

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, January 22, 2022  
10:00 a.m. - Adjournment**

Pursuant to the provisions of Government Code section 11133, 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](mailto: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. Please see the instructions attached hereto to observe and participate in the meeting using WebEx from a Microsoft Windows-based PC.

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/j.php?MTID=m5704cb0e0a57f361111cbc5a636268de>

**Event Number ID: 2487 467 4923      Password: DHBC 01222022**

**Audio conference: US Toll Number: +1-415-655-0001**

**Access code: 248 746 74923**

**Passcode: 34220122**

### **Members of the Board**

President – Dr. Carmen Dones, RDH Educator Member

Vice President – Noel Kelsch, RDHAP Member

Secretary – Denise Davis, Public Member

RDH Member – Nicolette Moultrie

RDH Member – Evangeline Ward

Public Health Dentist Member - Dr. Timothy Martinez

Public Member – Susan Good

Public Member – Garry Shay

Public Member – Erin Yee

**The DHBC welcomes and encourages public participation in its meetings.**

**Please see public comment specifics at the end of this agenda.**

**The DHBC may act 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.**

## **Agenda**

1. Roll Call & Establishment of Quorum.
2. Public Comment for Items Not on the Agenda.  
[The DHBC 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).]
3. President's Welcome and Report.
4. Discussion and Possible Action to Approve the November 20, 2021, Full Board WebEx Teleconference Meeting Minutes.
5. Consideration of and Possible Action on 2022 Omnibus Bill Proposals.
6. Consideration of and Possible Action on Comments Received regarding Proposed Regulations to Amend Title 16, California Code of Regulations (CCR) Section 1105.2: Required Curriculum.
7. Consideration of and Possible Action on Comments Received regarding Proposed Regulations to Adopt Title 16, CCR Section 1115: Retired Licensure.
8. Consideration of and Possible Action on Comments Received regarding Proposed Regulations to Adopt Title 16, CCR Section 1117: Reporting Dental Relationships Between Registered Dental Hygienists in Alternative Practice and Licensed Dentists.
9. Future Agenda Items.
10. Adjournment.

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](mailto:elizabeth.elias@dca.ca.gov) or send a written request to the DHBC at 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815. Providing your request at least five business days prior to the meeting will help to ensure availability of the requested accommodation.

# HOW TO – Join – DCA WebEx Event

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

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

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

Example link:

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

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

**Event Information: 3/26**

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

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

**Join Event Now**

To join this event, provide the following information.

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

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

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

# HOW TO – Join – DCA WebEx Event

California Department of Technology x +

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

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

**dca** **CA** **.GOV** California Department of Consumer Affairs

Event Information: 3/26

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**Date and time:** Thursday, March 26, 2020 10:30 am  
Pacific Daylight Time (San Francisco, GMT-07:00)  
[Change time zone](#)

**Duration:** 1 hour

**Description:**

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

**Join Event Now**

To join this event, provide the following information.

**First name:** Jason

**Last name:** Piccione

**Email address:** jason.piccione@dca.ca.gov

**Event password:** \*\*\*\*\*

**Join Now**

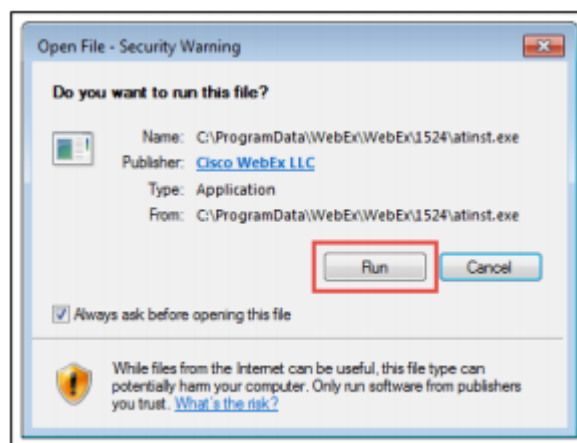
[Join by browser](#) **NEW!**

If you are the host, [start your event](#).

### 3. Click the 'Join Now' button.

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

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



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

## Starting Webex...



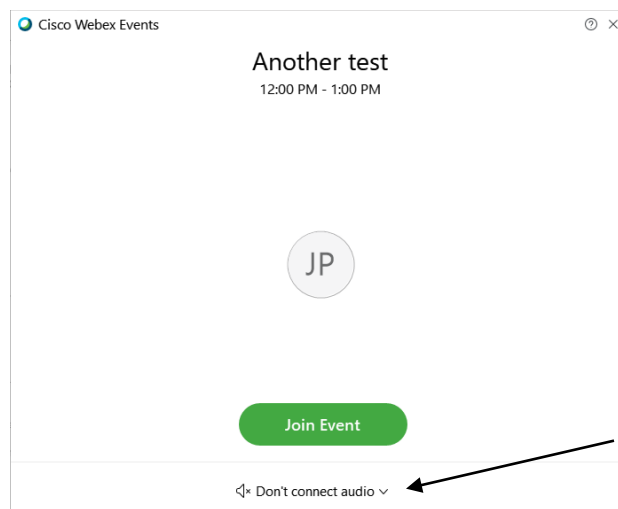
Still having trouble? [Run a temporary application](#) to join this meeting immediately.

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



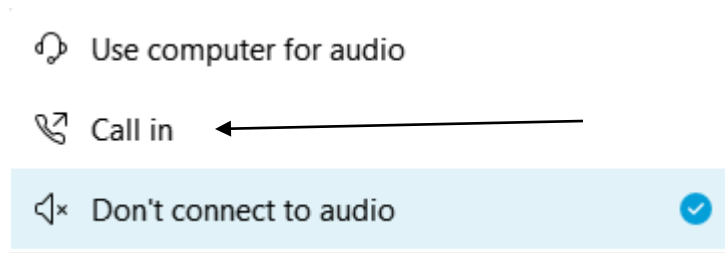
The temporary software will run, and the meeting window will open.

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

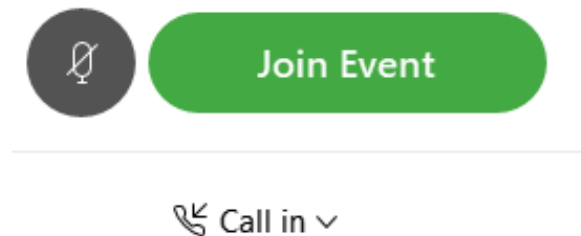


# HOW TO – Join – DCA WebEx Event

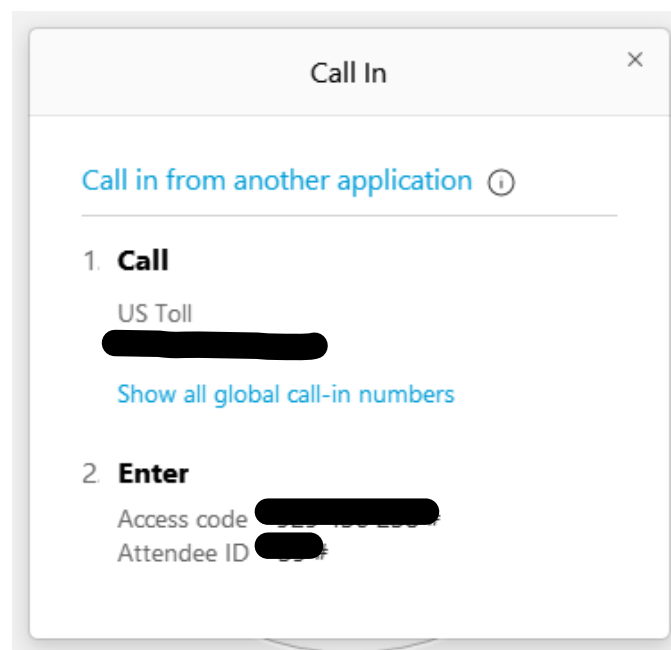
8. When the audio menu appears click 'Call in'.



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



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

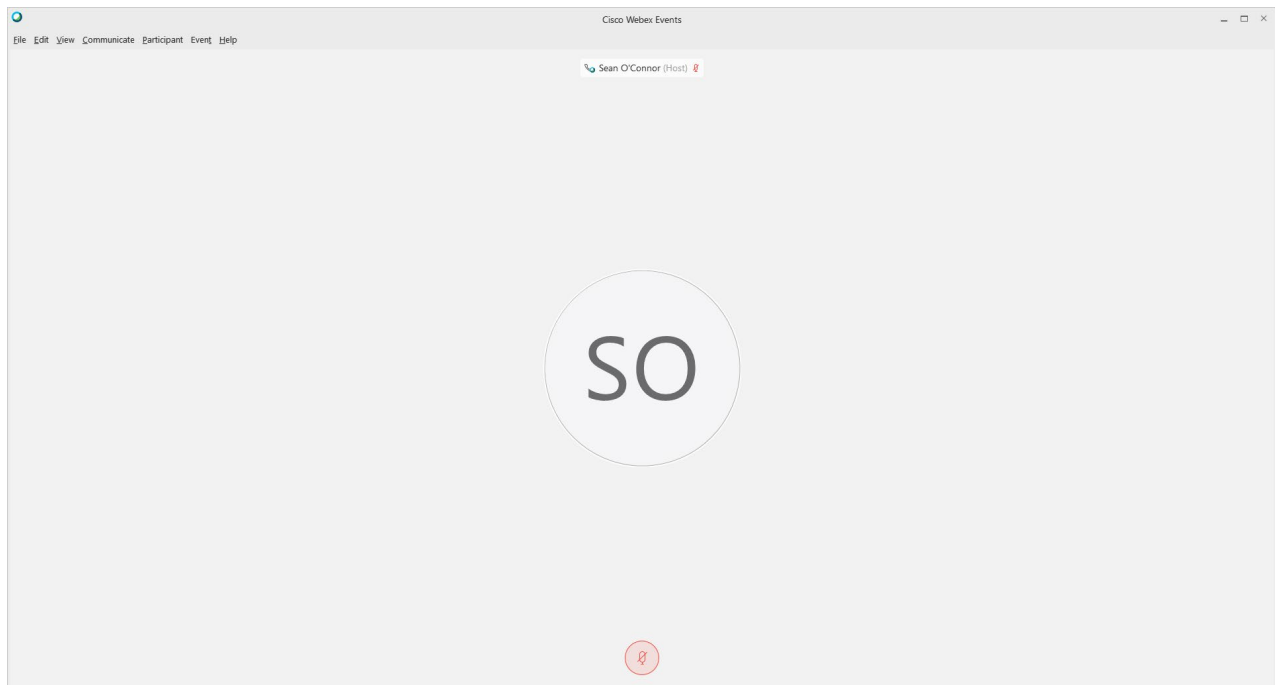


# HOW TO – Join – DCA WebEx Event

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

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

Congratulations!



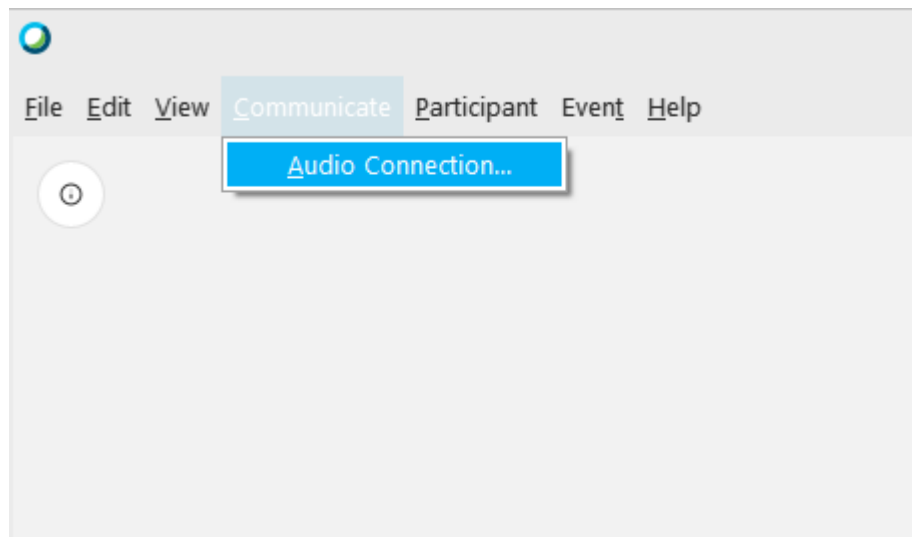
NOTE: Your audio line is muted and can only be unmuted by the event host.

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

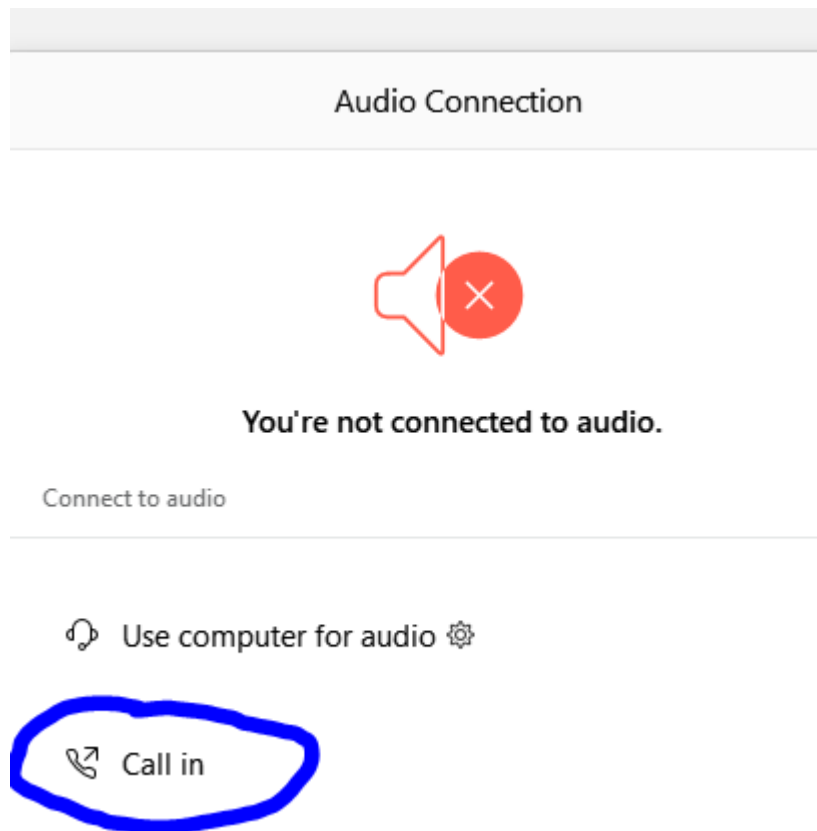
Select 'Communicate' and 'Audio Connection' from top left of your screen.



# HOW TO – Join – DCA WebEx Event



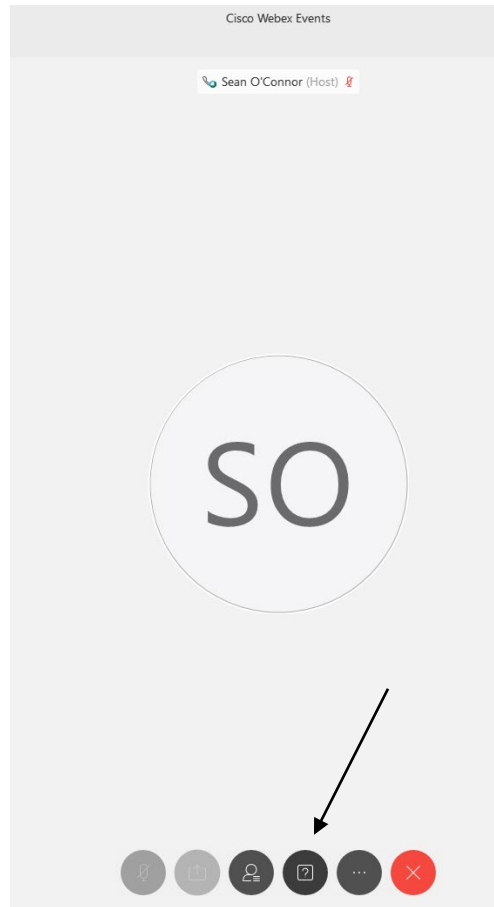
The 'Call In' information can be displayed by selecting 'Call in' then 'View'



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

## Participating During a Public Comment Period

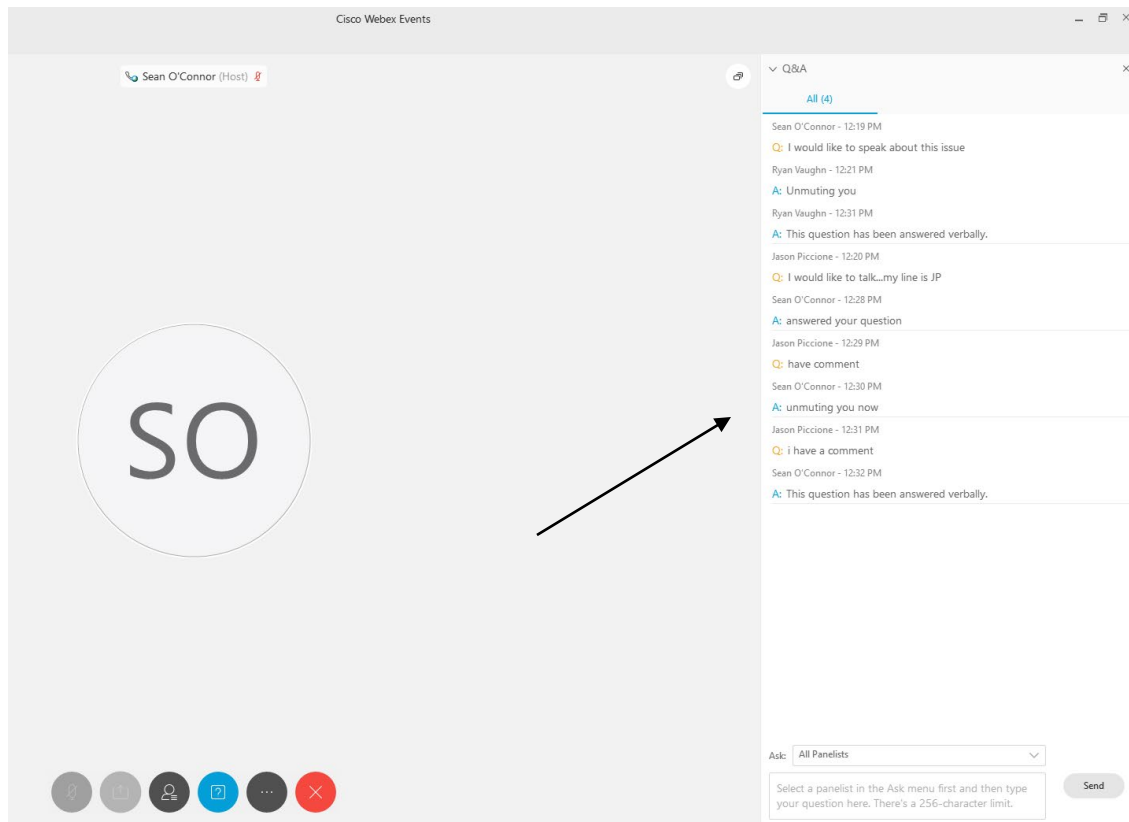
At certain times during the event, the facilitator may call for public comment. If you would like to make a public comment, click on the 'Q and A' button near the bottom, center of your WebEx session.



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

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

# HOW TO – Join – DCA WebEx Event



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

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

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



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

**Saturday, January 22, 2022**

**Dental Hygiene Board of California**

**Agenda Item 1**

**Roll Call & Establishment of Quorum**

**Board Secretary to call the Roll.**



**Saturday, January 22, 2022**

**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, January 22, 2022**

**Dental Hygiene Board of California**

**Agenda Item 3**

**President's Welcome and Report.**

**A verbal report will be provided.**

## Dental Hygiene Board of California Teleconference Meeting Minutes

**DRAFT**

**Saturday, November 20, 2021**

Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-08-21, dated June 11, 2021, 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  
Secretary – Garry Shay, Public Member  
RDH Educator Member – Dr. Carmen Dones  
Registered Dental Hygienist in Alternative Practice (RDHAP) Member – Noel Kelsch  
RDH Member – Evangeline Ward  
Public Member – Susan Good  
Public Member – Erin Yee

### **DHBC Members Absent:**

Vice President – Nicolette Moultrie, Registered Dental Hygienist (RDH) Member  
Public Member – Denise Davis

### **DHBC Staff Present:**

Anthony Lum, Executive Officer  
Elizabeth Elias, Assistant Executive Officer  
Brittany Elliot, Probation Monitor  
Adina Pineschi-Petty, Doctor of Dental Surgery (DDS), Educational, Legislative, and Regulatory Specialist  
Michael Kanotz, 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 **10:00 a.m.** Secretary Garry Shay, completed the roll call and a quorum was established with seven members present. Members Nicolette Moultrie and Denise Davis were absent and excused.

## **2. Public Comment for Items Not on the Agenda.**

No Comments.

### 3. President's Report (Informational Only).

Dr. Martinez welcomed Michael Kanotz, the Board's interim Department of Consumer Affairs (DCA) legal representation who replaced William Maguire after his departure from the department in August.

Dr. Martinez reported his activities including: participating in communications with the DCA's Director's Office and the Office of Human Resources (OHR) to initiate the Exempt Position Request to upgrade our Executive Officer's exempt level and salary for future professional and programmatic growth; providing an update to the Dental Board of California (DBC) at their November 18, 2021 Board meeting; and stated that although his work schedule has kept him very busy, his frequent communications with Executive Officer (EO) Anthony Lum has allowed him to stay informed about any potential Board situations that may arise.

Dr. Martinez stated that it has been a pleasure to serve the Board as the President and member, as he will be serving in his grace period next year, he anticipates that the Governor's office will appoint his replacement sometime in 2022. Additionally, he stated with the COVID-19 pandemic (COVID-19) situation continuing, the Board wants everyone to continue to be cautious and safe.

**Board member comment:** None.

**Public comment:** None.

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

Carrie Holmes, Deputy Director, Board and Bureau Relations Division of the Department of Consumer Affairs (DCA), updated the Board on current DCA activities:

#### a. COVID-19:

Ms. Holmes thanked the Board members for continuing their service during the coronavirus pandemic (COVID-19) and DCA, along with their boards and bureaus, are looking towards the future to identify long term policies and procedures to continue to provide consumer protection and service to the public. She stated that DCA is assembling a taskforce to develop a telework policy to provide further clarification and structure for managers and staff to use.

Ms. Holmes reported DCA has worked to implement safe COVID-19 testing procedures for state employees. She stated Board staff are required to be fully vaccinated or must undergo weekly COVID testing if unvaccinated to clear them to work in the office. She stated Board members must verify vaccination status or undergo testing and must follow safety protocols if visiting any DCA location or prior to attending any in-person Board meeting.



Ms. Holmes stated remote meetings are allowed until January 30, 2022, after which meetings must be in person or teleconference in accordance with the Open Meetings Act where board member locations must be noticed. She stated DCA encourages remote meetings to continue in accordance with the law to protect the health of Board members, staff, and the public.

**b. Board Members:**

Ms. Holmes reported the Board is currently full, but several members have served two full terms and will be in their one-year grace period beginning in January 2022. She stated that the appointment process takes time, so it is not too early to submit applications for appointment. Ms. Holmes announced that if anyone is interested in an appointment to the Board to refer to the “Board Member Resources Page” link located on DCA’s and the Board’s home pages.

**c. Scam Alert:**

DCA has been made aware of various scams affecting DCA boards and bureaus. DCA asks individuals to refer to the “Fraud Alert” link located on DCA’s and the Board’s home pages.

**d. Board Member Trainings:**

Ms. Holmes reported that 2021 is a mandatory sexual harassment prevention training year, and that all employees and Board members are required to complete this training by the end of 2021.

**Member discussion:** None.

**Public comment:** None.

**5. Discussion and Possible Action to Approve the July 17, 2021 Full Board WebEx Teleconference Meeting Minutes.**

**Motion:** Carmen Dones moved to approve the July 17, 2021 Full Board WebEx Teleconference Meeting Minutes.

**Second:** Noel Kelsch.

**Member discussion:** None.

**Public comment:** None.

**Vote:** Motion to approve the July 17, 2021 Full Board WebEx Teleconference Meeting Minutes. Passed 6:0:3.

Name	Aye	Nay	Abstain/Absent
Denise Davis			X Absent
Carmen Dones	X		
Susan Good	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie			X Absent
Garry Shay			X Abstain
Evangeline Ward	X		
Erin Yee	X		

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

EO Lum reported the following:

### a. Office Operations:

EO Lum stated the Board implemented a hybrid system where staff continue to telework on a rotational schedule. Staff are in the office at least two days per week for communications, meetings, and to provide office coverage while our public counter is open.

EO Lum reported that staff are complying with the Governor's mandate that all state employees be vaccinated or tested weekly to be in the office. He stated DCA, along with the California Department of Human Resources and California Department of Public Health (CDPH), have worked to implement safe COVID-19 testing procedures for state employees. EO Lum stated DCA and CDPH are also allowing vaccinated staff to be tested, if needed, to ensure a negative result so they can be in the office or to simply check on their health status. The testing is completed weekly at the DCA headquarters building every Thursday, from 8:00 a.m. until 12:00 p.m. He stated next week, due to the holiday, testing will be done on Wednesday.

### b. Approved Waivers:

EO Lum reported pursuant to the Governor's Executive Order N-39-20, during the State of Emergency, the DCA Director may waive any statutory or regulatory renewal requirements pertaining to individuals licensed pursuant to Division 2 of the Business and Professions Code. However, he stated that it is DCA's intent is to wind down from the use of waivers that deferred requirements and return to normal.

1. Continuing Education (CE) Waivers:

EO Lum stated any licensee who has a CE deficiency to renew their license at the time of expiration, they have 6 months from the effective date of the currently approved waiver (DCA 21-194) to complete the deficient CE hours unless the waiver is amended and extended. He stated the latest approved waiver was signed on September 28, 2021, which provided extension of the CE waiver to those licensees whose licenses expired at the end of October 2021. He stated this moves the deadline for licensees affected by the pandemic to complete any deficient CE hours for the last license renewal to March 31, 2022, which is six months from the signed date of the waiver. Furthermore, these make up CE hours are in addition to what is required for the next license renewal, since it's backfilling a deficiency and cannot be credited twice.

EO Lum reported the Board received numerous questions and statements that licensees thought the license renewals were waived completely during the pandemic. EO Lum stated that the statement was incorrect, the Board never stated this, as the only aspect of a license renewal that was approved by waiver was to delay the completion of the required CE hours for license renewal. He reminded licensees that the approved CE waiver is for the CE requirement only if the licensee has a deficiency at the time of the last renewal during the pandemic and those hours must be made up. He reiterated the waiver isn't used to bypass the license renewal, extend the expiration date of the license, or skip any required payment of the License Renewal Fees.

2. Wet Laboratories for Prerequisite Biomedical Science Courses:

EO Lum reported with the administration waning from the approved waivers, the currently approved Wet Laboratory waiver (DCA 21-186) will end permanently as of December 31, 2021. He stated in review of this section of law and obtaining DCA Legal's opinion, staff found that the law requires a wet laboratory component; however, the law does not state the methodology required to complete it. He stated in the future, if there is another pandemic or other state of emergency situation where campuses are forced to close, completing the wet lab component at home using kits with online faculty instruction is acceptable for entry into the dental hygiene educational program, so long as the institution accepts the labs for credit.

3. Waiver Authorizing Dental Hygienists to Administer Vaccines:

EO Lum reported waiver number DCA 21-113 authorized dental hygienists to administer the COVID-19 vaccines under the direct supervision of a dentist or licensed physician and surgeon after complying with certain conditions. The waiver lists the conditions that must be met to administer the vaccines. He stated unless there is a huge surge in COVID-19 cases back to mid-pandemic levels, He believes there probably won't be a need for dental hygienists to administer the vaccines once the state of emergency has ended.

EO Lum reported during the pandemic, staff has continually reviewed the Board's laws and regulations to find sections that possibly need revision due to a state of emergency and staff are working on those to be presented to the Board at a future meeting.

EO Lum stated all the currently approved waivers and pandemic information can be reviewed through a link on the Board's website at [www.dhbc.ca.gov](http://www.dhbc.ca.gov) or the CDPH's website at [www.cdph.ca.gov](http://www.cdph.ca.gov).

c. **Personnel:**

EO Lum reported that he continues to pursue hiring staff and currently the Board has two vacancies. He stated staff will be working with DCA's Office of Human Resources through the hiring process to fill these positions.

EO Lum stated the Board will see a drastic change in our Board member make up over the next year, as five (5) members are being termed out but will serve their grace year until a new member is appointed. He stated the five members that will be leaving the Board are: Dr. Timothy Martinez, current President and public health dentist who has served the Board since August 2012; Nicolette Moultrie, current Vice President and a past President who is one of the Board's RDH licensee members and has served since April 2012; Susan Good, a public member and past President who has served the Board since April 2013; Garry Shay, current Secretary and public member who has served since April 2013; and Evangeline Ward, an RDH licensee member who has served the Board since February 2012.

EO Lum stated these five members have served the Board with integrity and professionalism to help protect the consumer. With so many long-term members leaving, a lot of institutional knowledge will be lost, but more importantly, the relationships that were made will be missed.

d. **Budget:**

EO Lum presented the latest Budget Expenditure and Revenue Reports which shows the Board's monetary situation through fiscal month 2. He stated there are more expenses incurred since it's past fiscal month 4, but that report hasn't been released as of yet. He stated FISCAL is gradually improving to get real time budget reports to programs.

1. **Revenue Report:**

EO Lum stated the Revenue Report shows the amount of revenue received broken out by the individual fees we charge through fiscal month 2. He stated this amount will fluctuate throughout the year depending on the number of license renewals and applications we receive in each given month.

2. **Expenditure Projection Report**

EO Lum provided the Expenditure Projection Report and clarified the Board's forecasted expenses for the year.

### 3. Fund Condition Report:

EO Lum stated the Fund Condition Report shows how much the Board has in its “savings account” by fiscal year. He stated due to the amount of revenue projected to be received and expected expenditures, by the end of fiscal year 2023-24, the Board will only have a 1.0-month reserve for any unexpected expenses. EO Lum reported the Board’s reserve is low and should optimally maintain a 4-6-month reserve at a minimum. EO Lum reported a structural imbalance has now occurred because the overall fund is decreasing due to increased costs of program operations, as well as due to a lack of a substantial fee increases to raise revenue. He stated with the fee increases that were approved at the July 17, 2021 Board meeting, the additional revenue will help to alleviate the structural imbalance to maintain fund solvency.

#### e. Administration:

EO Lum reported on his activities: attending several Executive level meetings with the department; met with an educational program’s administrative staff and participated in the site visit to their dental hygiene program; participated in the Dental Board’s August and November 2021 meetings; reviewed draft regulatory language; and finished many reports, budget schedules, risk assessment, and legislative impact reports for the department, agency, and Department of Finance, all while continuing to oversee board operations.

Additionally, EO Lum reported the Board began to gather information and statistics for the 2022 Sunset Report, however, the Legislature and Governor’s Office extended the Board’s Sunset date to January 1, 2024 through Senate Bill 607. He stated staff will continue to gather data and information so the draft report will be ready for the Board’s review next year.

#### f. 2022 Board Meeting Schedule

EO Lum informed the Board of its 2022 meeting schedule and the previously agreed upon 2022 dates for the meetings are:

Saturday, March 19, 2022, Saturday, July 23, 2022, and Saturday, November 19, 2022. He stated the meetings may change to two-day meetings, depending upon the amount of business to be conducted. The locations and whether they’ll be in-person are still to be determined.

**Member discussion:** Discussion took place regarding the cost of in-person Board meetings versus the live, WebEx teleconferences. Additionally, discussion took place regarding mass electronic mail (email) notifications to the licensee population regarding CE information.

**Public comment:** None.

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

DBC President Joanne Pacheco updated the Board on DBC activities and reported:

### a. Board Members:

The DBC acknowledged outgoing board members Ms. Fran Burton and Dr. Thomas Stewart who completed their grace period. They were recognized for their expertise and outstanding service to the board. Ms. Pacheco was recognized for her service as DBC President this past year.

The DBC has a Public Member vacancy and asked the Board if they know anyone who may be interested, please direct them to the Governor's website.

### b. DBC Executive Officer:

The DBC EO, Karen Fischer, announced her retirement. Ms. Fischer served as DBC EO for 9 years, however worked closely with the DBC for 13 years. She stated Ms. Fischer will be greatly missed by the DBC and her superior service was recognized by DBC Board members.

Ms. Pacheco stated the Board selected two previous DBC Presidents to serve on the EO selection committee. She stated an interim executive officer was appointed and an announcement regarding who was appointed will be made after approval from DCA.

### c. Strategic Planning:

The DBC met on October 15, 2021, via a publicly noticed WebEx meeting to engage in a strategic planning session. The meeting was facilitated by representatives from the Department of Consumer Affairs, Planning Solutions Unit (SOLID). The strategic plan contains four goals 1) Licensing and Examinations; 2) Consumer Protection and Enforcement; 3) Communication and Customer Service; and 4) Administrative Services. The Board developed objectives for four goal areas. The 2022-2024 Strategic Plan was approved by the DBC.

### d. Dental Assisting Council:

The DBC received two resignations from the Dental Assisting Council members since the August meeting. A recruitment notice for these two vacancies will be posted on the DBC's website and stated interviews for these positions will be conducted early next year.

### e. RDAEF Licensure Requirements:

Senate Bill 607 was signed by Governor Newsome on September 28, 2021 and will become effective on January 1, 2022. The bill removes the clinical and/or practical examination requirements to become a California Registered Dental Assistant in Extended Functions (RDAEF). Based on findings of the occupational analysis, the Office of Professional Examination Services (OPES) developed an examination outline that is structured into four content areas weighted relative to other content areas. The



four content areas are: 1) Preliminary Patient Evaluations; 2) Treatment Procedures; 3) Health and Safety; and 4) Laws and Regulations. The new outline identifies the tasks and knowledge critical to safe and competent RDAEF practice in California at the time of license issuance. Effective January 1, 2022, Applicants for RDAEF licensure will be required to take the new RDAEF examination.

f. **Dental Assisting Council:**

The Dental Assisting Council members elected a Chair and Vice-Chair to serve in 2022, Jeri Fowler, RDAEF, OA, will serve as Chair and Traci Reed-Espinoza, RDAEF as Vice-Chair.

g. **Legislation:**

The Board adopted the draft report to the California State Legislature regarding findings relevant to inform Dental Anesthesia and Sedation Standards as required by Senate Bill 501. The report will be submitted to the Legislature before the January 1, 2022, deadline.

Ms. Pacheco stated that new Prescribing Laws take effect January 1, 2022, as Assembly Bill 2789 requires all prescriptions issued by a licensed health care practitioner to a California pharmacy be submitted electronically.

h. **Licensing Examinations:**

Representatives from the DCA Office of Professional Examination Services (OPES) provided a presentation regarding the use of dentist licensing examinations available for consideration by the DBC. The DBC was asked to prioritize the order in which examination evaluations should be conducted by OPES. The DBC chose the Dental Licensure Objective Structured Clinical Examination (DLOSCE) developed by the Joint Commission on National Dental Testing Examinations (JCNDE) and the Department of Testing Services (DTS) of the American Dental Association to be evaluated.

i. **Election of Officers:**

Election of Officers for the 2022 calendar year took place and are the following: Dr. Alan Felsenfeld, President; Dr. James Yu, Vice-President; and Dr. Sonia Molina, Secretary.

**Member discussion:** Congratulations was given to Ms. Fischer on her retirement and acknowledged her years of dedicated service. The Board hopes to continue the same collaborative relationship with the new DBC leadership.

**Public comment:** Susan McLearn, representing the California Dental Hygienists' Association (CDHA), thanked Ms. Pacheco for her service on the DBC, especially in the role of President, and stated she is proud that Ms. Pacheco is a dental hygienist and commended her for professional conduction of the DBC meetings.

## 8. Update to the Full Board from the Alternative Pathways to Licensure Taskforce.

Dr. Carmen Dones, Educator Member, reviewed the purpose of the taskforce and reviewed the results of their findings as reported at the July 17, 2021 Full Board WebEx Teleconference.

Dr. Dones reported research shows clinical licensing exams are a means to satisfy a licensing board's responsibility to protect the public, and satisfies a licensing board's obligation to ensure safety, welfare, and protection of the public. However, a significant finding is the Dental Hygiene clinical exam is one of only two required live, patient-based clinical licensing exams, and the other is audiology, which is a noninvasive exam.

Dr. Dones stated that within the allied health professions, registered dental assistants and registered dental assistants in extended functions no longer require a clinical examination for licensure. Additionally, according to the DBC regulation 16 CCR section 1032, a dental license applicant may choose to be licensed through portfolio submission. She reported most healthcare professions have moved away from live, patient-based clinical licensing exams due to the potential of preventable harm to patients and lack of exam validity, exam standardization, safety, and ethical concerns. She continued that the high pass rates of candidates indicated the students are well prepared for practice. Additionally, a study of program directors found they agreed if a candidate graduated from a CODA-approved school and passed the National Dental Hygiene Board Exam would ensure a graduate has achieved clinical competence and readiness to provide comprehensive, patient-centered care as a licensed RDH. She stated the exams are a one-time, high stake assessment influenced by inter-examiner differences in evaluation, variability with non-standardized client use in assessment, failure to fail, and the impact of stress on performance outcomes.

Dr. Dones stated according to the report by OPES provided to the Board in February 2021, the dental hygiene patient-based examinations generally measure the skills related to California dental hygiene practice. However, practical exams typically face issues with standardized procedures and materials, interrater reliability, validating scoring criteria, and setting passing scores which reflect minimum competence, which are additionally exacerbated by the use of live patients. She stated the OPES report deduced the following: an evaluation to determine whether skills-based exam remains necessary to assess competence; requiring a knowledge-based exam may be sufficient to assess minimum competence for licensure, meaning the manikin exams may not be necessary; and high clinical exam pass rates may indicate adequate training in education programs to prepare them for demonstrating minimal competence for practice. She stated significant findings were: the lack of professions requiring live, patient-based examinations; the ethical concerns and violation of live, patient-based examinations; and consensus of dental hygiene program directors that programs appropriately train students for clinical practice and alignment with the OPES report.

**Member discussion:** Noel Kelsch requested the agenda item be included in future Board meetings and be included in the Board's Strategic Plan.



**Public comment:** None.

## **9. Discussion and Possible Action on Proposal to Change and Upgrade the Executive Officer's Exempt Level Status and Salary.**

Assistant Executive Officer (AEO) Elizabeth Elias provided a request to upgrade the Executive Officer's exempt level status equivalent to a Staff Services Manager III for professional and programmatic growth and associated salary range (Range: \$8,724 – \$9,717) commensurate of the current EO oversight responsibilities through a departmental (DCA) Exempt Position Request (EPR).

AEO Elias stated in fiscal year 2009/10, the Dental Hygiene Committee (now Board) started its operations of consumer protection. The EO position was established at an exempt level and salary scale appropriate at the time to oversee the entirety of committee operations. Since that time, there has not been a change or upgrade in the EO exempt level to allow for professional and program growth. However, over the last decade, there has been significant organizational growth, programmatic changes and added staff responsibilities assigned to the EO since the Board's inception. The additional programs, in conjunction with the expansion of existing programs and additional staff to operate them, created a greater and more complex management workload added to the EO's responsibilities.

**Motion:** Carmen Dones moved for the Board to approve the moderate request to upgrade the Executive Officer's exempt level status equivalent to a Staff Services Manager III for professional and programmatic growth and associated salary range (Range: \$8,724 – \$9,717) commensurate of the current EO oversight responsibilities through a DCA Exempt Position Request (EPR) and then forward the request to the Business, Consumer Services and Housing Agency, Honorable Governor Newsom's Office, and the California Department of Human Resources for approval.

**Second:** Susan Good.

**Member discussion:** Discussion took place regarding the request to elevate and change the Board's Executive Officer's Exempt Level and Salary. Member Kelsch commended EO Lum for his exemplary dedication and service to the Board.

**Public comment:** None

**Vote:** Motion for the Board to approve the request to upgrade the Executive Officer's exempt level status equivalent to a Staff Services Manager III for professional and programmatic growth and associated salary range (Range: \$8,724 – \$9,717) commensurate of the current EO oversight responsibilities through a DCA Exempt Position Request (EPR) and then forward the request to the Business, Consumer Services and Housing Agency, Honorable Governor Newsom's Office, and the California Department of Human Resources for approval. Passed 7:0:2.

Name	Aye	Nay	Abstain/Absent
Denise Davis			X Absent
Carmen Dones	X		
Susan Good	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie			X Absent
Garry Shay	X		
Evangeline Ward	X		
Erin Yee	X		

#### 10. Discussion and Possible Action on Board Member Statuses and New Board Officers for 2022.

EO Lum requested nominations for new Board Officers for 2022.

**Motion:** Carmen Dones moved for the Board to approve the following Board Officers for 2022.

Office	Nominee	Moved by
President	Carmen Dones	Noel Kelsch
Vice President	Noel Kelsch	Timothy Martinez
Secretary	Denise Davis	Evangeline Ward

**Member discussion:** Discussion took place regarding nominations of 2022 Board Officers.

**Public comment:** None

**Vote:** Motion for the Board to approve the following Board Officers for 2022. Passed 7:0:2.

Name	Aye	Nay	Abstain/Absent
Denise Davis			X Absent
Carmen Dones	X		
Susan Good	X		

Name	Aye	Nay	Abstain/Absent
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie			X Absent
Garry Shay	X		
Evangeline Ward	X		
Erin Yee	X		

#### 11. Regulatory Update: Status of Dental Hygiene Board of California Regulatory Packages (Informational Only).

Dr. Adina Petty reported the current status as to DHBC proposed regulatory packages in process for the Board. Additionally, she provided an overview of the regulatory process.

**Member discussion:** None.

**Public comment:** None.

#### 12. Discussion and Possible Action to Amend Title 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 Petty stated at the August 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 contest citations and regarding compliance with citations or orders of abatement. Therefore, in response to recommendations from the Board's regulatory legal counsel, she stated Board staff developed amended draft regulatory language for 16 CCR section 1104.3 to implement the provisions of BPC section 1941.5.

**Motion:** Carmen Dones moved for the Board to 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 if necessary, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to 16 CCR section 1104.3 as noticed.

**Second:** Evangeline Ward.

**Member discussion:** Discussion took place regarding the process for placing a dental hygiene educational program (DHEP) on probation.

**Public comment:** None.

**Vote:** Motion for the Board to 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 if necessary, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to 16 CCR section 1104.3 as noticed. Passed 7:0:2.

Name	Aye	Nay	Abstain/Absent
Denise Davis			X Absent
Carmen Dones	X		
Susan Good	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie			X Absent
Garry Shay	X		
Evangeline Ward	X		
Erin Yee	X		

**13. Consideration of and Possible Action on Comments Received and Educational Issues regarding Proposed Regulations to Adopt Title 16, CCR Section 1105: Requirements for RDH Educational Programs.**

Dr. Adina Petty stated at the Board's November 23, 2019 meeting, this proposal was presented to the Board for its review and approval. She stated the Board approved the proposed language and delegated authority to the Board's executive officer to make any technical, non-substantive changes, if necessary.

Dr. Petty reported in response to challenges experienced by DHEPs encountered during COVID-19, the Board approved substantive changes to the draft regulatory language for Title 16, section 1105 of the CCR at the Board's August 29, 2020 Full Board WebEx Teleconference. Additionally, the Board 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 if necessary, and authorized the Executive Officer to make any non-substantive changes to the rulemaking package.

Dr. Petty stated during the 45-day comment period, the Board received public comment on the Board's proposed regulations regarding requirements for DHEPs. She stated staff prepared a summary of the comments and proposed responses thereto for the Board's approval.

**Motion:** Susan Good moved for the Board to direct staff to take all steps necessary to complete the rulemaking process, including authorizing the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to 16 CCR section 1105 as noticed.

**Second:** Noel Kelsch.

**Member discussion:** None.

**Public comment:** Tonette Steeb, Diablo Valley College DHEP Director, commented she was unsure if the language of online and in-person instruction would cause confusion and if those courses would only be accepted if there was a pandemic.

**Vote: Motion for the Board to direct staff to take all steps necessary to complete the rulemaking process, including authorizing the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to 16 CCR section 1105 as noticed. Passed 7:0:2.**

Name	Aye	Nay	Abstain/Absent
Denise Davis			X Absent
Carmen Dones	X		
Susan Good	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie			X Absent
Garry Shay	X		
Evangeline Ward	X		
Erin Yee	X		

#### **14. Discussion and Possible Action to Amend Title 16, CCR Section 1105.2: Required Curriculum.**

Dr. Adina Petty stated at the Board's May 29, 2020 Full Board WebEx Teleconference meeting, the regulatory proposal was presented to the Board for its review and approval to amendments to language regarding "Required Curriculum" for dental hygiene educational programs. The Board approved the proposed language and associated forms and delegated authority to the Board's executive officer to make any technical, non-substantive changes, if necessary.

Dr. Petty stated after consultation with Board counsel, further amendments were made to the proposed language and associated forms to provide additional clarity.

**Motion:** Evangeline Ward moved for the Board to approve the proposed regulatory text and associated forms for section 1105.2, direct staff to take all steps necessary to continue the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the matter for a public hearing, if requested, 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, if held, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to the California Code of Regulations (CCR), Title 16, Division 11 section 1105.2.

**Second:** Susan Good.

**Member discussion:** None.

**Public comment:** Dr. Vickie Kimbrough, Purple Pen Seminars, expressed concern as to how the Board will address oversight of out-of-state courses in soft tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia (SLN), as current California SLN providers are subject to Board site visits and oversight, whereas out-of-state providers are not subject to inspections. Dr. Kimbrough expressed concern for a precedence of two sets of standards for oversight.

**Vote: Motion for the Board to approve the proposed regulatory text and associated forms for section 1105.2, direct staff to take all steps necessary to continue the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the matter for a public hearing, if requested, 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, if held, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to the California Code of Regulations (CCR), Title 16, Division 11 section 1105.2. Passed 7:0:2.**

Name	Aye	Nay	Abstain/Absent
Denise Davis			X Absent
Carmen Dones	X		
Susan Good	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie			X Absent
Garry Shay	X		
Evangeline Ward	X		
Erin Yee	X		

#### 15. Consideration of and Possible Action on Comments Received regarding Proposed Regulations to Adopt Title 16, CCR Section 1115: Retired Licensure.

Dr. Adina Petty stated at the November 20, 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 if necessary, and authorized the Executive Officer to make any non-substantive changes to the rulemaking package. During the 45-day comment period, the Board received public comments on the Board's proposed regulations regarding retired licensure. Staff has prepared the following summary of the comments and proposed responses thereto for the Board's approval.

Additionally, Dr. Petty requested for Board to consider and approve the proposed modified text and direct staff to take all steps necessary to complete the rulemaking process.

**Motion:** Tabled

**Second:** Tabled

**Member discussion:** Discussion took place regarding the modified text and requested staff to amend the language due to public safety concerns in what retired licensees could provide in the way of accepted procedures while retired and bring back to the Board for consideration at the next Board meeting.

**Public comment:** Lisa Kamibayashi stated pit and fissure sealants are technique sensitive and if the sealants are not occluded correctly, it may affect people's occlusion. She stated pit and fissure sealants should be excluded from allowed retired license duties.



Susan McLearn, CDHA, stated she appreciated the Board's concern for public safety but CDHA disagrees with the comments regarding public safety. She stated should an event occur, pit and fissure material used would be chosen by the event coordinators and provide instructions to those clinicians using the product. Ms. McLearn stated the clinician has been trained with regard to proper occlusion, which does not change. She does not see where retired licensees providing pit and fissure sealants would be a public safety concern and would place an unnecessary barrier to access to care. Ms. McLearn strongly suggested for the Board to allow this service to be provided by retired licensees.

JoAnn Galliano, speaking as a practicing hygienist for over 36 years and nearing retirement, stated she does not see putting barriers up for a retired licensee providing screenings is in the best interest of the public. She stated just because a licensee is retired does not mean that the retiree is not keeping abreast of current dental hygiene information. She stated that screenings are looking for abnormalities, and after practicing for 36 years does not feel she would no longer be able to recognize those abnormalities simply due to retirement. She stated all screenings provide referrals for those individuals for further, more in-depth evaluation to diagnose the specific abnormalities. She stated screenings provide a valuable service to increase access to care.

#### **16. Discussion and Possible Action on 2022 Senate Committee on Business, Professions and Economic Development Omnibus Bill Recommendations.**

EO Lum reported each year the Senate Committee on Business, Professions, and Economic Development sponsors an Omnibus Bill to address any non-substantive changes in existing statute to help clarify, define, or correct the information that's in the language. Committee staff has contacted us for any Omnibus Bill recommendations to be submitted to them by the mid-January deadline for inclusion in the bill.

EO Lum requested acceptance of the Board's non-substantive statutory changes for the Omnibus Bill and delegate authority to the Executive Officer to recommend any non-substantive changes in existing statute to be forwarded to the Committee for review. One example is the name change for the Office of Statewide Health Planning and Development (OSHDP) to Department of Healthcare Access and Information (HCAI) in the Board's statutory language.

**Motion:** Susan Good moved to for the Board to accept the Board's non-substantive statutory changes for the Omnibus Bill and delegate authority to the Executive Officer to recommend any non-substantive changes in existing statute to be forwarded to the Committee for review.

**Second:** Carmen Dones

**Member discussion:** None.

**Public comment:** None.



**Vote: Motion for the Board to accept the Board's non-substantive statutory changes for the Omnibus Bill and delegate authority to the Executive Officer to recommend any non-substantive changes in existing statute to be forwarded to the Committee for review. Passed 7:0:2.**

Name	Aye	Nay	Abstain/Absent
Denise Davis			X Absent
Carmen Dones	X		
Susan Good	X		
Noel Kelsch	X		
Timothy Martinez	X		
Nicolette Moultrie			X Absent
Garry Shay	X		
Evangeline Ward	X		
Erin Yee	X		

**17. Update on Legislation of Concern to the Board (Informational Only).**

Dr. Adina Petty reported the updated status on proposed legislation of concern for the Board. Additionally, she provided an overall schedule for the legislative process.

**Member discussion:** None.

**Public comment:** None

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

Dr. Adina Petty reported the current status of Dental Hygiene Educational Program (DHEP) compliance at Cypress College, Concorde Career College-San Diego, Chabot College, San Joaquin Valley College-Ontario, Santa Rosa Junior College, Southwestern College, Fresno City College, and Oxnard College. Additionally, she updated the Board on the current Site Visit schedule for upcoming program reviews.

**Member discussion:** None.

**Public comment:** None.

## 19. Enforcement Update: Statistical Report (Informational Only).

AEO Elizabeth Elias reported due to staffing changes since the last Board meeting, enforcement staff were temporarily given additional assignments from the Enforcement Analyst desk to keep the enforcement workload moving until new staff can be hired. She thanked the enforcement staff for their dedication to the Board and willingness to take on additional duties.

AEO Elias reported in Fiscal Year (FY) 2021-2022 the following occurred:

- The Board averaged opening 9 consumer complaints and 4 subsequent arrests/convictions complaints per month.
  - The Board averaged 18 Board initiated complaints. Board initiated complaints are typically opened due to address/name change violations, failed CE audits and licensees found to be working with a delinquent/expired license.
  - Desk investigations averaged 37 closures. There are 2 cases over two years old.
  - The Board's Special Investigator closed a total of 21 field investigation cases. Field investigation cases pending older than 1.5 years decreased from 10 cases to 2 cases, a decrease of 80%. There is one case over two years old.
  - The Board issued 46 citations and ordered \$30,300.00 in fines.
  - The Board's Probation Monitor addressed 9 probation violations, three of which were due to positive drug screens for a banned substance.
- Enforcement continues to work on several major projects, including disciplinary guidelines, updates to the BreEZe licensing/enforcement database and development of content for an enforcement section to be added to the Board's website.

**Member discussion:** Discussion took place regarding the statistics applicable to the growth of consumer complaints.

**Public comment:** None.

## 20. Licensing, Continuing Education Audits and Examination Update: Statistical Reports (Informational Only).

AEO Elizabeth Elias reported on current written law and ethics examination statistics from February 11, 2021 through October 18, 2021. Additionally, she provided overall DHBC Licensure Statistics as of October 19, 2021.

AEO Elias reported the Board continues to conduct continuing education (CE) audits to verify licensee's completion of the CE requirements for license renewal with the goal of consumer protection. The Board established its CE desk in August of 2020. She reported the Board completed 495 audits in FY 2020-21.

AEO Elias reported at present, the Board is on track to surpass the number of audits completed in FY 2020-21. In the new fiscal year, the Board has initiated 299 CE audits. The Board continues to see similar trends in the pass and fail rate. The majority of failed CE

audits are due to licensees not providing the Board adequate CE documentation to demonstrate they have fulfilled the renewal requirements. She stated frequently, licensees have expressed life circumstances, lost records, and destroyed records as reasons for the failed audit, but those licensees are also unable to provide proof of having completed mandatory CEs. She presented the CE data identifying the pass and fail rates of FY 2020-21 and 2021-22 in the meeting materials.

AEO Elias reported the Board's Enforcement Unit has begun to address the failed CE audits. Licensees who have failed the CE audit will be issued a citation and fine with an order of abatement to correct the CE deficiency. She stated in some egregious cases, a licensee may be subject to disciplinary action which can include but is not limited to revocation of licensure.

AEP Elias stated the Board would like to remind licensees that they are required to fulfill all the CE requirements for license renewal, to be organized in the maintaining of CE records for three license renewal periods before purging their records, and to verify approval of CE providers prior to registering for CE courses to ensure the coursework will be credited in case of an audit.

**Member discussion:** Discussion took place regarding CE audit statistics and Law and Ethics examination statistics.

**Public comment:** None.

## **21. Future Agenda Items.**

1. Email communication regarding CE requirements (Noel Kelsch).
2. Statistics applicable to the growth and trends of consumer complaints (Evangeline Ward).
3. Alternative Pathways to Licensure Taskforce agenda item be included in future Board meetings and be included in the Strategic Report (Noel Kelsch).

## **22. Closed Session**

A closed session was held for this meeting to address the executive officer's annual evaluation and an enforcement case.

## **23. Adjournment**

Meeting was adjourned at **3:58 p.m.**

## MEMORANDUM

<b>DATE</b>	January 22, 2022
<b>TO</b>	Dental Hygiene Board of California
<b>FROM</b>	Anthony Lum Executive Officer
<b>SUBJECT</b>	<b>FULL 5: Consideration of and Possible Action on 2022 Omnibus Bill Proposals.</b>

### BACKGROUND

Each year, the Senate Committee on Business, Professions, and Economic Development (Senate BP&ED) sponsors an Omnibus Bill to address any non-substantive changes in existing statute to help clarify, define, or correct the information that's in the language. Committee staff has contacted us for any Omnibus Bill recommendations to be submitted to them by the mid-January deadline for inclusion in the bill.

Staff has identified two non-substantive statutory changes for inclusion in the Senate BP&ED's Omnibus Bill and has included the following documents for your consideration.

### STAFF RECOMMENDATION:

Staff recommends acceptance of the Board's non-substantive statutory changes identified by staff for inclusion in the Senate BP&ED's Omnibus Bill and requests the Board to delegate authority to the Executive Officer to recommend these non-substantive changes in existing statute be forwarded to the Committee for review.

### RECOMMENDED MOTION:

Accept the non-substantive statutory changes identified by staff for inclusion in the Senate BP&ED's Omnibus Bill and delegate authority to the Executive Officer to forward these non-substantive changes in existing statute to the Senate BP&ED for review.

**Senate Business, Professions and Economic Development Committee**  
**COMMITTEE BILL: PROPOSED LEGISLATION**

**Note:** Submit the completed form to the Committee electronically by email and attach any additional information or documentation as necessary.

**REQUESTOR & CONTACT INFORMATION:**

Anthony Lum, Executive Officer  
Dental Hygiene Board of California  
[Anthony.lum@dca.ca.gov](mailto:Anthony.lum@dca.ca.gov)  
916-576-5004

**DATE SUBMITTED:**

January 4, 2022

**SUMMARY:**

The Dental Hygiene Board of California (Board) requests the following non-substantive change to its statutory language of the Business and Professions Code as listed below:

Business and Professions Code (BPC) section 1936.1(a) Continuing Education (CE): change “succeeding two-year period” to “preceding two-year period” to clarify when the required continuing education hours to renew the dental hygiene license needs to be completed.

**IDENTIFICATION OF PROBLEM:**

When a dental hygiene license expires, the licensee is required to complete a specific number of continuing education (CE) hours to qualify to renew the license in addition to paying the license renewal fees. The CE hours should be completed prior to the license’s expiration date (preceding 24 months) and not afterward as indicated in the current statutory language.

The current statutory language in BPC section 1936.1(a) misleads the public and licensees by stating to complete the required continuing education hours to renew the dental hygiene license in the “succeeding two-year period” which is after the license expires. The language should state “in the preceding two-year period” or prior to the license’s expiration date to qualify for the upcoming license renewal.

**PROPOSED SOLUTION:**

Revise the statutory language in BPC section 1936.1(a) to read that the CE hours must be completed in the “preceding” two-year period in place of the “succeeding” two-year period in this section of existing statutory language.

**PROGRAM BACKGROUND & LEGISLATIVE HISTORY:**

When the Dental Hygiene Board was created in FY 2009/10, much of the current statutory language governing dental hygienists arose from the Dental Board of California’s statutory and regulatory language once oversight provisions were transferred from the Dental Board to the Dental Hygiene Board. Some of the statutory language was revised to accommodate specific dental hygiene issues prior to being placed in law; however, the use of “succeeding” in place of “preceding” in this section of

law was either an error or misinterpretation of the law because the CE hours for license renewal should be completed prior to the license expiration date and not afterward to apply toward the current license renewal. BPC section 1645(a)(1) of the Dental Practice Act identifies the CE requirements for a dentist's license renewal and specifically states "preceding" two-years to complete the required CE hours for the license renewal. The CE statutory language for dental hygienists should've paralleled the process for dentists and many other professions. The proposed language revision to revise the wording parallels other DCA licensing board programs that require CE as a condition of license renewal. Some examples are physical therapists (BPC section 2649), psychologists (BPC section 2915), vocational nurses (BPC section 2892.5(a)) and dentists (BPC section 1645(a)(1)).

### **JUSTIFICATION:**

To assist with clarifying the licensee's CE requirements to renew their dental hygiene license prior to its expiration for the licensees and the public, the Board requests to replace the word "succeeding" with "preceding" to verify when the CE hours should be completed to be applied toward the next license renewal prior to its expiration date.

To assist with an explanation for this change, the license renewal process is as follows:

Once the initial dental hygiene license is issued by the Board, the licensee is exempt from any continuing education requirement for their first license renewal only since the licensee should be able to easily remember what they've recently learned prior to obtaining the license. The first license expiration and subsequent renewal occurs on the last day of the licensee's birth month in an odd or even year depending on when they were born so the expiration and renewal dates are easier to remember, but less than the 24-month maximum a licensee is allowed to possess a license by law prior to expiring.

Once the first license renewal is complete, the license is then placed on a biennial license renewal schedule where it will expire every 24 months on the last day of the licensee's birth month in an odd or even year in which they were born. The licensee is eligible to renew the license 45-60 days in advance of the license expiration date.

During the 24 months they've possessed an active license preceding the license's next expiration date, the licensee is required to complete 25 CE hours for registered dental hygienists, registered dental hygienists in extended functions, and 35 CE hours for registered dental hygienists in alternative practice as a condition to renew the license. The licensee attests that these CE hours are completed prior to the license's expiration date as a qualifier for the renewal. The CE requirement is to ensure licensees maintain their professional standards and are abreast of any new developments that may occur.

Action: By approving the request to change the proposed statutory language from "succeeding" to "preceding" two-year period, this parallels the actions a licensee must take to complete their CE requirements prior to its expiration to renew the license.

### **ARGUMENTS PRO & CON:**

PRO – would help to clarify to both licensees and the public of when the required CE hours need to be completed to apply toward the next license renewal.

CONS – No known arguments against the proposal.

**PROBABLE SUPPORT & OPPOSITION:**

Support – The California Dental Hygienists' Association (CDHA).

Opposition – None.

**FISCAL IMPACT:** None.

**ECONOMIC IMPACT:** None.

**FINDINGS FROM OTHER STATES:** None.

**PROPOSED TEXT (use underline & strikeout):**

**1936.1.**

(a) The dental hygiene board shall require, as a condition of license renewal, that licensees submit assurances satisfactory to the dental hygiene board that they ~~will~~had, during the ~~succeeding~~preceding two-year period, informed themselves of the developments in the practice of dental hygiene occurring since the original issuance of their licenses by pursuing one or more courses of study satisfactory to the dental hygiene board, or by other means deemed equivalent by the dental hygiene board. The dental hygiene board shall adopt, amend, and revoke regulations providing for the suspension of the licenses at the end of the two-year period until compliance with the assurances provided for in this section is accomplished. The dental hygiene board shall conduct random audits of at least 5 percent of the licensee population each year to ensure compliance of the continuing education requirement.



**Senate Business, Professions and Economic Development Committee**  
**COMMITTEE BILL: PROPOSED LEGISLATION**

**Note:** Submit the completed form to the Committee electronically by email and attach any additional information or documentation as necessary.

**REQUESTOR & CONTACT INFORMATION:**

Anthony Lum, Executive Officer  
Dental Hygiene Board of California  
[Anthony.lum@dca.ca.gov](mailto:Anthony.lum@dca.ca.gov)  
916-576-5004

**DATE SUBMITTED:**

January 4, 2022

**SUMMARY:**

Department of Health Care Access and Information (HCAI) changed name from Office of Statewide Health Planning and Development (OSHPD).

**IDENTIFICATION OF PROBLEM:**

Board requests to change OSHPD name to HCAI to parallel the change in nomenclature of that department.

**PROPOSED SOLUTION:**

Change department name in existing statutory language to reflect name change of department.

**PROGRAM BACKGROUND & LEGISLATIVE HISTORY:**

Department was previously known as OSHPD until recently when they changed their name to HCAI.

**JUSTIFICATION:**

Board requests to change OSHPD department name in existing statutory language to reflect the recent change to HCAI for clarity.

**ARGUMENTS PRO & CON:**

PRO: ability to accurately reflect change in department name for clarity. CON: None.

**PROBABLE SUPPORT & OPPOSITION:**

Support: CDHA. Opposition: None.

**FISCAL IMPACT:**

None.

**ECONOMIC IMPACT:**

None.

**FINDINGS FROM OTHER STATES:**

None.



**PROPOSED TEXT (use underline & strikeout):**

**1910.5(c):**

No later than January 1, 2018, the dental hygiene board shall adopt regulations to establish requirements for courses of instruction for the procedures authorized to be performed by a registered dental hygienist and registered dental hygienist in alternative practice pursuant to Sections 1910.5 and 1926.05, 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~~ Department of Health Care Access and Information. The dental hygiene board shall use the curriculum submitted by the board pursuant to Section 1753.55 to adopt regulatory language for approval of courses of instruction for the interim therapeutic restoration. Any subsequent amendments to the regulations for the interim therapeutic restoration curriculum that are promulgated by the dental hygiene board shall be agreed upon by the board and the dental hygiene board.

**1922(b):**

Has received a letter of acceptance into the employment utilization phase of the Health Workforce Pilot Project No. 155 established by the ~~Office of Statewide Health Planning and Development~~ Department of Health Care Access and Information pursuant to Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 of the Health and Safety Code.

**1926(d):**

(d) Dental health professional shortage areas, as certified by the ~~Office of Statewide Health Planning and Development~~ Department of Health Care Access and Information in accordance with existing office guidelines.

**1926.01(a)(3):**

Dental health professional shortage areas, as certified by the ~~Office of Statewide Health Planning and Development~~ Department of Health Care Access and Information in accordance with existing office guidelines.

**1926.05(a)(3):**

Dental health professional shortage areas, as certified by the ~~Office of Statewide Health Planning and Development~~ Department of Health Care Access and Information in accordance with existing office guidelines.

## MEMORANDUM

<b>DATE</b>	January 22, 2022
<b>TO</b>	Dental Hygiene Board of California
<b>FROM</b>	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
<b>SUBJECT</b>	<b>FULL 6: Consideration of and Possible Action on Comments Received regarding Proposed Regulations to Amend Title 16, California Code of Regulations (CCR) Section 1105.2: Required Curriculum.</b>

## BACKGROUND

At the May 29, 2020 Full Board WebEx Teleconference (May teleconference), the Board approved proposed language for the implementation of California Code of Regulations (CCR), Title 16, Division 11, section 1105.2 regarding Required Curriculum, 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 if necessary, and authorizing the Executive Officer to make any non-substantive changes to the rulemaking package.

During the 45-day comment period, the Board received public comments on proposed section 1105.2. Staff has prepared the following summary of the comments and proposed responses thereto for the Board's approval.

## STAFF RECOMMENDATION:

Staff recommends the Board consider and approve the response drafted to address public comments received during the 45-day comment period on the Board's proposed regulation amending required curriculum.

Additionally, staff recommends the Board to direct staff to take all steps necessary to complete the rulemaking process, including authorizing the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to section 1105.2 as noticed.

## PROPOSED MOTION LANGUAGE

Approve the response drafted to address public comments received during the 45-day comment period on the Board's proposed regulation amending required curriculum, and direct staff to take all steps necessary to complete the rulemaking process, including authorizing the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed text to 16 CCR section 1105.2 as noticed.

**Pros:** If the Board approves the addressed comments for section 1105.2, the proposal will move forward in the regulatory process.

**Cons:** If the proposed comments are not approved for section 1105.2, the proposal will not move forward in the regulatory process.

**Documents Included for Reference for Section 1105.2:**

1. Responses to Comments.
2. Letter A.
3. Board-Approved Language.
4. Associated forms (DHBC SLN-03 (03-2021), DHBC SLN-04 (New 10-2021), SLN-05 (New 10-2021), and SLN-06 (New 10-2021)).

## Summary of Comments to Proposed Title 16, California Code of Regulations, Section 1105.2

### A. November 29, 2021 email from Vickie Kimbrough, PhD, MBA, RDH

#### Comment A-1

#### Comment Summary:

This comment opposes the fees suggested for the Out-of-State Expanded Duty Education and Training in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide and Oxygen Analgesia (SLN). She states the fee structure for this course is only applied to the application but does not cover necessary oversight of the program/course to the same extent those provided in California dental hygiene programs and continuing education (CE) providers. Dr. Kimbrough states Dental Hygiene Board of California (Board) Executive Officer Anthony Lum indicated the Board has no jurisdiction for out-of-state programs and courses. She states proposed section 1105.2 sets a precedent for two standards of oversight established and implemented by the Board.

#### Response:

The Board has considered the comment, and makes no revisions to the text based thereon.

Currently, the second paragraph of section 1105.2, subdivision (d)(3)(E) states: "Out-of-state dental hygiene programs that are accredited by the Commission on Dental Accreditation or an approved accrediting body and who provide instruction according to this subdivision may be approved by the Committee to meet the requirements set forth in Business and Professions Code section 1909." The Board proposes the underlined language to clarify what requirements out-of-state dental hygiene programs must satisfy to be approved to provide instruction in SLN as this process is unclear.

The Board proposes to assess a fee of \$500 to cover the cost for its staff to review a program's SLN curriculum to ensure all requirements for SLN courses are met pursuant to Title 16, California Code of Regulations, section 1107.

The Board recognizes the Commission on Dental Accreditation (CODA) as the national accrediting agency of DHEPs and accepts out-of-state DHEP program coursework for licensure. (Bus. & Prof. Code, § 1917.1, subd. (a)(6)) CODA was established in 1975 and is nationally recognized by the United States Department of Education as the sole agency to accredit dental and dental-related education programs conducted at the post-secondary level.<sup>1</sup> As both in-state and out-of-state programs must satisfy these standards, the Board is not setting a precedent for two standards of oversight.

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<sup>1</sup> <https://coda.ada.org/en/accreditation/about-us> [12/16/2021 8:49:46 AM]

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

## **Comment A-2**

### **Comment Summary:**

The comment states the dental hygiene programs and three other Board approved CE providers in California are under the purview of the Board for unannounced site visits and inspection of course content and records. Dr. Kimbrough states under proposed section 1105.2, the out-of-state programs, or providers applying for SLN course approval, will never have a site visit by Board staff. She states these SLN courses will only be required to provide a biennial report.

### **Response:**

The Board has considered the comment, and makes no revisions to the text based thereon.

The Board acknowledges that out-of-state DHEPs will not receive any site visits from the Board. The commenter is incorrect that the Board does not review course content and records. Pursuant to subdivision (d)(3)(E)(ii), the Board requests out-of-state DHEPs to submit SLN syllabi for Board review. The required biennial report, "Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN) Course Provider Biennial Report" (DHBC SLN-03, Rev 03/2021) incorporated by reference at section 1107(a)(5), also requires DHEPs to submit various records, including course policies and procedures, course curriculum (e.g., syllabi, course hours, student evaluation mechanisms including clinical skills and competency assessment forms, remediation policies and procedures, and didactic, preclinical, and clinical schedules), student attendee records, and course faculty records.

The biennial report will provide the Board the necessary information to ensure the out-of-state DHEP is following the requirements of 16 CCR section 1107. Additionally, the out-of-state DHEP program SLN course application asks if the out-of-state DHEP abides by the statutory and regulatory requirements set forth in BPC section 1909, and Title 16, Division 11 of the CCR, and acknowledges that failure to do so may result in loss of course approval. Furthermore, both the application and the biennial report require the out-of-state DHEP to certify under the penalty of perjury the statements made in the application and biennial report are true and correct. Moreover, the application informs the out-of-state DHEP SLN course applicant that course records of the out-of-state DHEP SLN course shall be subject to inspection by the Board at any time.

The Board relies on CODA for overall approval of the out-of-state DHEP.

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

### **Comment A-3**

#### **Comment Summary:**

The comment states based on the language of the regulation, the SLN courses (whether provided by a California dental hygiene program or by a Board-approved CE provider) are required to track all local anesthesia injections, nitrous-oxide-oxygen analgesia experiences, and periodontal soft tissue curettage experiences by each student and CE course participant. She states these records are available to Board staff site visitors at any time upon request. She states such records must be kept on file for five years, which is another aspect of oversight by the Board.

#### **Response:**

The Board incorporates by reference its response to Comment A-2 above.

### **Comment A-4**

#### **Comment Summary:**

The comment states having two standards of oversight is not in the best interest of California consumers. She states it also opens the opportunity for California programs and CE course providers to request the same oversight as out-of-state programs and CE courses. Dr. Kimbrough states if two sets of standards are in place, out-of-state programs and CE providers may have more flexibility in how they can manage and implement the course.

#### **Response:**

The Board incorporates by reference its response to Comment A-1 above.

### **Comment A-5**

#### **Comment Summary:**

The comment states in protecting the California consumer, the Board must apply the same oversight and monitoring to approved out-of-state programs and CE providers as done with those in-state.

#### **Response:**

The Board incorporates by reference its response to Comment A-2 above.

## **Comment A-6**

### **Comment Summary:**

The comment states as the fee structure does not address the Board's ability to site visit out-of-state programs and courses with the same oversight and requirements as specified in the California Dental Practice Act (DPA), it is suggested the Board establish a site visit fee for out-of-state Board-approved programs/courses to ensure the same standard is being met by all providers of the SLN course. She requested the Board to revisit how out-of-state programs and CE providers will be regulated under the DPA prior to approving the applications for out-of-state dental hygiene programs and CE providers.

### **Response:**

The Board has considered the comment, and makes no revisions to the text based thereon.

The Board does not assess a fee on DHEPs to conduct site visits. The fee is solely to cover application processing and documentation review, which is the same for in state and out-of-state applicants.

As stated in response to Comment A-2 above, the biennial report will provide the Board the necessary information to ensure the out-of-state DHEP is following the requirements of 16 CCR section 1107. The out-of-state DHEP program SLN course application asks if the out-of-state DHEP abides by the statutory and regulatory requirements set forth in BPC section 1909, and Title 16, Division 11 of the CCR, and acknowledges that failure to do so may result in loss of course approval. Furthermore, both the application and the biennial report require the out-of-state DHEP to certify under the penalty of perjury the statements made in the application and biennial report are true and correct.

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

November 29, 2021

To: Dental Hygiene Board of California

RE: *Fee Resolutions for 16 CCR Section 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*

Dear Board Members,

I am submitting this letter in opposition to the fees suggested for the Out-of-State Expanded Duty Education and Training in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide and Oxygen Analgesia.

**A-1**

Overall, the fee structure for this course, is only applied to the application. It does not cover necessary oversight of the program/course to the same extent those provided in California dental hygiene programs and continuing education (CE) providers. Mr. Lum has indicated the DHBC has no jurisdiction for programs/courses out-of-state. This sets a precedent for two standards of oversight established and implemented by the DHBC.

**A-2**

The California dental hygiene programs as well as the three other DHBC approved CE providers are at the purview of the board for unannounced site visits and inspection course content and records. As it stands now, the out-of-state programs or providers will never be site visited. They will only be required to provide a biennial report.

**A-3**

Based on the language of the regulation, the SLN course whether it be given in a California dental hygiene program or by a DHBC approved CE provider are required to track all local anesthesia injections, nitrous-oxide-Oxygen (N<sub>2</sub>O), and periodontal soft tissue curettage (STC) experiences of each student and CE course participant. These records are available to DHBC staff site visitors at any time upon request. Such records must be kept on file for five years, which is another aspect of oversight by the board.

**A-4**

Having two standards of oversight is not in the best interest of California consumers. It also opens the opportunity for California programs/course providers to request the same oversight as out-of state programs/courses. If two sets of standards are in place, it appears that out-of-state programs/CE providers have more flexibility in how they can manage and implement the course.

**A-5**

**A-6**

In protecting the California consumer, the DHBC must apply the same oversight and monitoring to approved out-of-state programs and CE providers as done with those in-state. As the fee structure does not address the board's ability to site visit non-California programs/courses with the same oversight and requirements as specified in the Dental Practice Act, it is suggested the Board establish a site visit fee for out-of-state DHBC approved programs/courses to ensure the same standard is being met by all providers of the SLN course and revisit how out-of-state programs/ CE



providers will be regulated under the California Dental Practice Act, prior to approving the applications for out-of-state dental hygiene programs and CE providers.

Sincerely,



Vickie Kimbrough, PhD, MBA, RDH  
Director

[Redacted]

[Redacted]

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

<b>Legend:</b>	Added text is indicated with an <u>underline</u> . Deleted text is indicated by <del>strikeout</del> .
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**Amend §1105.2 of Title 16 of the California Code of Regulations (CCR) to read as follows:**

**§1105.2 Required Curriculum.**

- (a) The curriculum of an educational program shall meet the requirements of this section.
- (b) The curriculum shall include education in the dental hygiene process of care and shall define the competencies graduates are to possess at graduation, describing
  - (1) the desired combination of foundational knowledge, psychomotor skills, communication skills, and professional behaviors and values required,
  - (2) the standards used to measure the students' independent performance in each area, and
  - (3) the evaluation mechanisms by which competence is determined.
- (c) The organization of the curriculum shall create opportunities for adjustments to and research of, advances in the practice of dental hygiene to ensure that graduates will have the knowledge, skills, and abilities to function within the dental hygiene scope of practice.
- (d) The content of the curriculum shall include biomedical and dental sciences and dental hygiene sciences and practice. This content shall be of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the educational program's standard of competency.
  - (1) Biomedical and Dental Sciences Content
    - (A) Cariology
    - (B) Dental Materials
    - (C) General and Maxillofacial Pathology and/or Pathophysiology
    - (D) Head, Neck and Oral Anatomy
    - (E) Immunology
    - (F) Oral Embryology and Histology
    - (G) Oral Pathology
    - (H) Pain management
    - (I) Periodontology
    - (J) Pharmacology
    - (K) Radiography
    - (L) Dental Anatomy and Morphology

- (2) Dental Hygiene Sciences and Practice Content
- (A) Community Dental Health
  - (B) Dental Hygiene Leadership
  - (C) Evidence-based Decision Making and Evidence-based Practice
  - (D) Health Informatics
  - (E) Health Promotion
  - (F) Infection and Hazard Control Management
  - (G) Legal and Ethical Aspects of Dental Hygiene Practice
  - (H) Medical and Dental Emergencies
  - (I) Oral Health Education and Preventive Counseling
  - (J) Patient Management
  - (K) Preclinical and Clinical Dental Hygiene
  - (L) Provision of Services for and Management of Patients with Special Needs
  - (M) Research
  - (N) Provision of Oral Health Care Services to Patients with Bloodborne Infectious Diseases
- (3) Approved educational programs shall, at a minimum, specifically include instruction in local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage in accordance with the provisions of this subdivision.
- (A) An educational program shall:
- (i) Provide infection control equipment according to the requirements of California Code of Regulations (CCR), Title 16, Division 10, Chapter 1, Article 1, Section 1005.1;
  - (ii) Provide faculty to provide instruction to students in accordance with the minimum standards set forth in Section 1941 of the Business and Professions Code; and
  - (iii) Retain staff who have taken a board-approved eight (8) hour course in infection control or possess a current California registered dental assistant (RDA) or registered dental assistant in extended functions (RDAEF) license.
- (B) An educational program shall provide at least one complete nitrous oxide-oxygen unit for each six (6) students enrolled in the course and shall include a fail-safe flowmeter, functional scavenger system and disposable or sterilizable nasal hoods for each laboratory partner or patient. All tubing, hoses and reservoir bags shall be maintained and replaced at regular intervals to prevent leakage of gases. When not attached to a nitrous oxide-oxygen unit, all gas cylinders shall be maintained in an upright position, secured with a chain or in a cart designed for storage of gas cylinders.
- (C) An educational program shall comply with local, state, and federal health and safety laws and regulations.

- (i) All students shall have access to the program's hazardous waste management plan for the disposal of needles, cartridges, medical waste and storage of oxygen and nitrous oxide tanks.
- (ii) All students shall have access to the program's clinic and radiation hazardous communication plan.
- (iii) All students shall receive a copy of the program's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.

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

- (i) Indications and contraindications for all patients of:
  - 1. periodontal soft tissue curettage;
  - 2. administration and reversal of local anesthetic agents;
  - 3. nitrous oxide-oxygen analgesia agents
- (ii) Head and neck anatomy;
- (iii) Physical and psychological evaluation procedures;
- (iv) Review of body systems related to course topics;
- (v) Theory and psychological aspects of pain and anxiety control;
- (vi) Selection of pain control modalities;
- (vii) Pharmacological considerations such as action of anesthetics and vasoconstrictors, local anesthetic reversal agents and nitrous oxide-oxygen analgesia;
- (viii) Recovery from and post-procedure evaluation of periodontal soft tissue curettage, local anesthesia and nitrous oxide/oxygen analgesia;
- (ix) Complications and management of periodontal soft tissue curettage, local anesthesia and nitrous oxide-oxygen analgesia emergencies;
- (x) Armamentarium required and current technology available for local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage;
- (xi) Techniques of administration of maxillary and mandibular local infiltrations, field blocks and nerve blocks, nitrous oxide-oxygen analgesia and performance of periodontal soft tissue curettage;
- (xii) Proper infection control procedures according to the provisions of ~~Title 16, Division 10, Chapter 1, Article 1, section 1005 of the California Code of Regulations~~ 16 CCR section 1005;
- (xiii) Patient documentation that meets the standard of care, including, but not limited to, computation of maximum recommended dosages for local anesthetics and the tidal volume, percentage and amount of the gases and duration of administration of nitrous oxide-oxygen analgesia;
- (xiv) Medical and legal considerations including patient consent, standard of care, and patient privacy.

(E) Specific Curriculum Content.

Curriculum relating to the administration of local anesthetic agents, administration of nitrous oxide-oxygen analgesia, and performance of

periodontal soft tissue curettage shall meet the requirements contained in Title 16, Division 11, section 1107 of the California Code of Regulations 16 CCR section 1107.

Out-of-state dental hygiene programs that are accredited by the Commission on Dental Accreditation or an approved accrediting body and who provide instruction according to this subdivision may be approved by the ~~Committee~~ Board to meet the requirements set forth in Business and Professions Code section 1909 and shall submit:

- (i) An "Application for Approval of an Out-of-State Dental Hygiene Educational Program Course in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)" DHBC SLN-04 (New 10/2021) hereby incorporated by reference; and
- (ii) A SLN course syllabus certified by the educational program (to include individual SLN requirements set forth in 16 CCR 1107(b)(9)) for the out-of-state RDH educational program; and
- (iii) Payment of an application fee of \$500 to the Board.

Each approved course shall submit a biennial report "Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN) Course Provider Biennial Report" (DHBC SLN-03, Rev 03/2021) incorporated by reference at section 1107(a)(5).

(F) Out-of-State Applicants for Licensure. An out-of-state applicant for dental hygiene licensure may be certified by the Board that they have met current California SLN requirements pursuant to 16 CCR section 1107(b)(9). In addition to all requirements required by the Board to be licensed as a dental hygienist in California, out-of-state applicants shall submit:

- (i) An "Application for Certification of Out-of-State Dental Hygiene Education in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)" DHBC SLN-05 (New 10/2021) hereby incorporated by reference; and
- (ii) An SLN course syllabus (to include individual SLN requirements set forth in 16 CCR 1107(b)(9)) certified by the educational program for the RDH educational program of which the applicant is a graduate; and
- (iii) A "Certification of Completion of SLN Course Requirements" DHBC SLN-06 (New 10/2021) hereby incorporated by reference, from the RDH educational program of which the applicant is a graduate; and
- (iv) Payment of an application fee of \$500 to the Board.

(4) Requirements for Radiation Safety and Radiography Techniques Instruction.

Approved educational programs shall, at a minimum, specifically include instruction in radiation safety and radiography techniques and shall comply with

the requirements in accordance with the provisions of this subdivision in order to secure and maintain approval by the Board. The course of instruction in radiation safety and radiography techniques offered by a dental hygiene educational program (DHEP) approved by the Board for instruction in dental hygiene shall be deemed to be an approved radiation safety course if the DHEP has submitted evidence satisfactory to the Board that it meets all the requirements set forth below.

(A) A DHEP shall provide infection control equipment and follow infection control procedures according to the requirements of 16 CCR section 1005, all federal and state laws, rules, regulations, and all approved national and state accreditation standards established by the Department of Health Care Services (DHCS), Occupational Safety and Health Administration (OSHA), and the Commission on Dental Accreditation (CODA).

(B) Facilities.

There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms, radiography operatories, developing/processing facilities or digital equipment, and viewing spaces for mounting, viewing and evaluating radiographs. Adequate sterilizing facilities shall be provided, and all disinfection and sterilization procedures shall comply with 16 CCR 1005, all applicable accreditation standards, and state and federal laws, rules, and regulations.

- (i) A radiographic operatory shall be deemed adequate if it complies with the California Radiation Control Regulations (17 CCR commencing with section 30100), is properly equipped with supplies and equipment for practical work and includes for every five students at least one functioning radiography machine which is adequately filtered and collimated in compliance with 17 CCR 30311 and 17 CCR 30311.1 and which is equipped with the appropriate position-indicating devices for each technique being taught.
- (ii) The developing or processing facility shall be deemed adequate if it is of sufficient size, based upon the number of students, to accommodate students' needs in learning processing procedures and is properly equipped with supplies and equipment for practical work using manual, automatic, or digital equipment.
- (iii) Radiology areas shall provide protection to patients, students, faculty, and observers in full compliance with all applicable state and federal laws, rules, and regulations.

(C) Program Content.

Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of dental radiographic techniques.

- (i) A detailed course outline shall be provided to the students which clearly states curriculum subject matter and specific instructional hours in the individual areas of didactic, laboratory, preclinical, and clinical instruction.
- (ii) General program objectives and specific instructional unit objectives shall be stated in writing and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding dental radiation exposure. The course shall ensure that students who successfully complete the course can expose, process, and evaluate dental radiographs with minimum competence.
- (iii) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and evaluation criteria that will be used for all aspects of the curriculum including written, practical, and clinical competencies and examinations.
- (iv) Areas of instruction shall include at least the following as they relate to exposure, processing and evaluations of dental radiographs:
  - (1) Radiation physics and biology;
  - (2) Radiation protection and safety;
  - (3) Recognition of normal anatomical landmarks and abnormal conditions of the oral cavity as they relate to dental radiographs;
  - (4) Radiograph exposure and processing techniques using manual, automatic, and computerized digital methods;
  - (5) Radiograph mounting and/or sequencing, and viewing, including anatomical landmarks of the oral cavity;
  - (6) Intraoral techniques and dental radiograph armamentaria, including holding devices;
  - (7) Interproximal examination including principles of exposure, methods of retention and evaluation;
  - (8) Intraoral examination including, principles of exposure, methods of retention and evaluation;
  - (9) Identification and correction of faulty radiographs;
  - (10) Infection control in dental radiographic procedures; and
  - (11) Radiographic record management.



(D) Radiation Safety.

Sufficient hours of didactic and laboratory instruction shall be provided to ensure that a student successfully demonstrates competency in radiation safety. Successful completion of a radiation safety competency must be achieved at a minimum of 75% and shall be required prior to utilization of radiographic techniques in laboratory and clinic.

(E) Laboratory Instruction.

Sufficient hours of laboratory instruction shall be provided to ensure that a student successfully completes on a radiology manikin at a minimum the procedures set forth below. A procedure has been successfully completed only if each radiograph is of diagnostic quality.

- (i) Two (2) full mouth periapical series, consisting of at least eighteen (18) radiographs each, four (4) of which must be bitewings;
- (ii) Two (2) bitewing series, consisting of at least four (4) radiographs each; and
- (iii) Developing or processing and mounting of analog exposed radiographs, or computer digital exposure and sequencing may be utilized.
- (iv) Student and instructor written evaluation of radiographs.

(F) Clinical Experience.

There shall be sufficient clinical experiences as part of an organized program of instruction, to obtain clinical competency in radiographic techniques. Clinical instruction shall include clinical experience on four (4) different patients with one (1) of the four (4) patients to be utilized for clinical competency. Clinical experience shall include:

- (i) Successful completion of a minimum of four (4) full mouth periapical series, consisting of at least eighteen (18) radiographs each, four (4) of which must be bitewings. Such radiographs shall be of diagnostic quality. All exposures made on patients shall only be made for diagnostic purposes and shall in no event exceed three (3) additional exposures per patient. If traditional film packets are utilized, they must be double film.
- (ii) Performance of all clinical procedures on patients under the general supervision of a licensed dentist.
- (iii) Either or both:
  - a. Processing and mounting of analog exposed radiographs;
  - b. Computer digital exposure and sequencing.
- (iv) Student and instructor written evaluation of radiographs.



(G) Clinical Facilities.

Clinical facilities shall have the necessary equipment and accessories appropriate for the procedures to be performed and such equipment and accessories must be in safe operating condition. The clinical facilities shall be subject to the same requirements as those specified in subdivision (d)(4)(B).

(H) Length of Instruction.

Instruction shall be of sufficient duration for the student to develop minimum competence in the radiation safety techniques and shall in no event be less than thirty-two (32) clock hours, including at least eight (8) hours of didactic instruction, at least twelve (12) hours of laboratory instruction, and at least twelve (12) hours of clinical instruction.

(e) An educational program shall provide for breadth of experience and student competency in patient experiences in all classifications of periodontal disease including mild, moderate, and severe involvement.

(f) An educational program shall provide for breadth of experience and student competency in providing patient experiences in dental hygiene care for the child, adolescent, adult, geriatric, and special needs patients.

Note: Authority cited: Sections 1905, 1906, ~~and 1909~~, and 1944, Business and Professions Code.

Reference: Sections 1905, 1912, 1914, ~~and 1941~~, 1944, and 1950.5, Business and Professions Code.



## Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN) Course Provider Biennial Report

<b>Date</b>		
<b>SLN Course Provider Name</b>		<b>CA Continuing Education (CE) Provider Number</b>
<b>Name and Title of SLN Course Director</b>		<b>SLN Course Provider Email</b>
<b>Affiliated Dental Hygiene or Dental Program</b>		<b>SLN Course Provider Phone</b>
<b>Mailing Address of SLN Course Provider*</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Clinical Facility Address (if different from above)</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Name of SLN Course</b>		

\*The SLN Course provider mailing address is public. If you wish to provide a P.O. Box, you must also provide a physical address and be sure to specify that the physical address is not to be used as the address of record.

### Requirements for SLN Course Approval:

Each SLN Course approved by the Dental Hygiene Board of California (Board) must submit a biennial report pursuant to the California Code of Regulations, Title 16, section 1107, subdivision (a)(5). SLN Course records shall be subject to inspection by the Board at any time. The Board may withdraw approval at any time that it determines that a SLN Course does not meet the requirements of the law. SLN Course providers must inform the Board of any changes to course content, faculty and physical facilities within 10 days.

Dates of Course Offered in the Past Two -Year Reporting Period	Number of Faculty involved in Course	Number of Attendees per Course

HAVE THERE BEEN ANY CHANGES TO THE FOLLOWING:	YES	NO
<b>1. SLN Course Policies and/or Procedures?</b> If yes, please describe and include updated policies and/or procedures.		
<b>Explain</b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation):		
<b>2. SLN Course Faculty?</b> If yes, please describe and include a current DHBC Faculty Biosketch (3/2021) as described in 16 CCR section 1107(b)(2)(E), and proof of current Educational Methodology for each faculty member.		
<b>Explain</b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation):		
<b>3. SLN Course Facilities or Equipment?</b> If yes, please describe and include updated facility map and/or equipment list.		
<b>Explain</b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation):		
<b>4. SLN Course Curriculum including syllabi, course hours, student evaluation mechanisms including clinical skills and competency assessment forms, remediation policies and procedures, and didactic, preclinical, and clinical schedules?</b> If yes, please describe and include a copy of the new curriculum and schedules.		
<b>Explain</b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation):		

HAVE THERE BEEN ANY CHANGES TO THE FOLLOWING:	YES	NO
<b>5. SLN Course Student Attendee Applicant Form?</b> If yes, please describe and include updated form.		
<b>Explain</b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation):		
<b>6. SLN Course Certificate of Completion?</b> If yes, please describe and include updated certificate.		
<b>Explain</b> (if additional room is needed, please state "See Attached" and number your response in an attached explanation):		

**In utilizing this report form, please consult the regulations governing courses in Local Anesthesia, Nitrous Oxide, and Periodontal Soft Tissue Curettage in Title 16, section 1107 of the California Code of Regulations.**

**Certification:**

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
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 1350, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, §1900 et seq. The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review his or her own personal information maintained by the agency as set forth in the Information Practices Act unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.

**Application for Approval of an Out-of-State Dental Hygiene Educational Program Course in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)**

Business & Professions Code (BPC) Section 1909 and California Code of Regulations (CCR) Title 16, Sections 1105.2, 1107

**Non-Refundable Fee: \$500**  
**(Must accompany application)**

<b>DHBC USE ONLY</b>	
<u>Receipt</u>	<u>RC</u>
<u>Date Filed</u>	<u>\$</u>
<u>Approved</u>	<u>Denied</u>
<u>RP#</u>	

**PLEASE TYPE OR PRINT LEGIBLY.**

<u>Date</u>		
<u>Dental Hygiene Educational Program (DHEP) Name</u>		<u>DHEP Telephone Number</u>
<u>DHEP Director</u>		<u>DHEP Director Email</u>
<u>DHEP SLN Course Director</u>		<u>DHEP Course Director Email</u>
<u>DHEP Address</u>		
<u>City</u>	<u>State</u>	<u>Zip</u>
<u>DHEP Clinical Facility Address (if different from above)</u>		
<u>City</u>	<u>State</u>	<u>Zip</u>

**Requirements for Course Approval:**

An out-of-state Dental Hygiene Educational Program (DHEP) Course in SLN must be approved prior to acceptance of SLN course requirements for out-of-state Registered Dental Hygienist (RDH) applicants. Each approved course must submit a biennial report as set forth in section 1105.2(d)(3)(E). Course records shall be subject to inspection by the Dental Hygiene Board of California (Board) at any time. The Board may withdraw approval at any time if it determines that a course does not meet the requirements of the law. Course providers must inform the Board of any changes to course content, faculty and physical facilities within 10 days.

## Course Faculty Information\*

<u>Faculty Name</u>	<u>License Type</u>	<u>License # and State Issued</u>	<u>License Expiration Date</u>	<u>Date of latest Educational Methodology</u>

\*Course director and clinical and preclinical faculty must possess a valid, active dental hygiene/dental license in the state where instruction is being provided for at least two years prior to teaching periodontal soft tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia (SLN) curriculum pursuant to 16 CCR sections 1107(b)(2)(A). Attach copies of each license and proof of education in educational methodology for all faculty pursuant to 16 CCR sections 1107(b)(2)(C) and 1107(b)(6)(C) **(Label as Exhibit A)** along with a faculty calibration plan pursuant to 16 CCR section 1107(b)(6)(C) **(Label as Exhibit B)**.

### Please answer the following:

1. <u>Will the course provide instruction in administration of local anesthetic agents limited to the oral cavity, administration of nitrous oxide-oxygen used as an analgesic utilizing fail-safe type machines containing no other general anesthetic agents, and periodontal soft tissue curettage pursuant to 16 CCR section 1107(a)(1)?</u> <ul style="list-style-type: none"><li><u>Include a copy of your curriculum including syllabi, student evaluation mechanisms including clinical skills and competency assessment forms, remediation policy and procedures, and didactic, pre-clinical, and clinical schedules <b>(Label as Exhibit C)</b>.</u></li></ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. <u>Will there be a lecture classroom, a patient clinic area, a sterilization facility, and radiology area for use by students pursuant to 16 CCR section 1107(b)(3)(A)?</u> <ul style="list-style-type: none"><li><u>Attach a facility site map indicating each of these areas <b>(Label as Exhibit D)</b>.</u></li></ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. <u>Will all students have access to equipment necessary to develop dental hygiene skills in the duties being taught pursuant to 16 CCR section 1107(b)(3)(B)?</u> <ul style="list-style-type: none"><li><u>Attach a list of equipment available for the students. <b>(Label as Exhibit E)</b>.</u></li></ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b><u>Please answer the following:</u></b>	
<p>4. <u>Will all students have access to the hazardous waste management plan for disposal of needles, cartridges, medical waste, storage of nitrous oxide and oxygen tanks and the course's clinic and radiation hazardous communication plan pursuant to 16 CCR sections 1107(b)(4)(A) and (b)(4)(B)?</u></p> <ul style="list-style-type: none"> <li>• <u>Attach a copy of both the program's hazardous waste management plan <b>(Label as Exhibit F)</b> and hazardous communication plan <b>(Label as Exhibit G)</b>.</u></li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>5. <u>Will all students receive a copy of the bloodborne and infectious diseases exposure control plan including emergency needlestick procedures pursuant to 16 CCR section 1107(b)(4)(C)?</u></p> <ul style="list-style-type: none"> <li>• <u>Attach a copy as provided to students. <b>(Label as Exhibit H)</b>.</u></li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>6. <u>Will the course clearly state curriculum subject matter, specific instruction hours in the individual areas of didactic, pre-clinical and clinical instruction, and include written course and specific instructional learning outcomes that will be accomplished within the framework of the course, including theoretical aspects of each subject as well as practical application in accordance with 16 CCR sections 1107(b)(8) and (b)(9) and a copy be provided to students?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>7. <u>Will the course's duration allow a student to develop competence in administration of local anesthesia, administration of nitrous oxide-oxygen analgesia, and performance of periodontal soft tissue curettage pursuant to 16 CCR section 1107(b)(9)?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b><u>Periodontal Soft Tissue Curettage Requirements:</u></b>	
<p>8. <u>Will instruction in periodontal soft tissue curettage include at least six (6) hours of instruction, including at least three (3) hours of didactic and preclinical instruction and at least three (3) hours of clinical instruction pursuant to 16 CCR section 1107(b)(9)(C)?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>9. <u>Will instruction in periodontal soft tissue curettage include at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course and the competency evaluation for this procedure will be achieved at a minimum of 75% pursuant to 16 CCR section 1107(b)(9)(C)?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b><u>Local Anesthesia Requirements:</u></b>	
<p>10. <u>Will instruction in the administration of local anesthetic agents include at least thirty (30) hours of instruction, including at least fifteen (15) hours of didactic and preclinical instruction and at least fifteen (15) hours of clinical instruction pursuant to 16 CCR section 1107(b)(9)(A)?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Please answer the following:**

11. <u>Will curriculum include maxillary and mandibular anesthesia techniques for local infiltration, field blocks and nerve blocks to include anterior superior alveolar (ASA), middle superior (MSA), anterior middle superior alveolar (AMSA), posterior superior alveolar (PSA), greater palatine, suprapariosteal, inferior alveolar (IA), lingual, and buccal injections pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. <u>Will preclinical instruction of the aforementioned injections in question 11 include a minimum of two (2) experiences per injection, which may be on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. <u>Will clinical instruction of the aforementioned injections in question 11 include at least four (4) clinical experiences per injection to include two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient, of which only one (1) may be on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. <u>Will clinical instruction for the mental and incisive injections include at least two (2) clinical experiences per injection to include one (1) experience on the right side of a patient and one (1) experience on the left side of a patient, of which only one (1) may be on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. <u>Will clinical instruction for the nasopalatine injection include four (4) clinical experiences, of which only one (1) may be on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Nitrous Oxide-Oxygen Analgesia Requirements:**

16. <u>Will instruction in the administration of nitrous oxide-oxygen analgesia include at least eight (8) hours of instruction, including at least four (4) hours of didactic and preclinical instruction and at least four (4) hours of clinical instruction pursuant to 16 CCR section 1107(b)(9)(B)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. <u>Will instruction in the administration of nitrous oxide-oxygen analgesia include at least two (2) preclinical experiences on patients, both of which may be on another student, and at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course pursuant to 16 CCR section 1107(b)(9)(B)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. <u>Will each clinical experience in the administration of nitrous oxide-oxygen analgesia include the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia from the beginning of titration of nitrous oxide-oxygen to the discontinuation of nitrous oxide and beginning of final oxygenation pursuant to 16 CCR section 1107(b)(9)(B)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>



<b><u>Please answer the following:</u></b>	
19. <u>Specify the <b>total number of hours</b> for all three areas in the course that will be taught in the categories listed below pursuant to 16 CCR section 1107(b)(9):</u>	
Didactic: _____ Pre-Clinical: _____ Clinical: _____	
20. <u>Will you retain for at least 5 years copies of curriculum, syllabi, exams, sample test questions, clinic rubrics, copies of faculty credentials, faculty calibration plan and individual student records including evaluations and summations thereof pursuant to 16 CCR section 1107(b)(6)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
21. <u>Will each student be issued a certificate of successful completion after achievement of a minimum of 75% in each clinical competency and has been deemed competent in each of the three (3) procedures pursuant to 16 CCR section 1107(b)(10)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b><u>Acknowledgement:</u></b>	
22. <u>Will the DHEP inform the Board of any changes to the course content, physical facilities, and faculty within ten (10) business days of such changes pursuant to 16 CCR section 1107(b)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
23. <u>Have you reviewed BPC section 1909 and Title 16, Division 11 of the CCR?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. <u>Do you agree to abide by the statutory and regulatory requirements set forth in BPC section 1909, and Title 16, Division 11 of the CCR <b>AND</b> do you acknowledge that failure to do so may result in loss of course approval?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**The Board may approve or deny approval of any course. If the Board denies approval of a course, the reasons for denial will be provided in writing within 90 days.**

### **Certification:**

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
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 1350, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with BPC, §1900 et seq. The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review his or her own personal information maintained by the agency as set forth in the Information Practices Act unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.



## **Application for Certification of Out-of-State Dental Hygiene Education in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)**

Business & Professions Code (BPC) Section 1909, California Code of Regulations (CCR)  
Title 16, Sections 1105.2, 1107

**Non-Refundable Fee: \$500**  
**(Must accompany application)**

### **DHBC USE ONLY**

Receipt

RC

Date Filed

\$

Approved

Denied

**PLEASE TYPE OR WRITE LEGIBLY**

Date

### **Registered Dental Hygienist (RDH) SLN Certification Applicant Information:**

Name

Telephone Number

Address

Email Address

City

State

Zip

### **Dental Hygiene Educational Program (DHEP) Information:**

DHEP Name

Phone Number

Program Director

Program Director Email

SLN Course Director

SLN Course Director Email

DHEP Address

City

State

Zip

### **Requirements for SLN Course Certification Acceptance:**

An out-of-state Dental Hygiene Educational Program (DHEP) Course in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN) must be reviewed prior to acceptance of SLN course requirements for out-of-state Registered Dental Hygienist (RDH) applicants pursuant to BPC section 1909. Applicant records shall be subject to inspection by the Dental Hygiene Board of California (Board) pursuant to 16 CCR section 1107(b)(6)(D).

<b><u>Please answer the following:</u></b>	
<p>1. <u>Did the course provide instruction in administration of local anesthetic agents limited to the oral cavity, administration of nitrous oxide-oxygen used as an analgesic utilizing fail-safe type machines containing no other general anesthetic agents, and periodontal soft tissue curettage pursuant to 16 CCR section 1107(a)(1)?</u>  <b><u>Include a copy of your SLN curriculum to include syllabi and student evaluation mechanisms (clinical skills and competency assessment forms, remediation policy and procedures). (Label as Exhibit A).</u></b></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>2. <u>Did the course's duration allow for the development of competence in administration of local anesthesia, administration of nitrous oxide-oxygen analgesia, and performance of periodontal soft tissue curettage pursuant to 16 CCR section 1107(b)(9)?</u>  <b><u>Include a copy of your didactic, pre-clinical and clinical schedules. (Label as Exhibit B)</u></b></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b><u>Periodontal Soft Tissue Curettage Requirements:</u></b>	
<p>3. <u>Did instruction in periodontal soft tissue curettage include at least six (6) hours of instruction, including at least three (3) hours of didactic and preclinical instruction and at least three (3) hours of clinical instruction pursuant to 16 CCR section 1107(b)(9)(C)?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>4. <u>Did instruction in periodontal soft tissue curettage include at least three (3) clinical experiences on patients, of which only one was on another student and one of which was used to determine clinical competency in the course and the competency evaluation for this procedure was achieved at a minimum of 75% pursuant to 16 CCR section 1107(b)(9)(C)?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b><u>Local Anesthesia Requirements:</u></b>	
<p>5. <u>Did instruction in the administration of local anesthetic agents include at least thirty (30) hours of instruction, including at least fifteen (15) hours of didactic and preclinical instruction and at least fifteen (15) hours of clinical instruction pursuant to 16 CCR section 1107(b)(9)(A)?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>6. <u>Did curriculum include maxillary and mandibular anesthesia techniques for local infiltration, field blocks and nerve blocks to include anterior superior alveolar (ASA), middle superior (MSA), anterior middle superior alveolar (AMSA), posterior superior alveolar (PSA), greater palatine, suprapariosteal, inferior alveolar (IA), lingual, and buccal injections pursuant to 16 CCR section 1107(b)(9)(A)?</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

7. <u>Did preclinical instruction of the aforementioned injections in question six include a minimum of two (2) experiences per injection, which may have been on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. <u>Did clinical instruction of the aforementioned injections in question six include at least four (4) clinical experiences per injection which included two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient, of which only one (1) may have been on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. <u>Did clinical instruction for the mental and incisive injections include at least two (2) clinical experiences per injection which included one (1) experience on the right side of a patient and one (1) experience on the left side of a patient, of which only one (1) may have been on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. <u>Did clinical instruction for the nasopalatine injection include four (4) clinical experiences, of which only one (1) may have been on another student pursuant to 16 CCR section 1107(b)(9)(A)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b><u>Nitrous Oxide-Oxygen Analgesia Requirements:</u></b>	
11. <u>Did instruction in the administration of nitrous oxide-oxygen analgesia include at least eight (8) hours of instruction, including at least four (4) hours of didactic and preclinical instruction and at least four (4) hours of clinical instruction pursuant to 16 CCR section 1107(b)(9)(B)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. <u>Did instruction in the administration of nitrous oxide-oxygen analgesia include at least two (2) preclinical experiences on patients, both of which may have been on another student, and at least three (3) clinical experiences on patients, of which only one may have been on another student and one of which was used to determine clinical competency in the course pursuant to 16 CCR section 1107(b)(9)(B)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. <u>Did each clinical experience include the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia from the beginning of titration of nitrous oxide-oxygen to the discontinuation of nitrous oxide and beginning of final oxygenation pursuant to 16 CCR section 1107(b)(9)(B)?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. <u>Specify the <b>total number of hours</b> for all three areas within the course that was taught in the categories listed below pursuant to 16 CCR section 1107(b)(9):</u> Didactic: _____ Pre-Clinical: _____ Clinical: _____	
<b><u>Acknowledgement:</u></b>	

15. Did you successfully complete the course after achievement of a minimum of 75% in each clinical competency and are deemed competent in each of the three (3) procedures pursuant to 16 CCR section 1107(b)(10)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Have you reviewed California BPC section 1909 and 16 CCR sections 1105.2 and 1107?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Do you certify that the course you completed meets all requirements of BPC section 1909 and 16 CCR sections 1105.2 and 1107?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**The Board may approve or deny acceptance of any course. If the Board denies acceptance of a course, the reasons for denial will be provided in writing within 90 days.**

### **Certification:**

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

\_\_\_\_\_  
Signature of SLN Certification Applicant

\_\_\_\_\_  
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 1350, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with BPC, § 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.



**CERTIFICATION OF COMPETENCY IN PERFORMANCE OF  
 PERIODONTAL SOFT TISSUE CURETTAGE, LOCAL ANESTHESIA,  
 AND NITROUS OXIDE-OXYGEN ANALGESIA (SLN)**

**PLEASE TYPE OR PRINT LEGIBLY**

<u>Date</u>			
<b><u>Registered Dental Hygienist (RDH) Applicant Information</u></b>			
<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Date of Birth</u>
<u>Address</u>			
<u>City</u>		<u>State</u>	<u>Zip Code</u>
<u>Home Phone</u>	<u>Mobile Phone</u>	<u>Email Address</u>	
<b><u>Dental Hygiene Educational Program (DHEP) Information</u></b>			
<u>DHEP Name</u>			
<u>Dates of Attendance by RDH Applicant</u>		<u>Date of Graduation of RDH Applicant</u>	
<u>From</u>	<u>To</u>		
<u>DHEP Director</u>		<u>DHEP Director Email Address</u>	
<u>Address</u>			
<u>City</u>		<u>State</u>	<u>Zip Code</u>
<u>DHEP Phone Number</u>		<u>DHEP Director Phone Number</u>	

<u>Injection</u>	<u>Required Preclinical Injections</u>  <u>Injections may be on another student</u>	<u>Required Clinical Injections:</u> <u>Injections to include two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient,</u>  <u>Only one (1) injection may be on another student.</u>	<u>DHEP Director:</u> <u>Please initial below as to the completion of each requirement</u>
<u>Anterior Superior Alveolar (ASA)</u>	<u>2</u>	<u>4</u>	
<u>Middle Superior Alveolar (MSA)</u>	<u>2</u>	<u>4</u>	
<u>Anterior Middle Superior Alveolar (AMSA)</u>	<u>2</u>	<u>4</u>	
<u>Posterior Superior Alveolar (PSA)</u>	<u>2</u>	<u>4</u>	
<u>Greater Palatine (GP)</u>	<u>2</u>	<u>4</u>	
<u>Supraperiosteal</u>	<u>2</u>	<u>4</u>	
<u>Inferior Alveolar (IA)</u>	<u>2</u>	<u>4</u>	
<u>Lingual</u>	<u>2</u>	<u>4</u>	
<u>Buccal</u>	<u>2</u>	<u>4</u>	
<u>Competency evaluations for each of the above injections and techniques were achieved at a minimum of 75%.</u>			

<u>Injection</u>	<u>Required Preclinical Injections</u>  <u>Injections may be on another student</u>	<u>Required Clinical Injections</u>	<u>DHEP Director:</u> <u>Please initial below as to the completion of each requirement.</u>
<u>Nasopalatine</u>	<u>2</u>	<u>4</u>	
<u>Mental</u>	<u>2</u>	<ol style="list-style-type: none"> <li>1. <u>One (1) experience on the right side of a patient</u></li> <li>2. <u>One (1) experience on the left side of a patient</u></li> <li>3. <u>Only one (1) injection may be on another student.</u></li> </ol>	



<u>Injection</u>	<u>Required Preclinical Injections</u>  <u>Injections may be on another student</u>	<u>Required Clinical Injections</u>	<u>DHEP Director: Please initial below as to the completion of each requirement.</u>
<u>Incisive</u>	<u>2</u>	<ol style="list-style-type: none"> <li>1. <u>One (1) experience on the right side of a patient</u></li> <li>2. <u>One (1) experience on the left side of a patient</u></li> <li>3. <u>Only one (1) injection may be on another student.</u></li> </ol>	
<b><u>Competency evaluations for each of the above injections and techniques were achieved at a minimum of 75%.</u></b>			

<u>Nitrous Oxide-Oxygen Sedation</u>	<u>Required Preclinical Experiences</u>	<u>Required Clinical Experiences</u>	<u>DHEP Director: Please initial below as to the completion of each requirement.</u>
	<ol style="list-style-type: none"> <li>1. <u>Minimum two experiences.</u></li> <li>2. <u>Both experiences may be on another student.</u></li> </ol>	<ol style="list-style-type: none"> <li>1. <u>Minimum three (3) experiences.</u></li> <li>2. <u>One experience may be on another student.</u></li> <li>3. <u>One experience must be used to determine competency.</u></li> <li>4. <u>Minimum of 20 minutes of nitrous oxide-oxygen exposure for each experience.</u></li> </ol>	
<b><u>Competency evaluation for the Nitrous Oxide-Oxygen Sedation experience was achieved at a minimum of 75%.</u></b>			

<u>Soft Tissue Curettage</u>	<u>Required Clinical Experiences</u>	<u>DHEP Director: Please initial below as to the completion of each requirement.</u>
	<ol style="list-style-type: none"> <li>1. <u>Minimum three (3) experiences.</u></li> <li>2. <u>One experience may be on another student.</u></li> <li>3. <u>One experience must be used to determine competency.</u></li> </ol>	
<b><u>Competency evaluation for the Soft Tissue Curettage experience was achieved at a minimum of 75%.</u></b>		

**SLN CERTIFICATION:**

**I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE CALIFORNIA RDH  
APPLICANT ABOVE SUCCESSFULLY COMPLETED AND DEMONSTRATED  
CLINICAL COMPETENCY IN THE ABOVE LISTED DUTIES PURSUANT TO  
CALIFORNIA CODE OF REGULATIONS TITLE 16, DIVISION 11 §1107(b)(8-9).**



\_\_\_\_\_  
**PRINTED NAME OF PROGRAM DIRECTOR**

\_\_\_\_\_  
**SIGNATURE OF PROGRAM DIRECTOR**

\_\_\_\_\_  
**DATE**

## MEMORANDUM

<b>DATE</b>	January 22, 2022
<b>TO</b>	Dental Hygiene Board of California
<b>FROM</b>	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
<b>SUBJECT</b>	<b>FULL 7: Discussion and Possible Action on the Following Proposed Regulatory Package: 16 CCR Section 1115. Retired Licensure.</b>

## BACKGROUND

At the November 20, 2020 Full Board WebEx Teleconference (November teleconference), the Board approved proposed language for the implementation of California Code of Regulations (CCR), Title 16, Division 11 section 1115 regarding Retired Licensure (section 1115), 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 if necessary, and authorizing the Executive Officer to make any non-substantive changes to the rulemaking package.

During the 45-day comment period, the Board received public comments on proposed section 1115. At the November teleconference, the Board reviewed the summary of the comments and proposed responses, along with proposed modified text in response to public comment. After the review, the Board directed staff to further amend the proposed language and responses and bring them back to the Board at a future meeting. Staff has prepared the following summary of the comments and proposed responses thereto for the Board's approval.

## STAFF RECOMMENDATION:

Staff recommends the Board consider and approve the responses drafted to address public comments received during the 45-day comment period on the Board's proposed regulation implementing retired licensure.

Additionally, staff recommends the Board consider and approve the proposed modified text and 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 for section 1115.

## **PROPOSED MOTION LANGUAGE**

Approve the proposed amended regulatory text for section 1115, approve the responses drafted to address public comments received during the 45-day comment period on the Board's proposed regulation implementing retired licensure, and 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 for section 1115.

**Pros:** If the Board approves the addressed comments and amended regulatory language for section 1115, the proposal will move forward in the regulatory process.

**Cons:** If the proposed comments and amended regulatory language is not approved for section 1115, the proposal will not move forward in the regulatory process.

### **Documents Included for Reference for Section 1115:**

1. Responses to Comments.
2. Proposed Modified Text.
3. Associated forms (DHBC RLC-01 (New 11/2020) and DHBC RLC-02 (New 10/2020)).
4. Letters A – M.

## **Summary of Comments to Proposed Title 16, California Code of Regulations, Section 1115**

### **A. June 11, 2021 email from Patricia Maruko.**

#### **Comment A-1**

##### **Comment Summary:**

This comment questions as to why the Board has taken years to decide on a retired license status for registered dental hygienists (RDHs). Additionally, Ms. Maruko states she has been retired for three years, already paid for an inactive status license, and does not wish to pay for a retired status license.

##### **Response:**

The Board acknowledges the comment, and makes no revisions to the text based thereon.

The Board has actively been pursuing a regulatory package to establish a retired license category and acknowledges that the regulatory process is lengthy.

Additionally, Business and Professions Code (BPC) section 464(b)(4) authorizes the Board to establish an appropriate application fee to cover the reasonable cost of issuing a retired license. BPC section 1944(a)(14) provides for the establishment of a fee (\$80) at not more than half the license renewal fee (\$160) to cover administrative and processing procedures.

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

### **B. July 13, 2021 letter from Heidi Coggan, RDHAP, BS, President of the California Dental Hygienists' Association (CDHA).**

#### **Comment B-1**

##### **Comment Summary:**

Ms. Coggan requests the Board include language to allow RDHs with an expired license to volunteer their services at community and nonprofit events and health fairs. She states they firmly believe in the valuable services volunteer retirees could provide would benefit the public by increasing access to care, and to exclude the retiree population would unnecessarily reduce the number of volunteer RDHs available for such events.

**Response:**

The Board acknowledges the comment and has prepared modified text to address the concern.

BPC section 464(b)(2) provides the holder of a retired license issued shall not engage in any activity for which a license is required, unless the board, by regulation, specifies the criteria for a retired licensee to practice his or her profession or vocation.

The Board acknowledges the valuable resources that a retired RDH may provide to promote oral health in limited form on a volunteer basis. Accordingly, the Board amends section 1115 in response to this comment as follows:

- (f) The holder of a retired license shall be allowed to provide to the public, without supervision, dental hygiene educational services, oral health training programs, oral health screenings, and application of fluoride varnish free of charge in any oral health public health program created by federal, state, or local law or administered by a federal, state, county, or local governmental entity, at a sponsored event by a sponsoring entity. The retired licensee shall refer any screened individuals with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan. For purposes of this section, the following shall apply:
- (g) "Sponsored event" shall be defined as in paragraph (4) of subdivision (b) of Section 1626.6 of the Code.
- (h) "Sponsoring entity" shall be defined as in paragraph (6) of subdivision (b) of Section 1626.6 of the Code.

**Comment B-2****Comment Summary:**

Ms. Coggan questions the need for a three-year restriction on reinstatement of a retired license. She states RDHs are currently able to place their licenses on inactive status which does not include any limitations as to the number of years the RDHs could remain inactive before reactivating their licenses, nor does it include require continuing education requirement. She states in both cases the RDH is not practicing and not required to take continuing education, therefore, reactivation of both licensure categories should be subject to the same requirements. She states a three-year restriction for reactivation of the retired license placed upon retirees is discriminatory and requests the elimination of the three-year reinstatement limit.

**Response:**

The Board acknowledges the comment and has prepared modified text to address the concern.

The Board acknowledges within both the “retired” and “inactive” licensure categories, the RDH is not practicing and not required to take continuing education, and therefore, reactivation of both licensure categories should be subject to the same requirements.

Accordingly, the Board amends section 1115 to strike (e)(1) and (f) in the proposed text in response to this comment.

**C. June 16, 2021 letter from Barbara Briley.**

**Comment C-1**

**Comment Summary:**

Ms. Briley questions why the Board has only allowed three years to convert the retired license back to active status. Ms. Briley stated that she has practiced as a clinical instructor, in dental offices, and internationally for 24 years and forced to retire due to health concerns. She stated to be denied renewal after a 3-year period is disheartening and a disservice to RDHs.

**Response:**

The Board incorporates by reference its response to Comment B-1 above.

**D. July 12, 2021 letter from Susan McLearn.**

**Comment D-1**

**Comment Summary:**

Ms. McLearn questions why the Board is requiring the display of the “retired” designation alongside their credentials. Ms. McLearn states she was unsure of the intention and questioned if the designation was to deter illegal practice. She states the designation seems demeaning, and that she and most others would never practice illegally. Ms. McLearn stated that if concern was due to consumer protection, that the Board should include an example of how one would legally display their credentials.

**Response:**

The Board acknowledges the comment, and makes no revisions to the text based thereon.

The Board determined that, as the holder of a retired license is prohibited from practicing, it is imperative that the retired licensee make clear that he or she is no longer a practicing RDH when using his or her earned professional title to prevent misleading

the public that they are able to provide dental hygiene care. Additionally, the regulation makes clear how to display one's credentials. Subdivision (b)(3) states: "Utilize his or her professional title only with the unabbreviated word "retired" preceding or after the professional designation."

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

## **Comment D-2**

### **Comment Summary:**

Ms. McLearan questions why the Board will not allow retired RDHs to volunteer their services as this would be a disservice to the consumer. Ms. McLearan states if an RDH retires after many years of practice, they do not lose their skills, and requiring CE to reactivate one's license seems fair, equitable, and protective of the public. Additionally, Ms. McLearan requested for the Board to consider a reduced rate for those on a fixed income or to acknowledge 50 years of practice. Furthermore, she stated she would like to participate in volunteer opportunities and for the Board to "make it clear" within the regulation.

### **Response:**

The Board incorporates by reference its response to Comment B-1 above regarding volunteering.

The Board acknowledges the comment regarding a reduced rate, and makes no revisions to the text based thereon.

As noted in the response to Comment A-1 above, BPC section 464(b)(4) authorizes the Board to establish an appropriate application fee to cover the reasonable regulatory cost of issuing a retired license. BPC section 1944(a)(14) provides for the establishment of a fee (\$80) at not more than half the license renewal fee (\$160) to cover administrative and processing procedures.

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

## **E. June 15, 2021 letter from Maureen Titus, RDHAP, BS.**

### **Comment E-1**

### **Comment Summary:**

Ms. Titus expresses her concerns regarding subdivision (c) and its restriction of



practice. Ms. Titus states that without retired volunteers, many clinics and public health events will cease to exist and create an even greater need for the underserved in California. Ms. Titus requests the Board to consider amending the language to allow retired RDHs to be part of a critical oral health team at volunteer events and free clinics which provide dental care to the underserved and uninsured people in California. Ms. Titus attached the Dental Board of California's (DBC) "Reduced Fee/ Retired Status Information" document and requests the Board to consider what the DBC has in place for retired dentists.

**Response:**

The Board incorporates by reference its response to Comment B-1 above.

**F. July 14, 2021 letter from Lisa Okamoto, RDH.**

**Comment F-1**

**Comment Summary:**

Ms. Okamoto requests the Board remove the three-year time requirement to reactivate a retired license.

**Response:**

The Board incorporates by reference its response to Comment B-2 above.

**Comment F-2**

**Comment Summary:**

Ms. Okamoto requests the Board to allow retired hygienists to provide preventive dental hygiene services at public health, community and non-profit events.

**Response:**

The Board incorporates by reference its response to Comment B-1 above.

**G. June 11, 2021 letter from Catherine Lynn Taylor, RDH.**

Ms. Taylor extends her strong support of the retired license category and states the provisions of this regulatory package would allow her to end her career with dignity.

**Response:**

The Board acknowledges and appreciates the support for the regulation.

**H. June 13, 2021 letter from Stephany A. Skenderian, RDH.**

Ms. Skenderian states that she approves of and has no comments on the regulation.

**Response:**

The Board acknowledges and appreciates the support for the regulation.

**I. June 18, 2021 letter from Karen Olson, RDH.**

Ms. Olson states she has been retired for nearly three years, currently holds a current license, and is in favor of the proposed regulations establishing a retired license for RDHs. She states she would choose the retired option when available and thanks the Board for looking into this need for RDHs and finding a solution.

**Response:**

The Board acknowledges and appreciates the support for the regulation.

**J. June 26, 2021 letter from Claudia Sego, RDH.**

Ms. Sego strongly urges the Board to approve retired licensure status. She states the word “delinquent” has negative meaning and after working more than fifty years would like to be “retired” rather than “delinquent”.

**Response:**

The Board acknowledges and appreciates the support for the regulation.

**K. July 22, 2021 letter from Beth Mudie, RDH.**

Ms. Mudie encourages the Board to allow dental hygienists to retire their licenses. She has been licensed in six states since 1967 due to being a military wife and has been able to retire her licenses in the other states. Ms. Mudie is 74 and feels it is time to retire her California license (where she lives), but she would either have to continue to pay a fee or let her license “go into arrears.” She states both of the choices are unreasonable as she has maintained a “clean slate” over her career.

**Response:**

The Board acknowledges and appreciates the support for the regulation.

**L. July 27, 2021 letter from Cristy T. Sturgis, RDH.**

Ms. Sturgis states she is in favor of the Board adopting a “retired” Registered Dental Hygienist status. She stated after 42 years of maintaining her RDH license in good standing in California, it was insulting when deciding whether to renew her license the only options were “Active”, “Inactive”, or to be considered “delinquent”, “cancelled” or “expired”. Ms. Sturgis stated that dedicating 42 years to her profession deserves the respect of a “Retired” RDH status.

**Response:**

The Board acknowledges and appreciates the support for the regulation.

**M. September 23, 2021 letter from Pat Bianchi, RDH.**

Ms. Bianchi states she recently put her license on an inactive status and agrees that the option to put her license on retired status would be much better. She believes the most important consideration is to respect the license holder's time, energy, commitment and expense to have received the license in the first place. Ms. Bianchi states her license is one of the biggest achievements in her life and trusts that the Board will respect and always keep in mind that each and every licensed dental professional committed themselves to many years of schooling and sacrifice to earn their license and that always needs to be respected and nurtured. She asked the Board to never lose sight of the person behind each license.

**Response:**

The Board acknowledges and appreciates the support for the regulation.

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

### Modified Text

#### Legend:

<u>Underlined</u>	Indicates proposed regulatory language.
<del><u>Underlined Strikeout</u></del>	Indicates proposed deletions to the proposed text.
<u><u>Double Underlined</u></u>	Indicates proposed additions to the original text.

#### Article 4. Licensing

##### §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;
  - (2) Submits to the Board a completed "Application for a Retired RDH, RDHAP, or RDHEF License" DHBC RLC-01 (New 11/20), hereby incorporated by reference; and
  - (3) Submits an \$80 fee to the Board.
- (b) Once the Board has issued a retired license, the holder of a retired license shall:
- (1) Be exempt from continuing education requirements;
  - (2) Be exempt from renewal of the retired license; and
  - (3) Utilize his or her professional title only with the unabbreviated word "retired" preceding or after the professional designation.
- (c) The holder of a retired license shall not engage in any activity for which an active RDH, RDHAP, or RDHEF license is required.

- (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.
- (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)~~ (1) Submit a completed "Application for Reactivation of a Retired RDH, RDHAP, or RDHEF License" DHBC RLC-02 (New 10/20), hereby incorporated by reference;
- ~~(3)~~ (2) Payment of a \$160 fee as required by the Board;
- ~~(4)~~ (3) Submit proof of completion of current continuing education requirements pursuant to 16 CCR sections 1016 and 1017; and
- ~~(5)~~ (4) Comply with fingerprint submission requirements pursuant to 16 CCR section 1132.
- ~~(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.~~
- (f) The holder of a retired license shall be allowed to provide to the public, without supervision, dental hygiene educational services, oral health training programs, oral health screenings, and application of fluoride varnish free of charge in any oral health public health program created by federal, state, or local law or administered by a federal, state, county, or local governmental entity, at a sponsored event by a sponsoring entity. The retired licensee shall refer any screened individuals with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan. For purposes of this section, the following shall apply:
- (1) "Sponsored event" shall be defined as in paragraph (4) of subdivision (b) of Section 1626.6 of the Code.
- (2) "Sponsoring entity" shall be defined as in paragraph (6) of subdivision (b) of Section 1626.6 of the Code.

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>Is your current license available?</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 current license issued by the Board, if available, with this application.**
- **Restoring a retired license to active status may only be done within three (3) years from the date the retired license was issued.**
- 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 as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions that was not placed on inactive status as a result of revocation or suspension.

- 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 certify that if I have not enclosed my current license, the license is lost. 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 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 (10/20); 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 1350, 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.



**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>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. 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 certify the following:

(a) Since retirement of DHBC licensure, I have not been convicted of, or 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      ☐ No (if no, please explain on an attached sheet).

(b) Since retirement of DHBC licensure, I have not been subject to discipline against any other healthcare license I hold.

☐ Yes      ☐ No (if no, please explain on an attached sheet).

**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 1350, 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 circumstance

**From:** [Patricia Maruko](#)  
**To:** [Petty, Adina@DCA](#)  
**Cc:** [Lum, Anthony@DCA](#)  
**Subject:** Section 1115 of Title 16  
**Date:** Friday, June 11, 2021 3:15:26 PM

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[EXTERNAL]: [REDACTED]

CAUTION: THIS EMAIL ORIGINATED OUTSIDE THE DEPARTMENT OF CONSUMER AFFAIRS!  
DO NOT: click links or open attachments unless you know the content is safe.  
NEVER: provide credentials on websites via a clicked link in an Email.

.....

I have been inquiring about the lack of a retired dental hygiene license status.

**A-1**

I have been retired for three years, paid for inactive status in 2019, and do not intend on practicing as a dental hygienist, therefore do not need to pay for a current or inactive license. Nor do I wish to pay for a retired status.

Why has it taken the Board years to make a decision on a retired license status?

Thank you.  
Patricia



*California Dental Hygienists' Association*  
*The Voice of Dental Hygiene*

July 13, 2021

Adina Pineschi-Petty, DDS  
DHBC Legislative Specialist  
2005 Evergreen St., Suite 1350  
Sacramento, CA 95815

Dr. Pineschi-Petty,

**B-1** The California Dental Hygienists' Association (CDHA) recommends the Dental Board of California (DHBC) consider language to amend the proposed regulatory language Section 1115, Retired License. At the November 2021 meeting, when the proposed language was on the Board agenda, Maureen Titus representing CDHA requested that the Board include language to allow Registered Dental Hygienists (RDHs) with an expired license to volunteer their services at community and nonprofit events and health fairs.

CDHA firmly believes the valuable services volunteer retirees could provide would benefit the public by increasing access to care. Participation in such events by oral health care providers is crucial to achieving the goals of these organizations in increasing access to preventive services. RDHs may choose to retire their licenses for a variety of reasons that would not in any way impair their ability to provide preventive care such as oral health screenings, educational services, oral health training, application of fluoride, and pit and fissure sealants. To exclude the retiree population would unnecessarily reduce the number of volunteer dental hygienists available for such events.

**B-2** In addition to the recommendation for amended language allowing retirees to volunteer, CDHA recommends the removal of the three-year limit to reinstate a retired license.

CDHA questions the need for a restriction on reinstatement of a retired license. Currently, RDHs are able to place their licenses on inactive status. Once the license is inactive, there are no limitations as to the number of years the RDHs could remain inactive before reactivating their licenses. In both cases, the RDHs are not practicing and are not required to take continuing education. Reactivation of both licensure categories should require the same requirements.

It is the opinion of CDHA that the three-year restriction for reactivation of the retired license being place upon retirees is discriminatory. The assumption being that should one retire for three years, he/she is unfit to practice past the three-year mark. There currently is no evidence to support this assumption.

CDHA supports the DHBC's work toward developing regulations for a retired license. However, CDHA is not in support of the current regulatory language. Without amended language to allow retirees to volunteer and removal of the three-year restriction, CDHA would not be able to support the proposed regulations.

Sincerely,

A handwritten signature in black ink, appearing to read 'H. Coggan', with a stylized flourish at the end.

Heidi Coggan, RDHAP, BS  
President  
California Dental Hygienists' Association

CC: Jennifer Tannehill

**From:** [Barbara Briley](#)  
**To:** [Petty, Adina@DCA](#); [Barbara Briley](#)  
**Subject:** retired lisense  
**Date:** Wednesday, June 16, 2021 11:56:49 AM

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[EXTERNAL]: [REDACTED]

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Adina,

**C-1**

I am not sure I understand the reasoning to not allow retired/ inactive RDH's not renew their license , should they choose.

I have been an active hygienist till forced into retire due to Leukemia and then a Bone Marrow Transplant.

I have worked from 1994 - 2018. I have worked in dental offices, traveled to Mexico to offer toothbrushes/ home care in Spanish to daycares and elementary schools and worked as a clinical instructor, as well as teaching off campus adjunct courses till I could no longer work.

My license is up for renewal in October. My plan is to put in in "IN-Active" status.....with the hope of "you never know". Volunteer at CE check-ins , just stay active in some capacity, even taking CE courses on line for my own enrichment.

To have our license, that we all worked so hard for be denied renewal after a 3-year period is disheartening and a disservice for those who are proud to be an RDH whether gainfully employed or not.

I would like to hear back from you on this upcoming preproposal I was emailed about. Please, tell me I am reading it wrong???

I also am Voting a HUGE NO to this and this email can be read by my permission at any meeting or legislation.

With Respect,

Barbara Briley, RDH

[REDACTED]  
[REDACTED]

July 12, 2021

Adina A. Pineschi-Petty DDS, Regulatory Specialist  
Anthony Lum, Executive Officer  
Dental Hygiene Board of California  
2005 Evergreen St., Suite 1350  
Sacramento, CA 95815

RE: 16 CCR 1115

Dear Dr. Pineschi-Petty and Mr. Lum,

Below I am detailing my concerns about the proposed regulation listed above that deals with the creation of a "retired" category of Registered Dental Hygienist and Registered Dental Hygienist in Alternative Practice licensure. Somehow I appear to have missed an open discussion on the wording of the regulation. My concerns are about consumer protection and parity of intention, and service/disservice to the consumer.

**D-1**

When regulations are promulgated, is the reasoning or background available? It seems that some, not all, professionals who can access a retired category have to so designate on written materials. What is your reasoning? Do you think this protects the consumer in some way? Or are you thinking that there are many who would act illegally and this would be some sort of deterrent? Are California dentists required to so designate? Personally, the designation seems demeaning, especially since I, and no doubt most others, would never practice illegally.

If indeed you have reasonable consumer protection motives, I would suggest that you include an example of how one would legally display their credentials.

**D-2**

There are many important and valuable areas of service in which retired hygienist would likely participate. Not allowing volunteer work would be a disservice to the consumer. The dissimilarity between the inactive and retired category seems punitive. Please note that just because someone retires after many, many years of practice (in my case over 50) they do not lose their skills. Requiring CE to reactive ones license seems fair, equitable and protective of the public.

As a person who holds both the RDH and RDHAP licenses and is on a fixed income, I would appreciate a reduced rate if only to acknowledge 50 years of practice. In addition, I would like to be able to participate in CDA Cares, Tzu Chi and other volunteer opportunities. If you see value in this, please consider making the opportunity clear in the regulation.

Sincerely,

Susan McLearn, MS, RDH, RDHAP

**From:** [Maureen Titus](#)  
**To:** [Petty, Adina@DCA](#); [Lum, Anthony@DCA](#)  
**Subject:** Section 1115 of Title16, CCR  
**Date:** Tuesday, June 15, 2021 11:02:48 PM

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Adina A. Pineschi-Petty, DDS

Anthony Lum

Dental Hygiene Board of California

2005 Evergreen Street , Suite 1350

Sacramento, CA 95815

June 15, 2021

RE: 16 CCR 1115 Proposed Regulation for Retired Licensure – Written Comments

Dear Dr. Petty and Mr. Lum,

I am responding to the email that DHBC is accepting written comments regarding the regulatory language for the above Section 1115 of Title 16, CCR.

E-1 I am writing to again express my concerns regarding the Retired Licensure for RDH/RDHAP holders. Specifically subdivision ( c ) Restriction of Practice. Without retired volunteers, many clinics and public health events will cease to exist and create an even greater need for the underserved in California.

At the Nov. 21, 2020, DHBC meeting I spoke about this issue and concerns with Retired licensees volunteering for oral health screenings or any other public health programs. The current proposed language will limit the opportunity for retired dental hygienists to be part of a critical oral health team at volunteer events and even free clinics which provide dental care to the underserved and uninsured people in California. Just because someone is retired does not translate into being unable to perform dental hygiene treatment/care.

Attached to this email is the Dental Board of CA (DBC) Reduced



Fee/Retired Status Information. Dentists are allowed to offer dental services if they continue with their continuing education requirement. They have a Retired Active status (ability to offer dental services) or Retired Inactive status (with no ability to offer dental services) the same could apply for RDH/RDHAPs. Without retired volunteers many clinics and public health events will cease to exist and create an even greater need for the underserved in California. Having a retired active or inactive dental hygiene status is a more sensible direction.

Even though this has been discussed over time I believe this section still needs to be amended further to consider what the DBC has put in place for Retired Dentists. It appears even after verbal comments at a DHBC meeting no discussion by the Board on the volunteering issue took place.

Thank you for your willingness to consider this suggestion to make a positive change for Retired RDH/RDHAP license holders.

Maureen Titus, RDHAP, BS

Past President California Dental Hygienists Association

**Maureen Titus, RDHAP, BS**

**Past President, CA Dental Hygienists' Association**

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**From:** [Lisa](#)  
**To:** [Petty, Adina@DCA](#); [Lum, Anthony@DCA](#)  
**Subject:** Title 16 CCR 1115 Proposed Regulation for Retired Licensure – OPPOSE UNLESS AMENDED  
**Date:** Thursday, July 15, 2021 12:08:07 PM

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July 14, 2021

Adina A. Pineschi-Petty DDS, DHBC  
[Adina.petty@dca.ca.gov](mailto:Adina.petty@dca.ca.gov)

Anthony Lum, Executive Director DHBC  
[Anthony.lum@dca.ca.gov](mailto:Anthony.lum@dca.ca.gov)

**RE: Title 16 CCR 1115 Proposed Regulation for Retired Licensure – OPPOSE UNLESS AMENDED**

Dear Dr. Petty and Mr. Lum,

I appreciate the Dental Hygiene Board of California's efforts in developing regulatory language for a retired licensure category for Registered Dental Hygienists (RDH) and RDH in Alternative Practice (RDHAP). However, I question whether any meaningful benefit will be gained as the proposed regulations are currently written, and therefore Oppose Unless Amended.

My concerns echo those being expressed by the California Dental Hygienists' Association (CDHA). I offer the following suggestions, with the hope of improving the proposed regulations for the benefit of both the public and California dental hygienists. California has a shortage of dental professionals and these amendments will help maintain the available dental workforce.

1.

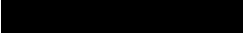
**F-1**

1. **Remove the 3 year time requirement to reactivate a retired license, or risk permanent cancellation of the license:** There should be no time limitation for reactivation of a retired license. The proposed 3-year time requirement to reactivate, under threat of permanent cancellation, is unreasonable given that even an expired license will not be cancelled for at least 5 years and there is no time limit whatsoever for an inactive license to be reactivated. The holder of a retired license remains just as professionally capable in "retirement" as the holder of an inactive license; both must meet continuing education requirements prior to reactivation. Removing the 3-year time requirement to reactivate does not affect the DHBC's goal of a less onerous fee as stated in the Statement of Purpose and allows experienced hygienists the flexibility of license reactivation without the added barrier of needing to apply for a new license.

**F-2**

2. **Allow retired hygienists to provide preventive dental hygiene services at public health, community and non-profit events:** Many "retired" dental hygienists retain the desire, skill and knowledge to volunteer and provide much needed dental services at events for underprivileged Californians. Current regulations allow retired dentists to volunteer their services; dental hygienists should have the same opportunity. Please consider amending these proposed regulations so that retired dental hygienists may volunteer and participate at public health, community and non-profit dental healthcare events.

Thank you for considering these suggestions.

Respectfully submitted,  
Lisa Okamoto RDH  
Past President, California Dental Hygienists' Association  


**From:** [REDACTED]  
**To:** [Petty, Adina@DCA](mailto:Petty.Adina@DCA)  
**Cc:** [Lum, Anthony@DCA](mailto:Lum.Anthony@DCA)  
**Subject:** RDH Retired Status, Proposed Regulation Change  
**Date:** Friday, June 11, 2021 11:22:25 AM

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I am writing to Strongly Support this new category of licensure for the RDH. I am very proud of my career as an RDH and have wondered of late how to handle my license as I near retirement. The options that are currently available have never felt right. This would allow me to end my career, when that time comes, with dignity. I am very pleased to see that this is being considered.

Catherine Lynn Taylor  
RDH 10922

**From:** [Stephany Skenderian](#)  
**To:** [Petty, Adina@DCA](mailto:Petty.Adina@DCA)  
**Subject:** Section 1115 California Code of Regulations  
**Date:** Sunday, June 13, 2021 1:32:34 PM

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.....  
I approve of the and have no comments for section 1115for Retired Licensure.  
Stephany A. Skenderian  
RDH 7946  
Active license currently.

**From:** [Karen Olson](#)  
**To:** [Petty, Adina@DCA](mailto:Petty.Adina@DCA)  
**Subject:** In favor of RDH Retired License reg.  
**Date:** Friday, June 18, 2021 10:12:19 PM

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Hello, I have been retired for nearly 3 years and will be renewing my license soon. I am very much in favor of the proposed regulations establishing a Retired License for RDH's. I would certainly choose the Retired option if it was available by my August 31<sup>st</sup> renewal date. I'm pretty sure it will not be available that soon but will definitely choose it next renewal cycle. Thank you for looking into this need for so many of us and finding a solution.

Sincerely, Karen Olson RDH Lic. 14292

**From:** [Claudia Sego](#)  
**To:** [Petty, Adina@DCA](mailto:Petty.Adina@DCA)  
**Subject:** Section 1115  
**Date:** Saturday, June 26, 2021 6:35:34 PM

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I strongly urge you to approve the "retired" status. The word delinquent has negative meaning. After working more than 50 years I certainly would like to be retired rather than delinquent!  
Claudia Sego RDH

Sent from my iPhone

**From:** [beth mudie](#)  
**To:** [Petty, Adina@DCA](mailto:Petty.Adina@DCA)  
**Subject:** Retirement of dental hygiene license  
**Date:** Thursday, July 22, 2021 10:49:07 PM

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I would encourage the passage to allow dental hygienists to retire their licenses. I have been licensed in 6 states and have been a dental hygienist since 1967. My career spanned years of being a military wife and I have been able to retire my licenses in the other states. Now that I am 74 I feel it is time to do that here in CA where I live, but it is my understanding that I would either have to continue to pay a fee or let my license go into arrears. I find either unreasonable as I have maintained a "clean slate" over all these years CA RDH#20501



**From:** [Ron Sturgis](#)  
**To:** [Petty, Adina@DCA](#)  
**Cc:** [Lum, Anthony@DCA](#)  
**Subject:** "Retired Licensure"  
**Date:** Tuesday, July 27, 2021 12:15:41 PM

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I am in favor of the Dental Hygiene Board of California adopting a “Retired” Registered Dental Hygienist status.

After 42 years of maintaining my RDH license in good standing in California, it was insulting to me when deciding whether to renew my license, that my only options were “Active” or “Inactive” status or to be considered “delinquent”, "cancelled" or "expired".

Dedicating 42 years to my profession deserves the respect of a “Retired” Registered Dental Hygienist status.

Thank you,

Cristy T Sturgis, RDH, “Retired”

**From:** [Pat Bianchi](#)  
**To:** [Petty, Adina@DCA](mailto:Petty.Adina@DCA)  
**Subject:** retired status for RDH  
**Date:** Thursday, September 23, 2021 11:22:29 AM

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Proposed retired status for RDH,

**M**

I recently put my license on inactive status. I agree that the option to put my license on retired status would be much better. I believe the most important consideration is to respect the license holder's time, energy, commitment and expense to have received the license in the first place.

My RDH license is one of the biggest achievements in my life. I trust that the DHBC will respect and to always keep in mind that each and every licensed dental professional committed themselves to many years of schooling and sacrifice to earn their license and that always needs to be respected and nurtured. Please never lose sight of the person behind each license.

Thank you for allowing me to voice my opinion.

Pat Bianchi

## MEMORANDUM

<b>DATE</b>	January 22, 2022
<b>TO</b>	Dental Hygiene Board of California
<b>FROM</b>	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
<b>SUBJECT</b>	<b>FULL 9: Consideration of and Possible Action on Comments Received regarding Proposed Regulations to Adopt Title 16, CCR Section 1117: Reporting Dental Relationships Between Registered Dental Hygienists in Alternative Practice and Licensed Dentists.</b>

## BACKGROUND

At the August 29, 2020 Full Board WebEx Teleconference (August teleconference), the Board approved proposed language for the implementation of California Code of Regulations (CCR), Title 16, Division 11, section 1117 regarding Reporting Dental Relationships Between Registered Dental Hygienists in Alternative Practice and Licensed Dentists (section 1117), 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 if necessary, and authorizing the Executive Officer to make any non-substantive changes to the rulemaking package.

During the 45-day comment period, the Board received public comments regarding proposed section 1117. Staff has prepared the following summary of the comments and proposed responses thereto for the Board's approval.

## STAFF RECOMMENDATION:

Staff recommends the Board consider and approve the responses drafted to address public comments received during the 45-day comment period regarding proposed section 1117 implementing reporting dental relationships between registered dental hygienists in alternative practice and licensed dentists.

Additionally, staff recommends the Board to direct staff to take all steps necessary to complete the rulemaking process, including authorizing 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 1117 as noticed.

## PROPOSED MOTION LANGUAGE

Approve the responses drafted to address public comments received during the 45-day comment period on the Board's proposed regulation implementing reporting dental relationships between registered dental hygienists in alternative practice and licensed

dentists, and direct staff to take all steps necessary to complete the rulemaking process, including authorizing 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 1117 as noticed.

**Pros:** If the Board approves the addressed comments for section 1117, the proposal will move forward in the regulatory process.

**Cons:** If the proposed comments are not approved for section 1117, the proposal will not move forward in the regulatory process.

**Documents Included for Reference for Section 1117:**

1. Responses to Comments.
2. Board-approved language.
3. Associated form (DHBC RDHAP-01 (New 07-2021)).
4. Letters A – R.

## Summary of Comments to Proposed Title 16, California Code of Regulations, Section 1117

### A. October 27, 2021 email from Denise Xavier.

#### Comment A-1

#### Comment Summary:

This comment questions why it is necessary to provide the Registered Dental Hygienist in Alternative Practice (RDHAP)/dentist relationship documentation at every licensure renewal. She states this provision will prove to be cumbersome and bothersome to most dentists and RDHAPs. Additionally, Ms. Xavier states dentists are already apprehensive about RDHAPs as it is, and questions the necessity of signatures at each renewal.

#### Response:

The Board has considered the comment, and makes no revisions to the text based thereon.

Business and Professions Code (BPC) section 1930 requires an RDHAP to provide to the Board documentation of an existing relationship with at least one dentist for referral, consultation, and emergency services. Additionally, BPC section 1905(a)(9) allows the Board to adopt, amend, and revoke rules and regulations to implement the provisions of Article 9, of which BPC section 1930 is within.

The Board decided to require the RDHAP provide a dentist's signature using the Board-approved form incorporated by reference. This is the most reliable means of ensuring a dentist/RDHAP relationship exists. The Board determined it is imperative the RDHAP make clear the relationship between the RDHAP and a dentist at each biennial renewal of the license to ensure RDHAPs have a dental resource to whom to refer the patient for further, more comprehensive treatment outside the scope of the RDHAP's practice. This will enhance patient safety and ensure continuity of care for the RDHAP's patients because there is a dentist available to the RDHAP's patient for referral, consultation, and any emergency services, if needed.

Additionally, the Board determined reporting the relationship at every renewal provides a convenient way for the RDHAP to report the current RDHAP/dentist relationship as relationships may change due to unforeseen circumstances (e.g., dentist retirement, etc.) Requiring the RDHAP to report a current relationship with a dentist at every license renewal will ensure that the RDHAP maintains a current dental resource to whom to refer the patient.

Additionally, the Board acknowledges the RDHAP's hesitation to inconvenience the dentist for a signature on a form. However, the Board determined the requirement as

necessary to ensure continuity of the RDHAP/dentist relationship, again enhancing patient safety and maintaining continuity of care for an RDHAP's patients.

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

## **Comment A-2**

### **Comment Summary:**

This comment states RDHAPs are aware if the relationship is terminated/faulty they must find another dentist as they may not practice without an established relationship. Additionally, she states to "micromanage" the RDHAP on the reporting relationship is "overkill."

### **Response:**

The Board has considered the comment, and makes no revisions to the text based thereon.

The Board acknowledges most RDHAPs are aware they may not practice without an established RDHAP/dentist relationship. However, the Board determined the RDHAP shall report the RDHAP/dentist relationship biennially to ensure RDHAPs have a dental resource to whom to refer the patient for further, more comprehensive treatment outside the scope of the RDHAP's practice. This will enhance patient safety and ensure continuity of care for the RDHAP's patients

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

## **B. November 8, 2021 email from Diane Haun, RDHAP.**

### **Comment B-1**

### **Comment Summary:**

This comment requested "the documentation that caused the proposed regulation of section 1117 to determine what this new legislation is based on."

### **Response:**

The Board has considered the comment, and makes no revisions to the text based thereon.

BPC section 1930 requires an RDHAP to provide to the Board documentation of an existing relationship with at least one dentist for referral, consultation, and emergency services. Proposed regulatory section 1117 makes BPC section 1930 specific by defining reporting requirements for RDHAPs to inform the Board of an existing relationship with at least one dentist for referral, consultation, and emergency services.

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

## **Comment B-2**

### **Comment Summary:**

This comment states the proposed legislation is solving a problem that she does not believe exists. Ms. Haun states RDHAPs are highly trained, ethical oral care providers, and often have several dentists to refer their patients to for exams and restorative work. Additionally, she was shocked that the Board felt the need to change the current documentation and requirement and requests information leading to section 1117.

### **Response:**

The Board has considered the comment, and makes no revisions to the text based thereon.

The Board acknowledges RDHAPs are highly trained, ethical oral care providers, and acknowledge RDHAPs often have several dentists to refer their patients to for exams and restorative work.

BPC section 1930 requires an RDHAP to provide to the Board documentation of an existing relationship with at least one dentist for referral, consultation, and emergency services. Proposed regulatory section 1117 makes BPC section 1930 specific by defining reporting requirements for RDHAPs to inform the Board of an existing relationship with at least one dentist for referral, consultation, and emergency services.

Additionally, the specific information leading to proposed regulation is included in the DHBC August 29, 2020 Full Board WebEx Teleconference Minutes, which may be found here: [https://www.dhbc.ca.gov/about\\_us/meeting\\_docs/20200829\\_minutes.pdf](https://www.dhbc.ca.gov/about_us/meeting_docs/20200829_minutes.pdf).

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

### **Comment B-3**

#### **Comment Summary:**

This comment states Ms. Haun is against the regulation and suggested “Perhaps biannually the RDHAP must check yes, or no that they have a current relationship with a dentist to refer to, similar to documenting continuing ed credits without showing proof of every CE class that has been taken.”

#### **Response:**

The Board has considered the comment, and makes no revisions to the text based thereon.

The Board decided to require the RDHAP provide a dentist’s signature using the Board-approved form incorporated by reference. This is the most reliable means of ensuring a dentist/RDHAP relationship exists. This is necessary to ensure RDHAPs have a dental resource to whom to refer the patient for further, more comprehensive treatment outside the scope of the RDHAP’s practice, as well as for referral, consultation, and any emergency services needed by the RDHAP’s patient. This will enhance patient safety and ensure continuity of care for the RDHAP’s patients.

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

### **C. November 15, 2021 email from Mary Rene Newton, RDHAP, BS**

#### **Comment C-1**

#### **Comment Summary:**

This comment states Ms. Newton does not agree with the proposed requirement of providing documentation to the Board of a current relationship with at least one licensed dentist at every biennial license renewal.

#### **Response:**

The Board incorporates by reference its response to Comment B-3 above.

#### **Comment C-2**

#### **Comment Summary:**

This comment states Ms. Newton would like to see data on why the Board feels this



regulation is necessary, and to see examples of other professionals that have this burden placed on them to continue to serve the special needs population. She states access to care for the elderly and disabled is in great demand and questions why the Board is placing another barrier for the RDHAP to provide services.

**Response:**

The Board has considered the comment, and makes no revisions to the text based thereon.

The specific information leading to proposed regulation is included in the DHBC August 29, 2020 Full Board WebEx Teleconference Minutes, which may be found here: [https://www.dhbc.ca.gov/about\\_us/meeting\\_docs/20200829\\_minutes.pdf](https://www.dhbc.ca.gov/about_us/meeting_docs/20200829_minutes.pdf).

Additionally, RDHAP licensure is unique to the Board, with unique supervision requirements. Senate Bill 853 (Chapter 31, Statutes of 2008) enacted BPC section 1930 which requires the RDHAP to documentation of an existing relationship with at least one dentist for referral, consultation, and emergency services. As this requirement is mandated by statute, the Board determined the RDHAP provide the RDHAP/dentist relationship during the biennial license renewal to ensure there is a current RDHAP/dentist relationship, as well as for reporting convenience.

The Board acknowledges access to care for the elderly and disabled is in great demand but disagrees the biennial RDHAP/dentist reporting requirement is a barrier to care. The Board maintains the reporting requirement ensures RDHAPs have a dental resource to whom to refer the patient for further, more comprehensive treatment outside the scope of the RDHAP's practice, as well as for referral, consultation, and any emergency services needed by the RDHAP's patient. This will enhance patient safety and ensure continuity of care for the RDHAP's patients.

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

**D. November 15, 2021 email from Jodi Todd, RDA, RDH, RDHAP**

**Comment D-1**

**Comment Summary:**

This comment thanks the Board for their ongoing support in advocating for the public and understands the Board takes this responsibility very seriously. Ms. Todd states she objects "to the new proposed requirements of an RDHAP having to provide documentation every two years with at least one licensed dentist."

**Response:**

The Board incorporates by reference its response to Comment B-3 above.

**Comment D-2****Comment Summary:**

This comment states she has always thought an RDHAP should be able to have more than one dentist on file since RDHAPs work with many different dentists, part of which is due to the patient's insurance. Ms. Todd states she feels "demanding" a signed, written form every two years is a barrier. She states she has "jumped through hoop after hoop to maintain my care to the underserved population" and by proposed regulation 1117, the Board is placing barriers in the way of those that need care the most. She asks the Board to rethink its proposal.

**Response:**

The Board has considered the comment, and makes no revisions to the text based thereon.

The Board acknowledges the ability of the RDHAP to maintain more than one dentist for referrals, however, the Board is only requiring the RDHAP to report only one of those relationships. Additionally, the Board disagrees the biennial RDHAP/dentist reporting requirement provides a barrier to care. The Board maintains the reporting requirement ensures RDHAPs have a current dental resource to whom to refer the patient for further, more comprehensive treatment outside the scope of the RDHAP's practice, as well as for referral, consultation, and any emergency services the RDHAP's patient needs. This will enhance patient safety and ensure continuity of care for the RDHAP's patients.

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

**Comment D-3****Comment Summary:**

This comment recommends the Board allow an RDHAP to list all dentists in which they work with instead of just one. Ms. Todd states this should be completed at the time of licensure and to place the responsibility on the RDHAP to update the Board as changes occur.

**Response:**

The Board has considered the comment, and makes no revisions to the text based thereon.

The Board is not limiting the RDHAP to one RDHAP/dentist relationship. The Board only requires the report of one relationship and welcomes the report of other RDHAP/dentist relationships should the RDHAP choose to report more than one RDHAP/dentist relationship.

Additionally, as the RDHAP/dentist relationship requirement is mandated by BPC section 1930, the Board determined, pursuant to BPC section 1905(a)(9), the RDHAP provide the RDHAP/dentist relationship during the biennial license renewal for to ensure there is a current RDHAP/dentist relationship, as well as for reporting convenience.

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

**Comment D-4****Comment Summary:**

This comment states access to patients with special needs, in care homes, and the elderly are not the populations needing barriers to care.

**Response:**

The Board acknowledges the comment and makes no revisions to the text based thereon.

The Board disagrees the biennial RDHAP/dentist reporting requirement provides a barrier to care to patients with special needs, in care homes, and the elderly. The Board maintains the RDHAP/dentist reporting requirement ensures RDHAPs have a dental resource to whom to refer the patient for further, more comprehensive treatment outside the scope of the RDHAP's practice and for referral, consultation, and any emergency services, if needed. Again, this will enhance patient safety and ensure continuity of care for the RDHAP's patients.

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

## **E. November 15, 2021 email from Sade Morel, RDHAP**

### **Comment E-1**

#### **Comment Summary:**

This comment states she opposes the proposed requirement for the RDHAP providing documentation of current dentist relationship at every license renewal.

#### **Response:**

The Board incorporates by reference its response to Comment B-3 above.

### **Comment E-2**

#### **Comment Summary:**

This comment states RDHAPs have advance [sic] degrees, are college educated, are well prepared for medical emergencies, and are fully competent in their attained skills. Ms. Morel states as a mid-level provider, that type of extra monitoring and scrutiny is taxing and unnecessary.

#### **Response:**

The Board incorporates by reference its response to Comment B-2 above.

### **Comment E-3**

#### **Comment Summary:**

This comment states as the dental field is ever evolving, the RDHAP's role is evolving as well and should match the progression of the services provided to the community in need. She states, "this proposition is unneeded and irrelevant to progression."

#### **Response:**

The Board has considered the comment, and makes no revisions to the text based thereon.

The Board acknowledges the RDHAP's role is evolving to address the needs of the community but disagrees section 1117 is unneeded.

BPC section 1930 requires an RDHAP to provide to the Board documentation of an

existing relationship with at least one dentist for referral, consultation, and emergency services. Proposed regulatory section 1117 makes BPC section 1930 specific by defining reporting requirements for RDHAPs to inform the Board of an existing relationship with at least one dentist for referral, consultation, and emergency services.

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

#### **F. November 15, 2021 email from Erica Solomon, BS, RDH, RDHAP**

##### **Comment F-1**

##### **Comment Summary:**

This comment states Ms. Solomon does not agree with the proposed requirement of providing documentation to the Board of a current relationship with at least one licensed dentist at every biennial license renewal. She states this reporting requirement is an unnecessary burden to the RDHAP who is willing to provide care to those who cannot access a traditional dental office. She states not many RDHs wish to pursue this line of work as the need is great and growing, and questions as to why the Board is adding more obstacles to care.

##### **Response:**

The Board incorporates by reference its response to Comment A-1 above.

##### **Comment F-2**

##### **Comment Summary:**

This comment states Ms. Solomon would like to see data on why the Board feels this regulation is necessary and to see examples of other professionals that have this burden placed on them to continue to serve the special needs population. She states, "Access to care for the elderly and disabled are in great demand, why put another barrier for the RDHAP to provide services?"

##### **Response:**

The Board incorporates by reference its response to Comment C-2 above.

## **G. November 16, 2021 email from Wendy Williams RDHAP #169**

### **Comment G-1**

#### **Comment Summary:**

This comment states Ms. Williams is a current, practicing RDHAP and does not agree with the proposed requirement of providing documentation to the Board of a current relationship with at least one licensed dentist at every biennial license renewal. She states she found it difficult to find a dentist to sign the form.

#### **Response:**

The Board incorporates by reference its response to Comment A-1 above.

### **Comment G-2**

#### **Comment Summary:**

This comment states Ms. Williams questions why the Board feels this requirement is necessary.

#### **Response:**

The Board incorporates by reference its response to Comment A-1 above.

### **Comment G-3**

#### **Comment Summary:**

This comment states access to care for the elderly and disabled is in great demand but is at risk by putting obstacles for the RDHAP to provide services. Ms. Williams asks the Board to keep in mind that RDHAPs are fighting to provide services for these special people every day.

#### **Response:**

The Board incorporates by reference its response to Comment C-2 above.

## **H. November 16, 2021 email from Susan McLearn, BSDH, MS, RDHAP**

### **Comment H-1**

#### **Comment Summary:**

This comment states dentists are reluctant to sign the form and questions the necessity of this requirement, since referral is ethically required and covered in current law.

#### **Response:**

The Board incorporates by reference its response to Comment A-1 above.

### **Comment H-2**

#### **Comment Summary:**

This comment states the proposed relationship documentation singles out RDHAPs for excessive monitoring. She states dentists are not required to verify their relationships with specialists to whom they refer.

#### **Response:**

The Board has considered the comment, and makes no revisions to the text based thereon.

The Board disagrees the proposed relationship documentation singles out RDHAPs for excessive monitoring. BPC section 1930 requires an RDHAP to provide to the Board documentation of an existing relationship with at least one dentist for referral, consultation, and emergency services. The Board maintains the reporting requirement ensures RDHAPs have a dental resource to whom to refer the patient for further, more comprehensive treatment outside the scope of the RDHAP's practice and for referral, consultation, and any emergency services, if needed. This will enhance patient safety and ensure continuity of care for the RDHAP's patients.

Additionally, dentists are licensed individuals under the purview of the Dental Board of California (DBC) and subject to the DBC's statutes and regulations. The Board has no jurisdiction over DBC policy.

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

### **Comment H-3**

#### **Comment Summary:**

This comment suggests a simple “check box” that the RDHAP maintains a current relationship with a dentist rather than submission of a signature with each renewal.

#### **Response:**

The Board incorporates by reference its response to Comment B-3 above.

### **I. November 16, 2021 email from Kayla Sejera, RDHAP, Dental Coordinator of the Tri-Counties Regional Center**

#### **Comment I-1**

#### **Comment Summary:**

This comment states RDHAPs are invaluable to the population they serve as these are patients who might otherwise get minimal to no regular dental care. Ms. Sejera states adding more barriers to preventive dental care is not in the best interest of this population. Additionally, she states she sees positive outcomes every day from having Regional Center individuals participate in their Mobile Dental Hygiene program.

#### **Response:**

The Board acknowledges RDHAPs and their invaluable service to the special needs populations.

Additionally, the Board incorporates by reference its response to Comment D-4 above.

#### **Comment I-2**

#### **Comment Summary:**

This comment questions what data supports the need to have a documented relationship with one dentist when most RDHAPs are mobile and refer to several dentists. Ms. Sejera questions as to what risks would outweigh the need for preventive dentistry to a population most dentists will not treat.

#### **Response:**

The Board incorporates by reference its response to Comment C-3 above.



### **Comment I-3**

#### **Comment Summary:**

This comment states most patients in her facility have Medi-Cal Dental which lacks restorative care benefits for adults and therefore, prevention should be the biggest concern. Ms. Sejera states finding a dentist who will accept Medi-Cal Dental and work with the facility's population is rare.

#### **Response:**

The Board has considered the comment and acknowledges the disparity provided to Medi-Cal Dental patients, the difficulty in finding a dentist who will accept Medi-Cal Dental, and agrees preventative services are paramount to a patient's overall health.

Additionally, the Board incorporates by reference its response to Comment A-1 above.

### **Comment I-4**

#### **Comment Summary:**

This comment states RDHAPs select to exclusively work with the under-served, disabled, and the elderly. Ms. Sejera states adding additional obstacles only hurts the people needing care.

#### **Response:**

The Board incorporates by reference its response to Comment D-4 above.

### **J. November 19, 2021 email from Diane Reese, RDHAP**

#### **Comment J-1**

#### **Comment Summary:**

This comment states she does not agree with the proposed requirement of providing documentation to the Board of a current relationship with at least one licensed dentist at every biennial license renewal. She states this requirement is a hinderance to people who need better access to care due to their health problems or their socio-economic status.

#### **Response:**

The Board incorporates by reference its response to Comment D-4 above.

## **Comment J-2**

### **Comment Summary:**

This comment states this requirement is also an issue of oppression by a powerful, money driven profession trying to curtail the mission of licensed, trained, and dedicated RDHAPs. She states RDHAPs are not a threat to dentists, there is a shortage of Medi-Cal providers, and questions as to how many dentists want make house calls.

### **Response:**

The Board has considered the comment; however, the Board is unable to comment on the influence of the “profession” on RDHAPs.

The Legislature passed Senate Bill 853 (Perata, Chapter 31, Statutes of 2008) enacting Business and Professions Code (BPC) section 1930. BPC section 1930 requires a registered dental hygienist in alternative practice provide to the Board documentation of an existing relationship with at least one dentist for referral, consultation, and emergency services. Therefore, the Board is promulgating a regulation to implement the requirements of BPC section 1930.

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

## **Comment J-3**

### **Comment Summary:**

This comment states she would like to see data on why the Board feels this requirement is necessary and requests examples of other professionals that have this burden placed on them to continue to serve the special needs population. She states access to care for the elderly and disabled is in great demand, and questions as to why place another barrier for the RDHAP to provide services.

### **Response:**

The Board incorporates by reference its response to Comment C-2 above.

**K. November 19, 2021 email from Elizabeth M Grillo, RDHAP**

**Comment K-1**

**Comment Summary:**

This comment states Ms. Grillo does not agree with the proposed requirement of providing documentation to the Board of a current relationship with at least one licensed dentist at every biennial license renewal.

**Response:**

The Board incorporates by reference its response to Comment B-3 above.

**Comment K-2**

**Comment Summary:**

This comment states Ms. Grillo would like to see data on why the Board feels this regulation is necessary and to see examples of other professionals that have this burden placed on them to continue to serve the Special Needs Population. She states access to care for the elderly and disabled are in great demand and questions the purpose to place an additional barrier preventing the RDHAP to provide services.

**Response:**

The Board incorporates by reference its response to Comment C-2 above.

**L. December 4, 2021 email from Rhoda Howell-Gonzales RDHAP, BSDH**

**Comment L-1**

**Comment Summary:**

This comment states she supports the dentist relationship as her license requirement, however, feels having the dentist sign the document at each renewal is unnecessary because she is signing under perjury that the dentist identified is the dentist of record.

**Response:**

The Board incorporates by reference its response to Comment A-1 above.

**M. December 4, 2021 email from Jennifer Weitzel, RDHAP**

**Comment M-1**

**Comment Summary:**

This comment states she supports the dentist relationship as her license requirement, however, feels having the dentist sign the document at each renewal is unnecessary because she is signing under perjury that the dentist identified is the dentist of record.

**Response:**

The Board incorporates by reference its response to Comment A-1 above.

**N. December 4, 2021 email from Brenda Barrientos, RDH**

**Comment N-1**

**Comment Summary:**

This comment states she supports the dentist relationship as her license requirement, however, feels having the dentist sign the document at each renewal is unnecessary because she is signing under perjury that the dentist identified is the dentist of record. Ms. Barrientos states she opposes adoption of 16 CCR section 1117.

**Response:**

The Board incorporates by reference its response to Comment A-1 above.

**O. December 4, 2021 email from Holli Dillon-Burgos, RDHAP**

**Comment O-1**

**Comment Summary:**

This comment states she has recently become aware of a possible change to the RDHAP renewal requirements and asks the Board to please not make the changes to the associated dentist requirement. She states it is not necessary to have a dentist physically sign a paper in order for RDHAPs to renew their license and serve the public.

**Response:**

The Board incorporates by reference its response to Comment A-1 above.

## **Comment O-2**

### **Comment Summary:**

This comment states the purpose of the RDHAP is to allow autonomy to the RDHAP and work without supervision requirements as needed in the office. Ms. Dillon-Burgos states requiring a signature at every renewal will take the RDHAP profession backwards. She states the message sent is that RDHAPs are more reliant on dentists in order to serve the RDHAP's clients. She states this is not the message RDHAPs want, should be a message of cohesiveness and working together, and not under a dentist.

### **Response:**

The Board has considered the comment, and makes no revisions to the text based thereon.

The Board acknowledges the purpose of the RDHAP is to allow autonomy. However, BPC section 1930 requires the RDHAP to provide the Board documentation of an existing relationship with at least one dentist for referral, consultation, and emergency services.

The Board decided to require the RDHAP provide a dentist's signature using the Board-approved form incorporated by reference. This is the most reliable means of ensuring a dentist/RDHAP relationship exists. Therefore, the Board determined it is imperative that the RDHAP make clear the relationship between the RDHAP and a dentist at each biennial renewal of the license to ensure RDHAPs have a dental resource to whom to refer the patient for further, more comprehensive treatment outside the scope of the RDHAP's practice. This will enhance patient safety and ensure continuity of care for the RDHAP's patients

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

## **Comment O-3**

### **Comment Summary:**

This comment questions as to why this extra step is necessary when RDHAPs can attest that the relationship with a dentist exists. She states it is more work, unnecessary, and sends the wrong message.

### **Response:**

The Board incorporates by reference its response to Comment A-1 above.

#### **Comment O-4**

##### **Comment Summary:**

This comment states the focus of the Board should be to facilitate the needs and effectiveness of the members it serves and not create more hurdles and restrictions. She states the proposed change serves no purpose for the RDHAP and is restrictive.

##### **Response:**

The Board incorporates by reference its response to Comment D-4 above.

#### **P. December 6, 2021 email from Elena Francisco, RDHAP, MS**

#### **Comment P-1**

##### **Comment Summary:**

This comment questions if there have been one or two lapses or transgressions, why must the entire regulation be changed which adds to the burden for the RDHAP, the dentist, and Board staff. She states Board staff are having difficulty answering emails and phone calls in a timely manner currently and states “Stating that it will take the Staff Service Analysts 45 minutes to notify RDHAPs is laughable, to be frank. No offense to the lard (sic) working and knowledgeable staff.”

##### **Response:**

The proposed regulation is new proposal to implement the statute (Bus. & Prof. Code § 1930), and not a current regulation undergoing amendments.

Additionally, the Board incorporates by reference its response to Comment C-2 above.

#### **Comment P-2**

##### **Comment Summary:**

This comment states though the existing “relationship” documentation is fine, it is not the best mechanism for insuring [sic] compliance. She feels the most important part of the law is the requirement for referral. Additionally, she states the Board may already have disciplinary authority under Section 1949 and Section 1956, since the failure to refer is a violation of the Dental Hygiene Code of Ethics.

**Response:**

The Board acknowledges the comment, and makes no revisions to the text based thereon.

The Board acknowledges the current relationship documentation required by the Board upon application for RDHAP licensure is not the best mechanism for ensuring compliance for reporting an RDHAP/dentist relationship. Therefore, the Board determined to promulgate section 1117 to improve and clarify the current reporting requirements.

The requirement for referral is an integral component of public safety requirements. However, section 1117 provides an additional layer of protection for the public enhancing patient safety and ensuring continuity of care for the RDHAP's patients.

Furthermore, while the Board may have disciplinary authority under BPC sections 1949 and 1956, BPC section 1930 provides a statutory mandate for the Board requiring documentation of an existing relationship with at least one dentist for referral, consultation, and emergency services.

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

**Comment P-3****Comment Summary:**

This comment states a "relationship with at least one dentist" may not necessarily lead to a successful referral. She states many of her patients either have their own dentist, may wish to see a dentist in their geographic area, or need to see a dentist that will accept their insurance. She states she often struggles to find a dentist willing to see patients needing dental care.

**Response:**

The Board incorporates by reference its response to Comment D-2 above.

**Comment P-4****Comment Summary:**

This comment states she does not believe there is need for a regulation change as it gives the impression that the RDHAP is "guilty until proven innocent". She states no other professional has to "prove" a relationship with referring professionals every

licensing period except for RDHAPs, therefore putting in the dentist's mind that RDHAPs should be monitored more closely.

**Response:**

The Board acknowledges the comment, and makes no revisions to the text based thereon.

The proposed regulatory package is not a regulation change. Proposed section 1117 is the implementation of a statutory mandate. (Bus. & Prof. Code § 1930)

Additionally, the Board incorporates by reference its response to Comment J-2 above.

**Comment P-5**

**Comment Summary:**

This comment states she heard that some RDHAPs were licensed with no dental relationship submitted and questioned as to why it is the RDHAP's problem. She stated it seems to be an oversight problem, leading back to her statement on the overworked, understaffed team the Board has not being able to keep up. Additionally, she questioned "Will it get better?" and stating more work will serve no one.

**Response:**

The Board has considered the comment, and makes no revisions to the text based thereon.

The Board is unsure as to the RDHAP licensing situation to which Ms. Francisco refers to. However, the purpose of section 1117 is to capture areas of reporting deficiencies.

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

**Comment P-6**

**Comment Summary:**

This comment suggests a simple "check box" that the RDHAP maintains a current relationship with a dentist rather than submission of a signature with each renewal.

**Response:**

The Board incorporates by reference its response to Comment B-3 above.



## **Comment P-7**

### **Comment Summary:**

This comment states RDHAPs are licensed professionals whose licenses should be treated using the same guidelines as applied to dentists. She states some of the rationale for these changes are demeaning to the professionalism of the RDHAP and thanked the Board for their consideration of her opposition and suggested alternatives.

### **Response:**

The Board incorporates by reference its response to Comment H-2 above.

## **Q. January 3, 2022 email from Shirley M. Smith, HAP 177**

### **Comment Q-1**

### **Comment Summary:**

This comment states she supports the dentist relationship as her license requirement, however, feels having the dentist sign the document at each renewal is unnecessary because she is signing under perjury that the dentist identified is the dentist of record.

### **Response:**

The Board incorporates by reference its response to Comment A-1 above.

## **R. January 3, 2022 email from Allison Ortiz, RDHAP #860**

### **Comment R-1**

### **Comment Summary:**

This comment states she supports the dentist relationship as her license requirement, however, feels having the dentist sign the document at each renewal is unnecessary because she is signing under perjury that the dentist identified is the dentist of record.

### **Response:**

The Board incorporates by reference its response to Comment A-1 above.

## General Comments

Additionally, letters C, F, J, K, and P are similar, and all thanked the Board for their ongoing pursuit of advocating for the general public as they realize this is the Board's foremost and most important job. However, the commenters stated their wish is for the Board to "help move dental hygiene forward into the future, but that is not what this agency is designed to do."

### Response:

The Board acknowledges the comments, and makes no revisions to the text based thereon.

BPC section 1902.1. states: "Protection of the public shall be the highest priority for the dental hygiene board in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount." Therefore, the Board is mandated to place protection of the public first and foremost in execution of their duties.

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

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

**PROPOSED LANGUAGE**

**LEGEND**

<b><u>Underlined</u></b>	<b>Indicates proposed regulatory language.</b>
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**Adopt Section 1117 of Title 16 of the California Code of Regulations (CCR)  
to read as follows:**

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

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

- (f) Documentation required to be reported to the Board shall include a completed and signed "Documentation of Registered Dental Hygienist in Alternative Practice (RDHAP) Relationship with Dentist" (Form RDHAP-01 (New 07-2021), which is hereby incorporated by reference.

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



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

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

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

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

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

**Certification:**

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

\_\_\_\_\_  
RDHAP Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dentist Signature

\_\_\_\_\_  
Date

## **INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by the Dental Hygiene Board of California, 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815, 916-263-1978, in accordance with Business & Professions Code, §1900 et seq. The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review his or her own personal information maintained by the agency as set forth in the Information Practices Act unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.

**From:** [Denise Xavier](#)  
**To:** [Petty, Adina@DCA](mailto:Petty.Adina@DCA)  
**Subject:** RDHAP-Dentist relationship reporting  
**Date:** Wednesday, October 27, 2021 5:16:37 PM

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[EXTERNAL]: [REDACTED]

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A-1

Only one issue stands out. Having to provide this relationship documentation EVERY LICENSURE RENEWAL will prove to be cumbersome and bothersome to most dentists and rdhaps. Let's be honest with ourselves, well at least those of us who are truly on the ground, dentists are already apprehensive and unsure and fickle about rdhaps as it is. To keep bothering them every time we have to renew our licensure is just another hoop we have to jump through unnecessarily. RDHAPs are well aware if the relationship is terminated/faulty we must find ANOTHER dentist as we cannot already practice without that relationship established. Micromanaging us to this degree on a condition we all know very well seems a bit too much. Overkill. Thank you for allowing me to be so frank and honest.

A-2

-Denise Xavier

**From:** [Diane Haun](#)  
**To:** [Petty, Adina@DCA](mailto:Petty.Adina@DCA)  
**Subject:** Proposed legislation for RDHAP doctor relationship change  
**Date:** Monday, November 8, 2021 5:28:14 PM

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[EXTERNAL]: [REDACTED]

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Dear Dr.

**B-1** I am formally requesting the documentation that caused the proposed regulation of section 1117 to determine what this new legislation is based on.

**B-2** It appears that this proposed legislation is solving a problem that I do not believe exists. Dental hygienists in Alternative Practice are highly trained ethical oral care providers, and often have several dentists to refer their patients to for exams and restorative work.

I was shocked that the board felt the need to change the current documentation and requirement. I am therefore asking for specific information that lead to this proposal.

**B-3** For the record I am against it. Perhaps biannually the RDHAP must check yes, or no that they have a current relationship with a dentist to refer to, similar to documenting continuing ed credits without showing proof of every CE class that has been taken.

--

Diane Haun, RDHAP Mobile Dental Hygiene Services [REDACTED]



November 15, 2021

Dear Board Members,

Thank you for your ongoing pursuit of advocating for the general public. I do realize this is your foremost and most important job. My wish is that you could also help move dental hygiene forward into the future but that is not what this agency is designed to do.

**C-1** I do not agree with the proposed requirement of providing documentation to the Board of a current relationship with at least one licensed dentist at every biennial license renewal;

**C-2** I would like to see data on why the board feels this is necessary and examples of other professionals that have this burden placed on them to continue to serve the Special Needs Population. Access to care for the elderly and disabled are in great demand, why put another barrier for the RDHAP to provide services?

Respectfully,

Mary Rene Newton, RDHAP,BS #287

**From:** [Jodi Todd](#)  
**To:** [Petty, Adina@DCA](mailto:Petty.Adina@DCA)  
**Subject:** Objection Letter  
**Date:** Monday, November 15, 2021 12:13:43 PM

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[EXTERNAL]: [REDACTED]

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Nov 15, 2021

Dear Board Members,

- D-1** Thank you for your ongoing support in advocating for the public. I understand, without a doubt, you take this responsibility very seriously. I am writing you this letter to object to the new proposed requirements of an RDHAP having to provide documentation every two years with at least one licensed dentist. I have always thought an RDHAP should be able to have more than one DDS on file since RDHAP's work with many different dentists. Part of this reason is the patient's insurance.
- D-2** However, I feel demanding a signed written form every two years is once again a barrier.

I have jumped through hoop after hoop to maintain my care to the underserved population. It seems to me that placing more barriers in our way is your action to put more barriers in the way of those that need care the most. I ask that you rethink your proposal.

- D-3** If there is to be any change at all with the RDHAP/Dentist relationship form, I recommend you allow an RDHAP to list multiple Dentists in which they work with instead of just one. I feel this should be completed at the time of licensure and the RDHAP's responsibility to update as changes occur.
- D-4** Access to those with special needs, elderly and those in care homes are not the populations we need to be placing barriers to care.

Thank you,

***Jodi Todd, RDA, RDH, RDHAP***

Licensed Professional Dental Hygienist in Alternative Practice

Specializing in Oral Health for People with Special Needs

CDHA Public Health Chair

[REDACTED]

**From:** [Lum, Anthony@DCA](mailto:Lum,Anthony@DCA)  
**To:** [Petty, Adina@DCA](mailto:Petty,Adina@DCA)  
**Subject:** FW: RDHAP proposition  
**Date:** Monday, November 15, 2021 2:12:02 PM

---

-----Original Message-----

From: Sade Morel [REDACTED]  
Sent: Monday, November 15, 2021 1:52 PM  
To: Lum, Anthony@DCA <Anthony.Lum@dca.ca.gov>  
Subject: RDHAP proposition

[EXTERNAL]: [REDACTED]

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.....

Good afternoon fellow board members,

**E-1**

I am writing you today in opposition of the following Proposed proposition in the requirement In providing documentation of current dentist relationship at every license renewal. I have been in the dental field for 15 years I've been practicing hygienist for more than eight years and now hold current RDHAP lic. I am very passionate about my field and have invested much time and money into my career . Registered in hygienists in alternative

**E-2**

practice have advance degrees, are college educated, well prepared for medical emergencies and are fully competent in our attained skills. As a mid-level provider that type of extra monitoring, scrutiny is taxing and unnecessary. As

**E-3**

the dental field is ever evolving so is our role and should match the progression of the services we are proving to the community that's so desperately needs it. This proposition is unneeded and Irrelevant to progression. Thank you so much for your time.

Sade Morel  
RDHAP

**From:** [Erica Solomon](#)  
**To:** [Petty, Adina@DCA](mailto:Petty,Adina@DCA)  
**Subject:** Dentist relationship requirement objection  
**Date:** Monday, November 15, 2021 7:25:06 PM

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[EXTERNAL]: [REDACTED]

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Dear Board Members,

Thank you for your ongoing pursuit of advocating for the general public. I do realize this is your foremost and most important job. My wish is that you could also help move dental hygiene forward into the future but that is not what this agency is designed to do.

**F-1** I do not agree with the proposed requirement of providing documentation to the Board of a current relationship with at least one licensed dentist at every biennial license renewal. This is an unnecessary burden to the dental hygienist who is willing to provide care to those who cannot access a traditional dental office. Not many wish to pursue this line of work and the need is great, and growing. Why add more obstacles to care?

**F-2** I would like to see data on why the board feels this is necessary and examples of other professionals that have this burden placed on them to continue to serve the Special Needs Population. Access to care for the elderly and disabled are in great demand, why put another barrier for the RDHAP to provide services?

Respectfully,

Erica Solomon, BSRDH, 19106, RDHAP 855

**From:** [Wendy Williams](#)  
**To:** [Petty, Adina@DCA](mailto:Petty.Adina@DCA)  
**Subject:** Rdhap requirements  
**Date:** Tuesday, November 16, 2021 9:26:48 AM

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[EXTERNAL]: [REDACTED]

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Dear Board Members,

- G-1** I am a current practicing RDHAP. I do not agree with the proposed requirement of providing documentation to the Board of a current relationship with at least one licensed dentist at every biennial license renewal. I found it difficult to find a dentist to sign the form.
- G-2** Why the board feels this is necessary ?
- G-3** The access to care for the elderly and disabled are in great demand but are at risk by putting another obstacles for the RDHAP to provide services. Please keep in mind that we are fighting to provide services very day for these special people.

Respectfully,

Wendy Williams RDHAP #169

[Sent from Yahoo Mail on Android](#)

[REDACTED]  
[REDACTED]  
November 16, 2021

Dental Hygiene Board of California  
2005 Evergreen St., Suite 1350  
Sacramento, CA 95815

Attention: Adina A. Pineschi-Petty DDS  
Anthony Lum

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

Dear Board Members,

I am uncertain as to whether my concern about the proposed regulation was sent to you and/or received by you in late 2020 when our Council discussed the matter. It would seem not as we did not receive a reply. Please allow me to express the “real life” situations surrounding this regulation and how, in its present form, it may limit access to care while not serving the intended purpose.

**H-1** (1) Many RDHAPs have reported that dentists are reluctant to sign the Relationship Form as they think it makes them responsible for the RDHAP provider. In addition, RDHAPs have reported that dentists do not want to sign the form because they do not feel qualified to accept or treat potentially difficult populations.

(2) RDHAPs refer to the most appropriate provider who will often not be the dentist of record. Not to refer for needed treatment is un-ethical and covered in current law.

(3) Requiring a bi-annual signature for confirmation compounds the burden already placed on the RDHAP and suggests that the Board feels RDHAPs are inherently un-ethical.

**H-2** (4) This singles out RDHAPs for excessive monitoring. Dentists are not required to verify their relationships with specialists to whom they refer.

(5) RDHAPs are licensed professionals bound to legal and ethical principals by law which provides adequate protection for the public, without burden or prejudice.

**H-3** It would be my suggestion that you require bi-annual confirmation by RDHAP of their relationship by adding a check box to the Relationship Form.

**RDHAPs, please check one of the following:**

- ☐ My *Documentation of RDHAP Relationship with Dentist* is current
- ☐ I have attached a new *Documentation of RDHAP Relationship with Dentist* form

Thank you for your consideration.

Sincerely,

Susan McLearn, BSDH, MS, RDHAP

**From:** [Kayla Sejera](#)  
**To:** [Petty, Adina@DCA](mailto:Petty.Adina@DCA)  
**Subject:** RDHAP & Dentist Relationship Objection  
**Date:** Tuesday, November 16, 2021 10:35:03 AM  
**Attachments:** [IMAGE.png](#)

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[EXTERNAL]: [REDACTED]

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Dear Board Members,

I am writing to submit my objection to the proposed requirement of providing documentation to the Board regarding the relationship requirement of RDHAPs and a dentist for license renewal.

- I-1** RDHAPs are invaluable to the population that they serve. These are patients who might otherwise get minimal to no regular dental care. Adding more barriers to preventive dental care is not in the best interest of this population. Every day I see the positive outcomes from having our Regional Center individuals participate in our Mobile Dental Hygiene program.
- I-2** What is the data to support the need to have a documented relationship with one dentist when in reality most RDHAPs are mobile and refer to several dentists? What are the risks that would outweigh the need for preventive dentistry to a population most dentists will not bother with? Most of our folks have Medi-Cal Dental and the benefits are so miserably lacking for restorative care for adults, prevention should be everyone's biggest concern. Finding a dentist who will accept Medi-Cal Dental AND work with our population is rare. RDHAPs select this work to exclusively work with the under served, the disabled and the elderly. Adding additional obstacles only hurts the people we want to care for.
- I-3**
- I-4**

Please reconsider this requirement.

Respectfully,

Kayla Sejera, RDHAP  
Dental Coordinator  
Tri-Counties Regional Center



**Tri-Counties  
Regional Center**

HIPAA NOTICE: The documents accompanying this electronic transmission, or this transmission itself, may contain Protected Health Information. This information belongs to the sender and is legally privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that you may not disclose, copy, distribute or take action on the information in these documents. All such activities are strictly prohibited. If you have received this email in error, delete the email immediately and empty your deleted items folder or take any steps necessary to ensure permanent deletion. Thank you.

**From:** [Diane Reese](#)  
**To:** [Petty, Adina@DCA](mailto:Petty.Adina@DCA)  
**Date:** Friday, November 19, 2021 7:39:06 AM

---

[EXTERNAL]: [REDACTED]

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Dear Board Members,

Thank you for your ongoing pursuit of advocating for the general public. I do realize this is your foremost and most important job. I can see that there is a need for better access to care for certain populations to achieve equity in health care. Personal rights are a foundational to our United States of America.

We must work towards this goal and that is what registered dental hygienists are trying to do. We want to stop pain and suffering caused by the most prevalent disease. The statistics are grim in this area of public health.

**J-1** I do not agree with the proposed requirement of providing documentation to the Board of a current relationship with at least one licensed dentist at every biennial license renewal. This is a hinderance to people who need better access to care due to their health problems or their socio-economic status.

**J-2** It is also an issue of oppression by powerful money driven profession trying to curtail the mission of licensed, trained and dedicated RDHAPs. Rdhaps are not a threat to dentists. There is a shortage of Medi=cal providers and how many dentists want make house calls?

**J-3** I would like to see data on why the board feels this is necessary and examples of other professionals that have this burden placed on them to continue to serve the Special Needs Population. Access to care for the elderly and disabled are in great demand, why put another barrier for the RDHAP to provide services?

Respectfully,

Sincerely,

Diane Reese, RDHAP



[REDACTED]  
[Like Diane Reese on Facebook](#)



**From:** [Liz Grillo](#)  
**To:** [Petty, Adina@DCA](mailto:Petty.Adina@DCA)  
**Subject:** 16CCR section 1117  
**Date:** Friday, November 19, 2021 10:30:30 PM

---

[EXTERNAL]: [REDACTED]

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Dear Board Members,

Thank you for your ongoing pursuit of advocating for the general public. I do realize this is your foremost and most important job. My wish is that you could also help move dental hygiene forward into the future but that is not what this agency is designed to do.

**K-1** I do not agree with the proposed requirement of providing documentation to the Board of a current relationship with at least one licensed dentist at every biennial license renewal;

**K-2** I would like to see data on why the board feels this is necessary and examples of other professionals that have this burden placed on them to continue to serve the Special Needs Population. Access to care for the elderly and disabled are in great demand, why put another barrier for the RDHAP to provide services?

Respectfully,  
Elizabeth M Grillo RDHAP

Sent from my T-Mobile 4G LTE Device

**From:** [DCA, dhbcinfo@DCA](mailto:DCA_dhbcinfo@DCA)  
**To:** [Petty, Adina@DCA](mailto:Petty_Adina@DCA)  
**Subject:** FW: Action to amend and adopt 16 CCR Section 1117  
**Date:** Sunday, December 5, 2021 9:34:50 AM

---

Reg comments for you. Thx.

---

**From:** Rhoda Gonzales [REDACTED]  
**Sent:** Saturday, December 4, 2021 10:40 AM  
**To:** DCA, dhbcinfo@DCA <dhbcinfo@dca.ca.gov>  
**Subject:** Action to amend and adopt 16 CCR Section 1117

[EXTERNAL]: [REDACTED]

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Dear DHBC,

L-1

I support the dentist relationship as my license requirement, however I feel having the dentist SIGN the document at each renewal is unnecessary because as a hygienist, I am signing under perjury that the dentist identified, is my dentist of record.

And, I do have a new dentist that I would like to update with DHBC and have attached that document to this email.

Thank you,  
Rhoda

Rhoda Howell-Gonzales RDHAP, BSDH

[REDACTED]

**From:** [DCA, dhbcinfo@DCA](mailto:DCA_dhbcinfo@DCA)  
**To:** [Petty, Adina@DCA](mailto:Petty, Adina@DCA)  
**Subject:** FW: RDHAP relationship with a DDS  
**Date:** Sunday, December 5, 2021 9:34:28 AM

---

Reg comments for you. Thx.

-----Original Message-----

From: Jennifer Weitzel [REDACTED]  
Sent: Saturday, December 4, 2021 10:44 AM  
To: DCA, dhbcinfo@DCA <dhbcinfo@dca.ca.gov>  
Subject: RDHAP relationship with a DDS

[EXTERNAL]: [REDACTED]

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Dear DHBC, I support the dentist relationship as my license requirement, however I feel having the dentist SIGN the document at each renewal is unnecessary because as a hygienist, I am signing under perjury that the dentist identified, is my dentist of record. This was identified in the DHBC packet under Action to Adopt 16 CCR Section 1117 Reporting Dental Relationship between RDHAP and licensed Dentists.

Thank you,  
Jennifer Weitzel RDHAP 577

M-1

**From:** [DCA, dhbcinfo@DCA](mailto:DCA_dhbcinfo@DCA)  
**To:** [Petty, Adina@DCA](mailto:Petty, Adina@DCA)  
**Subject:** FW: RDHAP dentist of record  
**Date:** Sunday, December 5, 2021 9:34:17 AM

---

Reg comments for you. Thx.

---

**From:** Brenda Barrientos [REDACTED]  
**Sent:** Saturday, December 4, 2021 10:55 AM  
**To:** DCA, dhbcinfo@DCA <dhbcinfo@dca.ca.gov>  
**Subject:** RDHAP dentist of record

[EXTERNAL]: [REDACTED]

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Dear DHBC,

I support the dentist relationship as my license requirement, however I feel having the dentist SIGN the document at each renewal is unnecessary because as a hygienist, I am signing under perjury that the dentist identified, is my dentist of record. I oppose to adopt 16 CCR Section 1117 Reporting Dental Relationship between RDHAP and licensed Dentists.

Brenda Barrientos  
RDH license #29153  
RDHAP program certificate granted May 2021  
License in progress.

**N-1**

**From:** [DCA, dhbcinfo@DCA](mailto:DCA_dhbcinfo@DCA)  
**To:** [Petty, Adina@DCA](mailto:Petty, Adina@DCA)  
**Subject:** FW: RDHAP changes  
**Date:** Sunday, December 5, 2021 9:34:03 AM

---

Reg comments for you. Thx.

-----Original Message-----

From: Holli Burgos [REDACTED]  
Sent: Saturday, December 4, 2021 12:02 PM  
To: DCA, dhbcinfo@DCA <dhbcinfo@dca.ca.gov>  
Subject: RDHAP changes

[EXTERNAL]: [REDACTED]

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.....  
To the Dental Hygiene Board of California,

- O-1** I have recently become aware of a possible change to the RDHAP renewal requirements. Please do not make
- O-2** changes to the associated dentist requirement. It is not necessary to have a dentist physically sign a paper in order
- O-3** for us to renew our license and serve the public. The whole point of having the RDHAP practitioner is to allow more
- O-4** autonomy and to work without the supervision requirement needed in the office. Making a signature necessary every
- renewal will take us backwards. The message it sends is that we are more reliant on dentists in order to serve our
- clients. That is not the message we want. It should be a message of cohesiveness and working together, not under a
- DDS. Why have this extra step when we can attest that the relationship with a dentist exists? It is more work,
- unnecessary, and sends the wrong message.
- The focus of the DHBC should be to facilitate the needs and effectiveness of the members it serves - not create more
- hurdles and restrictions. This proposed change serves no purpose for the AP hygienist, and is restrictive.

Thank you for your consideration in this matter.

Holli Dillon-Burgos, RDHAP

**From:** [Lum, Anthony@DCA](mailto:Lum,Anthony@DCA)  
**To:** [Petty, Adina@DCA](mailto:Petty,Adina@DCA)  
**Subject:** Fwd: Comments re: CCR § 1117  
**Date:** Monday, December 6, 2021 4:42:19 PM

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For you.

Begin forwarded message:

**From:** Elena Francisco [REDACTED]  
**Date:** December 6, 2021 at 3:53:01 PM PST  
**To:** [petty.adina@dca.ca.gov](mailto:petty.adina@dca.ca.gov)  
**Cc:** "Lum, Anthony@DCA" <[Anthony.Lum@dca.ca.gov](mailto:Anthony.Lum@dca.ca.gov)>  
**Subject:** Comments re: CCR § 1117

[EXTERNAL]: [REDACTED]

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Adina A. Pineschi-Petty, DDS  
Dental Hygiene Board of California  
2005 Evergreen Street, Suite 2050  
Sacramento, CA 95815

Dear Dr. Pineschi-Petty:

I am writing in regards to the Proposed Regulatory Package: CCR Title 16 Section 1117, Reporting Dental Relationships Between Registered Dental Hygienists in Alternative Practice and Licensed Dentists.

**P-1**

First, thank you for supporting the mission to protect the consumer. I feel like proposed change to CCR § 1117, however, is a solution looking for a problem. Where is the proof the RDHAPs are not following the original guidelines? If there have been one or two lapses or transgressions, why must the entire regulation be changed, adding to the burden for the RDHAP, the dentist, and the DHBC staff. The staff is having difficulty answering emails and phone calls in a timely manner right now. Stating that it will take the Staff Service Analysts 45 minutes to notify RDHAPs is laughable, to be frank. No offense to the lard working and knowledgeable staff.

**P-2**

Though the existing "relationship" documentation is fine, it is not, as you all notice, the best mechanism for insuring compliance. I feel the most important part of the law is the requirement for referral. You may already have disciplinary authority under Section 1949 and Section 1956 since the failure to refer is a violation of the Dental Hygiene Code of Ethics.

**P-3**

Further, a “relationship with at least one dentist,” may not necessarily lead to a successful referral. Many of my patients either have their own dentist, may wish to see a dentist in their geographic area, or need to see a dentist that will accept their insurance. I often struggled to find any dentist willing to see patients needing dental care.

**P-4**

I submitted the *Dentist Relationship* form when I initially licensed as an RDHAP and know I am required to submit a new form if my *Dentist Relationship* changes. I have professional relationships with several dentists with whom I refer and confer. Revisiting this formal relationship makes sense as a best practice activity. However, I do not believe there is need for a regulation change. For one, it gives the impression that the RDHAP is “guilty until proven innocent”. In other words, no other professional has to “prove” a relationship with referring professionals every licensing period but us, therefore putting in the dentist’s mind that we are having to be monitored more closely. I had recently heard that some RDHAPs got licensed with NO dentist relationship. Why is that the RDHAPs problem? That seems to be an oversight problem, leading back to my statement on the overworked, understaffed team you have not being able to keep up now. Will it get better? Adding more work will serve no one.

**P-5**

**P-6**

I recommend the Board consider something similar to the lines on our relicensing form regarding the required Continuing education accrued:

**RDHAPs, please check one of the following:**

- ☐ My *Documentation of RDHAP Relationship with Dentist* is current
- ☐ I have attached a new *Documentation of RDHAP Relationship with Dentist* form

**P-7**

RDHAPs are licensed professionals whose licenses should be treated using the same guidelines as applied to dentists. Some of the rationale for these changes are demeaning to the professionalism of the RDHAP. Thank you for your consideration of my opposition and suggested alternatives.

Sincerely,

Elena Francisco, RDHAP, MS

Elena Francisco, RDHAP, MS



**From:** [Shirley S](#)  
**To:** [Petty, Adina@DCA](mailto:Petty.Adina@DCA)  
**Subject:** DHBC  
**Date:** Monday, January 3, 2022 12:40:05 PM

---

[EXTERNAL]: [REDACTED]

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**Q-1**

Dear DHBC, I support the dentist relationship as my license requirement, however I feel having the dentist SIGN the document at each renewal is unnecessary because as a hygienist, I am signing under perjury that the dentist identified, is my dentist of record.

Shirley M Smith HAP 177



**From:** [Allison Ortiz](#)  
**To:** [Petty, Adina@DCA](mailto:Petty.Adina@DCA)  
**Subject:** RDHAP ccr section 1117  
**Date:** Monday, January 3, 2022 12:30:24 PM

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Dear DHBC,

I support the dentist relationship as my license requirement, however I feel having the dentist SIGN the document at each renewal is unnecessary because as a hygienist, I am signing under perjury that the dentist identified, is my dentist of record.

Sincerely,

Allison Ortiz  
RDHAP #860

**R-1**



**Saturday, January 22, 2022**

**Dental Hygiene Board of California**

**Agenda Item 9**

**Future Agenda Items**



**Saturday, January 22, 2022**

**Dental Hygiene Board of California**

**Agenda Item 10**

**Adjournment.**