronic protected health information; and

(ii) As applicable to the covered entity or business associate -

(A) Implement the implementation specification if reasonable and appropriate; or

(B) If implementing the implementation specification is not reasonable and appropriate -

\$(1) Document why it would not be reasonable and appropriate to implement the implementation specification; and

\$(2) Implement an equivalent alternative measure if reasonable and appropriate.

(e) Maintenance. A covered entity or business associate must review and modify the security measures implemented under this subpart as needed to continue provision of reasonable and appropriate protection of electronic protected health information, and update documentation of such security measures in accordance with § 164.316(b)(2)(iii).

[68 FR 8376, Feb. 20, 2003; 68 FR 17153, Apr. 8, 2003; 78 FR 5693, Jan. 25, 2013]

45 CFR § 164.316 - Policies and procedures and documentation requirements.

A covered entity or business associate must, in accordance with § 164.306:

(a) Standard: Policies and procedures. Implement reasonable and appropriate policies and procedures to comply with the standards, implementation specifications, or other requirements of this subpart, taking into account those factors specified in § 164.306(b)(2)(i), (ii), (iii), and (iv). This standard is not to be construed to permit or excuse an action that violates any other standard, implementation specification, or other requirements of this subpart. A covered entity or business associate may change its policies and procedures at any time, provided that the changes are documented and are implemented in accordance with this subpart.

(b)(1) Standard: Documentation. (i) Maintain the policies and procedures implemented to comply with this subpart in written (which may be electronic) form; and

(ii) If an action, activity or assessment is required by this subpart to be documented, maintain a written (which may be electronic) record of the action, activity, or assessment.

(2) Implementation specifications:

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(i) Time limit (Required). Retain the documentation required by paragraph (b)(1) of this section for 6 years from the date of its creation or the date when it last was in effect, whichever is later.

(ii) Availability (Required). Make documentation available to those persons responsible for implementing the procedures to which the documentation pertains.

(iii) Updates (Required). Review documentation periodically, and update as needed, in response to environmental or operational changes affecting the security of the electronic protected health information.

[68 FR 8376, Feb. 20, 2003, as amended at 78 FR 5695, Jan. 25, 2013]



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Posted By HIPAA Journal on Jan 15, 2018



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The subtle distinction between HIPAA medical records retention and HIPAA record retention can cause confusion when discussing HIPAA retention requirements. This article aims to clarify what records need to be retained under HIPAA, and what other retention requirements Covered Entities should consider.

The HIPAA retention requirements are actually quite straightforward. What can cause confusion for some Covered Entities and Business Associates is the stipulation within the Privacy Rule that appropriate administrative, technical and physical safeguards must be implemented to “protect the privacy of Protected Health Information for whatever period such information is maintained”.

There is No HIPAA Medical Records Retention Period

The reason the Privacy Rule does not stipulate how long medical records should be retained is because there is no HIPAA medical records retention period. Each state has its own laws governing the retention of medical records, and – unlike in other areas of the Healthcare Insurance, Portability and Accountability Act – HIPAA does not pre-empt them.

Consequently, each Covered Entity and Business Associate is bound by the laws of states with regard to how long medical records have to be retained rather than any specific HIPAA medical records retention period. The states’ retention periods can vary considerably depending on the

nature of the records and to whom they belong. For example:

- In Florida, physicians must maintain medical records for five years after the last patient contact, whereas hospitals must maintain them for seven years.
- In Nevada, healthcare providers are required to maintain medical records for a minimum of five years, or – in the case of a minor – until the patient has reached twenty-three years of age.
- In North Carolina, hospitals must maintain patients' records for eleven years from the date of discharge, and records relating to minors must be retained until the patient has reached thirty years of age.

In that Case, what are the HIPAA Retention Requirements?

Although there are no HIPAA retention requirements for medical records, there is a requirement covering how long HIPAA-related documents should be retained. This is covered in [CFR §164.316\(b\)\(1\) and \(2\)](#), which states Covered Entities must maintain the policies and procedures implemented to comply [with HIPAA] and records of any action, activity or assessment.

CFR §164.316(b)(2)(i) stipulates the documents must be retained for a minimum of six years from when the document was created, or – in the event of a policy – from when it was last in effect. Therefore if a policy is implemented for three years before being revised, a record of the original policy must be retained for a minimum of nine years after its creation. HIPAA requirements preempt state laws if they require shorter periods of document retention.

The list of documents subject to the HIPAA retention requirements, and depends on the nature of business conducted by the Covered Entity or Business Associate. The following list is an example of the most common types of documents but, for example, health plans and healthcare clearinghouses do not issue Notices of Privacy Practices, so would not be required to retain copies of them:

- Notices of Privacy Practices.
- Authorizations for the Disclosure of PHI.
- Risk Assessments and Risk Analyses.
- Disaster Recovery and Contingency Plans.
- Business Associate Agreements.
- Information Security and Privacy Policies.
- Employee Sanction Policies.
- Incident and Breach Notification Documentation.

Complaint and Resolution Documentation.

- Physical Security Maintenance Records.
- Logs Recording Access to and Updating of PHI.
- IT Security System Reviews (including new procedures or technologies implemented).

What Else to Consider in Addition to HIPAA Record Retention

It was mentioned above the HIPAA retention requirements are actually quite straightforward and, when compared with some other regulatory requirements, that is certainly the case. In addition to HIPAA record retention, insurance companies may be subject to the complexities of FINRA while employers may have to comply with the record retention requirements of the Employee Retirement Income Security Act and Fair Labor Standards Act. In some cases, this can mean retaining records indefinitely.

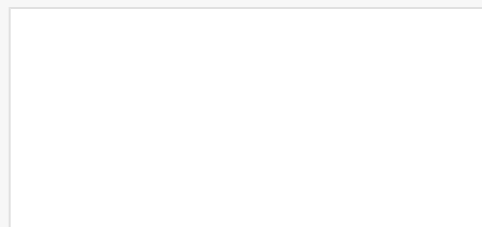
The Centers for Medicare & Medicaid Services (CMS) requires records of healthcare providers submitting cost reports to be retained for a period of at least five years after the closure of the cost report, and that Medicare managed care program providers retain their records for ten years. Providers and suppliers need to maintain medical records for each Medicare beneficiary that is their patient. Although much of the documentation supporting CMS cost reports will be the same as those required for HIPAA record retention purposes, the two sets of records must be kept separate for retrieval purposes.

For all Covered Entities and Business Associates, it is recommended any documentation that may be required in a personal injury or breach of contract dispute is retained for as long as necessary. "As long as necessary" will depend on the relevant Statute of Limitations in force in the state in which the entity operates. In many cases, the Statutes of Limitation are longer than any HIPAA record retention periods.

When the retention periods for medical records and HIPAA documentation has been reached, HIPAA requires physical and electronic forms of PHI to be disposed of securely to prevent impermissible disclosures of PHI. See 45 CFR § 164.310(d)(2)(i-iv).

Author: [Steve Alder](#) has many years of experience as a journalist, and comes from a background in market research. He is a specialist on legal and regulatory affairs, and has several years of experience writing about HIPAA. Steve holds a B.Sc. from the University of Liverpool.

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§ 59023. Class 1-Permanent Records.

The original of each of the records listed in this Section, or one exact copy thereof when the original is required by law to be filed with another agency, is a Class 1-Permanent record and shall be retained indefinitely, unless copied or reproduced in accordance with Subsection (e) of Section 59022.

(a) The following annual reports:

- (1) official budget;
- (2) financial report of all funds, including cafeteria and student body funds;
- (3) audit of all funds;
- (4) full-time equivalent student, including Period 1 and Period 2 reports; and
- (5) other major annual reports, including:

(A) those containing information relating to property, activities, financial condition, or transactions; and

(B) those declared by board minutes to be permanent.

(b) The following official actions:

(1) minutes of the board or committees thereof, including the text of a rule, regulation, policy, or resolution not set forth verbatim in minutes but included therein by reference only;

(2) elections, including the call, if any, for and the result (but not including detail documents, such as ballots) of an election called, conducted or canvassed by the governing board for a board member, the board member's recall, issuance of bonds, incurring any long-term liability, change in maximum tax rates, reorganization, or any other purpose; and

(3) records transmitted by another agency that pertain to that agency's action with respect to district reorganization.

(c) The following personnel records of employees. All detail records relating to employment, assignment, employee evaluations, amounts and dates of service rendered, termination or dismissal of an employee in any position, sick leave record, rate of compensation, salaries or wages paid, deductions or withholdings made and the person or agency to whom such amounts were paid. In lieu of the detail records, a complete proven summary payroll record for every employee of the school district containing the same data may be classified as Class 1-Permanent, and the detail records may then be classified as Class 3-Disposable.

(d) The following student records:

(1) the records of enrollment and scholarship for each student. Such records of enrollment and scholarship may include but need not be limited to:

(A) name of student;

(B) date of birth;

(C) place of birth;

(D) name and address of a parent having custody or a guardian, if the student is a minor;

(E) entering and leaving date for each academic year and for any summer session or other extra session;

(F) subjects taken during each year, half year, summer session or quarter; and

(G) if grades or credits are given, the grades and number of credits toward graduation allowed for work taken.

(2) All records pertaining to any accident or injury involving a student for which a claim for damages has been filed as required by law, including any policy of liability insurance relating thereto, except that these records cease to be Class 1-Permanent records, one year after the claim has been settled or after the applicable statute of limitations has run.

(e) Property Records. All detail records relating to land, buildings, and equipment. In lieu of such detail records, a complete property ledger may be classified as Class 1-Permanent, and the detail records may then be classified as Class 3-Disposable, if the property ledger includes:

(1) all fixed assets;

(2) an equipment inventory; and

(3) for each unit of property, the date of acquisition or augmentation, the person from whom acquired, an adequate description or identification, and the amount paid, and comparable data if the unit is disposed of by sale, loss, or otherwise.

Note: Authority cited: Sections 66700 and 70901, Education Code. Reference: Section 70901, Education Code.

§ 59024. Class 2-Optional Records.

Any record worthy of further preservation but not classified as Class 1-Permanent may be classified as Class 2-Optional and shall then be retained until reclassified as Class 3-Disposable. If the chief executive officer, or other designee, determines that classification should not be made by the time specified in section 59022, all records of the prior year may be classified as Class 2-Optional, pending further review and classification within one year.

Note: Authority cited: Sections 66700 and 70901, Education Code. Reference: Section 70901, Education Code.

§ 59025. Class 3-Disposable Records.

All records, other than Continuing Records, not classified as Class 1-Permanent or Class 2-Optional, shall be classified as Class 3-Disposable, including, but not limited to, detail records relating to:

(a) records basic to audit, including those relating to attendance, full-time equivalent student, or a business or financial transaction (purchase orders, invoices, warrants,

ledger sheets, canceled checks and stubs, student body and cafeteria fund records, etc.), and detail records used in the preparation of any other report; and
(b) periodic reports, such as daily, weekly, and monthly reports, bulletins, and instructions.

Note: Authority cited: Sections 66700 and 70901, Education Code. Reference: Section 70901, Education Code.

§ 59026. Retention Period.

(a) Generally, a Class 3-Disposable record, unless otherwise specified in this Subchapter, should be destroyed during the third college year after the college year in which it originated (e.g., 1993-94 plus 3 = 1996-97). Federal programs, including various student aid programs, may require longer retention periods and such program requirements shall take precedence over the requirements contained herein.

(b) With respect to records basic to an audit, a Class 3-Disposable record shall not be destroyed until after the third July 1 succeeding the completion of the audit required by Education Code Section 84040 or of any other legally required audit, or that period specified by Section 59118, or after the ending date of any retention period required by any agency other than the State of California, whichever date is later.

(c) With respect to continuing records, a continuing record shall not be destroyed until the third year after it has been classified as Class 3- Disposable.

Note: Authority cited: Sections 66700, 70901, 71020.5 and 84500, Education Code. Reference: Section 70901, Education Code.



MEMORANDUM

DATE	November 21, 2020
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	FULL 20: Discussion and Possible Action, and Recommendation to the Full Board on Inactive Status Licensure

Background:

During the November 22, 2019 Licensing and Examination Subcommittee meeting discussion took place regarding a reasonable amount of time a licensee may remain on inactive status before possible remediation requirements are necessary to update and restore an active dental hygiene license in the interest of consumer protection.

The Licensing and Examination Subcommittee requested staff to research the length of time for licensees to remain on an inactive status before possible remediation requirements are necessary to restore an active dental hygiene license at five years.

The table below shows 25 DCA boards that offer an Inactive license status and whether there are additional requirements to reactivate the license.

Board	Sections	Requirements for Reinstatement from Inactive License
Accountancy	BPC 5070.1, 16 CCR 15.3	Application, fees and continuing education
Acupuncture	16 CCR 1399.489.1.	Application, fees and continuing education
Chiropractic	16 CCR 371	Application, fees and continuing education
Dental	16 CCR 1017.2.	Application, fees and continuing education
Dental - DA	16 CCR 1017.2.	Application, fees and continuing education
Medical	BPC 704 16 CCR 1339.5	Application, fees and continuing education
Naturopathic Doctors	BPC 3636	Application, fees and continuing education
Nursing	BPC 2734, 2811	Application, fees and continuing education
Occupational Therapy	16 CCR 4127	Application, fees and continuing education
Optometry	BPC 3057	Yes* - General licensure issue

Board	Sections	Requirements for Reinstatement from Inactive License
		(b) If the board finds that the competency of a candidate for licensure pursuant to this section is in question, the board may require the passage of a written, practical, or clinical examination or completion of additional continuing education or coursework.
Osteopathic Medical	16 CCR §1646	Application, fees and continuing education
Pharmacy	BPC 4231 BPC 4211	Application, fees and continuing education
Physical Therapy	16 CCR 1399.98	Application, fees and continuing education
Physician Assistants	16 CCR 1399.619	Application, fees and continuing education
Podiatrists	16 CCR 1399.679	Application, fees and continuing education
Psychiatric Technicians	16 CCR 2592.6	Application, fees and continuing education
Psychologists	BPC 2988	Application, fees and continuing education
Licensed Educational Psychologists	BPC 4989.45	Application, fees and continuing education
Licensed Professional Clinical Counselors	BPC 4999.113	Application, fees and continuing education
Licensed Marriage and Family Therapists	BPC 4984.8	Application, fees and continuing education
Social Workers	BPC 4997.1	Application, fees and continuing education
Respiratory Care	BPC 3775.5 16 CCR 1399.356	Application, fees and continuing education
Clinical Laboratory Technology	BPC 1301	Yes (2) If the renewal fee is not paid for five or more years, the department may require an examination before reinstating the license, except that no examination shall be required as a condition for reinstatement if the original license was issued without an examination. No examination shall be required for reinstatement if the license was forfeited solely by reason of nonpayment of the renewal fee if the nonpayment was for less than five years.
Veterinary Medicine	BPC 4846.5	Application, fees and continuing education

Board	Sections	Requirements for Reinstatement from Inactive License
Vocational Nurses	16 CCR 2540.6	Application, fees and continuing education

Staff Recommendation:

Of the 25 licensing boards researched, 23 do not have further requirements like remediation for reinstatement of an inactive license. At the current time, staff does not recommend imposition of dental hygiene remediation requirements for reinstatement of an inactive license. As many other licensing programs do not have any type of remediation requirements, including the Dental Board of California, by imposing remediation requirements it could be viewed as prohibitive and a barrier to provide dental hygiene services. Also, in reactivating an RDH license, in addition to the completion of the current license renewal amount of continuing education hours, the licensee will be working under the supervision of a licensed dentist and on his/her patients, so there would be supervisory oversight should the RDH decide to return to active practice.

Pros:

By imposing remediation, the inactive licensee that has not practiced dental hygiene for an extended period (over 5 years) will have an opportunity for active practice to ensure their dental hygiene skills are current and safe.

Cons:

California is actively moving towards removing barriers to licensure. By imposing remediation requirements after a certain period of time away from practice without proper cause, it could be viewed as prohibitive and a barrier for a licensee to provide dental hygiene services.



MEMORANDUM

DATE	November 21, 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 21: Dental Hygiene Educational Program Site Visit Update and Schedule.

1. Cabrillo College
 - a. Site visit generated as a part of CODA Self Study review and as a part of the DHBC oversight goals to review all dental hygiene educational programs in California.
 - b. On November 7, 2019 a site visit was conducted at the Cabrillo College campus.
 - c. Current Status:
 - i. In compliance.
 - ii. See Cabrillo report.

2. Cypress College
 - a. Site visit generated as a part of the DHBC oversight goals to review all dental hygiene educational programs in California.
 - b. On March 3, 2020 a site visit was conducted at the Cypress College campus.
 - c. Current Status:
 - i. Not in compliance.
 - ii. See Cypress report.

3. Oxnard College
 - a. On September 16, 2020, Oxnard College placed an “Interim Dental Program Coordinator” and not an “Interim Dental Hygiene Program Director” as prescribed by the California Code of Regulations (CCR), Title 16, sections 1105(j) and 1105.1(a).
 - b. On September 28, 2020, Oxnard College notified and provided evidence to the DHBC that the program director deficiency was corrected.
 - c. Current Status:
 - i. In compliance.
 - ii. See Oxnard report.

RDH Educational Program	CODA Visit	DHBC Visit
Cabrillo College	October 9-10, 2019	November 7, 2019
Carrington - Sacramento	September 23-24, 2020	TBD
Carrington - San Jose	June 23-24, 2020	TBD-Was July 6, 2020
Cerritos College	2016 / 2023	February 15, 2017
Chabot College	2015 / 2022	
Concorde Career College-Garden Grove	July 11-12, 2019	January 18, 2018
Concorde Career College-San Bernardino	February 1-2, 2018	January 19, 2018
Concorde Career College-San Diego	May 19-20, 2020	TBD-Was June 15, 2020
Cypress College	2015 / 2022	March 3, 2020
Diablo Valley College	2017 / 2024	February 26, 2019
Foothill College	June 13-15, 2018	October 18, 2018
Fresno City College	October 1-2, 2020	TBD-Was November 4, 2020
Loma Linda University	2016 / 2023	
Moreno Valley College	February 26-27, 2019	May 30, 2017
Oxnard College	October 27-28, 2020	TBD-Was December 3, 2020
Pasadena City College	2016 / 2023	
Sacramento City College	November 28-30, 2018	December 7, 2018
San Joaquin Valley College - Ontario	2014 / 2021	New PD 9-19 needs SV
San Joaquin Valley College - Visalia	July 17-18, 2019	November 14, 2019
Santa Rosa Junior College	2015 / 2022	New PD 2-20 needs SV
Shasta College	2015 / 2022	March 12, 2018
Southwestern College	2015 / 2022	New PD 10-20 needs SV
Taft College	2016 / 2023	July 24, 2017
University of Southern California	2015 / 2022	
University of the Pacific	April 2-3, 2019	February 13, 2020
West Coast University	2017 / 2024	
West Los Angeles College	February 23-24, 2017	October 30, 2018



October 5, 2020

Noel Kelsch RDHAP, MS
Cabrillo College
6500 Soquel Drive
Aptos, CA 95003

Dear Ms. Kelsch,

The Dental Hygiene Board of California (DHBC) conducted a site visit on November 7, 2019 of the Cabrillo College Dental Hygiene Educational Program (Cabrillo). This site visit was generated due to the review of Cabrillo's Commission on Dental Accreditation (CODA) of the American Dental Association Self Study, as well as DHBC's oversight goals to review all dental hygiene educational programs in California. Based on the results of the site visit and a review of the documentation provided by Cabrillo, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations and CODA was deficient.

On February 6, 2020, Cabrillo submitted evidence of corrections to the DHBC. The DHBC noted compliance to all but one deficiency and was required to provide evidence of compliance to the remaining deficiency no later than August 1, 2020.

Upon receipt of a letter from Cabrillo College dated March 20, 2020, the DHBC granted Cabrillo an extension to provide evidence of compliance to the remaining deficiency recorded in the March 5, 2020 DHBC report no later than September 15, 2020.

On September 11, 2020, providing provides a narrative and a three-year Budget of resources committed to the Dental Hygiene program at Cabrillo College, spanning academic years 2018-19, 2019-20, and 2020-21 as evidence of corrections to the DHBC. After review, the DHBC requested a teleconference to request clarification of the documentation provided by Cabrillo which took place on September 21, 2020. The DHBC requested Cabrillo provide a revised letter with clarifying documentation as evidence of compliance.

On October 2, 2020, Cabrillo submitted a revised letter dated September 11, 2020 providing a clarified narrative and a three-year Budget of resources committed to the Dental Hygiene program at Cabrillo College, spanning academic years 2018-19, 2019-20, and 2020-21 as evidence of corrections to the DHBC.

The DHBC has determined that Cabrillo provided evidence of stable financial resources to the dental hygiene program to ensure continuity of the program and is now **in compliance**.

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a responsibility to ensure that all dental hygiene programs meet the same educational standards in preparing their graduates for the profession. If you have any questions regarding this report, please feel free to contact me at adina.petty@dca.ca.gov.

Sincerely,

Adina A. Pineschi-Petty DDS

Education, Legislative, and Regulatory Specialist
Dental Hygiene Board of California

Cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Dr. Matthew Wetstein, Superintendent/President, Cabrillo College
Dr. Cynthia FitzGerald, Associate Dean, Cabrillo College



October 29, 2020

JoAnna Schilling, Ph.D.
President
Cypress College
9200 Valley View Street
Cypress, CA 90630

Dear Dr. Schilling,

The Dental Hygiene Board of California (DHBC) conducted a site visit on March 3, 2020 of the Cypress College Dental Hygiene Program (Cypress). This site visit was generated due to DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) was deficient.

On August 27, 2020, the DHBC granted Cypress an extension to provide evidence of compliance to the deficiencies recorded in the March 5, 2020 DHBC Site Visit Report. The current status as to the deficiencies are as follows:

1. Deficiency 1 - Stable Financial Resources

- a. Evidence of compliance due on August 24, 2020:
 - i. Cypress to provide stable financial resources to the DHEP pursuant to 16 CCR §1104 (b), 16 CCR §1104 (b)(5), and CODA Standard 1-2.
 - ii. Evidence of compliance shall include, but not limited to, the formal budget for the DHEP clinic demonstrating stable support for the viability of the DHEP clinic.

- b. Evidence Provided by Cypress on August 24, 2020:
 - i. Cypress provided Exhibit A and stated: "These budgets reflect the ongoing maintenance and equipment support provided by the college, funding for salary and benefits, support for the programmatic needs and operating expenses of the clinic and program, as well as revenue collected by the clinic for supplies needed to support the clinic. To clarify, the revenue collected from the clinic does not support the operating expenses; this funding goes to incidentals and other supplies needed in the clinic, but all personnel, equipment, and safety protocols are supported by the overall college operating expenses."

- c. DHBC Determination:
 - i. **In compliance.**

- ii. Cypress to continue to provide stable financial resources to the DHEP pursuant to 16 CCR §1104 (b), 16 CCR §1104 (b)(5), and CODA Standard 1-2.

2. Deficiency 2 - Program Director Assignment

- a. Evidence of compliance due on July 5, 2020:
 - i. Cypress shall provide evidence of a “Dental Hygiene Program Director” position and responsibilities pursuant to 16 CCR § 1105 (j), 16 CCR § 1105.1 (a), in addition to meeting CODA Standards 3-2 and 3-4.
 - ii. Evidence of compliance shall include, but not limited to, the formal DHEP Director signed contract and assignment schedule.
- b. Evidence provided by Cypress on July 5, 2020:
 - i. Cypress stated: “To address this deficiency and all requirements, Cypress College has created a new job description for the Dental Hygiene Program Director, in accordance with the CODA Standards and responsibilities pursuant to 16 CCR § 1105 (j); 16 CCR § 1105.1 (a); and CODA standards 3-2 and 3-4. This position begins July 2020 as a 100% reassigned fulltime director position, filled by the current faculty coordinator, and will go through the official board approvals in the academic year 2020-21 to finalize a permanent Program Director by July 2021.”
 - ii. Cypress provided exhibit B and stated: “...details the new college and department-approved job description providing the authority to administer the educational program in accordance with CODA Standard 3-4 and sufficient administrative time for the Program Director to adequately address the needs and requirements of the Dental Hygiene Program.”
- c. DHBC Determination:
 - i. **Not in compliance.**
 - ii. Cypress to provide evidence of an official, approved position for a permanent DHEP director, as well as provide notification to the DHBC of the assigned permanent DHEP director.
 - iii. Evidence of **full compliance** due on **July 30, 2021.**

3. Deficiency 3 – Faculty

- a. DHEP Faculty Lab Hours Deficiency
 - i. Evidence of compliance extension granted until **December 31, 2020.**
 - ii. Evidence of compliance shall include, but not limited to, the formal Collective Bargaining Agreement and faculty assignment schedules.
- b. DHBC Determination
 - i. **Not in compliance.**
 - ii. Cypress shall provide faculty pursuant to 16 CCR § 1105 (i), 16 CCR § 1105 (k), and CODA Standard 3-5.
 - iii. Evidence of **full compliance** due on **December 31, 2020.**

4. Deficiency 3 – Faculty Facilities

- a. Evidence of compliance due on August 24, 2020:
 - i. Cypress shall provide DHEP faculty facilities pursuant to 16 CCR § 1105 (i), 16 CCR § 1105 (k), CODA Standard 3-5, CODA Standard 4-1 and CODA Standard 4-6.
 - ii. Evidence of compliance shall include, but not limited to, narrative, schematics, and photographs of the facility.
- b. Evidence of compliance provided by Cypress on August 24, 2020:
 - i. Cypress provided Exhibit B and stated: “Although all full-time faculty have private offices, it was noted that the facilities for adjunct faculty did not provide adequate space for faculty to work between classes, meet with students, access computers and workspace while on campus. To address this deficiency and all requirements, Cypress College has designated a room on the 3rd floor of the Health Science Building (Room 318) which will accommodate up to 10-15 people at a time, although on a typical day, only 5-6 faculty will utilize this facility. This new space has kitchen space, a conference table, computer workstations, lockers, and counter space for projects. There is ample space for meeting with students and providing quiet workspace for faculty.”
- c. DHBC Determination:
 - i. **In compliance.**
 - ii. Cypress to continue to provide DHEP faculty facilities pursuant to 16 CCR § 1105 (i), 16 CCR § 1105 (k), CODA Standard 3-5, CODA Standard 4-1 and CODA Standard 4-6.

5. Deficiency 4 – DHEP Prerequisites

- a. Evidence of compliance due on July 5, 2020:
 - i. Cypress to require mathematics as a prerequisite to the DHEP pursuant to 16 CCR §1105(f).
 - ii. Evidence of compliance shall include, but not limited to, College Catalog, DHEP application, and DHEP entrance checklists.
- b. Evidence of compliance provided by Cypress on July 5, 2020:
 - i. Cypress provided Exhibit C and stated: “To address this deficiency, the college has listed Math 40C or higher, as a pre-requisite for admission to the DHEP, and have listed all program pre-requisites in the Dental Hygiene brochure which notifies prospective students of the requirements for entry into the Dental Hygiene Program.”
- c. DHBC Determination:
 - i. **In compliance.**
 - ii. Cypress to continue to require mathematics as a prerequisite to the DHEP pursuant to 16 CCR §1105(f).

6. Deficiency 5 – Administrative Staffing

- a. Evidence of temporary administrative staffing compliance due on August 24, 2020:
 - i. Cypress to provide qualified institutional support personnel pursuant to 16 CCR § 1105 (i), 16 CCR § 1105 (k), and CODA Standard 3-11.
 - ii. Evidence of compliance shall include, but not limited to, assigned staff curriculum vitae (CV) and assignment schedule.
- b. Evidence of temporary administrative staffing compliance provided by Cypress on August 24, 2020:
 - i. Cypress provided Exhibits C1 – C3, the Dental Hygiene Services Assistant’s Schedule, and stated: “To address this deficiency, Cypress College DHEP has reorganized the Dental Hygiene Educational Program staffing to provide support and to ensure compliance with DHBC standards. The college has developed a new job description, the Dental Hygiene Services Assistant, and has shifted a current full-time employee to this role to meet the needs of the front office clinic duties. Due to the pandemic, the DHEP Clinic will not be open to the public and hours are Monday and Fridays 8am to 5pm. This employee will serve all days and hours the clinic is open this fall.”
- c. DHBC Determination:
 - i. **Temporary** administrative staffing **in compliance**.
 - ii. **Permanent** administrative staffing **not in compliance**.
 1. Extension granted until **December 31, 2020**.
 - iii. Cypress to continue to provide qualified institutional support personnel pursuant to 16 CCR § 1105 (i), 16 CCR § 1105 (k), and CODA Standard 3-11.

7. Deficiency 6 – Clinical Staffing and Infection Control Oversight

- a. Evidence of DHEP temporary clinical staffing compliance due on August 24, 2020:
 - i. Cypress to provide adequate oversight to sterilization and infection control processes pursuant to 16 CCR § 1105 (b)(4), 16 CCR § 1105 (i), 16 CCR § 1105 (k), 16 CCR § 1105.2(d)(3)(A), in addition to CODA Standard 3-11, and CODA Standard 4-1.
 - ii. Evidence of compliance shall include, but not limited to, assigned staff curriculum vitae (CV) and assignment schedule.
- b. Evidence of temporary clinical staffing compliance provided by Cypress on August 24, 2020:
 - i. Cypress provided Exhibits D1 – D3 and stated: “To address this deficiency, Cypress College DHEP has reorganized the Dental Hygiene Educational Program staffing (see Exhibit C) and hired a temporary employee to provide support until a permanent employee can be hired. The college has also developed a new job description, the Dental Hygiene Clinical Technician, to meet the needs of the back-office sterilization and infection control clinic duties. Due to the pandemic, the DHEP Clinic will be closed to the public the entire fall semester and will only conduct clinic hours for

students to work on pre-screened friends and family on Monday and Fridays 8am to 5pm. The Dental Hygiene Clinical Technician will be on duty all days and hours the clinic is open this fall.”

- c. DHBC Determination
 - i. **Temporary** clinical staffing in compliance.
 - ii. **Permanent** clinical staffing **not in compliance**.
 - 1. Extension granted until **December 31, 2020**.
 - iii. Cypress shall continue to provide clinical staff and adequate oversight to sterilization and infection control processes pursuant to 16 CCR § 1105 (b)(4), 16 CCR § 1105 (i), 16 CCR § 1105 (k), 16 CCR § 1105.2(d)(3)(A), in addition to CODA Standard 3-11, and CODA Standard 4-1.

8. Deficiency 7 – Clinic Infection Control

- a. Evidence of clinic infection control compliance due on August 24, 2020:
 - i. Cypress shall follow infection control protocols pursuant to 16 CCR §§ 1105.2 (d)(3)(A), 1105.2(d)(3)(C), 1105.2(d)(3)(D)(xii), 1005, in addition to 8 CCR § 5193, CODA Standard 5-1, and following the recommendations of the CDC Guidelines for Infection Control in Dental Health Care Settings – 2003.
 - ii. Evidence of compliance shall include, but not limited to, narrative, schematics, and photographs of the facility.

- b. Evidence of infection control compliance provided by Cypress on October 29, 2020:

To address this deficiency, Cypress College DHEP has remodeled our clinic facilities to ensure compliance with DHBC and CDC infection control regulations. This includes the following, which have been approved:

- 1. Conducted an on-site 100-point infection control comprehensive compliance evaluation and implemented recommended changes.
- 2. Sterilization center completion – separate entrance (dirty) and exit (clean).
- 3. All computer workstations with wipeable keyboards and mice.
- 4. All dental clinic trash cans with lids.

The following items had not been delivered by August 24, 2020 and DHBC granted an extension to October 31, 2020. The initial list submitted in the August 24 report included wall mounted air purifiers and one Jade purifier. But after reviewing the remodeled space, the Cypress DHEP decided to forgo the wall mounted purifiers and order additional Jade purifiers for maximum efficiency and effectiveness. The following exhibits are offered to demonstrate compliance:

Exhibit A: Sixteen (16) chairside Aerosol collectors

Exhibit B: Seven (7) floor Jade Air Purification System with 6-Stages of filtration including proprietary HEPA-Rx ultrafine filtration for the dental clinic.

The clinic has 7 Jade Air Purifiers that are installed throughout the dental clinic and reception area. These stand-alone air purifiers have a filtration capacity of 6,000 square feet per unit.

- c. Determination
 - i. **In compliance.**
 - ii. Cypress shall continue to provide clinical infection control compliance pursuant to 16 CCR §§ 1105.2 (d)(3)(A), 1105.2(d)(3)(C), 1105.2(d)(3)(D)(xii), 1005, in addition to 8 CCR § 5193, CODA Standard 5-1, and following the recommendations of the CDC Guidelines for Infection Control in Dental Health Care Settings – 2003.

9. Deficiency 8 – Patient Privacy and Health Insurance Portability and Accountability Act (HIPAA) and Americans with Disabilities Act (ADA) Compliance

- a. Evidence of HIPAA & ADA compliance due on August 24, 2020:
 - i. Cypress shall follow patient privacy protocols pursuant to the Patient Privacy and Health Insurance Portability and Accountability Act of 1996 and HSC Division 109, section 130203 (a).
 - ii. Evidence of compliance shall include, but not limited to, narrative, schematics, and photographs of the facility.

- b. Evidence of HIPAA & ADA compliance provided by Cypress on October 29, 2020: To address this deficiency, Cypress College DHEP has remodeled our clinic facilities, to include improvements in order to ensure HIPAA and ADA compliance. This includes the following, which have been approved:
 - 1. Two (2) doors installed to provide a barrier between the front office area and the dental clinic.
 - 2. Installed privacy screens on all 36 dental clinic computers.
 - 3. Provided a barrier between patient chairs with eight (8) new center island cabinets and frosted plexiglass partitions mounted to cabinet to separated patient chairs.
 - 4. Provided a barrier between patient chairs with 10 temporary partitions to separate between the patient chairs and walkways.

The privacy in the front office area had not been finalized by August 24, 2020 and was granted an extension by DHBC until October 31, 2020. The following exhibit is offered to demonstrate compliance:

Exhibit C: Privacy in the front office area with new ADA compliant reception desk, surgical grade flooring, and wipeable front office chairs.

- c. DHBC Determination:
 - i. **In compliance.**
 - ii. Cypress shall continue to provide HIPAA & ADA compliance pursuant to the Patient Privacy and Health Insurance Portability and Accountability Act of 1996 and HSC Division 109, section 130203 (a).

You will be required to provide evidence of compliance to the above remaining deficiencies no later than the timelines provided above.

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a responsibility to ensure that all DHEPs meet the same educational standards in preparing their graduates for the

profession. If Cypress does not correct the remaining deficiencies by the above provided timelines, Cypress risks the DHBC's approval of the Cypress DHEP and for Cypress DHEP graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at adina.petty@dca.ca.gov.

Sincerely,

Adina C. Pineschi-Petty DDS

Education, Legislative, and Regulatory Specialist
Dental Hygiene Board of California

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Kendra Velasco R.D.H., M.S., Dental Hygiene Program Coordinator, Cypress College
Rebecca R. Gomez M.S., M.A., RHIA, Health Science Division Dean, Cypress College



September 30, 2020

Luis Sanchez JD, LLM
President
Oxnard College
4000 South Rose Avenue
Oxnard, CA 93033

Dear Mr. Sanchez,

On September 28, 2020, the Dental Hygiene Board of California (DHBC) received the updated appointment documentation for Susan McDonald as the Interim Dental Program Director for the Dental Hygiene Educational Program at Oxnard College. The Dental Hygiene Educational Program at Oxnard College is now **in compliance** with Program Director requirements as prescribed by the California Code of Regulations (CCR), Title 16, sections 1105(j) and 1105.1(a).

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a responsibility to ensure that all dental hygiene programs meet the same educational standards in preparing their graduates for the profession. If you have any questions regarding this report, please feel free to contact me at adina.petty@dca.ca.gov.

Sincerely,

Adina C. Pineschi-Petty DDS

Education, Legislative, and Regulatory Specialist
Dental Hygiene Board of California

cc: Anthony Lum, Executive Officer, Dental Hygiene Committee of California
Susan McDonald, MAED, RDH, Interim Dental Program Coordinator, Oxnard College

**Dental Hygiene Board of California
Enforcement Statistics
FY 19/20**

*N/A = Data Not Available.

As Of	7/30	8/31	9/30	10/31	11/30	12/31	1/31	2/29	3/31	4/30	5/31	6/30
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Complaints Received

Consumer Complaints	16	11	3	3	4	2	8	6	24	22	3	35
Arrests/Convictions	10	15	2	7	3	8	5	6	6	2	1	2
Applicants	13	7	3	9	4	4	2	4	1	2	0	1
Totals	39	33	8	19	11	14	15	16	31	26	4	38

Complaint Case Type Received

Criminal Charges/Convictions	23	22	5	16	8	12	6	10	7	2	1	3
Incompetence/ Negligence	0	0	0	0	0	0	0	0	0	0	0	0
Non-Jurisdictional	0	1	0	1	0	2	0	0	2	0	1	0
Sexual Misconduct	1	0	0	0	1	0	0	1	0	0	0	0
Substance Abuse - No criminal charges	0	0	1	0	1	0	0	0	0	0	0	0
Unprofessional Conduct	12	6	2	1	0	0	8	2	19	22	0	31
Unlicensed	2	4	0	1	0	0	0	2	0	0	0	2
Unsafe/Unsanitary Conditions	1	0	0	0	1	0	1	0	2	2	1	1
Other	0	0	0	0	0	0	0	1	1	0	1	1

**Dental Hygiene Board of California
Enforcement Statistics
FY 19/20**

*N/A = Data Not Available.

As Of	7/30	8/31	9/30	10/31	11/30	12/31	1/31	2/29	3/31	4/30	5/31	6/30
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Complaint Closures w/no additional Disciplinary or Administrative Action

Application Approved	9	4	3	10	4	5	3	4	1	3	0	1
Insufficient Evidence	1	6	5	3	3	3	0	2	6	1	2	1
No Violation	5	4	2	0	1	0	2	1	2	3	1	2
No Jurisdiction	6	4	2	0	1	3	6	2	3	1	3	2
Other (includes, but not limited to redundant complaints and those awaiting criminal disposition)	14	3	9	1	3	2	10	2	1	2	2	0
Totals	35	21	21	14	12	13	21	11	13	10	8	6

Investigations

Open Investigations

Desk Investigations	*N/A	*N/A	41	40	40	31	24	21	37	26	20	48
Field Investigations	*N/A	*N/A	46	46	47	41	39	42	40	41	39	40
Totals	*N/A	*N/A	87	86	87	72	63	63	77	67	59	88

Closed Investigations

Desk Investigations	25	12	14	25	12	17	19	9	26	24	4	9
Field Investigations	4	3	4	4	3	3	6	2	7	4	1	3
Totals	29	15	18	29	15	20	25	11	33	28	5	12

**Dental Hygiene Board of California
Enforcement Statistics
FY 19/20**

*N/A = Data Not Available.

As Of	7/30	8/31	9/30	10/31	11/30	12/31	1/31	2/29	3/31	4/30	5/31	6/30
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Case Aging for Investigations (Open Cases)

Desk Investigations

<i>0-6 months</i>	*N/A	*N/A	25	23	14	22	19	17	33	22	17	40
<i>7-12 months</i>	*N/A	*N/A	11	10	8	9	5	4	2	3	2	7
<i>>1 yr - 1.5 years</i>	*N/A	*N/A	5	3	5	0	0	1	2	1	1	1
<i>>1.5 years - 2 years</i>	*N/A	*N/A	5	4	3	0	0	0	0	0	0	0
<i>>2 years</i>	*N/A	*N/A	1	0	0	0	0	0	0	0	0	0

Field Investigations

<i>0-6 months</i>	*N/A	*N/A	14	15	15	12	9	11	15	19	19	21
<i>7-12 months</i>	*N/A	*N/A	12	10	10	8	9	12	11	9	8	7
<i>>1 yr - 1.5 years</i>	*N/A	*N/A	7	8	9	10	9	10	7	6	6	4
<i>>1.5 years - 2 years</i>	*N/A	*N/A	8	7	6	5	7	6	5	4	3	5
<i>>2 years</i>	*N/A	*N/A	5	6	7	6	5	3	2	3	3	3

Attorney General's Office (AG)

Discipline

Cases Transmitted to AG	0	1	4	8	1	6	2	0	2	1	0	2
Statement of Issues Filed	0	0	0	1	1	0	0	0	0	0	0	0
Accusations Filed	1	0	0	2	4	1	0	0	2	1	0	0
Accusations Withdrawn	0	0	0	1	0	0	0	0	0	0	0	0
Revocation	0	1	1	0	0	0	0	0	2	1	2	0
Surrender	0	1	0	0	0	0	1	0	0	0	0	2
Probation	0	1	0	1	0	0	0	3	1	0	0	1

**Dental Hygiene Board of California
Enforcement Statistics
FY 19/20**

*N/A = Data Not Available.

As Of	7/30	8/31	9/30	10/31	11/30	12/31	1/31	2/29	3/31	4/30	5/31	6/30
Probation Subsequent Discipline												
Subsequent Case Transmitted to AG	2	1	2	5	1	1	0	1	1	1	0	0
Petition to Revoke Probation Filed	0	1	2	3	2	2	0	0	0	0	0	1
Accusation/Petition to Revoke Probation Filed	0	0	0	0	0	0	0	0	0	0	0	0
Revoked	0	0	1	0	0	1	0	0	0	0	1	0
Surrendered	0	1	0	0	0	1	1	0	0	0	0	2
Probation Extended	0	1	0	0	0	0	0	0	1	0	0	0

All AG Cases Pending Disciplinary Action

Totals	*N/A	*N/A	17	26	28	34	34	32	31	31	26	23
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Case Aging for Pending AG Cases From Time of Transmittal

<i>0-6 months</i>	*N/A	*N/A	11	21	23	28	28	25	23	17	12	8
<i>7-12 months</i>	*N/A	*N/A	3	3	3	3	4	6	7	11	12	13
<i>>1 yr - 1.5 years</i>	*N/A	*N/A	3	2	2	2	2	1	0	2	1	1
<i>>1.5 years - 2 years</i>	*N/A	*N/A	0	0	0	0	0	0	1	1	1	1
<i>>2 years</i>	*N/A	*N/A	0	0	0	0	0	0	0	0	0	0

**Dental Hygiene Board of California
Enforcement Statistics
FY 19/20**

*N/A = Data Not Available.

As Of	7/30	8/31	9/30	10/31	11/30	12/31	1/31	2/29	3/31	4/30	5/31	6/30
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Citation/Fine

Citations Issued	1	3	13	3	2	2	3	0	2	23	8	0
Citations Dismissed	0	0	0	0	1	0	0	0	0	0	0	1
Total Amount Ordered FY 19/20	\$ 30,150.00											

Probation

Active Probationers	41	39	40	41	41	39	36	39	38	37	33	34
Tolled Probationers	3	3	3	3	3	3	3	3	3	3	3	3
Biological Testing Probationers	26	24	24	24	24	22	20	22	23	22	22	22
Positive Drug Screen for Banned Substances	3	3	3	4	3	0	1	0	0	1	0	0
Violations of Probation Issued	8	4	6	5	1	7	6	5	5	9	5	5

Dental Hygiene Board of California Enforcement Statistics FY 20/21

*N/A = Data Not Available.

As Of	7/30	8/31	9/30	10/31	11/30	12/31	1/31	2/29	3/31	4/30	5/31	6/30
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Complaints Received

Consumer Complaints	114	75	10	30								
Arrests/Convictions	3	5	4	2								
Applicants	1	0	2	13								
Totals	118	80	16	45								

Complaint Case Type Received

Criminal Charges/Convictions	*N/A	*N/A	*N/A	*N/A								
Incompetence/ Negligence	*N/A	*N/A	*N/A	*N/A								
Non-Jurisdictional	*N/A	*N/A	*N/A	*N/A								
Sexual Misconduct	*N/A	*N/A	*N/A	*N/A								
Substance Abuse - No criminal charges	*N/A	*N/A	*N/A	*N/A								
Unprofessional Conduct	*N/A	*N/A	*N/A	*N/A								
Unlicensed	*N/A	*N/A	*N/A	*N/A								
Unsafe/Unsanitary Conditions	*N/A	*N/A	*N/A	*N/A								
Other	*N/A	*N/A	*N/A	*N/A								

As Of	7/30	8/31	9/30	10/31	11/30	12/31	1/31	2/29	3/31	4/30	5/31	6/30
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Complaint Closures w/no additional Disciplinary or Administrative Action

Application Approved	1	1	1	10								
Insufficient Evidence	1	1	2	1								
No Violation	5	3	2	4								
No Jurisdiction	6	5	5	3								
Other (includes, but not limited to redundant complaints and those awaiting criminal disposition)												
	4	8	1	2								
Totals	17	18	11	20								

Investigations

Open Investigations

Desk Investigations	*N/A	*N/A	*N/A	*N/A								
Field Investigations	*N/A	*N/A	*N/A	*N/A								
Totals	*N/A	*N/A	*N/A	*N/A								

Closed Investigations

Desk Investigations	15	18	13	17								
Field Investigations	3	3	3	4								
Totals	18	21	16	21								

As Of	7/30	8/31	9/30	10/31	11/30	12/31	1/31	2/29	3/31	4/30	5/31	6/30
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Case Aging for Investigations (Open Cases)

Desk Investigations

<i>0-6 months</i>	*N/A	*N/A	*N/A	*N/A								
<i>7-12 months</i>	*N/A	*N/A	*N/A	*N/A								
<i>>1 yr - 1.5 years</i>	*N/A	*N/A	*N/A	*N/A								
<i>>1.5 years - 2 years</i>	*N/A	*N/A	*N/A	*N/A								
<i>>2 years</i>	*N/A	*N/A	*N/A	*N/A								

Field Investigations

<i>0-6 months</i>	*N/A	*N/A	*N/A	*N/A								
<i>7-12 months</i>	*N/A	*N/A	*N/A	*N/A								
<i>>1 yr - 1.5 years</i>	*N/A	*N/A	*N/A	*N/A								
<i>>1.5 years - 2 years</i>	*N/A	*N/A	*N/A	*N/A								
<i>>2 years</i>	*N/A	*N/A	*N/A	*N/A								

Attorney General's Office (AG)

Discipline

Cases Transmitted to AG	0	1	0	0								
Statement of Issues Filed	0	0	0	0								
Accusations Filed	0	1	0	0								
Accusations Withdrawn	0	0	0	0								
Revocation	0	1	1	0								
Surrender	1	0	0	0								
Probation	0	0	0	1								

As Of	7/30	8/31	9/30	10/31	11/30	12/31	1/31	2/29	3/31	4/30	5/31	6/30
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Probation Subsequent Discipline

Subsequent Case Transmitted to AG	0	0	0	0								
Petition to Revoke Probation Filed	0	0	0	0								
Accusation/Petition to Revoked Probation Filed	0	0	0	0								
Revoked	0	1	0	1								
Surrendered	1	0	0	0								
Probation Extended	0	0	0	0								

All AG Cases Pending Disciplinary Action

Totals	*N/A	*N/A	*N/A	*N/A								
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Case Aging for Pending AG Cases From Time of Transmittal

<i>0-6 months</i>	*N/A	*N/A	*N/A	*N/A								
<i>7-12 months</i>	*N/A	*N/A	*N/A	*N/A								
<i>>1 yr - 1.5 years</i>	*N/A	*N/A	*N/A	*N/A								
<i>>1.5 years - 2 years</i>	*N/A	*N/A	*N/A	*N/A								
<i>>2 years</i>	*N/A	*N/A	*N/A	*N/A								

As Of	7/30	8/31	9/30	10/31	11/30	12/31	1/31	2/29	3/31	4/30	5/31	6/30
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Citation/Fine

Citations Issued	3	3	8	2								
Citations Dismissed	0	0	0	0								
Total Amount Ordered FY 20/21	\$5,750.00											

Probation

Active Probationers	34	33	32	30								
Tolled Probationers	3	3	3	3								
Biological Testing Probationers	22	21	21	19								
Positive Drug Screen for Banned Substances	0	0	0	0								
Violations of Probation Issued	0	2	2	2								



MEMORANDUM

DATE	November 21, 2020
TO	Dental Hygiene Board of California
FROM	Anthony Lum, Executive Officer Presented by Traci Napper, Program Analyst
SUBJECT	Licensure Statistics

Overall DHBC Licensure Statistics (as of November 5, 2020)

LICENSE STATUS	LICENSE TYPE				
	RDH	RDHAP	RDHEF	FNP	TOTAL
ACTIVE	17,854	591	24	126	18,595
INACTIVE	1,844	41	0	0	1,885
DELINQUENT	3,618	116	5	77	3,816
LICENSED SUBTOTAL	23,316	748	29	203	24,296
REVOKED	38	1	0	0	39
DENIED	0	0	0	0	0
VOLUNTARY SURRENDERED	16	2	0	0	18
CANCELLED	9,269	30	3	52	9,354
DECEASED	219	2	0	0	221
RETIRED	37	1	0	0	38
*COVID-19	2	0	0	0	2
NON-LICENSED SUBTOTAL	9,581	36	3	52	9,672
TOTAL POPULATION (Licensed Subtotal plus Non-licensed Subtotal)	32,897	784	32	255	33,968

LICENSE TYPES

Registered Dental Hygienist - **RDH**
 Registered Dental Hygienist in Alternative Practice - **RDHAP**
 Registered Dental Hygienist in Extended Function - **RDHEF**
 Fictitious Name Permit - **FNP**

LICENSE STATUS

Active – A license that has completed all renewal requirements.
Inactive – Renewal fees paid and license placed on Inactive status.
 (Reasons include: not practicing, live scan or CE incomplete)
Delinquent – Fees have not been paid for one or more renewal periods.
Revoked – Disciplinary action taken; not licensed to practice in CA.
Denied – License or application denied due to disciplinary action.
Voluntary Surrendered – Surrendered license voluntarily due to disciplinary action.
Cancelled – Result from nonpayment of renewal fees for five years after expiration.
***COVID-19** – Corona Virus Pandemic



MEMORANDUM

DATE	November 21, 2020
TO	Dental Hygiene Board of California
FROM	Anthony Lum, Executive Officer Presented by Traci Napper, Program Analyst
SUBJECT	Monthly Licensure Statistics

DHBC Licensure Statistics (January 01, 2020 – November 4, 2020)

MONTHLY LICENSE STATUS	APPLICATIONS RECEIVED			
	RDH WREB/CRDTS	RDH - LBC	RDHAP	TOTAL
JANUARY	33	3	3	39
FEBRUARY	14	2	4	20
MARCH	10	5	4	19
APRIL	4	1	1	6
MAY	4	1	0	5
JUNE	36	2	1	39
JULY	38	2	2	42
AUGUST	98	7	8	113
SEPTEMBER	168	5	8	181
OCTOBER	85	4	2	91
NOVEMBER	12	0	1	13
DECEMBER	TBD	TBD	TBD	TBD
TOTAL	502	32	34	568

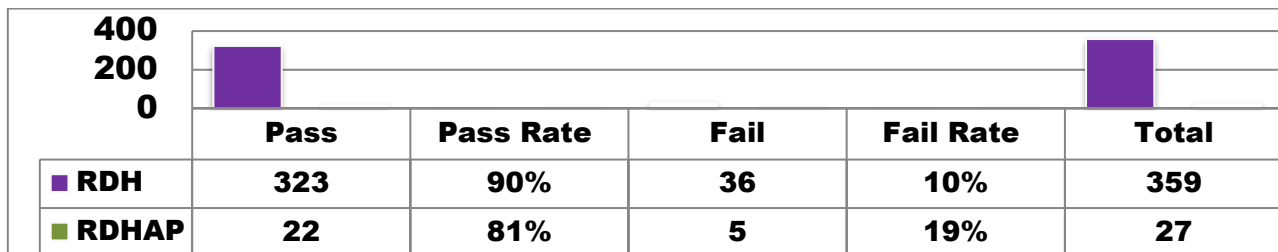
MONTHLY LICENSE STATUS	LICENSES ISSUED			
	RDH	LBC	RDHAP	TOTAL
JANUARY	27	1	6	34
FEBRUARY	17	1	0	18
MARCH	13	0	2	15
APRIL	10	3	1	14
MAY	6	1	0	7
JUNE	14	1	0	15
JULY	34	0	0	34
AUGUST	32	6	2	40
SEPTEMBER	79	2	2	83
OCTOBER	88	3	0	91
NOVEMBER	TBD	TBD	TBD	TBD
DECEMBER	TBD	TBD	TBD	TBD
TOTAL	320	18	13	351



MEMORANDUM

DATE	November 21, 2020
TO	Dental Hygiene Board of California
FROM	Anthony Lum, Executive Officer Presented by Traci Napper, Program Analyst
SUBJECT	Written Examination Statistics

RDH AND RDHAP WRITTEN LAW AND ETHICS EXAM (APRIL 01, 2020 – NOVEMBER 04, 2020)



RDH WRITTEN LAW & ETHICS EXAMINATION					
Date Range	RDH Candidates Tested	Pass		Fail	
04/01/2020- 11/04/2020	359	323	90%	36	10%
11/01/2019 – 03/31/2020	233	179	77%	54	23%
03/12/2019 – 10/03/2019	726	586	81%	140	19%
RDHAP WRITTEN LAW & ETHICS EXAMINATION					
Date Range	RDHAP Tested	Pass		Fail	
04/01/2020 – 11/04/2020	27	22	81%	5	19%
11/01/2019 – 03/31/2020	17	11	65%	6	35%
03/12/2019 – 10/03/2019	43	29	67%	14	33%
NUMBER OF ATTEMPTS FOR PASSAGE OF THE RDH OR RDHAP WRITTEN EXAMINATION					
04/01/2020 – 11/04/2020	1 st Attempt		Multiple Attempts		Total
• RDH	288		35		323
• RDHAP	16		6		22
Total	247		23		270
NUMBER OF OUT-OF-STATE WRITTEN LAW & ETHICS EXAMINATION PARTICIPANTS					
04/01/2020 -11/04/2020	Pass		Fail		Total
• RDH	10	90%	1	10%	11
• RDHAP	0	0%	0	0%	0
OUT OF STATE ATTEMPTS 04/01/2020 – 11/04/2020	1 st Attempt		Multiple Attempts		Total
RDH	10		0		10
RDHAP	0		0		0



Saturday, November 21, 2020

Dental Hygiene Board of California

Agenda Item 24

Future Agenda Items



Saturday, November 21, 2020

Dental Hygiene Board of California

Agenda Item 25

Closed Session

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



Saturday, November 21, 2020

Dental Hygiene Board of California

Agenda Item 26

Adjournment

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