DHBC
Dental Hygiene Board of California

Saturday, July 19, 2025
DHBC Board Meeting Materials

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

DHBC MEETING AGENDA

The DHBC welcomes and encourages public participation in its meetings.
The public may take appropriate opportunities to comment on any issue before the Board at the time the item is heard.

Meeting Date and Time

Saturday, July 19, 2025
9:00 am until Adjournment

The DHBC will conduct the meeting in person, via WebEx teleconference for interaction, and Webcast viewing through the DCA portal listed below.

In Person Meeting Location

DHBC Headquarters Building
2005 Evergreen Street
1st Floor Hearing Room
Sacramento, CA 95815

Instructions for WebEx Meeting Participation

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. Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. When signing into the WebEx platform, participants may be asked for their name and email address. Participants who choose not to provide their names will be required to provide a unique identifier, such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make a public comment. Participants who choose not to provide their email address may utilize a fictitious email address in the following sample format: XXXXX@mailinator.com.

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Click here to join the meeting

Link: https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m639f27bd3435f21f9c71cf0eee206227

If joining using the link above:

Webinar number: 2488 082 6764
Webinar password: DHBC719

If joining by phone:

+1-415-655-0001 US Toll
Access code: 2488 082 6764
Passcode: 3422719

The meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit Live Webcasts – Department of Consumer Affairs (thedcapage.blog). The meeting will not be cancelled if webcast is not available. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session.

Members of the Board

President – Joanne Pacheco, RDH Educator Member
Vice President – Sonia "Pat" Hansen, RDH Member
Secretary – Naleni "Lolly" Tribble-Agarwal, RDH Member
RDHAP Member – Michael Long
Dentist Member – Dr. Sridevi Ponnala
Public Member – Dr. Julie Elginer
Public Member – Sherman King
Public Member – Dr. Justin Matthews
Public Member – VACANT

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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

Committee Meetings:

1. **Education Committee (EDU) Meeting:**

EDU 1. Roll Call & Establishment of Quorum.

EDU 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(a).]

EDU 3. Discussion and Possible Action on the Request for Approval to Transfer Sponsorship of the San Joaquin Valley College (SJVC) - Ontario and SJVC - Visalia Dental Hygiene Educational Programs to Carrington College.

EDU 4. Discussion and Possible Action on the Request to Increase the Initial Student Enrollment at the Proposed California Baptist University Dental Hygiene Educational Program.

EDU 5. Report from the Dental Hygiene Educational Program Penalty Rubric Taskforce.

EDU 6. Dental Hygiene Educational Program Site Visit Update.
(a) Pasadena City College
(b) Taft College
(c) Concorde Career College-San Diego
(d) Cerritos College
(e) Concorde Career College – Garden Grove
(f) Carrington College - San Jose
(g) Concorde Career College-San Bernardino
(h) West Los Angeles College
(i) Dental Hygiene Educational Program Site Visit Schedule

EDU 7. Future Agenda Items.

EDU 8. Adjournment of the Education Committee.

2. Legislation and Regulatory Committee (LEG/REG) Meeting:

LEG REG 1. Roll Call & Establishment of Quorum.

LEG REG 2. Public Comment for Items Not on the Agenda.
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LEG REG 3. Discussion and Possible Action on Amendments to California Code of Regulations (CCR), Title 16, Sections 1116: Mobile Dental Hygiene Clinics; Issuance of Approval and 1116.5: Registered Dental Hygienist in Alternative Practice; Physical Facility Registration.

LEG REG 4. Status of Dental Hygiene Board of California (DHBC) Regulatory Packages.

LEG REG 5. Legislative Update: Bills of Interest and Legislative Calendar:

a) Assembly Bill (AB) 224 Bonta: Health care coverage: essential health benefits.
b) AB 341 Arambula: Oral Health for People with Disabilities Technical Assistance Center Program.
c) AB 350 Bonta: Health care coverage: fluoride treatments.
d) AB 371 Haney: Dental coverage.
e) AB 489 Bonta: Health care professions: deceptive terms or letters: artificial intelligence.
f) AB 742 Elhawary: Department of Consumer Affairs: licensing: applicants who are descendants of slaves.
g) AB 873 Alanis: Dentistry: dental assistants: infection control course.
h) AB 966 Carrillo: Dental Practice Act: foreign dental schools.
i) AB 980 Arambula: Health care: medically necessary treatment.
j) AB 1307 Ávila Farías: Licensed Dentists from Mexico Pilot Program.
k) AB 1418 Schiavo: Department of Health Care Access and Information.
l) Senate Bill (SB) 62 Menjivar: Health care coverage: essential health benefits.
m) SB 351 Cabaldon: Health Facilities.
n) SB 386 Limón: Dental providers: fee-based payments.
o) SB 470 Laird: Bagley-Keene Open Meeting Act: teleconferencing.
p) SB 744 Cabaldon: Accrediting agencies.
q) SB 861 Committee on Business, Professions and Economic Development: Committee on Business, Professions and Economic Development. Consumer affairs (Omnibus Bill).

LEG REG 6. Future Agenda Items.

LEG REG 7. Adjournment of the Legislation and Regulatory Committee.

3. **FULL Board Meeting:**

FULL 1. Roll Call & Establishment of a Quorum.

FULL 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(a).]

FULL 3. President's Report.

FULL 4. Update from the Department of Consumer Affairs (DCA) Executive Staff.

FULL 5. Update from the Dental Board of California (DBC).

FULL 6. Discussion and Possible Action to Approve the March 21, 2025, Full Board Meeting Minutes.

FULL 7. Discussion and Possible Action to Approve the March 22, 2025, Full Board Meeting Minutes.

FULL 8. Discussion and Possible Action to Approve the May 27, 2025, Full Board Teleconference Minutes.

FULL 9. Executive Officer's Report.
- Personnel.
- Budget.
- Administration – EO Updates.

FULL 10. Discussion and Possible Action Regarding California Code of Regulations, Title 16, Section 1005: Minimum Standards for Infection Control.

FULL 11. Discussion and Possible Action on Education Committee Report and Recommendation(s).

FULL 12. Discussion and Possible Action on Legislative and Regulatory Committee Report and Recommendation(s).

FULL 13. Enforcement Update: Statistical Report.

FULL 14. Licensing, Continuing Education Audits, and Examination Update: Statistical Reports.

FULL 15. Future Agenda Items.

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

FULL 16. ***Closed Session – Full Board***

Pursuant to Government Code Section 11126(c)(3), the Board will Deliberate on Disciplinary Actions and Decisions to be Reached in Administrative Procedure Act Proceedings. If there are no disciplinary actions and decisions to be addressed in Closed Session, it will be announced.

<<Return to Open Session>>

FULL 17. 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 the DHBC at 916-263-1978, via email at dhbcinfo@dca.ca.gov, or by sending a written request to 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.

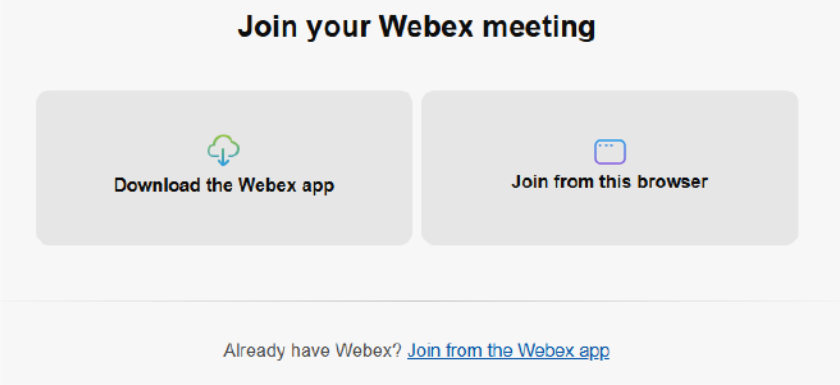
Recommended: Join using the meeting link.

1. Click on the meeting link. This can be found in the meeting notice you received and is on the meeting agenda.

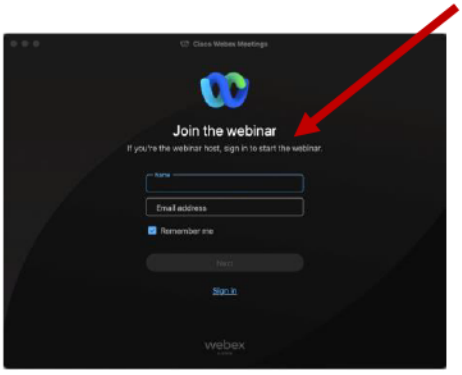
2. If you already have Webex on your device, click the bottom instruction, "Join from the Webex app."

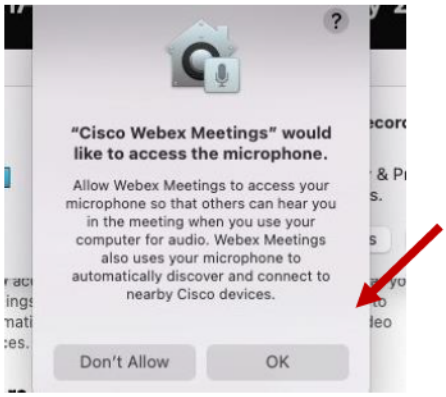
   If you have **not** previously used Webex on your device, your web browser will offer "Download the Webex app." Follow the download link and follow the instructions to install Webex.

   DO NOT click "Join from this browser," as you will not be able to fully participate during the meeting.



3. Enter your name and email address*. Click "Next."
   Accept any request for permission to use your microphone and/or camera.

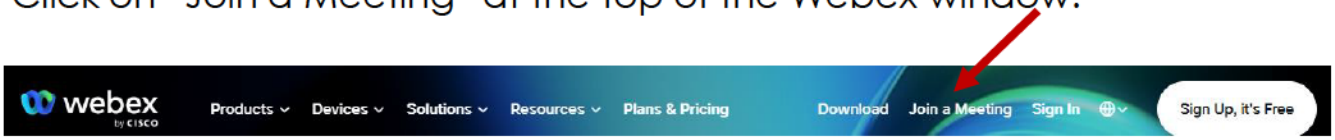




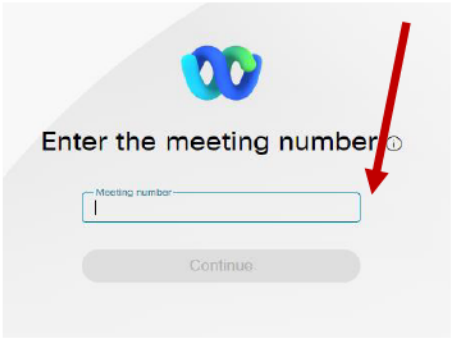
*Members of the public are not obligated to provide their name or personal information and may provide a unique identifier such as their initials or another alternative as well as a fictitious email address like in the following sample format: XXXXX@mailinator.com.

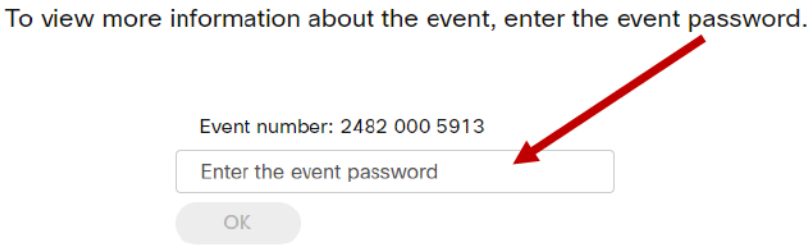
Alternative 1. Join from Webex.com

1 Click on "Join a Meeting" at the top of the Webex window.

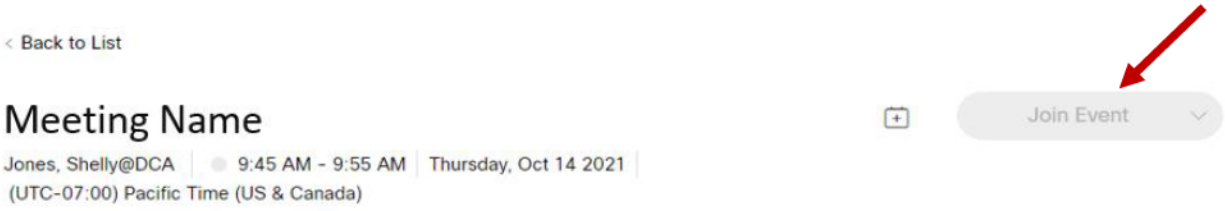


2 Enter the meeting/event number and click "Continue." Enter the event password and click "OK." This can be found in the meeting notice you received or on the meeting agenda.





3 The meeting information will be displayed. Click "Join Event."

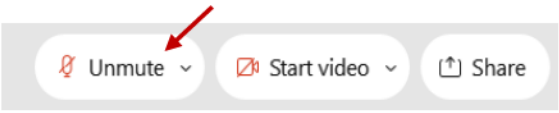


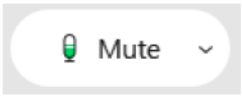
OR

Alternative 2. Connect via Telephone

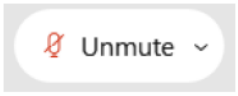
You may also join the meeting by calling in using the phone number, access code, and passcode provided in the meeting notice or on the agenda.

Microphone control (mute/unmute button) is located at the bottom of your Webex window.





Green microphone = Unmuted: People in the meeting can hear you.



Red microphone = Muted: No one in the meeting can hear you.

Note: Only panelists can mute/unmute their own microphones. Attendees will remain muted unless the moderator invites them to unmute their microphone.

Attendees/Members of the Public

Joined via Meeting Link

The moderator will call you by name and indicate a request has been sent to unmute your microphone. Upon hearing this prompt:

Click the Unmute me button on the pop-up box that appears.

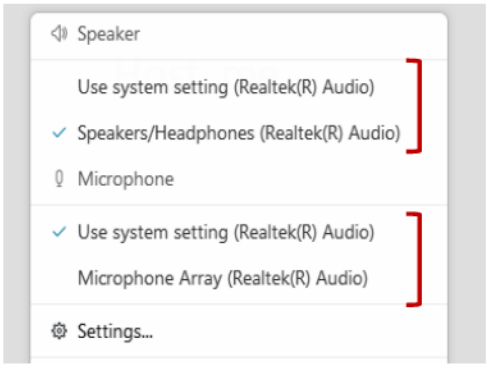
Joined via Telephone (Call-in User)

1. When you are asked to unmute yourself, press *6.
2. When you are finished speaking, press *6 to mute yourself again.

If you cannot hear or be heard

1. Click on the bottom facing arrow located on the Mute/Unmute button at the bottom of the Webex window.

2. From the drop-down menu, select different:
   - Speaker options if you can't hear participants.
   - Microphone options if participants can't hear you.

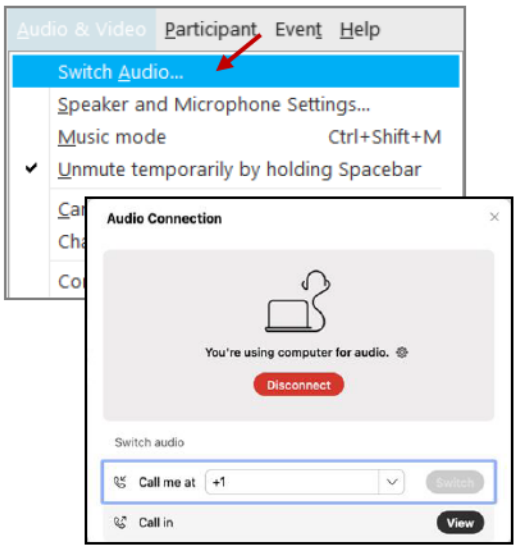


Continue to Experience Issues?

If you are connected by computer or tablet and you have audio issues, you can link your phone to your Webex session. Your phone will then become your microphone and speaker source.

1. Click on "Audio & Video" from the menu bar.

2. Select "Switch Audio" from the drop-down menu.

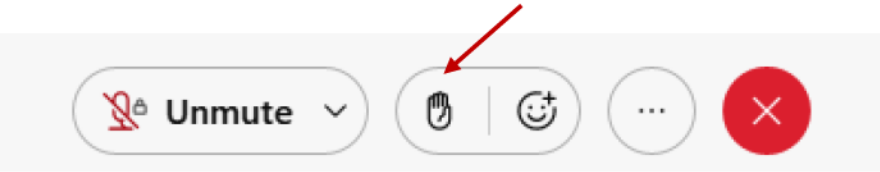


3. Hover your mouse over the "Call In" option and click "View" to show the phone number to call and the meeting login information. You can still un-mute from your computer window.

Hand Raise Feature

Joined via Meeting Link

- Locate the hand icon at the bottom of the Webex window.
- Click the hand icon to raise your hand.
- Repeat this process to lower your hand.



Joined via Telephone (Call-in User)

Press *3 to raise or lower your hand.

Unmuting

Joined via Meeting Link

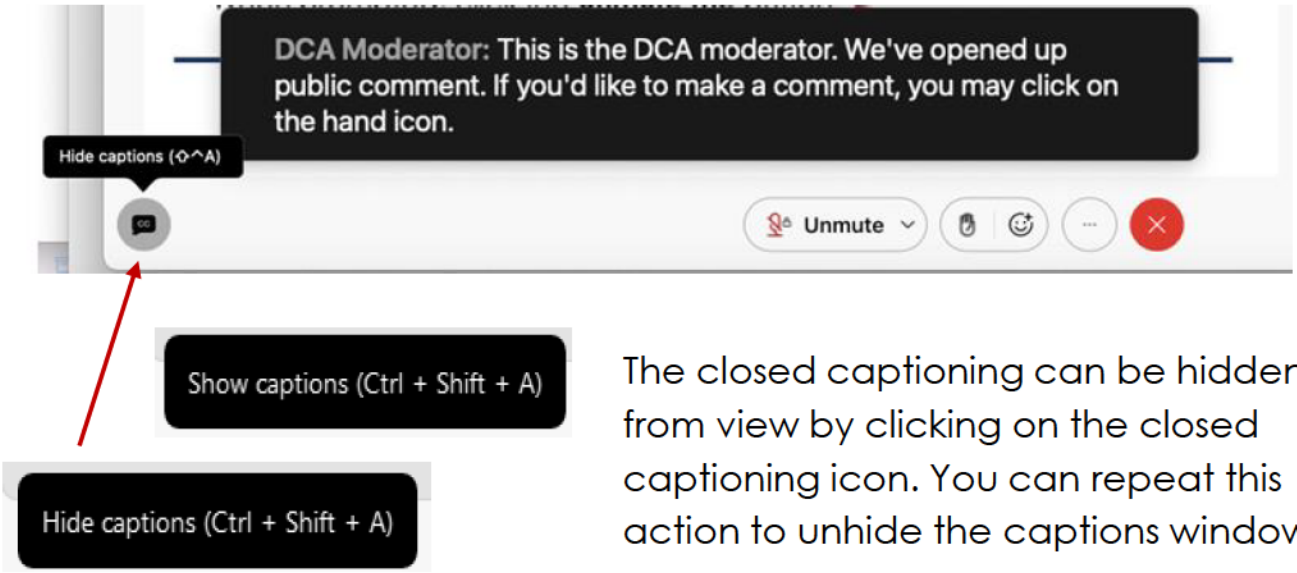
The moderator will call you by name and indicate a request has been sent to unmute your microphone. Upon hearing this prompt:

Click the Unmute me button on the pop-up box that appears.

Joined via Telephone (Call-in User/Audio Only)

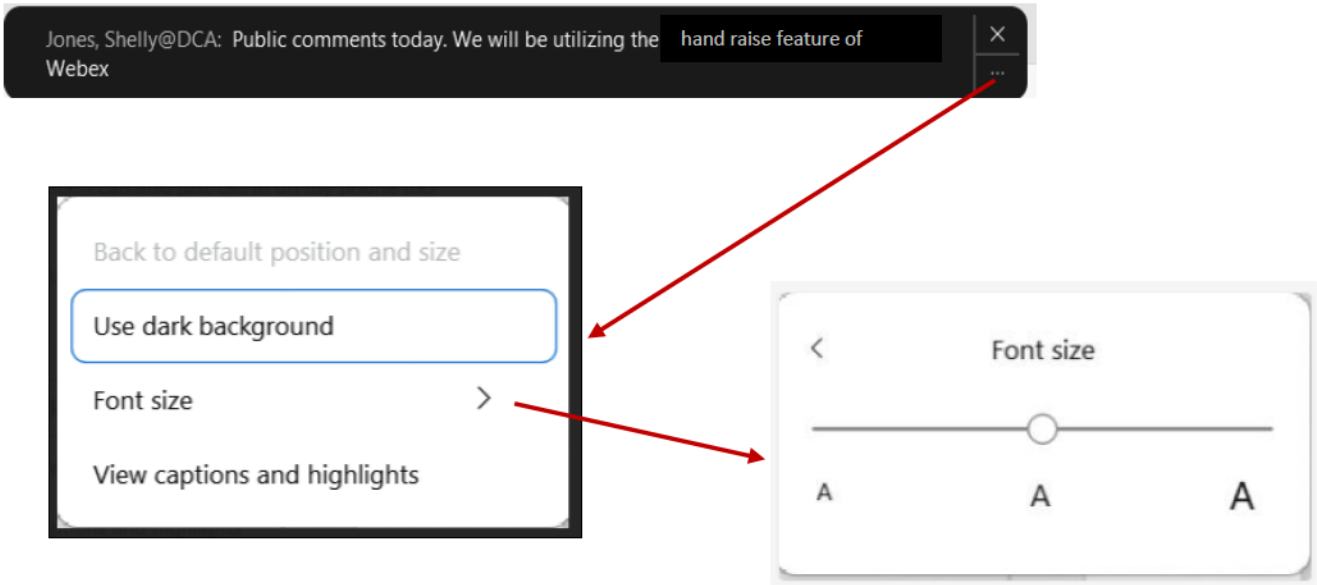
1. When you are asked to unmute yourself, press *6.
2. When you are finished speaking, press *6 to mute yourself again.

Webex provides real-time closed captioning displayed in a dialog box in your Webex window. The captioning box can be moved by clicking on the box and dragging it to another location on your screen.



The closed captioning can be hidden from view by clicking on the closed captioning icon. You can repeat this action to unhide the captions window.

You can view the closed captioning dialog box with a light or dark background or change the font size by clicking the 3 dots on the right side of the dialog box.



DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025
Education Committee
Meeting Materials

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

EDUCATION COMMITTEE MEETING AGENDA

The DHBC welcomes and encourages public participation in its meetings.
The public may take appropriate opportunities to comment on any issue before the Committee at the time the item is heard.

Meeting Date and Time

Saturday, July 19, 2025
Upon adjournment of FULL Agenda Item 2 until Adjournment

The DHBC will conduct the meeting in accordance with Government Code section 11123, subdivision (a) via WebEx teleconference for interaction.

Public Access Teleconference Meeting Location

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2005 Evergreen Street
1st Floor Hearing Room
Sacramento, CA 95815

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Members of the Education Committee

Michael Long, Chair
Sherman King
Dr. Justin Matthews
Joanne Pacheco
Naleni "Lolly" Tribble-Agarwal

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Agenda

1. Roll Call & Establishment of Quorum.

2. Public Comment for Items Not on the Agenda.
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3. Discussion and Possible Action on the Request for Approval to Transfer Sponsorship of the San Joaquin Valley College (SJVC) - Ontario and SJVC - Visalia Dental Hygiene Educational Programs to Carrington College.

4. Discussion and Possible Action on the Request to Increase the Initial Student Enrollment at the Proposed California Baptist University Dental Hygiene Educational Program.

5. Report from the Dental Hygiene Educational Program Penalty Rubric Taskforce.

6. Dental Hygiene Educational Program Site Visit Update.
   (a) Pasadena City College
   (b) Taft College
   (c) Concorde Career College-San Diego
   (d) Cerritos College
   (e) Concorde Career College – Garden Grove
   (f) Carrington College - San Jose
   (g) Concorde Career College-San Bernardino
   (h) West Los Angeles College
   (i) Dental Hygiene Educational Program Site Visit Schedule.

7. Future Agenda Items.

8. Adjournment of the Education Committee.

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Member	Present	Absent
Joanne Pacheco, Chair		
Michael Long		
Justin Matthews		

Saturday, July 19, 2025

Dental Hygiene Board of California

Education Committee Agenda Item 1.

Roll Call & Establishment of Quorum.

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

Education Committee Agenda Item 2.

Public Comment for Items Not on the Agenda.

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DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

Education Committee Agenda Item 3.

Discussion and Possible Action on the Request for Approval to Transfer Sponsorship of the San Joaquin Valley College (SJVC) - Ontario and SJVC - Visalia Dental Hygiene Educational Programs to Carrington College.

MEMORANDUM

DATE	July 19, 2025
TO	Education Committee Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	**EDU 3: Discussion and Possible Action on the Request for Approval to Transfer Sponsorship of the San Joaquin Valley College (SJVC) - Ontario and SJVC - Visalia Dental Hygiene Educational Programs to Carrington College.**

Background

On September 14, 2018, Carrington College - San Jose Campus (Carrington-SJ) and Carrington College - Sacramento Campus (Carrington-Sacramento) each submitted a "Report of Program Change" to the Commission on Dental Accreditation (CODA) to inform of the proposed change of ownership and control of Carrington College to the proposed new parent entity, San Joaquin Valley College, Inc. In the transaction, San Joaquin Valley College, Inc. acquired the stock of Carrington College, and did not enact any changes to Carrington College's governance, operational, or corporate structure as a result of the transfer of ownership. The stock purchase transaction did not result in a merger, and Carrington College and San Joaquin Valley College continued to operate as separate and distinct postsecondary institutions with independent boards, governance, and management.

The Dental Hygiene Committee of California (Committee) approved the major change request of San Joaquin Valley College, Inc. to acquire the stock of Carrington College at the Committee's November 16, 2018, Meeting.

San Joaquin Valley College, Inc., the parent organization for both San Joaquin Valley College (SJVC) and Carrington College, recently announced a Strategic Institutional Alignment Plan. This plan will create two specialized institutions: SJVC will focus exclusively on trades, technical and business programs, while Carrington College will concentrate on nursing and allied health education. As part of the realignment, the SJVC - Ontario and SJVC - Visalia dental hygiene educational programs are requesting a transfer sponsorship to Carrington College

On May 1, 2025, San Joaquin Valley College, Inc. requested for the Dental Hygiene Board of California (Board) to place their request on the Board's July 19, 2025, meeting agenda to approve the transfer of sponsorship of the SJVC - Ontario and SJVC - Visalia Dental Hygiene Educational Programs to Carrington College.

Action Requested

Staff recommends for the Education Committee to consider the request from San Joaquin Valley College, Inc., to approve, pending approval of CODA, to transfer sponsorship of the SJVC - Ontario and SJVC - Visalia Dental Hygiene Educational Programs from SJVC to Carrington College.

Pros: Because SJVC and Carrington College have shared the same parent company since 2018, their missions and institutional values are closely aligned. Consequently, many policies and procedures are consistent across both institutions. The transfer is not expected to impact the program's ability to maintain the Board's approval, CODA Accreditation Standards, nor is it anticipated to affect the program in the areas of enrollment, faculty, facilities, curriculum or campus-level administration.

Cons: None identified.

PROPOSED MOTION LANGUAGE:

I move for the Education Committee to recommend to the Full Board to (approve/disapprove) pending approval of CODA, to transfer sponsorship of the SJVC - Ontario and SJVC - Visalia Dental Hygiene Educational Programs from SJVC to Carrington College.

Attachments:

1. San Joaquin Valley College – Ontario: "Request for Transfer of Sponsorship" report.
2. San Joaquin Valley College – Visalia: "Request for Transfer of Sponsorship" report.

Request for Transfer of Sponsorship

Submitted to
Joint Commission on Dental Accreditation

San Joaquin Valley College - Visalia
Central Administrative Offices
3828 W. Caldwell Avenue
Visalia, CA 93277
(559) 734-9000
www.sjvc.edu

DENTAL HYGIENE PROGRAM

May 1, 2025

ADMINISTRATOR VERIFICATION FOR ALL REPORT SUBMISSIONS
Dental Hygiene Education Program

Type of Report: Transfer of Sponsorship

Date of Submission: May 1, 2025

I have reviewed this document and verify that the information in it is accurate and complete, and that it complies with the *Commission on Dental Accreditation's Privacy and Data Security Requirements for Institutions* found at https://coda.ada.org/policies-and-guidelines/hipaa-compliance (the "Requirements") and that this document contains no prohibited Sensitive Personal Information (SPI) or Protected Health Information (PHI) as defined in the Requirements, and that the individual(s) signing and/or submitting this verification has the authority to sign and submit on behalf of the sponsoring institution, themselves, and the other individuals listed below.

SPONSORING INSTITUTION *(If the program is co-sponsored, a verification page from each sponsor must be submitted)*
Institution Name: San Joaquin Valley College – Visalia Campus Street Address: 8344 W. Mineral King Avenue City, State, Zip: Visalia, CA 93291
Chief Executive Officer (Univ. Pres, Chancellor, Hospital President) Name: Robyn Whiles, BA Title: College President Phone: (559) 734-9000, Extension 1236 E-Mail: officeofpresident@sjvc.edu Signature: Date:
Chief Administrative Officer (Dental Dean/Chair/Chief of Dental Service) Name: Greg Osborn, MSEd, MA Title: Director of Program Compliance Phone: (559) 734-9000 X 1633 E-Mail: GregoryO@sjvc.edu Signature: Date:
Program Director Name: Jerica Block, MS, RDH Title: Dental Hygiene Program Director Phone: (909) 373-3746 E-Mail: Jerica.Block@sjvc.edu Signature: Date:

Contents

REQUEST FOR TRANSFER OF SPONSORSHIP

The purpose of this report is to request approval to transfer sponsorship of the San Joaquin Valley College (SJVC) - Ontario dental hygiene program to Carrington College.

San Joaquin Valley College, Inc., the parent organization for both SJVC and Carrington College, recently announced a Strategic Institutional Alignment Plan. This plan will create two specialized institutions: SJVC will focus exclusively on trades, technical and business programs, while Carrington College will concentrate on nursing and allied health education. As part of the realignment, San Joaquin Valley College – Ontario dental hygiene program is requesting a transfer sponsorship to Carrington College.

Carrington College currently sponsors four CODA approved dental hygiene programs:
Carrington College – Mesa (Arizona); Carrington College of Boise (Idaho); Carrington College (Sacramento, California); Carrington College at San Jose (California). With approvals from the Commission and the Dental Hygiene Board of California (DHBC), Carrington will assume sponsorship of the San Joaquin Valley College dental hygiene programs in Visalia and Ontario, and they will be known as Carrington College – Visalia and Carrington College – Ontario.

On March 24, 2025, SJVC submitted a change report to notify the Commission of the change in SJVC College President. As a part of the alignment initiative, Nick Gomez, PhD, has transitioned to the role of Carrington College President and, following the transfer of sponsorship, will again serve as president overseeing the Carrington College - Ontario program.

Following approval by the Commission, final authorization from the DHBC will be required before the transfer can take effect. SJVC has submitted a request to be considered for provisional approval by the DHBC at its July 18–19, 2024, meeting. The anticipated effective date of the transfer is September 10, 2025, with the first cohort of 30 students scheduled to begin on December 1, 2025.

Because SJVC and Carrington College have shared the same parent company since 2018, their missions and institutional values are closely aligned. Consequently, many policies and procedures are consistent across both institutions. The transfer is not expected to impact the program's ability to maintain CODA Accreditation Standards, nor is it anticipated to affect the program in the areas of enrollment, faculty, facilities, curriculum or campus-level administration.

Standards that are affected by the transfer of sponsorship include:

- Standard 1-1: INSTITUTIONAL EFFECTIVENESS: Planning and Assessment
- Standard 1-6: INSTITUTIONAL EFFECTIVENESS: Institutional Accreditation
- Standard 3-1: ADMINISTRATION, FACULTY AND STAFF
- Standard 4-7: EDUCATIONAL SUPPORT SERVICES: Learning Resources

Although there will be no significant financial impact on the program, Standard 1-3 will be addressed to provide additional clarity regarding the structure and support from the sponsoring institution.

TRANSFER OF SPONSORSHIP'S EFFECT ON ACCREDITATION STANDARDS

STANDARD 1 - INSTITUTIONAL EFFECTIVENESS

Planning and Assessment

1-1 The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by:

- **a) developing a plan addressing teaching, patient care, research and service;**
- **b) an ongoing plan consistent with the goals of the sponsoring institution and the goals of the dental hygiene program;**
- **c) implementing the plan to measure program outcomes in an ongoing and systematic process;**
- **d) assessing and analyzing the outcomes, including measures of student achievement;**
- **e) use of the outcomes assessment results for annual program improvement and reevaluation of program goals.**

DESCRIPTION:

BEFORE
SJVC's college-wide program review process, including a comprehensive review of both dental hygiene programs, occurs on a 7-year cycle with a formal curriculum review held annually.

AFTER
Carrington's program review is on a 2-year cycle for all programs. The dental hygiene programs will continue with annual formal curriculum reviews.

APPRAISAL AND ANALYSIS:

The Transfer of Sponsorship will provide an updated program review structure, the program will transition from a 7-year college-wide program review cycle to a 2-year cycle. This change allows for more frequent, focused evaluations of program effectiveness and alignment with institutional goals. In addition, annual curriculum reviews will continue to be held to ensure ongoing assessment and improvement at the program level, supporting a consistent and proactive approach to continuous improvement.

SUPPORTIVE DOCUMENTATION:

Exhibit A: Carrington College Program Review Assessment Matrix 2025

1-2 The program must have a stated commitment to a humanistic culture and learning environment that is regularly evaluated.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Ontario will change its name to Carrington College Dental Hygiene Program - Ontario and will continue to maintain the same commitment to a positive humanistic culture as prior to the transfer of sponsorship.

Financial Support

1-3 The institution must have a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives. A financial statement document must be submitted providing revenue and expense data for the dental hygiene program.

DESCRIPTION:

The proposed transfer of sponsorship for the Ontario Dental Hygiene Program from San Joaquin Valley College to Carrington College will not result in any significant financial impact to the program. San Joaquin Valley College, Inc. is the parent company for San Joaquin Valley College and Carrington College, and the move between the schools is part of a larger alignment to concentrate allied health programs under Carrington.

San Joaquin Valley College, Inc. projects no change in financial support for the Dental Hygiene staff and faculty, equipment and other materials essential for the program achieving its mission, goals and objectives.

This transition is expected to streamline administrative processes and enhance the program's overall efficiency, with Carrington College offering all allied health programs, while maintaining fiscal responsibility and educational outcomes.

APPRAISAL AND ANALYSIS:

Our assessment has considered all operational aspects, including budget allocation, resource management, and projected expenses associated with the sponsorship transfer. We have ensured that the financial framework supporting the program remains stable and fully aligned with its original scope and objectives.

SUPPORTIVE DOCUMENTATION:

Ontario	2024 (Before)	2025 (Transition Year)	2026 (After)
Revenue	3,090,878	3,186,319	2,993,430
Expenses:			
Salaries and Taxes	1,240,322	1,191,768	1,162,994
Instructional	537,881	648,306	480,188
Other Admin	39,981	42,685	48,384
Total Expenses	1,818,184	1,882,759	1,691,566
Net Income	**1,272,694**	**1,303,560**	**1,301,864**

1-4 The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

1-5 The authority and final responsibility for curriculum development and approval,

student selection, faculty selection and administrative matters must rest within the sponsoring institution.

DESCRIPTION (Standards 1-4 and 1-5):
The Transfer of Sponsorship will not affect how these standards are met. The SJVC Dental Hygiene Program - Ontario will change its name to Carrington College Dental Hygiene Program - Ontario and will continue to be fully supported by tuition and not receive support from entities outside of the institution. The sponsoring institution, Carrington College, will maintain full authority over decisions affecting the dental hygiene program.

Institutional Accreditation

1-6 Programs must be sponsored by institutions of higher education that are accredited by an institutional accrediting agency (i.e., a regional or appropriate* national accrediting agency) recognized by the United States Department of Education for offering college-level programs.

DESCRIPTION:

BEFORE
San Joaquin Valley College is accredited by the WASC Senior College and University Commission (WSCUC), 1080 Marina Village Parkway, Suite 500, Alameda, CA 94501, (510) 748-9001. The WSCUC is an institutional accrediting body recognized by the U.S. Department of Education.

AFTER
Carrington College is accredited by the Accrediting Commission for Community and Junior Colleges, 428 J Street, Suite 400, Sacramento, CA 95814; (415) 506-0234 an institutional accrediting body recognized by the U.S. Department of Education.

APPRAISAL AND ANALYSIS:

Institutional accreditation will change from WASC Senior College and University Commission (WSCUC) to the Accrediting Commission for Community and Junior Colleges (ACCJC). Both accrediting agencies are recognized by the U.S. Department of Education, resulting in the programs continued compliance with Standard 1-6.

SUPPORTIVE DOCUMENTATION:

Exhibit B: San Joaquin Valley College and Carrington College Letters of Accreditation Status

1-7 All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Ontario will change its name to Carrington College Dental Hygiene Program - Ontario and will continue without co-sponsors or affiliated institutions as prior to the transfer of sponsorship.

Community Resources

1-8 There must be an active liaison mechanism between the program and the dental and allied dental professions in the community. The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest with the educational institution.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Ontario will change its name to Carrington College Dental Hygiene Program - Ontario and maintain the practices that build our relationship with the professional community through participation in health fairs, community events, and formal advisory board meetings.

STANDARD 2 – EDUCATIONAL PROGRAM

Instruction

2-1 The curriculum must include at least two academic years of full-time instruction or its equivalent at the postsecondary college-level. The scope and depth of the curriculum must reflect the objectives and philosophy of higher education. The college catalog must list the degree awarded and course titles and descriptions.

In a two-year college setting, the graduates of the program must be awarded an associate degree. In a four-year college or university, graduates of the program must be awarded an associate or comparable degree, post-degree certificate, or baccalaureate degree.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Ontario will change its name to Carrington College Dental Hygiene Program - Ontario and will continue to confer an associate degree upon program completion. The curriculum will remain consistent with that offered prior to the sponsorship transfer. Following the transfer of sponsorship, the Carrington College Catalog will reflect the degree awarded as well as the course titles and descriptions previously listed in the SJVC College Catalog.

2-2 A process must be established to assure students meet the academic, professional and/or clinical criteria as published and distributed. Academic standards and institutional due process policies must be followed for remediation or dismissal. A college document must include institutional due process policies and procedures.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Ontario will change its name to Carrington College Dental Hygiene Program - Ontario and programmatic policies and procedures will not change regarding monitoring student progress, student access to current grades, remediation and tutoring for didactic, laboratory, preclinical, and clinical classes. Institutional due process policies and procedures will remain as prior to the transfer of sponsorship.

Admissions

2-3 Admission of students must be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability must be utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Ontario will change its name to Carrington College Dental Hygiene Program - Ontario and admissions criteria and processes will remain the same as prior to the transfer of sponsorship.

2-4 Admission of students with advanced standing must be based on the same standards of achievement required by students regularly enrolled in the program. Students with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students regularly enrolled in the program.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program does not admit students with advanced standing and will not admit students with advanced standing after the transfer of sponsorship to Carrington College.

2-5 The number of students enrolled in the program must be proportionate to the resources available

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Ontario will change its name to Carrington College Dental Hygiene Program - Ontario and maintain the same number of students, service the same community, and maintain the same resources as prior to the transfer of sponsorship.

Curriculum

2-6 The dental hygiene program must:

1) define and list the overall graduation competencies that describe the levels of knowledge, skills and values expected of graduates.
2) employ student evaluation methods that measure all defined graduation competencies.
3) document and communicate these competencies and evaluation methods to the enrolled students.

2-7 Course syllabi for dental hygiene courses must be available at the initiation of each course and include:

1) written course descriptions
2) content and topic outlines

3) specific instructional objectives
4) learning experiences
5) evaluation methods

2-8 **The curriculum must include content in the following four areas: general education, biomedical sciences, dental sciences and dental hygiene science. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.**

2-8a **General education content must include oral and written communications, psychology, and sociology.**

2-8b **Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general and maxillofacial pathology and/or pathophysiology, nutrition and pharmacology.**

2-8c **Dental sciences content must include tooth morphology, head, neck and oral anatomy, oral embryology and histology, oral pathology, radiography, periodontology, pain management, and dental materials.**

2-8d **Dental hygiene science content must include oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases.**

2-9 **The basic clinical education aspect of the curriculum must include a formal course sequence in scientific principles of dental hygiene practice, which extends throughout the curriculum and is coordinated and integrated with clinical experience in providing dental hygiene services.**

2-10 **Clinical experiences must be distributed throughout the curriculum. The number of hours of preclinical practice and direct patient care must ensure that students attain clinical competence and develop appropriate judgment.**

DESCRIPTION (Standards 2-6 through 2-10):
The Transfer of Sponsorship will not affect how these standards are met. The SJVC Dental Hygiene Program - Ontario will change its name to Carrington College Dental Hygiene Program - Ontario and maintain the same curriculum as prior to the transfer of sponsorship.

Patient Care Competencies

2-11 **The dental hygiene program must have established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.**

2-12 **Graduates must be competent in providing dental hygiene care for all patient populations including:**
1) child
2) adolescent
3) adult
4) geriatric

5) special needs

2-13 Graduates must be competent in providing the dental hygiene process of care which includes:
a) comprehensive collection of patient data to identify the physical and oral health status;
b) analysis of assessment findings and use of critical thinking in order to address the patient's dental hygiene treatment needs;
c) establishment of a dental hygiene care plan that reflects the realistic goals and treatment strategies to facilitate optimal oral health;
d) provision of comprehensive patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health;
e) measurement of the extent to which goals identified in the dental hygiene care plan are achieved;
f) complete and accurate recording of all documentation relevant to patient care.

2-14 Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.

2-15 Graduates must be competent in interprofessional communication, collaboration and interaction with other members of the health care team to support comprehensive patient care.

2-16 Graduates must demonstrate competence in:
a) assessing the oral health needs of community-based programs
b) planning an oral health program to include health promotion and disease prevention activities
c) implementing the planned program, and,
d) evaluating the effectiveness of the implemented program.

2-17 Graduates must be competent in providing appropriate support measures for medical emergencies that may be encountered in dental hygiene practice.

2-18 Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions defined by the program's state-specific dental board or regulatory agency, required for initial dental hygiene licensure, and the program has chosen to include those functions in the program curriculum, the program must include content at the level, depth, and scope required by the state. Students must be informed of the duties for which they are educated within the program.

DESCRIPTION (Standards 2-11 through 2-18):
The Transfer of Sponsorship will not affect how these standards are met. The SJVC Dental Hygiene Program - Ontario will change its name to Carrington College Dental Hygiene Program - Ontario and maintain the same curriculum regarding patient care as prior to the transfer of sponsorship.

Ethics and Professionalism

2-19 Graduates must be competent in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management.

2-20 Graduates must be competent in applying legal and regulatory concepts to the

provision and/or support of oral health care services.

DESCRIPTION (Standards 2-19 through 2-20):
The Transfer of Sponsorship will not affect how these standards are met. The SJVC Dental Hygiene Program - Ontario will change its name to Carrington College Dental Hygiene Program - Ontario and maintain the same expectations of ethics and professionalism as prior to the transfer of sponsorship.

Critical Thinking

2-21 Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.

2-22 Graduates must be competent in the evaluation of current scientific literature.

2-23 Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.

DESCRIPTION (Standards 2-21 through 2-23):
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Ontario will change its name to Carrington College Dental Hygiene Program - Ontario and maintain the same curriculum related to critical thinking as prior to the transfer of sponsorship.

Curriculum Management

2-24 The dental hygiene program must have a formal, written curriculum management plan, which includes:

a) an annual formal curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;
b) evaluation of the effectiveness of all courses as they support the program's goals and competencies;
c) a defined mechanism for coordinating instruction among dental hygiene program faculty.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The curriculum management plan will be the same as prior to transfer of sponsorship.

STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF

3-1 The program must be a recognized entity within the institution's administrative structure which supports the attainment of program goals.

DESCRIPTION:
The dental hygiene program will continue to be a recognized and integral entity within the institution's administrative structure following the transfer of sponsorship to Carrington College. The transfer of sponsorship will not affect the administrative structure at the campus level. The most notable changes resulting from the transfer relate to institutional leadership roles:

CODA role	Before	After
CEO	Robyn Whiles, President, SJVC	Dr. Nick Gomez, President, Carrington College
CAO/Dean/ Academic Dean	Greg Osborn, Director of Program Compliance, SJVC	Dr. Sumer Avila, Provost, Carrington College

APPRAISAL AND ANALYSIS:
Campus leadership will remain in place throughout the transition. The existing leadership team, which has effectively supported the SJVC dental hygiene program, will continue in their roles under Carrington College, ensuring operational continuity. In addition, the transition will bring an enhanced level of administrative support with the addition of the Executive Vice President of Campus Operations, who will provide direct oversight and support to the Regional Vice President of Operations (VPO), further strengthening the program's operational framework.

Both Dr. Gomez and Dr. Avila previously supported the dental hygiene program during their tenures at SJVC and will resume their leadership roles at Carrington, ensuring continuity of oversight and commitment to program goals.

Overall, the program will continue to receive strong administrative support and recognition within Carrington College's structure, consistent with the requirements of Standard 3-1.

SUPPORTIVE DOCUMENTATION:

Exhibit C: San Joaquin Valley College and Carrington College Organizaitonal Charts

Program Administrator

3-2 The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.

3-3 The program administrator must be a dental hygienist or a dentist who is a graduate of a program accredited by the Commission on Dental Accreditation and possesses a masters or higher degree, who has background in education and the professional experience necessary to understand and fulfill the program goals. A dentist who was appointed as program administrator prior to July 1, 2022 is exempt from the graduation requirement.

3-4 The program administrator must have the authority and responsibility necessary to fulfill program goals including:

a) curriculum development, evaluation and revision;
b) faculty recruitment, assignments and supervision;
c) input into faculty evaluation;
d) initiation of program or department in-service and faculty development;
e) assessing, planning and operating program facilities;
f) input into budget preparation and fiscal administration;
g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria

DESCRIPTION (Standards 3-2 through 3-4):
The Transfer of Sponsorship will not affect how these standards are met. Jerica Block will remain in her role as program director following the transfer of sponsorship. She will continue to hold a full-time appointment with primary responsibility for the operation, supervision, evaluation and revision of the program. The program director will retain the authority and responsibility necessary to fulfill all program goals, including those specified in Standard 3-4.

3-5 The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public.

1. **In preclinical and clinical sessions, the ratio must not exceed one (1) faculty to five (5) students.**
2. **In radiography laboratory sessions, the ratio must not exceed one (1) faculty to five (5) students.**
3. **In other dental sciences laboratory sessions, the ratio must not exceed one (1) faculty to 10 students.**

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Ontario will change its name to Carrington College Dental Hygiene Program - Ontario and maintain the same faculty to student ratios as prior to the transfer of sponsorship.

3-6 All faculty of a dental hygiene program who teach in a didactic course must possess a baccalaureate or higher degree. All faculty whose teaching is limited to a clinical and dental science laboratory course must possess an associate or higher degree.

All dental hygiene program faculty members must have:

a) current knowledge of the specific subjects they are teaching.
b) documented background in current educational methodology concepts consistent with teaching assignments.
c) faculty who are dental hygienists or dentists must be graduates of programs accredited by the Commission on Dental Accreditation. A dentist who was appointed as a faculty prior to July 1, 2022 is exempt from the graduation requirement.
d) evidence of faculty calibration for clinical evaluation.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Ontario will change its name to Carrington College Dental Hygiene Program - Ontario and maintain the same faculty qualifications as prior to the transfer of sponsorship.

3-7 Opportunities must be provided for the program administrator and full-time faculty to continue their professional development.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Ontario will change its name to Carrington College Dental Hygiene Program - Ontario and maintain the same program administrator and faculty support for continued professional development.

3-8 A defined faculty evaluation process must exist that ensures objective measurement of the performance of each faculty member.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The faculty evaluation process will remain the same as prior to the transfer of sponsorship.

3-9 Opportunities for promotion, tenure, and development must be the same for dental hygiene faculty as for other institutional faculty.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The policies regarding faculty promotion, tenure, and development remain the same as prior to transfer of sponsorship.

Support Staff

3-10 Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The support staff will continue to provide services to ensure support of the instructional program and that the clinical facilities are safe for the provision of instruction and patient care as prior to the transfer of sponsorship.

3-11 Student assignments to clerical and dental assisting responsibilities during clinic sessions must be minimal and must not be used to compensate for limitations of the clinical capacity or to replace clerical or clinical staff.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Clinic will change its name to Carrington College Dental Hygiene Clinic and maintain the same policies and procedures as prior to the transfer of sponsorship, this includes student assignments and responsibilities during clinic sessions.

STANDARD 4 - EDUCATIONAL SUPPORT SERVICES

Facilities

4-1 The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable local, state and federal regulations.

Clinical Facilities

The dental hygiene facilities must include the following:

a) sufficient clinical facility with clinical stations for students including conveniently located areas for hand hygiene; equipment allowing display of radiographic images during dental hygiene treatment; a working space for the

patient's record adjacent to units; functional equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision;

b) a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.);

c) a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction;

d) a sterilizing area that includes space for preparing, sterilizing and storing instruments;

e) sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol;

f) facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols;

g) space and furnishings for patient reception and waiting provided adjacent to the clinic;

h) patient records kept in an area assuring safety and confidentiality.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The clinical facilities will be the same as prior to transfer of sponsorship.

Radiography Facilities

4-2 Radiography facilities must be sufficient for student practice and the development of clinical competence.

The radiography facilities must contain the following:

a) an appropriate number of radiography exposure rooms which include: equipment for acquiring radiographic images; teaching manikin(s); and conveniently located areas for hand hygiene;
b) equipment for processing radiographic images;
c) equipment allowing display of radiographic images;
d) documentation of compliance with applicable local, state and federal regulations.

Regardless of the number of machines provided, it must be demonstrated that time is available for all students to obtain required experience with faculty supervision and that acceptable faculty teaching loads are maintained.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The radiography facilities will be the same as prior to transfer of sponsorship.

Laboratory Facilities

4-3 **A multipurpose laboratory facility must be provided for effective instruction and allow for required laboratory activities. If the laboratory capacity requires that two or more sections be scheduled, time for all students to obtain required laboratory experience must be provided.**

Laboratory facilities must conform to applicable local, state and federal regulations and contain the following:

a) placement and location of equipment that is conducive to efficient and safe utilization with ventilation and lighting appropriate to the procedures;
b) student work areas that are designed and equipped for students to work with necessary utilities and storage space;
c) documentation of compliance with applicable local, state and federal regulations.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The laboratory facilities will be the same as prior to transfer of sponsorship.

Extended Campus Facilities

4-4 **When the institution uses an additional facility for clinical education that includes program requirements then the following conditions must be met in addition to all existing Standards:**
a) a formal contract between the educational institution and the facility;
b) a contingency plan developed by the institution should the contract be terminated;
c) a location and time available for use of the facility compatible with the instructional needs of the dental hygiene program;
d) the dental hygiene program administrator retains authority and responsibility for instruction and scheduling of student assignments;
e) clinical instruction is provided and evaluated by calibrated dental hygiene program faculty;
f) all dental hygiene students receive comparable instruction in the facility;
g) the policies and procedures of the facility are compatible with the goals of the educational program.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. Following the transfer of sponsorship, all clinical education will continue to be provided exclusively on campus at the dental hygiene clinic, without the use of extended campus facilities.

Classroom Space

4-5 **Classroom space which is designed and equipped for effective instruction must be provided for and readily accessible to the program.**

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The classroom facilities will be the same as prior to transfer of sponsorship.

Office Space

4-6 Office space which allows for privacy must be provided for the program administrator and all faculty to enable the fulfillment of faculty assignments and ensure privacy for confidential matters. Student and program records must be stored to ensure confidentiality and safety.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The office facilities will be the same as prior to transfer of sponsorship.

Learning Resources

4-7 Instructional aids and equipment must be provided for student learning. Institutional library holdings must include or provide access to a diversified collection of current dental, dental hygiene and multidisciplinary literature and references necessary to support teaching, student learning needs, service, research and development. There must be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids.

DESCRIPTION:

The Library and Learning Resource Centers at SJVC provide resources and services that enhance course content, support information literacy, and enrich the overall college experience. Resources and services include:

- Reference materials, fiction/non-fiction books, periodicals, audio-visuals, newspapers, copiers, and additional in-class learning resources which support program curricular requirements
- Computers with internet and software to support student learning and assignments
- Program-specific hard-copy and online journals
- Access to the Library and Information Resources Network (LIRN), an online research database

Only online resources will be impacted by the transfer of sponsorship.

BEFORE
Students at SJVC have access to the Library and Information Resources Network (LIRN) 24 hours a day. LIRN is an online library collection that provides access to over 80 million journal articles, books, encyclopedias, newspapers, magazines, and audio/video clips on many different subjects. Resources of particular interest to dental hygiene students include Ebook Central provided through ProQuest, MedlinePlus, PubMed, and 44 databases provided through Gale Cengage.

AFTER
The Carrington College Library offers access to thousands of full-text resources in various fields of study related to the Carrington College programs, while also supporting the general education courses for all students and faculty. These databases contain current, full-text articles from periodicals, including peer-reviewed scholarly journals, and access to multimedia and electronic books that are available 24 hours a day, seven days a week to students and faculty. Carrington's

databases include UpToDate Lexidrug (formerly Lexicomp for Dentistry), MEDLINE, Dynamed (evidence-based clinical information, CINAHL Plus, Anatomy.tv and 40 other databases.

APPRAISAL AND ANALYSIS:

Instructional aids and physical library and learning resources will not be impacted by the transfer of sponsorship. While there will be modifications to certain online databases accessible to students, Carrington's resources are comprehensive and meet the academic needs of our students.

SUPPORTIVE DOCUMENTATION:

Exhibit D: Carrington College Library A-Z Databases

Student Services

4-8 There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.

DESCRIPTION:
The due process policies and procedures for the adjudication of academic and disciplinary complaints are being aligned with those of Carrington College. As the foundational policies and procedures of both institutions are very similar and support the mission of parent organization San Joaquin Valley College, Inc., this alignment does not introduce any significant changes to current practices.

STANDARD 5 – HEALTH AND SAFETY PROVISIONS

Infectious Disease/Radiation Management

5-1 The program must document its compliance with institutional policy and applicable regulations of local, state, and federal agencies regarding infectious diseases and radiation management.

A. Policies must include, but not be limited to:
1. **Radiation hygiene and protection,**
2. **Use of ionizing radiation,**
3. **Hazardous materials, and**
4. **Bloodborne and infectious diseases.**

B. Policies must be provided to all students, faculty, and appropriate support staff, and continuously monitored for compliance.

C. Policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Clinic will change its name to Carrington College Dental Hygiene Clinic and maintain the same policies and procedures concerning infectious diseases and radiation management.

5-2 **Students, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, tuberculosis, varicella and hepatitis B prior to contact with patients and/or infectious objects or materials in an effort to minimize the risk to patients and dental personnel.**

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Ontario will change its name to Carrington College Dental Hygiene Program - Ontario and maintain the same policies regarding immunizations.

Emergency Management and Life Support Certification

5-3 **The program must establish, enforce, and instruct students in preclinical/ clinical/laboratory protocols and mechanisms to ensure the management of common medical emergencies in the dental setting. These program protocols must be provided to all students, faculty and appropriate staff.**

Faculty, staff and students must be prepared to assist with the management of emergencies. All students, clinical faculty and clinical support staff must be continuously recognized/certified in basic life support procedures, including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED).

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program – Ontario will change its name to Carrington College Dental Hygiene Program - Ontario and maintain the same policies regarding emergency management and life support certification.

STANDARD 6 – PATIENT CARE SERVICES

6-1 **The program must have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs. Patients accepted for dental hygiene care must be advised of the scope of dental hygiene care available at the dental hygiene facilities.**

6-2 **The program must have a formal written patient care quality assurance plan that allows for a continuous systematic review of patient care standards. The quality assurance plan must be applied at least annually and include:**

a) standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria;
b) an ongoing audit of a representative sample of patient records to assess the appropriateness, necessity and quality of the care provided;
c) mechanisms to determine the cause of treatment deficiencies;
d) patient review policies, procedure, outcomes and corrective measure

6-3 **The use of quantitative criteria for student advancement and graduation must not compromise the delivery of comprehensive dental hygiene patient**

care.

6-4 The program must develop and distribute a written statement of patients' rights to all patients, appropriate students, faculty, and staff.

6-5 The program's policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

DESCRIPTION (Standards 6-1 through 6-5):
The Transfer of Sponsorship will not affect how these standards are met. All clinical education will continue to be provided exclusively on campus at the dental hygiene clinic. The SJVC Dental Hygiene Clinic will change its name to Carrington College Dental Hygiene Clinic and maintain all existing policies and procedures governing patient care services.

CLOSING

Thank you for considering the Transfer of Sponsorship for the San Joaquin Valley College (SJVC) – Ontario dental hygiene program to Carrington College. We are confident that this transition will maintain the program's accreditation standards and institutional effectiveness. With the anticipated approval from the Commission and the Dental Hygiene Board of California, we look forward to continuing our commitment to providing quality education and supporting the dental hygiene program under Carrington College's sponsorship.

Program Review Assessment Matrix

Program Choose the Program Campus Choose Campus Completion Date

Completed by Campus Director Review Date Academic Dean Review Date

Program Review Overview

A program review is a systematic and comprehensive evaluation process conducted by all members of a program to assess the effectiveness, quality, and overall performance of an educational program. The purpose of a program review involves gathering and analyzing data to inform decision-making, identify areas for improvement, and ensure alignment with institutional goals.

Data Sources

Accreditation standards, Feedback Data (Advisory Committee, End of Course (EOC), Graduate, Employer, Satisfaction, Clinical/Externship Site…), Program Data (Course Completion, Graduation Rate, SLO Mastery, 3rd Party Exam, Placement…), Catalog, Handbooks, Library Holdings, Minimum Faculty Requirements, Instructor Observations, Accreditor Evaluation Plans, Accreditation Reports/Decisions, Standard Equipment List (SEL), Master Instructional Resource List, Clinical/Externship Affiliation Lists, Meeting Minutes, Program Advisory Committee (PAC) Member Lists.

Analysis

Program review analysis needs to include reviewing program outcomes and student achievement data. The data should be documented and reviewed to assess the strengths and weaknesses of the program, identify trends or patterns, and determine areas for improvement.

Campus-based Recommendations

Recommendations for improvement from a program that impacts only that specific campus are campus-based recommendations. Campus Directors, Program Directors/Deans of Nursing are responsible for implementing campus-based recommendations.

Global or Program-wide Recommendations

Recommendations for improvement that impact all campuses, such as curriculum changes or resources, are global or program-wide recommendations. Deans of Curriculum facilitate the implementation of the approved global or program-wide recommendations.

Program Review Assessment Matrix

Meeting Dates: Topics

1.

Faculty Names & Roles

1.

Program Review Assessment Matrix

Program Data Outcomes		
Data Category	**Benchmark**	**Rate**
Course Completion		Overall two year review: Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course :
Graduation Rate		Cohort :
Placement Rate		Cohort :
3rd Party Exam Rate		Cohort

Program Review Assessment Matrix

		Participation: First Time Pass rate: Ultimate Time Pass rate:
EOC survey		Overall two year review: Participation: Rate:
Graduate survey		Cohort Participation: Rate:
Employer survey		Cohort Participation: Rate:
Student Satisfaction survey		Spring Participation: Rate: Fall Participation: Rate: Spring Participation: Rate: Fall Participation: Rate:
SLO Mastery		Overall two year review: Course : Course :

Program Review Assessment Matrix

		Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course :
Clinical/Externship Affiliation List		Overall two year review: Overall unique sites used: Total slots available: Types of sites available:
Current Faculty	List Faculty File Requirements	Number of Total Faculty: Number of Complete Faculty Files:

Program Review Assessment Matrix

Review Area 1: Program Evaluation			
Topic	**Data Sources**	**Analysis**	**Gaps Identified**
Student Learning Outcomes Do the program goals align with the college mission? Does the program learning outcomes (PLOs) and course learning outcomes (CLOs) align with the institutional learning outcomes (ILO) of communication, collaboration, critical thinking, and professionalism? How well do the SLOs align with any accreditation requirements or standards relevant to the program? Are there specific accreditation criteria related to SLOs that need to be addressed or improved? Are the SLOs clear, measurable, and reflective of the skills and knowledge expected from graduates?	Academic catalog Graduate feedback Advisory Committee feedback SLO data Program outcomes Student surveys Accreditation standards		

Program Review Assessment Matrix

Does the data identify any gaps related to SLOs? Are there identifiable patterns in areas of strength or areas that may require additional attention? What trends exist in student performance related to the learning outcomes? Are there specific courses or areas where SLOs are consistently challenging for students to meet? Is there student feedback regarding the effectiveness of instructional methods in achieving the SLOs? How well does the clinical/externship or capstone courses allow students to prepare for real-world applications?			

Program Review Assessment Matrix

Is the sequencing of courses logical and does it facilitate a progressive acquisition of skills and knowledge? Are the courses and materials relevant to the current industry standards? Are the assessment methods varied and appropriate for the diverse aspects of the program? Are assessment methods aligned with the intended outcomes of each course and the program?			
Student Feedback Were any gaps identified in the last satisfaction survey that would indicate a need for improvement? Were any gaps identified in the EOC surveys that would indicate a need for improvement? Does the EOC survey satisfaction and participation rates meet the defined benchmarks?	EOC Surveys Graduate Surveys Student Satisfaction Surveys		

Program Review Assessment Matrix

Does the graduate survey satisfaction and participation rates meet the defined benchmarks?			
External Feedback Were any suggestions made by the Advisory Committee to improve the program? Were any suggestions made by clinical/externship sites to improve the program? Were any suggestions made by employers to improve the program? Does the employer survey satisfaction and participation rates meet the defined benchmarks?	Advisory Committee Minutes Clinical/Externship Site Feedback Employer Surveys		
Institutional Set Standards Course Completion (insert benchmark%) Do course completion rates for the last two years meet accreditation and institutional set standards?	Course completion rates Graduation rates		

Program Review Assessment Matrix

Graduation Rates (insert benchmark%) Do program graduation rates for the last two years meet accreditation and institutional set standards? Are graduation rates trending in a positive direction? **Placement Rate (insert benchmark%)** Do placement rates for the last two years meet accreditation and institutional set standards? **Certification/Licensure Rates (insert benchmark%)** Do program 3rd party exam participation and pass rates for the last two years meet accreditation and institutional set standards? Are 3rd party exam pass rates trending in a positive direction?	Accreditor graduation standards Placement rates Certification/licensure rates		

Program Review Assessment Matrix

Review Area 2: Resource Evaluation			
Topic	**Data Sources**	**Analysis**	**Gaps Identified**
Instructional Resources Are there sufficient resources, including textbooks, software, and equipment, to support the curriculum? How well does the program leverage available resources to enhance the learning experience? How effectively does the curriculum integrate technology to enhance learning? Is the program equipment in alignment with the Standard Equipment List (SEL)? Is the SEL adequate to promote student achievement of learning outcomes? Does the SEL align with program accreditation requirements for instructional resources?	Master Instructional Resource List Standard Equipment List (SEL) Accreditation Standards		

Program Review Assessment Matrix

Instructional Support Resources Are the library, and student support resources adequate to meet student needs and accreditation standards? Is the academic instructional support adequate to support student success? Is the faculty instructional support outside of class hours adequate to support student success?	Library holdings and resources Student & Faculty Surveys Accreditation Standards Student-faculty ratio requirements Faculty office hours Student survey feedback		
Faculty Do the minimum faculty requirements align to accreditation and industry standards? How are faculty qualifications monitored to ensure they meet accreditation requirements? Do the faculty to student ratios meet accreditation and college published standards?	Instructor Observations Strategic plan		

Program Review Assessment Matrix

Are faculty numbers sufficient to meet program outcomes? Have the instructor observations (IO) identified any needed areas of development? Does the student feedback indicate the faculty are effective in instructional delivery? Is there ongoing professional development for faculty to stay updated on educational trends and pedagogical best practices? Does faculty development align with changing accreditation standards?			

Program Review Assessment Matrix

Review Area 3: Policy Evaluation			
Topic	**Data Sources**	**Analysis**	**Gaps Identified**
Admissions Standards Do the program enrollment practices accurately reflect what is published in the college catalog?	College Catalog Accreditation Standards		
Handbooks Does the program (as applicable) and student handbooks reflect the policies and procedures of the program?	Student Handbook Program Handbook		
Catalog and Web Site Information Does the catalog and website accurately reflect the program requirements, standards, goals, etc?	College Catalog Program Page on college website Accreditation Standards		

Program Review Assessment Matrix

Review Area 4: Accreditation Status Evaluation			
Topic	**Data Source**	**Analysis**	**Gaps Identified**
Status What is the program's current accreditation status? How well does the program adhere to the standards set by the accrediting body? When is the next accreditation review scheduled? Are there any areas where the program falls short of meeting accreditation criteria? Is there sufficient documentation and evidence to demonstrate compliance with accreditation standards?	Accreditation reports		
Continuous Improvement Are there any identified areas not meeting standards? Is the program currently on an improvement plan? What is the status of the improvement plan?			

Program Review Assessment Matrix

Textbook Change Request					
Course Codes Affected	**Change Type**	**Book Title**	**Author**	**Edition**	**Publisher**
	Choose type of request				
	Choose type of request				
	Choose type of request				
	Choose type of request				
	Choose type of request				
	Choose type of request				

WSC Senior College and University Commission

November 17, 2020

Mr. Nick Gomez
President
San Joaquin Valley College
3828 West Caldwell Avenue
Visalia, CA 93277

Dear President Gomez:

This letter serves as formal notification and official record of action taken concerning San Joaquin Valley College (SJVC) by the WASC Senior College and University Commission (WSCUC) at its meeting November 6, 2020. This action was taken after consideration of the report of the review team that conducted the Seeking Accreditation Visit 1 to SJVC August 12 – 14, 2020. The Commission also reviewed the institutional report and exhibits submitted by SJVC prior to the Seeking Accreditation Visit 1 and the institution's October 8, 2020 response to the team report. The Commission appreciated the opportunity to discuss the visit with you and your colleagues Donn Ritter, Board of Governors chair, Sumer Avila, Provost, and Crystal VanderTuig, Director of Institutional Relations and Accreditation Liaison Officer (ALO). Your comments were very helpful in informing the Commission's deliberations. The date of this action constitutes the effective date of the institution's new status with WSCUC.

Actions

1. Receive the Seeking Accreditation Visit 1 team report
2. Grant Initial Accreditation for a period of six years
3. Schedule the next reaffirmation review with the Offsite Review in fall 2025 and the Accreditation Visit in spring 2026
4. Schedule a Progress Report to be submitted by May 30, 2021 to address:
    a. A formal written service agreement between SJVC and Ember Education.
    b. The need to reduce the cohort default rate including a plan with goals, timelines and resources.
5. Schedule an Interim Report to be submitted by November 1, 2023 to address the six recommendations in this letter.

The Commission commends SJVC in particular for the following:

1. Ensuring that the institution's mission is widely embraced by the Board of Governors, administration, staff, faculty, and students.
2. Building a sound strategic planning foundation that uses principles and protocols to determine, prioritize, implement and evaluate improvement initiatives and strategic work throughout all levels of the college.
3. Involving the faculty in the design of a learning environment with practical application in the workforce.
4. Promoting a collaborative team approach to supporting students as they pursue their education.
5. Committing institutional resources to professional development for leadership, faculty, and staff.

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6. Responding quickly and comprehensively to the pandemic by dedicating information and financial resources to students and staff.

The Commission requires the institution to respond to the following issues:

1. Prioritize and broadly demonstrate the commitment to diversity, equity, and inclusion throughout the institution (CFR 1.4).
2. Expand the definition of student achievement to include an analysis of annual cohort retention and graduation rate data, facilitate benchmarking against external measures and make these results visible to the public (CFR 2.10, 2.11, 4.1).
3. Evaluate technology resources, including wireless capacity, to ensure that student needs are met (CFR 3.5).
4. Clarify the roles, services and lines of responsibility between Ember and SJVC by formalizing the relationship between the entities (CFR 3.7).
5. Exercise the guiding authority of the Board of Governors and its enhanced independence (CFR 3.9).
6. Strengthen the role of the Academic Council to facilitate effective academic leadership by the faculty (CFR 3.10)

In taking this action to grant Initial Accreditation, the Commission confirmed that SJVC addressed the three Core Commitments and successfully completed the institutional review process for Initial Accreditation conducted under the 2013 Standards of Accreditation. In keeping with WSCUC values, SJVC should strive for ongoing improvement with adherence to all Standards of Accreditation and their associated CFRs to foster a learning environment that continuously strives for educational excellence and operational effectiveness.

SJVC must use the following statement if it wishes to describe its accreditation status publicly:

> *San Joaquin Valley College is accredited by the WASC Senior College and University Commission (WSCUC), 985 Atlantic Avenue, Suite 100, Alameda, CA 94501, 510.748.9001.*

Federal law requires that the WSCUC address and phone number appear in your catalog.

The accredited status of a program should not be misrepresented. The accreditation granted by WSCUC refers to the quality of the institution as a whole. Because institutional accreditation does not imply specific accreditation of any particular program at the institution, statements such as "this program is accredited" or "this degree is accredited" are incorrect and misleading. The phrase "fully accredited" is also to be avoided, since no partial accreditation is possible.

The Commission stipulated that this action encompassed the degrees offered by SJVC at the time of this action, as listed at the end of this letter as the Consolidated List of Currently Offered Degrees. Any proposed new degree programs, off-campus sites, online offerings, and/or changes in governance or ownership require review and approval through the Substantive Change process. Degree programs reviewed and included under this action may be extended to other currently approved campuses of the institution without prior Substantive Change action. Offerings at new locations may need to go through Substantive Change approval, in accordance with the requirements stated in the Substantive Change manual.

Institutions granted Initial Accreditation are required to:

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1. Submit an Annual Report in the format required by the Commission.

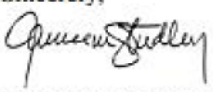
2. Keep the Commission informed of any significant changes or developments. Any proposed new degree programs, off-campus sites, online offerings, and/or changes in governance or ownership require review and approval through the Substantive Change process.

3. Pay Annual Membership Dues prorated from the date of this action. An Annual Dues statement will be sent under separate cover.

In accordance with Commission policy, a copy of this letter is being sent to the chair of the SJVC governing board. The Commission expects that the team report and this action letter will be posted in a readily accessible location on the SJVC's website and widely distributed throughout the institution to promote further engagement and improvement and to support the institution's response to the specific issues identified in these documents. The team report and the Commission's action letter will also be posted on the WSCUC website. If the institution wishes to respond to the Commission action on its own website, WSCUC will post a link to that response on the WSCUC website.

Finally, the Commission wishes to express its appreciation for the extensive work that San Joaquin Valley College undertook in preparing for and supporting this accreditation review. WSCUC is committed to an accreditation process that adds value to institutions while contributing to public accountability, and we thank you for your continued support of this process. Please contact me if you have any questions about this letter or the action of the Commission.

Sincerely,



Jamienne S. Studley
President

JSS/mam

Cc: Phillip Doolittle, Commission Chair
Crystal VanderTuig, ALO
Donn Ritter, Board Chair
Members of the Seeking Accreditation Visit 1 team
Maureen A Maloney, Vice President

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Consolidated List of Currently Offered Degrees by Modality

On-Site

Associate of Science Degrees

Aviation Maintenance Technology
Business Office Administration
Clinical and Administrative Medical Assisting
Construction Management
Criminal Justice: Corrections
Dental Assisting
Dental Hygiene
Diagnostic Medical Sonography
Electrical Technology
Heating, Ventilation, Air Conditioning, and Refrigeration
Industrial Maintenance Technology
Medical Office Administration
Pharmacy Technician
Physical Therapy Assisting
Registered Nursing
Registered Nursing - LVN to RN Bridge
Respiratory Therapy
Surgical Technology
Certificate to Associate of Science Bridge Program in Veterinary Assistant to Veterinary Technology
Veterinary Technology
Vocational Nursing

Certificates

Aviation Maintenance Technology
Business Office Administration
Clinical Medical Assisting
Dental Assisting
Diagnostic Medical Sonography
Electrical Technology
Heating, Ventilation, Air Conditioning, and Refrigeration
Industrial Maintenance Technology
Medical Office Administration
Pharmacy Technology
Registered Nursing
Veterinary Assistant
Vocational Nursing

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Distance Education

Baccalaureate Degrees

Bachelor of Science Degree in Dental Hygiene
Bachelor of Science Degree in Health Care Management
Bachelor of Science in Respiratory Therapy
Bachelor of Science in Nursing

Associate of Science Degrees

Business Office Administration
Clinical and Administrative Medical Assisting
Construction Management
Human Resources Administration
Information Technology
Medical Billing and Coding

Certificates

Business Office Administration
Clinical Medical Assisting
Human Resources Administration
Information Technology with a Concentration in Computer Support
Information Technology with a Concentration in Networking
Information Technology with a Concentration in Security
Information Technology with a Concentration in Networking Support
Information Technology with a Concentration in Security Support
Information Technology with a Concentration in Computer Support, Networking, and Security
Information Technology with a Concentration in Computer Support and Networking
Information Technology with a Concentration in Networking and Security
Information Technology with a Concentration in Computer Support and Security
Medical Billing and Coding

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ACCJC | ACCREDITING COMMISSION FOR COMMUNITY AND JUNIOR COLLEGES
WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES

Richard Winn, President
Ian Walton, Chair

January 27, 2020

Mr. Mitch Charles, President
Carrington College
8909 Folsom Boulevard
Sacramento, CA 95826

Dear Mr. Charles:

The Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges, at its meeting January 15-17, 2020, reviewed the Institutional Self Evaluation Report (ISER) and evidentiary materials submitted by Carrington College. The Commission also considered the Peer Review Team Report (Team Report) prepared by the peer review team that conducted its onsite visit to the College October 14 – 17, 2019.

The purpose of this review was to determine whether the College continues to meet ACCJC's Eligibility Requirements, Commission Policies, and Accreditation Standards (hereinafter, the Standards). Upon consideration of the written information noted above, the Commission acted to **Reaffirm Accreditation for seven years**.

Commendations
The Commission recognizes the exemplary performance of Carrington College in the following areas. Commendations signify practices for which the Commission believes the insitution has exceeded standards.

Commendation 1: The Commission commends the College for the strong alignment of the institution's programs and services with its mission by emphasizing professional standards required for successful careers. (I.A.3)

Commendation 2: The Commission commends the College for providing exemplary comprehensive academic advising programs to support success for at-risk students. The Students on At-risk (SOAR) advising program provides timely interventions to ensure that students understand the requirements for completion in their program of study. (II.C.5)

Compliance Requirements
None.

Recommendations for Improving Institutional Effectiveness
The Team Report noted Recommendations 1, 2 and 3 for improving institutional effectiveness. These recommendations do not identify current areas of deficiency in institutional practice, but consistent with its mission to foster continuous improvement through the peer review process, the Commission encourages institutions to give serious consideration to the advice contained in the peer reviewers' recommendations.

Tel: 415-506-0234
Fax: 415-506-0238
10 Commercial Boulevard, Suite 204
Novato, CA 94949
accjc@accjc.org
accjc.org

The Commission anticipates that you will bring them and the team's full report to the attention of your institution for serious consideration. In the Midterm Report, the College will include actions taken in response to the peer review team's improvement recommendations.

Next Steps

The Team Report provides details of the peer review team's findings. The guidance and recommendations contained in the Report represent the best advice of the peer review team at the time of the visit but may not describe all that is necessary for the college to improve. A final copy of the Team Report is attached.

The Commission requires that you disseminate the ISER, the Team Report, and this letter to those who were signatories of the ISER and that you make these documents available to all campus constituencies and the public by placing copies on the College website. Please note that in response to public interest in accreditation, the Commission requires institutions to post current accreditation information on a Web page no more than one click from the institution's home page. In keeping with ACCJC policy, the Commission action will also be posted on the ACCJC website within 30 days of the date of the Commission's action.

The next report from the College will be the Midterm Report[1] due on October 15, 2023. The institution's next comprehensive review will occur in the fall term of 2026.

On behalf of the Commission, I wish to express appreciation for the diligent work and thoughtful reflection that Carrington College undertook to prepare for this evaluation. These efforts confirm that peer review can well serve the multiple constituencies of higher education by both ensuring and encouraging institutional quality and effectiveness.

If you have any questions about this letter or the Commission's action, please feel free to contact me or the vice president that has been assigned as liaison to your institution.

Sincerely,

Richard Winn, Ed.D.
President

RW/tl

cc: Mr. Jonathan Sherman, Accreditation Liaison Officer

Attachment

[1] Institutions preparing and submitting Midterm Reports, Follow-up Reports, and Special Reports to the Commission should review *Guidelines for the Preparing Institutional Reports to the Commission*, found on the ACCJC website at https://accjc.org/publications/.

SJVC
A PRIVATE CAREER COLLEGE

Ontario Dental Hygiene Program
Prior to Transfer of Sponsorship

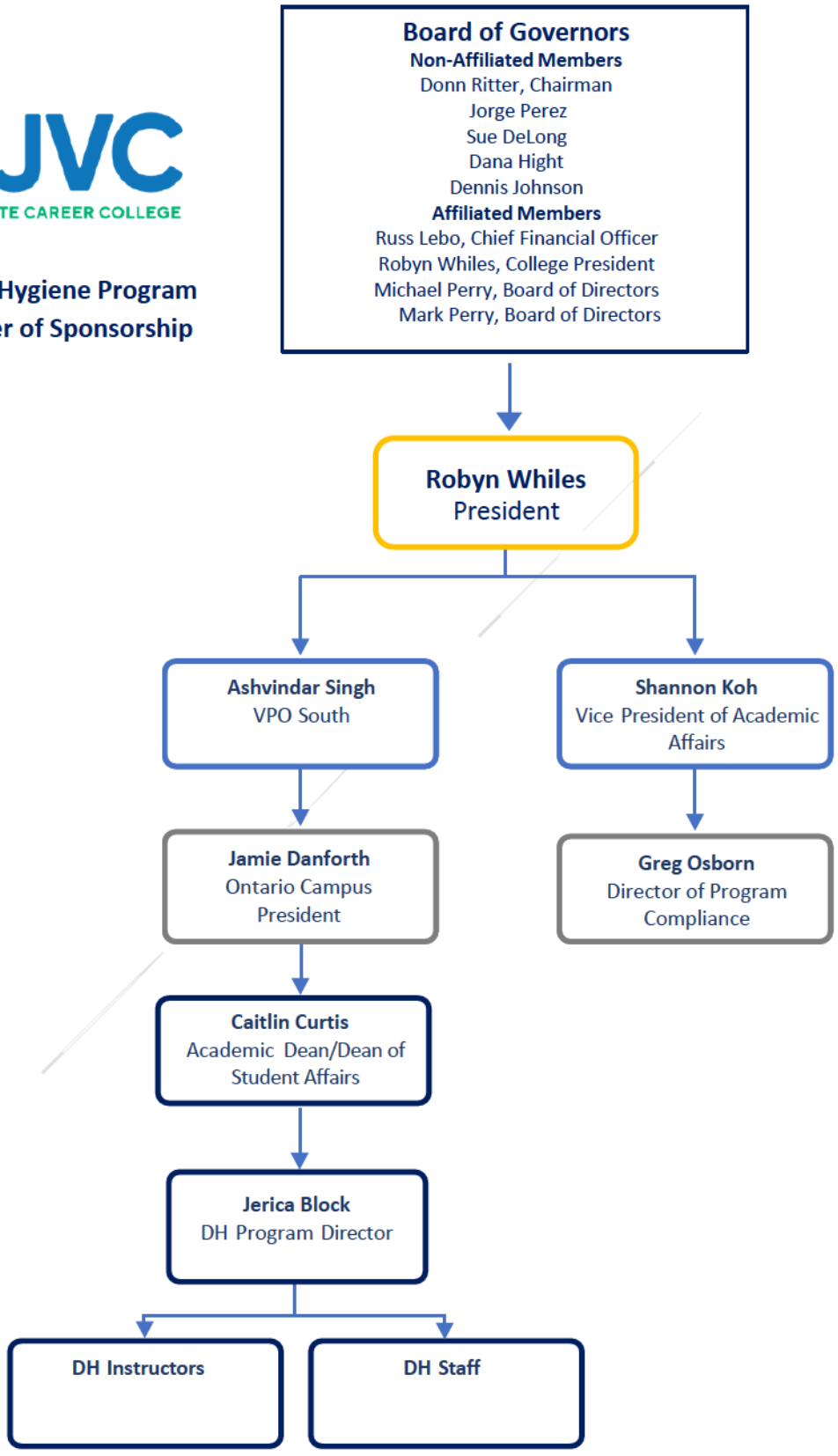

Exhibit C: San Joaquin Valley College and Carrington College Organizational Charts

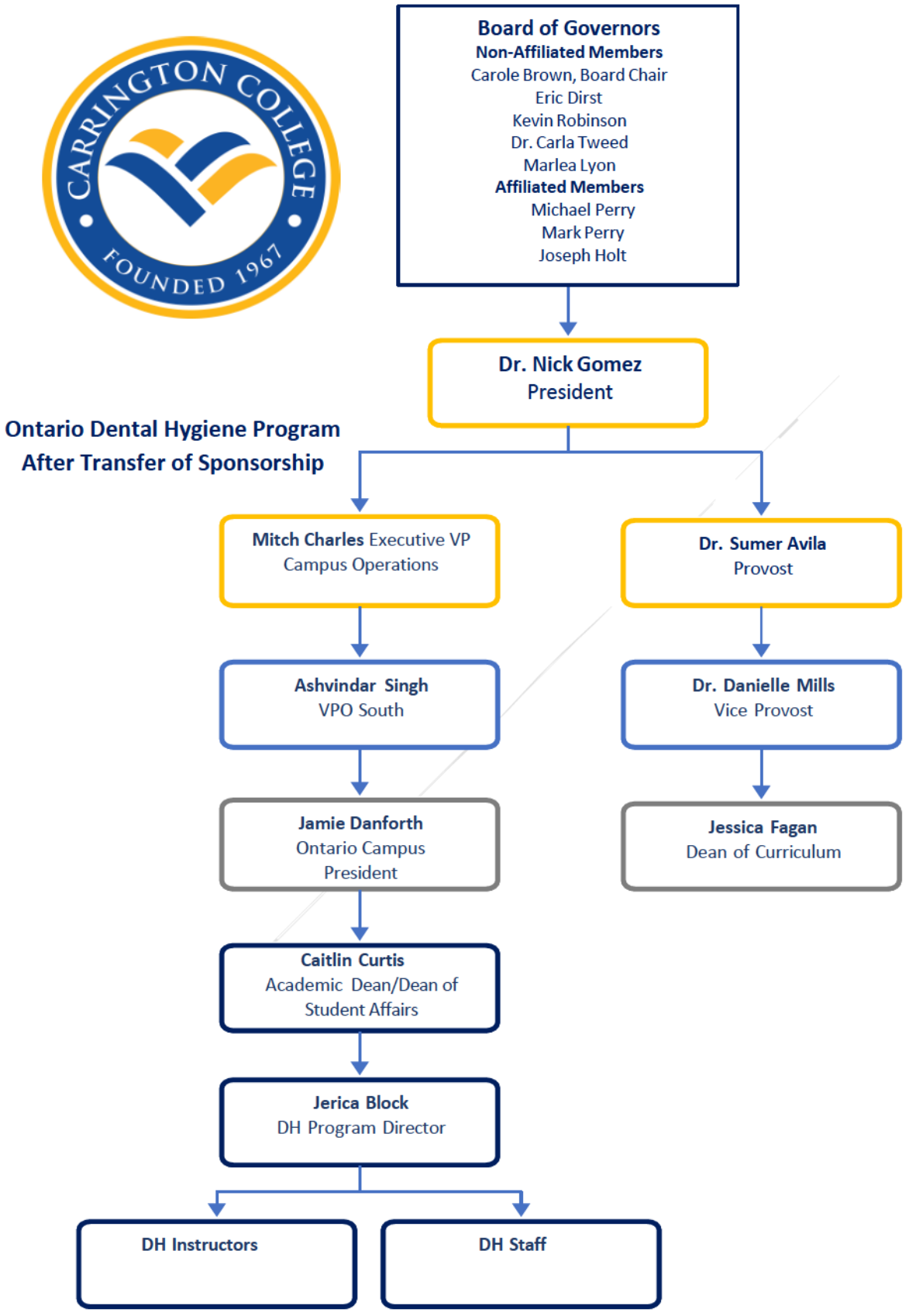

Exhibit D: Carrington College Library A-Z Databases

CARRINGTON COLLEGE®

Carrington College / Carrington College Library / Carrington College Library / Home

Carrington College Library: Home

new website interface

Home | Library Guides | Writing Papers at Carrington | How Do I...? | About Us | Popular Databases | Questions - See Our FAQ

LIBRARY HOME

Your **OPINION MATTERS!** Complete this **brief survey** to let us know what you think about the Carrington College Library!

45 Databases

All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

A

Academic Search Complete

Academic Search Complete is the world's most valuable and comprehensive scholarly, multi-disciplinary full-text database, with more than 8,500 full-text periodicals, including more than 7,300 peer-reviewed journals. In addition to full text, this database offers indexing and abstracts for more than 12,500 journals and a total of more than 13,200 publications including monographs, reports, conference proceedings, etc. The database features PDF content going back as far as 1887, with the majority of full text titles in native (searchable) PDF format. Searchable cited references are provided for more than 1,400 journals.
View Less

Agricola

The National Agriculture Library Catalog (AGRICOLA) provides citations to agricultural literature. as one of the world's largest collections devoted to agriculture and its related sciences.

AHFS Consumer Medication Information

AHFS Consumer Medication Information has patient drug information in English and Spanish. Published by the American Society of Health-System Pharmacists,

Anatomy.tv

Anatomy.tv is the most accurate and detailed 3D anatomy resource available. A great help guide is available at Des Moines U - https://lib.dmu.edu/db/anatomytv

B

Business Source Complete

This component of Business Source Complete provides detailed company information for more than 1.1 million of the world's largest public and private companies.

C

CINAHL Plus® with Full Text

CINAHL Plus® with Full Text is a robust collection of full text for nursing & allied health journals, providing full text for more than 770 journals indexed in CINAHL®. This authoritative file contains full text for many of the most used journals in the CINAHL index, with no embargo. CINAHL Plus with Full Text is the core research tool for all areas of nursing and allied health literature. Full text coverage dates back to 1937. For a video tutorial, please copy and paste this link into your browser: https://connect.ebsco.com/s/article/CINAHL-Databases-Basic-Searching-Tutorial?language=en_US

View Less

Consumer Health Complete

Consumer Health Complete is a comprehensive resource for consumer-oriented health content. It is designed to support patients' information needs and foster an overall understanding of health-related topics. Consumer Health Complete provides content covering all areas of health and wellness from mainstream medicine to the many perspectives of complementary, holistic and integrated medicine. In addition, Consumer Health Complete includes the Clinical Reference System and the Lexi-PAL Drug Guide, which provides access to up-to-date, concise and clinically relevant drug monographs. The database is updated on a weekly basis.

View Less

D

Dentistry and Oral Sciences Source

Dentistry & Oral Science Source covers all facets relating to the areas of dentistry including dental public health, endodontics, facial pain & surgery, odontology, oral & maxillofacial pathology/surgery/radiology, orthodontology, pediatric dentistry, periodontology, and prosthodontics. The database is updated weekly on EBSCOhost.

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Dynamed (evidence-based clinical information)

DynaMed is the clinical reference tool that clinicians go to for answers. Look to DynaMed for the most current, evidence-based information available.

E

EBSCOHost Databases

EBSCOhost provides access to 33 different databases covering many subjects (e.g., Business, Education, Humanities, Dentistry, Nursing, Medicine, Psychology, Reference materials, eBooks, Health, etc.). You may search across the databases or select one or more databases to narrow your search to a specific subject. Contents include full-text articles, videos, ebooks and more.

View Less

Education Research Complete

Education Research Complete covers the areas of curriculum instruction, administration, policy, funding, and related social issues.

ERIC

The Education Resources Information Center (ERIC) is an online digital library of education research and information.

G

GreenFILE

GreenFILE provides a collection of scholarly, government and general-interest titles and covers content about the environmental effects of individuals, corporations and local/national governments as well as what can be done at each level to minimize these effects.

H

Health Business Elite

Health Business Elite provides comprehensive journal content detailing all aspects of health care administration and other non-clinical aspects of health care institution management.

Health Policy Reference Center

The Health Policy Reference Center is a comprehensive full-text database covering all aspects of health policy and related issues. This collection provides unmatched full-text coverage of information relevant to many areas integral to health policy including, but not limited to: health care access, health care quality, health care financing, etc.

Health Source - Consumer Edition

Health Source: Consumer Edition is a rich collection of consumer health information.

Health Source: Nursing/Academic Edition

Health Source provides nearly 550 scholarly full text journals focusing on many medical disciplines. Also featured are abstracts and indexing for nearly 850 journals.

L

Library, Information Science & Technology Abstracts with Full Text

Library, Information Science & Technology Abstracts (LISTA) indexes more than 560 core journals, nearly 50 priority journals, and 125 selective journals; plus books, research reports and proceedings.

M

Made Incredibly Easy!

LWW Health Library: Made Incredibly Easy! provides a digital learning tool for nurses at the BSN/RN-level in academic and hospital settings that will aid in their learning experience by providing access to texts designed to enhance their understanding of essential topics as well as prepare them for clinical rotations.

MasterFILE Premier

MasterFILE Premier contains full text for nearly 1,700 periodicals covering general reference, business, health, education, general science, multicultural issues and much more.

MEDLINE with Full Text

MEDLINE with Full Text provides the authoritative medical information on medicine, nursing, dentistry, veterinary medicine, the health care system, and pre-clinical sciences found on MEDLINE, plus the database provides full text for more than 1,470 journals indexed in MEDLINE. Of those, nearly 1,450 have cover-to-cover indexing in MEDLINE. And of those, 558 are not found with full text in any version of Academic Search, Health Source or Biomedical Reference Collection.

Military & Government Collection

Designed to offer current news pertaining to all branches of the military, this database offers a thorough collection of periodicals, academic journals and other content pertinent to the increasing needs of those sites.

N

Newspaper Source Plus

Newspaper Source Plus includes more than 860 full-text newspapers, providing more than 35 million full-text articles.

Newswires

O

OpenDissertations

OVID Journal Collection

Over 100 full-text journals in the fields of Nursing and Allied Heath, a PICO Resource page with videos and help cards, plus the ability to search across all of the titles using the search box.

P

Pharmacology World

50 videos covering key concepts of pharmacology including all major drug classes, mechanism of action, key pharmacokinetics, major therapeutic uses, and common and serious adverse effects. It incorporates relevant physiology, pathophysiology and biochemistry and prepares students for course exams and national licensing exams
View Less

PLOS: Public Library of Science

The Public Library of Science (PLOS) is an Open Access publisher offering search access to several large article collections on a variety of scientific and medical topics.

Plumb's Pro

Plumb's Pro™ provides point of care information for trusted clinical decision support. On one easy-to-use platform, you'll get a full suite of continually updated content and tools, including expert-written diagnostic and treatment information, step-by-step flowcharts, reliable veterinary drug information, practical prescribing tools like the drug interaction checker, shareable handouts for pet owners, and more.

Points of View Reference Center

Points of View Reference Center is a full text database designed to provide students and schools with a series of controversial essays that present multiple sides of a current issue. Essays provide questions and materials for further thought and study and are accompanied by thousands of supporting articles from...
View More

Professional Development Collection

Psychology and Behavioral Sciences Collection

This database provides access to more than 530 full-text journals, including coverage in child & adolescent psychology and various areas of counseling.

R

Regional Business News

Incorporates more than 80 regional business publications covering all metropolitan and rural areas within the United States.

Rehabilitation Reference Center

Rehabilitation Reference Center is an evidence-based, point-of-care information resource designed for physical therapists, occupational therapists, speech therapists and sports medicine professionals.

Research Starters - Business

Research Starters are study and research guides designed specifically for advanced high school students, college students and selected graduate students. They consist of comprehensive, yet concise topic summary articles of about 3,000 words in length written by researchers, scholars and other subject matter experts.

Research Starters - Education

Research Starters are study and research guides designed specifically for advanced high school students, college students and selected graduate students. They consist of comprehensive, yet concise topic summary articles of about 3,000 words in length written by researchers, scholars and other subject matter experts.
View Less

Research Starters - Sociology

Research Starters are study and research guides designed specifically for advanced high school students, college students and selected graduate students. They consist of comprehensive, yet concise topic summary articles of about 3,000 words in length written by researchers, scholars and other subject matter experts.

Research Starters (Business, Education, & Sociology)

Research Starters are study and research guides designed specifically for advanced high school students, college students and selected graduate students. They consist of comprehensive, yet concise topic summary articles of about 3,000 words in length written by researchers, scholars and other subject matter experts.
View Less

S

SPORTDiscus with Full Text

SPORTDiscus with Full Text is the world's most comprehensive source of full text for sports & sports medicine journals, providing full text for 550 journals indexed in SPORTDiscus.

STAT!Ref

STAT!Ref®, a premier healthcare e-resource, enables users to intuitively cross-search full-text titles, journals, and evidence-based point-of-care authoritative resources.

T

Teacher Reference Center

Teacher Reference Center (TRC) provides indexing and abstracts for 280 peer-reviewed journals for teacher education.

U

UpToDate Lexidrug (formerly Lexicomp for Dentistry)

Provides dentistry drug information. It includes content, images, treatment recommendations, and links to drugs.

Exhibit D: Carrington College Library A-Z Databases

V

Vocational and Career Collection

Designed to meet a wide variety of vocational and technical research needs, this collection provides full-text coverage for trade and industry-related periodicals.

W

Web News

Request for Transfer of Sponsorship

Submitted to
Joint Commission on Dental Accreditation

San Joaquin Valley College - Visalia
Central Administrative Offices
3828 W. Caldwell Avenue
Visalia, CA 93277
(559) 734-9000
www.sjvc.edu

DENTAL HYGIENE PROGRAM

May 1, 2025

ADMINISTRATOR VERIFICATION FOR ALL REPORT SUBMISSIONS
Dental Hygiene Education Program

Type of Report: Transfer of Sponsorship

Date of Submission: May 1, 2025

I have reviewed this document and verify that the information in it is accurate and complete, and that it complies with the *Commission on Dental Accreditation's Privacy and Data Security Requirements for Institutions* found at https://coda.ada.org/policies-and-guidelines/hipaa-compliance (the "Requirements") and that this document contains no prohibited Sensitive Personal Information (SPI) or Protected Health Information (PHI) as defined in the Requirements, and that the individual(s) signing and/or submitting this verification has the authority to sign and submit on behalf of the sponsoring institution, themselves, and the other individuals listed below.

SPONSORING INSTITUTION *(If the program is co-sponsored, a verification page from each sponsor must be submitted)*
Institution Name: San Joaquin Valley College – Visalia Campus Street Address: 8344 W. Mineral King Avenue City, State, Zip: Visalia, CA 93291
Chief Executive Officer (Univ. Pres, Chancellor, Hospital President) Name: Robyn Whiles, BA Title: College President Phone: (559) 734-9000, Extension 1236 E-Mail: officeofpresident@sjvc.edu Signature: Robyn Whiles Robyn Whiles (04/30/2025 16:21 PDT) Date: 04/30/2025
Chief Administrative Officer (Dental Dean/Chair/Chief of Dental Service) Name: Greg Osborn, MSEd, MA Title: Director of Program Compliance Phone: (559) 734-9000 X 1633 E-Mail: GregoryO@sjvc.edu Signature: Greg Osborn Greg Osborn (04/30/2025 15:54 PDT) Date: 04/30/2025
Program Director Name: Brenda Serpa, MA, RDH, RDHAP Title: Dental Hygiene Program Director Phone: (559) 622-1964 E-Mail: BrendaS@sjvc.edu Signature: Date: 04/30/2025

Contents

REQUEST FOR TRANSFER OF SPONSORSHIP

The purpose of this report is to request approval to transfer sponsorship of the San Joaquin Valley College (SJVC) - Visalia dental hygiene program to Carrington College.

San Joaquin Valley College, Inc., the parent organization for both SJVC and Carrington College, recently announced a Strategic Institutional Alignment Plan. This plan will create two specialized institutions: SJVC will focus exclusively on trades, technical and business programs, while Carrington College will concentrate on nursing and allied health education. As part of the realignment, San Joaquin Valley College – Visalia dental hygiene program is requesting a transfer sponsorship to Carrington College.

Carrington College currently sponsors four CODA approved dental hygiene programs: Carrington College – Mesa (Arizona); Carrington College of Boise (Idaho); Carrington College (Sacramento, California); Carrington College at San Jose (California). With approvals from the Commission and the Dental Hygiene Board of California (DHBC), Carrington will assume sponsorship of the San Joaquin Valley College dental hygiene programs in Visalia and Ontario, and they will be known as Carrington College – Visalia and Carrington College – Ontario.

On March 24, 2025, SJVC submitted a change report to notify the Commission of the change in SJVC College President. As a part of the alignment initiative, Nick Gomez, PhD, has transitioned to the role of Carrington College President and, following the transfer of sponsorship, will again serve as president overseeing the Carrington College - Visalia program.

Following approval by the Commission, final authorization from the DHBC will be required before the transfer can take effect. SJVC has submitted a request to be considered for provisional approval by the DHBC at its July 18–19, 2024, meeting. The anticipated effective date of the transfer is September 10, 2025, with the first cohort of 30 students scheduled to begin on April 1, 2026.

Because SJVC and Carrington College have shared the same parent company since 2018, their missions and institutional values are closely aligned. Consequently, many policies and procedures are consistent across both institutions. The transfer is not expected to impact the program's ability to maintain CODA Accreditation Standards, nor is it anticipated to affect the program in the areas of enrollment, faculty, facilities, curriculum or campus-level administration.

Standards that are affected by the transfer of sponsorship include:

- Standard 1-1: INSTITUTIONAL EFFECTIVENESS: Planning and Assessment
- Standard 1-6: INSTITUTIONAL EFFECTIVENESS: Institutional Accreditation
- Standard 3-1: ADMINISTRATION, FACULTY AND STAFF
- Standard 4-7: EDUCATIONAL SUPPORT SERVICES: Learning Resources

Although there will be no significant financial impact on the program, Standard 1-3 will be addressed to provide additional clarity regarding the structure and support from the sponsoring institution.

TRANSFER OF SPONSORSHIP'S EFFECT ON ACCREDITATION STANDARDS

STANDARD 1 - INSTITUTIONAL EFFECTIVENESS

Planning and Assessment

1-1 The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by:

- **a) developing a plan addressing teaching, patient care, research and service;**
- **b) an ongoing plan consistent with the goals of the sponsoring institution and the goals of the dental hygiene program;**
- **c) implementing the plan to measure program outcomes in an ongoing and systematic process;**
- **d) assessing and analyzing the outcomes, including measures of student achievement;**
- **e) use of the outcomes assessment results for annual program improvement and reevaluation of program goals.**

DESCRIPTION:

BEFORE
SJVC's college-wide program review process, including a comprehensive review of both dental hygiene programs, occurs on a 7-year cycle with a formal curriculum review held annually.

AFTER
Carrington's program review is on a 2-year cycle for all programs. The dental hygiene programs will continue with annual formal curriculum reviews.

APPRAISAL AND ANALYSIS:

The Transfer of Sponsorship will provide an updated program review structure, the program will transition from a 7-year college-wide program review cycle to a 2-year cycle. This change allows for more frequent, focused evaluations of program effectiveness and alignment with institutional goals. In addition, annual curriculum reviews will continue to be held to ensure ongoing assessment and improvement at the program level, supporting a consistent and proactive approach to continuous improvement.

SUPPORTIVE DOCUMENTATION:

Exhibit A: Carrington College Program Review Assessment Matrix 2025

1-2 The program must have a stated commitment to a humanistic culture and learning environment that is regularly evaluated.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Visalia will change its name to Carrington College Dental Hygiene Program - Visalia and will continue to maintain the same commitment to a positive humanistic culture as prior to the transfer of sponsorship.

Financial Support

1-3 The institution must have a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives. A financial statement document must be submitted providing revenue and expense data for the dental hygiene program.

DESCRIPTION:

The proposed transfer of sponsorship for the Visalia Dental Hygiene Program from San Joaquin Valley College to Carrington College will not result in any significant financial impact to the program. San Joaquin Valley College, Inc. is the parent company for San Joaquin Valley College and Carrington College, and the move between the schools is part of a larger alignment to concentrate allied health programs under Carrington.

San Joaquin Valley College, Inc. projects no change in financial support for the Dental Hygiene staff and faculty, equipment and other materials essential for the program achieving its mission, goals and objectives.

This transition is expected to streamline administrative processes and enhance the program's overall efficiency, with Carrington College offering all allied health programs, while maintaining fiscal responsibility and educational outcomes.

APPRAISAL AND ANALYSIS:

Our assessment has considered all operational aspects, including budget allocation, resource management, and projected expenses associated with the sponsorship transfer. We have ensured that the financial framework supporting the program remains stable and fully aligned with its original scope and objectives.

SUPPORTIVE DOCUMENTATION:

Visalia	2024 (Before)	2025 (Transition Year)	2026 (After)
Revenue	3,040,985	3,001,724	2,905,517
Expenses:			
Salaries and Taxes	1,144,931	1,097,314	1,088,847
Instructional	649,463	445,693	555,724
Other Admin	68,840	25,528	33,954
Total Expenses	1,863,234	1,568,535	1,678,525
Net Income	**1,177,752**	**1,433,189**	**1,226,992**

1-4 The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

1-5 The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest within the sponsoring institution.

DESCRIPTION (Standards 1-4 and 1-5):
The Transfer of Sponsorship will not affect how these standards are met. The SJVC Dental Hygiene Program - Visalia will change its name to Carrington College Dental Hygiene Program - Visalia and will continue to be fully supported by tuition and not receive support from entities outside of the institution. The sponsoring institution, Carrington College, will maintain full authority over decisions affecting the dental hygiene program.

Institutional Accreditation

1-6 Programs must be sponsored by institutions of higher education that are accredited by an institutional accrediting agency (i.e., a regional or appropriate* national accrediting agency) recognized by the United States Department of Education for offering college-level programs.

DESCRIPTION:

BEFORE
San Joaquin Valley College is accredited by the WASC Senior College and University Commission (WSCUC), 1080 Marina Village Parkway, Suite 500, Alameda, CA 94501, (510) 748-9001. The WSCUC is an institutional accrediting body recognized by the U.S. Department of Education.

AFTER
Carrington College is accredited by the Accrediting Commission for Community and Junior Colleges, 428 J Street, Suite 400, Sacramento, CA 95814; (415) 506-0234 an institutional accrediting body recognized by the U.S. Department of Education.

APPRAISAL AND ANALYSIS:

Institutional accreditation will change from WASC Senior College and University Commission (WSCUC) to the Accrediting Commission for Community and Junior Colleges (ACCJC). Both accrediting agencies are recognized by the U.S. Department of Education, resulting in the programs continued compliance with Standard 1-6.

SUPPORTIVE DOCUMENTATION:

Exhibit B: San Joaquin Valley College and Carrington College Letters of Accreditation Status

1-7 All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Visalia will change its name to Carrington College Dental Hygiene Program - Visalia and will continue without co-sponsors or affiliated institutions as prior to the transfer of sponsorship.

Community Resources

1-8 There must be an active liaison mechanism between the program and the dental and allied dental professions in the community. The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest with the educational institution.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Visalia will change its name to Carrington College Dental Hygiene Program - Visalia and maintain the practices that build our relationship with the professional community through participation in health fairs, community events, and formal advisory board meetings.

STANDARD 2 – EDUCATIONAL PROGRAM

Instruction

2-1 The curriculum must include at least two academic years of full-time instruction or its equivalent at the postsecondary college-level. The scope and depth of the curriculum must reflect the objectives and philosophy of higher education. The college catalog must list the degree awarded and course titles and descriptions.

In a two-year college setting, the graduates of the program must be awarded an associate degree. In a four-year college or university, graduates of the program must be awarded an associate or comparable degree, post-degree certificate, or baccalaureate degree.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Visalia will change its name to Carrington College Dental Hygiene Program - Visalia and will continue to confer an associate degree upon program completion. The curriculum will remain consistent with that offered prior to the sponsorship transfer. Following the transfer of sponsorship, the Carrington College Catalog will reflect the degree awarded as well as the course titles and descriptions previously listed in the SJVC College Catalog.

2-2 A process must be established to assure students meet the academic, professional and/or clinical criteria as published and distributed. Academic standards and institutional due process policies must be followed for remediation or dismissal. A college document must include institutional due process policies and procedures.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Visalia will change its name to Carrington College Dental Hygiene Program - Visalia and programmatic policies and procedures will not change regarding monitoring student progress, student access to current grades, remediation and tutoring for didactic, laboratory, preclinical, and clinical classes. Institutional due process policies and procedures will remain as prior to the transfer of sponsorship.

Admissions

2-3 Admission of students must be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability must be utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Visalia will change its name to Carrington College Dental Hygiene Program - Visalia and admissions criteria and processes will remain the same as prior to the transfer of sponsorship.

2-4 Admission of students with advanced standing must be based on the same standards of achievement required by students regularly enrolled in the program. Students with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students regularly enrolled in the program.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program does not admit students with advanced standing and will not admit students with advanced standing after the transfer of sponsorship to Carrington College.

2-5 The number of students enrolled in the program must be proportionate to the resources available

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Visalia will change its name to Carrington College Dental Hygiene Program - Visalia and maintain the same number of students, service the same community, and maintain the same resources as prior to the transfer of sponsorship.

Curriculum

2-6 The dental hygiene program must:

1) define and list the overall graduation competencies that describe the levels of knowledge, skills and values expected of graduates.
2) employ student evaluation methods that measure all defined graduation competencies.
3) document and communicate these competencies and evaluation methods to the enrolled students.

2-7 Course syllabi for dental hygiene courses must be available at the initiation of each course and include:

1) written course descriptions
2) content and topic outlines
3) specific instructional objectives

4) learning experiences
5) evaluation methods

2-8 **The curriculum must include content in the following four areas: general education, biomedical sciences, dental sciences and dental hygiene science. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.**

2-8a **General education content must include oral and written communications, psychology, and sociology.**

2-8b **Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general and maxillofacial pathology and/or pathophysiology, nutrition and pharmacology.**

2-8c **Dental sciences content must include tooth morphology, head, neck and oral anatomy, oral embryology and histology, oral pathology, radiography, periodontology, pain management, and dental materials.**

2-8 d **Dental hygiene science content must include oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases.**

2-9 **The basic clinical education aspect of the curriculum must include a formal course sequence in scientific principles of dental hygiene practice, which extends throughout the curriculum and is coordinated and integrated with clinical experience in providing dental hygiene services.**

2-10 **Clinical experiences must be distributed throughout the curriculum. The number of hours of preclinical practice and direct patient care must ensure that students attain clinical competence and develop appropriate judgment.**

DESCRIPTION (Standards 2-6 through 2-10):
The Transfer of Sponsorship will not affect how these standards are met. The SJVC Dental Hygiene Program - Visalia will change its name to Carrington College Dental Hygiene Program - Visalia and maintain the same curriculum as prior to the transfer of sponsorship.

Patient Care Competencies

2-11 **The dental hygiene program must have established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.**

2-12 **Graduates must be competent in providing dental hygiene care for all patient populations including:**
1) child
2) adolescent
3) adult
4) geriatric
5) special needs

2-13 **Graduates must be competent in providing the dental hygiene process of care which includes:**
a) comprehensive collection of patient data to identify the physical and oral health status;
b) analysis of assessment findings and use of critical thinking in order to address the patient's dental hygiene treatment needs;
c) establishment of a dental hygiene care plan that reflects the realistic goals and treatment strategies to facilitate optimal oral health;
d) provision of comprehensive patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health;
e) measurement of the extent to which goals identified in the dental hygiene care plan are achieved;
f) complete and accurate recording of all documentation relevant to patient care.

2-14 **Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.**

2-15 **Graduates must be competent in interprofessional communication, collaboration and interaction with other members of the health care team to support comprehensive patient care.**

2-16 **Graduates must demonstrate competence in:**
a) assessing the oral health needs of community-based programs
b) planning an oral health program to include health promotion and disease prevention activities
c) implementing the planned program, and,
d) evaluating the effectiveness of the implemented program.

2-17 **Graduates must be competent in providing appropriate support measures for medical emergencies that may be encountered in dental hygiene practice.**

2-18 **Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions defined by the program's state-specific dental board or regulatory agency, required for initial dental hygiene licensure, and the program has chosen to include those functions in the program curriculum, the program must include content at the level, depth, and scope required by the state. Students must be informed of the duties for which they are educated within the program.**

DESCRIPTION (Standards 2-11 through 2-18):
The Transfer of Sponsorship will not affect how these standards are met. The SJVC Dental Hygiene Program - Visalia will change its name to Carrington College Dental Hygiene Program - Visalia and maintain the same curriculum regarding patient care as prior to the transfer of sponsorship.

Ethics and Professionalism

2-19 **Graduates must be competent in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management.**

2-20 **Graduates must be competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.**

DESCRIPTION (Standards 2-19 through 2-20):
The Transfer of Sponsorship will not affect how these standards are met. The SJVC Dental Hygiene Program - Visalia will change its name to Carrington College Dental Hygiene Program - Visalia and maintain the same expectations of ethics and professionalism as prior to the transfer of sponsorship.

Critical Thinking

2-21 Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.

2-22 Graduates must be competent in the evaluation of current scientific literature.

2-23 Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.

DESCRIPTION (Standards 2-21 through 2-23):
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Visalia will change its name to Carrington College Dental Hygiene Program - Visalia and maintain the same curriculum related to critical thinking as prior to the transfer of sponsorship.

Curriculum Management

2-24 The dental hygiene program must have a formal, written curriculum management plan, which includes:

a) an annual formal curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;
b) evaluation of the effectiveness of all courses as they support the program's goals and competencies;
c) a defined mechanism for coordinating instruction among dental hygiene program faculty.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The curriculum management plan will be the same as prior to transfer of sponsorship.

STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF

3-1 The program must be a recognized entity within the institution's administrative structure which supports the attainment of program goals.

DESCRIPTION:
The dental hygiene program will continue to be a recognized and integral entity within the institution's administrative structure following the transfer of sponsorship to Carrington College. The transfer of sponsorship will not affect the administrative structure at the campus level. The most notable changes resulting from the transfer relate to institutional leadership roles:

CODA role	Before	After
CEO	Robyn Whiles, President, SJVC	Dr. Nick Gomez, President, Carrington College
CAO/Dean/ Academic Dean	Greg Osborn, Director of Program Compliance, SJVC	Dr. Sumer Avila, Provost, Carrington College

APPRAISAL AND ANALYSIS:
Campus leadership will remain in place throughout the transition. The existing leadership team, which has effectively supported the SJVC dental hygiene program, will continue in their roles under Carrington College, ensuring operational continuity. In addition, the transition will bring an enhanced level of administrative support with the addition of the Executive Vice President of Campus Operations, who will provide direct oversight and support to the Regional Vice President of Operations (VPO), further strengthening the program's operational framework.

Both Dr. Gomez and Dr. Avila previously supported the dental hygiene program during their tenures at SJVC and will resume their leadership roles at Carrington, ensuring continuity of oversight and commitment to program goals.

Overall, the program will continue to receive strong administrative support and recognition within Carrington College's structure, consistent with the requirements of Standard 3-1.

SUPPORTIVE DOCUMENTATION:

Exhibit C: San Joaquin Valley College and Carrington College Organizational Charts

Program Administrator

3-2 The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.

3-3 The program administrator must be a dental hygienist or a dentist who is a graduate of a program accredited by the Commission on Dental Accreditation and possesses a masters or higher degree, who has background in education and the professional experience necessary to understand and fulfill the program goals. A dentist who was appointed as program administrator prior to July 1, 2022 is exempt from the graduation requirement.

3-4 The program administrator must have the authority and responsibility necessary to fulfill program goals including:

a) curriculum development, evaluation and revision;
b) faculty recruitment, assignments and supervision;
c) input into faculty evaluation;
d) initiation of program or department in-service and faculty development;
e) assessing, planning and operating program facilities;
f) input into budget preparation and fiscal administration;
g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria

DESCRIPTION (Standards 3-2 through 3-4):
The Transfer of Sponsorship will not affect how these standards are met. Brenda Serpa will remain in her role as program director following the transfer of sponsorship. She will continue to hold a full-time appointment with primary responsibility for the operation, supervision, evaluation and revision of the program. The program director will retain the authority and responsibility necessary to fulfill all program goals, including those specified in Standard 3-4.

3-5 The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public.

1. **In preclinical and clinical sessions, the ratio must not exceed one (1) faculty to five (5) students.**
2. **In radiography laboratory sessions, the ratio must not exceed one (1) faculty to five (5) students.**
3. **In other dental sciences laboratory sessions, the ratio must not exceed one (1) faculty to 10 students.**

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Visalia will change its name to Carrington College Dental Hygiene Program - Visalia and maintain the same faculty to student ratios as prior to the transfer of sponsorship.

3-6 All faculty of a dental hygiene program who teach in a didactic course must possess a baccalaureate or higher degree. All faculty whose teaching is limited to a clinical and dental science laboratory course must possess an associate or higher degree.

All dental hygiene program faculty members must have:

a) current knowledge of the specific subjects they are teaching.
b) documented background in current educational methodology concepts consistent with teaching assignments.
c) faculty who are dental hygienists or dentists must be graduates of programs accredited by the Commission on Dental Accreditation. A dentist who was appointed as a faculty prior to July 1, 2022 is exempt from the graduation requirement.
d) evidence of faculty calibration for clinical evaluation.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Visalia will change its name to Carrington College Dental Hygiene Program - Visalia and maintain the same faculty qualifications as prior to the transfer of sponsorship.

3-7 Opportunities must be provided for the program administrator and full-time faculty to continue their professional development.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Visalia will change its name to Carrington College Dental Hygiene Program - Visalia and maintain the same program administrator and faculty support for continued professional development.

3-8 A defined faculty evaluation process must exist that ensures objective measurement

of the performance of each faculty member.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The faculty evaluation process will remain the same as prior to the transfer of sponsorship.

3-9 Opportunities for promotion, tenure, and development must be the same for dental hygiene faculty as for other institutional faculty.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The policies regarding faculty promotion, tenure, and development remain the same as prior to transfer of sponsorship.

Support Staff

3-10 Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The support staff will continue to provide services to ensure support of the instructional program and that the clinical facilities are safe for the provision of instruction and patient care as prior to the transfer of sponsorship.

3-11 Student assignments to clerical and dental assisting responsibilities during clinic sessions must be minimal and must not be used to compensate for limitations of the clinical capacity or to replace clerical or clinical staff.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Clinic will change its name to Carrington College Dental Hygiene Clinic and maintain the same policies and procedures as prior to the transfer of sponsorship; this includes student assignments and responsibilities during clinic sessions.

STANDARD 4 - EDUCATIONAL SUPPORT SERVICES

Facilities

4-1 The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable local, state and federal regulations.

Clinical Facilities

The dental hygiene facilities must include the following:

a) sufficient clinical facility with clinical stations for students including conveniently located areas for hand hygiene; equipment allowing display of radiographic images during dental hygiene treatment; a working space for the

patient's record adjacent to units; functional equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision;

b) a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.);

c) a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction;

d) a sterilizing area that includes space for preparing, sterilizing and storing instruments;

e) sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol;

f) facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols;

g) space and furnishings for patient reception and waiting provided adjacent to the clinic;

h) patient records kept in an area assuring safety and confidentiality.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The clinical facilities will be the same as prior to transfer of sponsorship.

Radiography Facilities

4-2 Radiography facilities must be sufficient for student practice and the development of clinical competence.

The radiography facilities must contain the following:

a) an appropriate number of radiography exposure rooms which include: equipment for acquiring radiographic images; teaching manikin(s); and conveniently located areas for hand hygiene;
b) equipment for processing radiographic images;
c) equipment allowing display of radiographic images;
d) documentation of compliance with applicable local, state and federal regulations.

Regardless of the number of machines provided, it must be demonstrated that time is available for all students to obtain required experience with faculty supervision and that acceptable faculty teaching loads are maintained.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The radiography facilities will be the same as prior to transfer of sponsorship.

Laboratory Facilities

4-3 **A multipurpose laboratory facility must be provided for effective instruction and allow for required laboratory activities. If the laboratory capacity requires that two or more sections be scheduled, time for all students to obtain required laboratory experience must be provided.**

Laboratory facilities must conform to applicable local, state and federal regulations and contain the following:

a) placement and location of equipment that is conducive to efficient and safe utilization with ventilation and lighting appropriate to the procedures;
b) student work areas that are designed and equipped for students to work with necessary utilities and storage space;
c) documentation of compliance with applicable local, state and federal regulations.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The laboratory facilities will be the same as prior to transfer of sponsorship.

Extended Campus Facilities

4-4 **When the institution uses an additional facility for clinical education that includes program requirements then the following conditions must be met in addition to all existing Standards:**
a) a formal contract between the educational institution and the facility;
b) a contingency plan developed by the institution should the contract be terminated;
c) a location and time available for use of the facility compatible with the instructional needs of the dental hygiene program;
d) the dental hygiene program administrator retains authority and responsibility for instruction and scheduling of student assignments;
e) clinical instruction is provided and evaluated by calibrated dental hygiene program faculty;
f) all dental hygiene students receive comparable instruction in the facility;
g) the policies and procedures of the facility are compatible with the goals of the educational program.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. Following the transfer of sponsorship, all clinical education will continue to be provided exclusively on campus at the dental hygiene clinic, without the use of extended campus facilities.

Classroom Space

4-5 **Classroom space which is designed and equipped for effective instruction must be provided for and readily accessible to the program.**

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The classroom facilities will be the same as prior to transfer of sponsorship.

Office Space

4-6 Office space which allows for privacy must be provided for the program administrator and all faculty to enable the fulfillment of faculty assignments and ensure privacy for confidential matters. Student and program records must be stored to ensure confidentiality and safety.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The office facilities will be the same as prior to transfer of sponsorship.

Learning Resources

4-7 Instructional aids and equipment must be provided for student learning. Institutional library holdings must include or provide access to a diversified collection of current dental, dental hygiene and multidisciplinary literature and references necessary to support teaching, student learning needs, service, research and development. There must be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids.

DESCRIPTION:

The Library and Learning Resource Centers at SJVC provide resources and services that enhance course content, support information literacy, and enrich the overall college experience. Resources and services include:

- Reference materials, fiction/non-fiction books, periodicals, audio-visuals, newspapers, copiers, and additional in-class learning resources which support program curricular requirements.
- Computers with internet and software to support student learning and assignments
- Program-specific hard-copy and online journals
- Access to the Library and Information Resources Network (LIRN), an online research database.

Only online resources will be impacted by the transfer of sponsorship.

BEFORE
Students at SJVC have access to the Library and Information Resources Network (LIRN) 24 hours a day. LIRN is an online library collection that provides access to over 80 million journal articles, books, encyclopedias, newspapers, magazines, and audio/video clips on many different subjects. Resources of particular interest to dental hygiene students include Ebook Central provided through ProQuest, MedlinePlus, PubMed, and 44 databases provided through Gale Cengage.

AFTER
The Carrington College Library offers access to thousands of full-text resources in various fields of study related to the Carrington College programs, while also supporting the general education courses for all students and faculty. These databases contain current, full-text articles from periodicals, including peer-reviewed scholarly journals, and access to multimedia and electronic books that are available 24 hours a day, seven days a week to students and faculty.

Carrington's databases include UpToDate Lexidrug (formerly Lexicomp for Dentistry), MEDLINE, Dynamed (evidence-based clinical information, CINAHL Plus, Anatomy.tv and 40 other databases.

APPRAISAL AND ANALYSIS:

Instructional aids and physical library and learning resources will not be impacted by the transfer of sponsorship. While there will be modifications to certain online databases accessible to students, Carrington's resources are comprehensive and meet the academic needs of our students.

SUPPORTIVE DOCUMENTATION:

Exhibit D: Carrington College Library A-Z Databases

Student Services

4-8 There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.

DESCRIPTION:
The due process policies and procedures for the adjudication of academic and disciplinary complaints are being aligned with those of Carrington College. As the foundational policies and procedures of both institutions are very similar and support the mission of parent organization San Joaquin Valley College, Inc., this alignment does not introduce any significant changes to current practices.

STANDARD 5 – HEALTH AND SAFETY PROVISIONS

Infectious Disease/Radiation Management

5-1 The program must document its compliance with institutional policy and applicable regulations of local, state, and federal agencies regarding infectious diseases and radiation management.

A. Policies must include, but not be limited to:
1. **Radiation hygiene and protection,**
2. **Use of ionizing radiation,**
3. **Hazardous materials, and**
4. **Bloodborne and infectious diseases.**

B. Policies must be provided to all students, faculty, and appropriate support staff, and continuously monitored for compliance.

C. Policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Clinic will change its name to Carrington College Dental Hygiene Clinic and maintain the same policies and procedures concerning infectious diseases and radiation management.

5-2 Students, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, tuberculosis, varicella and hepatitis B prior to contact with patients and/or infectious objects or materials in an effort to minimize the risk to patients and dental personnel.

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program - Visalia will change its name to Carrington College Dental Hygiene Program - Visalia and maintain the same policies regarding immunizations.

Emergency Management and Life Support Certification

5-3 The program must establish, enforce, and instruct students in preclinical/ clinical/laboratory protocols and mechanisms to ensure the management of common medical emergencies in the dental setting. These program protocols must be provided to all students, faculty and appropriate staff.

Faculty, staff and students must be prepared to assist with the management of emergencies. All students, clinical faculty and clinical support staff must be continuously recognized/certified in basic life support procedures, including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED).

DESCRIPTION:
The Transfer of Sponsorship will not affect how this standard is met. The SJVC Dental Hygiene Program – Visalia will change its name to Carrington College Dental Hygiene Program - Visalia and maintain the same policies regarding emergency management and life support certification.

STANDARD 6 – PATIENT CARE SERVICES

6-1 The program must have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs. Patients accepted for dental hygiene care must be advised of the scope of dental hygiene care available at the dental hygiene facilities.

6-2 The program must have a formal written patient care quality assurance plan that allows for a continuous systematic review of patient care standards. The quality assurance plan must be applied at least annually and include:

a) standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria;
b) an ongoing audit of a representative sample of patient records to assess the appropriateness, necessity and quality of the care provided;
c) mechanisms to determine the cause of treatment deficiencies;
d) patient review policies, procedure, outcomes and corrective measure

6-3 The use of quantitative criteria for student advancement and graduation

must not compromise the delivery of comprehensive dental hygiene patient care.

6-4 The program must develop and distribute a written statement of patients' rights to all patients, appropriate students, faculty, and staff.

6-5 The program's policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

DESCRIPTION (Standards 6-1 through 6-5):
The Transfer of Sponsorship will not affect how these standards are met. All clinical education will continue to be provided exclusively on campus at the dental hygiene clinic. The SJVC Dental Hygiene Clinic will change its name to Carrington College Dental Hygiene Clinic and maintain all existing policies and procedures governing patient care services.

CLOSING

Thank you for considering the transfer of sponsorship for the San Joaquin Valley College (SJVC) - Visalia dental hygiene program to Carrington College. We are confident that this transition will maintain the program's accreditation standards and institutional effectiveness. With the anticipated approval from the Commission and the Dental Hygiene Board of California, we look forward to continuing our commitment to providing quality education and supporting the dental hygiene program under Carrington College's sponsorship.

Program Review Assessment Matrix

Program Choose the Program Campus Choose Campus Completion Date

Completed by Campus Director Review Date Academic Dean Review Date

Program Review Overview
A program review is a systematic and comprehensive evaluation process conducted by all members of a program to assess the effectiveness, quality, and overall performance of an educational program. The purpose of a program review involves gathering and analyzing data to inform decision-making, identify areas for improvement, and ensure alignment with institutional goals.

Data Sources
Accreditation standards, Feedback Data (Advisory Committee, End of Course (EOC), Graduate, Employer, Satisfaction, Clinical/Externship Site…), Program Data (Course Completion, Graduation Rate, SLO Mastery, 3rd Party Exam, Placement…), Catalog, Handbooks, Library Holdings, Minimum Faculty Requirements, Instructor Observations, Accreditor Evaluation Plans, Accreditation Reports/Decisions, Standard Equipment List (SEL), Master Instructional Resource List, Clinical/Externship Affiliation Lists, Meeting Minutes, Program Advisory Committee (PAC) Member Lists.

Analysis
Program review analysis needs to include reviewing program outcomes and student achievement data. The data should be documented and reviewed to assess the strengths and weaknesses of the program, identify trends or patterns, and determine areas for improvement.

Campus-based Recommendations
Recommendations for improvement from a program that impacts only that specific campus are campus-based recommendations. Campus Directors, Program Directors/Deans of Nursing are responsible for implementing campus-based recommendations.

Global or Program-wide Recommendations
Recommendations for improvement that impact all campuses, such as curriculum changes or resources, are global or program-wide recommendations. Deans of Curriculum facilitate the implementation of the approved global or program-wide recommendations.

Exhibit A: Carrington College Program Review Assessment Matrix 2025

Program Review Assessment Matrix

Meeting Dates: Topics

1.

Faculty Names & Roles

1.

Program Review Assessment Matrix

Program Data Outcomes		
Data Category	**Benchmark**	**Rate**
Course Completion		Overall two year review: Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course :
Graduation Rate		Cohort :
Placement Rate		Cohort :
3rd Party Exam Rate		Cohort

Program Review Assessment Matrix

		Participation: First Time Pass rate: Ultimate Time Pass rate:
EOC survey		Overall two year review: Participation: Rate:
Graduate survey		Cohort Participation: Rate:
Employer survey		Cohort Participation: Rate:
Student Satisfaction survey		Spring Participation: Rate: Fall Participation: Rate: Spring Participation: Rate: Fall Participation: Rate:
SLO Mastery		Overall two year review: Course : Course :

Program Review Assessment Matrix

		Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course : Course :
Clinical/Externship Affiliation List		Overall two year review: Overall unique sites used: Total slots available: Types of sites available:
Current Faculty	List Faculty File Requirements	Number of Total Faculty: Number of Complete Faculty Files:

Program Review Assessment Matrix

Review Area 1: Program Evaluation			
Topic	**Data Sources**	**Analysis**	**Gaps Identified**
Student Learning Outcomes Do the program goals align with the college mission? Does the program learning outcomes (PLOs) and course learning outcomes (CLOs) align with the institutional learning outcomes (ILO) of communication, collaboration, critical thinking, and professionalism? How well do the SLOs align with any accreditation requirements or standards relevant to the program? Are there specific accreditation criteria related to SLOs that need to be addressed or improved? Are the SLOs clear, measurable, and reflective of the skills and knowledge expected from graduates?	Academic catalog Graduate feedback Advisory Committee feedback SLO data Program outcomes Student surveys Accreditation standards		

Program Review Assessment Matrix

Does the data identify any gaps related to SLOs? Are there identifiable patterns in areas of strength or areas that may require additional attention? What trends exist in student performance related to the learning outcomes? Are there specific courses or areas where SLOs are consistently challenging for students to meet? Is there student feedback regarding the effectiveness of instructional methods in achieving the SLOs? How well does the clinical/externship or capstone courses allow students to prepare for real-world applications?			

Program Review Assessment Matrix

Is the sequencing of courses logical and does it facilitate a progressive acquisition of skills and knowledge? Are the courses and materials relevant to the current industry standards? Are the assessment methods varied and appropriate for the diverse aspects of the program? Are assessment methods aligned with the intended outcomes of each course and the program?			
Student Feedback Were any gaps identified in the last satisfaction survey that would indicate a need for improvement? Were any gaps identified in the EOC surveys that would indicate a need for improvement? Does the EOC survey satisfaction and participation rates meet the defined benchmarks?	EOC Surveys Graduate Surveys Student Satisfaction Surveys		

Program Review Assessment Matrix

Does the graduate survey satisfaction and participation rates meet the defined benchmarks?			
External Feedback Were any suggestions made by the Advisory Committee to improve the program? Were any suggestions made by clinical/externship sites to improve the program? Were any suggestions made by employers to improve the program? Does the employer survey satisfaction and participation rates meet the defined benchmarks?	Advisory Committee Minutes Clinical/Externship Site Feedback Employer Surveys		
Institutional Set Standards Course Completion (insert benchmark%) Do course completion rates for the last two years meet accreditation and institutional set standards?	Course completion rates Graduation rates		

Program Review Assessment Matrix

Graduation Rates (insert benchmark%) Do program graduation rates for the last two years meet accreditation and institutional set standards? Are graduation rates trending in a positive direction? **Placement Rate (insert benchmark%)** Do placement rates for the last two years meet accreditation and institutional set standards? **Certification/Licensure Rates (insert benchmark%)** Do program 3rd party exam participation and pass rates for the last two years meet accreditation and institutional set standards? Are 3rd party exam pass rates trending in a positive direction?	Accreditor graduation standards Placement rates Certification/licensure rates		

Program Review Assessment Matrix

Review Area 2: Resource Evaluation			
Topic	**Data Sources**	**Analysis**	**Gaps Identified**
Instructional Resources Are there sufficient resources, including textbooks, software, and equipment, to support the curriculum? How well does the program leverage available resources to enhance the learning experience? How effectively does the curriculum integrate technology to enhance learning? Is the program equipment in alignment with the Standard Equipment List (SEL)? Is the SEL adequate to promote student achievement of learning outcomes? Does the SEL align with program accreditation requirements for instructional resources?	Master Instructional Resource List Standard Equipment List (SEL) Accreditation Standards		

Program Review Assessment Matrix

Instructional Support Resources Are the library, and student support resources adequate to meet student needs and accreditation standards? Is the academic instructional support adequate to support student success? Is the faculty instructional support outside of class hours adequate to support student success?	Library holdings and resources Student & Faculty Surveys Accreditation Standards Student-faculty ratio requirements Faculty office hours Student survey feedback		
Faculty Do the minimum faculty requirements align to accreditation and industry standards? How are faculty qualifications monitored to ensure they meet accreditation requirements? Do the faculty to student ratios meet accreditation and college published standards?	Instructor Observations Strategic plan		

Program Review Assessment Matrix

Are faculty numbers sufficient to meet program outcomes? Have the instructor observations (IO) identified any needed areas of development? Does the student feedback indicate the faculty are effective in instructional delivery? Is there ongoing professional development for faculty to stay updated on educational trends and pedagogical best practices? Does faculty development align with changing accreditation standards?			

Program Review Assessment Matrix

Review Area 3: Policy Evaluation			
Topic	**Data Sources**	**Analysis**	**Gaps Identified**
Admissions Standards Do the program enrollment practices accurately reflect what is published in the college catalog?	College Catalog Accreditation Standards		
Handbooks Does the program (as applicable) and student handbooks reflect the policies and procedures of the program?	Student Handbook Program Handbook		
Catalog and Web Site Information Does the catalog and website accurately reflect the program requirements, standards, goals, etc?	College Catalog Program Page on college website Accreditation Standards		

Program Review Assessment Matrix

Review Area 4: Accreditation Status Evaluation			
Topic	**Data Source**	**Analysis**	**Gaps Identified**
Status What is the program's current accreditation status? How well does the program adhere to the standards set by the accrediting body? When is the next accreditation review scheduled? Are there any areas where the program falls short of meeting accreditation criteria? Is there sufficient documentation and evidence to demonstrate compliance with accreditation standards?	Accreditation reports		
Continuous Improvement Are there any identified areas not meeting standards? Is the program currently on an improvement plan? What is the status of the improvement plan?			

Program Review Assessment Matrix

Textbook Change Request					
Course Codes Affected	**Change Type**	**Book Title**	**Author**	**Edition**	**Publisher**
	Choose type of request				
	Choose type of request				
	Choose type of request				
	Choose type of request				
	Choose type of request				
	Choose type of request				

WSC Senior College and University Commission

November 17, 2020

Mr. Nick Gomez
President
San Joaquin Valley College
3828 West Caldwell Avenue
Visalia, CA 93277

Dear President Gomez:

This letter serves as formal notification and official record of action taken concerning San Joaquin Valley College (SJVC) by the WASC Senior College and University Commission (WSCUC) at its meeting November 6, 2020. This action was taken after consideration of the report of the review team that conducted the Seeking Accreditation Visit 1 to SJVC August 12 – 14, 2020. The Commission also reviewed the institutional report and exhibits submitted by SJVC prior to the Seeking Accreditation Visit 1 and the institution's October 8, 2020 response to the team report. The Commission appreciated the opportunity to discuss the visit with you and your colleagues Donn Ritter, Board of Governors chair, Sumer Avila, Provost, and Crystal VanderTuig, Director of Institutional Relations and Accreditation Liaison Officer (ALO). Your comments were very helpful in informing the Commission's deliberations. The date of this action constitutes the effective date of the institution's new status with WSCUC.

Actions

1. Receive the Seeking Accreditation Visit 1 team report
2. Grant Initial Accreditation for a period of six years
3. Schedule the next reaffirmation review with the Offsite Review in fall 2025 and the Accreditation Visit in spring 2026
4. Schedule a Progress Report to be submitted by May 30, 2021 to address:
    a. A formal written service agreement between SJVC and Ember Education.
    b. The need to reduce the cohort default rate including a plan with goals, timelines and resources.
5. Schedule an Interim Report to be submitted by November 1, 2023 to address the six recommendations in this letter.

The Commission commends SJVC in particular for the following:

1. Ensuring that the institution's mission is widely embraced by the Board of Governors, administration, staff, faculty, and students.
2. Building a sound strategic planning foundation that uses principles and protocols to determine, prioritize, implement and evaluate improvement initiatives and strategic work throughout all levels of the college.
3. Involving the faculty in the design of a learning environment with practical application in the workforce.
4. Promoting a collaborative team approach to supporting students as they pursue their education.
5. Committing institutional resources to professional development for leadership, faculty, and staff.

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6. Responding quickly and comprehensively to the pandemic by dedicating information and financial resources to students and staff.

The Commission requires the institution to respond to the following issues:

1. Prioritize and broadly demonstrate the commitment to diversity, equity, and inclusion throughout the institution (CFR 1.4).
2. Expand the definition of student achievement to include an analysis of annual cohort retention and graduation rate data, facilitate benchmarking against external measures and make these results visible to the public (CFR 2.10, 2.11, 4.1).
3. Evaluate technology resources, including wireless capacity, to ensure that student needs are met (CFR 3.5).
4. Clarify the roles, services and lines of responsibility between Ember and SJVC by formalizing the relationship between the entities (CFR 3.7).
5. Exercise the guiding authority of the Board of Governors and its enhanced independence (CFR 3.9).
6. Strengthen the role of the Academic Council to facilitate effective academic leadership by the faculty (CFR 3.10)

In taking this action to grant Initial Accreditation, the Commission confirmed that SJVC addressed the three Core Commitments and successfully completed the institutional review process for Initial Accreditation conducted under the 2013 Standards of Accreditation. In keeping with WSCUC values, SJVC should strive for ongoing improvement with adherence to all Standards of Accreditation and their associated CFRs to foster a learning environment that continuously strives for educational excellence and operational effectiveness.

SJVC must use the following statement if it wishes to describe its accreditation status publicly:

> *San Joaquin Valley College is accredited by the WASC Senior College and University Commission (WSCUC), 985 Atlantic Avenue, Suite 100, Alameda, CA 94501, 510.748.9001.*

Federal law requires that the WSCUC address and phone number appear in your catalog.

The accredited status of a program should not be misrepresented. The accreditation granted by WSCUC refers to the quality of the institution as a whole. Because institutional accreditation does not imply specific accreditation of any particular program at the institution, statements such as "this program is accredited" or "this degree is accredited" are incorrect and misleading. The phrase "fully accredited" is also to be avoided, since no partial accreditation is possible.

The Commission stipulated that this action encompassed the degrees offered by SJVC at the time of this action, as listed at the end of this letter as the Consolidated List of Currently Offered Degrees. Any proposed new degree programs, off-campus sites, online offerings, and/or changes in governance or ownership require review and approval through the Substantive Change process. Degree programs reviewed and included under this action may be extended to other currently approved campuses of the institution without prior Substantive Change action. Offerings at new locations may need to go through Substantive Change approval, in accordance with the requirements stated in the Substantive Change manual.

Institutions granted Initial Accreditation are required to:

1. Submit an Annual Report in the format required by the Commission.

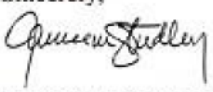
2. Keep the Commission informed of any significant changes or developments. Any proposed new degree programs, off-campus sites, online offerings, and/or changes in governance or ownership require review and approval through the Substantive Change process.

3. Pay Annual Membership Dues prorated from the date of this action. An Annual Dues statement will be sent under separate cover.

In accordance with Commission policy, a copy of this letter is being sent to the chair of the SJVC governing board. The Commission expects that the team report and this action letter will be posted in a readily accessible location on the SJVC's website and widely distributed throughout the institution to promote further engagement and improvement and to support the institution's response to the specific issues identified in these documents. The team report and the Commission's action letter will also be posted on the WSCUC website. If the institution wishes to respond to the Commission action on its own website, WSCUC will post a link to that response on the WSCUC website.

Finally, the Commission wishes to express its appreciation for the extensive work that San Joaquin Valley College undertook in preparing for and supporting this accreditation review. WSCUC is committed to an accreditation process that adds value to institutions while contributing to public accountability, and we thank you for your continued support of this process. Please contact me if you have any questions about this letter or the action of the Commission.

Sincerely,



Jamienne S. Studley
President

JSS/mam

Cc: Phillip Doolittle, Commission Chair
Crystal VanderTuig, ALO
Donn Ritter, Board Chair
Members of the Seeking Accreditation Visit 1 team
Maureen A Maloney, Vice President

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Consolidated List of Currently Offered Degrees by Modality

On-Site

Associate of Science Degrees

Aviation Maintenance Technology
Business Office Administration
Clinical and Administrative Medical Assisting
Construction Management
Criminal Justice: Corrections
Dental Assisting
Dental Hygiene
Diagnostic Medical Sonography
Electrical Technology
Heating, Ventilation, Air Conditioning, and Refrigeration
Industrial Maintenance Technology
Medical Office Administration
Pharmacy Technician
Physical Therapy Assisting
Registered Nursing
Registered Nursing - LVN to RN Bridge
Respiratory Therapy
Surgical Technology
Certificate to Associate of Science Bridge Program in Veterinary Assistant to Veterinary Technology
Veterinary Technology
Vocational Nursing

Certificates

Aviation Maintenance Technology
Business Office Administration
Clinical Medical Assisting
Dental Assisting
Diagnostic Medical Sonography
Electrical Technology
Heating, Ventilation, Air Conditioning, and Refrigeration
Industrial Maintenance Technology
Medical Office Administration
Pharmacy Technology
Registered Nursing
Veterinary Assistant
Vocational Nursing

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Distance Education

Baccalaureate Degrees

Bachelor of Science Degree in Dental Hygiene
Bachelor of Science Degree in Health Care Management
Bachelor of Science in Respiratory Therapy
Bachelor of Science in Nursing

Associate of Science Degrees

Business Office Administration
Clinical and Administrative Medical Assisting
Construction Management
Human Resources Administration
Information Technology
Medical Billing and Coding

Certificates

Business Office Administration
Clinical Medical Assisting
Human Resources Administration
Information Technology with a Concentration in Computer Support
Information Technology with a Concentration in Networking
Information Technology with a Concentration in Security
Information Technology with a Concentration in Networking Support
Information Technology with a Concentration in Security Support
Information Technology with a Concentration in Computer Support, Networking, and Security
Information Technology with a Concentration in Computer Support and Networking
Information Technology with a Concentration in Networking and Security
Information Technology with a Concentration in Computer Support and Security
Medical Billing and Coding

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WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES

Richard Winn, President
Ian Walton, Chair

January 27, 2020

Mr. Mitch Charles, President
Carrington College
8909 Folsom Boulevard
Sacramento, CA 95826

Dear Mr. Charles:

The Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges, at its meeting January 15-17, 2020, reviewed the Institutional Self Evaluation Report (ISER) and evidentiary materials submitted by Carrington College. The Commission also considered the Peer Review Team Report (Team Report) prepared by the peer review team that conducted its onsite visit to the College October 14 – 17, 2019.

The purpose of this review was to determine whether the College continues to meet ACCJC's Eligibility Requirements, Commission Policies, and Accreditation Standards (hereinafter, the Standards). Upon consideration of the written information noted above, the Commission acted to **Reaffirm Accreditation for seven years**.

Commendations
The Commission recognizes the exemplary performance of Carrington College in the following areas. Commendations signify practices for which the Commission believes the insitution has exceeded standards.

Commendation 1: The Commission commends the College for the strong alignment of the institution's programs and services with its mission by emphasizing professional standards required for successful careers. (I.A.3)

Commendation 2: The Commission commends the College for providing exemplary comprehensive academic advising programs to support success for at-risk students. The Students on At-risk (SOAR) advising program provides timely interventions to ensure that students understand the requirements for completion in their program of study. (II.C.5)

Compliance Requirements
None.

Recommendations for Improving Institutional Effectiveness
The Team Report noted Recommendations 1, 2 and 3 for improving institutional effectiveness. These recommendations do not identify current areas of deficiency in institutional practice, but consistent with its mission to foster continuous improvement through the peer review process, the Commission encourages institutions to give serious consideration to the advice contained in the peer reviewers' recommendations.

Tel: 415-506-0234
Fax: 415-506-0238
10 Commercial Boulevard, Suite 204
Novato, CA 94949
accjc@accjc.org
accjc.org

The Commission anticipates that you will bring them and the team's full report to the attention of your institution for serious consideration. In the Midterm Report, the College will include actions taken in response to the peer review team's improvement recommendations.

Next Steps

The Team Report provides details of the peer review team's findings. The guidance and recommendations contained in the Report represent the best advice of the peer review team at the time of the visit but may not describe all that is necessary for the college to improve. A final copy of the Team Report is attached.

The Commission requires that you disseminate the ISER, the Team Report, and this letter to those who were signatories of the ISER and that you make these documents available to all campus constituencies and the public by placing copies on the College website. Please note that in response to public interest in accreditation, the Commission requires institutions to post current accreditation information on a Web page no more than one click from the institution's home page. In keeping with ACCJC policy, the Commission action will also be posted on the ACCJC website within 30 days of the date of the Commission's action.

The next report from the College will be the Midterm Report[1] due on October 15, 2023. The institution's next comprehensive review will occur in the fall term of 2026.

On behalf of the Commission, I wish to express appreciation for the diligent work and thoughtful reflection that Carrington College undertook to prepare for this evaluation. These efforts confirm that peer review can well serve the multiple constituencies of higher education by both ensuring and encouraging institutional quality and effectiveness.

If you have any questions about this letter or the Commission's action, please feel free to contact me or the vice president that has been assigned as liaison to your institution.

Sincerely,

Richard Winn, Ed.D.
President

RW/tl

cc: Mr. Jonathan Sherman, Accreditation Liaison Officer

Attachment

[1] Institutions preparing and submitting Midterm Reports, Follow-up Reports, and Special Reports to the Commission should review *Guidelines for the Preparing Institutional Reports to the Commission*, found on the ACCJC website at https://accjc.org/publications/.

Exhibit C: San Joaquin Valley College and Carrington College Organizational Charts

SJVC
A PRIVATE CAREER COLLEGE

Visalia Dental Hygiene Program
Prior to Transfer of Sponsorship

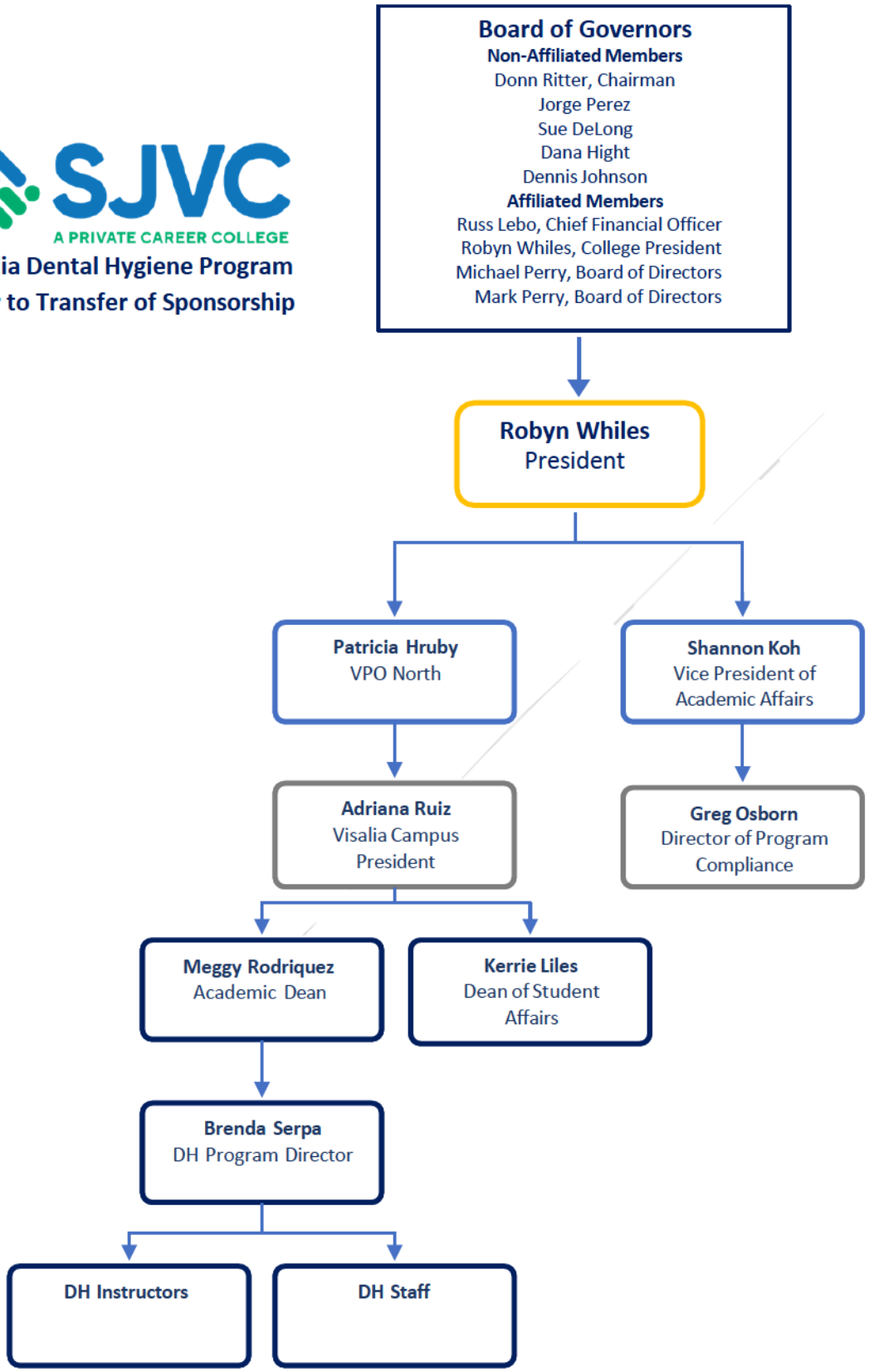

Exhibit C: San Joaquin Valley College and Carrington College Organizational Charts

Visalia Dental Hygiene Program
After Transfer of Sponsorship

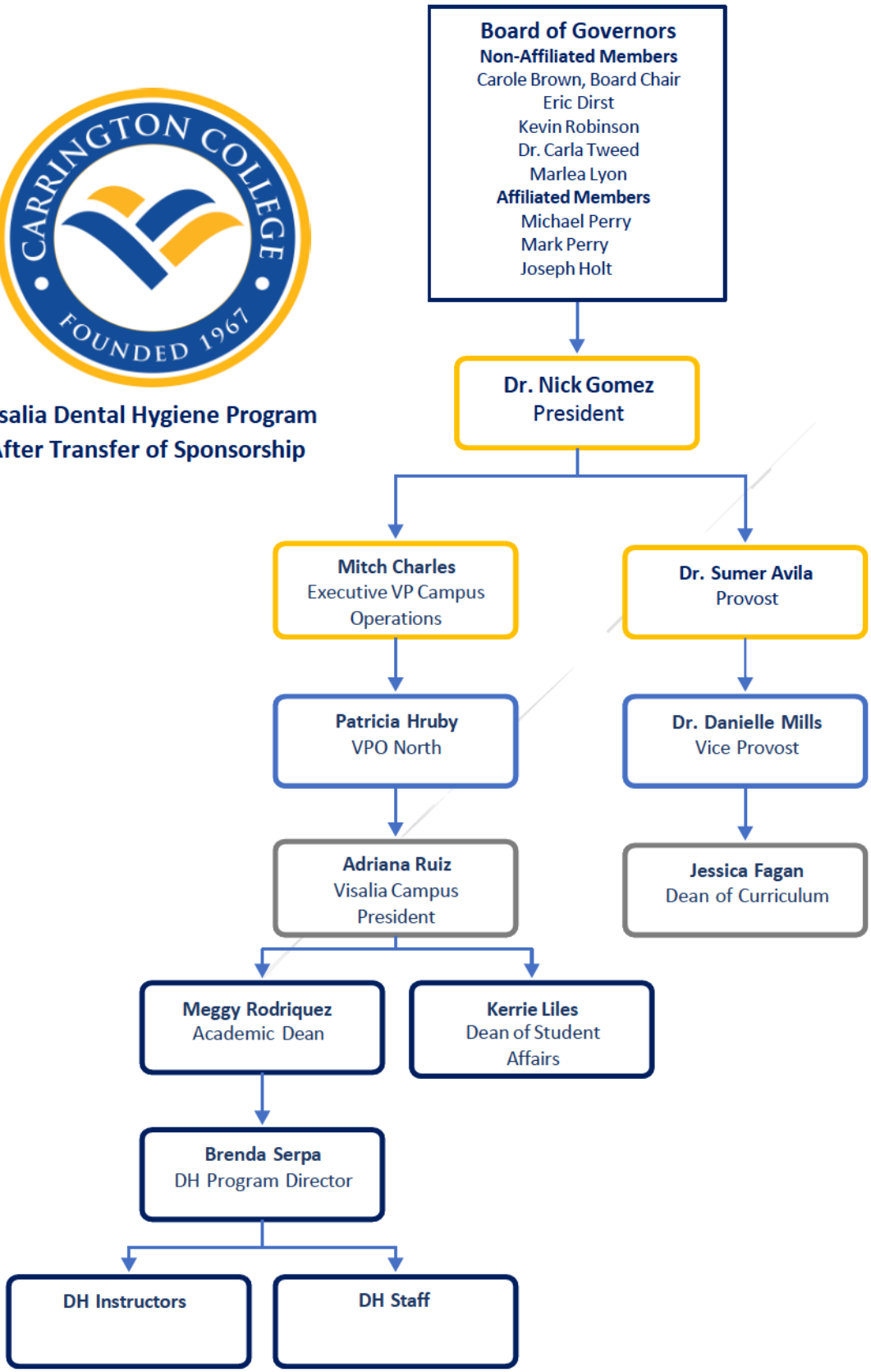

Exhibit D: Carrington College Library A-Z Databases

CARRINGTON COLLEGE®

Carrington College / Carrington College Library / Carrington College Library / Home

Carrington College Library: Home

new website interface

Home | Library Guides | Writing Papers at Carrington | How Do I...? | About Us | Popular Databases | Questions - See Our FAQ

LIBRARY HOME

Your **OPINION MATTERS**! Complete this **brief survey** to let us know what you think about the Carrington College Library!

45 Databases

All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

A

Academic Search Complete

Academic Search Complete is the world's most valuable and comprehensive scholarly, multi-disciplinary full-text database, with more than 8,500 full-text periodicals, including more than 7,300 peer-reviewed journals. In addition to full text, this database offers indexing and abstracts for more than 12,500 journals and a total of more than 13,200 publications including monographs, reports, conference proceedings, etc. The database features PDF content going back as far as 1887, with the majority of full text titles in native (searchable) PDF format. Searchable cited references are provided for more than 1,400 journals.
View Less

Agricola

The National Agriculture Library Catalog (AGRICOLA) provides citations to agricultural literature. as one of the world's largest collections devoted to agriculture and its related sciences.

AHFS Consumer Medication Information

AHFS Consumer Medication Information has patient drug information in English and Spanish. Published by the American Society of Health-System Pharmacists,

Anatomy.tv

Anatomy.tv is the most accurate and detailed 3D anatomy resource available. A great help guide is available at Des Moines U - https://lib.dmu.edu/db/anatomytv

B

Business Source Complete

This component of Business Source Complete provides detailed company information for more than 1.1 million of the world's largest public and private companies.

C

CINAHL Plus® with Full Text

CINAHL Plus® with Full Text is a robust collection of full text for nursing & allied health journals, providing full text for more than 770 journals indexed in CINAHL®. This authoritative file contains full text for many of the most used journals in the CINAHL index, with no embargo. CINAHL Plus with Full Text is the core research tool for all areas of nursing and allied health literature. Full text coverage dates back to 1937. For a video tutorial, please copy and paste this link into your browser: https://connect.ebsco.com/s/article/CINAHL-Databases-Basic-Searching-Tutorial?language=en_US

View Less

Consumer Health Complete

Consumer Health Complete is a comprehensive resource for consumer-oriented health content. It is designed to support patients' information needs and foster an overall understanding of health-related topics. Consumer Health Complete provides content covering all areas of health and wellness from mainstream medicine to the many perspectives of complementary, holistic and integrated medicine. In addition, Consumer Health Complete includes the Clinical Reference System and the Lexi-PAL Drug Guide, which provides access to up-to-date, concise and clinically relevant drug monographs. The database is updated on a weekly basis.

View Less

D

Dentistry and Oral Sciences Source

Dentistry & Oral Science Source covers all facets relating to the areas of dentistry including dental public health, endodontics, facial pain & surgery, odontology, oral & maxillofacial pathology/surgery/radiology, orthodontology, pediatric dentistry, periodontology, and prosthodontics. The database is updated weekly on EBSCOhost.

View Less

Dynamed (evidence-based clinical information)

DynaMed is the clinical reference tool that clinicians go to for answers. Look to DynaMed for the most current, evidence-based information available.

E

EBSCOHost Databases

EBSCOhost provides access to 33 different databases covering many subjects (e.g., Business, Education, Humanities, Dentistry, Nursing, Medicine, Psychology, Reference materials, eBooks, Health, etc.). You may search across the databases or select one or more databases to narrow your search to a specific subject. Contents include full-text articles, videos, ebooks and more.

View Less

Education Research Complete

Education Research Complete covers the areas of curriculum instruction, administration, policy, funding, and related social issues.

ERIC

The Education Resources Information Center (ERIC) is an online digital library of education research and information.

G

GreenFILE

GreenFILE provides a collection of scholarly, government and general-interest titles and covers content about the environmental effects of individuals, corporations and local/national governments as well as what can be done at each level to minimize these effects.

H

Health Business Elite

Health Business Elite provides comprehensive journal content detailing all aspects of health care administration and other non-clinical aspects of health care institution management.

Health Policy Reference Center

The Health Policy Reference Center is a comprehensive full-text database covering all aspects of health policy and related issues. This collection provides unmatched full-text coverage of information relevant to many areas integral to health policy including, but not limited to: health care access, health care quality, health care financing, etc.

Health Source - Consumer Edition

Health Source: Consumer Edition is a rich collection of consumer health information.

Health Source: Nursing/Academic Edition

Health Source provides nearly 550 scholarly full text journals focusing on many medical disciplines. Also featured are abstracts and indexing for nearly 850 journals.

L

Library, Information Science & Technology Abstracts with Full Text

Library, Information Science & Technology Abstracts (LISTA) indexes more than 560 core journals, nearly 50 priority journals, and 125 selective journals; plus books, research reports and proceedings.

M

Made Incredibly Easy!

LWW Health Library: Made Incredibly Easy! provides a digital learning tool for nurses at the BSN/RN-level in academic and hospital settings that will aid in their learning experience by providing access to texts designed to enhance their understanding of essential topics as well as prepare them for clinical rotations.

MasterFILE Premier

MasterFILE Premier contains full text for nearly 1,700 periodicals covering general reference, business, health, education, general science, multicultural issues and much more.

MEDLINE with Full Text

MEDLINE with Full Text provides the authoritative medical information on medicine, nursing, dentistry, veterinary medicine, the health care system, and pre-clinical sciences found on MEDLINE, plus the database provides full text for more than 1,470 journals indexed in MEDLINE. Of those, nearly 1,450 have cover-to-cover indexing in MEDLINE. And of those, 558 are not found with full text in any version of Academic Search, Health Source or Biomedical Reference Collection.

Military & Government Collection

Designed to offer current news pertaining to all branches of the military, this database offers a thorough collection of periodicals, academic journals and other content pertinent to the increasing needs of those sites.

N

Newspaper Source Plus

Newspaper Source Plus includes more than 860 full-text newspapers, providing more than 35 million full-text articles.

Newswires

O

OpenDissertations

OVID Journal Collection

Over 100 full-text journals in the fields of Nursing and Allied Heath, a PICO Resource page with videos and help cards, plus the ability to search across all of the titles using the search box.

P

Pharmacology World

50 videos covering key concepts of pharmacology including all major drug classes, mechanism of action, key pharmacokinetics, major therapeutic uses, and common and serious adverse effects. It incorporates relevant physiology, pathophysiology and biochemistry and prepares students for course exams and national licensing exams
View Less

PLOS: Public Library of Science

The Public Library of Science (PLOS) is an Open Access publisher offering search access to several large article collections on a variety of scientific and medical topics.

Plumb's Pro

Plumb's Pro™ provides point of care information for trusted clinical decision support. On one easy-to-use platform, you'll get a full suite of continually updated content and tools, including expert-written diagnostic and treatment information, step-by-step flowcharts, reliable veterinary drug information, practical prescribing tools like the drug interaction checker, shareable handouts for pet owners, and more.

Points of View Reference Center

Points of View Reference Center is a full text database designed to provide students and schools with a series of controversial essays that present multiple sides of a current issue. Essays provide questions and materials for further thought and study and are accompanied by thousands of supporting articles from...
View More

Professional Development Collection

Psychology and Behavioral Sciences Collection

This database provides access to more than 530 full-text journals, including coverage in child & adolescent psychology and various areas of counseling.

R

Regional Business News

Incorporates more than 80 regional business publications covering all metropolitan and rural areas within the United States.

Rehabilitation Reference Center

Rehabilitation Reference Center is an evidence-based, point-of-care information resource designed for physical therapists, occupational therapists, speech therapists and sports medicine professionals.

Research Starters - Business

Research Starters are study and research guides designed specifically for advanced high school students, college students and selected graduate students. They consist of comprehensive, yet concise topic summary articles of about 3,000 words in length written by researchers, scholars and other subject matter experts.

Research Starters - Education

Research Starters are study and research guides designed specifically for advanced high school students, college students and selected graduate students. They consist of comprehensive, yet concise topic summary articles of about 3,000 words in length written by researchers, scholars and other subject matter experts.
View Less

Research Starters - Sociology

Research Starters are study and research guides designed specifically for advanced high school students, college students and selected graduate students. They consist of comprehensive, yet concise topic summary articles of about 3,000 words in length written by researchers, scholars and other subject matter experts.

Research Starters (Business, Education, & Sociology)

Research Starters are study and research guides designed specifically for advanced high school students, college students and selected graduate students. They consist of comprehensive, yet concise topic summary articles of about 3,000 words in length written by researchers, scholars and other subject matter experts.
View Less

S

SPORTDiscus with Full Text

SPORTDiscus with Full Text is the world's most comprehensive source of full text for sports & sports medicine journals, providing full text for 550 journals indexed in SPORTDiscus.

STAT!Ref

STAT!Ref®, a premier healthcare e-resource, enables users to intuitively cross-search full-text titles, journals, and evidence-based point-of-care authoritative resources.

T

Teacher Reference Center

Teacher Reference Center (TRC) provides indexing and abstracts for 280 peer-reviewed journals for teacher education.

U

UpToDate Lexidrug (formerly Lexicomp for Dentistry)

Provides dentistry drug information. It includes content, images, treatment recommendations, and links to drugs.

V

Vocational and Career Collection

Designed to meet a wide variety of vocational and technical research needs, this collection provides full-text coverage for trade and industry-related periodicals.

W

Web News

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

Education Committee Agenda Item 4.

Discussion and Possible Action on the Request to Increase the Initial Student Enrollment at the Proposed California Baptist University Dental Hygiene Educational Program.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL HYGIENE BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1350 Sacramento, CA 95815
P (916) 263-1978 | F (916) 623-4093 | www.dhbc.ca.gov

MEMORANDUM

DATE	July 19, 2025
TO	Education Committee Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	**EDU 4: Discussion and Possible Action on the Request to Increase the Initial Student Enrollment at the Proposed California Baptist University Dental Hygiene Educational Program.**

BACKGROUND:

On December 5, 2024, California Baptist University (CBU) submitted a letter of intent to request Dental Hygiene Board of California (Board) approval to establish a Bachelor of Science in Dental Hygiene education program based in Riverside, California to address educational needs as well as increase preventative oral health services and access to care in the communities of Riverside, Ontario, San Bernardino, and the many underserved populations of the Inland Empire region.

On January 9, 2025, CBU submitted a feasibility study to the Board for review and consideration to establish a Bachelor of Science in Dental Hygiene education program. The Board reviewed the feasibility study at the March 21 – 22, 2025, Full Board Meeting and "provisionally approved" a new Dental Hygiene Educational Program offered by California Baptist University (the provision being an extendable 2-year probation period once the program begins operations).

On June 9, 2025, CBU submitted a request, along with supporting documentation, to increase the initial student enrollment at the proposed CBU Dental Hygiene Educational Program to two (2) cohorts of 24 students each, with one cohort starting in the fall semester of 2028 and an additional cohort starting in the spring semester of 2029. This increase would result in a stepped programmatic capacity of 96 students.

STAFF RECOMMENDATION:

Staff recommends for the Education Committee to review CBU's request to increase the initial student enrollment at the proposed CBU Dental Hygiene Educational Program to two (2) cohorts of 24 students each, with one cohort starting in the fall semester of 2028 and an additional cohort starting in the spring semester of 2029.

Staff is hesitant to recommend the approval of CBU's request of doubling the number of cohorts because the program has yet to begin operations and has no track record of successfully running a dental hygiene educational program. The initial provisional approval for the program was for one cohort in each successive year over a 2-year period. Without any knowledge of how the program will operate or issues it may encounter, doubling the number of cohorts with so many unknowns could compromise consumer protection for the students, faculty, and patients alike.

PROS: CBU has stated by approving the request to initially double the number of cohorts when the program begins will project to provide adequate financial stability to continue the dental hygiene program's operations. Also, by increasing the number of cohorts that are graduated, it would increase the potential number of dental hygiene licensees who will provide access to dental hygiene care.

CONS: Without knowing whether CBU can successfully operate a new dental hygiene program, which was the reason for the provisional approval, there are too many unknown variables in operations that could impact consumer safety. Although CBU has run other allied health professional programs successfully, a new dental hygiene program is a much different issue and could create administrative, clinical, infection control, and other operational problems should they arise. CBU would be tested to see how quickly they handle potential problems that would impact many students should they be granted a doubling of the cohorts at initial program startup.

PROPOSED MOTION LANGUAGE:

I move for the Education Committee to recommend to the Full Board to (approve/disapprove) the request to increase the initial student enrollment at the proposed California Baptist University Dental Hygiene Educational Program, with the terms of the Board's March 2025 initial provisional approval to remain.

Attachments:

1. California Baptist University Request to Increase the Initial Student Enrollment at the Proposed California Baptist University Dental Hygiene Educational Program.

College of Health Science

June 4, 2025

Anthony Lum, Executive Officer
Adina A. Pineschi-Petty, D.D.S., Education, Legislative, and Regulatory Specialist
Dental Hygiene Board of California
2005 Evergreen Street Suite 1350
Sacramento, CA 95815

Dear Mr. Lum and Dr. Pineschi-Petty,

On March 22, 2025, the DHBC conditionally approved a new educational program at California Baptist University. The feasibility study submitted to the Board projected enrollment numbers of one cohort of 24 students per year, totaling 48 students at capacity.

California Baptist University requests to increase the initial enrollment to two (2) cohorts of 24 students each, with one cohort starting in the fall semester of 2028 and an additional cohort starting in the spring semester of 2029. The increase would result in a programmatic capacity of 96 students.

You will find a narrative explanation, timeline, and supporting documentation enclosed for your review. We appreciate the Board's attention to this request and thank you in advance for your consideration.

Sincerely,

Kelly L. Donovan, R.D.H., Ed.D.
Founding Program Director, Dental Hygiene
College of Health Science
California Baptist University
kdonovan@calbaptist.edu
951-343-4717

Background/Rationale:

CBU recently conducted its annual budget hearings, where in-depth discussions with stakeholders regarding the proposed dental hygiene program sparked critical considerations about cohort sizes, potential for future growth, and the most effective strategies for program launch. Based on these insightful conversations, the CBU administration firmly believes that increasing enrollment is necessary to ensure the delivery of an exceptional, high-quality program that meets the needs of our community and prepares students for success.

Vocationally directed programs in the CBU College of Health Science such as PA, Radiography and Sonography have a strong demand of prospective students who are seeking secure careers in healthcare. Dental Hygiene provides a similar path, and CBU's proposed multi-entry model will enhance flexibility for students, driving improved engagement and retention. Additionally, the introduction of two evening clinics during the final senior semester will increase patient access and expand the clinical experience for our students.

The feasibility study presented to the Dental Hygiene Board of California (DHBC) on January 9, 2025, demonstrated the significant demand for dental hygienists in Riverside, Ontario, and San Bernardino, particularly within underserved communities. It is imperative to enhance the number of qualified providers in the region to meet the urgent need for baccalaureate-educated dental hygienists and dental hygiene educators.

Recent legislative developments, such as Nevada's Senate Bill 495, propose alternative pathways for obtaining licensure without graduating from a CODA-accredited program, raising serious concerns about the integrity of dental hygiene education. Similarly, Arizona's Senate Bill 1124 permits Oral Preventative Assistants (OPAs) to perform specific duties after completing minimally approved training. These alternative models pose a direct threat to the standards of education and training that our profession demands.

California Baptist University's College of Health Science Dental Hygiene is requesting the support of the Dental Hygiene Board of California (DHBC) to increase enrollment. This request is driven by the growing need to provide greater flexibility for our students and the community, a shortage of BSDH-trained dental hygienists and educators, and the need to ensure the delivery of comprehensive, evidence-based, patient-centered care that guarantees consumer safety and upholds the highest standards in oral health.

Description of the Change(s):

California Baptist University (CBU) seeks to increase initial enrollment from one cohort of 24 students per year, totaling 48 students at capacity, to two (2) cohorts of 24 students each, with one cohort starting in the fall of 2028 and an additional cohort starting in the spring of 2029. The increase would result in 24 students in the fall of 2028, 48 students in the spring of 2029, 72 students in the fall of 2029, and 96 students at capacity in the spring of 2030.

Curriculum: The core curriculum was modified slightly from the curriculum included in the feasibility study. These changes involve incorporating Special Needs and Emergency Care into one course and moving the Ethics Seminar course from the senior year spring semester to the senior year fall semester. Additionally, the total hours of instruction were increased from the university's customary semester length of 14 weeks to an instructional period of 15 weeks for all didactic courses, labs, and clinics. The hours of instruction have increased from 1694 to 1800.

Faculty and Support Staff Needs: It is anticipated that required human resources will number approximately 10-12 full-time faculty members, 20-25 adjunct faculty members, and six dentists. The university will fully support administrative, clinical, and sterilization staffing needs with regard to accreditation guidelines and comparability to similar healthcare programs on campus. Efforts are underway to support the instructional needs of the program, which includes assessing faculty requirements, pedagogical approaches, and necessary training initiatives.

Program Management: The hours of operation will be extended to accommodate the increase in clinical sessions. A program lead will be assigned to the specific cohorts to ensure supervision in clinical courses during extended hours.

Budget: The budget for non-capital expenditures, faculty, and support staff will increase. Please refer to the supporting documentation for a detailed estimation.

Facilities: The number of dental hygiene units and supporting facilities will remain the same. However, the architectural plans for the clinic may change as CBU evaluates whether to remodel the existing facilities, as suggested in the feasibility study, or construct a new building for the new program. With either option, renovation/construction is estimated to begin no later than June 2027.

College of Health Science

Supporting Documentation:

Exhibit A: Proposed Five Year Enrollment Projections

Proposed Timelines for Program Initiation

Proposed Core Curriculum Examples

Proposed Class Schedules

Proposed Dental Hygiene Curriculum Sequence

Proposed Non-Capital Expenditures

Proposed Five Year Enrollment Projection

Year 1 Fall 2028 (24 Students)	Spring 2029 (48 Students) +1 Cohort
Cohort 1: 24 students	Cohort 1: 24 students Cohort 2: 24 students
Year 2 Fall 2029 (72 Students)	**Spring 2030 (96 Students)**
Cohort 1: 24 students Cohort 2: 24 students Cohort 3: 24 students	Cohort 1: 24 students Cohort 2: 24 students Cohort 3: 24 students Cohort 4: 24 students
Year 3 Fall 2030 (96 Students)	**Spring 2031 (96 Students)**
Cohort 2: 24 students Cohort 3: 24 students Cohort 4: 24 students Cohort 5: 24 students	Cohort 3: 24 students Cohort 4: 24 students Cohort 5: 24 students Cohort 6: 24 students
Year 4 Fall 2031 (96 Students)	**Spring 2032 (96 Students)**
Cohort 4: 24 students Cohort 5: 24 students Cohort 6: 24 students Cohort 7: 24 students	Cohort 5: 24 students Cohort 6: 24 students Cohort 7: 24 students Cohort 8: 24 students
Year 5 Fall 2032 (96 Students)	**Spring 2033 (96 Students)**
Cohort 6: 24 students Cohort 7: 24 students Cohort 8: 24 students Cohort 9: 24 students	Cohort 7: 24 students Cohort 8: 24 students Cohort 9: 24 students Cohort 10: 24 students

Proposed Projected Timeline for Program Initiation

Timeline for Developing, Planning, and Initiating the CBU BSDH Program Pending DHBC and CODA Approvals

Date	Proposal	Budget	Faculty	Students
February 2024	Feasibility Study Proposal Submitted to CBU Administration			
December 2024	Current Letter of Intent Submitted to DHBC			
December 2024		Review and Finalize Program Budget		
January 2025	Feasibility Study Submitted to DHBC			
Jan/Feb 2025	Upon Acceptance of Feasibility Study Completion, the Study is Forwarded to DHBC Education Subcommittee (ES)			
March 2025	DHBC Education Subcommittee (ES) Recommendation on the Feasibility Study			
March 2025	DHBC Action on the Feasibility Study			
March 2025	Upon DHBC Approval of the Feasibility			

	Study, Begin CODA Application for Accreditation (IA) and Begin Self-Study Report.			
March 2026	Completed Application/Self-Study Report Submitted to CODA& DHBC for Review			
June/July 2026	CODA & DHBC Review of Application			
July 2026			Obtain Facility Permits	
November 2026	DHBC ES Subcommittee Review of CODA Application			
November 2026 February 2027	IA visit-CODA (4-7 months after completion of the application review)			
May 2027				Begin Student Recruitment Efforts
July 2027			Begin Facility Construction/Renovations	
September 2027	CODA Consideration for Initial Accreditation Status			
September 2027			Begin Website and Portfolio Design	
September 2027			Submit PD for Faculty and Staff and Begin Recruitment Process	
January 2028				Program Applications Due Fall Start

March 2028				Candidate Interviews and Selection Fall Start
April 2028				First Cohort Selected Fall Start
June 2028	DHBC Initial Site Visit			
June 2028				New Student Orientation Fall Start
June 2028				Program Applications Due Spring Start
August 2028				Candidate Interviews and Selection Spring Start
August 2028				First Cohort Admitted Fall Start
September 2028				Second Cohort Selected Spring Start
October/Nov 2028				New Student Orientation Spring Start
January 2029				Second Cohort Admitted Spring Start
TBD Est. 2029	CODA site visit (prior to first cohort graduating)			
TBD Est. 2029	DHBC site visit (prior to first cohort graduating)			

Proposed Core Curriculum and Clock Hours

Core Curriculum	
Junior Year- Core Course Work *Fall* DHG 101 Dental Biology with Lab (4) DHG 102 Infection and Hazard Control (1) DHG 103 Dental Health Education (BLN) (1) DHG 105 Dental Hygiene Services I with Lab (5) DHG 106 Radiographic Interpretation with Lab (3) DHG 107 Head and Neck Anatomy (2) Total Units:16	 *Spring* DHG 110 Special Patient Care and Emergency Management (2) DHG 112 Nutrition in Dentistry (2) DHG 113 General and Oral Pathology (2) DHG 114 Dental Materials with Lab (3) DHG 115 Dental Hygiene Services II with Lab and Clinic (4) DHG 116 Pain Management with Lab (3) Total Units: 16
Senior Year- Core Course Work *Fall* DHG 200 Periodontal Pathology and Therapy I (2) DHG 210 Research Methodology (2) DHG 212 Community Oral Health Planning (2) DHG 214 Basic and Applied Pharmacology (2) DHG 215 Dental Hygiene Services III with Lab and Clinic (5) DHG 216 Senior Seminar I (1) DHG 217 Dental Ethics and Legal Principles (2) Total Units: 16	*Spring* DHG 250 Dental Hygiene Services IV with Lab and Clinic (6) DHG 251 Applied Periodontology (2) DHG 252 Community Oral Health Practice (3) DHG 265 Research II (3) DHG 275 Practice and Financial Management (1) DHG 280 Senior Seminar II/Advanced Clinical Topics (1) Total Units: 16
Total Units Core	**64**

Course	Hours of Instruction
DHG 101 Dental Biology with Lab	30 Lecture/30 Lab=60

DHG 102 Infection and Hazard Control	30 Lecture
DHG 103 Dental Health Education	30 Lecture
DHG 105 Dental Hygiene Services I with Lab	52.5 Lecture/120 Lab = 172.5
DHG 106 Radiographic Interpretation with Lab	37.5 Lecture/ 52.5 Lab= 90
DHG 107 Head and Neck Anatomy	37.5 Lecture
DHG 110 Emergency Management and Special Needs Care	30 Lecture
DHG 112 Nutrition in Dentistry	30 Lecture
DHG 113 General and Oral Pathology	30 Lecture
DHG 114 Dental Materials with Lab	37.5 Lecture/ 52.5 Lab= 90
DHG 115 Dental Hygiene Services II with Lab and Clinic	30 Lecture /30 Lab/180 Clinic=240
DHG 116 Pain Management with Lab	Lecture 30/Lab 60=90
DHG 200 Periodontal Pathology and Therapy I	30 Lecture
DHG 210 Research Methodology	30 Lecture

DHG 212 Community Oral Health Planning	37.5 Lecture
DHG 214 Pharmacology	30 Lecture
DHG 215 Dental Hygiene Services III with Lab and Clinic	30 Lecture/30 Lab/180 Clinic=240
DHG 216 Senior Seminar I	15 Lecture
DHG 217 Dental Ethics and Legal Principles	30 Lecture
DHG 250 Dental Hygiene Services IV	15 Lecture/30 Lab/240 Clinic=285
DHG 251 Applied Periodontology II	37.5 Lecture
DHG 252 Community Oral Health Practice	45 Lecture
DHG 265 Research II	37.5 Lecture
DHG 275 Practice and Financial Management	22.5 Lecture
DHG 280 Senior Seminar II/Advanced Clinical Topics	30 Lecture
Total	1800

Revised Course Description

DHG 110 Special Needs and Emergency Care

This course provides the student with the basic principles in management of special medical and dental conditions and emergencies in the dental care setting. This course includes study of the needs and care of the medically compromised, geriatric, and mentally or physically challenged patient utilizing therapeutic techniques. Knowledge of and skills related to care and management of clinical signs and symptoms, and emergency treatment are emphasized.

Units: 2.0
When Offered: Spring
Grade Type: Letter Grade
Prerequisite(s): Admission to and enrollment in the Dental Hygiene Program and all Dental Hygiene Program first semester courses. Successful completion of all Dental Hygiene Program General Education courses. 30 hours lecture. 60 Outside of class hours. (90 Total Student Learning Hours) 2 Units.
Corequisite(s): DHG 112, DHG 113, DHG 114, DHG 115, DHG 116
Weekly: 2.0 hours lecture, 0 hours lab.

Proposed Course Schedule:

CBU BSDH Sample Course Progression: Schedule

Monday				Tuesday				Wednesday				Thursday				Friday			
Jr.1	Jr. 2	Sr.3	Sr.4	Jr.1	Jr.2	Sr.3	Sr.4	Jr.1	Jr.2	Sr.3	Sr.4	Jr.1	Jr.2	Sr.3	Sr.4	Jr.1	Jr.2	Sr.3	Sr.4
DHG 105 Dental Hygiene Services (LEC) 8:00-11:30 **C1** INST 1	DHG 115 Dental Hygiene Services II (LEC) 8:00-10:00 **SIM** INST 1	DHG 210 Dental Hygiene Services III 8:00-12:00 **CLN** INST 1 INST 2 INST 3 INST 4 INST 5 DDS 1	DHG 250 Dental Hygiene Services IV (LEC) 8:00-9:00 **C2** INT 1	DHG 106 Radio (LEC) 7:30-10:00 **C1** INST 1	DHG 115 Dental Hygiene Services II 8-12:00 **CLN** INST 1 INST 2 INST 3 INST 4 INST 5 DDS 1	DHG 200 Perio I 8:00-10:00 **C2** INST 1	No AM Classes	DHG 101 Dental Biology ~~Lec~~ 7:30-9:30 **SIM** INST 1	DHG 115 Dental Hygiene Services II 8-12:00 **CLN** INST 1 INST 2 INST 3 INST 4 INST 5 DDS 1	No AM Classes	DHG 275 Dental ~~Pract.~~ Mgt 9:00-10:30 **C1** INST 1	DHG 105 Dental Hygiene Services I (LAB) 8:00-12:00 **CLN** INST 1 INST 2 INST 3 INST 4 INST 5 DDS 1	DHG 112 NUTR 8:00-10:00 (BLN) **C1** INST 1	DHG 214 Pharm 8:00-10:00 **C2** INST 1	No Am Class	DHG 107 Head & Neck Ana. 8:00-10:30 **C1** INST 1	DHG 116 Pain M (LAB) 8-12:00 **CLN** INST 1 INST 2 INST 3 INST 4 INST 5 DDS 1	DHG 210 Dent ~~Hyg.~~ Svc. III (LEC) 8:30-10:0 **C2** INST 1	DHG 250 Dental ~~Hyg~~ Serv. IV (LAB) 8:00-10:00 **SIM** INST 1 INST 2 INST 3 INST 4 INST 5
	DHG 115 Dental Hygiene Services II (LAB) 10:30-12:30 **SIM** INST 1 INST 2 INST 3 INST 4 INST 5			DHG 102 Infection Control with Lab 10:30-12:30 **SIM/CLN** INST 1 INST 2 INST 3 INST 4 INST 5		DHG 215 Re I 10:30-12:30 **C2** INST 1		DHG 101 Dental Biology Lab 10:00-12:00 **CSIM** INST 1 INST 2 INST 3			Senior Seminar II/Adv Clinical Topics 11:00-12:00 **C1** INST 1		DHG 110 Special Needs & Emerg. Care (BLN) 10:30-12:30 **C1** INST 1	DHG 216 Senior Seminar I 10:30-11:30 **C2** INST 1		DHG 103 Dental Health Ed. BLN 11:00-12:30 **C1** INST 1		DHG 210 Dent ~~Hyg.~~ Svc. III (LAB) 1030 1230 **SIM** INST 1 INST 2 INST 3 INST 4 INST 5	
Lunch 12:00-1:00	Lunch 12:30-1:30	Lunch 12:00-1:00	Lunch 12:00-1:00	Lunch 12:30-1:30	Lunch 12:00-1:00	Lunch 12:30-1:30	No am Classes	Lunch 12:00-1:00	Lunch 12:00-1:00	No am Classes	Lunch 12:00-1:00	Lunch 12:00-1:00	Lunch 12:30-1:30	No pm Classes on campus	No am Class	Lunch 12:30-1:30	Lunch 12:00-1:00	No pm ~~Cla~~	No pm Class
DHG 105 Dental Hygiene Services I (LAB) 1:00-5:00 **SIM** INST 1 INST 2 INST 3 INST 4 INST 5	DHG 114 Den Mat (LEC) 1:30-4:00 **C1** INST 1	DHG 210 Dental Dental Hygiene Services III 1:00-5:00 **CLN** INST 1 INST 2 INST 3 INST 4 INST 5 DDS 1	DHG 265 Applied Research II 1:00-2:30 **C2** INST 1	DHG 106 Radio Lab 1 (8 students) 1:30-5:00 **R** INST 1 INST 2 DDS 1	DHG 113 Oral Path 1:00-4:00 **C2** INST 1	DHG 212 Com. Oral Health Plan 1 1:30-4:00 **C1** INST 1	DHG 250 Dental Hygiene Services IV 1:00-5:00 **CLN** INST 1 INST 2 INST 3 INST 4 INST 5 DDS 1 BREAK 5:00-6:00	DHG 106 Radio Lab 2 (8 students) 1:30-5:00 **R** INST 1 INST 1 DDS 1	DHG 114 Den Mat (LAB) 1:30-5:00 **SIM** INST 1 INST 2 INST 3	DHG 210 Dental Hygiene Services III 1:00-5:00 **CLN** INST 1 INST 2 INST 3 INST 4 INST 5 DDS 1	DHG 252 Com. Oral Health Practice II (Field) 1:00-4:00 **C1** INST 1 INST 2	DHG 106 Radio Lab 3 (8 students) 1:30-5:00 **R** INST 1 INST 2 DDS 1	DHG 116 Pain M (LEC) 1:30-3:30 **C1** INST 1	DHG ~~Dent.~~ Ethics & Legal Principle 1:00-3:00 **C2** INST1 PBL Weeks 6 & 7 1:00-2:00 2:15-3:15 3:30-4:30	DHG 250 Dental ~~Hyg~~ Serv. IV 1:00-5:00 **CLN** INST 1 INST 2 INST 3 INST 4 INST 5 DDS 1 BREAK 5:00-6:00	DHG 105 ~~Recall~~ (by appt) 1:30-3:00 **SIM** INST 1 INST 2	DHG 115 Dental ~~Hyg~~ Service II 1:00-5:00 **CLN** INST 1 INST 2 INST 3 INST 4 INST 5 DDS 1		
							DHG 250 Dental Hygiene Services 6:00-10:00 pm **CLN** INST 1 INST 2 INST 3 INST 4 INST 5 DDS 1								DHG 250 Dental ~~Hyg~~ Serv. IV 6:00-10:00 pm **CLN** INST 1 INST 2 INST 3 INST 4 INST 5 DDS 1				

CBU BSDH Sample Course Progression: Schedule

Cohort Key:	Location Key:	
J1 Junior cohort 1st semester	C 1	CHS Classroom 1
J2 Junior cohort 2nd semester	C 2	CHS Classroom 2
S3 Senior cohort 3rd semester	SIM	Lab/DenMat Lab
S4 Senior cohort 4th semester	CLN	Clinic
	R	Radiology
	BLN	Blended
	ONL	Online

Faculty Key:
INST Instructor & number required for ratio
DDS Supervising dentist & number required for clinical supervision

Proposed Dental Hygiene Curriculum Sequence

Fall Start

Course Number **Cohort 1 First Semester: Fall**	Course Title	Credit* Hours	Clock Hours/Week Lec.	Lab.	Clinical	Faculty/Student Ratio Lec.	Lab.	Clinic	Faculty Person Responsible
DHG 101	Dental Biology w/Lab	4	30	30	0	1:24	1:10	-----	Faculty 1- Course Director Faculty 3 Faculty 4 Faculty 5
DHG 102	Infection/Hazard Control	1	30	0	0	1:24	1:10	-----	Faculty 2- Course Director Faculty 3 Faculty 4 Faculty 5
DHG 103	Dental Health Education	1	30	0	0	1:24		-----	Faculty 2- Course Director
DHG 105	Pre-Clinical Dental Hygiene Services I with Lab	5	52.5	60	60	1:24	1:5	----	Faculty 2-Junior I Program Lead Faculty 3 Faculty 4 Faculty 5 DDS 1- Supervising DDS1
DHG 106	Radiographic Interpretation	3	37.5	52.5	0	1:24	1:5	1:5	Faculty 1-Lead Faculty 2 Faculty 3 Faculty 4 Faculty 5 DDS2
DHG 107	Head and Neck Anatomy	2	37.5	0	0	1:24	-----	-----	Faculty 3- Course Director

		16	**217.5**	**142.5**	**60**				
Cohort 1 Second Semester: Spring									**Cohort 1**
DHG 110	Special Patient Care and Emg. Mgmt.	2	30	0	0	1:24	-----	----- -	Faculty 5- Course Director
DHG 112	Nutrition in Dentistry	2	30	0	0	1:24	-----	----	Faculty 6- Course Director
DHG 113	General and Oral Pathology	2	45	0	0	1:24	-----	-----	Faculty 7- Course Director
DHG 114	Dental Materials with Lab	3	37.5	52.5	0	1:24	1:10	-----	Faculty 5- Course Director Faculty 8 Faculty 9
DHG 115	Dental Hygiene Services II with Lab and Clinic	4	30	30	180	1:24	1:5	1:5	Faculty 6-Junior II Program Lead Faculty 7 Faculty 8 Faculty 9 Faculty 10 Supervising DDS
DHG 116	Pain Mgmt. with Lab	3	30	30	0	1:24	1:5	------	DDS 2 -Course Director Faculty 7 Faculty 8 Faculty 9 Faculty 10 Faculty 11
		16	**202.5**	**112.5**	**180**				

Course Number **Cohort 1 Third Semester: Fall**	Course Title	Credit* Hours	Clock Hours/Week Lec.	Lab.	Clinical	Faculty/Student Ratio Lec.	Lab.	Clinic	Faculty Person Responsible
DHG 200	Periodontal Pathology and Therapy I	2	30	0	0	1:24	-----	-----	Faculty 10- Course Director
DHG 210	Research Methodology	2	30	0	0	1:24	-----	-----	Faculty 11- Course Director
DHG 212	Community Oral Health Planning	2	37.5	0	0	1:24	-----	-----	Faculty 12- Course Director
DHG 214	Basic and Applied Pharmacology	2	30	0	0	1:24	-----	-----	Faculty 13- Course Director
DHG 215	Dental Hygiene Services III with Lab and Clinic	5	30	30	180	1:24	1:5	1:5	Faculty 10- Senior I Program Lead Faculty 11 Faculty 12 Faculty 13 Faculty14 DDS1- Supervising DDS
DHG 216	Senior Seminar I	1	15	0	0	1:24	-----	------	Faculty 10- Senior I Program Lead
DHG 217	Dental Ethics and Legal Principles	2	30	0	0	1:24	-----	-----	Faculty 11 Course Director
		16	**202.5**	**30**	**180**				

Cohort 1 **Fourth Semester: Spring**									**Cohort 1**
DHG 250	Dental Hygiene Servies IV with Lab and Clinic	6	15	30	240	1:24	1:5	1:5	Faculty 15-Senior II Program Lead Faculty16 Faculty17 Faculty18 Faculty 19 DDS1-Supervising DDS
DHG 251	Applied Periodontology	2	37.5	0	0	1:24	-----	-----	Faculty 16-Lead
DHG 252	Community Oral Health Practice	3	45	0	0	1:24	1:10	-----	Faculty 17-Lead Faculty 18 Faculty 19
DHG 265	Research II	3	37.5	0	0	1:24	-----	-----	Faculty 15-Lead
DHG 275	Practice and Financial Management	1	22.5	0	0	1:24	-----	-----	DDS 1-Lead
DHG 280	Senior Seminar II/Advanced Clinical Topics	1	15	0	0	1:24	-----	-----	Faculty 15-Senior II Program Lead
		16	**172.5**	**30**	**240**				

Spring Start

Cohort 2
First Semester: Spring

Course Number **First Semester Cohort 2: Spring**	Course Title	Credit* Hours	Clock Hours/Week Lec.	Lab.	Clinical	Faculty/Student Ratio Lec.	Lab.	Clinic	Faculty Person Responsible
DHG 101	Dental Biology w/Lab	4	30	30	0	1:24	1:10	-----	Faculty 1- Course Director Faculty 3 Faculty 4 Faculty 5
DHG 102	Infection/Hazard Control	1	30	0	0	1:24	1:10	-----	Faculty 2- Course Director Faculty 3 Faculty 4 Faculty 5
DHG 103	Dental Health Education	1	30	0	0	1:24		-----	Faculty 2- Course Director
DHG 105	Pre-Clinical Dental Hygiene Services I with Lab	5	52.5	60	60	1:24	1:5	----	Faculty 2-Junior I Program Lead Faculty 3 Faculty 4 Faculty 5 DDS 1- Supervising DDS1
DHG 106	Radiographic Interpretation	3	37.5	52.5	0	1:24	1:5	1:5	Faculty 1-Lead Faculty 2 Faculty 3 Faculty 4 Faculty 5 DDS2
DHG 107	Head and Neck Anatomy	2	37.5	0	0	1:24	-----	-----	Faculty 3- Course Director
		16	**217.5**	**142.5**	**60**				

Cohort 2 Second Semester Fall									
DHG 110	Special Patient Care and Emg. Mgmt.	2	30	0	0	1:24	-----	----- -	Faculty 5- Course Director
DHG 112	Nutrition in Dentistry	2	30	0	0	1:24	-----	----	Faculty 6- Course Director
DHG 113	General and Oral Pathology	2	45	0	0	1:24	----- -----	----- -----	Faculty 7- Course Director
DHG 114	Dental Materials with Lab	3	37.5	52.5	0	1:24	1:10	-----	Faculty 5- Course Director Faculty 8 Faculty 9
DHG 115	Dental Hygiene Services II with Lab and Clinic	4	30	30	180	1:24	1:5	1:5	Faculty 6-Junior II Program Lead Faculty 7 Faculty 8 Faculty 9 Faculty 10 Supervising DDS
DHG 116	Pain Mgmt. with Lab	3	30	30	0	1:24	1:5	------	DDS 2 -Course Director Faculty 7 Faculty 8 Faculty 9 Faculty 10 Faculty 11
		16	**202.5**	**112.5**	**180**				

Course Number **Cohort 2 Third Semester Spring**	Course Title	Credit* Hours	Clock Hours/Week Lec.	Lab.	Clinical	Faculty/Student Ratio Lec.	Lab.	Clinic	Faculty Person Responsible
DHG 200	Periodontal Pathology and Therapy I	2	30	0	0	1:24	-----	-----	Faculty 10- Course Director
DHG 210	Research Methodology	2	30	0	0	1:24	-----	-----	Faculty 11- Course Director
DHG 212	Community Oral Health Planning	2	37.5	0	0	1:24	-----	-----	Faculty 12- Course Director
DHG 214	Basic and Applied Pharmacology	2	30	0	0	1:24	-----	-----	Faculty 13- Course Director
DHG 215	Dental Hygiene Services III with Lab and Clinic	5	30	30	180	1:24	1:5	1:5	Faculty 10- Senior I Program Lead Faculty 11 Faculty 12 Faculty 13 Faculty14 DDS1- Supervising DDS
DHG 216	Senior Seminar I	1	15	0	0	1:24	-----	------	Faculty 10- Senior I Program Lead
DHG 217	Dental Ethics and Legal Principles	2	30	0	0	1:24	-----	-----	Faculty 11 Course Director
		16	**202.5**	**30**	**180**				

Cohort 2 **Fourth Semester** **Fall**									**Cohort 1**
DHG 250	Dental Hygiene Servies IV with Lab and Clinic	6	15	30	240	1:24	1:5	1:5	Faculty 15-Senior II Program Lead Faculty16 Faculty17 Faculty18 Faculty 19 DDS1-Supervising DDS
DHG 251	Applied Periodontology	2	37.5	0	0	1:24	-----	-----	Faculty 16-Lead
DHG 252	Community Oral Health Practice	3	45	0	0	1:24	1:10	-----	Faculty 17-Lead Faculty 18 Faculty 19
DHG 265	Research II	3	37.5	0	0	1:24	-----	-----	Faculty 15-Lead
DHG 275	Practice and Financial Management	1	22.5	0	0	1:24	-----	-----	DDS 1-Lead
DHG 280	Senior Seminar II/Advanced Clinical Topics	1	15	0	0	1:24	-----	-----	Faculty 15-Senior II Program Lead
		16	**172.5**	**30**	**240**				

Current Capital and Non-Capital Expenditures

	2026 to 2027	2027 to 2028
I. Capital Expenditures		
A. Construction	$ 13.0 M	$0
B. Equipment		
1. Clinic (dental unit, chair, etc.)	$717,324.00	$0
2. Radiography (including darkroom)	$247,980.00	$0
3. Laboratory (SIM and Den Mat)	$660,822.00	$0
4. Locker Room	$12,031.00	$0
5. Reception Room	$25,000.00	$0
6. Faculty & Staff offices	$0	$0
7. Instructional equipment	$344,644.00	$0
8. Other: Mechanical Room	$191,234.00	$0
9. Other: Sterilization Room	$161,316.00	$0
10. Other: Sinks/Cabinetry	$180,914.00	$0
TOTAL	$15,541,265.00	$0
II. Non-capital Expenditures		
A. Instructional materials, e.g., slides,	$78,800.00	$78,800.00
B. Clinic supplies	$302,000.00	$305,000.00
C. Laboratory supplies	$21,000.00	$4,800.00
D. Office supplies	$3,500.00	$2,500.00
E. Program library collection	$7,000.00	$2,000.00
1. Institutional	$1,500.00	$1,500.00
2. Departmental	$7,000.00	$1,500.00

	F. Equipment maintenance and replacement	$3,000.00	$4,000.00
	G. Other: Water Line Service Testing/Medical Waste Management	$8,000.00	$8,000.00
	TOTAL	$431,800.00	$408,100.00
III.	Faculty		
	A. Salaries Faculty	$1,590,000.00	$1,590,000.00
	B. Faculty Benefits	$419,520.00	$419,520.00
	C. Professional Development	$4,500.00	$4,500.00
	D. Travel for Student Supervision	$2,500.00	$3,000.00
	E. Other: Faculty Uniforms	$4,000.00	$4,200.00
	TOTAL	$2,020,520.00	$2,021,220.00
IV.	Staff		
	A. Secretarial Support Staff	$95,740.00	$95,740.00
	B. Clinical/Sterilization Support Staff	$400,360.00	$400,360.00
	C. F/T Staff Benefits	$60,700.00	$60,700.00
	TOTAL	$556,800.00	$556,800.00
V.	A. Candlelight and Pinning Ceremonies	$5,500.00	$5,500.00
	B. Marketing	$142,000.00	$142,000.00
	C. Accreditation Fees	$25,540.00	$5,000.00
	TOTAL	$173,040.00	$152,500.00
	GRAND TOTAL	**$18,723,425.00**	**$3,138,620.00**

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

Education Committee Agenda Item 5.

Report from the Dental Hygiene Educational Program Penalty Rubric Taskforce.

A verbal report will be provided.

DHBC Frequency of Violations for California Dental Hygiene Educational Programs March 2021-March 2025

LEGEND: BPC: Business and Professions Code
CCR: California Code of Regulations
§: Section

Dental Hygiene Board of California (DHBC)	Commission on Dental Accreditation (CODA) Reference	DHBC Frequency of Violations
Overall Program Compliance		
BPC §§1941(a) and 1941.5(a)	NA	
Self-Study/ Program Effectiveness		
BPC §§1941(a) and 1941.5(a) 16 CCR §§1104(b)(1) and 1105(e)	CODA 1-1	
Institutional Accreditation/Approval		
BPC §§1941(a) and 1941(c) 16 CCR §§1104(b)(5), 1104(d), and 1105(h)	CODA 1-6	
Financial Responsibility		
BPC §1941(a) 16 CCR §1104(b)(5)	CODA 1-3	**2 Program violation**
Sponsoring Institution and Program Responsibilities		
16 CCR §§1104(b)(5) and 1105(h)	CODA 1-4, 1-5, 1-7, 1-8, and 3-1	**3 Program violations**
Prerequisites		
16 CCR §1105(f)(1)	CODA 2-8, 2-8a, and 2-8b	**3 Program violations**

Dental Hygiene Board of California (DHBC)	Commission on Dental Accreditation (CODA) Reference	DHBC Frequency of Violations
Admissions		
16 CCR §1105(f)(2)	CODA 2-3 and 2-4	**3 Program violations**
Mission Statement		
16 CCR §1105(a)		
General Policies and Procedures		
16 CCR §1105(d)		
Learning Environment Policy		
16 CCR §1105(d)	CODA 1-2	**1 Program violation**
Academic Standards, Due Process, and Grievance Policy		
16 CCR §§1105(d) and (g)	CODA 2-2 and 4-8	
Syllabi Distribution Policy		
16 CCR §1105(d)	CODA 2-7	
Patient Experiences Policy		
16 CCR §1105(d)	CODA 2-11	
Curriculum Management Plan		
16 CCR §1105(d)	CODA 2-24	**1 Program violation**
Patient Care Services/Patient Rights Policies		
16 CCR §1105(d)	CODA 6-1, 6-2, and 6-4	**2 Program violations**

Dental Hygiene Board of California (DHBC)	Commission on Dental Accreditation (CODA) Reference	DHBC Frequency of Violations
Program Instruction, Program Hours, and Degree		
16 CCR §§1105(b)(1) – (3) and 1105(m)	CODA 2-1	**3 Program violations**
Required Program Curriculum		
16 CCR §§1105.2(a) through (d)(1) – (2)	CODA 2-8, 2-8a, 2-8b, 2-8c, 2-8d, and 2-9	**4 Program violations**
Competency Policy and Quantitative Criteria:		
16 CCR: §§1105(c) – (d)	CODA 2-6, 2-11, and 6-3	
Competency Requirements		
16 CCR: §§1105(c), 1105.2(b), (e), and (f)	CODA 2-12, 2-13, 2-14, 2-15, 2-16, 2-17, 2-18, 2-19, 2-20, 2-21, 2-22, and 2-23	
Faculty Ratios and Preclinical/Clinical Staffing		
16 CCR §§1105(b)(4) – (5), 1105(i), and 1105(k)	CODA 3-5	**1 Program violation**
Preclinical/Clinical Hours and Experiences		
16 CCR §1105.2(d)	CODA 2-10	
Instruction in Local Anesthesia, Nitrous Oxide/Oxygen Sedation, and Soft Tissue Curettage		
16 CCR §§ 1105.2 (d)(3), 1105.2(d)(3)(B), 1105.2(d)(3)(D), 1105.2(d)(3)(E), and 1107	CODA 2-18	

DHBC Frequency of Violations for California Dental Hygiene Educational Programs March 2021-March 2025

Dental Hygiene Board of California (DHBC)	Commission on Dental Accreditation (CODA) Reference	DHBC Frequency of Violations
Program Director Qualifications, Responsibilities, and Authority		
16 CCR §§1105(j) and 1105.1(a)	CODA 3-2, 3-2, 3-4, 3-6, 3-7, 3-8, 3-9	**10 program violations**
Program Faculty Qualifications, Requirements, and Responsibilities		
16 CCR §§1105.1(b) – (c), 1105(i), 1105(k), and 1105(l)	CODA 2-5, 3-6, 3-7, 3-8, and 3-9	**14 Program violations**
Program Staff Qualifications, Requirements, and Responsibilities		
16 CCR §§1105(i) and (k) BPC section 1750(a) – (f)(3)	CODA 2-5, 3-10, and 3-11	**12 Program violations**
General Facility and Support Services Requirements		
16 CCR §1105 (i)	CODA 2-5 and 4-1	**6 Program violations**
Preclinical/Clinical Facilities		
16 CCR §§1105(i) and 1105.2(d)(3)(A)	CODA 2-5 and 4-1	**15 Program violations**
Radiography Facilities		
16 CCR §§1105(i)	CODA 2-5, 4-1, and 4-2	**5 Program violations**
Laboratory Facilities		
16 CCR §1105 (i)	CODA 2-5, 4-1, and 4-3	**1 Program violation**
Extended Campus Facilities		
16 CCR §1105 (i)	CODA 2-5, 4-1, and 4-4	

Dental Hygiene Board of California (DHBC)	Commission on Dental Accreditation (CODA) Reference	DHBC Frequency of Violations
Classroom Space		
16 CCR §1105 (i)	CODA 2-5, 4-1, and 4-5	
Office Space		
16 CCR §1105 (i)	CODA 2-5, 4-1, and 4-6	**2 Program violations**
Learning Resources		
16 CCR §1105 (i)	CODA 2-5, 4-1, and 4-7	**3 program violations**
Infection Control		
16 CCR §§1105.2(d)(3)(A), 1105.2(d)(3)(D)(xii), 1005, and 5193 (Bloodborne Pathogens) CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings – 2007 CDC Guidelines for Infection Control in Dental Health-Care Settings — 2003	CODA 4-1	**7 Program violations**
Hazardous Waste/Radiation/Bloodborne and Infectious Disease Management		
16 CCR §§1105(d), 1105.2(d)(2)(F), 1105.2(d)(2)(N), and 1105.2(d)(3)(C)	CODA 5-1	
Immunization and Testing		
16 CCR §§1104(b)(5) and 1105(d)	CODA 5-2	
EMS-BLS Provisions		
16 CCR §1105.2(d)(2)(H)	CODA 5-3	**2 Program violations**

DHBC Frequency of Violations for California Dental Hygiene Educational Programs March 2021-March 2025

Dental Hygiene Board of California (DHBC)	Commission on Dental Accreditation (CODA) Reference	DHBC Frequency of Violations
HIPAA Compliance		
16 CCR §1105.2(d)(3)(C) Health and Safety Code (HSC) Division 109 Section 130203 (a) HIPAA Act of 1996 Public Law 104-191 45 Code of Federal Regulations (CFR) Sections 160, 162, and 164 esp. 164.530(c)	CODA 4-1 and 6-5	**4 Program violations**
Overall Compliance		
16 CCR §§1104(b)(5) and (e)	NA	
Program Changes		
16 CCR §§1105.3(a) and (b)	NA	**10 program violations**

Program: **Date:** **Program Review Checklist**

Self-Study and Program Effectiveness

Business and Professions Code (BPC):
§1941(a) The dental hygiene board shall grant or renew approval of only those educational programs for RDHs that continuously maintain a high-quality standard of instruction and, where appropriate, meet the minimum standards set by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board.
§1941.5(a) The dental hygiene board shall renew approval of educational programs for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions that certify to the dental hygiene board on a form prescribed by the dental hygiene board that the program continues to meet the requirements prescribed by the dental hygiene board.

California Code of Regulations (CCR) Title 16; Division 11:
§1104(b)(1) The Dental Hygiene Board shall review the approval of all approved educational programs in accordance with accreditation renewal standards set by the Commission on Dental Accreditation of the American Dental Association (CODA), or an equivalent accrediting body, as determined by the Dental Hygiene Board. In the event that an equivalent body has not been established by the Dental Hygiene Board, the standards shall be set by CODA.
(1) All educational programs accredited by CODA, or an equivalent accrediting body, as determined by the Dental Hygiene Board, shall submit to the Dental Hygiene Board after each accreditation site visit an electronic copy of the Self-Study Report prepared for CODA (https://www.ada.org/en/coda), or the equivalent accrediting body, as determined by the Dental Hygiene Board, and a copy of the final report of the findings within thirty (30) days of the final report issuance
§1105(e) The educational program shall have a written plan for evaluation of all aspects of the program, including admission and selection policy and procedures, attrition and retention of students, curriculum management, patient care competencies, ethics and professionalism, critical thinking, and outcomes assessment, including means of student achievement. If the program has submitted a written plan to the Commission on Dental Accreditation, which includes each of the elements listed above, a copy of such plan may be submitted to the Committee to meet this requirement.

Commission on Dental Accreditation (CODA):
1-1 The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by: a) developing a plan addressing teaching, patient care, research and service; b) an ongoing plan consistent with the goals of the sponsoring institution and the goals of the dental hygiene program; c) implementing the plan to measure program outcomes in an ongoing and systematic process; d) assessing and analyzing the outcomes, including measures of student achievement; e) use of the outcomes assessment results for annual program improvement and reevaluation of program goals.

	Yes	No
Current Self-Study document submitted		

Comments:

Institutional Accreditation/Approval, Financial Responsibility, Sponsoring Institution and Program Responsibilities

Accreditation/Approval

BPC:
§1941(a) The dental hygiene board shall grant or renew approval of only those educational programs for RDHs that continuously maintain a high-quality standard of instruction and, where appropriate, meet the minimum standards set by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board.
§1941(c) For purposes of this section, a new or existing educational program for RDHs means a program provided by a college or institution of higher education that is accredited by a regional accrediting agency recognized by the United States Department of Education and that has as its primary purpose providing college level courses leading to an associate or higher degree, that is either affiliated with or conducted by a dental school approved by the dental board, or that is accredited to offer college level or college parallel programs by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board.
CCR:
§1104(b)(5) Continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in this Article. Written notification of continuation of approval shall be provided.
§1104(d) All Dental Hygiene Board-approved sponsoring and affiliated institutions shall maintain current institutional accreditation pursuant to Business and Professions Code section 1941(c).

§1105(h) There shall be an organizational chart that identifies the relationships, lines of authority and channels of communication within the educational program, between the program and other administrative segments of the sponsoring institution, and between the program, the institution and extramural facilities and service learning sites.

CODA:

1-6 Programs must be sponsored by institutions of higher education that are accredited by an institutional accrediting agency (i.e., a regional or appropriate* national accrediting agency) recognized by the United States Department of Education for offering college-level programs.

* Agencies whose mission includes the accreditation of institutions offering allied health education programs.

Financial Responsibility

BPC:

§1941(a) The dental hygiene board shall grant or renew approval of only those educational programs for RDHs that continuously maintain a high-quality standard of instruction and, where appropriate, meet the minimum standards set by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board.

CCR:

§1104(b)(5) Continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in this Article. Written notification of continuation of approval shall be provided.

CODA:

1-3 The institution must have a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives. A financial statement document must be submitted providing revenue and expense data for the dental hygiene program.

Sponsoring Institution and Program Responsibilities

CCR:

§1104(b)(5) Continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in this Article. Written notification of continuation of approval shall be provided.

§1105(h) There shall be an organizational chart that identifies the relationships, lines of authority and channels of communication within the educational program, between the program and other administrative segments of the sponsoring institution, and between the program, the institution and extramural facilities and service learning sites.

CODA:

1-4 The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

1-5 The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest within the sponsoring institution.

1-7 All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.

1-8 There must be an active liaison mechanism between the program and the dental and allied dental professions in the community. The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest with the educational institution.

3-1 The program must be a recognized entity within the institution's administrative structure which supports the attainment of program goals.

	Yes	No
Accreditation		
Organizational chart provided		
Current budget provided		
Contracts and/or affiliation agreements with co-sponsoring or affiliated institutions		

Comments:

Prerequisites/Admissions

Prerequisites

CCR:

§1105(f)(1) The minimum basis for admission into an educational program shall be the successful completion of all of the following:

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

(B) College-level general education courses in the topic areas of: (i) Oral Communication (ii) Written Communication* (iii) Psychology (iv) Sociology (v) Mathematics* (vi) Cultural Diversity** (vii) Nutrition**

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

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

(C) College-level biomedical science courses, each of which must include a wet laboratory component, in: (i) Anatomy (ii) Physiology (iii) Inorganic Chemistry (iv) Biochemistry or Organic Chemistry with Biochemistry (v) Microbiology
(D) If a state of emergency is declared by the Governor pursuant to Government Code section 8625, an educational program may accept prerequisite biomedical science coursework completed during the period of the state of emergency in Anatomy, Physiology, Inorganic Chemistry, Biochemistry, Organic Chemistry with Biochemistry, and Microbiology utilizing alternative instruction including, but not limited to, instructional methods such as online tutorials, webinars, or hybrid combination of online and in-person instruction with faculty, as deemed appropriate by the educational institution.

CODA:

2-8 The curriculum must include content in the following four areas: general education, biomedical sciences, dental sciences and dental hygiene science. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.

2-8a General education content must include oral and written communications, psychology, and sociology.

2-8b Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general and maxillofacial pathology and/or pathophysiology, nutrition and pharmacology.

Admissions

CCR:

§1105(f)(2) Admission of students shall be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability shall be utilized as criteria in selecting students who have the potential for successfully completing the educational program. Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists.

CODA:

2-3 Admission of students must be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability must be utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists.

2-4 Admission of students with advanced standing must be based on the same standard of achievement required by students regularly enrolled in the program. Students with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students regularly enrolled in the program.

	Yes	No
Written admissions policy		
Advanced standing admissions policy		
Copy of admissions checklist		
DHBC required prerequisites		
Student admissions files for the two most recent cohorts		
Minutes from admissions committee		

Comments:

Mission Statement, Policies, and Procedures

Mission Statement

CCR:

§1105(a) Administration and Organization. There shall be a written program mission statement that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, and support systems. It shall also take into consideration the concepts of dental hygiene, which must include the dental hygiene process of care, environment, health-illness continuum, and relevant knowledge from related disciplines.

General Policies and Procedures:

CCR:

§1105(d) The policies and procedures by which the educational program is administered shall be in writing, shall reflect the mission and goals of the program, and shall be available to all students.

Learning Environment:

CCR:

§1105(d) The policies and procedures by which the educational program is administered shall be in writing, shall reflect the mission and goals of the program, and shall be available to all students.
CODA:
1-2 The program must have a stated commitment to a humanistic culture and learning environment that is regularly evaluated.

Academic Standards, Due Process, and Grievance Policy:

CCR:
§1105(d) The policies and procedures by which the educational program is administered shall be in writing, shall reflect the mission and goals of the program, and shall be available to all students.
§1105(g) The program shall have published student grievance policies.
CODA:
2-2 A process must be established to assure students meet the academic, professional and/or clinical criteria as published and distributed. Academic standards and institutional due process policies must be followed for remediation or dismissal. A college document must include institutional due process policies and procedures.
4-8 There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.

Syllabi Distribution Policy:

CCR:
§1105(d) The policies and procedures by which the educational program is administered shall be in writing, shall reflect the mission and goals of the program, and shall be available to all students.
CODA:
2-7 Course syllabi for dental hygiene courses must be available at the initiation of each course and include: 1) written course descriptions 2) content and topic outlines 3) specific instructional objectives 4) learning experiences 5) evaluation methods

Patient Experiences Policy:

CCR:
§1105(d) The policies and procedures by which the educational program is administered shall be in writing, shall reflect the mission and goals of the program, and shall be available to all students.
CODA:
2-11 The dental hygiene program must have established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.

Curriculum Management Plan:

CCR:
§1105(d) The policies and procedures by which the educational program is administered shall be in writing, shall reflect the mission and goals of the program, and shall be available to all students.
CODA:
2-24 The dental hygiene program must have a formal, written curriculum management plan, which includes: a) an annual formal curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources; b) evaluation of the effectiveness of all courses as they support the program's goals and competencies; c) a defined mechanism for coordinating instruction among dental hygiene program faculty.

Patient Care Services/Patient Rights Policies:

CCR:
§1105(d) The policies and procedures by which the educational program is administered shall be in writing, shall reflect the mission and goals of the program, and shall be available to all students.
CODA:
6-1 The program must have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs. Patients accepted for dental hygiene care must be advised of the scope of dental hygiene care available at the dental hygiene facilities.
6-2 The program must have a formal written patient care quality assurance plan that allows for a continuous systematic review of patient care standards. The quality assurance plan must be applied at least annually and include: a) standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria; b) an ongoing audit of a representative sample of patient records to assess the appropriateness, necessity and quality of the care provided; c) mechanisms to determine the cause of treatment deficiencies; d) patient review policies, procedure, outcomes and corrective measures..
6-4 The program must develop and distribute a written statement of patients' rights to all patients, appropriate students, faculty, and staff.

	Yes	No
Written program Mission Statement		
Program Manual		
Clinic Manual		

Program: **Date:** **Program Review Checklist**

Course Outlines and Syllabi for each program course		
Formal Curriculum Management Plan		
Due Process Policies		
Remediation Plan		
Written Student Grievance Policy provided		
Patient's Rights Policy		
Formal Patient Care Quality Assurance Plan		

Comments:

Program Instruction, Hours, and Degree

CCR:

Program Instruction, Program Hours, and Degree

§1105(b)(1) – (3) (1) Instruction upon all levels shall be conducted upon the premise that dental hygiene education must meet the test of a true university discipline and shall include lectures, laboratory experiments and exercises and clinical practice under supervision by the faculty. (2) For purposes of this section, the term "university discipline" is a level of instruction at least equivalent to that level of instruction represented by college courses in the basic sciences commonly offered or accepted in approved California dental schools. (3) The length of instruction in the educational program shall include two academic years of fulltime instruction at the postsecondary college level or its equivalent, and a minimum of 1,600 clock hours.

§1105(m) As of January 1, 2017, in a two-year college setting, graduates of the educational program shall be awarded an associate degree, and in a four-year college or university, graduates shall be awarded an associate or baccalaureate degree.

CODA:

2-1 The curriculum must include at least two academic years of full-time instruction or its equivalent at the postsecondary college-level. The scope and depth of the curriculum must reflect the objectives and philosophy of higher education. The college catalog must list the degree awarded and course titles and descriptions. In a two-year college setting, the graduates of the program must be awarded an associate degree. In a four-year college or university, graduates of the program must be awarded an associate or comparable degree, post-degree certificate, or baccalaureate degree.

	Yes	No
Educational program demonstrates two academic years of full-time instruction and a minimum of 1600 clock hours		
Course depth of instruction meets the test of a true university discipline		
Clinical practice distributed throughout the curriculum		
Enrollment/program completion records for past two cohorts		
Degree awarded:		

Comments:

Required Program Curriculum

CCR:

§1105.2(a) The curriculum of an educational program shall meet the requirements of this section.

§1105.2(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.

§1105.2(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.

§1105.2(d)(1)-(2) 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 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

CODA:

2-8 The curriculum must include content in the following four areas: general education, biomedical sciences, dental sciences and dental hygiene science. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.

2-8a General education content must include oral and written communications, psychology, and sociology.

2-8b Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general and maxillofacial pathology and/or pathophysiology, nutrition and pharmacology.

2-8c Dental sciences content must include tooth morphology, head, neck and oral anatomy, oral embryology and histology, oral pathology, radiography, periodontology, pain management, and dental materials.

2-8d Dental hygiene science content must include oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases.

2-9 The basic clinical education aspect of the curriculum must include a formal course sequence in scientific principles of dental hygiene practice, which extends throughout the curriculum and is coordinated and integrated with clinical experience in providing dental hygiene services.

	Yes	No
Current program course sequence with hours provided		
DHBC required program curriculum		

Comment:

Standards of Competency

Competency Policy and Quantitative Criteria:

CCR:

§1105(c) Standards of Competency. Each educational program shall establish and maintain standards of competency. Such standards shall be available to each student, and shall be used to measure periodic progress or achievement in the curriculum

§1105(d) The policies and procedures by which the educational program is administered shall be in writing, shall reflect the mission and goals of the program, and shall be available to all students.

CODA:

2-6 The dental hygiene program must: 1) define and list the overall graduation competencies that describe the levels of knowledge, skills and values expected of graduates. 2) employ student evaluation methods that measure all defined graduation competencies. 3) document and communicate these competencies and evaluation methods to the enrolled students.

2-11 The dental hygiene program must have established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.

6-3 The use of quantitative criteria for student advancement and graduation must not compromise the delivery of comprehensive dental hygiene patient care.

Competency Requirements:

CCR:

§1105(c) Standards of Competency. Each educational program shall establish and maintain standards of competency. Such standards shall be available to each student, and shall be used to measure periodic progress or achievement in the curriculum

§1105.2(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.

§1105.2(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.

§1105.2(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.

CODA:

2-12 Graduates must be competent in providing dental hygiene care for all patient populations including: 1) child 2) adolescent 3) adult 4) geriatric 5) special needs

2-13 Graduates must be competent in providing the dental hygiene process of care which includes: a) comprehensive collection of patient data to identify the physical and oral health status; b) analysis of assessment findings and use of critical thinking in order to address the patient's dental hygiene treatment needs; c) establishment of a dental hygiene care plan that reflects the realistic goals and treatment strategies to facilitate

optimal oral health; d) provision of comprehensive patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health; e) measurement of the extent to which goals identified in the dental hygiene care plan are achieved; f) complete and accurate recording of all documentation relevant to patient care.

2-14 Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.

2-15 Graduates must be competent in interprofessional communication, collaboration and interaction with other members of the health care team to support comprehensive patient care.

2-16 Graduates must demonstrate competence in: a) assessing the oral health needs of community-based programs b) planning an oral health program to include health promotion and disease prevention activities c) implementing the planned program, and, d) evaluating the effectiveness of the implemented program.

2-17 Graduates must be competent in providing appropriate support measures for medical emergencies that may be encountered in dental hygiene practice.

2-18 Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions defined by the program's state-specific dental board or regulatory agency, required for initial dental hygiene licensure, and the program has chosen to include those functions in the program curriculum, the program must include content at the level, depth, and scope required by the state. Students must be informed of the duties for which they are educated within the program.

2-19 Graduates must be competent in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management.

2-20 Graduates must be competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.

2-21 Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.

2-22 Graduates must be competent in the evaluation of current scientific literature.

2-23 Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.

	Yes	No
List of patient completion requirements required for graduation		
List of patient type experiences required for graduation demonstrating depth of experience		
List of clinical competencies required for graduation		
List of clinical competencies required for completion of each clinical course		
Copies of clinical competencies for each clinical course		

Comments:

Faculty Ratios and Preclinical/Clinical Staffing, Preclinical/Clinical Hours, and Clinical Experiences

Faculty/Student Ratios and Preclinical/Clinical Staffing

CCR:

§1105(b)(4) The instructor to student ratio shall meet the following requirements:

(A) In **preclinical and clinical sessions**, the ratio shall not exceed **five (5) students to one (1) faculty member**.

(B) In **radiography laboratory sessions**, the ratio shall not exceed **five (5) students to one (1) faculty member**.

(C) In other **dental sciences laboratory sessions**, the ratio shall not exceed **ten (10) students to one (1) faculty member**.

§1105(b)(5) Instruction involving procedures that require direct supervision shall be supervised by a faculty dentist who possesses an active California license or special permit with no disciplinary actions in any jurisdiction to practice dentistry.

§1105(i) The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.

§1105(k) The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.

CODA:

3-5 The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public. 1. In **preclinical and clinical** sessions, the ratio must not exceed **one (1) faculty to five (5) students**. 2. In **radiography** laboratory sessions, the ratio must not exceed one **(1) faculty to five (5) students**. 3. In **other dental sciences laboratory** sessions, the ratio must not exceed one **(1) faculty to 10 students**

Preclinical/Clinical Hours and Experiences

§1105.2(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.

CODA:

2-10 Clinical experiences must be distributed throughout the curriculum. The number of hours of preclinical practice and direct patient care must ensure that students attain clinical competence and develop appropriate judgment. The **preclinical** course should have at least **six hours** of clinical practice per week. As the **first-year** students begin providing dental hygiene services for patients, **each student** should be scheduled for at least **eight to twelve hours** of direct patient care per week. In the **final prelicensure year** of the curriculum, **each student** should be scheduled for at least **twelve to sixteen** hours of direct patient care per week in the dental hygiene clinic.

	Yes	No
Class schedules with faculty assignments and ratios for each cohort		
Clinic rotation schedules with faculty assignments and ratios for each cohort		
Radiology rotation schedules with faculty assignments and ratios for each cohort		
Lab schedules with faculty assignments and ratios for each cohort		
Clinical schedules demonstrating number of weekly hours of clinical practice is scheduled for each student		

Comments:

Instruction in Local Anesthesia, Nitrous Oxide/Oxygen Sedation, and Soft Tissue Curettage

CCR:

§1105.2(d)(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.

§1105.2(d)(3)(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.

§1105.2(d)(3)(D) 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; (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.

§1105.2(d)(3)(E) 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.

§1107 (a) Approval of Course. The Board shall approve only those educational courses of instruction in local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage that continuously meet all course requirements. Continuation of approval will be contingent upon compliance with these requirements. (1) A course in local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage is a course that provides instruction in the following duties: (A) Administration of local anesthetic agents, infiltration and conductive, limited to the oral cavity; (B) Administration of nitrous oxide and oxygen when used as an analgesic; utilizing fail-safe machines with scavenger systems containing no other general anesthetic agents; and (C) Periodontal soft tissue curettage. (2) An applicant course provider shall submit an "Application for Approval of a Course in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)" (DHBC SLN-01 (03/2021)) hereby incorporated by reference, accompanied by the appropriate fee, and shall receive approval prior to enrollment of students. (3) All courses shall be at the postsecondary educational level. (4) Each approved course shall be subject to review by the Board at any time. (5) 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 (03/2021)) hereby incorporated by reference. (b) Requirements for Approval. In order to be approved, a course shall provide the resources necessary to accomplish education as specified in this section. Course providers shall be responsible for informing the Board of any changes to the course content, physical facilities, and faculty, within 10 days of such changes. (1) Administration. The course provider shall require course applicants to possess current certification in Basic Life Support for health care providers as required by Title 16, Division 10, Chapter 1, Article 4, Section 1016 (b)(1)(C) of the California Code of Regulations in order to be eligible for admission to the course, and one of the following: (A) Possess a valid active license to practice dental hygiene issued by the Board; or, (B) Have graduated from an educational program for dental hygienists approved by the Commission on Dental Accreditation or an equivalent accrediting body approved by the Board; or (C) Provide a letter of certification from the dean or program director of an educational program accredited by the Commission on

Dental Accreditation that the course applicant is in his or her final academic term and is expected to meet all educational requirements for graduation. The school seal must be affixed to the letter with the name of the program. (2) Faculty. Preclinical and clinical faculty, including course director and supervising dentistry), shall: (A) Possess a valid, active California license to practice dentistry or dental hygiene for at least two (2) years immediately preceding any provision of course instruction; (B) Provide preclinical and clinical instruction only in procedures within the scope of practice of their respective licenses. (C) Complete an educational methodology course immediately preceding any provision of course instruction and every two years thereafter; and, (D) Be calibrated in instruction and grading by the course provider. (E) Submit to the Board a "DHBC Faculty Biosketch" (3/2021), hereby incorporated by reference, prior to providing instructions in SLN duties. (3) Facilities and Equipment. Preclinical and clinical instruction shall be held at a physical facility. Physical facilities and equipment shall be maintained and replaced in a manner designed to provide students with a course designed to meet the educational objectives set forth in this section. A physical facility shall have all of the following: (A) A lecture classroom, a patient clinic area, a sterilization facility and a radiology area for use by the students. (B) Access for all students to equipment necessary to develop dental hygiene skills in these duties. (C) Infection control equipment shall be provided according to the requirements of CCR Title 16, Division 10, Chapter 1, Article 1, Section 1005. (D) At least one complete nitrous oxide-oxygen unit shall be provided for each six (6) students enrolled in the course and shall include a fail-safe flowmeter, functional scavenger system and disposable or sterilizable nasal hoods for each laboratory partner or patient. All tubing, hoses and reservoir bags shall be maintained and replaced at regular intervals to prevent leakage of gases. When not attached to a nitrous oxide-oxygen unit, all gas cylinders shall be maintained in an upright position, secured with a chain or in a cart designed for storage of gas cylinders. (4) Health and Safety. A course provider shall comply with local, state, and federal health and safety laws and regulations. (A) All students shall have access to the course's hazardous waste management plan for the disposal of needles, cartridges, medical waste and storage of oxygen and nitrous oxide tanks. (B) All students shall have access to the course's clinic and radiation hazardous communication plan. (C) All students shall receive a copy of the course's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information. (5) Clinical Education. As of January 1, 2016, each course's clinical training shall be given at a dental or dental hygiene school or facility approved by the Board, which has a written contract for such training. Such written contract shall include a description of the settings in which the clinical training may be received and shall provide for direct supervision of such training by faculty designated by the course provider. A facility shall not include a dental office unless such office is an extramural facility of an educational program approved by the Board. (6) Recordkeeping. A course provider shall possess and maintain the following for a period of not less than 5 years: (A) A copy of each approved curriculum, containing a course syllabus. (B) A copy of completed written examinations, clinic rubrics, and completed competency evaluations. (C) A copy of faculty calibration plan, faculty credentials, licenses, and certifications including documented background in educational methodology immediately preceding any provision of course instruction and every two years thereafter. (D) Individual student records, including those necessary to establish satisfactory completion of the course. (E) A copy of student course evaluations and a summation thereof. (7) Curriculum Organization and Learning Resources. (A) The organization of the curriculum for the course shall be flexible, creating opportunities for adjustments to and research of advances in the administration of local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage as provided in the section of this article on Requirements for RDH Programs. (B) Curriculum shall provide students with an understanding of these procedures as provided in the section of this article on Requirements for RDH Programs and an ability to perform each procedure with competence and judgment. (C) Curriculum shall prepare the student to assess, plan, implement, and evaluate these procedures as provided and in accordance with the section of this article on Requirements for RDH Programs. (D) Curriculum shall include a remediation policy, and procedures outlining course guidelines for students who fail to successfully complete the course. (E) Students shall be provided a course syllabus that contains: (i) Course learning outcomes, (ii) Titles of references used for course materials, (iii) Content objectives, (iv) Grading criteria which includes competency evaluations and clinic rubrics to include problem solving and critical thinking skills that reflect course learning outcomes, and (v) A remediation policy and procedures. (F) Students shall have reasonable access to dental and medical reference textbooks, current scientific journals, audio visual materials and other relevant resources. (8) General Curriculum Content. Areas of didactic, preclinical and clinical instruction shall include: (A)Indications and contraindications for all patients of: (i) periodontal soft tissue curettage; (ii) administration and reversal of local anesthetic agents; (iii) nitrous oxide-oxygen analgesia agents (B) Head and neck anatomy; (C) Physical and psychological evaluation procedures; (D) Review of body systems related to course topics; (E) Theory and psychological aspects of pain and anxiety control; (F) Selection of pain control modalities; (G) Pharmacological considerations such as action of anesthetics and vasoconstrictors, local anesthetic reversal agents and nitrous oxide-oxygen analgesia; (H) Recovery from and post-procedure evaluation of periodontal soft tissue curettage, local anesthesia and nitrous oxide/oxygen analgesia; (I) Complications and management of periodontal soft tissue curettage, local anesthesia and nitrous oxide-oxygen analgesia emergencies; (J) Armamentarium required and current technology available for local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage; (K) Techniques of administration of maxillary and mandibular local infiltrations, field blocks and nerve blocks, nitrous oxide-oxygen analgesia and performance of periodontal soft tissue curettage; (L) Proper infection control procedures according to the provisions of Title 16, Division 10, Chapter 1, Article 4, Section 1005 of the California Code of Regulations; (M) Patient documentation that meets the standard of care, including, but not limited to, computation of maximum recommended dosages for local anesthetics and the tidal volume, percentage and amount of the gases and duration of administration of nitrous oxide-oxygen analgesia; (N) Medical and legal considerations including patient consent, standard of care, and patient privacy; (O) Student course evaluation mechanism. (9) Specific Curriculum Content. (A) Local anesthetic agents curriculum must include at least thirty (30) hours of instruction, including at least fifteen (15) hours of didactic and preclinical instruction and at least fifteen (15) hours of clinical instruction. Preclinical instruction shall include a minimum of two (2) experiences per injection, which may be on another student. Clinical instruction shall include at least four (4) clinical experiences per injection 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. Curriculum must include maxillary and mandibular anesthesia techniques for local infiltration, field blocks and nerve blocks to include anterior superior alveolar (ASA), middle superior alveolar (MSA), anterior middle superior alveolar (AMSA), posterior superior alveolar (PSA), greater palatine, supraperiosteal, inferior alveolar (IA), lingual, and buccal injections. Clinical instruction for the mental and incisive injections shall 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. Clinical instruction for the nasopalatine injection shall include four (4) clinical experiences, of which only one (1) may be on another student. One clinical experience per injection shall be used to determine clinical competency in the course. The competency evaluation for each injection and technique must be achieved at a minimum of 75%.
(B) Nitrous oxide-oxygen analgesia curriculum must include at least eight (8) hours of instruction, including at least four (4) hours of didactic and preclinical instruction and at least four (4) hours of clinical instruction. This includes at least two (2) preclinical experiences on patients, both of which may be on another student, and at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course. Each clinical experience shall include the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia, from the beginning of titration of nitrous oxide-oxygen to the discontinuation of nitrous oxide and beginning of final oxygenation. The competency evaluation must be achieved at a minimum of 75%.
(C) Periodontal soft tissue curettage curriculum must include at least six (6) hours of instruction, including at least three (3) hours of didactic and preclinical instruction and at least three (3) hours of clinical instruction. Education may include use of a laser approved for soft tissue curettage. This includes at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course. The competency evaluation for this procedure must be achieved at a minimum of 75%.

CODA:

2-18 Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions defined by the program's state-specific dental board or regulatory agency, required for initial dental hygiene licensure, and the program has chosen to include those functions in the program curriculum, the program must include content at the level, depth, and scope required by the state. Students must be informed of the duties for which they are educated within the program.

	Yes	No
SLN course outline and syllabus provided		
SLN requirements provided		

Comments:

Program Director Qualifications, Responsibilities, and Authority

CCR:

§1105(j) The educational program director shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

§1105.1(a) "Program Director" or "Interim Program Director" means a registered dental hygienist or dentist who has the authority and responsibility to administer the educational program in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article. The educational program may have an Interim Program Director for a maximum of twelve (12) months. The director shall have a full-time appointment as defined by the institution, whose primary responsibility is for the operation, supervision, evaluation and revision of the program. The program director shall meet the following minimum qualifications:
(1) Possess an active, current dental or dental hygiene license issued by the Dental Hygiene Board or the Dental Board of California (DBC), with no disciplinary actions; (2) Possess a master's or higher degree from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; (3) Documentation of two (2) years' experience teaching in pre- or post-licensure registered dental hygiene or dental programs. This requirement may be waived for an Interim Program Director; and
(4) Documentation of a minimum of 2,000 hours in direct patient care as a registered dental hygienist or working with a registered dental hygienist.

CODA:

3-2 The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.

3-3 The program administrator must be a dental hygienist or a dentist who is a graduate of a program accredited by the Commission on Dental Accreditation and possesses a masters or higher degree, who has background in education and the professional experience necessary to understand and fulfill the program goals. A dentist who was appointed as program administrator prior to July 1, 2022 is exempt from the graduation requirement.

3-4 The program administrator must have the authority and responsibility necessary to fulfill program goals including: a) curriculum development, evaluation and revision; b) faculty recruitment, assignments and supervision; c) input into faculty evaluation; d) initiation of program or department in-service and faculty development; e) assessing, planning and operating program facilities; f) input into budget preparation and fiscal administration; g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.

3-6 Full-time and part-time faculty of a dental hygiene program must possess a baccalaureate or higher degree. All part-time clinical and dental science laboratory faculty appointed prior to July 1, 2022 are exempt from the degree requirement. All dental hygiene program faculty members must have: a) current knowledge of the specific subjects they are teaching. b) documented background in current educational methodology concepts consistent with teaching assignments. c) faculty who are dental hygienists or dentists must be graduates of programs accredited by the

Commission on Dental Accreditation. A dentist who was appointed as a faculty prior to July 1, 2022 is exempt from the graduation requirement. d) evidence of faculty calibration for clinical evaluation.
3-7 Opportunities must be provided for the program administrator and full-time faculty to continue their professional development.
3-8 A defined faculty evaluation process must exist that ensures objective measurement of the performance of each faculty member.
3-9 Opportunities for promotion, tenure, and development must be the same for dental hygiene faculty as for other institutional faculty.

	Yes	No
Program director/administrator position description and/or contract		
Possess an active, current dental or dental hygiene license issued by the Dental Hygiene Board or the Dental Board of California (DBC), with no disciplinary actions		
Possess a master's or higher degree from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation		
Program administrator schedules including contact hours and supplemental responsibilities		
Policies of the institution which define teaching load for full-time faculty and administrators		
Copies of union regulations and/or collective bargaining agreements		
Documentation of a minimum of 2,000 hours in direct patient care as a registered dental hygienist, or working with a registered dental hygienist		
Documentation of two (2) years' experience teaching in pre- or post-licensure registered dental hygiene or dental programs		
Evidence of instructional experience for program director		
Evidence of Program Director input into the structural organization and evaluation of the program		
College meeting minutes		

Comments:

Program Faculty Qualifications, Requirements, and Responsibilities

CCR:

§1105.1(b) "Program faculty" means an individual having a full-time or part-time agreement with the institution to instruct one or more of the courses in the educational program's curriculum. The individual shall hold a baccalaureate degree or higher from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation and possess the following: an active California dental or dental hygiene license or special permit with no disciplinary actions; or a postsecondary credential generally recognized in the field of instruction; or a degree in the subject being taught or evaluated. All program faculty shall have documented background in educational methodology every two years, consistent with teaching assignments. (1) Clinical teaching faculty shall have direct patient care experience within the previous five (5) years in the dental hygiene area to which he or she is assigned, which can be met by either: two (2) years' experience providing direct patient care as a registered dental hygienist or dentist; or one (1) academic year of dental or dental hygienist level clinical teaching experience. (2) Didactic teaching faculty shall possess the following minimum qualifications: Current knowledge of the specific subjects taught, which can be met by either: having completed twelve (12) hours of continuing education in the designated subject area; or two (2) semester units or three (3) quarter units of dental hygiene education related to the designated dental hygiene area; or have national certification in the designated dental hygiene area.
§1105.1 (c) Faculty Responsibilities. (1) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content as required by the educational program. (2) Each faculty member shall participate in an orientation prior to teaching, including, but not limited to, the educational program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation. (3) Each faculty member shall be competent in the area in which he or she teaches.
§1105 (i) The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.
§1105 (k) The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.
§1105 (l) When an individual not employed in the educational program participates in the instruction and supervision of students obtaining educational experience, their name and responsibilities shall be described in writing and kept on file by the dental hygiene program and they shall have twenty-four (24) months of experience providing direct patient care as a registered dental hygienist or dentist.

CODA:

2-5 The number of students enrolled in the program must be proportionate to the resources available.
3-6 All faculty of a dental hygiene program who teach in a didactic course must possess a baccalaureate or higher degree. All faculty whose teaching is limited to a clinical and dental science laboratory course must possess an associate or higher degree. All dental hygiene program faculty members must have: a) current knowledge of the specific subjects they are teaching. b) documented background in current educational methodology concepts consistent with teaching assignments. c) faculty who are dental hygienists or dentists must be graduates of programs accredited by the Commission on Dental Accreditation. A dentist who was appointed as a faculty prior to July 1, 2022 is exempt from the graduation requirement. d) evidence of faculty calibration for clinical evaluation.

3-7 Opportunities must be provided for the program administrator and full-time faculty to continue their professional development.
3-8 A defined faculty evaluation process must exist that ensures objective measurement of the performance of each faculty member.
3-9 Opportunities for promotion, tenure, and development must be the same for dental hygiene faculty as for other institutional faculty.

	Yes	No
List of current faculty and supervising dentists		
Current faculty DHBC/CODA Biosketches		
Current supervising dentist DHBC/CODA Biosketches		
Faculty and supervising DDSs meet all DHBC requirements		
Faculty schedules including student contact loads and supplemental responsibilities		
Dental Hygiene Program department meeting minutes		
Record and credentials of volunteer faculty		

Comments:

Program Staff Qualifications, Requirements, and Responsibilities

CCR:
§1105 (i) The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.
§1105 (k) The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.
CODA:
2-5 The number of students enrolled in the program must be proportionate to the resources available.
3-10 Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.
3-11 Student assignments to clerical and dental assisting responsibilities during clinic sessions must be minimal and must not be used to compensate for limitations of the clinical capacity or to replace clerical or clinical staff.

Clinical Sterilization Staff Requirements

Licensed RDA: Copies of diploma and current, active Dental Board of California RDA license.
Unlicensed DA: Unlicensed DA requirements pursuant to BPC section 1750, subdivisions (a) through (f)(3)
(a) A dental assistant is an individual who, without a license, may perform basic supportive dental procedures, as authorized by Section 1750.1 and by regulations adopted by the board, under the supervision of a licensed dentist. "Basic supportive dental procedures" are those procedures that have technically elementary characteristics, are completely reversible, and are unlikely to precipitate potentially hazardous conditions for the patient being treated. (b) The supervising licensed dentist shall be directly responsible for determining the competency of the dental assistant to perform the basic supportive dental procedures, as authorized by Section 1750.1. (c) The employer of a dental assistant shall be responsible for ensuring that the dental assistant has successfully completed a board-approved eight-hour course in infection control prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials. (d) The employer shall maintain evidence for the length of the employment for the dental assistant at the supervising dentist's treatment facility to verify the dental assistant has met and maintained all certification requirements as dictated by statute and regulation. (e) The employer shall inform the dental assistant of the educational requirements described in subdivision (f) to maintain employment as an unlicensed dental assistant. (f) The employer of a dental assistant shall be responsible for ensuring that the dental assistant who has been employed continuously or on an intermittent basis by that employer for one year from the date of first employment provides evidence to the employer that the dental assistant has already successfully completed, or successfully completes, all of the following within one year of the first date of employment: (1) A board-approved two-hour course in the Dental Practice Act.

	Yes	No
Sufficient staff and support services to support the stated program's missions and goals		
Description of current program support/personnel staffing		
Program staffing schedules		
Staff job descriptions		
Documentation of examples of how support staff are used to support students		

Comments:

Facilities and Support Service Requirements

General Facility and Support Services Requirements

CCR:

§1105(i) The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.

CODA:

2-5 The number of students enrolled in the program must be proportionate to the resources available.

4-1 The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable local, state and federal regulations.

Clinical Facilities:

CCR:

§1105(i) The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.

§1105.2(d)(3)(A) An educational program shall provide infection control equipment according to the requirements of California Code of Regulations, Title 16, Division 10, Chapter 1, Article 1, Section 1005.

CODA:

2-5 The number of students enrolled in the program must be proportionate to the resources available.

4-1 The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable local, state and federal regulations.

The dental hygiene facilities must include the following: a) sufficient clinical facility with clinical stations for students including conveniently located areas for hand hygiene; equipment allowing display of radiographic images during dental hygiene treatment; a working space for the patient's record adjacent to units; functional equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision; b) a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.); c) a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction; d) a sterilizing area that includes space for preparing, sterilizing and storing instruments; e) sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol; f) facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols; g) space and furnishings for patient reception and waiting provided adjacent to the clinic; h) patient records kept in an area assuring safety and confidentiality.

Radiography facilities

CCR:

§1105(i) The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.

CODA:

2-5 The number of students enrolled in the program must be proportionate to the resources available.

4-1 The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable regulations.

4-2 Radiography facilities must be sufficient for student practice and the development of clinical competence. The radiography facilities must contain the following: a) an appropriate number of radiography exposure rooms which include: equipment for acquiring radiographic images; teaching manikin(s); and conveniently located areas for hand hygiene; b) equipment for processing radiographic images; c) equipment allowing display of radiographic images; d) documentation of compliance with applicable local, state and federal regulations. Regardless of the number of machines provided, it must be demonstrated that time is available for all students to obtain required experience with faculty supervision and that acceptable faculty teaching loads are maintained.

Laboratory Facilities

CCR:

§1105(i) The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.

CODA:

2-5 The number of students enrolled in the program must be proportionate to the resources available.

4-1 The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable regulations.

4-3 A multipurpose laboratory facility must be provided for effective instruction and allow for required laboratory activities. If the laboratory capacity requires that two or more sections be scheduled, time for all students to obtain required laboratory experience must be provided.

Laboratory facilities must conform to applicable local, state and federal regulations and contain the following: a) placement and location of equipment that is conducive to efficient and safe utilization with ventilation and lighting appropriate to the procedures; b) student work areas that are designed and equipped for students to work with necessary utilities and storage space; c) documentation of compliance with applicable local, state and federal regulations.

Extended Campus Facilities

CCR:

§1105(i) The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.

CODA:

2-5 The number of students enrolled in the program must be proportionate to the resources available.

4-1 The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable regulations.

4-4 When the institution uses an additional facility for clinical education that includes program requirements then the following conditions must be met in addition to all existing Standards: a) a formal contract between the educational institution and the facility; b) a contingency plan developed by the institution should the contract be terminated; c) a location and time available for use of the facility compatible with the instructional needs of the dental hygiene program; d) the dental hygiene program administrator retains authority and responsibility for instruction and scheduling of student assignments; e) clinical instruction is provided and evaluated by calibrated dental hygiene program faculty; f) all dental hygiene students receive comparable instruction in the facility; g) the policies and procedures of the facility are compatible with the goals of the educational program.

Classroom Space

CCR:

§1105(i) The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.

CODA:

2-5 The number of students enrolled in the program must be proportionate to the resources available.

4-1 The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable regulations.

4-5 Classroom space which is designed and equipped for effective instruction must be provided for and readily accessible to the program.

Office Space

CCR:

§1105(i) The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.

CODA:

2-5 The number of students enrolled in the program must be proportionate to the resources available.

4-1 The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable regulations.

4-6 Office space which allows for privacy must be provided for the program administrator and all faculty to enable the fulfillment of faculty assignments and ensure privacy for confidential matters. Student and program records must be stored to ensure confidentiality and safety.

Learning Resources

CCR:

§1105(i) The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.

CODA:

2-5 The number of students enrolled in the program must be proportionate to the resources available.

4-1 The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable regulations.

4-7 Instructional aids and equipment must be provided for student learning. Institutional library holdings must include or provide access to a diversified collection of current dental, dental hygiene and multidisciplinary literature and references necessary to support teaching, student learning needs, service, research and development. There must be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids.

	Yes	No
Facility map		
Sufficient number of wet laboratory stations based on enrollment-map of facility		

Wet laboratory sufficient to carry out university level instruction including, but not limited to, water to each lab station, chemistry hood, etc.		
Sufficient number of clinical and radiology stations based on enrollment-map of clinical facility/radiology		
Sufficient supplies to clinical and radiology stations		
Sufficient infection control supplies		
Clinical schedules demonstrating equitable and sufficient clinical unit assignments		
Clinical schedules demonstrating equitable and sufficient radiology unit assignments		
Equipment maintenance and replacement plan		
Comments:		

Infection Control, Hazardous Waste/Radiation /Bloodborne/Infectious Disease Management, Immunization and Testing, EMS-BLS Provisions

Infection Control

CCR:

§1105.2 (d)(3)(A) An educational program shall provide infection control equipment according to the requirements of California Code of Regulations, Title 16, Division 10, Chapter 1, Article 1, Section 1005.

§1105.2(d)(3)(D)(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.

§1005. Minimum Standards for Infection Control:

(a) Definitions of terms used in this section: (1) "Standard precautions" are a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene, use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure, and safe handling of sharps. Standard precautions shall be used for care of all patients regardless of their diagnoses or personal infectious status. (2) "Critical items" confer a high risk for infection if they are contaminated with any microorganism. These include all instruments, devices, and other items used to penetrate soft tissue or bone. (3) "Semi-critical items" are instruments, devices and other items that are not used to penetrate soft tissue or bone, but contact oral mucous membranes, non-intact skin or other potentially infectious materials (OPIM). (4) "Non-critical items" are instruments, devices, equipment, and surfaces that come in contact with soil, debris, saliva, blood, OPIM and intact skin, but not oral mucous membranes. (5) "Low-level disinfection" is the least effective disinfection process. It kills some bacteria, some viruses and fungi, but does not kill bacterial spores or mycobacterium tuberculosis var bovis, a laboratory test organism used to classify the strength of disinfectant chemicals. (6) "Intermediate-level disinfection" kills mycobacterium tuberculosis var bovis indicating that many human pathogens are also killed. This process does not necessarily kill spores. (7) "High-level disinfection" kills some, but not necessarily all bacterial spores. This process kills mycobacterium tuberculosis var bovis, bacteria, fungi, and viruses. (8) "Germicide" is a chemical agent that can be used to disinfect items and surfaces based on the level of contamination. (9) "Sterilization" is a validated process used to render a product free of all forms of viable microorganisms. (10) "Cleaning" is the removal of visible soil (e.g., organic and inorganic material) debris and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products. (11) "Personal Protective Equipment" (PPE) is specialized clothing or equipment worn or used for protection against a hazard. PPE items may include, but are not limited to, gloves, masks, respiratory devices, protective eyewear and protective attire which are intended to prevent exposure to blood, body fluids, OPIM, and chemicals used for infection control. General work attire such as uniforms, scrubs, pants and shirts, are not considered to be PPE.(12) "Other Potentially Infectious Materials" (OPIM) means any one of the following:(A) Human body fluids such as saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.(B) Any unfixed tissue or organ (other than intact skin) from a human (living or dead).(C) Any of the following, if known or reasonably likely to contain or be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV):1. Cell, tissue, or organ cultures from humans or experimental animals;2. Blood, organs, or other tissues from experimental animals; or3. Culture medium or other solutions.(13) "Dental Healthcare Personnel" (DHCP), are all paid and non-paid personnel in the dental healthcare setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel).(b) All DHCP shall comply with infection control precautions and enforce the following minimum precautions to protect patients and DHCP and to minimize the transmission of pathogens in health care settings as mandated by the California Division of Occupational Safety and Health (Cal/OSHA).(1) Standard precautions shall be practiced in the care of all patients.(2) A written protocol shall be developed, maintained, and periodically updated for proper instrument processing, operatory cleanliness, and management of injuries. The protocol shall be made available to all DHCP at the dental office. (3) A copy of this regulation shall be conspicuously posted in each dental office. Personal Protective Equipment: (4) All DHCP shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear whenever there is potential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, chemical or germicidal agents or OPIM. Chemical-resistant utility gloves and appropriate, task specific PPE shall be worn when handling hazardous chemicals. After each patient treatment, masks shall be changed and disposed. After each patient treatment, face shields and protective eyewear shall be cleaned, disinfected, or disposed. (5) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of germicides or handling contaminated items. All DHCP shall wear reusable or disposable protective attire whenever there is a potential for aerosol spray, splashing or spattering of blood, OPIM, or

chemicals and germicidal agents. Protective attire must be changed daily or between patients if they should become moist or visibly soiled. All PPE used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, Cal. Code Regs., section 5193). Hand Hygiene:(6) All DHCP shall thoroughly wash their hands with soap and water at the start and end of each workday. DHCP shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol-based hand rub may be used as an alternative to soap and water. Hands shall be thoroughly dried before donning gloves in order to prevent promotion of bacterial growth and washed again immediately after glove removal. A DHCP shall refrain from providing direct patient care if hand conditions are present that may render DHCP or patients more susceptible to opportunistic infection or exposure. (7) All DHCP who have exudative lesions or weeping dermatitis of the hand shall refrain from all direct patient care and from handling patient care equipment until the condition resolves. Gloves:(8) Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, DHCP shall wear heavy-duty utility gloves to prevent puncture wounds. Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. All DHCP shall perform hand hygiene procedures before donning gloves and after removing and discarding gloves. Gloves shall not be washed before or after use. Needle and Sharps Safety:(9) Needles shall be recapped only by using the scoop technique or a protective device. Needles shall not be bent or broken for the purpose of disposal. Disposable needles, syringes, scalpel blades, or other sharp items and instruments shall be placed into sharps containers for disposal as close as possible to the point of use according to all applicable local, state, and federal regulations. Sterilization and Disinfection: (10) All germicides must be used in accordance with intended use and label instructions. (11) Cleaning must precede any disinfection or sterilization process. Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions. (12) Critical instruments, items and devices shall be discarded or pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These instruments, items, and devices shall remain sealed and stored in a manner so as to prevent contamination and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility. (13) Semi-critical instruments, items, and devices shall be pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility. (14) Non-critical surfaces and patient care items shall be cleaned and disinfected with a California Environmental Protection Agency (Cal/EPA)-registered hospital disinfectant (low-level disinfectant) labeled effective against HBV and HIV. When the item is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital intermediate-level disinfectant with a tuberculocidal claim shall be used. (15) All high-speed dental hand pieces, low-speed hand pieces, rotary components and dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be packaged, labeled and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item. (16) Single use disposable items such as prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, air/water syringe tips, and gloves shall be used for one patient only and discarded. (17) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test). Test results shall be documented and maintained for 12 months. Irrigation: (18) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone. Sterile coolants/irrigants must be delivered using a sterile delivery system. Facilities:(19) If non-critical items or surfaces likely to be contaminated are manufactured in a manner preventing cleaning and disinfection, they shall be protected with disposable impervious barriers. Disposable barriers shall be changed when visibly soiled or damaged and between patients. (20) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection Agency (Cal/EPA) registered, hospital grade low- to intermediate-level germicide after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal/EPA registered, hospital grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and DHCP shall follow all material safety data sheet (MSDS) handling and storage instructions. (21) Dental unit water lines shall be anti-retractive. At the beginning of each workday, dental unit lines and devices shall be purged with air or flushed with water for at least two (2) minutes prior to attaching handpieces, scalers, air water syringe tips, or other devices. The dental unit lines and devices shall be flushed between each patient for a minimum of twenty (20) seconds. (22) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards. Lab Areas:(23) Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new rag-wheel shall be used for each patient. Devices used to polish, trim, or adjust contaminated intraoral devices shall be disinfected or sterilized, properly packaged or wrapped and labeled with the date and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the instruments shall be recleaned, packaged in new wrap, and sterilized again. Sterilized items will be stored in a manner so as to prevent contamination. (24) All intraoral items such as impressions, bite registrations, prosthetic and orthodontic appliances shall be cleaned and disinfected with an intermediate-level disinfectant before manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth. (c) The Dental Board of California and Dental Hygiene Dental Hygiene Board of California shall review this regulation annually and establish a consensus.

§5193. Bloodborne Pathogens.

CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings – 2007

CDC Guidelines for Infection Control in Dental Health-Care Settings — 2003

CODA:

4-1 The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable regulations. Clinical Facilities: The dental hygiene facilities must include the following:
a) sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision; b) a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.); c) a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction; d) a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments; e) sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol; f) facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols; g) space and furnishings for patient reception and waiting provided adjacent to the clinic; h) patient records kept in an area assuring safety and confidentiality.

Hazardous Waste/Radiation /Bloodborne/Infectious Disease Management

CCR:

§1105(d) The policies and procedures by which the educational program is administered shall be in writing, shall reflect the mission and goals of the program, and shall be available to all students.
§1105.2(d)(2)(F) (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 (2) Dental Hygiene Sciences and Practice Content(F) Infection and Hazard Control Management
§1105.2(d)(2)(N) (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 (2) Dental Hygiene Sciences and Practice Content (N) Provision of Oral Health Care Services to Patients with Bloodborne Infectious Diseases
§1105.2(d)(3)(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.

CODA:

5-1 The program must document its compliance with institutional policy and applicable regulations of local, state, and federal agencies regarding infectious diseases and radiation management. A. Policies must include, but not be limited to: 1. Radiation hygiene and protection, 2. Use of ionizing radiation, 3. Hazardous materials, and 4. Bloodborne and infectious diseases. B. Policies must be provided to all students, faculty, and appropriate support staff, and continuously monitored for compliance. C. Policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.

Immunization and Testing

CCR:

§1104(b)(5) Continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in this Article. Written notification of continuation of approval shall be provided.
§1105(d) The policies and procedures by which the educational program is administered shall be in writing, shall reflect the mission and goals of the program, and shall be available to all students.

CODA:

5-2 Students, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, tuberculosis, varicella and hepatitis B prior to contact with patients and/or infectious objects or materials in an effort to minimize the risk to patients and dental personnel.

EMS/BLS Provisions:

CCR:

§1105.2(d)(2)(H) (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 (2) Dental Hygiene Sciences and Practice Content (H) Medical and Dental Emergencies

CODA:

5-3 The program must establish, enforce, and instruct students in preclinical/ clinical/laboratory protocols and mechanisms to ensure the management of common medical emergencies in the dental setting. These program protocols must be provided to all students, faculty and appropriate staff. Faculty, staff and students must be prepared to assist with the management of emergencies. All students, clinical faculty and clinical support staff must be continuously recognized/certified in basic life support procedures, including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED).

	Yes	No

Infection control policy/plan provided		
Hazardous waste management policy/plan provided		
Bloodborne and infectious disease exposure policy or plan provided		
Radiation Hygiene policy/plan provided		
Emergency Management and Life Support Certification		
Comments:		

HIPAA Compliance

CCR:
§1105.2(d)(3)(C) An educational program shall comply with local, state, and federal health and safety laws and regulations.
CODA:
4-1 The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable regulations. Clinical Facilities: The dental hygiene facilities must include the following: h) patient records kept in an area assuring safety and confidentiality.
6-5 The program's policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

Health and Safety Code (HSC)
Division 109 Section 130203 (a) Every provider of health care shall establish and implement appropriate administrative, technical, and physical safeguards to protect the privacy of a patient's medical information. Every provider of health care shall reasonably safeguard confidential medical information from any unauthorized access or unlawful access, use, or disclosure.

HIPAA Act of 1996 Public Law 104-191
45 Code of Federal Regulations (CFR) Sections 160, 162, and 164 esp. 164.530(c)

	Yes	No
HIPAA Policy		
HIPAA Compliance		
Comments:		

Overall Compliance and Program Changes

Overall Compliance

CCR:
§1104 (b)(5) Continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in this Article. Written notification of continuation of approval shall be provided.
§1104 (e) A material misrepresentation of fact by a new educational program or an approved educational program in any information required to be submitted to the Dental Hygiene Board is grounds for denial of approval or revocation of the program's approval.

Program Changes

CCR:
§1105.3 (a) Each dental hygiene program holding a certificate of approval shall: (1) File its legal name and current mailing address with the Committee at its principal office and shall notify the Committee at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address. (2) Notify the Committee within ten (10) days of any: (A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the dental hygiene program. (B) Change in the organizational structure, administrative responsibility, or accountability in the dental hygiene program, the institution of higher education in which the dental hygiene program is located or with which it is affiliated that will affect the dental hygiene program. (C) Programmatic increase or decrease in program enrollment of more than 10%. (D) Programmatic reduction in program faculty or support staff of more than 10%.
§1105.3 (b) An approved dental hygiene program shall not make a substantive change without prior Committee approval. These changes include: (1) Change in location, ownership or educational program expansion through an additional campus or distance education. (2) Expansion,

reduction or elimination of the program's physical facilities. (3) Any changes that require a report to the Commission on Dental Accreditation or equivalent accrediting body shall require approval from the Committee.		
	Yes	**No**
Required documentation provided		
Comments:		

General Comments:

Submitted By_____ **Date:**_____

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

Education Committee Agenda Item 6.

Dental Hygiene Educational Program Site Visit Update.

(a) Pasadena City College
(b) Taft College
(c) Concorde Career College-San Diego
(d) Cerritos College
(e) Concorde Career College – Garden Grove
(f) Carrington College - San Jose
(g) Concorde Career College-San Bernardino
(h) West Los Angeles College
(i) Dental Hygiene Educational Program Site Visit Schedule

MEMORANDUM

DATE	July 19, 2025
TO	Education Committee Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	**EDU 6: Dental Hygiene Educational Program Site Visit Update and Schedule.**

1. **Pasadena City College (PCC)**

    a. Site visit generated due to a change in administration for PCC, as well as a part of the Dental Hygiene Board of California's (DHBC, Board) oversite goals to monitor all dental hygiene educational programs (DHEPs) in California.

    b. On October 12, 2022, a site visit was conducted at the PCC campus.

    c. At the July 20, 2024, Full Board meeting, the Board voted to issue a citation and placed PCC on two (2) years' probation with quarterly reporting requirements.

    d. PCC requested an Informal Conference with the DHBC's Executive Officer (EO) pursuant to California Code of Regulations (CCR), Title 16, section 1104.3(b)(5)(B) regarding their citation and probationary status.

    e. On September 17, 2024, EO Lum held PCC's Informal Conference where he dismissed the citation but maintained the Board's action of placing PCC on probation for two (2) years with reporting requirements from the date of notification (August 16, 2024).

    f. Current Status:

        i. In temporary compliance.

        ii. See current quarterly report.

2. **Taft College (Taft)**

    a. Site Visit was generated due to a CODA Self Study review, as well as a part of the DHBC oversite goals to monitor all DHEPs in California.

    b. On February 20-21, 2024, a site visit was conducted at the Taft campus.

c. At the July 20, 2024, Full Board meeting, the Board voted to issue a citation and fine of $2,000 ($1,000 each for 2022 & 2023 students who graduated without fulfilling Taft's established requirements to graduate from the Taft dental hygiene program) and placed Taft on probation for three (3) years with quarterly reporting requirements.

d. Taft requested an Informal Conference with the DHBC's Executive Officer and on pursuant to 16 CCR section 1104.3(b)(5)(B) regarding their citation, fine, and probationary status.

e. On September 19, 2024, EO Lum held Taft's Informal Conference where he affirmed the Board's decision (as detailed above) where the Board issued Taft a citation and fine ($2,000) and placed Taft on probation for three (3) years from the date of notification (August 15, 2024). Taft College has paid the fine and is currently on probation for the next three (3) years.

f. Current Status:

    i. In compliance.

    ii. See current quarterly reports.

3. Concorde Career College-San Diego (CCC-SD)

a. Site visit generated due to a change in in administration for CCC-SD, a follow-up due to remodel and enrollment increase request, as well as a part of the DHBC oversite goals to monitor all DHEPs in California.

b. On October 15, 2024, a site visit was conducted at the CCC-SD campus.

c. On November 14, 2024, CCC-SD provided a response to the violations. Violations 1, 3, 4, 5, 6, and 7 were determined as in compliance, with Violation 2 remaining.

    i. Violation 1 regarding tabled citation and fine from November 2024 meeting was remediated and now in compliance.

d. On January 16, 2025, CCC-SD provided a response to the remaining Violation 2.

e. Current Status:

    i. Not in compliance.

ii. Violation regarding CCC-SD to comply with the laws regarding the program's instructional length to be a minimum of ten (10) weeks, excluding final exams, is due December 31, 2025.

4. Cerritos College (Cerritos)

a. Site visit generated due to a CODA Self Study review, a change in in administration for Cerritos, as well as a part of the DHBC oversite goals to monitor all DHEPs in California.

b. On December 2, 2024, a site visit was conducted at the Cerritos campus.

c. Current Status:

i. In temporary compliance.

1. Permanent compliance due June 1, 2026.

ii. See Cerritos report.

5. Concorde Career College-Garden Grove (CCC-GG)

a. Site visit generated due to a change in in administration for CCC-GG, as well as a part of the DHBC oversite goals to monitor all DHEPs in California.

b. On December 3, 2024, a site visit was conducted at the CCC-GG campus.

c. On January 17, 2025, CCC-GG provided a response to the violations. Violation 2, Violation 3(a)(1)(iii), Violation 4, Violation 5, Issue 2, and Violation 6 were determined as in compliance; with Violation 1 not in compliance, and Violation 3(a)(1)(i and ii) and Violation 5, Issue 1 in temporary compliance with a due date for permanent compliance of July 1, 2025.

d. On June 25, 2025, CCC-GG provided a response to the remaining violations.

e. Current Status:

i. Not in compliance.

ii. See CCC-GG report.

iii. Violation regarding CCC-GG to comply with the laws regarding the program's instructional length to be a minimum of ten (10) weeks, excluding final exams, is due December 31, 2025.

6. **Carrington College - San Jose (Carrington-SJ)**

    a. Site visit generated due to a change in administration for Carrington-SJ as well as a part of the DHBC oversite goals to monitor all DHEPs in California.

    b. On February 12, 2025, a site visit was conducted at the Carrington-SJ campus.

    c. Current Status:

        i. In compliance.

        ii. Permanent compliance regarding remaining deficiency completed March 25, 2025.

7. **Concorde Career College-San Bernardino (CCC-SB)**

    a. On February 24, 2025, an announced site visit was conducted due to complaints received by the Board.

    b. Current Status:

        i. Not in compliance.

        ii. See CCC-SB reports.

        iii. Violation regarding CCC-SB to comply with the laws regarding the program's instructional length to be a minimum of ten (10) weeks, excluding final exams, is due December 31, 2025.

8. **West Los Angeles College (WLAC)**

    a. Site visit generated due to a CODA Self Study review as well as a part of the DHBC oversite goals to monitor all DHEPs in California.

    b. On February 25, 2025, a site visit was conducted at the WLAC campus.

    c. Current Status:

        i. In compliance.

        ii. See WLAC report.

**PD – Program Director*

RDH Educational Program	CODA Visit Previous/Next Scheduled	DHBC Visit(s) Previous/Next Scheduled
Cabrillo College	2019 / 2027	November 7, 2019 April 9, 2024 August 8, 2024 October 8, 2024 (complaint) TBD (New PD)
Carrington - Sacramento	2021 / 2028	February 10, 2021 March 8, 2023 (limited) February 12, 2024 (complaint) May 29, 2024 (complaint) September 30, 2024 (New PD) TBD (New PD)
Carrington - San Jose	2021 / 2028	October 25, 2017 November 16, 2020 March 1, 2023 (limited) February 12, 2025
Cerritos College	2016 / 2024	February 15, 2017 December 2, 2024
Chabot College	2023 / 2030	September 8, 2021 May 2, 2023
Concorde Career College-Garden Grove	2019 / 2027	June 28, 2016 August 10, 2016 December 7, 2016 January 18, 2018 June 29, 2022 (limited) December 3, 2024 TBD (New PD)
Concorde Career College-San Bernardino	2018 / 2026	December 20, 2016 January 19, 2018 June 28, 2022 (limited) February 24, 2025 (Complaint)
Concorde Career College-San Diego	2021/ 2028	December 19, 2016 May 27, 2021 October 15, 2024
Cypress College	2015 / September 27-29, 2023	March 3, 2020 October 12, 2023
Diablo Valley College	2017 / Was March 3-5, 2025 Now October 7-9, 2025	February 26, 2019 Was March 11, 2025, now October 14, 2025 (Self Study)
Foothill College	2018 / 2026	October 18, 2018
Fresno City College	2021 / 2028	October 27, 2021
Loma Linda University	2016 / February 20-21, 2024	October 13, 2022 October 10, 2023
Moreno Valley College	2019 / 2027	May 30, 2017

RDH Educational Program	CODA Visit Previous/Next Scheduled	DHBC Visit(s) Previous/Next Scheduled
		October 11, 2023
Oxnard College	2021 / 2028	November 4, 2021
Pasadena City College	2016 / October 15-17, 2024	October 12, 2022 Fall 2025 (Follow-Up and Self Study)
Sacramento City College	2018 / 2026	December 7, 2018
San Joaquin Valley College - Ontario	2022 / 2029	June 24, 2021
San Joaquin Valley College - Visalia	2019 / 2026	November 14, 2019
Santa Rosa Junior College	2023 / 2030	September 16, 2021
Shasta College	2023 / 2030	March 12, 2018 March 23, 2021
Southwestern College	2023 / 2030	September 22, 2021
Taft College	2016 / February 1-2, 2024	May 8, 2017(complaint) May 15, 2017 June 9, 2017 July 24, 2017 February 20-21, 2024 May 13-14, 2024
University of the Pacific	2022 / 2029	February 13, 2020
West Coast University	2017 / May 6-7, 2025	September 15, 2022 September 29, 2025 (Self Study)
West Los Angeles College	2017 / February 20-21, 2025	October 30, 2018 February 25, 2025 (Self Study)

May 15. 2025

Mr. Anthony Lum
Executive Officer, DHBC

Dear Mr. Lum,

Please accept our quarterly report on updates regarding PCC Dental Hygiene Program clinic renovation.

As of today's date (May 15, 2025) the proposed Dental Hygiene clinic renovations previously submitted to the DHBC are still at the Division of the State Architect pending final approval. One of the conditions identified in the proposed renovation work includes the need to complete environmental mitigation work.
Due to environmental mitigation work that needs to be performed as part of the planned renovation of the Dental Hygiene Clinic, and the need to await final approval of the projected renovation plans, before commencing the project, the projected project completion date has moved to August 2026 (which coincides with the start of our Fall 2026 Semester).

The current plan is to complete the renovations of the Pasadena City College Dental Hygiene Clinic during the conclusion of the Spring 2026 term, with the renovated clinic being available for occupancy in Fall 2026. Until that time we continue to use the existing clinic space, with the temporary modifications approved by the Dental Hygiene Board of California.

We will submit the final approved renovation plans for the Pasadena City College Dental Hygiene Clinic to the Dental Board of California upon receipt and/or with our next quarterly report.

Please let us know if the Board has any questions.
Sincerely,

Adrine Reganian

Adrine Reganian, RDHAP, BSDH, MSHS-HPE
Dental Hygiene Program Director
aareganian@pasadena.edu
(626) 5857545

ecc: Adina A. Pineschi-Petty, Education, Legislative, and Regulatory Specialist, DHBC
Albert Law, Assistant Executive Officer, DHBC
Jose A. Gomez, Superintendent-President
Laura M. Ramirez, Ed.D, Assistant Superintendent, VP of Instruction
Micah Young, MD, Dean, Health Sciences

April 1, 2025

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

RE: **Taft College Dental Hygiene Probation**

1. Handling Deficiencies (None to Report):
Taft College continues to uphold the highest standards, operating without any deficiencies. All past concerns have been fully addressed, and there are no outstanding corrective actions required. We remain dedicated to maintaining this level of excellence through diligent oversight and proactive measures to ensure ongoing quality and compliance in our program.

2. Ensuring Competency Requirements Are Met:
Taft College remains committed to ensuring all students graduate having met the required competencies. The continued use of the Ascend system for clinical and competency tracking has provided real-time monitoring, allowing faculty to make timely interventions and support student success. These efforts have further strengthened our program's alignment with regulatory expectations and reinforced our commitment to excellence.

- **Second-Year Students:** As graduation nears, faculty maintain close oversight of student progress through regular evaluations in Canvas and Ascend. This cohort has completed all required competencies from Clinic 1 and Clinic 2 and is actively finalizing their clinical requirements. Faculty continue to provide targeted support to ensure each student remains on track for successful program completion.
- **First-Year Students:** This cohort has built a solid foundation in technical skills and professional competencies, demonstrating steady growth. With their initial clinical experiences now underway, faculty are leveraging Ascend for more detailed performance tracking and individualized feedback, ensuring students progress consistently toward competency benchmarks.

3. Reporting to the Dental Hygiene Board of California (DHBC):
As required, we will notify the DHBC and CODA of any program changes.
Dr. Leslie Minor was appointed Interim Superintendent/President of Taft College on March 12, 2025. As a result of this transition, this week we will welcome Greg Bormann as the new Interim Vice President of Instruction with a start date of March 31, 2025. As of today, my title changed from Interim Director to Director.

Taft College Change in Leadership:

Name: Leslie Minor
Title: **Interim Superintendent/President**
Phone: 661-763-7710
E-Mail: lminor@taftcollege.edu

Name: Greg Bormann
Title: **Interim Vice President of Instruction**
Phone: 661-763-7871
E-Mail: gbormann@taftcollege.edu

Name: Gina Gardner
Title: **Director of Dental Hygiene**
Phone: 661-763-7752
E-Mail: ggardner@taftcollege.edu

4. Concerns or Challenges in Maintaining Compliance:
At this time, Taft College remains in full compliance with Board requirements, with no significant concerns or challenges. Our tracking, assessment, and faculty reporting processes have been further refined to enhance efficiency and accuracy. We continue to evaluate and improve these systems to ensure they align with regulatory expectations and the evolving needs of our program.

Sincerely,

Gina Gardner, RDH, MEd
Director, Dental Hygiene
ggardner@taftcollege.edu
661-763-7752

July 1, 2025

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

RE: **Taft College Dental Hygiene Probation**

1. Handling Deficiencies (None to Report):
Taft College continues to operate in full compliance, with no deficiencies to report this quarter. All previous concerns have been resolved, and there are no outstanding corrective actions at this time. We remain committed to ongoing quality and compliance through active oversight and continuous improvement.

2. Ensuring Competency Requirements Are Met:
Taft College continues to prioritize student competency and clinical preparedness as core elements of the program. The use of the Ascend system for tracking clinical progress and competencies allows faculty to monitor student performance in real time and provide timely support when needed.

- **Second-Year Students:** The Class of 2025 successfully completed all required competencies and graduation requirements. One student, with the support of faculty, administration, and her physician, will return in the fall to complete her nitrous oxide experiences before receiving graduate status.
- **First-Year Students:** Students have completed their first semester of patient care and met all required competencies needed to move forward in the program. One student was dismissed due to not meeting the minimum clinical requirements. Faculty continue to monitor progress closely through Ascend and Canvas, providing feedback and support to ensure students remain on track.

3. Reporting to the Dental Hygiene Board of California (DHBC):
As required, Taft College will notify the DHBC and CODA of any changes to the program. While not considered a programmatic change, the Program Director's name was officially changed from Gina Gardner to Gina Johnson on June 24, 2025. Formal notification has been submitted through the DHBC website; however, additional documentation was requested to complete the update. A new driver's license reflecting the name change is currently pending and will be forwarded to the DHBC as soon as it is received.

4. Concerns or Challenges in Maintaining Compliance:
There are no current concerns related to compliance. Taft College has continued to strengthen internal systems to support clear documentation, timely reporting, and consistent oversight. Faculty and administration remain attentive to any areas that may require adjustment, with a focus on staying ahead of potential issues rather than reacting to them.

Sincerely,

Gina Johnson

Gina Johnson, RDH, MEd
Director, Dental Hygiene
ggardner@taftcollege.edu
661-763-7752

June 13, 2025

Jose L. Fierro, DVM, PhD
President/Superintendent
Cerritos College
11110 Alondra Blvd.
Norwalk, California 90650

Dear Dr. Fierro,

The Dental Hygiene Board of California (DHBC) conducted a site visit at the Cerritos College Dental Hygiene Educational Program (Cerritos) on December 5, 2024. This site visit was generated due to the appointment of a new program director, submission of a Commission on Dental Accreditation (CODA) Self Study, as well as to the Board's oversite goals to monitor all Dental Hygiene Educational Programs (DHEPs) in California. Evidence of program compliance with the minimum DHEP standards set by the Business and Professions Code (BPC), the California Code of Regulations (CCR), and CODA was deficient.

On January 31, 2025, and June 13, 2025, Cerritos provided documentation addressing the violations discovered during the site visit. The results of the review are as follows:

I. **Violation 1: Admissions Prerequisites.**
[BPC Section 1941(a), 16 CCR Section 1105(f)(1)(C)(iii-iv), and CODA Standard 2-8b.]

A. Admission Prerequisites:

1. Admissions only require applicants to complete a one semester course in Introductory Chemistry (Chem 100).

   a. California regulations and CODA Standards require College-level biomedical science courses, each of which must include a wet laboratory component, in Inorganic Chemistry and Biochemistry or Organic Chemistry with Biochemistry.

   b. Effect: Students do not meet the minimum requirements for admissions to a DHEP established by the Board and CODA.

B. Cerritos Response:

1. Stated: "Correction of application information to include pre-requisites of Inorganic Chemistry and Biochemistry or combined Organic Chemistry with Biochemistry."

2. Stated: "Discussions with the counseling department to inform them of the change so that they can correctly assist possible applicants."

3. Documentation: Provided correction to the Cerritos college catalog demonstrating Cerritos prerequisites to include:

   a. CHEM 110 Elementary Chemistry 4.

   b. Biochemistry or Organic Chemistry with Biochemistry 4-5 units.

C. Determination:

1. **In compliance.**

2. Cerritos shall require, maintain, and provide evidence of students meeting DHBC and CODA DHEP admission requirements pursuant to BPC Section 1941(a), 16 CCR Section 1105(f)(1)(C)(iii-iv), and CODA Standard 2-8b.

II. Violation 2: Program Director Assignment.

[BPC 1941(a), 16 CCR Section 1105(j), 16 CCR Section 1105.1(a) and CODA Standards 3-2 and 3-4.]

A. Program Director Assignment:

1. Issue: Program director scheduled for only eight (8) hours for administration of the program, the balance of time is devoted to teaching, teaching preparation time, and school committee requirements.

   a. Program director not only manages the onsite program but is responsible to staff and manage nine (9) external clinical sites.

   b. Additionally, the program has been approved to offer a Bachelor of Science degree in Dental Hygiene as of Fall 2025, thereby necessitating additional time and responsibilities to institute programmatic changes.

2. Effect: Program director not provided adequate time to administer DHEP director responsibilities.

B. Cerritos Response:

1. Stated: "The Program Director will receive an additional 20% release time for total of 60% release time to ensure effective department operations, including duties necessary to maintain the outside clinical facilities and adequately fulfill all program goals."

2. January 31, 2025, Documentation:

   a. Provided a "Cerritos College Change in Accounting Classification and/or Percentage Allocation Form" for Diane Loera demonstrating 60% release time for program director duties.

   b. Electronic mail from Elizabeth Riley, PhD, Dean, Health Occupations Division, confirming "Dr. Fierro approved adding an additional 20% release time for Diane Loera for Program Director, bringing her total release time to 60%, making it a majority of her workload."

3. June 13, 2025, Documentation:

   a. Program director's 11-month assignment.

C. Determination:

1. **In compliance.**

2. Cerritos shall provide and maintain evidence of a program director assignment pursuant to BPC 1941(a), 16 CCR Section 1105(j), 16 CCR Section 1105.1(a) and CODA Standards 3-2 and 3-4.

III. Violation 3: Faculty and Faculty Assignments.

[BPC Section 1941(a), 16 CCR Section 1105(i), and 16 CCR Section 1105(k).]

A. Faculty Assignments:

1. Issue: Two full-time faculty members assist the program director to administer the program without release time as there are nine (9) external clinical sites. Additionally, the program has been approved to offer a Bachelor of Science degree in Dental Hygiene as of Fall 2025, thereby necessitating additional time and responsibilities to institute programmatic changes.

2. Effect: Insufficient number of full-time faculty, as well as current full-time faculty members are provided insufficient time to devote to their primary teaching assignments and student support.

B. Cerritos Response:

1. Stated: "Clinical Coordinators for the Junior and Senior classes will receive an additional 5% release time each to fulfill essential clinical coordination responsibilities. These include overseeing badging processes, conducting exit surveys, facilitating background checks, and managing facility scheduling, among other key duties."

2. Documentation:

   a. Provided a "Cerritos College Change in Accounting Classification and/or Percentage Allocation Form" for Marlena Shore demonstrating 5% release time for coordinator duties.

   b. Provided a "Cerritos College Change in Accounting Classification and/or Percentage Allocation Form" for Kristen Stephens demonstrating 5% release time for coordinator duties.

C. Determination:

1. **In compliance.**

2. Cerritos shall provide and maintain evidence of sufficient faculty and faculty assignments pursuant to BPC Section 1941(a), 16 CCR Section 1105(i), and 16 CCR Section 1105(k).

IV. Violation 4: Administrative Staff:

[BPC Section 1941(a), 16 CCR Section 1105(i), and 16 CCR Section 1105(k).]

A. Administrative Staff:

1. Issue: Cerritos DHEP maintains an on-site program as well as maintains nine off-site clinical facilities.

   a. Three (3) administrative staff are responsible for supporting nine (9) departments, one of which is the Cerritos DHEP.

2. Effect: Insufficient administrative staff devoted to the Cerritos DHEP resulting in the program director and full-time faculty to be overloaded with managing administrative tasks.

B. Cerritos Response:

1. Stated: "Cerritos College has now hired a Dental Assistant to serve as Specialized Support I/Dental Program Assistant. This staff member will provide assistance to the Program Director and the program operations.

This staff member possesses valid certifications (Infection Control, California Dental Practice Act, CPR) to fulfill the role as Dental Program Assistant."

2. Documentation:

   a. Cerritos Community College District Employment Request – Standard for Dental Assistant new hire.

      1. Justification statement: "The Dental Hygiene Board of California (DHBC) conducted a site visit for the Cerritos College Dental Hygiene Program on December 2, 2024. During the visit they identified that the program was in violation of the Dental Hygiene Board standards and the Commission of Dental Accreditation (CODA) standards for having dedicated support staff for the Dental Hygiene Program. The DHBC gave the program until January 31, 2025 to remedy this, which is being accomplished through hiring this STH employee for Spring and Summer 2025 terms, and hiring a Full Time position for the Fall 2025 and beyond." and signed by Elizabeth Riley, PhD.

   b. New Dental Assistant's Resume.

   c. California Dental Practice Act continuing education certificate for the new Dental Assistant.

   d. California eight (8) hour Infection Control course certificate for the new Dental Assistant.

   e. Basic Life Support course certificate for the new Dental Assistant.

C. Determination:

1. **In temporary compliance (due to short-term hire.)**

2. **Permanent compliance due January 1, 2026.**

3. Cerritos shall provide and maintain evidence of sufficient administrative staff pursuant to BPC Section 1941(a), 16 CCR Section 1105(i), and 16 CCR Section 1105(k).

Cerritos shall provide permanent compliance to remaining violation by January 1, 2026.

Pursuant to 16 CCR section 1104(b)(5), continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in Title 16, Division 11, Article 3 of the CCR. As Cerritos is operating outside the

structured parameters of California law and CODA Standards with these violations, Cerritos is therefore putting students, faculty, and the public at risk.

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

Sincerely,

Adina A. Pineschi-Petty DDS

Education, Legislative and Regulatory Specialist
Dental Hygiene Board of California

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Dr. Frank Mixson, Vice President of Academic Affairs, Assistant Superintendent, Cerritos College
Dr. Elizabeth Riley, Instructional Dean, Health Occupations Division, Cerritos College
Diane M. Loera RDH, MA, Director/Chair Dental Hygiene Department, Cerritos College

June 26, 2025

Lisa Rhodes
Campus President
Concorde Career College – Garden Grove
12951 Euclid St., Suite 101
Garden Grove, CA 92840

Dear President Rhodes,

The Dental Hygiene Board of California (DHBC, Board) conducted a site visit at the Concorde Career College – Garden Grove Dental Hygiene Educational Program (CCC-GG) on December 3, 2024. This site visit was generated due to the appointment of a new program director, as well as to the Board's oversite goals to review all Dental Hygiene Educational Programs (DHEPs) in California. Evidence of program compliance with the minimum DHEP standards set by the Business and Professions Code (BPC), the California Code of Regulations (CCR), and the Commission on Dental Accreditation of the American Dental Association (CODA) was deficient.

On January 17, 2025, CCC-GG provided a response to the violations. Violation 2, Violation 3(a)(1)(iii), Violation 4, Violation 5, Issue 2, and Violation 6 were determined as in compliance; with Violation 1 not in compliance, and Violation 3(a)(1)(i and ii) and Violation 5, Issue 1 in temporary compliance with a due date for permanent compliance of July 1, 2025.

On June 25, 2025, CCC-GG provided a response to the remaining violations. The results of the review are as follows:

I. Violation 1: Program Terms.
[BPC 1941(a), 16 CCR Section 1105(b)(3), 16 CCR Section 1103(a), 16 CCR Section 1103(z), 16 CCR section 1103(aa), 16 CCR section 1103(d), 16 CCR section 1103(l), 16 CCR section 1103(r), and CODA Standard 2-1.]

A. Site Visit:

1. Issue: Term schedules are comprised of only nine (9) weeks of instruction and one half (1/2) week of exams.

   a. Effect: Students are not receiving the appropriate amount of instruction time to obtain competency in the practice of dental hygiene.

B. CCC-GG Response:

1. "Per the email dated 5/7/2025 from Anthony Lum, Executive Officer, Concorde Career College – Garden Grove has until 12/31/2025 to finalize the changes to the calendar. At this time, the program is in process of obtaining all necessary approvals to move forward with the changes required by the DHBC."

2. Attachment 1- Email approval of extension by Board Executive Officer Anthony Lum.

C. Determination:

1. **Not in compliance.**

2. CCC-GG is in violation of BPC Section 1941(a), 16 CCR Section 1105(b)(3), 16 CCR Section 1103(a), 16 CCR Section 1103(z), 16 CCR section 1103(aa), 16 CCR section 1103(d), 16 CCR section 1103(l), 16 CCR section 1103(r), and CODA Standard 2-1.

3. CCC-GG shall require and provide evidence of program terms meeting DHBC and CODA DHEP requirements pursuant to BPC Section 1941(a), 16 CCR Section 1105(b)(3), 16 CCR Section 1103(a), 16 CCR Section 1103(z), 16 CCR section 1103(aa), 16 CCR section 1103(d), 16 CCR section 1103(l), 16 CCR section 1103(r), and CODA Standard 2-1 **by December 31, 2025.**

II. Violation 3: Program Staff.
[BPC Section 1941(a), 16 CCR Section 1105(i), 16 CCR Section 1105(k), and CODA Standards 2-5, 3-10, and 3-11.]

A. Site Visit:

a. Program increased number of students in each cohort by ten (10) students (two (2) cohorts with 34 students per cohort) in 2022 but did not increase staff support.

1. Program employs two (2) clinical assistants with split schedules to staff morning, afternoon, and evening clinics.

i. Due to the lack of additional staff, clinical assistants are needed to assist not only during the clinic sessions but are required to assist with administrative responsibilities that are not part of their necessary job duties.

ii. Students and faculty report lack of necessary support in the clinic due to the clinical assistants providing administrative support resulting in students and faculty to provide clinical support.

b. Effect: Lack of administrative support has resulted in lack of required clinic support, thereby causing compromised clinic oversite.

B. CCC-GG Response:

1. "Concorde Career College – Garden Grove hired Theo Lopez for the full-time administrative assistant role."

2. Attachment 2 – Theo Lopez resume.

3. Theo Lopez work schedule.

C. Determination:

1. Violation 3(a)(1)(i and ii): **In compliance.**

2. CCC-GG shall continue to provide program support pursuant to BPC Section 1941(a), 16 CCR Section 1105(i), 16 CCR Section 1105(k), and CODA Standards 2-5, 3-10, and 3-11.

III. Violation 5: Technology Infrastructure.
[BPC Section 1941(a), 16 CCR Section 1105(i), CODA Standard 2-5, and CODA Standard 4-1.]

A. Site Visit:

1. Issue 1: Computers and software outages occur often, causing a disruption to patient care.

a. Effect: Poses a barrier to efficient usage of clinic time and student learning, thereby hindering student success.

B. CCC-GG Response:

1. "Concorde Career College – Garden Grove installed the new x-ray computers from January 6th through February 2025. Pictures are included for review."

2. Attachment 3 – Pictures of radiology computers.

C. Determination:

1. Violation 5, Issue 1: **In compliance.**

2. CCC-GG shall continue to provide working technology infrastructure pursuant to BPC Section 1941(a), 16 CCR Section 1105(i), CODA Standard 2-5, and CODA Standard 4-1.

CCC-GG shall provide evidence of compliance to the above remaining violation **by December 31, 2025.**

Pursuant to 16 CCR section 1104(b)(5), continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in Title 16, Division 11, Article 3 of the CCR. As CCC-GG is operating outside the structured parameters of California law and CODA Standards with these violations, CCC-GG is therefore putting students, faculty, and the public at risk.

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

Sincerely,

Adina A. Pineschi-Petty DDS

Education, Legislative and Regulatory Specialist
Dental Hygiene Board of California

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Omid Parto, Pharm.D., Academic Dean, CCC-GG
Andrea Rosas, MPH, BSDH, RDHAP, Dental Hygiene Program Director, CCC-GG

April 7, 2025

Richard Sambrano
Campus President
Concorde Career College – San Bernardino
201 East Airport Drive, Suite A
San Bernardino, CA 92408

Dear President Sambrano,

The Dental Hygiene Board of California (DHBC, Board) conducted a site visit at the Concorde Career College – San Bernardino Dental Hygiene Educational Program (CCC-SB) on February 24, 2025. This site visit was generated due to receipt of complaints, as well as to the Board's oversite goals to review all Dental Hygiene Educational Programs (DHEPs) in California.

The complaints made against CCC-SB were investigated and determined to be without merit. However, evidence of program compliance with the minimum DHEP standards set by the Business and Professions Code (BPC), the California Code of Regulations (CCR), and the Commission on Dental Accreditation (CODA) was deficient.

On April 3, 2025, CCC-SB provided a response to the violations. The results to the responses are as follows:

I. Violation 1: Program Terms.
[BPC 1941(a), 16 CCR Section 1105(b)(3), 16 CCR Section 1103(a), 16 CCR Section 1103(z), 16 CCR section 1103(aa), 16 CCR section 1103(d), 16 CCR section 1103(l), 16 CCR section 1103(r), and CODA Standard 2-1.]

A. Site Visit:

1. Issue: Term schedules are comprised of only nine (9) weeks of instruction and one half (1/2) week of exams.

   a. Effect: Students are not receiving the appropriate amount of instruction time to obtain competency in the practice of dental hygiene.

B. CCC-SB Response:

1. CCC-SB states: *"Please refer to Concorde's correspondence dated February 28, 2025, in response to Violation No. 1, enclosed herewith. See attached Exhibit 1."*

2. CCC-SB Provided "Exhibit 1," correspondence dated February 28, 2025.

C. DHBC Response:

1. At the DHBC's March 21-22, 2025, Full Board Meeting, the full Board determined that all of the Concorde Career College campuses (Garden Grove, San Bernardino, and San Diego) was in violation of term length, and shall provide for ten (10) full weeks of instruction with an additional week (or fraction thereof) for final exams.

D. Determination:

1. **Not in compliance.**

2. CCC-SB is in violation of BPC Section 1941(a), 16 CCR Section 1105(b)(3), 16 CCR Section 1103(a), 16 CCR Section 1103(z), 16 CCR section 1103(aa), 16 CCR section 1103(d), 16 CCR section 1103(l), 16 CCR section 1103(r), and CODA Standard 2-1.

3. CCC-SB shall require and provide evidence of program terms meeting DHBC and CODA DHEP requirements pursuant to BPC Section 1941(a), 16 CCR Section 1105(b)(3), 16 CCR Section 1103(a), 16 CCR Section 1103(z), 16 CCR section 1103(aa), 16 CCR section 1103(d), 16 CCR section 1103(l), 16 CCR section 1103(r), and CODA Standard 2-1 **by July 1, 2025.**

II. Violation 2: Curriculum and Curriculum Management.

[BPC Section 1941(a), and CODA Standards 1-4 and 1-5.]

A. Site Visit:

1. Issue 1: Concorde Corporate dictating curriculum as to what specifically to teach and where it is to be taught.

   a. Pursuant to CODA Standard 1-5, the authority and final responsibility for curriculum development and approval must rest within the sponsoring institution.

   b. Effect: Faculty not provided academic freedom to develop and maintain their courses as they determine in the best interest of their students, which is crucial to education in California DHEPs.

2. Issue 2: Canvas (Concorde's education communication, testing, and tracking system):

    a. Course "shells" are pre-populated and pre-set in educational content (e.g., lectures, exams, etc.) and restricted by Concorde Corporate.

    b. Faculty are not provided access to Canvas in advance to their courses to correct any errors or to prepare for the upcoming terms.

        1. Pursuant to CODA Standard 1-5, the authority and final responsibility for curriculum development and approval must rest within the sponsoring institution.

        2. Effect: Faculty not provided academic freedom and prevents faculty from developing their courses as they determine is necessary for student success.

B. CCC-SB Response:

    1. Issue 1:

        a. CCC-SB states: "*Authority and final responsibility for curriculum development and approval rests within the sponsoring institution. The process for curriculum review and changes is as follows:*

            - *The California Dental Hygiene Program Directors meet regularly to discuss the curriculum and feedback from the faculty to identify any areas of opportunity within the curriculum and assessments.*
            - *If a necessary change is identified, then they will meet with the National Dean of Academic Operations to review the proposed change and ensure it meets the needs of the students and maintains compliance with all regulatory agencies.*
            - *The Program Director, National Dean of Academic Operations, and Instructional Designer work together to format and prepare the curriculum change to be uploaded to Canvas, the Learning Management System.*
            - *The CA Dental Hygiene Program Directors approve the final content prior to proceeding with the implementation of the change.*"

    2. Issue 2:

        a. CCC-SB states: "*Program Directors and faculty receive access to Canvas course shells at least two weeks prior to the course start. However, Concorde recognizes that they need additional time to review and prepare for their courses, so it has now updated the process to schedule courses three weeks prior to the start of the next term. This*

will provide the faculty with two weeks to prepare for their upcoming course.

After a review of the process, it was determined that the courses were not being scheduled timely, so although the faculty should have had access at least two weeks prior to the term start, this was often delayed. Because faculty course assignments do not change often, faculty have the course materials and course outline well in advance of the course being available on Canvas. Furthermore, they have the ability to copy and paste the course from the previous term they taught to the new term, eliminating the need for the faculty to set the course up from scratch each term. The instructional design team will work with faculty to review processes and update training as necessary to ensure faculty are well-versed in course preparation within the learning management system."

b. CCC-SB states: "*Dental Hygiene faculty have full access to the Canvas courses they are assigned. This includes the ability to:*
    - *Edit Course Pages*
    - *Manage the Gradebook*
    - *View and download files*
    - *Add, edit, and modify all due dates*
    - *Edit assignment directions*
    - *Edit quiz directions, settings, and attempts*
    - *Add, edit, and remove quiz questions*
    - *Add, edit, or remove assignments or quizzes*
    - *Publish and unpublish content,*
    - *Add, delete, or move content within the course"*

c. CCC-SB states: "*While the course content may be pre-populated, this is to help faculty by providing them with the resources needed to deliver the necessary content. All faculty have the ability and freedom to adjust the content within the course shell as needed to meet the needs of each individual course. The content provided is from the textbook resources, or content previously uploaded by faculty. Faculty have the freedom to add or delete content as needed. A full list of permissions is included for review.*

The Program Director conducted a meeting with the faculty team on March 21, 2025, to review and clarify their access to Canvas. Faculty were provided with a detailed guide regarding their ability to modify course shells, including lectures, exams, and other instructional content. A signed acknowledgment form from the teaching faculty is attached as ***Exhibit 2****, confirming their understanding of the access granted to them and their ability to modify content within Canvas as needed to support student success."*

d. CCC-SB states: *"This issue derives from a misunderstanding and a miscommunication with the faculty. About a year ago, the faculty were advised that the access to Canvas had been reduced. In the last year, this was changed, but unfortunately, the change was not communicated to the faculty. The program director met with faculty and provided them with the access they have at this time. As they were preparing for the next cohort of classes last week, the faculty were able to make changes to the courses and adjust content as the instructor requested."*

C. Determination:

1. Violation 2, Issue 1: **In compliance.**

2. Violation 2, Issue 2: **In compliance.**

3. CCC-SB shall provide and maintain evidence of curriculum and curriculum management pursuant to BPC Section 1941(a), and CODA Standards 1-4 and 1-5.

III. Violation 3: Program Staff.
[BPC Section 1941(a), 16 CCR Section 1105(i), 16 CCR Section 1105(k), and CODA Standards 2-5, 3-10, and 3-11.]

A. Site Visit:

a. Program increased number of students in each cohort by ten (10) students (two (2) cohorts with 34 students per cohort) in 2022 but did not increase staff support.

1. Program lacking sterilization assistant.

i. Students and faculty report lack of necessary support in the clinic due to lack of a sterilization assistant.

b. Effect: Lack of clinical sterilization support has resulted in lack of required clinic support, thereby causing compromised clinic oversite.

B. CCC-SB Response:

1. CCC-SB states: *"The Program Director and Campus President reviewed the efficiencies of the program staff and determined at this time that we have a need for a full-time Assistant Clinical Coordinator. The program has placed a requisition for a new full-time Assistant Clinical Coordinator as a result of the DHBC recommendation during the site visit and our review of the program. Going forward, the Program will continue to assess staffing needs and adjust accordingly."*

C. Determination:

1. **Not in compliance.**

2. CCC-SB is in violation of BPC Section 1941(a), 16 CCR Section 1105(i), 16 CCR Section 1105(k), and CODA Standards 2-5, 3-10, and 3-11.

3. CCC-SB shall provide and provide evidence of program support pursuant to BPC Section 1941(a), 16 CCR Section 1105(i), 16 CCR Section 1105(k), and CODA Standards 2-5, 3-10, and 3-11.

    a. Temporary compliance shall include advising the DHBC as to sterilization staffing until a permanent sterilization assistant can be hired by **April 11, 2025.**

    b. Permanent compliance shall include hiring of a new sterilization assistant by **July 1, 2025.**

IV. Violation 4: Sterilization Facilities.

[BPC Section 1941(a), 16 CCR Section 1105.2(d)(3)(A), 16 CCR Section 1105.2(d)(3)(C), 16 CCR Section 1105.2(d)(3)(xii), 16 CCR Section 1005, CODA Standard 4-1, 8 CCR Section 5193, CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings – 2007, and CDC Guidelines for Infection Control in Dental Health-Care Settings — 2003.]

A. Site Visit:

1. Issue: Sterilized instruments placed in cubbies with direct exposure to sterilization room.

    a. Effect: Sterilized instruments exposed to sterilization room aerosols, thereby compromising instrument package cleanliness.

B. CCC-SB Response:

1. CCC-SB states: *"We recognized that our current setup did not meet the necessary sterilization compliance and have taken immediate action using temporary plastic sheeting to mitigate the isolation of cubbies inside of the sterilization area. In addition, a build-out of cubby covers are to be installed to eliminate the identified deficiency and ensure compliance."*

C. Determination:

1. **In temporary compliance.**

    a. Permanent compliance shall include installation of "build-out of cubby covers" by **July 1, 2025**.

2. CCC-SB shall provide and provide evidence of sterile clinical instrument storage pursuant to BPC Section 1941(a), 16 CCR Section 1105.2(d)(3)(A), 16 CCR Section 1105.2(d)(3)(C), 16 CCR Section 1105.2(d)(3)(xii), 16 CCR Section 1005, CODA Standard 4-1, 8 CCR Section 5193, CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings – 2007, and CDC Guidelines for Infection Control in Dental Health-Care Settings — 2003.

V. Violation 5: Clinical Hours and Faculty Supervision.
[BPC Section 1941(a), 16 CCR Section 1105(i), 16 CCR Section 1105(k), CODA Standard 2-10.]

A. Site Visit:

1. Issue: Clinic scheduled for three to four hours for each session.

   a. Students report they are not able to set-up their clinical operatories until five minutes before clinic and faculty end clinic approximately 45 minutes before the end of session to complete paperwork. This results in decrease of direct patient care time by 1 hour to 1.25 hours per session.

   b. Effect: Lack of designated set-up time prior to clinical session reduces required direct patient care time.

2. CCC-SB Response:

   a. CCC-SB states: *"The program has reviewed our current processes for student preparation of clinical operatory set-up. As a result of this review and the feedback from the DHBC, we have adjusted the schedules to allow students fifteen (15) minutes prior to the start of each clinical session to ensure proper preparation and compliance with operational standards. In addition, we have placed a requisition to hire an Assistant Clinical Coordinator who will provide support and ensure adherence to the setup procedures. We believe these measures will help streamline clinic operations, maintain compliance, and enhance the overall clinical experience for students."*

3. Determination:

   a. **In compliance.**

   b. CCC-SB shall provide and maintain evidence of required clinical hours pursuant to BPC Section 1941(a), 16 CCR Section 1105(i), 16 CCR Section 1105(k), CODA Standard 2-10.

VI. Violation 6: Clinical Facilities.

[BPC Section 1941(a), 16 CCR Section 1105(i), CODA Standard 2-5, and CODA Standard 4-1.]

A. Site Visit:

1. Issue: Students reported many clinical units are in disrepair (headrests missing or falling off, hoses leaking, etc.).

    a. Effect: Prevents effective utilization of the clinical operatories and causes a barrier to student learning and patient care, thereby hindering student success.

B. CCC-SB Response:

1. The San Bernardino Dental Hygiene program uses Henry Schein to provide routine maintenance for all clinical units at the end of each term, ensure equipment remains in optimal condition. When a student or faculty member identifies a need for repairs they document the issues on a repair list at the front office. They are then required to follow up with verbal communication to the Clinic Coordinator to ensure immediate action. Upon notification, the Clinic Coordinator will contact two repair providers, with the first available provider completing the necessary repair to minimize downtime.

C. Determination:

1. **In compliance.**

2. CCC-SB shall provide and maintain evidence of sufficient clinical facilities pursuant to 16 CCR Section 1105(i), and CODA Standards 2-5 and 4-1.

CCC-SB shall provide evidence of compliance to the above violations **by the above required dates.**

Pursuant to 16 CCR section 1104(b)(5), continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in Title 16, Division 11, Article 3 of the CCR. As CCC-SB is operating outside the structured parameters of California law and CODA Standards with these violations, CCC-SB is therefore putting students, faculty, and the public at risk.

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

Sincerely,

Adina A. Pineschi-Petty DDS

Education, Legislative and Regulatory Specialist
Dental Hygiene Board of California

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Lou Cabuhat, Academic Dean, CCC-SB
Michael Anderson, Associate Academic Dean, CCC-SB
Sabrina Santucho, RDHAP, MHA, Dental Hygiene Program Director, CCC-SB

July 2, 2025

Richard Sambrano
Campus President
Concorde Career College – San Bernardino
201 East Airport Drive, Suite A
San Bernardino, CA 92408

Dear President Sambrano,

The Dental Hygiene Board of California (DHBC, Board) conducted a site visit at the Concorde Career College – San Bernardino Dental Hygiene Educational Program (CCC-SB) on February 24, 2025. This site visit was generated due to receipt of complaints, as well as to the Board's oversite goals to review all Dental Hygiene Educational Programs (DHEPs) in California.

The complaints made against CCC-SB were investigated and determined to be without merit. However, evidence of program compliance with the minimum DHEP standards set by the Business and Professions Code (BPC), the California Code of Regulations (CCR), and the Commission on Dental Accreditation (CODA) was deficient.

On April 3, 2025, CCC-SB provided a response to the violations. The results to the responses are as follows:

I. Violation 1: Program Terms.
[BPC 1941(a), 16 CCR Section 1105(b)(3), 16 CCR Section 1103(a), 16 CCR Section 1103(z), 16 CCR section 1103(aa), 16 CCR section 1103(d), 16 CCR section 1103(l), 16 CCR section 1103(r), and CODA Standard 2-1.]

A. Site Visit:

1. Issue: Term schedules are comprised of only nine (9) weeks of instruction and one half (1/2) week of exams.

   a. Effect: Students are not receiving the appropriate amount of instruction time to obtain competency in the practice of dental hygiene.

B. CCC-SB Response:

1. *"Per the email dated 5/7/2025 from Anthony Lum, Executive Officer, Concorde Career College – San Bernardino has until 12/31/2025 to finalize the changes to the calendar. At this time, the program is in process of obtaining all necessary approvals to move forward with the changes required by the DHBC."*

2. Attachment 1- Email approval of extension by Board Executive Officer Anthony Lum.

C. Determination:

1. **Not in compliance.**

2. CCC-SB is in violation of BPC Section 1941(a), 16 CCR Section 1105(b)(3), 16 CCR Section 1103(a), 16 CCR Section 1103(z), 16 CCR section 1103(aa), 16 CCR section 1103(d), 16 CCR section 1103(l), 16 CCR section 1103(r), and CODA Standard 2-1.

3. CCC-SB shall require and provide evidence of program terms meeting DHBC and CODA DHEP requirements pursuant to BPC Section 1941(a), 16 CCR Section 1105(b)(3), 16 CCR Section 1103(a), 16 CCR Section 1103(z), 16 CCR section 1103(aa), 16 CCR section 1103(d), 16 CCR section 1103(l), 16 CCR section 1103(r), and CODA Standard 2-1 **by December 31, 2025.**

II. Violation 3: Program Staff.
[BPC Section 1941(a), 16 CCR Section 1105(i), 16 CCR Section 1105(k), and CODA Standards 2-5, 3-10, and 3-11.]

A. Site Visit:

a. Program increased number of students in each cohort by ten (10) students (two (2) cohorts with 34 students per cohort) in 2022 but did not increase staff support.

1. Program lacking sterilization assistant.

i. Students and faculty report lack of necessary support in the clinic due to lack of a sterilization assistant.

b. Effect: Lack of clinical sterilization support has resulted in lack of required clinic support, thereby causing compromised clinic oversite.

B. CCC-SB Response:

1. *"Concorde Career College – San Bernardino hired David Guardado on June 12, 2025 as the new Assistant Clinic Coordinator for Dental Hygiene. Minerba Aragon will join the Dental Hygiene program as a second Assistant Clinic Coordinator on June 30, 2025 following the resignation of Jacqueline Vasquez. Catherine Ludwig, Clinical Coordinator, has been with the Dental Hygiene program since March 2010.*

2. Attachment 2 - David Guardado resume.

3. Staffing schedules for David Guardado. Minerba Aragon, and Jacqueline Vasquez.

C. Determination:

1. **In compliance.**

2. CCC-SB is in violation of BPC Section 1941(a), 16 CCR Section 1105(i), 16 CCR Section 1105(k), and CODA Standards 2-5, 3-10, and 3-11.

3. CCC-SB shall continue to provide program support pursuant to BPC Section 1941(a), 16 CCR Section 1105(i), 16 CCR Section 1105(k), and CODA Standards 2-5, 3-10, and 3-11.

III. Violation 4: Sterilization Facilities.

[BPC Section 1941(a), 16 CCR Section 1105.2(d)(3)(A), 16 CCR Section 1105.2(d)(3)(C), 16 CCR Section 1105.2(d)(3)(xii), 16 CCR Section 1005, CODA Standard 4-1, 8 CCR Section 5193, CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings – 2007, and CDC Guidelines for Infection Control in Dental Health-Care Settings — 2003.]

A. Site Visit:

1. Issue: Sterilized instruments placed in cubbies with direct exposure to sterilization room.

   a. Effect: Sterilized instruments exposed to sterilization room aerosols, thereby compromising instrument package cleanliness.

B. CCC-SB Response:

1. *"The build-out of cubby covers is complete. Pictures are included for review."*

2. Attachment 3 – Cubby Covers photographs.

C. Determination:

1. **In compliance.**

2. CCC-SB shall continue to provide sterile clinical instrument storage pursuant to BPC Section 1941(a), 16 CCR Section 1105.2(d)(3)(A), 16 CCR Section 1105.2(d)(3)(C), 16 CCR Section 1105.2(d)(3)(xii), 16 CCR Section 1005, CODA Standard 4-1, 8 CCR Section 5193, CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings – 2007, and CDC Guidelines for Infection Control in Dental Health-Care Settings — 2003.

CCC-SB shall provide evidence of compliance to the above remaining violation **by December 31, 2025.**

Pursuant to 16 CCR section 1104(b)(5), continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in Title 16, Division 11, Article 3 of the CCR. As CCC-SB is operating outside the structured parameters of California law and CODA Standards with these violations, CCC-SB is therefore putting students, faculty, and the public at risk.

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

Sincerely,

Adina A. Pineschi-Petty DDS

Education, Legislative and Regulatory Specialist
Dental Hygiene Board of California

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Lou Cabuhat, Academic Dean, CCC-SB
Michael Anderson, Associate Academic Dean, CCC-SB
Sabrina Santucho, RDHAP, MHA, Dental Hygiene Program Director, CCC-SB

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL HYGIENE BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1350 Sacramento, CA 95815
P (916) 263-1978 | F (916) 623-4093 | www.dhbc.ca.gov

May 12, 2025

Jeff Archibald, PhD
Vice President of Academic Affairs
West Los Angeles College
9000 Overland Ave.
Culver City, CA 90230

Dear Dr. Archibald,

The Dental Hygiene Board of California (DHBC) conducted a site visit at the West Los Angeles College Dental Hygiene Educational Program (WLAC) on February 25, 2025. This site visit was generated due to the submission of WLAC's Commission on Dental Accreditation (CODA) Self Study as well as to the Board's oversite goals to review all Dental Hygiene Educational Programs (DHEPs) in California. Evidence of program compliance with the minimum DHEP standards set by the Business and Professions Code (BPC), the California Code of Regulations (CCR), and CODA was deficient.

The results of the site visit are as follows:

I. Violation 1: Program Support Staff.
[BPC Section 1941(a), 16 CCR Section 1105(i), 16 CCR Section 1105(k), and CODA Standards 2-5, 3-10, and 3-11.]

A. Site Visit:

1. Issue: Program increased number of students to 70 but did not increase program staff support.

   a. Sterilization assistant responsible not only for sterilization but for clinical administration duties.

      1. Students and faculty report lack of necessary sterilization support in the clinic due to lack of a devoted sterilization assistant.

      2. Students and faculty report lack of necessary clinical administration support due to no devoted clinical administration assistant.

3. Students report significant delays in sterilization for their clinical instruments, thereby requiring students to borrow sterile instruments from each other to practice in clinical sessions.

2. Effect: Lack of devoted clinical sterilization and clinical administration support has resulted in lack of overall required clinic support, thereby causing compromised clinic oversite.

B. WLAC Response on May 8, 2025 (due on May 9, 2025):

1. "The WLAC Dental Hygiene Program hired an instructional assistant in 2022. The duties of this position included sterilization of instruments, maintenance of clinic facilities, equipment maintenance, and maintenance of patients' records."

2. "The college recognized the understaffing in the sterilization room and approved hiring one sterilization technician to assist the instructional assistant. A person was recruited. This individual possesses the required qualifications, and the person is in the process of getting hired. However, the paperwork process has been taking much longer than expected, and we are waiting for this person's final process to start anytime soon. The person will be scheduled for at least 3 to 4 hours daily and assigned to the sterilization room to process the instruments. The job announcement is attached to this letter."

3. "In addition, three students are processed as student workers with the support of Federal Financial Aid. Each student worker can work up to 20 hours per week for $16.50 per hour outside their classroom time."

   a. "One student who is a business major is hired to assist with inventory and the chart room."

   b. "One dental hygiene student worker is hired to assist in the sterilization room."

   c. "One dental assisting student worker will join us next week to assist in the sterilization room. "

4. "The instructional assistant can focus on maintaining the clinic facilities, the equipment, and the patient records."

C. Determination:

1. **In compliance.**

2. WLAC shall continue to provide program support pursuant to BPC Section 1941(a), 16 CCR Section 1105(i), 16 CCR Section 1105(k), and CODA Standards 2-5, 3-10, and 3-11.

II. Violation 2: Sterilization Facilities.

[BPC Section 1941(a), 16 CCR Section 1105.2(d)(3)(A), 16 CCR Section 1105.2(d)(3)(C), 16 CCR Section 1105.2(d)(3)(xii), 16 CCR Section 1005, CODA Standard 4-1, 8 CCR Section 5193, CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings – 2007, and CDC Guidelines for Infection Control in Dental Health-Care Settings — 2003.]

A. Site Visit:

1. Issue: Sterilized instruments placed in cubbies with direct exposure to sterilization room.

2. Effect: Sterilized instruments exposed to sterilization room aerosols, thereby compromising instrument package cleanliness.

B. WLAC Response on March 24, 2025 (due on April 4, 2025):

1. "I want to confirm that the necessary corrective action was taken by installing a plastic barrier in front of cubbies to block direct exposure from droplets and aerosols"

   a. Photographic evidence of installed plastic barrier provided.

C. Determination:

1. **In compliance.**

2. WLAC shall maintain sterile clinical instrument storage pursuant to BPC Section 1941(a), 16 CCR Section 1105.2(d)(3)(A), 16 CCR Section 1105.2(d)(3)(C), 16 CCR Section 1105.2(d)(3)(xii), 16 CCR Section 1005, CODA Standard 4-1, 8 CCR Section 5193, CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings – 2007, and CDC Guidelines for Infection Control in Dental Health-Care Settings — 2003.

III. Violation 3: Preclinical Facilities.

[BPC Section 1941(a), 16 CCR Section 1105(i), CODA Standard 2-5, CODA Standard 4-1, and CODA Standard 4-3.]

A. Site Visit:

1. Issue: Program increased number of students to 70 but did not increase preclinical facilities.

    a. Instruction in preclinical courses formerly took place in the Clinic. Current preclinical facilities not equipped for effective instruction in preclinical techniques.

        1. Preclinical instruction on manikins takes place in rotating classrooms at tables which lack proper ergonomic positioning and prevents accurate simulation of patient treatment, thereby decreasing teaching effectiveness.

2. Effect: Prevents effective utilization of preclinical equipment and causes a barrier to student learning, thereby hindering student success.

B. WLAC Response on May 8, 2025 (due on May 9, 2025):

1. "The college plans to build a dental simulation laboratory for dental hygiene and assisting programs. The college is waiting to complete the existing new building projects to move on to the next project, which includes the building of the dental simulation laboratory. Realistically, it will take another few years to build the simulation laboratory."

2. "Upon reviewing classroom assignments and class schedules, we updated the class schedule for Fall 2025. Pre-clinic is now scheduled only on Thursday and Friday."

    a. "All students will be in the dental laboratory classroom, MSA 103, on Thursday."

    b. "On Friday, all students will be scheduled in a clinic space to use dental chairs to simulate their dental hygiene practice. "

        1. Class schedule for Fall 2025 provided.

3. "The clinic schedule for the senior class is modified for the Fall 2025 semester. Most senior students will be assigned to outside clinic facilities to provide more clinic space for junior-year students. We will reduce the use of the WLAC dental clinic by 50% by increasing the external clinical site patient experience for senior students."

C. Determination:

1. **In compliance.**

2. WLAC shall continue to provide sufficient preclinical facilities pursuant to BPC Section 1941(a), 16 CCR Section 1105(i), CODA Standard 2-5, CODA Standard 4-1, and CODA Standard 4-3.

IV. Violation 4: Clinical Supplies.

[BPC Section 1941(a), 16 CCR Section 1105(i), CODA Standard 2-5, CODA Standard 4-1, and CODA Standard 4-4.]

A. Site Visit:

1. Issue: Program requires students to complete rotations at many off-site facilities.

   a. Most off-site facilities do not have clinical instruments for students to utilize.

      1. Requires students to bring their own clinical instruments with them to the sites.

      2. Sterilization of the students' instruments at the sites does not occur in a timely manner, thereby requiring the students to return to the sites to pick up their instruments for use at other off-site facilities.

      3. Students dependent on borrowing instruments from each other to have enough instruments to complete their rotations.

2. Effect: Students lack the necessary and required equipment and supplies to support an effective learning environment.

B. WLAC Response on May 8, 2025 (due on May 9, 2025):

1. "The program purchased instruments for external clinical facilities, and they are placed at the following clinic sites: Free Clinic of Simi Valley, South Central Family Health Center – Montebello clinic, UCLA School of Dentistry, and UCLA Venice Dental Center."

2. "As we find more budget resources, we continue to add more instruments to be at external clinic sites and replace them as they need replacements."

a. Purchase order and photographic evidence of the instruments provided.

C. Determination:

1. **In compliance**.

2. WLAC shall continue to provide sufficient clinical supplies pursuant to BPC Section 1941(a), 16 CCR Section 1105(i), CODA Standard 2-5, CODA Standard 4-1, and CODA Standard 4-4.

V. Violation 5: Clinical Maintenance and Budget.

[BPC Section 1941(a), 16 CCR Section 1105(i), CODA Standard 2-5, and CODA Standard 4-1.]

A. Site Visit:

1. Issue 1: Multiple clinical equipment items in need of repair or replacement (e.g., leaking chairs, exposed wires on hoses, etc.) causing students to shift treatment plans to adapt to the clinic operatory limitations (e.g., if the chair does not rotate all the way, the student may only be able treat one side of the patient's mouth instead of the full oral cavity.)

   a. Effect: Faculty are troubleshooting equipment issues during clinic which removes their focus from patients and students, thereby compromising the health and safety of patients and students in the clinic.

2. Issue 2: WLAC lacks an Equipment Maintenance and Replacement Plan and Budget.

   a. Effect: Updated equipment and its regular maintenance are vital to provide clean, safe, and effective dental hygiene treatment to the public. Faulty equipment resulting in contamination or infection could be the source of disease or other health related conditions.

B. WLAC Response on May 8, 2025 (due on May 9, 2025):

1. "The college administration has approved the facility order request for the one-year term of equipment maintenance with Patterson Dental at an estimated cost of $ 50,000.00."

2. "Due to the budget being set for the fiscal year, this type of order must be renewed year to year. This facility order and the contract will be renewed yearly."

3. "Final approval from the Los Angeles Community College District (LACCD) at its monthly board meeting. All the high-cost items require the LACCD Board's approval."

4. "This agreement is expected to be included on the agenda for the June 2025 board meeting. Funding is available, and we anticipate the request will be approved. Upon approval, equipment maintenance service will continue without interruption."

    a. Patterson purchase request provided.

C. Determination:

1. **In compliance.**

2. WLAC shall continue to provide a budget for regular clinical maintenance pursuant to BPC Section 1941(a), 16 CCR Section 1105(i), CODA Standard 2-5, and CODA Standard 4-1.

VI. Violation 6: Student Charts.

[BPC Section 1941(a), 16 CCR Section 1105.2(d)(3)(C), CODA Standard 4-1(h), CODA Standard 6-5, Health and Safety Code (HSC) Division 109 Section 130203 (a), and HIPAA Act of 1996 Public Law 104-191 (45 Code of Federal Regulations (CFR) Sections 160, 162, and 164).]

A. Site Visit:

1. Issue: Students' confidential clinical charts containing their personal dental and health information are placed in unsecured, wall mounted file holders in the sterilization assistant's office.

2. Effect: Confidentiality of the students' dental and health information may be accessed by unauthorized personnel.

B. WLAC Response on March 16, 2025 (due on March 21, 2025):

1. "I want to confirm that the necessary corrective action was taken by relocating the charts to a locked filed cabinet immediately after the site visit on 2/25/25."

    a. Photographic evidence of secured charts provided.

C. Determination:

1. **In compliance.**

2. WLAC shall maintain secured student clinical charts pursuant to BPC Section 1941(a), 16 CCR Section 1105.2(d)(3)(C), CODA Standard 4-1(h), CODA Standard 6-5, Health and Safety Code (HSC) Division 109 Section 130203 (a), and HIPAA Act of 1996 Public Law 104-191 (45 Code of Federal Regulations (CFR) Sections 160, 162, and 164).

VII. Concern 1: National Board Test Preparation.

[BPC Section 1941(a), 16 CCR Section 1105 (i), and CODA Standard 4-7.]

A. Self Study:

1. Issue: Program changes to be addressed due to high attrition rates (Self Study narrative, pages 16 and 25.)

   a. "Some improvement plans have yet to be established:

      1. To enhance the first-time passing rate for the National Board Examination, we propose implementing in-house national board exam review sessions, hiring tutors for dental hygiene students, and offering a part-time program to help students balance work and school commitments more easily than a full-time program."

         i. WLAC established a review course starting this semester.

         ii. WLAC faculty are advocating for purchasing a national board review test to decrease first time failure rate.

2. Effect: Students lack necessary learning resources to support student success in obtaining dental hygiene licensure.

B. WLAC Response on April 6, 2025 (due on April 9, 2025):

1. "The program has made progress for the National Board Test Preparation by following the actions."

   a. "Created a temporary non-credit/no-fee course from the existing basic skills course that can be contextualized for the graduating student's cohort for the National Board Review Course. See the attached syllabus for the details."

b. "Forty National Board Exam Preparation books were ordered and received for distribution to the next cohort of students to prepare for the exam earlier. See the attached purchase order as proof."

c. "Proposing the college curriculum committee to update the dental hygiene curriculum to include the National Board Preparation course as part of 65 upper-division required courses for a Bachelor of Science Degree in Dental Hygiene. The next meeting is on April 23, 2025, for notification and motion; action will be taken on May 21, 2025. See the attached proposal submitted to the Curriculum Committee."

C. Determination:

1. **Acceptable resolution to Concern 1.**

2. WLAC shall continue to address high attrition rates pursuant to BPC Section 1941(a), 16 CCR Section 1105 (i), and CODA Standard 4-7.

VIII. "Future Plan" provided by WLAC on May 8, 2025.

A. WLAC Narrative:

1. "After re-evaluating these violations, the program concluded that our clinic facility has limitations. In-depth discussions and analyses were conducted to improve. We concluded that the WLAC dental clinic needs to reduce the acceptance of new patients. We will focus on the services for the existing patients and their maintenance, which junior-year students can benefit from the experience. Not accepting new patients will reduce the clinic's demand for patient records maintenance."

2. "The program director has contacted several locally known federally qualified health clinics (FQHCs) in the area, and several of them are interested in working with dental hygiene students and faculty to provide services at the clinics. These external clinical facilities serve various patients and can improve students' exposure to different patient populations. The external clinical sites fully support the sterilization process and provide supplies and equipment to help reduce the need for sterilization staff and patient coordination at the WLAC clinic. We are working on an affiliation agreement to increase the number of external clinics. Once they are finalized, we will submit those external clinical sites for the DHBC and CODA for approval."

B. DHBC Response:

1. The Board appreciates WLAC's identification of their clinic facility limitations and their proactive adjustments to increase students' exposure to different patient populations.

Pursuant to 16 CCR section 1104(b)(5), continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in Title 16, Division 11, Article 3 of the CCR.

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

Sincerely,

Adina A. Pineschi-Petty DDS

Education, Legislative and Regulatory Specialist
Dental Hygiene Board of California

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Andrea Blanco Rodriguez, MBA, Acting Dean of Academic Affairs, WLAC
Carlos Sermeno, DDS, RDH, RDHAP, Chair of Health Science Division, WLAC
Lisa Kamibayashi, RDH, MSDHE, Dental Hygiene Program Director, WLAC

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

Education Committee Agenda Item 7.

Future Agenda Items.

Saturday, July 19, 2025

Dental Hygiene Board of California

Education Committee Agenda Item 8.

Adjournment of the Education Committee.

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025
Legislation and Regulatory Committee
Meeting Materials

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

LEGISLATION AND REGULATORY COMMITTEE MEETING AGENDA

The DHBC welcomes and encourages public participation in its meetings.
The public may take appropriate opportunities to comment on any issue before the Committee at the time the item is heard.

Meeting Date and Time

Saturday, July 19, 2025
Upon recess of the Education Committee until Adjournment

The DHBC will conduct the meeting in accordance with Government Code section 11123, subdivision (a) via WebEx teleconference for interaction.

Public Access Teleconference Meeting Location

DHBC Headquarters Building
2005 Evergreen Street
1st Floor Hearing Room
Sacramento, CA 95815

Instructions for WebEx Meeting Participation

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 here to observe and participate in the meeting using WebEx from a Microsoft Windows-based PC. Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. When signing into the WebEx platform, participants may be asked for their name and email address. Participants who choose not to provide their names will be required to provide a unique identifier, such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make a public comment. Participants who choose not to provide their email address may utilize a fictitious email address in the following sample format: XXXXX@mailinator.com.

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 highlight the entire hyperlink, then right click. When the popup window opens, click on "Open Hyperlink" to activate it, and join the meeting.

Click here to join the meeting

Link: https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m639f27bd3435f21f9c71cf0eee206227

If joining using the link above:

Webinar number: 2488 082 6764
Webinar password: DHBC719

If joining by phone:

+1-415-655-0001 US Toll
Access code: 2488 082 6764
Passcode: 3422719

The meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit Live Webcasts – Department of Consumer Affairs (thedcapage.blog). The meeting will not be cancelled if webcast is not available. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session.

Members of the Legislation and Regulatory Committee

Naleni "Lolly" Tribble-Agarwal, Chair
Dr. Julie Elginer
Sonia "Pat" Hansen
Michael Long
Dr. Sridevi Ponnala

The DHBC welcomes and encourages public participation in its meetings. Please see public comment specifics at the end of this agenda.

The Legislation and Regulatory Committee 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(a).]

3. Discussion and Possible Action on Amendments to California Code of Regulations (CCR), Title 16, Sections 1116: Mobile Dental Hygiene Clinics; Issuance of Approval and 1116.5: Registered Dental Hygienist in Alternative Practice; Physical Facility Registration.

4. Status of Dental Hygiene Board of California (DHBC) Regulatory Packages.

5. Legislative Update: Bills of Interest and Legislative Calendar:

   a) Assembly Bill (AB) 224 Bonta: Health care coverage: essential health benefits.
   b) AB 341 Arambula: Oral Health for People with Disabilities Technical Assistance Center Program.
   c) AB 350 Bonta: Health care coverage: fluoride treatments.
   d) AB 371 Haney: Dental coverage.
   e) AB 489 Bonta: Health care professions: deceptive terms or letters: artificial intelligence.
   f) AB 742 Elhawary: Department of Consumer Affairs: licensing: applicants who are descendants of slaves.
   g) AB 873 Alanis: Dentistry: dental assistants: infection control course.
   h) AB 966 Carrillo: Dental Practice Act: foreign dental schools.
   i) AB 980 Arambula: Health care: medically necessary treatment.
   j) AB 1307 Ávila Farías: Licensed Dentists from Mexico Pilot Program.
   k) AB 1418 Schiavo: Department of Health Care Access and Information.
   l) Senate Bill (SB) 62 Menjivar: Health care coverage: essential health benefits.
   m) SB 351 Cabaldon: Health Facilities.
   n) SB 386 Limón: Dental providers: fee-based payments.
   o) SB 470 Laird: Bagley-Keene Open Meeting Act: teleconferencing.
   p) SB 744 Cabaldon: Accrediting agencies
   q) SB 861 Committee on Business, Professions and Economic Development: Committee on Business, Professions and Economic Development. Consumer affairs (Omnibus Bill).

6. Future Agenda Items.

7. Adjournment of the Legislation and Regulatory Committee.

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 Committee Members prior to the Committee taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Committee, but the Committee Chair may, at their discretion, apportion available time among those who wish to speak. Individuals may appear before the Committee to discuss items not on the agenda; however, the Committee 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 the DHBC at 916-263-1978, via email at dhbcinfo@dca.ca.gov, or by sending a written request to 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.

DHBC
Dental Hygiene
Board of California

Member	Present	Absent
Michael Long, Chair		
Julie Elginer		
Joanne Pacheco		

Saturday, July 19, 2025

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 1.

Roll Call & Establishment of Quorum.

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 2.

Public Comment for Items Not on the Agenda.

[The Legislation and Regulatory Committee 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).]

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 3.

Discussion and Possible Action on Amendments to California Code of Regulations (CCR), Title 16, Sections 1116: Mobile Dental Hygiene Clinics; Issuance of Approval and 1116.5: Registered Dental Hygienist in Alternative Practice; Physical Facility Registration.

MEMORANDUM

DATE	July 19, 2025
TO	Legislation and Regulatory Committee Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	**LEG REG 3: Discussion and Possible Action on Amendments to California Code of Regulations (CCR), Title 16, Sections 1116: Mobile Dental Hygiene Clinics; Issuance of Approval and 1116.5: Registered Dental Hygienist in Alternative Practice; Physical Facility Registration.**

BACKGROUND

On January 1, 2025, California Code of Regulations (CCR), Title 16, section 1116.5 went into effect for the registration of physical facilities by Registered Dental Hygienists in Alternative Practice (RDHAPs). Subsequently, the Dental Hygiene Board of California (Board) was informed about some confusion regarding the requirements for registration of physical facilities as a stand-alone practice versus registration of physical facilities to maintain portable equipment for registered dental hygienists in alternative practice (RDHAPs).

In an effort to address those concerns, Board staff prepared proposed amendments to the previously approved language and form for 16 CCR section 1116.5 and presented the amended language and form at the March 21 – 22, 2025, Full Board meeting. The Board approved the amended language and form and directed Board staff to continue the rulemaking process.

Staff continued work on the amendments and identified another issue that was brought back to the Board at the May 27, 2025, Full Board Teleconference. The Board reviewed and approved the amendments.

While preparing the package for submission for Department review and public comment, Board staff became aware of a conflicting definition in the regulatory text and the underlying statute. Currently, 16 CCR sections 1116(a)(9) and 1116.5(a)(7) states:

"Patient treatment records" shall include the patient's dental history maintained by the MDHC related to medical history, dental hygiene evaluation(s), ***dental hygiene diagnosis(es)***, dental hygiene procedures and treatment, response to dental hygiene treatment, documented consultations with other dental care and healthcare providers, and referrals for dental care and healthcare follow-up treatment." (emphasis added)

However, the underlying statute, Business and Professions Code (BPC) section 1908(a), on which the regulation relies states:

"The practice of dental hygiene includes dental hygiene assessment and development, planning, and implementation of a dental hygiene care plan. It also includes oral health education, counseling, and health screenings."

Additionally, BPC section 1908(b)(1) states:

"(b) The practice of dental hygiene ***does not include*** any of the following procedures: (1**)** ***Diagnosis*** and comprehensive treatment planning." *(emphasis added)*

Therefore, as the current definition of "patient treatment records" includes "dental hygiene diagnosis(es)," staff is concerned that there may be confusion since "diagnosis" is not included in the practice of dental hygiene pursuant to BPC section 1908(b)(1).

STAFF RECOMMENDATION

Staff recommends that the Legislation and Regulatory Committee review the proposed amended language and form and determine whether additional information or language is required. If the language is satisfactory, staff recommends for the Legislation and Regulatory Committee to recommend to the Full Board to approve the proposed amended language and form for 16 CCR sections 1116 and 1116.5, and direct staff to continue the rulemaking to amend the previously approved language and form for the registration of mobile dental hygiene clinics and physical facilities by RDHAPs for conciseness.

PROPOSED MOTION LANGUAGE

Motion for the Legislation and Regulatory Committee to recommend to the Full Board to approve the proposed amended language and form for 16 CCR sections 1116 and 1116.5, and direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review. If the Board does not receive any comments providing objections or adverse recommendations specifically directed at the proposed action or to the procedures followed by the Board in proposing or adopting the action, the Board authorizes the Executive Officer to take all steps necessary to initiate the rulemaking process, make any technical or non-substantive changes to the package, and set the matter for hearing, if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, the Board authorizes the Executive Officer to take all steps necessary to complete the rulemaking process, and adopt the proposed regulations as described in the text notice for 16 CCR sections 1116 and 1116.5.

Documents Included for Reference:

1. Proposed amended regulatory language for 16 CCR Section 1116.
2. Proposed amended regulatory language for 16 CCR Section 1116.5.
3. Proposed amended form “DHBC HAPR-01 (Amended 7/2025).”

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

PROPOSED TEXT

Legend:	Added text is indicated with an underline. Deleted text is indicated by ~~strikeout~~.

Amend Section 1116 in Article 4 of Division 11 of Title 16 of the California Code of Regulations (CCR) to read as follows:

Article 4. Licensing

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

(a) Definitions. For the purposes of this section, unless otherwise specified, the following definitions shall apply:

(1) "Active patient" refers to a patient of record whom the owner or provider has examined, treated, or cared for within the two (2) year period prior to discontinuation of practice, or the owner or provider moving from or leaving the city in which services were provided to the patient.

(2) "Communication capability" means an owner has telephone service they can access twenty-four (24) hours per day.

(3) "Dental hygiene services" means the professional practices of a registered dental hygienist in alternative practice (RDHAP) as set forth in Business and Professions Code section (BPC) section 1925.

(4) "Equipment" means any tool, instrument, or device used by an RDHAP to provide dental hygiene services.

(5) A "mobile dental hygiene clinic (MDHC)" means any self-contained facility in which dental hygiene services are rendered that may be moved, towed, or transported from one location to another. This term shall not include equipment used and transported by licensed RDHAPs in discharging their duties in locations or settings authorized by BPC section 1926.

(6) "Necessary parties" means emergency responders, medical/dental/dental hygiene clinics, care facility or school staff, guardians, and designated family members.

(7) “Owner” means an individual who applies for registration or operates an MDHC, is responsible for the MDHC’s registration, and is licensed to practice dental hygiene in alternative practice pursuant to BPC section 1922.

(8) "Patient of record" refers to a patient who has had a medical and dental history completed and evaluated, had oral conditions assessed and documented, and had a written dental hygiene care plan, as defined in California Code of Regulations (CCR), Title 16, section 1100(g), developed by the RDHAP.

(9) “Patient treatment records” shall include the patient’s dental history maintained by the MDHC related to medical history, dental hygiene evaluation(s), dental hygiene ~~diagnosis(es)~~care plan, dental hygiene procedures and treatment, response to dental hygiene treatment, documented consultations with other dental care and healthcare providers, and referrals for dental care and healthcare follow-up treatment.

(10) “Protected Health Information (PHI)” means the patient’s “individually identifiable health information” as defined in section 1320d of Title 42 of the United States Code. PHI includes a patient’s medical history, or dental history, which is a written record of the patient’s personal health history that provides information about allergies, illnesses, surgeries, immunizations, and results of physical exams and tests.

(11) “Provider” means an individual licensed to practice dental hygiene in alternative practice or dentist who provides dental hygiene treatment and/or services in an MDHC, but who is not necessarily the owner registering the MDHC.

(b) Application for Registration. An RDHAP who wishes to operate an MDHC in any setting authorized by BPC section 1926 shall apply to the Board for registration of an MDHC with the Board by submitting a completed application to the Board. A completed application shall include the following:

(1) A completed “Application for Registration of a Mobile Dental Hygiene Clinic (MDHC)” (DHBC MDHC-01 (New 11/2022)), which is hereby incorporated by reference;

(2) All documents required by form DHBC MDHC-01 (New 11/2022); and,

(3) Payment of an initial registration fee of $100.

(c) Abandonment; Grounds for Denial, Withdrawal, Citation or Issuance of Registration.

(1) An applicant for a license who fails to complete registration application requirements set forth in subdivision (b) within one year after being notified

bythe Board of deficiencies in their application, shall be deemed to have abandoned the application and shall be required to file a new application and meet all of the requirements in effect at the time of reapplication.

(2) The Board may deny, place on probation, issue a citation, or withdraw a registration as provided in BPC section 1926.1 for failure to meet the requirements of this section. For the purposes of this section and BPC section 1926.1, a registration may be withdrawn if compliance with this section is not demonstrated within 60 days from the date of written notice of the areas of noncompliance found by the Board and/or upon a final decision, pursuant to 16 CCR section 1142, thereby upholding the withdrawal in accordance with the notice and hearing procedures contained in the Administrative Procedure Act (Sections 11500 through 11529 of the Government Code).

(3) Upon meeting the requirements of subdivision (b), an MDHC shall be registered with the Board and the RDHAP operator shall be issued an MDHC registration.

(d) Minimum Operating Requirements.

(1) The MDHC applicant or owner shall meet all of the following requirements to obtain or maintain registration of the MDHC as required by BPC sections 1926.1 and 1926.2 and this section:

(A) The owner has a written procedure that specifies the means of obtaining emergency follow-up care for patients treated in the MDHC. The procedure shall include arrangements an RDHAP must make for treatment by a licenseddentist or physician whose place of practice is established within the city or county in which the MDHC provides or intends to provide dental hygiene services. A copy of these written procedures shall be given to each provider at the MDHC prior to any dental hygiene services being performed on a patient.

(B) An owner shall maintain a relationship with at least one licensed dentistlocated in California for referral, consultation, and emergency services pursuant to 16 CCR section 1117.

(C) The owner has communication capability that enables the owner to contact necessary parties in the event of a medical or dental emergency.

(D) The owner shall maintain a telephone number where patients are able to contact the MDHC owner or provider with questions, concerns, or emergency needs and have their calls returned within four (4) calendar days. If a live person is not available to answer calls, the telephone line shall include a recorded message with information about whom to contact

in case of a dental emergency after receiving dental hygiene services.

(E) The owner shall comply with all state and local laws and ordinances regarding business licensing and operations, and shall obtain and maintain all state and local licenses and permits necessary to provide the dental hygiene services being rendered by the applicant or provider at the MDHC, including a local or county business license, a fictitious name permit as provided in BPC section 1962 if applicable, and/or a seller's permit if a permit is required under the Sales and Use Tax Law, Part 1 (sections 6001 through 6024) of Division 2 of the Revenue and Taxation Code.

(F) If the owner or any provider performs radiographs, a radiographic operatory must be used that complies with California Radiation Control Regulations. (Cal. Code Regs., tit. 17, Div. 1, Ch.5, Subchapter 4, §§30100 through 30395.)

(G) The driver of the MDHC shall possess a current, active, and unrestricted California driver's license.

(2) Official Place of Business and Maintenance of Records.

(A) The owner shall maintain a physical address of record for the MDHC registered with the Board and shall notify the Board in writing of any changein that address within thirty (30) days of the change.

(B) An owner shall include the name of the MDHC (including any fictitious name authorized by BPC section 1962), physical address of record and MDHC registration number for all forms of advertisement, solicitation, or other presentments made to the public in connection with the rendition of dental hygiene services, including any advertisement, card, letterhead, telephone listing, Internet Web site, written solicitation or communications to a prospective patient or patients, or contract proposal.

(C) All dental hygiene patient treatment records and communications relating to the care and treatment of the patient following the discharge of a patient shall be maintained by the owner for a minimum of seven (7) years.

(3) In addition to the other minimum operating requirements of this section, each MDHC shall:

(A) Use infection control equipment and follow infection control procedures according to the requirements of 16 CCR section 1005.

(B) Comply with HIPAA's security standards in Subpart C of Part 164, 45 C.F.R. §§164.302 through 164.318, with respect to the patient's PHI. For the purposes of this section "HIPAA" means the Health Insurance Portability

and Accountability Act of 1996 (42 U.S.C. §§1320d - 1320d-8) as amended by subsequent legislation and the implementation of Privacy, Security, and Enforcement Rules under 45 C.F.R. Part 160 and Subparts A, C, D, and E of Part 164.

(C) Be readily accessible to and useable by individuals with disabilities pursuant to the federal Americans with Disabilities Act of 1990 (ADA)(42 U.S.C. §§12101 through 12212), in accordance with the ADA's implementing rules under 28 C.F.R Part 36 and Subparts A-D of Part 36. For the purposes of this section,"disability" has the meaning set forth in Section 51 of the Civil Code.

(D) Have access to a sufficient water supply to meet patients' health and safety needs at all times, including hot water. Water quality shall meet guidelines setforth in the "Guidelines for Infection Control in Dental Health-Care Settings – 2003" from the Centers for Disease Control and Prevention (CDC), in additionto the "Safe Drinking Water Act." (42 U.S.C. §§300f through 300j-27.)

(E) Have toilet facilities available to staff and patients of the MDHC.

(F) Have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials.

(G) Have a working Automated External Defibrillator (AED).

(H) Have a self-contained, portable emergency oxygen unit with administration equipment (wheeled cart with oxygen cylinder, variable regulator, demand valve system, supplemental adult and child oxygen masks, hoses, and nasal cannulas to assist with administration of basic life support.

(4) Each MDHC owner shall notify the Board in writing within thirty (30) days of any change in operational status or ownership of the MDHC.

(5) An RDHAP operator shall provide access during business hours to the RDHAP's records and facility to the Board, or its authorized representative(s), to review the MDHC for compliance with all laws, regulations, and standards applicable to MDHCs including, but not limited to, the BPC, CCR, CDC, and HIPAA.

(e) Transferability. An MDHC registration is not transferable.

(f) Renewal. An MDHC registration shall expire at the same time as the registration holder's RDHAP license.

(1) To renew the MDHC, an owner shall submit a completed renewal application that includes the following:

(A) Form DHBC MDHC-01 (New 11/2022);

(B) A biennial renewal fee in the amount of $160; and

(C) All supporting documentation required by form DHBC MDHC-01 (New11/2022).

(2) Renewal of each MDHC registration shall be accomplished by submission of the form DHBC MDHC-01 (New 11/2022), fee, and documentation required in subdivision (f)(1) by either:

(A) Electronic submission through a web link to the Department of Consumer Affairs' online licensing system entitled "BreEZe" located on the Board's website at: https://www.dhbc.ca.gov/ using the "BREEZE" tab or the "BreEZeOnline System" portal tabs or at: https://www.breeze.ca.gov/datamart/loginCADCA.do; or

(i) The owner and operator shall first register for a user account by creating a username and password.

(ii) The owner and operator shall provide all required documentation referenced in (f)(1) through the link referenced in subdivision (f)(2)(A) ofthis section. With respect to the application, the owner and operator may submit form DBHC MDHC-01 (New 11/2022) through BreEZe or electronically submit the same information that is requested by that form directly through BreEZe.

(iii) Electronic Signature: When a signature is required by the particular instructions of any filing to be made through the online portal, including any attestation under penalty of perjury, the owner shall affix their electronic signature to the filing by typing their name in the appropriate field and submitting the filing via the Board's online portal. Submission of a filing in this manner shall constitute evidence of legal signature by any individual whose name is typed on the filing.

(B) Submission of all required documentation referenced in subdivision (f)(1) by mail to the Board's physical address.

(g) Exemptions. MDHCs that fall within the definition of BPC section 1926.2(b) are exempt from the requirements of this section.

(h) Identification of Personnel, Notification of Changes in Written Procedures, and Display of Licenses.

(1) The owner shall advise the Board in writing within thirty (30) days of any change to any of the information provided to the Board in application form DHBC MDHC-01 (New 11/2022), whether for initial or renewal.

(2) Each RDHAP or any other provider licensed by the Board to provide dental hygiene services in the MDHC shall prominently display evidence of their California RDHAP or other Board license in a conspicuous location accessible to public view on the premises where the RDHAP or other Board licensee provides the licensed services pursuant to BPC section 680.

(3) A licensed RDHAP engaged in the practice of dental hygiene shall provide notice to each patient of the fact the RDHAP is licensed and regulated by the Board.

(A) The notice shall include the following statement and information:

NOTICE:
Dental Hygienists in Alternative Practice are licensed and regulated by the Dental Hygiene Board of California
(916) 263-1978
www.dhbc.ca.gov

(B) The notice required by this section shall be provided by prominently posting the notice in a conspicuous location accessible to public view on the premises where the RDHAP provides the licensed services, and the notice shall be in at least 48-point type font.

(i) Identification of Location of Services.

(1) Each owner of an MDHC shall maintain a confidential written or electronic record detailing the following information for each patient to whom services are provided:

(A) Name of patient served;

(B) Closest street address near the service location of the MDHC where service was provided;

(C) Date of each treatment session; and

(D) Types of dental hygiene services provided to each patient.

(2) The confidential written or electronic record shall be made available to a representative of the Board within fifteen (15) days of the date of the

Board's written request pursuant to BPC section 1955.

(j) Cessation of Operation.

(1) Upon cessation of operation of an MDHC, the owner shall notify the Board in writing within thirty (30) days after the last day of operation and inform the Board of the final disposition of patient treatment records, including the physical mailing address or location where the treatment records are maintained and the name, telephone number and address for the custodian of records or other person whom the owner designates as responsible for maintaining those records.

(2) If an MDHC is sold to another RDHAP, that RDHAP ("succeeding MDHC owner") must register with the Board by filing a new form DHBC MDHC-01 (New 11/2022) and comply with this section prior to operating the MDHC.

(3) Upon cessation of operation of an MDHC, the previous owner shall preserve all records for a minimum of seven (7) years.

(4) Within thirty (30) days before the last day of operation, the owner shall provide written notice via first class mail to all active patients of record of the date of closure or cessation of the MDHC, including the last date the MDHC will remain open, and the name, telephone number and address of an individual the patient may contact to request transfer of copies of their patient treatment records to a succeeding MDHC owner or to the patient. The owner shall maintain proof the notice was provided to all active patients in accordance with this section and upon request to the Board in accordance with BPC section 1955. Within fifteen (15) days of receipt of a written request by the patient, the owner shall also provide for the transfer of copies of the patient's treatment records, including radiographs, to the succeeding MDHC owner or to the patient as specified by the patient. In addition, the owner shall provide written acknowledgement of receipt of the patient's request to the patient within five (5) business days of receipt of the written request, and also notify the patient of the method and date of expected delivery of the patient's treatment records.

(5) "Proof the notice was provided" shall mean proof of service of any notice required by this section to patients by mail by completion of a document showing the document's name and the person served, the person making service, and the date and manner of service (e.g., by first class mail, regular mail, or in person). Proof of service shall be in writing, but need not be signed, signed under oath, or in any particular format.

Note: Authority cited: Sections 1905, 1906, 1926.1, 1926.2 and 1944, Business and Professions Code. Reference: Sections 125.6, 137, 138, 142, 680, 1922, 1925, 1926, 1926.1, 1926.2, 1955 and 1962, Business and Professions Code.

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

PROPOSED TEXT

Legend:	Added text is indicated with an underline. Deleted text is indicated by ~~strikeout~~.

Amend §1116.5 in Article 4 of Title 16 of the California Code of Regulations (CCR) toread as follows:

Article 4. Licensing

§ 1116.5. Registered Dental Hygienist in Alternative Practice; Physical Facility Registration.

(a) Definitions. For the purposes of this section, unless otherwise specified, the following definitions shall apply:

(1) “Active patient” refers to a patient of record whom the registered dental hygienist in alternative practice (RDHAP) owner or provider has examined, treated, or cared for within the two (2) year period prior to discontinuation of practice, or the RDHAP owner or provider moving from or leaving the city in which services were provided to the patient.

(2) “Dental hygiene services” means the professional practices of an RDHAP as set forth in Business and Professions Code (BPC) section 1925.

(3) “Equipment” means any tool, instrument, or device used by an RDHAP to provide dental hygiene services.

(4) “Necessary parties” means emergency responders, medical/dental/dental hygiene clinics, care facility or school staff, guardians, and designated family members.

(5) “Owner” means an individual licensed to practice dental hygiene in alternative practice pursuant to BPC section 1922 in the State of California who applies for registration or has registered a physical facility or portable equipment with the Board pursuant to the registration requirements of this section.

(6) "Patient of record" refers to a patient who has had a medical and dental history completed and evaluated, had oral conditions assessed and documented, and had a written dental hygiene care plan, as defined in California Code of Regulations (CCR), Title 16, section 1100(g), developed by the RDHAP.

(7) “Patient treatment records” shall include the patient’s dental history maintained by the facility related to medical history, dental hygiene evaluation(s), dental hygiene ~~diagnosis(es)~~care plan, dental hygiene procedures and treatment, response to dental hygiene treatment, documented consultations with other dental care and healthcare providers, and referrals for dental care and healthcare follow-up treatment.

(8) “Physical facility” means a fixed structure in which dental hygiene services are rendered or where portable equipment is maintained.

(9) “Portable equipment” means any tool, instrument, or device used by an RDHAP to provide dental hygiene services designed for and capable of being carried or moved from one location to another.

(10) “Protected Health Information (PHI)” means the patient’s “individually identifiable health information” as defined in section 1320d of Title 42 of the United States Code. PHI includes a patient’s medical history, or dental history, which is a written record of the patient’s personal health history that provides information about allergies, illnesses, surgeries, immunizations, and results of physical exams and tests.

(11) “Provider” means an individual licensed to practice dental hygiene in alternative practice or dentist who provides dental hygiene treatment and/or services in an MDHC, but who is not necessarily the owner registering the MDHC.

(b) Application for Registration.

(1) Within 30 days after the date of the issuance of their initial license, an RDHAP shall do the following:

(A) If the RDHAP owns a physical facility or utilizes portable equipment, the RDHAP shall register the physical facility where the dental hygiene services are rendered, or where the portable equipment is maintained according to the requirements of this section. The RDHAP shall register with the Executive Officer by submitting to the Board a completed “Registered Dental Hygienists in Alternative Practice: Registration of Physical Facilities” (form DHBC HAPR-01 ~~New~~ (~~11/2022~~Amended 7/2025)), which is hereby incorporated by reference, and meet all of the applicable requirements of this section; or,

(B) If the RDHAP does not own a physical facility, the RDHAP shall notify the Executive Officer by providing a written statement, signed and dated by the RDHAP, stating that they do not own a physical facility where dental hygiene services are rendered.

(2) An RDHAP owner who desires to have more than one place of practice shall, before opening the additional physical facility or facilities, apply to and obtain permission from the Board to have the additional place of practice as provided in this section. The RDHAP owner shall submit a completed "Registered Dental Hygienists in Alternative Practice: Registration of Physical Facilities." (form DHBC HAPR-01 (~~New 11/2022~~Amended 7/2025)), pay an additional office permit fee of $160, and meet all of the requirements of this section before the additional facility or facilities will be registered with the Board.

(3) The Board shall inform an RDHAP owner in writing whether the registration application (DHBC HAPR-01 (~~New 11/2022~~Amended 7/2025)) is complete and accepted for filingor is deficient and what further specific information is required. An applicant for alicense who fails to complete registration application requirements within one year after being notified by the Board of deficiencies in their application, shall bedeemed to have abandoned the application and shall be required to file a new application and meet all of the requirements in effect at the time of reapplication.

(4) The Board may deny or withdraw a registration or issue a citation as provided in BPC section 1926.3 for failure to meet the requirements of this section.

(5) Upon meeting the requirements of this section, the physical facility or facilities shall be registered with the Board and the RHDAP owner shall be issued an office permit for the initial facility, and, if applicable, an additional office permit if additional facilities are registered.

(c) Minimum Operating Requirements.

(1) An RDHAP applicant or owner shall meet all of the following requirements to obtain or maintain registration of their facility or facilities as required by BPC sections 1926.3 and 1926.4 and this section:

(A) There is a written procedure that specifies the means of obtaining emergency follow-up care for patients treated at the physical facility or after use of portable equipment. The procedure shall include arrangements an RDHAP must make for treatment in by a licensed dentist or physician whose place of practice is established within the city or county in which the RDHAP owner or provider provides dental hygiene services. A copy of these written procedures shall be given to each provider at the physical facility prior to any dental hygiene services being performed on a patient.

(B) An RDHAP shall maintain a relationship with at least one licensed dentist located in California for referral, consultation, and emergency services pursuant to 16 CCR section 1117.

(C) An RDHAP shall maintain a telephone number where patients are able to

contact the RDHAP owner or provider with questions, concerns, or emergency needs, and have their calls returned within four (4) calendar days. If a live person is not available to answer calls, the telephone line shall include a recorded message with information about whom to contact in case of a dental emergency after receiving dental hygiene services.

(D) The applicant or RDHAP owner shall comply with all state and local laws and ordinances regarding business licensing and operations, and shall obtain and maintain all state and local licenses and permits necessary to provide the dental hygiene services being rendered by the applicant or provider at the physical facility, including, a local or county business license, a county building permit, a fictitious name permit as provided in BPC section 1962, and/or a seller's permit if a permit is required under the Sales and Use Tax Law, Part 1 (sections 6001 through 6024) of Division 2 of the Revenue and Taxation Code.

(E) If the RDHAP owner or any provider performs radiographs, a radiographic operatory must be used that complies with California Radiation Control Regulations. (Cal. Code Regs., tit. 17, Div. 1, Ch. 5, Subchapter 4, §§30100 through 30395.)

(2) Official Place of Business and Maintenance of Records.

(A) The RDHAP owner shall maintain a physical address of record for the physical facility or facilities registered with the Board and shall notify the Board in writing of any change in that address within thirty (30) days of the change.

(B) An RDHAP owner shall include the name of the facility (including any fictitious name authorized by BPC section 1962), physical address of record and office registration number of their physical facility for all forms of advertisement, solicitation, or other presentments made to the public in connection with the rendition of dental hygiene services, including any advertisement, card, letterhead, telephone listing, Internet Web site, written solicitation or communications to a prospective patient or patients, or contract proposal.

(C) All dental hygiene patient treatment records and communications following the discharge of a patient shall be maintained by the RDHAP owner for a minimum of seven (7) years.

(3) In addition to the other minimum operating requirements of this section, each physical facility shall:

(A) Use infection control equipment and follow infection control procedures according to the requirements of 16 CCR section 1005.

(B) Comply with HIPAA's security standards in Subpart C of Part 164, 45 C.F.R. §§164.302 through 164.318, with respect to the patient's PHI. For the purposes of thissection "HIPAA" means the Health Insurance Portability and AccountabilityAct of 1996 (42 U.S.C. §§1320d - 1320d-8) as amended by subsequent legislation and the implementation of Privacy, Security, and Enforcement Rules under 45 C.F.R. Part 160 and Subparts A, C, D, and E of Part 164.

(C) Be readily accessible to and useable by individuals with disabilities pursuant to the federal Americans with Disabilities Act of 1990 (ADA)(42 U.S.C. §§12101 through 12212), in accordance with the ADA's implementing rules under 28 C.F.R Part 36 and Subparts A-D of Part 36. For the purposes of this section,"disability" has the meaning set forth in Section 51 of the Civil Code.

(D) Have access to a sufficient water supply to meet patients' health and safety needs at all times, including hot water. Water quality shall meet guidelines set forth in the "Guidelines for Infection Control in Dental Health-Care Settings – 2003" from the Centers for Disease Control and Prevention, in addition to the "Safe Drinking Water Act." (42 U.S.C. §§300f through 300j-27.)

(E) Have toilet facilities within the dental hygiene facility available to staff and the public.

(F) Have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials.

(G) Have a working Automated External Defibrillator (AED).

(H) Have a self-contained, portable emergency oxygen unit with administration equipment (wheeled cart with oxygen cylinder, variable regulator, demand valve system, supplemental adult and child oxygen masks, hoses, and nasal cannulas) to assist with administration of basic life support.

<u>For RDHAPs who only utilize portable equipment and do not maintain a physical facility for patient treatment, (C), (E), and (G) of this subdivision do not apply. If an RDHAP utilizing portable equipment does not administer local anesthesia or perform soft tissue curettage pursuant to 16 CCR section 1118, (H) of this subdivision does not apply.</u>

(4) Each RDHAP owner shall notify the Board in writing within thirty (30) days of any change in operational status or ownership of all registered physical facilities.

(d) An RDHAP operator shall provide access during business hours to the RDHAP's records and facility to the Board, or its authorized representative(s), to review the physical facility for compliance with all laws, regulations, and standards applicableto physical facilities including, but not limited to, the BPC, CCR, CDC, and HIPAA.

(e) Transferability. A physical facility registration is not transferable.

(f) Renewal of Physical Facility Registration. The physical facility registration shall expire at the same time as the permit holder's RDHAP license.

(1) To renew the registration of a physical facility, an RDHAP shall submit:

(A) Form DHBC HAPR-01 (~~New 11/2022~~Amended 7/2025) for each physical facility;

(B) A biennial renewal fee in the amount of $250 for each additional physical facility if the RDHAP has more than one registered with the Board; and

(C) All supporting documentation required by form DHBC HARP-01 (~~New 11/2022~~Amended 7/2025).

(2) Renewal of each physical facility registration shall be accomplished by submission of form DHBC HARP-01 (~~New 11/2022~~Amended 7/2025), fees, and documentationrequired in subdivision (e)(1) by either:

(A) Electronic submission through a web link to the Department of Consumer Affairs' online licensing system entitled "BreEZe" that is located on the Board's website at: https://www.dhbc.ca.gov/ using the "BREEZE" tab or the "BreEZe Online System" portal at https://www.breeze.ca.gov/datamart/loginCADCA.do; or

(i) The owner and operator shall first register for a user account by creating a username and password.

(ii) The owner and operator shall provide all required documentation referenced in subdivision (e)(1) through the link referenced in subdivision (e)(2)(A) of this section. With respect to the application, the owner and operator may submit form DBHC HAPR-01 (~~New 11/2022~~Amended 7/2025) through BreEZe or electronically submit the same information that is requested by that form directly through BreEZe.

(iii) Electronic Signature: When a signature is required by the particular instructions of any filing to be made through the online portal, including any attestation under penalty of perjury, the owner shall affix their electronic signature to the filing by typing their name in the appropriate field and submitting the filing via the Board's online portal. Submission of a filing in this manner shall constitute evidence of legal signature by any individual whose name is typed on the filing.

(B) Submission of all required documentation referenced in (e)(1) by mail to the Board's physical address.

(g) Identification of Personnel, Notification of Changes in Written Procedures, and Display of Licenses.

(1) The RDHAP owner shall advise the Board in writing within thirty (30) days of any change to any of the information provided in application form DHBC HAPR-01 (~~New 11/2022~~Amended 7/2025), whether for initial or renewal.

(2) Each RDHAP, or any other provider licensed by the Board to provide dental hygiene services in the physical facility, shall prominently display evidence of their California RDHAP or other Board license in a conspicuous location accessible to public view on the premises where the RDHAP or other Board licensee provides the licensed services of patients pursuant to BPC section 680.

(3) A licensed RDHAP engaged in the practice of dental hygiene shall provide notice to each patient of the fact that the RDHAP is licensed and regulated by the Board.

(A) The notice shall include the following statement and information:

NOTICE:
Dental Hygienists in Alternative Practice are licensed and regulated
by the Dental Hygiene Board of California
(916) 263-1978
www.dhbc.ca.gov

(B) The notice required by this section shall be provided by prominently posting the notice in a conspicuous location accessible to public view on the premises where the RDHAP provides the licensed services, and the notice shall be in at least 48-point type font.

(h) Cessation of Operation.

(1) Upon cessation of operation of a physical facility, the owner shall notify the Board in writing within thirty (30) days after the last day of operation and inform the Board of the final disposition of patient treatment records, including the physical mailing address or location where the treatment records are maintained and the name, telephone number and address for the custodian of records or other person whom the owner designates as responsible for maintaining those records.

(2) If a physical facility is sold to another RDHAP, that RDHAP ("succeeding RDHAP provider") must register with the Board by filing a new form DHBC HAPR-01 (~~New 11/2022~~Amended 7/2025) and comply with this section.

(3) Upon cessation of operation of a physical facility, the previous RDHAP owner of the physical facility shall preserve all records for a minimum of seven (7) years.

(4) Within thirty (30) days before the last day of operation, the RDHAP owner shall provide written notice via first class mail to all active patients of record of the date of closure or cessation of the physical facility, including the last date the physical facility will remain open, and the name, telephone number and address of an individual the patient may contact to request transfer of copies of their patient treatment records to a succeeding provider or to the patient. The RDHAP owner shall maintain proof the notice was provided to all active patients in accordance with this section and upon request to the Board in accordance with BPC section 1955. Within fifteen (15) days of receipt of a written request by the patient, the RDHAP owner shall also provide for the transfer of copies of the patient's treatment records, including radiographs, to the succeeding provider or to the patient as specified by the patient. In addition, the RDHAP shall provide written acknowledgement of receipt of the patient's request to the patient within five (5) business days of receipt of the request, and also notify the patient of the method and date of expected delivery of the patient's treatment records.

(5) "Proof the notice was provided" shall mean proof of service of any notice required by this section to patients by mail by completion of a document showing the document's name and the person served, the person making service, and the date and manner of service (e.g., by first class mail, regular mail, or in person). Proof of service shall be in writing, but need not be signed, under oath, or in any particular format.

Note: Authority cited: Sections 1905, 1906, 1926.3, 1926.4 and 1944, Business and Professions Code. Reference: Sections 125.6, 137, 138, 142, 680, 1922, 1925, 1926.01, 1926.3,1926.4, 1955 and 1962 Business and Professions Code.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS
DENTAL HYGIENE BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1350 Sacramento, CA 95815
P (916) 263-1978 | F (916) 623-4093 | www.dhbc.ca.gov

PHYSICAL FACILITY REGISTRATION/RENEWAL FOR REGISTERED DENTAL HYGIENISTS IN ALTERNATIVE PRACTICE (RDHAPs)

Business & Professions Code (BPC) sections 1905, 1906, 1926.3,1926.4, and 1944, and California Code of Regulations (CCR) Title 16, Division 11 section 1116.5.

NOTE: ALL questions on this registration/renewal application must be answered, and all information requested in this registration/renewal must be supplied by the applicant. If something does not apply to you, please check the "N/A" box. Failure to do so may cause a delay in processing your registration/renewal. Please type or print neatly; illegible registrations will be returned.

APPLICATION FEES

ALL FEES ARE NON-REFUNDABLE AND MUST ACCOMPANY APPLICATION

NO FEE FOR PRIMARY PHYSICAL FACILITY OR PORTABLE EQUIPMENT REGISTRATION

REGISTRATION FEE FOR EACH ADDITIONAL PHYSICAL FACILITY: $160
BIENNIAL RENEWAL FEE FOR EACH ADDITIONAL PHYSICAL FACILITY: $250

Payment must be made by personal check, cashier's check, business check, or money order and must be made payable to "DHBC".

RDHAP INFORMATION

*Note: The registration information provided in questions 1 and 2 will be used to establish the expiration date of the registration and will be the point-of-contact for this application.

1a. Last Name	1b. First Name	1c. Middle Name

2a. RDHAP License Number	2b. RDH License Number	2c. Social Security Number/Individual Taxpayer Number:

3a. Registered Fictitious Name: ☐ N/A	3b. Fictitious Name Permit Number: ☐ N/A

4. Type of Registration (check all that apply):

☐ New Registration ☐ Renewal - Facility #

☐ Portable Equipment ☐ Primary Office Facility ☐ Additional Office Facility

☐ I do not practice as an RDHAP using a physical facility, portable equipment, or a mobile dental hygiene clinic.

ADDRESS OF RECORD/MAILING ADDRESS FOR RDHAP* (REQUIRED)

*The address of record will be posted on the internet and be disclosed to the public upon request (see BPC 1902.2 and Government Code section 7922.530(a)).
The Board shall be notified within thirty (30) days of any change in the RDHAP owner's address of record.

5. Number and Street (including apartment number, if applicable):		
City	State	Zip Code
6. Email Address	7. RDHAP Contact Number	

ADDRESS OF PHYSICAL FACILITY* (REQUIRED)

*The RDHAP owner shall maintain a physical address of record for the physical facility or facilities registered with the Board and shall notify the Board in writing of any change in that address within thirty (30) days of the change. A physical facility is defined in 16 CCR section 1116.5 as a fixed structure in which dental hygiene services are rendered or where portable equipment is maintained.

8. Number and Street (including suite number, if applicable)		
City	State	Zip Code
9. Physical Facility's Email Address	10. Physical Facility's Contact Number	

~~PHYSICAL FACILITY~~RDHAP OWNER REQUIREMENTS

11. Does the ~~physical facility's~~RDHAP owner have a written procedure** that specifies the means of obtaining emergency follow-up care for patients treated at the physical facility or during use of portable equipment as required by 16 CCR section ~~1116~~1116.5? *Provide a copy **(labeled as Exhibit 1)** if initial registration or written procedure has changed from initial registration. If no changes have been made check ~~this~~the "N/A" box.~~: ☐ N/A~~ **The procedure shall include arrangements for treatment in a dental facility which is established within the city or county in which the RDHAP owner or provider provides dental hygiene services.	☐YES*	☐NO	☐N/A*

~~PHYSICAL FACILITY~~RDHAP OWNER REQUIREMENTS			
12. Does the ~~physical facility's~~RDHAP owner have a relationship with at least one licensed dentist located in California for referral, consultation, and emergency services pursuant to 16 CCR section 1117? *If yes, provide a copy **(labeled as Exhibit 2)** of your completed "Documentation of Registered Dental Hygienist in Alternative Practice (RDHAP) Relationship with Dentist" (form RDHAP-01 (07-2021) with this application as set forth in 16 CCR section 1117. For renewals, attach a copy if this information has changed from initial registration. If no changes have been made check this box: ☐ N/A	☐YES*	☐NO	
13. Is there a telephone number where patients are able to contact the ~~physicalfacility's~~RDHAP owner or provider with questions, concerns, or emergency needs, and have their calls returned within four (4) calendar days?	☐YES	☐NO	
14. If a live person is not available to answer calls, does the telephone line include a recorded message with information about whom to contact in case of a dental emergency after receiving dental hygiene services?	☐YES	☐NO	
15. Will the RDHAP owner comply with all state and local laws and ordinances regarding business licensing and operations?	☐YES	☐NO	
16. Will the ~~physical facility~~RDHAP owner obtain and maintain all state and local licenses and permits necessary to provide the dental hygiene services being rendered by the applicant or provider at the physical facility including a local or county business license, a fictitious name permit as provided in BPC section 1962 if applicable, and/or a seller's permit if a permit is required under the Sales and Use Tax Law, Part 1 (sections 6001 through 6024) of Division 2 of the Revenue and Taxation Code? *A copy of each current license and permit shall be submitted with the application to include a local or county business license, a county building permit, a fictitious name permit as provided in Section 1962 of the BPC, and/or a seller's permit if a permit is required under the Sales and Use TaxLaw, Part 1 (sections 6001 through 6024) of Division 2 of the Revenue and Taxation Code. **Provide copies and label as Exhibit 3.**	☐YES*	☐NO	
17. Does the physical facility's radiographic operatory comply with California Radiation Control Regulations (Cal. Code Regs., tit. 17, Div. 1, Ch.5, Subchapter 4, §§30100 through 30395)? *Not applicable to Portable Equipment Registration. If registering portable equipment check ~~this~~the "N/A" box.~~: ☐ N/A~~	☐YES	☐NO	☐N/A*

~~PHYSICAL FACILITY~~RDHAP OWNER REQUIREMENTS			
18. The RDHAP owner acknowledges receiving notice that the physical facility must maintain all dental hygiene patient treatment records and communications relating to the care and treatment of the patient following the discharge of a patient a minimum of seven years (see 16 CCR section 1116.5 for the minimum physical facility operating standards).	☐YES	☐NO	
19. ~~Does~~Will the ~~physical facility's~~RDHAP owner use infection control equipment and follow infection control procedures according to the requirements of 16 CCR section 1005?	☐YES	☐NO	
20. ~~Does~~Will the ~~physical facility~~RDHAP owner comply with HIPAA's security standards in Subpart C of Part 164, 45 C.F.R. §§164.302 through 164.31, with respect to the patient's "Protected Health Information (PHI)"? For the purposes of this question, PHI, as defined in section 1320d of Title 42 of the United States Code, includes a patient's medical history, or dental history, which is a written record of the patient's personal health history that provides information about allergies, illnesses, surgeries, immunizations, andresults of physical exams and tests.	☐YES	☐NO	
21. Is the physical facility readily accessible to and usable by individuals with disabilities pursuant to the federal Americans with Disabilities Act of 1990(ADA)(42 U.S.C. §§12101 through 12212), in accordance with the ADA's implementing rules under 28 C.F.R Part 36 and Subparts A-D of Part 36? *Not applicable to Portable Equipment Registration. If registering portable equipment check ~~this~~the "N/A" box.~~: ☐ N/A~~	☐YES	☐NO	☐N/A*
22. Does the physical facility have access to a sufficient water supply to meet patients' health and safety needs at all times, including hot water? *Water quality shall meet guidelines set forth in the "Guidelines for Infection Control in Dental Health-Care Settings – 2003" from the Centers for Disease Control and Prevention, in addition to the "Safe Drinking Water Act." (42 U.S.C. §§300f through 300j-27.)?	☐YES	☐NO	
23. Does the physical facility have toilet facilities within the dental hygiene facility available to staff and the public? *Not applicable to Portable Equipment Registration. If registering portable equipment check the "N/A" box.	☒YES	☐NO	☐N/A*
24. Does the physical facility have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials?	☐YES	☐NO	

~~PHYSICAL FACILITY~~RDHAP OWNER REQUIREMENTS			
25. Does the physical facility have a working Automated External Defibrillator (AED)? *Not applicable to Portable Equipment Registration. If registering portable equipment check ~~this~~the "N/A" box.~~: ☐ N/A~~	☐YES	☐NO	☐N/A*
26. Does the physical facility have a self-contained, portable emergency oxygen unit with administration equipment (wheeled cart with oxygen cylinder, variable regulator, demand valve system, supplemental adult and child oxygen masks, hoses, and nasal cannulas) to assist with administration of basic life support? *If registering portable equipment and the RDHAP does not administer local anesthesia or perform soft tissue curettage, check the "N/A" box. *Not applicable to Portable Equipment Registration if the RDHAP does not administer local anesthesia or perform soft tissue curettage pursuant to 16 CCR section 1118.	☐YES	☐NO	☐N/A*

ACKNOWLEDGEMENT		
27. Have you reviewed BPC sections 1926.3, 1926.4, and 1944, and 16 CCR sections 1116.5~~, and~~ 1117, and 1118? Please be advised that failure to comply with these provisions is grounds for denial or revocation of the registration.	☐YES	☐NO

REGISTRATION CERTIFICATION

I hereby certify under penalty of perjury under the laws of the State of California that all licensed persons practicing at the location designated in the registration hold valid licenses and no charges of unprofessional conduct are pending against any person practicing at that location [BPC section 1962(b)(4)].

I hereby certify under penalty of perjury under the laws of the State of California that I have read the questions in the foregoing registration and that all information, statements, attachments, and representations provided by me in this registration are true and correct. By submitting the registration and signing below, I am granting permission to the Board or its assignees and agents to verify the information provided and to perform any investigation pertaining to the information I have provided as the Board deems necessary.

NOTICE: FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS REGISTRATION OR ANY ATTACHMENT HERETO IS GROUNDS FOR DENYING OR REVOKING THE REGISTRATION.

REGISTRANT SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____

NOTICES

The Dental Hygiene Board of California of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 1905, 1926.3, and 1926.4, and California Code of Regulations, Title 16, Section 1116.5. The Dental Hygiene Board of California uses this information principally to identify and evaluate applicants for registration and to enforce licensing standards set by law and regulation.

MANDATORY SUBMISSION:
Submission of the requested information is mandatory. The Dental Hygiene Board of California cannot consider your registration unless you provide all the requested information.

ACCESS TO PERSONAL INFORMATION:
You may review the records maintained by the Dental Hygiene Board of California that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

POSSIBLE DISCLOSURE OF PERSONAL INFORMATION:
We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Sections 7920.000 through 7931.000), as allowed by the Information Practices Act (Civil Code Sections 1798 through 1798.78);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

MANDATORY DISCLOSURE OF SOCIAL SECURITY NUMBERS:
Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory. Sections 30 and 31 of the Business and Professions Code authorize collection of your SSN or ITIN, which will be used exclusively for tax enforcement purposes, for investigation of tax evasion andviolations of cash-pay reporting laws as set forth in Section 329 of the Unemployment Insurance Code, for purposes of compliance with any judgement or order for family support in accordance with Section 17520 of the Family Code, for measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges, or for verification of license or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, your application for initial licensure will not be processed AND you may be reported to the Franchise Tax Board, which may assess a $100 penalty against you.

STATE TAX OBLIGATION NOTICE:
The California State Board of Equalization (BOE) and the California Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation and your license may be suspended, or your renewal application denied if the state tax obligation is not paid, andyour name appears on either the BOE or FTB certified list of top 500 tax delinquencies (Sections 31 and494.5 of the California Business and Professions Code).

CONTACT INFORMATION:
For questions about this notice or access to your records, you may contact:Dental Hygiene Board of California
2005 Evergreen Street, Suite 1350Sacramento, CA 95815
(916) 263-1978

INTERNAL OFFICE USE ONLY			
Date Received:	**Receipt #:**	☐ Initial ☐ Renewal	**$ Amount:**
File #:	**Registration #:**		**RDHAP Lic. Exp. Date:**
Date Issued:	**Analyst:**		

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 4.

Status of Dental Hygiene Board of California (DHBC) Regulatory Packages.

MEMORANDUM

DATE	July 19, 2025
TO	Legislation and Regulatory Committee Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	**LEG REG 4: Status of Dental Hygiene Board of California (DHBC) Regulatory Packages**

Rulemaking File	Board Approved Language	Package Assembly Progress	Formal DCA Review	DCA Director Review	Agency Review	OAL Notice Filed/ Published	OAL Final Filed	Submitted to Secretary of State/ Effective Date
1135-1137 AB 2138	4.13.19	X	X	X	X	1.07.20/ 1.17.20	8.25.20	2.5.21/ 2.5.21
1119 (Formerly 1115) Retired License	1.29.19	X	X	X	X	5.28.21/ 6.11.21	4.11.22	11.16.22/ 1.1.23
1109 RDM/ITR	1.29.19	X	X	X	X	7.21.20/ 7.31.20	4.16.21	9.27.21/ 1.1.22
1107 SLN	11.17.18	X	X	X	X	7.21.20/ 8.14.20	1.4.21	4.20.21/ 7.1.21
1103 Definitions	5.29.20	X	X	X	X	3.26.21/ 4.9.21	8.2.21	11.1.21/ 1.1.22
1104 Approval/ Continuation of Approval of New RDH Programs	5.29.20	X	X	X	X	1.4.21/ 1.15.21	6.10.21	8.18.21/ 10.1.21
1105 Requirements for DHEPs	11.23.19	X	X	X	X	7.27.21/ 8.6.21	12.13.21	1.25.22/ 4.1.22
1104.3 Inspections, Cite, Fine, and Probation for DHEPs	5.29.20 modified text 7.23.22 modified text 2.4.23	X	X	X	X	9.6.22/ 9.16.22	11.22.22	3.27.23/ 7.1.23

Rulemaking File	Board Approved Language	Package Assembly Progress	Formal DCA Review	DCA Director Review	Agency Review	OAL Notice Filed/ Published	OAL Final Filed	Submitted to Secretary of State/ Effective Date
1105.2 DHEP Required Curriculum	5.29.20	X	X	X	X	11.2.21/ 11.12.21	2.16.22	3.30.22/ 7.1.22
1138.1 Unprofessional Conduct	11.21.20 Modified text 3.19.22	X	X	X	X	9.14.21/ 9.24.21	12.16.21	5.16.22/ 7.1.22
1117 RDHAP/ Dentist Relationship	8.29.20	X	X	X	X	10.18.21/ 10.29.21	2.16.22	4.1.22/ 7.1.22
1118 RDHAP STC & LA	7.17.21	X	X	X	X	11.2.21/ 11.12.21	12.30.21	2.10.22/ 4.1.22
1104.1 Process for Approval of New RDH Program	7.23.22 Due to SB 534	X	X	X	X	10.10.22 10.21.22	12.16.22	2.1.23/ 4.1.23
1114 Licensure: Veterans and Military Spouses	11.19.22 Due to AB 107 Modified Text 11.18.23	X	X	X	X	4.11.23/ 4.21.23	8.29.23 Withdrawn 10.10.23 Resubmitted 12.6.23	1.17.24/ 4.1.24
1116 Mobile Dental Hygiene Clinics	11.19.22 Due to SB 534	X	X	X	X	1.23.24/ 2.2.24	10.10.24	11.22.24/ 1.1.25
1116.5 RDHAP Practice Registration	11.19.22 Due to SB 534	X	X	X	X	1.23.24/ 2.2.24	10.10.24	11.22.24/ 1.1.25
1105(b)(4) Faculty to Student Ratio	7.22.23	X	X	X	X	12.28.23 1.12.24	4.18.24	5.29.24/ 7.1.24
1105.4 Appeals Process and Reinstatement of Withdrawn DHEPs	11.18.23 Modified Text 7.19.24	X	X	X	X	10.7.24 10.18.24	12.11.24	1.27.25 4.1.25

Rulemaking File	Board Approved Language	Package Assembly Progress	Formal DCA Review	DCA Director Review	Agency Review	OAL Notice Filed/ Published	OAL Final Filed	Submitted to Secretary of State/ Effective Date
1105.2(e) Periodontal Classifications	11.16.24	In process						
1116 and 1116.5 RDHAP MDHC and Physical Facilities	3.22.25 5.27.25 7.18.25 for Board consideration							

Section 100	Submitted to Legal	OAL Submission	OAL Approved/ SoS Effective Date
Board Reference from DHCC to DHBC Division 11 Title and Sections 1100, 1101, 1104.2, 1105.1, 1105.3, 1105.4, 1106, 1108, 1122, 1124, 1126, 1127, 1131, 1138, 1139, 1142, 1143	X	3.30.22	5.10.22
1104.1 Process for Approval of New RDH Program Non-substantive changes	X	4.28.22	6.6.22
DBC sections 1073.1, 1073.3, and 1082.2.	X	10.23.23	12.6.23 Withdrawn due to need for regular rulemaking

Processing Times

- A rulemaking file must be completed within one year of the publication date of the Notice of Proposed Action. The Office of Administrative Law (OAL) issues the Notice File Number upon filing the Notice of Proposed Action.
- The DCA is allowed thirty calendar days to review the rulemaking file prior to submission to the Department of Finance (DOF).
- The DOF is allowed thirty days to review the rulemaking file prior to submission to the OAL.
- The OAL is allowed thirty working days to review the file and determine whether to approve or disapprove it. The OAL issues the Regulatory Action Number upon submission of the rulemaking file for final review.
- Pursuant to Government Code section 11343.4, as amended by Section 2 of Chapter 295 of the Statutes of 2012 (SB 1099, Wright), regulation effective dates are as follows:

Date Filed with the Secretary of State	Effective Date
September 1st – November 30th	January 1st
December 1st – February 29th	April 1st
March 1st – May 31st	July 1st
June 1st – August 31st	October 1st

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 5.

Legislative Update: Bills of Interest and Legislative Calendar:

a) Assembly Bill (AB) 224 Bonta: Health care coverage: essential health benefits.
b) AB 341 Arambula: Oral Health for People with Disabilities Technical Assistance Center Program.
c) AB 350 Bonta: Health care coverage: fluoride treatments.
d) AB 371 Haney: Dental coverage.
e) AB 489 Bonta: Health care professions: deceptive terms or letters: artificial intelligence.
f) AB 742 Elhawary: Department of Consumer Affairs: licensing: applicants who are descendants of slaves.
g) AB 873 Alanis: Dentistry: dental assistants: infection control course.
h) AB 966 Carrillo: Dental Practice Act: foreign dental schools.
i) AB 980 Arambula: Health care: medically necessary treatment.
j) AB 1307 Ávila Farías: Licensed Dentists from Mexico Pilot Program.
k) AB 1418 Schiavo: Department of Health Care Access and Information.
l) Senate Bill (SB) 62 Menjivar: Health care coverage: essential health benefits.
m) SB 351 Cabaldon: Health Facilities.
n) SB 386 Limón: Dental providers: fee-based payments.
o) SB 470 Laird: Bagley-Keene Open Meeting Act: teleconferencing.
p) SB 744 Cabaldon: Accrediting agencies
q) SB 861 Committee on Business, Professions and Economic Development:

Committee on Business, Professions and Economic Development.
Consumer affairs (Omnibus Bill).

MEMORANDUM

DATE	July 19, 2025
TO	Legislation and Regulatory Committee Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	**LEG REG 5: Update on Current Legislation as of July 8, 2025**

2025 Legislation	Topic	Status	DHBC Position On 5.27.25
AB 224 Bonta	**Health care coverage: essential health benefits.** This bill would require, beginning January 1, 2027, if the United States Department of Health and Human Services (HHS) approves a new essential health benefits (EHBs) benchmark plan for the State of California (state) pursuant to the submission by the state, the existing EHB benchmark plan to additionally include coverage for hearing aids, durable medical equipment (DME), and infertility benefits, as specified.	6.11.25 Senate Health Committee Hearing Date 7.16.25	Watch.
AB 341 Arambula	**Oral Health for People with Disabilities Technical Assistance Center Program.** This bill would require the Department of Developmental Services (DDS), no later than July 1, 2027, to contract with a public California dental school to administer the Oral Health for People with Disabilities Technical Assistance Center Program to improve dental care services for people with intellectual and developmental disabilities by reducing or eliminating the need for dental treatment using sedation and general anesthesia.	7.1.25 Senate Education Committee Hearing Date 7.9.25	Watch.
AB 350 Bonta	**Health care coverage: fluoride treatments.** Requires a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, to provide coverage for the application of fluoride varnish in the primary care	7.7.25 Senate Appropriations	Support.

2025 Legislation	Topic	Status	DHBC Position On 5.27.25
	setting for children under 21 years of age, without a deductible, co-insurance, copayment or other cost-sharing requirement for that coverage. Clarifies that Medi-Cal coverage of fluoride treatment is for children under 21 years of age rather than 17 years of age and specifies that this coverage includes the application of fluoride varnish in the primary care setting and expands which staff may apply the fluoride varnish, as specified		
AB 371 Haney	**Dental coverage.** This bill would require the plan or insurer to pay a noncontracting dental provider directly for covered services if the noncontracting provider submits to the plan or insurer a written assignment of benefits form signed by the enrollee or insured. The bill would require the plan or insurer to provide a predetermination or prior authorization to the dental provider and to reimburse the provider for not less than that amount, except as specified. The bill would require the plan or insurer to notify the enrollee or insured that the provider was paid and that the out-of-network cost may count towards their annual or lifetime maximum.	5.23.25 Assembly Health Failed deadline. May be acted upon Jan 2026 (2 year).	Watch.
AB 489 Bonta	**Health care professions: deceptive terms or letters: artificial intelligence.** Prohibits artificial intelligence (AI) and generative artificial intelligence (GenAI) systems from misrepresenting themselves as licensed or certified healthcare professionals and provides state licensing boards or enforcement agencies the authority to pursue legal recourse against developers or deployers of AI or GenAI systems.	6.23.25 Senate Judiciary Committee Hearing Date 7.15.25	Watch.
AB 742 Elhawary	**Department of Consumer Affairs: licensing: applicants who are descendants of slaves.**	7.7.25 Senate Judiciary	Watch.

2025 Legislation	Topic	Status	DHBC Position On 5.27.25
	Existing law establishes the Department of Consumer Affairs, which is composed of specified boards that license and regulate various professions. Existing law requires those boards to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and supplies evidence that they are married to or in a domestic partnership or other legal union with an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders. This bill would require those boards to expedite applications for applicants seeking licensure who are descendants of American slaves once a process to certify descendants of American slaves is implemented, as specified. This bill would make these provisions operative only if SB 518 of the 2025–26 Regular Session is enacted establishing the Bureau for Descendants of American Slavery, and would make these provisions operative when the certification process is implemented pursuant to that measure. The bill would repeal these provisions 4 years from the date on which they become operative or on January 1, 2032, whichever is earlier.	Committee Hearing Date 7.15.25	
AB 873 Alanis	**Dentistry: dental assistants: infection control course.** Current law authorizes the Dental Board of California to review and evaluate all applications for licensure in all dental assisting categories to ascertain whether a candidate meets the appropriate licensing requirements specified by statute and board regulation. Current law establishes the Dental Assisting Council within the Dental Board of California and requires the council to consider all matters relating to dental assistants in the state, as specified, and to make appropriate recommendations to the board and the standing committees of the board in specified areas, including standards and criteria for approval of dental assisting educational programs,	6.11.25 Senate Business, Professions and Economic Development Committee Hearing Date 7.14.25	Oppose.

2025 Legislation	Topic	Status	DHBC Position On 5.27.25
	courses, and continuing education. Current law requires the board to approve, modify, or reject recommendations by the council within 120 days of submission to the board during full board business. Current law requires that fees relating to the licensing and permitting of dental assistants be established by regulation, subject to certain limitations prescribed by statute. This bill would require that the fee for review of each approval application or reevaluation for a course for instruction in interim therapeutic restoration and radiographic decision making, radiation safety, or infection control that is not accredited by a board-approved agency or the Chancellor's office of the California Community Colleges not exceed $300, and would make conforming changes.		
AB 966 Carrillo	**Dental Practice Act: foreign dental schools.** Beginning January 1, 2024, existing law requires foreign dental schools seeking approval by the board to complete the international consultative and accreditation process with CODA. Notwithstanding that requirement, existing law maintained the approval of any foreign dental schools whose program was renewed by the board prior to January 1, 2020, through any date between January 1, 2024, and June 30, 2026, through that renewal date. This bill would instead maintain the approval of any foreign dental school whose program was approved by the board prior to January 1, 2024, until the school has been issued a denial of accreditation by CODA and the school does not appeal, the school has been issued a denial by CODA following the completion of the appeals process, or the school withdraws its application for accreditation by CODA, provided the school applies for accreditation on or before January 1, 2026, and updates the board on the accreditation process, as specified. The bill would specify that a graduate of a foreign dental school with this extended approval is eligible	4.8.25 Assembly Business and Professions Failed deadline. May be acted upon Jan 2026 (2 year).	Watch.

2025 Legislation	Topic	Status	DHBC Position On 5.27.25
	for licensure to practice dentistry pursuant to the requirements of the Dental Practice Act, including graduates who were enrolled in the school at the time the extended approval expires, provided they were enrolled on or after July 1, 2025.		
AB 980 Arambula	**Health care: medically necessary treatment.** This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, to provide coverage for medically necessary treatment of physical conditions and diseases under the same terms and conditions applied to other medical conditions, as specified. The bill would require the delivery of medically necessary services out of network if those services are not available within geographic and timely access standards. The bill would require a plan or insurer to apply specified clinical criteria and guidelines in conducting utilization review of the covered health care services and benefits for physical conditions and diseases. The bill would authorize the Director of the Department of Managed Health Care or the Insurance Commissioner, as applicable, to assess administrative or civil penalties, as specified, for violation of the requirements relating to utilization review.	4.22.25 Assembly Health Failed deadline. May be acted upon Jan 2026 (2 year).	Watch.
AB 1307 Ávila Farías	**Licensed Dentists from Mexico Pilot Program.** The Licensed Dentists from Mexico Pilot Program requires the Dental Board of California to issue 3-year nonrenewable permits to practice dentistry to dentists from Mexico who meet specified criteria. This bill would repeal those provisions and replace them with a new Licensed Dentists from Mexico Pilot Program. Under that new program, the bill would require the board to issue a 3-year nonrenewable license to practice dentistry to an applicant that meets specified criteria and require participants in the program to comply with specified requirements. The bill would authorize participants to be employed only	6.11.25 Senate Business, Professions and Economic Development Committee Hearing Date 7.14.25	Watch.

2025 Legislation	Topic	Status	DHBC Position On 5.27.25
	by federally qualified health centers that meet specified conditions and would impose requirements on those centers.		
AB 1418 Schiavo	**Department of Health Care Access and Information.** Current law requires the Department of Health Care Access and Information to establish a health care workforce research and data center to serve as the central source of health care workforce and educational data in the state. Current law requires the department to prepare an annual report to the Legislature that, among other things, identifies education and employment trends in the health care profession and describes the health care workforce program outcomes and effectiveness. This bill would additionally require the department's report to include health care coverage trends for employees subject to waiting periods before receiving employer-sponsored health care coverage and provide recommendations for state policy necessary to address gaps in health care coverage for those same employees.	6.18.25 Senate Health Committee Hearing Date 7.9.25	Watch.
SB 62 Menjivar	**Health care coverage: essential health benefits.** This bill expands California's Essential Health Benefits (EHBs) benchmark coverage, to include services to evaluate, diagnose, and treat infertility; durable medical equipment such as mobility devices; and hearing aids. EHB's are mandated coverage for health insurance that is sold in California for individuals and small businesses pursuant to the federal Affordable Care Act.	7.1.25 Assembly Health Committee Hearing Date 7.15.25	Watch.
SB 351 Cabaldon	**Health Facilities.** This bill would prohibit a private equity group or hedge fund, as defined, involved in any manner with a physician or dental practice doing business in this state from interfering with the professional judgment	7.2.25 Assembly Appropriations	Watch.

2025 Legislation	Topic	Status	DHBC Position On 5.27.25
	of physicians or dentists in making health care decisions and exercising power over specified actions, including, among other things, making decisions regarding coding and billing procedures for patient care services. The bill would prohibit a private equity group or hedge fund from entering into an agreement or arrangement with a physician or dental practice if the agreement or arrangement would enable the person or entity to engage in the prohibited actions described above. The bill would render void and unenforceable specified types of contracts between a physician or dental practice and a private equity group or hedge fund that explicitly or implicitly include any clause barring any provider in that practice from competing with that practice in the event of a termination or resignation, or from disparaging, opining, or commenting on that practice in any manner as to any issues involving quality of care, utilization of care, ethical or professional challenges in the practice of medicine or dentistry, or revenue-increasing strategies employed by the private equity group or hedge fund, as specified.		
SB 386 Limón	**Dental providers: fee-based payments.** The bill would require a health care service plan contract or health insurance policy, as defined, issued, amended, or renewed on and after April 1, 2026, that provides payment directly or through a contracted vendor to a dental provider to have a non-fee-based default method of payment, as specified. The bill, beginning April 1, 2026, would require a health care service plan, health insurer, or contracted vendor to obtain affirmative consent from a dental provider who opts in to a fee-based payment method before the plan or vendor provides a fee-based payment method to the provider. The bill would authorize a dental provider to opt out of a fee-based payment method at any time by providing affirmative consent to the health care service plan, health insurer, or contracted vendor. The bill would	6.17.25 Assembly Appropriations 7.7.25 Ordered to third reading.	Watch.

2025 Legislation	Topic	Status	DHBC Position On 5.27.25
	require a health care service plan, health insurer, or contracted vendor that obtains affirmative consent to opt in or opt out of fee-based payment to apply the decision to include both the dental provider's entire practice and all products or services covered pursuant to a contract with the dental provider, as specified. The bill would specify that its provisions do not apply if a health care service plan or health insurer has a direct contract with a provider that allows the provider to choose payment methods, including a non-fee-based payment method for services rendered.		
SB 470 Laird	**Bagley-Keene Open Meeting Act: teleconferencing.** Existing law, the Bagley-Keene Open Meeting Act (Bagley-Keene), authorizes meetings through teleconference subject to specified requirements. This bill extends the January 1, 2026, repeal date for certain provisions in Bagley-Keene until January 1, 2030, authorizing and specifying conditions under which a state body may hold a meeting by teleconference, as specified. AB 470, as currently written, will make the current provisions available until January 1, 2030, allowing the Board to continue with their current processes. With this, the Board may continue to achieve savings and efficiencies by holding board meetings online.	6.9.25 Assembly Governmental Organization Committee Hearing Date 7.9.25	Support.
SB 744 Cabaldon	**Accrediting agencies** Existing laws applicable to, among other things, the licensure and regulation of various professions and vocations by the Department of Consumer Affairs require applicants for licensure or licensees to satisfy educational requirements by completing programs or degrees from institutions or universities accredited by a regional or national accrediting agency or association recognized by the United States Department of Education, or otherwise impose a requirement that a school or program be accredited	6.11.25 Assembly Higher Education Committee Hearing Date 7.8.25	NEW Staff Recommends Support.

2025 Legislation	Topic	Status	DHBC Position On 5.27.25
	by an accrediting agency recognized by the United States Department of Education. This bill would provide that, for purposes of any code or statute, a national or regional accrediting agency recognized by the United States Department of Education as of January 1, 2025, shall retain that recognition until January 20, 2029, provided that the accrediting agency continues to operate in substantially the same manner as it did on January 1, 2025. The bill would repeal those provisions on January 1, 2030.		
SB 861 Committee on Business, Professions and Economic Development	**Committee on Business, Professions and Economic Development. Consumer affairs (Omnibus Bill).** Existing law establishes the Dental Hygiene Board of California to license and regulate dental hygienists. Chapter 858 of the Statutes of 2018 created the board out of the former Dental Hygiene Committee of California, as specified. Existing law requires the dental hygiene board to make recommendations to the Dental Board of California regarding dental hygiene scope of practice issues. Existing law also requires the Dental Hygiene Board of California to establish the amount of fees relating to the licensing of dental hygienists and imposes limitations on those fees, including prohibiting the application fee for an original license and the fee for issuance of an original license from exceeding $250. This bill would remove the requirement for the dental hygiene board to make recommendations to the Dental Board of California, as described above. The bill would instead prohibit an application fee from exceeding $100 and an initial licensure fee from exceeding $150. The bill would make technical changes to the provisions regulating dental hygienists by, among other things, correcting references to the dental hygiene board and deleting an obsolete provision affecting the expiration of terms for members of the former Dental Hygiene Committee of California.	6.30.25 Assembly Business and Professions Committee Hearing Date 7.8.25	Support.

2025 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE ASSEMBLY CHIEF CLERK

Revised October 16, 2024

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

FEBRUARY						
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23	24	25	26	27	28	

MARCH						
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23	24	25	26	27	28	29
30	31					

APRIL						
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MAY						
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DEADLINES

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 6 Legislature Reconvenes (J.R. 51(a)(1)).

Jan. 10 Budget must be submitted by Governor (Art. IV, Sec. 12(a)).

Jan. 20 Martin Luther King, Jr. Day.

Jan. 24 Last day to submit **bill requests** to the Office of Legislative Counsel.

Feb. 17 Presidents' Day.

Feb. 21 Last day for bills to be **introduced** (J.R. 61(a)(1), (J.R. 54(a)).

Mar. 31 Cesar Chavez Day

Apr. 10 **Spring Recess** begins upon adjournment of this day's session (J.R. 51(a)(2)).

Apr. 21 Legislature reconvenes from **Spring Recess** (J.R. 51(a)(2)).

May 2 Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house (J.R. 61(a)(2)).

May 9 Last day for **policy committees** to hear and report to the Floor **nonfiscal** bills introduced in their house (J.R. 61(a)(3)).

May 16 Last day for **policy committees** to meet prior to June 9 (J.R. 61(a)(4)).

May 23 Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61(a)(5)). Last day for **fiscal committees** to meet prior to June 9 (J.R. 61 (a)(6)).

May 26 Memorial Day.

*Holiday schedule subject to Senate Rules committee approval.

2025 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE ASSEMBLY CHIEF CLERK

Revised October 16, 2024

JUNE						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
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29	30					

June 2 - 6 Floor Session Only. No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(a)(7)).

June 6 Last day for each house to pass bills introduced in that house (J.R. 61(a)(8)).

June 9 Committee meetings may resume (J.R. 61(a)(9)).

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

JULY						
S	M	T	W	TH	F	S
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27	28	29	30	31		

July 4 Independence Day.

July 18 Last day for **policy committees** to meet and report bills (J.R. 61(a)(10)). **Summer Recess** begins upon adjournment of session provided Budget Bill has been passed (J.R. 51(a)(3)).

AUGUST						
S	M	T	W	TH	F	S
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24	25	26	27	28	29	30
31						

Aug. 18 Legislature reconvenes from **Summer Recess** (J.R. 51(a)(3)).

Aug. 29 Last day for **fiscal committees** to meet and report bills to the Floor. (J.R. 61(a)(11)).

SEPTEMBER						
S	M	T	W	TH	F	S
	1	2	3	4	5	6
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Sept. 1 Labor Day.

Sept. 2-12 Floor Session Only. No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(a)(12)).

Sept. 5 Last day to **amend** on the Floor (J.R. 61(a)(13)).

Sept. 12 Last day for **each house to pass bills** (J.R. 61(a)(14)).
Interim Study Recess begins at end of this day's session (J.R. 51(a)(4)).

*Holiday schedule subject to Senate Rules committee approval.

IMPORTANT DATES OCCURRING DURING INTERIM STUDY RECESS

2025

Oct. 12 Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 12 and in the Governor's possession after Sept. 12 (Art. IV, Sec.10(b)(1)).

2026

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 5 Legislature reconvenes (J.R. 51(a)(4)).

ASSEMBLY THIRD READING
AB 224 (Bonta)
As Amended April 23, 2025
Majority vote

SUMMARY

Requires, beginning January 1, 2027, if the United States Department of Health and Human Services (HHS) approves a new essential health benefits (EHBs) benchmark plan for the State of California (state) pursuant to the submission by the state, the existing EHB benchmark plan to additionally include coverage for hearing aids, durable medical equipment (DME), and infertility benefits, as specified.

COMMENTS

The Affordable Care Act (ACA) & EHBs. Signed into law by President Obama in 2010, the ACA marked a significant overhaul of the U.S. health care system. According to the Kaiser Family Foundation, prior to the passage of the ACA high rates of uninsurance were prevalent due to unaffordability and exclusions based on preexisting health conditions. Additionally, insured people faced extremely high out-of-pocket costs and coverage limits. With the goal of addressing these issues, the ACA built upon the existing health insurance system and made significant changes to Medicare, Medicaid, and the employer-sponsored plan system. This impacted all aspects of the health system, from insurers, providers, state governments, employers, taxpayers, and consumers.

The ACA established EHBs, which are ten categories of services that plans are required to cover: (1) ambulatory patient services (outpatient care); (2) emergency services; (3) hospitalization; (4) maternity and newborn care; (5) mental health and substance use disorder services, including behavioral health treatment; (6) prescription drugs; (7) rehabilitative and habilitative services and devices; (8) laboratory services; (9) preventive and wellness services and chronic disease management; and, (10) pediatric services, including dental and vision care.

The ACA helps consumers shop for and compare health insurance options in the individual and small group markets by promoting consistency across plans, protecting consumers by ensuring that plans cover a core package of items that are equal in scope to benefits offered by a typical employer plan, and limit out of pocket expenses. Federal rules outline health insurance standards related to the coverage of EHBs and the determination of actuarial value (AV) – (which represents the share of health care expenses the plan covers for a typical group of enrollees), while providing significant flexibility to states to shape how EHBs are defined. Taken together, EHBs and AV significantly increase consumers' ability to compare and make an informed choice about health plans.

California's initial EHB benchmark plan selection process. HHS defines EHBs based on state-specific EHB benchmark plans and gives each state the authority to choose its "benchmark" plan. California chose the Kaiser Small Group HMO plan in 2012, and last reviewed it in 2015.

Updating EHBs. HHS issued final rules in 2018 and 2019, which provided flexibility for states by allowing three new options for the EHB benchmark plan, in addition to the option of retaining the current EHB benchmark plan. Beginning with the 2020 plan year, states could: (1) select an EHB benchmark plan used by another state for the 2017 plan year; (2) replace one or more of the

ten EHB categories in the state's EHB benchmark plan with the same category or categories of EHBs from another state's 2017 EHB benchmark plan; or, (3) otherwise select a set of benefits that would become the state's EHB benchmark plan. At a minimum, the EHB benchmark plan must provide a scope of benefits equal to or greater than a typical employer plan. Furthermore, a new "generosity test" required that EHBs not exceed the generosity of the most generous among the set of ten previous 2017 benchmark comparison plan options. According to the Centers for Medicare & Medicaid Services (CMS) website, for plan years between 2020 and 2025, nine states updated their EHB benchmark plans.

In April of 2024, new rules were finalized for EHB benchmark updates through the HHS Notice of Benefit and Payment Parameters for 2025. For plan years beginning on or after January 1, 2026, the federal government approved three revisions to the standards for state selection of EHB-benchmark plans to address long-standing requests from states to improve, and reduce the burden of, the EHB benchmark plan update process. First, states are allowed to consolidate the options for changing EHB benchmark plans, meaning a state may select a set of benefits that would become the state's EHB benchmark plan. Second, the generosity standard was removed and a revised typicality standard was introduced. Under this typicality standard a state's new EHB benchmark plan must demonstrate that it provides a scope of benefits that is equal to the scope of benefits of a typical employer plan in the state. The scope of benefits of a typical employer plan in the state would be defined as any scope of benefits that is as or more generous than the scope of benefits in the state's least generous typical employer plan, and as or less generous than the scope of benefits in the state's most generous typical employer plan. Third, the requirement for states to submit a formulary drug list as part of their documentation to change EHB-benchmark plans unless the state changes its prescription drug EHBs was removed.

California's process. On June 27, 2024, the Department of Managed Health Care (DMHC) held a public meeting to discuss California's EHBs and the process for updating the benchmark plan. At that meeting, DMHC shared the timeline and introduced consultants who explained the federal rules and recently approved and proposed EHB benchmark changes from other states. A second stakeholder meeting was held on January 28, 2025. At this meeting the Wakely Consulting Group (Wakely) presented an actuarial analysis that identified the benefit allowance and potential options and prices for a proposed benchmark plan. Through a typicality test following current CMS standards, Wakely determined that California's proposed benchmark plan can impact benefit costs (which is what the plan pays for the service plus member cost share) that range between 1.06% to 2.23%. This means that the value of the benefit additions cannot exceed 2.23%. Wakely further estimated the pricing of a suite of proposed benefits that potentially could be added, including hearing aids, DME, wigs, chiropractic, infertility, and adult dental. Altogether the cost of these benefits, with the exception of adult dental would add 1.63% to 3.48% cost. These benefits exceed the allowed cost impact range by 0.57% to 1.25%. This meant choices had to be made to narrow the set of proposed benefits to be covered. A joint legislative hearing was held on February 11, 2024 to provide the Assembly and Senate Health Committees with information about the analysis and options that may be considered for updating the EHB benchmark plan.

On March 28, 2025, DMHC announced California's intent to submit a proposal to the federal government to add three new benefits to the state's EHB benchmark plan: hearing aids, durable medical equipment, and infertility treatment. Notification from DMHC to HHS must take place by May 7, 2025 for the new benchmark to go into effect for the January 1, 2027 plan year. If the proposed EHB benchmark is approved by CMS, legislation to codify the new benchmark plan

will be necessary. This bill and SB 62 (Menjivar) have been introduced to codify any benchmark changes that may come out of this process.

Cost impacts to patients. It should be noted that premiums may increase as a result of setting a new benchmark plan. Individuals who are eligible for premium subsidies may be shielded from premium increases, but those not eligible for subsidies will feel the full impact of any premium increase. Covered California announced individual insurance market rates for the 2025 coverage year indicating the preliminary statewide weighted average rate change for the 2025 coverage year is 7.9%. Northern and Central valley regions are seeing higher premium increases and the Monterey, San Benito and Santa Cruz county region are seeing the highest average increase at 15.7%. The region with the lowest average increase is San Bernardino and Riverside with 5.3%. San Francisco and Bay Area regions, Los Angeles and San Diego are seeing average premium increases in the 7 to 8% range. Orange County is seeing an average premium increase of 9.6%.

ACA subsidies. The ACA also provides federal subsidies for those who qualify, referred to as Advanced Premium Tax Credits (APTCs), to help offset the costs to purchase individual market health insurance purchased through federal or state marketplaces (or health benefit exchanges). According to Covered California, the state's health benefit exchange, in June of 2024, approximately 1.5 million Californians received an average of $519 per member per month in APTCs (this translates to $9.7 billion on an annualized basis). Approximately 19% comes from the federal Inflation Reduction Act enhanced subsidies, which are set to expire at the end of 2025. For 2024, these enhanced APTCs were roughly $1.8 billion.

Defrayal of mandate costs. Under the ACA, if states require plans to cover services beyond those defined as EHBs in law, states must pay the costs of those benefits, either by paying the enrollee directly or by paying the qualified health plan (offered through Covered California). States adopting a new benchmark plan or revising the existing plan will not result in triggering defrayal. This is the process the Legislature and Administration are currently engaged in.

According to the Author
The ACA requires health plans sold in the individual and small group markets to offer a comprehensive package of items and services, known as EHBs. The author states that under this federal legislation each state has the authority to choose its benchmark EHB plan, which details the EHBs that must be included in the scope of benefits for each health plan. The author continues that California's current EHB benchmark plan does not include coverage for a variety of benefits – such as hearing aids, infertility treatment or DME. In order to change California's EHBs, the author notes that the state was required to update its existing benchmark plan through a review process, which included an actuarial analysis and stakeholder process. The author continues that in order for new benefits to be in place for the 2027 plan year, the state must notify the federal government of its intention and proposed plan by May of this year. The author concludes that California has completed its review process and is now in the process of submitting a proposal to the federal government to add hearing aids, infertility treatment, and DME to California's EHB benchmark plan. This bill will codify these new EHBs if that proposal is approved.

Arguments in Support
The Western Center on Law and Poverty (WCLP) supports this bill, stating that the current benchmark creates a significant gap in services due to its lack of coverage for DME. WCLP continues that as a result, many Californians do not have access to the wheelchairs, hearing aids,

oxygen equipment or other DME that they need because private health plans in California's individual and small group markets regularly exclude or limit coverage of this equipment. WCLP notes that without adequate coverage, people go without medically necessary devices, obtain inferior ones that put their health and safety at risk, or turn to publicly-funded health care programs for help.

SEIU California supports this bill, citing the inclusion of infertility services as an EHB. SEIU California argues that this bill moves our health care delivery system forward for those seeking to start or grow their family. SEIU California notes that with seven out of 10 of their members identifying as women and 60% as women of color, this bill is personal for many. SEIU California continues that for their members, like the physician residents and interns united in SEIU CIR, who may train and study for decades before being financially stable to consider a family, this bill is particularly important. SEIU states that with one in four physicians with wombs experiencing infertility, this allows them the reassurance that they can fulfill their professional vision while honoring their personal family vision, too.

Arguments in Opposition
None.

FISCAL COMMENTS

According to the Assembly Committee on Appropriations, DMHC anticipates absorbable costs for state administration. The California Department of Insurance estimates costs of $64,000 in 2025-26 and $174,000 in 2026-27 for state administration (Insurance Fund).

VOTES

ASM HEALTH: 14-0-2
YES: Bonta, Addis, Aguiar-Curry, Arambula, Carrillo, Flora, Mark González, Krell, Patel, Patterson, Celeste Rodriguez, Schiavo, Sharp-Collins, Stefani
ABS, ABST OR NV: Chen, Sanchez

ASM APPROPRIATIONS: 11-0-4
YES: Wicks, Arambula, Calderon, Caloza, Elhawary, Fong, Mark González, Hart, Pacheco, Pellerin, Solache
ABS, ABST OR NV: Sanchez, Dixon, Ta, Tangipa

UPDATED

VERSION: April 23, 2025

CONSULTANT: Riana King / HEALTH / (916) 319-2097 FN: 0000759

SENATE COMMITTEE ON HUMAN SERVICES
Senator Arreguín, Chair
2025 - 2026 Regular

Bill No:	AB 341		
Author:	Arambula		
Version:	May 1, 2025	**Hearing Date:**	June 30, 2025
Urgency:	No	**Fiscal:**	Yes
Consultant:	Diana Dominguez		

Subject: Oral Health for People with Disabilities Technical Assistance Center Program

SUMMARY

This bill would require the Department of Developmental Services (DDS), no later than July 1, 2027, to contract with a public California dental school to administer the Oral Health for People with Disabilities Technical Assistance Center Program to improve dental care services for people with intellectual and developmental disabilities by reducing or eliminating the need for dental treatment using sedation and general anesthesia.

ABSTRACT

Existing Law:

1) Establishes the Lanterman Developmental Disabilities Services Act (Lanterman Act), which states that California is responsible for providing a range of services and supports sufficiently complete to meet the needs and choices of each person with developmental disabilities, regardless of age or degree of disability, and at each stage of life, and to support their integration into the mainstream life of the community. *(Welfare and Institutions Code (WIC) 4500 et seq.)*

2) Establishes a system of nonprofit regional centers, overseen by DDS, to provide fixed points of contact in the community for all persons with developmental disabilities and their families, to coordinate services and supports best suited to them throughout their lifetime. *(WIC 4620)*

3) Defines "developmental disability" to mean a disability that originates before an individual attains 18 years of age, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of DDS, in consultation with the Superintendent of Public Instruction, provides that this term shall include intellectual disability, cerebral palsy, epilepsy, and autism. Provides that this term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, but shall not include other handicapping conditions that are solely physical in nature. *(WIC 4512(a))*

This Bill:

1) Makes Legislative findings and declarations regarding the historic use of sedatives and general anesthesia during dental treatment for people with intellectual and developmental disabilities, which has caused lack of access to dental care; however, new developments in dental treatment have created alternatives to the use of sedation and general anesthesia, which can reduce risk, wait times, and cost, and improve patient outcomes.

2) Requires DDS, no later than July 1, 2027, to contract with a public California dental school or college to administer the Oral Health for People with Disabilities Technical Assistance Center Program. States the purpose of the program is to improve dental care services for people with intellectual and developmental disabilities by reducing or eliminating the need for dental treatment using sedation and general anesthesia.

3) Authorizes the contracted California dental school or college to partner with a public dental school or college. Requires the contracted school or resulting partnership to collectively meet both of the following qualifications:

    a. All partner public schools shall be located in California and be approved by the Dental Board of California or the Commission on Dental Accreditation of the American Dental Association.

    b. Lead faculty at one or more schools shall demonstrate having developed and implemented at regional centers, community-based dental care programs that have achieved all of the following:

        i. Successfully used teledentistry-supported systems to bring dental care to people with developmental disabilities in community settings.

        ii. Successfully reduced the number of people needing dental care using sedation or general anesthesia.

        iii. Demonstrated improved oral health in community settings as the result of meeting these achievements.

4) Requires the contracted school or partnership to do all of the following:

    a. Identify up to 10 regional centers to participate in the program.

    b. Provide practical experience, systems development, and expertise in relevant subject areas.

    c. Enlist dental offices and clinics to participate and establish teams of community-based allied personnel and dentists to work with each participating regional center.

d. Design, implement, and support customized operational systems in each community in conjunction with the local oral health community and regional center personnel.

e. Provide initial and ongoing training, monitoring, and support for participating oral health personnel, including, but not limited to, dental offices and clinics, and dentists and allied dental personnel.

f. Provide initial and ongoing training, monitoring, and support for participating regional center personnel.

g. Monitor and support the ongoing improvement and sustainability of operational systems at each regional center.

h. Organize and direct a statewide advisory committee and learning community.

i. Collect and analyze program data with the support of participating regional centers and oral health providers.

5) Requires DDS to submit to the Legislature an annual report of the program data.

6) Authorizes DDS to enter into exclusive or nonexclusive contracts, or amend existing contracts, on a bid or negotiated basis. Provides that contracts entered into or amended shall be exempt from Chapter 6 of Part 5.5 of Division 3 of Title 2 of the Government Code, Part 2 of Division 2 of the Public Contract Code, and the review or approval of the Department of General Services.

7) Requires participating regional centers to do all of the following:

a. Designate a lead person at each regional center with responsibility for duties related to the Oral Health for People with Disabilities Technical Assistance Center Program.

b. Establish vendor agreements with interested oral health professionals.

c. Identify people with intellectual and developmental disabilities who can benefit from the program, especially those who are already experiencing long wait times for dental care using sedation or general anesthesia, or those who are likely to experience long wait times in the future.

d. Collect and store social, medical, and consent history and information necessary for a referral to a participating oral health professional.

e. Facilitate referrals to participating oral health professionals.

f. Monitor program and individual patient activity and progress.

8) Requires DDS to do all of the following:

a. Establish procedures for regional center directors, or their designees, to participate in the program.

b. Provide guidance and establish protocols to support the program, including detailed clarification of payment for the various components of the program, workflow, and purchase-of-service authorizations and payments.

c. Provide guidance for regional centers regarding the use of specialized therapeutic services payments.

d. Provide guidance and technical assistance for regional centers to streamline the vendorization process for dental professionals.

e. Allow regional centers to aggregate and publish anonymized results data.

9) Provides that DDS may consult and share information with other state entities as necessary to implement this bill. Provides that DDS may adopt other rules and regulations necessary to implement this bill.

FISCAL IMPACT

According to the Assembly Appropriations Committee, "DDS estimates total General Fund (GF) costs of approximately $566,000 in fiscal year (FY) 2026-27 and $2.8 million in FY 2027-28 and annually thereafter, as follows:

1) Regional center staffing costs of $708,000 ($494,000 GF) in FY 2026-27, and $1.4 million ($1.0 million GF) in FY 2027-28 for each of 10 regional centers to hire a full-time staff member to coordinate and carry out the dental-related activities and responsibilities set forth in the bill. DDS assumes a cost of approximately $142,000 ($99,000 GF) per regional center annually.

2) DDS staffing costs of approximately $90,000 ($72,000 GF) in FY 2026-27 and $172,000 ($138,000 GF) in FY 2027-28 and annually thereafter for one position at DDS to research and establish guidelines and regulations by July 1, 2027, and provide technical assistance to regional centers.

3) Contract costs of $1.7 million GF annually beginning in FY 2027-28 to contract with dental schools or universities."

BACKGROUND AND DISCUSSION

Purpose of the Bill:

According to the author, "People with disabilities should have access to quality and timely dental care to prevent dental disease. Access to preventative dental care is critical for the prevention of chronic illness. Deferred or avoided oral health treatment is linked not only to tooth decay, but depression, cardiovascular disease, diabetes, respiratory infection, and adverse pregnancy

outcomes. People with complex medical, physical, cognitive, or behavioral health challenges are the most vulnerable to delayed dental care. These people often require extra time and attention for routine and preventative care. Unfortunately, there are not enough oral health providers with the expertise to serve these patients effectively. This has led many people with disabilities to be placed on waitlists that are months or years long or to simply go without routine dental care. AB 341 establishes the Oral Health for People with Disabilities Technical Assistance Center to provide training and educational materials to expand the use of alternative methods for providing oral health services for people with disabilities that are not currently widely understood."

Lanterman Act

In 1969, the Lanterman Act established that individuals with developmental disabilities and their families have a right to receive the necessary supports and services required to live independently in the community. The Lanterman Act enumerates the rights of individuals with developmental disabilities, as well as the rights of their families, what services and supports are available to these individuals, and how regional centers and service providers work together to provide these supports and services. The term "developmental disability" is defined as a disability that originates before a person reaches 18 years of age, is expected to continue indefinitely, and is a significant disability for the individual; such disabilities include, among others: epilepsy, autism spectrum disorder, intellectual disability, and cerebral palsy. As there are no income-related eligibility criteria, Lanterman Act services are considered an entitlement program. The Department of Finance estimates that approximately 465,165 individuals will receive developmental services in 2024–25, increasing to 504,905 in 2025–26.[1]

Regional Centers

Direct responsibility for implementation of the Lanterman Act's service system is shared by DDS and a statewide network of 21 regional centers, which are private, community-based nonprofit entities that contract with DDS to carry out many of the state's responsibilities. Regional center services may include diagnosis, evaluation, treatment, and care coordination of services such as personal care, day care, special living arrangements, and physical, occupational, and speech therapy. Additional services include, but are not limited to: mental health services, recreation, counseling for the individual served and their family, assistance locating a home, behavior training and modification programs, emergency and crisis intervention, respite for family caregivers, short-term out-of-home care, social skills training, specialized medical and dental care, telehealth services and supports, training for parents of children with developmental disabilities, and transportation services.

Dental Care for Individuals with Intellectual and Developmental Disabilities

As with other developmental services, regional centers coordinate dental services for consumers. Many regional centers employ a dental coordinator responsible for expanding the network of dental providers willing to serve DDS consumers, helping providers with Medi-Cal Dental Program administration, conducting consumer case reviews, helping individual consumers find providers, training consumers and residential care providers on oral hygiene, and coordinating desensitization.

[1] https://www.dds.ca.gov/wp-content/uploads/2025/01/GovernorsBudgetHighlights_20250110.pdf

Regional center consumers receive fewer dental services than the general population, which can cause more complex dental problems due to neglect of addressing problems early. According to a 2018 report[2] by the Legislative Analyst's Office (LAO), the oral health of individuals with developmental disabilities is worse on average than that of the general population; they have higher rates and increased severity of periodontal (gum) disease, higher rates of untreated cavities, and more missing and decaying teeth. The LAO report stated that some oral health problems stem directly from the disability, for example, mouth breathing among individuals with Down syndrome can lead to a dry mouth, which can result in increased risk of gum disease.

According to the LAO, some DDS and regional center staff estimate between one-fifth and one-third of consumers require general anesthesia or intravenous sedation to undergo dental treatment. Furthermore, the report found the following related to general anesthesia and sedation:

> "General anesthesia often requires the use of an operating room in a hospital or surgical center, yet the wait time for such facilities can be lengthy—sometimes as long as three years. […] Because many patients with developmental disabilities suffer distinct oral health problems, cannot easily comply with home care guidelines, and often lack adequate preventive care, they can end up requiring more extensive treatments (such as a higher than average number of fillings) and/or intensive treatments (such as extractions or scaling and root planing) than they would have otherwise. To avoid extensive treatment, dentists will sometimes resort to extracting all the teeth and providing a full set of dentures. Some dentists, especially those who are less experienced in working with patients with developmental disabilities, will resort to using general anesthesia, rather than providing behavioral supports."

Dentists and dental hygienists receive limited training on how to serve individuals with developmental disabilities. This contributes to a lack of access and a lack of understanding this population's unique needs. According to the California Dental Association[3], there are only 14 dental schools and surgery centers in California that can handle special needs patients. Health coverage is another barrier. While a majority of people with disabilities rely on Medi-Cal for their health care, in 2021, only about 36% of active licensed dentists accepted Medi-Cal[4]. The 2018 LAO report found that only about 22% of consumers enrolled in Medi-Cal received a dental services each year in 2014, 2015, and 2016.

Dental Clinics at Alta California Regional Center

Beginning in November 2024, Alta California Regional Center (Alta) has partnered with On My Own Independent Living Services to host a series of dental clinics for consumers. These dental clinics aim to provide preventative dental care in an accessible environment. Registered Dental Hygienists in Alternative Practice, dental hygienists who can work in a variety of community settings outside of a traditional dental office, performed fluoride treatments, X-rays, cleanings, and provided resources for follow-up treatment and personalized instructions on proper oral

[2] https://lao.ca.gov/reports/2018/3884/dental-for-developmentally-disabled-092718.pdf
[3] https://calmatters.org/health/2022/05/special-needs-dental-patients/
[4] Ibid.

hygiene. According to the Alta dental coordinator[5], most patients who attended the February 2025 dental clinic had not had their teeth checked in several years, with some not seeing a dentist for five to 10 years.

Related/Prior Legislation:

AB 2510 (Arambula, 2024) was substantially similar to this bill. AB 2510 was held on the Assembly Appropriations Committee suspense file.

AB 649 (Wilson, 2023) would have permitted regional centers to purchase services that would otherwise be available from other specified means when a consumer or a consumer's representative chooses not to pursue coverage despite eligibility. AB 649 was held on the Assembly Appropriations Committee suspense file.

AB 1957 (Wilson, Chapter 314, Statutes of 2022) added additional data points to the set of data that DDS and regional centers must report. These additional data mostly relate to services that were cut during the COVID-19 pandemic and recently restored, including social recreation, camping, educational services, and nonmedical therapies such as art, dance, and music. AB 1957 also added untimely translations of an individual program plan in a threshold language to be included in the set of data.

AB 1-X2 (Thurmond, Chapter 3, Statutes of 2016) authorized the Service Access and Equity grant program through which $11 million in ongoing General Fund resources for DDS was provided to assist regional centers in reducing purchase of service disparities.

COMMENTS

This bill seeks to provide early prevention and intervention dental care for individuals with intellectual and developmental disabilities by establishing a dental school program to reduce reliance on anesthesia and sedation for this population. Reports have found that individuals with intellectual and developmental disabilities receive fewer dental services than the general population, which can cause more complex and long-term dental problems. These dental problems can look like tooth decay and loss, soreness or pain, gum recession, and can increase the risk for other health conditions. This bill would establish a dental program with the goal of reducing or eliminating the need for dental treatment using sedation and general anesthesia. This program is similar to a recommendation made by the 2018 LAO report, to authorize a pilot program to educate and train Medi-Cal providers on how to serve DDS consumers.

The author may wish to consider adding a requirement that the contracted school or partnership consider diversity of geography when identifying regional centers to participate in the program. The author may additionally wish to consider specifying the makeup of the statewide advisory committee and learning community, to include people with lived experience, local regional center staff, and advocates.

[5] https://www.dds.ca.gov/newsletter/expanding-access-to-dental-care-for-alta-california-regional-center-clients/

Double Referral: This bill has been double referred. Should this bill pass out of this Committee, it will be referred to the Senate Committee on Education.

PRIOR VOTES

Assembly Floor:	79 - 0
Assembly Appropriations Committee:	14 - 0
Assembly Higher Education Committee:	10 - 0

POSITIONS

Support:
The Arc California (Sponsor)
Association of Regional Center Agencies
California Academy of General Dentistry
California Association of Orthodontists
California Dental Association
California Dental Hygienists' Association
California Disability Services Association
Children's Choice Dental Care

Oppose:
None received

-- END --

SENATE COMMITTEE ON HEALTH
Senator Caroline Menjivar, Chair

BILL NO:	AB 350
AUTHOR:	Bonta
VERSION:	May 23, 2025
HEARING DATE:	July 2, 2025
CONSULTANT:	Jen Flory

SUBJECT: Health care coverage: fluoride treatments

SUMMARY: Requires a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, to provide coverage for the application of fluoride varnish in the primary care setting for children under 21 years of age, without a deductible, co-insurance, copayment or other cost-sharing requirement for that coverage. Clarifies that Medi-Cal coverage of fluoride treatment is for children under 21 years of age rather than 17 years of age and specifies that this coverage includes the application of fluoride varnish in the primary care setting and expands which staff may apply the fluoride varnish, as specified.

Existing law:

1) Establishes the Department of Managed Health Care (DMHC) to regulate health plans under the Knox-Keene Health Care Services Plan Act of 1975; the California Department of Insurance (CDI) to regulate health and other insurers; the Department of Health Care Services (DHCS) to administer the Medi-Cal program. [HSC §1340, et seq., INS §106, et seq. and WIC §14000, et seq.]

2) Requires, under the Affordable Care Act (ACA) and as codified in state law, health plans and issuers, subject to the minimum interval established by the United States Secretary Health and Human Services (Secretary), to provide coverage, and not impose cost sharing requirements, for the following preventive services with respect to plan years beginning on and after September 23, 2010:

   a) Evidence-based items or services that have in effect a rating of `A' or `B' in the current recommendations of the United States Preventive Services Task Force (USPSTF), with specified exceptions;
   b) Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) with respect to the individual involved;
   c) Evidence-informed preventive care and screenings for infants, children, and adolescents, provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA);
   d) Additional preventive care and screenings for women not otherwise described above as provided for in comprehensive guidelines supported by HRSA, as specified; and,
   e) Current recommendations of the USPSTF regarding breast cancer screening, mammography, and prevention. [42 U.S.C. Sec. 300gg-13, HSC §1367.002 and INS §10112.2]

3) States that 2) above, does not prohibit a health plan contract or insurance policy from providing coverage for services in addition to those recommended by USPSTF or denying coverage for services that are not recommended by USPSTF. [HSC §1367.002 and INS §10112.2]

4) Establishes a schedule of benefits under the Medi-Cal program, which includes benefits required under federal law and benefits provided at the state's option, both of which are funded with federal and state dollars. The scope of benefits includes the application of fluoride, or other appropriate fluoride treatment, as defined by DHCS, for children under age 17. [WIC §14132]

5) Requires, under federal law, coverage for individuals under age 21 of all necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan, known as the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit, and codifies this benefit in state law. [42 USC §1396d and WIC §14059.5]

6) Further specifies that EPSDT services also include all age-specific assessments and services listed under the most current periodicity schedule by the American Academy of Pediatrics and Bright Futures, and any other medically necessary assessments and services that exceed those listed. [WIC §14149.95]

7) Requires DHCS to establish a list of performance measures designed to evaluate utilization, access, availability, and effectiveness of preventive care and treatment to ensure the dental fee-for-service program meets quality and access criteria. Includes in the list of required performance measures the number of applications of fluoride varnishes. [WIC §14132.915]

8) Authorizes any person to apply topical fluoride, including fluoride varnish, to the teeth of individuals who are being served in a public health setting or public health program according to the prescription and protocol issues and established by a physician or dentist. [HSC §104762]

9) Requires pupils of public and private elementary and secondary schools to be given the opportunity to receive the topical application of fluoride, including fluoride varnish in a manner approved by the Department of Public Health. Requires the program of topical application to be under the general direction of a dentist licensed in the state, according to the prescription and protocol established by the dentist, and applied through self-application or by another person. [HSC §104830]

This bill:

1) Requires a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, to provide coverage for the application of fluoride varnish in the primary care setting for children under 21 years of age, to be billed as a medical benefit and to not impose a deductible, co-insurance, copayment or other cost-sharing requirement for that coverage.

2) Exempts from 1), health plan contracts and health insurance policies that cover dental or vision benefits or a Medicare supplement policy.

3) Specifies that this bill does not diminish a health plan or insurer's responsibility under the ACA to cover services that are assigned either a grade A or B by the USPSTF.

4) Clarifies that Medi-Cal coverage of fluoride treatment is covered for children under 21 years of age and specifies that this coverage includes the application of fluoride varnish in the primary care setting, billed as a medical benefit.

5) Requires DHCS to establish and promulgate a billing policy that allows a Medi-Cal enrolled provider who is authorized to apply and bill for the application of fluoride varnish to be reimbursed for that service if the fluoride varnish is physically applied by a person who is employed by the Medi-Cal enrolled provider or working in a contractual relationship with that provider or otherwise authorized under existing law to apply fluoride varnish.

FISCAL EFFECT: According to the Assembly Appropriations Committee:
CHBRP estimates costs of $2.25 million annually to DHCS for enrollees in Medi-Cal (General Fund, federal funds); Costs of approximately $30,000 per year for increases in premiums for enrollees in state-sponsored health plans (Public Employees Retirement Fund). This estimate is based on CHBRP's estimate that CalPERS premium costs would increase by $56,000, and 54% of CalPERS enrollees are associated with state employment; DMHC estimates minor and absorbable costs; likely minor and absorbable costs to CDI; and, the average unit cost of fluoride varnish application is $33.77 in commercial/CalPERS plans and policies and $18.55 in Medi-Cal. This average unit cost would not be expected to change as a result of this bill.

PRIOR VOTES:

Assembly Floor:	75 - 1
Assembly Appropriations Committee:	13 - 0
Assembly Health Committee:	14 - 0

COMMENTS:

1) *Author's statement.* According to the author, fluoride varnish is a safe, inexpensive, and effective dental intervention that can help prevent tooth decay. However, current Medi-Cal policies are unnecessarily restrictive. First, although many types of non-clinical staff can be authorized to apply fluoride varnish, Medi-Cal policy requires a qualified health professional to "hold the brush" when applying fluoride varnish, making it more difficult and costly to incorporate into primary care and public health settings. Medi-Cal policy guidance is also unclear that medically necessary fluoride varnish in the primary care setting is currently covered by Medi-Cal for all children under 21, under federal EPSDT requirements. In addition, commercial insurance only covers fluoride varnish in the primary care setting for children under the age of five, which leaves out other children who could benefit from this preventive intervention. This bill will enhance coverage of fluoride varnish in the primary care setting and makes it easier for dental, medical, and school-based care providers to bill Medi-Cal for fluoride varnish. In an era where settled science on the effectiveness and safety of fluoride is being questioned, California should expand this cost-effective intervention to prevent cavities and promote good oral health for our children.

2) *Dental caries and children's health.* According to a June 2021 report by the California Department of Public Health, of the oral health status up children describing results from a 2018-2019 survey of third grade students, 61% of California children in third grade had experienced dental caries, compared to the national median of 53% among all states. The study also found that 21% had untreated decay. For Latinos, the rate of caries experience was 72% and nearly 25% had untreated decay. These numbers were very similar to the number of socioeconomically disadvantaged students with caries experience or untreated tooth decay (73% and 26% respectively).

3) *California Health Benefits Review Program (CHBRP) analysis.* AB 1996 (Thomson, Chapter 795, Statutes of 2002) requests the University of California to assess legislation proposing a mandated benefit or service and prepare a written analysis with relevant data on the medical, economic, and public health impacts of proposed health plan and health insurance benefit mandate legislation. CHBRP was created in response to AB 1996, and reviewed this bill. Key findings include:

   a) *Coverage impacts and enrollees covered*. CHBRP assumed that 100% of health plan enrollees have coverage for fluoride varnish when applied in a primary care setting for enrollees aged 0 to 5 years in accordance with state and federal law. For enrollees aged 6-20, approximately 1.5% of commercial enrollees and 17% of Medi-Cal beneficiaries have coverage in medical settings (rather than a dentist office) at baseline. This bill would provide coverage for the varnish for all enrollees age 20 years and younger in medical settings.
   b) *Medical effectiveness.* Overall, CHBRP found evidence that fluoride varnish is effective in the prevention of tooth decay and dental caries, primarily in younger children, in both medical and other clinical settings. The evidence was stronger for primary teeth than permanent teeth in medical settings, but in other clinical settings there was strong evidence for all children under 18 that the application of fluoride varnish is effective in improving oral health outcomes. It should be noted that CHBRP did not identify studies for children over 18 and that there was very limited research on the application of the varnish in medical settings on permanent teeth, thus the absence of evidence is not evidence of no effect.
   c) *Utilization*. CHBRP assumes utilization of fluoride varnish among commercial and Medi-Cal enrollees aged 0 to 5 years would not increase because this service is fully covered at baseline. There are approximately 16,600 applications among commercial enrollees aged 0 to 5 years and 115,500 applications among Medi-Cal beneficiaries aged 0 to 5 years at baseline. CHBRP estimates an increase of 27,100 applications for commercial enrollees aged 6 to 20 years over the current 700 applications and an increase of 112,800 applications for Medi-Cal enrollees over the current 9,000 applications.
   d) *Medi-Cal.* According to CHBRP, fluoride treatments are covered under the Medi-Cal dental program for enrollees aged 20 and younger when provided by dental professionals, thus there is no change in benefit coverage when provided in that setting. They also flag that existing law requires coverage up through age 17. CHBRP also points to a national benchmark adopted by DHCS that establishes a minimum performance target level of 19.3% for Medi-Cal beneficiaries aged 1-20 years old to have at least two topical fluoride applications annually. In 2022, 16.17% had at least two applications of fluoride varnish annually.
   e) *Impact on expenditures*. Within DMHC-regulated commercial plans and CDI-regulated commercial policies, premiums would increase by $653,000. This would be between 0.0007% and 0.0009% per member per month or between $0.006 and $0.007 per member per month. For Medi-Cal beneficiaries enrolled in DMHC-regulated plans and County Organized Health Systems (COHS), premiums would increase by $2,249,000. This would be less than 0.01% or $0.02 per member per month.
   f) *Public health.* CHBRP projects a very limited public health impact on the overall incidence of dental caries and loss of tooth enamel in the first year post mandate, largely because cavities generally take one to two years to develop. Assuming enrollees continue to receive fluoride varnish in a medical setting annually, this bill could potentially result in a reduction of 5,800 cavities among the 27,100 new users aged 6 to 20 years with

commercial coverage and a reduction of 24,200 cavities among the 112,800 new users aged 6 to 20 years with Medi-Cal. This could be increased or decreased by other public health factors such as community water fluoridation.

g) *Essential health benefits*. CHBRP states that this bill would not exceed the definition of Essential Health Benefits in California because it would expand an existing benefit requirement rather than create a new coverage requirement. This means that the state would not be responsible for covering the cost of the benefit in the commercial market under the ACA rules.

4) *Prior legislation.* SB 406 (Pan, Chapter 302, Statutes of 2020) among other things, codified the preventive care requirements of the ACA into state law.

AB 2340 (Bonta, Chapter 564, Statutes of 2024) defined EPSDT services as those services required under the federal EPSDT benefit in federal law and regulation, whether or not those services are covered under the Medi-Cal state plan, as well as all age-specific assessments and services listed under the most current periodicity schedule by the American Academy of Pediatrics (AAP) and Bright Futures, and any other medically necessary assessments and services that exceed those listed in those schedules.

AB 2207 (Wood, Chapter 613, Statutes of 2013) made a number of changes to improve the Medi-Cal dental program, including adding the number of applications of fluoride varnishes to the fee-for-service performance measures.

AB 667 (Block, Chapter 119, Statutes of 2009) authorized any person to apply fluoride varnish under protocol, and prescription of a physician or dentist in public health settings or public health programs, as well as similarly broad provisions for pupils in primary or secondary schools.

AB 560 (Perata, Chapter 753, Statutes of 1997) among other things, added the application of fluoride as a Medi-Cal covered benefit for children 17 years of age and under.

5) *Support.* Co-sponsors, Children Now and the California Dental Association write that cavities are the most common chronic, yet largely preventable condition experienced by children. Untreated cavities can cause pain and infections that may lead to problems with eating, speaking, playing and learning. Research shows that children with poor oral health status were nearly three times more likely than other students to miss school as a result of dental pain and were more likely to perform poorly in school. Unfortunately, in California, less than half of children in the Medi-Cal program have annual dental visits where topical fluoride varnish could be applied. Primary care and public health settings such as schools offer additional access points for the application of fluoride varnish for children enrolled in Medi-Cal. They are also concerned about recent statements from the federal administration that threaten community water fluoridation, which the United States Centers for Disease Control and Prevention has previously named as one of the 10 greatest public health interventions in the 20th century because of the dramatic decline in cavities since such fluoridation began in 1945.

6) *Opposition.* The California Association of Health Plans (CAHP) and the Association of California Life and Health Insurance Companies (ACLHIC) write that this bill exceeds the current guidelines that mandate coverage of fluoride varnish for children ages 0-5. It would also increase total premiums paid by employers and enrollees for newly covered benefits by

$3,242,000. Given the current uncertainty regarding the Medi-Cal budget as well as the uncertainty pertaining to future funding from the federal government, they are fundamentally opposed to legislation that could further increase premium costs for families. They argue that focusing on updating the Essential Health Benefits allows for a more comprehensive and thoughtful approach when determining benefits while California continues to grapple with rising health care costs and budget shortfalls.

7) *Policy comment.* As noted in the CHBRP analysis, for the Medi-Cal population, the coverage of fluoride varnish for individuals between 18 and 20 years of age is already a covered dental benefit and is included in the DHCS performance measures. It would be covered under the EPSDT mandate to the extent that fluoride varnish is medically necessary. To the extent this is an expansion of services, that piece should not be viewed as such but rather aligning existing code with current practice and requirements. The issue that remains, is whether such services are required for older children in medical settings, in both Medi-Cal and commercial plans. This also accounts for the increase in cost. Additionally, the language in the sections pertaining to commercial insurance and commercial health plans needs a technical amendment to not improperly narrow which specialized health insurance and plans are exempt.

SUPPORT AND OPPOSITION:

Support: Children Now (co-sponsor)
California Dental Association (co-sponsor)
American Academy of Pediatrics, California
Asian Resources, Inc.
Association of Regional Center Agencies
California Association of Orthodontists
California Dental Hygienists' Association
California Neurology Society
California Pan-Ethnic Health Network
California School- Based Health Alliance
California Society of Pediatric Dentistry
California State PTA
Care2u Oral Care Administrative Services
Center for Oral Health
Children's Choice Dental Care
County of Los Angeles
County of Sacramento
Delta Dental of California
Dental Board of California
Dental Hygiene Board of California
Dientes Community Dental Care
EveryChild Foundation
First 5 Monterey County
First 5 Nevada County
First 5 San Bernardino County
LA Best Babies Network
Latino Coalition for a Healthy California
North East Medical Services
State Council on Developmental Disabilities

The Los Angeles Trust for Children's Health
Western Center on Law & Poverty

Oppose: Association of California Life & Health Insurance Companies
California Association of Health Plans

-- END --

SENATE COMMITTEE ON HEALTH
Senator Caroline Menjivar, Chair

BILL NO: AB 350
AUTHOR: Bonta
VERSION: May 23, 2025
HEARING DATE: July 2, 2025
CONSULTANT: Jen Flory

SUBJECT: Health care coverage: fluoride treatments

SUMMARY: Requires a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, to provide coverage for the application of fluoride varnish in the primary care setting for children under 21 years of age, without a deductible, co-insurance, copayment or other cost-sharing requirement for that coverage. Clarifies that Medi-Cal coverage of fluoride treatment is for children under 21 years of age rather than 17 years of age and specifies that this coverage includes the application of fluoride varnish in the primary care setting and expands which staff may apply the fluoride varnish, as specified.

Existing law:

1) Establishes the Department of Managed Health Care (DMHC) to regulate health plans under the Knox-Keene Health Care Services Plan Act of 1975; the California Department of Insurance (CDI) to regulate health and other insurers; the Department of Health Care Services (DHCS) to administer the Medi-Cal program. [HSC §1340, et seq., INS §106, et seq. and WIC §14000, et seq.]

2) Requires, under the Affordable Care Act (ACA) and as codified in state law, health plans and issuers, subject to the minimum interval established by the United States Secretary Health and Human Services (Secretary), to provide coverage, and not impose cost sharing requirements, for the following preventive services with respect to plan years beginning on and after September 23, 2010:

   a) Evidence-based items or services that have in effect a rating of `A' or `B' in the current recommendations of the United States Preventive Services Task Force (USPSTF), with specified exceptions;
   b) Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) with respect to the individual involved;
   c) Evidence-informed preventive care and screenings for infants, children, and adolescents, provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA);
   d) Additional preventive care and screenings for women not otherwise described above as provided for in comprehensive guidelines supported by HRSA, as specified; and,
   e) Current recommendations of the USPSTF regarding breast cancer screening, mammography, and prevention. [42 U.S.C. Sec. 300gg-13, HSC §1367.002 and INS §10112.2]

3) States that 2) above, does not prohibit a health plan contract or insurance policy from providing coverage for services in addition to those recommended by USPSTF or denying coverage for services that are not recommended by USPSTF. [HSC §1367.002 and INS §10112.2]

4) Establishes a schedule of benefits under the Medi-Cal program, which includes benefits required under federal law and benefits provided at the state's option, both of which are funded with federal and state dollars. The scope of benefits includes the application of fluoride, or other appropriate fluoride treatment, as defined by DHCS, for children under age 17. [WIC §14132]

5) Requires, under federal law, coverage for individuals under age 21 of all necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan, known as the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit, and codifies this benefit in state law. [42 USC §1396d and WIC §14059.5]

6) Further specifies that EPSDT services also include all age-specific assessments and services listed under the most current periodicity schedule by the American Academy of Pediatrics and Bright Futures, and any other medically necessary assessments and services that exceed those listed. [WIC §14149.95]

7) Requires DHCS to establish a list of performance measures designed to evaluate utilization, access, availability, and effectiveness of preventive care and treatment to ensure the dental fee-for-service program meets quality and access criteria. Includes in the list of required performance measures the number of applications of fluoride varnishes. [WIC §14132.915]

8) Authorizes any person to apply topical fluoride, including fluoride varnish, to the teeth of individuals who are being served in a public health setting or public health program according to the prescription and protocol issues and established by a physician or dentist. [HSC §104762]

9) Requires pupils of public and private elementary and secondary schools to be given the opportunity to receive the topical application of fluoride, including fluoride varnish in a manner approved by the Department of Public Health. Requires the program of topical application to be under the general direction of a dentist licensed in the state, according to the prescription and protocol established by the dentist, and applied through self-application or by another person. [HSC §104830]

This bill:

1) Requires a health plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, to provide coverage for the application of fluoride varnish in the primary care setting for children under 21 years of age, to be billed as a medical benefit and to not impose a deductible, co-insurance, copayment or other cost-sharing requirement for that coverage.

2) Exempts from 1), health plan contracts and health insurance policies that cover dental or vision benefits or a Medicare supplement policy.

3) Specifies that this bill does not diminish a health plan or insurer's responsibility under the ACA to cover services that are assigned either a grade A or B by the USPSTF.

4) Clarifies that Medi-Cal coverage of fluoride treatment is covered for children under 21 years of age and specifies that this coverage includes the application of fluoride varnish in the primary care setting, billed as a medical benefit.

5) Requires DHCS to establish and promulgate a billing policy that allows a Medi-Cal enrolled provider who is authorized to apply and bill for the application of fluoride varnish to be reimbursed for that service if the fluoride varnish is physically applied by a person who is employed by the Medi-Cal enrolled provider or working in a contractual relationship with that provider or otherwise authorized under existing law to apply fluoride varnish.

FISCAL EFFECT: According to the Assembly Appropriations Committee:
CHBRP estimates costs of $2.25 million annually to DHCS for enrollees in Medi-Cal (General Fund, federal funds); Costs of approximately $30,000 per year for increases in premiums for enrollees in state-sponsored health plans (Public Employees Retirement Fund). This estimate is based on CHBRP's estimate that CalPERS premium costs would increase by $56,000, and 54% of CalPERS enrollees are associated with state employment; DMHC estimates minor and absorbable costs; likely minor and absorbable costs to CDI; and, the average unit cost of fluoride varnish application is $33.77 in commercial/CalPERS plans and policies and $18.55 in Medi-Cal. This average unit cost would not be expected to change as a result of this bill.

PRIOR VOTES:

Assembly Floor:	75 - 1
Assembly Appropriations Committee:	13 - 0
Assembly Health Committee:	14 - 0

COMMENTS:

1) *Author's statement.* According to the author, fluoride varnish is a safe, inexpensive, and effective dental intervention that can help prevent tooth decay. However, current Medi-Cal policies are unnecessarily restrictive. First, although many types of non-clinical staff can be authorized to apply fluoride varnish, Medi-Cal policy requires a qualified health professional to "hold the brush" when applying fluoride varnish, making it more difficult and costly to incorporate into primary care and public health settings. Medi-Cal policy guidance is also unclear that medically necessary fluoride varnish in the primary care setting is currently covered by Medi-Cal for all children under 21, under federal EPSDT requirements. In addition, commercial insurance only covers fluoride varnish in the primary care setting for children under the age of five, which leaves out other children who could benefit from this preventive intervention. This bill will enhance coverage of fluoride varnish in the primary care setting and makes it easier for dental, medical, and school-based care providers to bill Medi-Cal for fluoride varnish. In an era where settled science on the effectiveness and safety of fluoride is being questioned, California should expand this cost-effective intervention to prevent cavities and promote good oral health for our children.

2) *Dental caries and children's health.* According to a June 2021 report by the California Department of Public Health, of the oral health status up children describing results from a 2018-2019 survey of third grade students, 61% of California children in third grade had experienced dental caries, compared to the national median of 53% among all states. The study also found that 21% had untreated decay. For Latinos, the rate of caries experience was 72% and nearly 25% had untreated decay. These numbers were very similar to the number of socioeconomically disadvantaged students with caries experience or untreated tooth decay (73% and 26% respectively).

3) *California Health Benefits Review Program (CHBRP) analysis.* AB 1996 (Thomson, Chapter 795, Statutes of 2002) requests the University of California to assess legislation proposing a mandated benefit or service and prepare a written analysis with relevant data on the medical, economic, and public health impacts of proposed health plan and health insurance benefit mandate legislation. CHBRP was created in response to AB 1996, and reviewed this bill. Key findings include:

   a) *Coverage impacts and enrollees covered*. CHBRP assumed that 100% of health plan enrollees have coverage for fluoride varnish when applied in a primary care setting for enrollees aged 0 to 5 years in accordance with state and federal law. For enrollees aged 6-20, approximately 1.5% of commercial enrollees and 17% of Medi-Cal beneficiaries have coverage in medical settings (rather than a dentist office) at baseline. This bill would provide coverage for the varnish for all enrollees age 20 years and younger in medical settings.
   b) *Medical effectiveness.* Overall, CHBRP found evidence that fluoride varnish is effective in the prevention of tooth decay and dental caries, primarily in younger children, in both medical and other clinical settings. The evidence was stronger for primary teeth than permanent teeth in medical settings, but in other clinical settings there was strong evidence for all children under 18 that the application of fluoride varnish is effective in improving oral health outcomes. It should be noted that CHBRP did not identify studies for children over 18 and that there was very limited research on the application of the varnish in medical settings on permanent teeth, thus the absence of evidence is not evidence of no effect.
   c) *Utilization*. CHBRP assumes utilization of fluoride varnish among commercial and Medi-Cal enrollees aged 0 to 5 years would not increase because this service is fully covered at baseline. There are approximately 16,600 applications among commercial enrollees aged 0 to 5 years and 115,500 applications among Medi-Cal beneficiaries aged 0 to 5 years at baseline. CHBRP estimates an increase of 27,100 applications for commercial enrollees aged 6 to 20 years over the current 700 applications and an increase of 112,800 applications for Medi-Cal enrollees over the current 9,000 applications.
   d) *Medi-Cal.* According to CHBRP, fluoride treatments are covered under the Medi-Cal dental program for enrollees aged 20 and younger when provided by dental professionals, thus there is no change in benefit coverage when provided in that setting. They also flag that existing law requires coverage up through age 17. CHBRP also points to a national benchmark adopted by DHCS that establishes a minimum performance target level of 19.3% for Medi-Cal beneficiaries aged 1-20 years old to have at least two topical fluoride applications annually. In 2022, 16.17% had at least two applications of fluoride varnish annually.
   e) *Impact on expenditures*. Within DMHC-regulated commercial plans and CDI-regulated commercial policies, premiums would increase by $653,000. This would be between 0.0007% and 0.0009% per member per month or between $0.006 and $0.007 per member per month. For Medi-Cal beneficiaries enrolled in DMHC-regulated plans and County Organized Health Systems (COHS), premiums would increase by $2,249,000. This would be less than 0.01% or $0.02 per member per month.
   f) *Public health.* CHBRP projects a very limited public health impact on the overall incidence of dental caries and loss of tooth enamel in the first year post mandate, largely because cavities generally take one to two years to develop. Assuming enrollees continue to receive fluoride varnish in a medical setting annually, this bill could potentially result in a reduction of 5,800 cavities among the 27,100 new users aged 6 to 20 years with

commercial coverage and a reduction of 24,200 cavities among the 112,800 new users aged 6 to 20 years with Medi-Cal. This could be increased or decreased by other public health factors such as community water fluoridation.

g) *Essential health benefits*. CHBRP states that this bill would not exceed the definition of Essential Health Benefits in California because it would expand an existing benefit requirement rather than create a new coverage requirement. This means that the state would not be responsible for covering the cost of the benefit in the commercial market under the ACA rules.

4) *Prior legislation.* SB 406 (Pan, Chapter 302, Statutes of 2020) among other things, codified the preventive care requirements of the ACA into state law.

AB 2340 (Bonta, Chapter 564, Statutes of 2024) defined EPSDT services as those services required under the federal EPSDT benefit in federal law and regulation, whether or not those services are covered under the Medi-Cal state plan, as well as all age-specific assessments and services listed under the most current periodicity schedule by the American Academy of Pediatrics (AAP) and Bright Futures, and any other medically necessary assessments and services that exceed those listed in those schedules.

AB 2207 (Wood, Chapter 613, Statutes of 2013) made a number of changes to improve the Medi-Cal dental program, including adding the number of applications of fluoride varnishes to the fee-for-service performance measures.

AB 667 (Block, Chapter 119, Statutes of 2009) authorized any person to apply fluoride varnish under protocol, and prescription of a physician or dentist in public health settings or public health programs, as well as similarly broad provisions for pupils in primary or secondary schools.

AB 560 (Perata, Chapter 753, Statutes of 1997) among other things, added the application of fluoride as a Medi-Cal covered benefit for children 17 years of age and under.

5) *Support.* Co-sponsors, Children Now and the California Dental Association write that cavities are the most common chronic, yet largely preventable condition experienced by children. Untreated cavities can cause pain and infections that may lead to problems with eating, speaking, playing and learning. Research shows that children with poor oral health status were nearly three times more likely than other students to miss school as a result of dental pain and were more likely to perform poorly in school. Unfortunately, in California, less than half of children in the Medi-Cal program have annual dental visits where topical fluoride varnish could be applied. Primary care and public health settings such as schools offer additional access points for the application of fluoride varnish for children enrolled in Medi-Cal. They are also concerned about recent statements from the federal administration that threaten community water fluoridation, which the United States Centers for Disease Control and Prevention has previously named as one of the 10 greatest public health interventions in the 20th century because of the dramatic decline in cavities since such fluoridation began in 1945.

6) *Opposition.* The California Association of Health Plans (CAHP) and the Association of California Life and Health Insurance Companies (ACLHIC) write that this bill exceeds the current guidelines that mandate coverage of fluoride varnish for children ages 0-5. It would also increase total premiums paid by employers and enrollees for newly covered benefits by

$3,242,000. Given the current uncertainty regarding the Medi-Cal budget as well as the uncertainty pertaining to future funding from the federal government, they are fundamentally opposed to legislation that could further increase premium costs for families. They argue that focusing on updating the Essential Health Benefits allows for a more comprehensive and thoughtful approach when determining benefits while California continues to grapple with rising health care costs and budget shortfalls.

7) *Policy comment.* As noted in the CHBRP analysis, for the Medi-Cal population, the coverage of fluoride varnish for individuals between 18 and 20 years of age is already a covered dental benefit and is included in the DHCS performance measures. It would be covered under the EPSDT mandate to the extent that fluoride varnish is medically necessary. To the extent this is an expansion of services, that piece should not be viewed as such but rather aligning existing code with current practice and requirements. The issue that remains, is whether such services are required for older children in medical settings, in both Medi-Cal and commercial plans. This also accounts for the increase in cost. Additionally, the language in the sections pertaining to commercial insurance and commercial health plans needs a technical amendment to not improperly narrow which specialized health insurance and plans are exempt.

SUPPORT AND OPPOSITION:

Support:
Children Now (co-sponsor)
California Dental Association (co-sponsor)
American Academy of Pediatrics, California
Asian Resources, Inc.
Association of Regional Center Agencies
California Association of Orthodontists
California Dental Hygienists' Association
California Neurology Society
California Pan-Ethnic Health Network
California School- Based Health Alliance
California Society of Pediatric Dentistry
California State PTA
Care2u Oral Care Administrative Services
Center for Oral Health
Children's Choice Dental Care
County of Los Angeles
County of Sacramento
Delta Dental of California
Dental Board of California
Dental Hygiene Board of California
Dientes Community Dental Care
EveryChild Foundation
First 5 Monterey County
First 5 Nevada County
First 5 San Bernardino County
LA Best Babies Network
Latino Coalition for a Healthy California
North East Medical Services
State Council on Developmental Disabilities

The Los Angeles Trust for Children's Health
Western Center on Law & Poverty

Oppose: Association of California Life & Health Insurance Companies
California Association of Health Plans

-- END --

Date of Hearing: May 14, 2025

ASSEMBLY COMMITTEE ON APPROPRIATIONS
Buffy Wicks, Chair
AB 371 (Haney) – As Amended April 24, 2025

Policy Committee: Health Vote: 15 - 0

Urgency: No State Mandated Local Program: Yes Reimbursable: No

SUMMARY:

This bill requires a health care service plan (health plan) or health insurer that pays a contracting dental provider directly for covered services to pay a non-contracting dental provider directly for covered services if the non-contracting provider submits an assignment of benefits (AOB) form signed by the enrollee. The bill also requires a health plan or health insurer offering dental services to meet specified timely and geographic access requirements.

Specifically, this bill:

1) Defines AOB as the transfer of reimbursement or other rights provided for under a plan or insurance contract to a treating provider for services or items rendered to an enrollee.

2) Requires a non-contracting dental provider, before accepting an AOB, to disclose the following information to an enrollee:

   a) That the provider is a non-contracting dental provider.

   b) That the enrollee may experience lower out-of-pocket costs if they receive services from a contracting network dentist.

   c) An estimate of what the planned treatment will cost and the enrollee's portion of the cost.

3) Requires a health plan or health insurer to notify an enrollee that the out-of-network cost may count towards their annual or lifetime maximum, as applicable, and that payment was sent to the provider.

4) Requires a dental plan or insurer to provide a predetermination or prior authorization to the dental provider and prohibits the dental plan or insurer from reimbursing the provider less than the amount set forth in the predetermination or prior authorization for the services, except as specified.

5) Exempts Medi-Cal managed care plans from the requirements in items 2 through 4, above.

6) Shortens existing timely access requirements, requiring a health plan or health insurer offering dental services to offer:

   a) Urgent appointments within 48 hours of the time of request for appointment, if consistent with the enrollee's individual needs, as specified.

b) Nonurgent appointments except for preventive dental care within 18 business days of the request for an appointment.

c) Preventive dental care appointments within 20 business days of the request.

2) Requires dentists to be available within 15 miles or 30 minutes from an enrollee's residence or workplace.

3) Requires the information a dental plan reports to the Department of Managed Health Care (DMHC) or the California Department of Insurance (CDI) to include specified additional information for the purpose of determining network adequacy and compliance with time and distance requirements.

FISCAL EFFECT:

DMHC estimates Managed Care Fund costs as follows:
- $207,000 in fiscal year (FY) 2025-26.
- $8.62 million in FY 2026-27.
- $9.11 million in FY 2027-28.
- $5.86 million in FY 2028-29.
- $5.15 million in FY 2029-30 and annually thereafter.

DMHC's greatest costs would be for its Office of Plan Monitoring to develop statistical methodology, reporting standards, and report forms for monitoring and reporting timely access, and to implement amendments to Timely Access Compliance Report data collection and review methodologies. DMHC notes that generally, a $1 million increase to the Managed Care Fund could result in a 1-cent increase to specialty health plans, such as dental plans, which could increase premiums for consumers.

CDI estimates Insurance Fund costs as follows:
- $130,000 in FY 2025-26.
- $140,000 in FY 2026-27.
- $183,000 in FY 2027-28 and ongoing.

COMMENTS:

1) **Purpose.** This bill is sponsored by the California Dental Association. According to the author:

> Too many Californians are struggling to find a dentist near their home or work, and even when they do, insurance companies are forcing them to pay out of pocket for care that should be covered. We can put a stop to these unfair practices by ensuring that everyone gets the dental care they need without any unnecessary obstacles or hidden costs. AB 371 will require dental insurance companies to ensure patients can access in-network care within a reasonable distance from their home or workplace. It will also ban insurers from making patients pay upfront for covered services and will require them to report network adequacy data.

2) **AOB.** A core function of dental insurance is the development of a network of dental providers who agree to treat patients covered by the dental plan. Dentists who contract with a dental plan agree to terms about reimbursement rates, cost-sharing, benefits covered, and other details. Contracting dentists are then listed as participating provider by the insurance plan and have access to the patient network covered by the plan. Contracting dentists are also able to bill the dental plan directly for services while patients are responsible for paying any cost-sharing amounts required by their plan or contract.

   Patients with a preferred provider organization (PPO) plan may seek services from non-contracted providers. The patients may seek an AOB, which is an arrangement where a patient requests that their plan payments be made directly to a designated person or facility, such as a dentist, physician, or hospital. Under this bill, an AOB would apply to non-contracting dentists. Under an AOB, a patient may permit a non-contracting dentist to bill the dental plan directly and collect authorized reimbursement from the plan. The patient must pay the dentist the remaining balance of the bill. Under an AOB, non-contracting dentists are not required to limit their rates to contractual levels, so the patient may pay higher cost-sharing amounts. For example, a plan may cover a filling for $100 with the patient paying 20%. A contracted dentist would then be able to collect $80 from the plan and $20 from the patient. However, if that patient had an AOB with a non-contracting dentist who charges $150 for a filling, the dentist would collect $80 from the dental plan and $70 from the patient. Without an AOB, the dentist would not be able to directly bill the insurer, and the patient would be billed for the full $150 and have to seek reimbursement for $80 from their dental plan.

3) **Opposition.** Delta Dental of California (Delta Dental) opposes this bill, stating the bill threatens to increase consumer costs and reduce dental networks, ultimately reducing access to affordable dental care. Delta Dental expresses concerns that more restrictive appointment wait times do not take into account the dental workforce shortage that is affecting California, particularly in rural areas. Delta Dental states DMHC applies existing regulatory time and distance standards to dental plans and the regulations allow for plans to request a waiver to these requirements in exchange for an alternate standard approved by DMHC. Lastly, Delta Dental states that the ability to receive direct payment for covered services is one of the primary reasons dentists join a carrier's network and agree to lower their usual fees. Delta Dental argues that AOB erodes the value of direct reimbursement for those dentists who do contract and agree to discount their fees in return for higher patient volume, another reason providers join networks.

Analysis Prepared by: Allegra Kim / APPR. / (916) 319-2081

SENATE COMMITTEE ON BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT

Senator Angelique Ashby, Chair
2025 - 2026 Regular

Bill No:	AB 489	**Hearing Date:**	June 23, 2025
Author:	Bonta		
Version:	June 16, 2025		
Urgency:	No	**Fiscal:**	Yes
Consultant:	Anna Billy		

Subject: Health care professions: deceptive terms or letters: artificial intelligence.

SUMMARY: Prohibits artificial intelligence (AI) and generative artificial intelligence (GenAI) systems from misrepresenting themselves as licensed or certified healthcare professionals and provides state licensing boards or enforcement agencies the authority to pursue legal recourse against developers or deployers of AI or GenAI systems.

NOTE: This measure is double-referred to the Senate Committee on Judiciary, second.

Existing law:

1) Defines "Artificial intelligence" as an engineered or machine based system that varies in its level of autonomy, and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments. (Government Code §11546.45.5)

2) Defines "Generative artificial intelligence" or "GenAI" to mean an artificial intelligence system that can generate derived synthetic content, including text, images, video, and audio that emulates the structure and characteristics of the system's training data. (Government Code §11549.64)

3) Defines "Companion chatbot" to mean an artificial intelligence system with a natural language interface that provides adaptive, human-like responses to user inputs and is capable of meeting a user's social needs, including by exhibiting anthropomorphic features and being able to sustain a relationship across multiple interactions. Does not include a bot that is used only for customer service purposes. (Business and Professions Code (BPC) § 22601 (b 1-2))

4) Prohibits any person who practices or attempts to practice, or who advertises or holds themselves out as practicing, any system or mode of treating the sick or afflicted in this state, or who diagnoses, tests, operates for, or prescribes for any ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition of any person, without having a valid, unrevoked, or unsuspended certificate obtained in accordance with some other provision of law is guilty of a public offense, punishable by a fine not exceeding ten thousand dollars ($10,000), by imprisonment in a county jail not exceeding one year, or by both the fine and either imprisonment. (BPC § 2052 (a))

5) Prohibits any person from using a bot, as defined, to communicate or interact with another person in California online, with the intent to mislead the other person about its artificial identity for the purpose of knowingly deceiving the person about the content of the communication in order to incentivize a purchase or sale of goods or services in a commercial transaction or to influence a vote in an election. Requires the disclosure to be clear, conspicuous, and reasonably designed to inform persons with whom the bot communicates or interacts that this is a bot. (BPC §17940 et.seq)

6) Prohibits any person doing business in California and advertising to consumers in California from making any false or misleading advertising claim, including claims that purport to be based on factual, objective, or clinical evidence. Specifies upon written request of the Director of the Department of Consumer Affairs (DCA), that the Attorney General, or any city attorney, county counsel, or district attorney may investigate claims of false advertising and upon determining that the claim is false or misleading may seek an immediate termination or modification of the claim in accordance with Section 17535 and disseminate information concerning the veracity of the claims or why the claims are misleading to the consumers of this state (BPC §17508 et.seq)

This bill:

1) Defines "health care professional" as any profession licensed or regulated under the Healing Arts division of the BPC.

2) Makes provisions of law governing the regulation of healing arts licensees that prohibit the use of specified terms, letters, or phrases to falsely indicate or imply possession of a license or certificate to practice a health care profession, as defined, without at that time having the appropriate license or certificate required for that practice or profession, shall be enforceable against a person or entity who develops or deploys a system or device that uses one or more of those terms, letters, or phrases in the advertising or functionality of an artificial intelligence or generative artificial intelligence system, program, device, or similar technology.

3) Authorizes the appropriate health care professional board to pursue an injunction or restraining order to enforce the provisions and retains the authority for the board or enforcement agency to pursue any remedy otherwise authorized under the law.

4) Prohibits the use of a term, letter, or phrase in the advertising or functionality of an AI or GenAI system, program device, or similar technology that indicates or implies that the care, advice, reports, or assessments being offered through the AI or GenAI technology is being provided by a natural person in possession of the appropriate license or certificate to practice as a health care professional. Specifies that each use of a prohibited term, letter, or phrase shall constitute a separate violation.

FISCAL EFFECT: This bill is keyed fiscal by Legislative Counsel. According to the Assembly Committee on Appropriations, this bill creates an impact totaling $140,000 with several entities within DCA reporting estimated ongoing costs of $132,000 and the

DCA Office of Information Services has determined a one-time absorbable cost of $8,000.

COMMENTS:

1. **Purpose.** This bill is co-sponsored by SEIU California and the California Medical Association. According to the author, "Artificial intelligence (AI) is advancing faster than the laws and regulations needed to protect Californians. AI systems have reached a point where they can produce natural-sounding language, and are trained on a vast amount of information, including health-related information. This powerful capability enables it to convincingly mimic a health professional. Without proper safeguards in place, this capability can pose a danger to consumers in both health care and non-health care settings. Californians deserve transparency and protection from misrepresentation, and AI technologies must be developed and deployed responsibly to prevent such misrepresentation. For instance, consumers should be able to trust that a "nurse advice" telephone line or chat box is staffed by a licensed human nurse. This bill fills an emerging need by codifying a clear, enforceable prohibition on automated systems misrepresenting "themselves" as health professionals."

2. **Background.**

   Licensure requirements and Verification of Licensees. Healing arts licensing boards oversee the licensing, regulation, and professional practice of various healthcare professionals in California. Licensed individuals have completed the requisite education, applicable supervised experience, examination requirements and are licensed to practice independently in California. Additionally, embedded in the practice acts are requirements that licensees or registrants provide notice to consumers that they are licensed, typically also including information about how the license can be verified, and how a patient or consumer can get in touch with the appropriate licensing board. Practitioner licenses can be verified online, primarily through the BreEZe system that numerous DCA programs utilize. The system allows the public to file a complaint, search for a licensee, and subscribe to license status changes.

   Artificial Intelligence. The rapid advancement of technology, and in particular AI, has created opportunities to automate routine and common tasks that once needed humans to complete. As AI has incorporated increasingly complex algorithms that allow machine learning, the possibility of replacing less routine or mundane tasks has become an option, particularly in health care. Administrative tasks including scheduling, note-taking and case management can now be automated with GenAI. On May 28, 2025 the Assembly Health and Privacy Consumer of Protection Committees held a joint informational hearing, *Generative Artificial Intelligence in Health Care: Opportunities, Challenges, and Policy Initiatives* providing a broad overview of the emerging AI landscape in healthcare. As noted in the background paper, "electronic health record systems are being equipped with GenAI functionality that allows health care providers to automatically generate billing codes, improving accuracy and completeness by checking for errors, omissions, and compliance with current requirements" further noted in the background is the prevalence of "health plans and insurers using AI to automate and streamline

multiple functions, including processing claims and evaluating prior authorization requests." This proliferation of utilizing AI technology may relieve some administrative burdens however there is a risk in allowing an AI algorithm to determine the validity of an insurance claim versus a medical professional. As reported on the HealthCare Finance website, large insurance companies such as Cigna, Humana and United Health Group are under litigation for allegedly relying on AI algorithms to deny claims, prematurely cut-off payments or automatically deny payments.

Another popular usage of AI technology is the emergence of AI chatbots which have the capabilities of mimicking a human and can deceive patients into thinking that they are communicating with a licensed professional. According to the American Psychological Association (APA), AI driven chatbots like Character.ai and Replika are being utilized by younger, emotionally vulnerable populations without employing the appropriate safeguards or transparency. AI chatbot agents are claiming to serve as "companions" misrepresenting themselves as licensed mental health professionals. In a recent letter to the Federal Trade Commission (FTC), the APA raised significant concerns about the "unregulated development and deceptive deployment of generative AI technologies, urging the FTC to protect the public from deceptive practices of unregulated AI chatbots." The letter further points out that AI chatbots are not held to the same regulations or training as licensed mental health professionals and the potential for misinformation, bias, and privacy concerns is prevalent and should be taken into serious consideration.

Severe harm can come to adolescence struggling with mental health issues who place their trust in AI chatbots with negative consequences. Unlike a licensed therapist, AI chatbots don't recognize the seriousness of a patient saying things that are harmful or misguided and tend to repeatedly affirm the user or fail to respond appropriately to thoughts of suicidality. Two lawsuits have been filed against Character.ai by parents alleging that their chatbot "companions" claimed to be a licensed therapist, with one case of an adolescent patient committing suicide after extensive engagement with the chatbot that allegedly failed to recognize signs of suicidal ideation. Another adolescent patient attacked their parent as the family seeked to limit the time the adolescent was engaging with the chatbot claiming the bot encouraged the encounter. These stark examples underscore the necessity of regulating this burgeoning field by codifying the prohibitions outlined in this bill.

AI chatbots pretending to be a licensed therapist also raises ethical concerns within the licensed professional community with the California Psychological Association stating "the rise of chatbots posing as therapists can endanger the public and AI characters claiming to be trained in therapeutic techniques, are misleading users and may constitute deceptive marketing." Even with AI platforms including a disclaimer stating that the AI chatbot is not a licensed professional many young, emotionally vulnerable individuals or individuals with low digital fluency can be misled. According to Celeste Kidd, Ph.D, an associate professor of psychology at the University of California, Berkeley, who studies learning and ethical AI, "Simply notifying users during a chat that they are engaging with AI rather than a human may not be enough to prevent harm. Chatbots are pithy, conversational, and matter-of-fact. They give the illusion that they can provide reliable information and offer deep insights – an illusion that's very hard to break once cast."

Persuasive Generative Artificial Intelligence. As outlined in a 2024 article, *A Mechanism-Based Approach to Mitigating Harms from Persuasive Generative AI*, researchers are defining AI persuasion as "a process by which AI systems alter the beliefs of their users by using four fundamental aspects of AI manipulation: incentives, intent, covertness, and harm." Increasingly AI applications are developed with highly realistic imagery, audio, and video with the capabilities of carrying human-like conversations intending to shape the users behaviors and beliefs.

There are several mechanisms that are used to create AI persuasion with contributing model features including: creating trust and rapport by displaying shared interests, mimicking emotions and behaviors of the user; Anthropomorphism (defined as the attribution of human characteristics or behaviors to non-human entities) occurs when human-like appearances such as gazing, gestures and facial expressions generated by AI are used to create a false impression of being a human. Anthropomorphised AI is particularly effective at manipulating users seeking a social connection; Personalization involves the ability of the GenAI to retain user-specific information; adapt to users' preferences and views and psychometric traits (e.g. the model identifies the users' neuroticism and can target them with fear-inducing messages to manipulate them into making an anxiety driven action).

GenAI models can also use deception and lack of transparency to manipulate users' with their ability to generate believable responses despite a lack of context, create voices and images that are indistinguishable from real ones, misrepresent their "identity" by impersonating a human, and provide false information or fake expertise on a subject matter. Manipulative strategies employed by GenAI models are used to bypass the use of reason and rational arguments by users. Social conformity pressure, used in this context as a broader definition of peer pressure, can be used by models to manipulate users with suggestions that a user's choices may not be supported by their social circle, or the model can stimulate negative emotions such as guilt to persuade a user. Fear mongering, gas lighting, alienating, scapegoating and unsubstantiated guarantees or illusions of an award are also manipulative strategies GenAI could adopt. All of the mechanisms of persuasive GenAI highlighted are currently appearing in the AI platforms, including chatbots which are misrepresenting themselves as licensed health professionals and endangering vulnerable individuals, further necessitating the need for regulation of this technology.

The legislature has been actively involved in crafting policy that regulates AI in healthcare, protects children from deceptive AI practices, and creates more accountability and transparency in the emergence of new AI technology, amongst other provisions. On September 6, 2023, the Governor issued Executive Order N-12-23, to address challenges and opportunities arising from the advancement of AI, which the order references as generative artificial intelligence (GenAI). Among the reasons for the state to take action, the EO states (in part):

> GenAI can enhance the human potential and creativity but must be deployed and regulated carefully to mitigate and guard against a new generation of risks; and

> [T]he State of California is committed to accuracy, reliability, and ethical outcomes when adopting GenAI technology, engaging and supporting historically vulnerable and marginalized communities, and serving its residents, workers, and businesses in a transparent, engaged, and equitable way; and
>
> [T]he State of California seeks to realize the potential benefits of GenAI for the good of all California residents, through the development and deployment of GenAI tools that improve the equitable and timely delivery of services, while balancing the benefits and risks of these new technologies…

The Governor's Executive Order includes direction for various state entities, including, "Legal counsel for all State agencies, departments, and boards subject to my authority shall consider and periodically evaluate for any potential impact of GenAI on regulatory issues under the respective agency, department, or board's authority and recommend necessary updates, where appropriate, as a result of this evolving technology."

There are existing laws that support title protection and prohibit false advertising or impersonation of a licensed health care professional as well as provide consumer protection for individuals. This bill is addressing a new and novel phenomenon, the regulation of an AI generated platform that characterizes "themselves" as a licensed healthcare professional. This bill clarifies that this specific behavior is illegal and prohibited, holds the developers and deployers accountable and gives enforcement entities the authority to enforce violations of the prohibition.

3. **Related Legislation.** SB 775 (Ashby) is the sunset review bill for the Board of Behavioral Health Sciences and Board of Psychology. (Status: *This bill is pending in the Assembly Business & Professions committee.)*

   AB 1064 (Bauer-Kahan) "Leading Ethical AI Development (LEAD) for Kids" prohibits the development and use of certain high-risk AI systems that are intended to be used by children under age 18. Prohibits the training of such systems on the personal information of children without parental or guardian consent. Provides a cause of action to the Attorney General for violations and to children who experience harm as a result of the use of an AI system. (Status: *This bill is pending in the Senate Judiciary committee.)*

   AB 410 (Wilson) requires that bots disclose their identity before interacting with another person, respond truthfully about its identity and prohibits "them" from misrepresenting a human. (Status: *This bill is pending in the Senate Judiciary committee*.)

   AB 3030 (Calderon, Chapter 848, Statutes of 2024) requires disclosure to a patient that a communication was generated by AI, requires the disclosure to include clear instructions permitting a patient to communicate with a human health care provider and exempts from disclosure written communications that are generated by GenAI and reviewed by a licensed or certified health care provider.

4. **Arguments in Support.** The California Medical Association and SEIU, co-sponsors of the bill, write in support: "AB 489 provides state health professions boards with clear authority to enforce title protections when AI systems or similar technologies, such as internet-based chatbots, misrepresent themselves as health professionals. The bill makes entities that develop and deploy AI systems responsible for any violations of existing title protections and explicitly prohibits AI systems from misrepresenting themselves as human health professionals. AB 489 is a commonsense step to guarding against these dangers and ensuring that AI technologies are developed and deployed responsibly in healthcare settings. By prohibiting AI systems from misrepresenting themselves as licensed health professionals, this bill protect patients from deception and potential harm".

   Attorney General Rob Bonta writes in support, "Californians deserve transparency and protection from misrepresentation, and AI must be developed and deployed responsibly to prevent such misrepresentation. AB 489 is a common-sense approach that simply extends existing prohibitions on misrepresentation into today's digital world and for these reasons I strongly support this bill."

   California Psychology Association notes, "AB 489 is desperately necessary to protect consumers, preventing AI systems from misleading users into believing they are interacting with a licensed professional and for public safety, reducing the harms to individuals by relying on AI for serious mental health concerns instead of seeking qualified professionals. AB 489 will also protect the ethical standards that practice of mental health therapy is built upon. "

   Numerous other supporters conclude that the use of AI systems to increase efficiency is important, however it is as equally important that there are guardrails for emerging technologies that can guarantee integrity within our health care systems.

SUPPORT AND OPPOSITION:

Support:

California Medical Association (Co-sponsor)
SEIU California (Co-sponsor)
Attorney General Rob Bonta
American Association of Clinical Urologists, Inc
American College of Obstetricians & Gynecologists – District IX
America's Physicians Group
Board of Behavioral Sciences
California Academy of Child and Adolescent Psychiatry
California Alliance of Child and Family Services
California Association of Nurse Practitioners
California Association of Orthodontists
California Board of Psychology
California Chapter of the American College of Emergency Physicians
California Dental Association

California Neurology Society
California Orthopedic Association
California Psychological Association
California Radiological Society
California Retired Teachers Association
California Youth Empowerment Network
CFT – a Union of Educators & Classified Professionals, AFT, AFL-CIO
County Behavioral Health Directors Association
Kaiser Permanente
National Union of Healthcare Workers
Oakland Privacy
Occupational Therapy Association of California
Osteopathic Medical Board of California
Privacy Rights Clearinghouse
San Francisco Marin Medical Society
Steinberg Institute
Techequity Action

Opposition:

None received

-- END --

SENATE COMMITTEE ON BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT

Senator Angelique Ashby, Chair
2025 - 2026 Regular

Bill No:	AB 742	**Hearing Date:**	July 7, 2025
Author:	Elhawary		
Version:	July 2, 2025		
Urgency:	No	**Fiscal:**	Yes
Consultant:	Yeaphana La Marr		

Subject: Department of Consumer Affairs: licensing: applicants who are descendants of slaves

SUMMARY: Requires each board within the Department of Consumer Affairs (DCA) to expedite the application of any applicant who is a descendant of an American Slave, effective on the date that a certification process for the descendants of American Slaves is implemented by the Bureau for Descendants of American Slavery (Bureau). Makes this bill operative only upon enactment of Senate Bill 518 (Weber Pierson of 2025), which would create the Bureau, and sets a sunset date for the provisions of this bill at four years after the bill becomes operative or January 1, 2032, whichever comes first.

NOTE: This bill is double-referred to the Senate Committee on Judiciary, second.

Existing law:

1) Prohibits including any question relative to an applicant's race, sex, marital status, or religion in any application blank or form required to be filled in and submitted by an applicant to any department, board, commission, officer, agent, or employee of this state. (Government Code (GC) § 8310)

2) Establishes the DCA within the Business, Consumer Services, and Housing Agency. (Business and Professions Code (BPC) §§ 100 et seq.)

3) Establishes various boards, bureaus, and other entities within the jurisdiction of the DCA. (BPC § 101)

4) Requires boards within the DCA to expedite, and authorizes boards to assist, the initial licensure process for an applicant who has served as an active duty member of the Armed Forces of the United States and was honorably discharged or who, beginning July 1, 2024, is enrolled in the United States Department of Defense SkillBridge program. (BPC § 115.4)

5) Requires boards within the DCA to expedite the licensure process and waive any associated fees for applicants who hold a current license in another state and who are married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders. (BPC § 115.5)

6) Requires boards within the DCA to expedite, and authorizes boards to assist, the initial licensure process for applicants who have been admitted to the United States as a refugee, have been granted asylum by the Secretary of Homeland Security or the Attorney General of the United States, or have a special immigrant visa. (BPC § 135.4)

7) Requires the Medical Board of California (MBC), the Osteopathic Medical Board of California (OMBC), the Board of Registered Nursing (BRN), and the Physician Assistant Board (PAB) to expedite the licensure process for applicants who demonstrate that they intend to provide abortions within the scope of practice of their license. (BPC § 870)

8) Requires the MBC to give priority review status to the application of an applicant for a physician's and surgeon's certificate who can demonstrate that they intend to practice in a medically underserved area or serve a medically underserved population. (BPC § 2092)

9) Requests that the Regents of the University of California assemble a colloquium of scholars to draft a research proposal to analyze the economic benefits of slavery that accrued to owners and the businesses, including insurance companies and their subsidiaries that received those benefits. (Education Code § 92615)

10) Requires the Insurance Commissioner to obtain the names of any slaveholders or slaves described in specified insurance records, and to make the information available to the public and the Legislature. (Insurance Code (IC) § 13811)

11) Declares that descendants of slaves, whose ancestors were defined as private property, dehumanized, divided from their families, forced to perform labor without appropriate compensation or benefits, and whose ancestors' owners were compensated for damages by insurers, are entitled to full disclosure. (IC § 13813)

12) Requires the State Controller's Office and the Department of Human Resources, when collecting demographic data as to the ancestry or ethnic origin of persons hired into state employment, to include collection categories and tabulations for Black or African American groups, including, but not limited to, African Americans who are descendants of persons who were enslaved in the United States. (GC § 8310.6)

13) Requires the Board of Registered Nursing (BRN), the Board of Vocational Nursing and Psychiatric Technicians (BVNPT), the Physician Assistant Board (PAB), and the Respiratory Care Board of California (RCB) to collect specified workforce data from their respective licensees and registrants for future workforce planning at least biennially, with data collected at the time of electronic license or registration renewal as applicable. (BPC § 502(a)(1))

14) Provides that all other healing arts boards shall request the specified workforce data for future workforce planning at least biennially, with data collected at the time of electronic license or registration renewal as applicable. (BPC § 502(a)(2))

15) Specifies the optional information as included within the workforce data collected or requested by healing arts boards, including race. (BPC § 502(b))

16) Requires each board to maintain the confidentiality of the information it receives from licensees and registrants and to only release information in an aggregate form that cannot be used to identify an individual. (BPC § 502(c))

17) Prohibits boards from requiring a licensee or registrant to provide the workforce data as a condition for license or registration renewal, or from disciplining licensees or registrants for not providing the information. (BPC § 502(f))

18) Requires the Dental Board of California (DBC) to collect information, if provided by the licensee at the time of initial licensure or renewal, including the licensee's cultural background and foreign language proficiency. (BPC § 1715.5)

19) Requires the Dental Hygienists Board (DHB) to collect information, if provided by an licensee upon initial licensure or renewal, including the licensee's cultural background and foreign language proficiency. (BPC § 1902.2)

20) Requires licensed physicians and surgeons to report to the MBC, immediately upon issuance of an initial license and at the time of license renewal, information relating to their cultural background and foreign language proficiency, unless the licensee declines to provide that information. (BPC § 2425.3)

21) Requires the OMBC to collect specified information upon initial licensure and renewal, including the licensee's cultural background and foreign language competency, if reported by the licensee. (BPC § 2455.2)

22) Authorizes the Bureau of Real Estate Appraisers (BREA) to request a licensee to identify their race and other demographic information; requires BREA to maintain confidentiality of information received; prohibits requiring the information as a condition of licensure or renewal; and authorizes BREA to publish aggregate data to its website. (BPC § 11347)

23) Requires the Board of Registered Nursing to incorporate regional forecasts into its biennial analyses of the nursing workforce and to develop a plan to address shortages. (BPC § 2717)

24) Authorizes the California Architects Board (CAB) to request a licensee to identify their race, ethnicity, sexual orientation, gender, or gender identity; requires CAB to maintain confidentiality of information received, prohibits requiring the information as a condition of licensure or renewal; and authorizes CAB to publish aggregate data to its website. (BPC § 5552.2)

This bill:

1) Requires each board within DCA to expedite the application of any applicant who is a descendant of an American slave.

2) States that the section added by this bill becomes effective on the date that the certification process for the descendants of American Slaves is implemented by the Bureau.

3) Sets a sunset date for the provisions of this bill at four years after the bill becomes operative or January 1, 2032, whichever comes first, and repeals the section.

4) Makes the provisions of this bill operative only if Senate Bill 518 (Weber Pierson of 2025), which would establish the Bureau, is enacted.

FISCAL EFFECT: According to the Assembly Committee on Appropriations, the Board of Barbering and Cosmetology identified non-absorbable costs of $275,000 in the first year and $128,000 ongoing to implement this bill, as well as $25,000 in absorbable costs to promulgate regulations and update eight application forms. The DCA Office of Information Services estimates a one-time IT General Fund costs of $305,000 in addition to a one-time non-absorbable cost of $278,000 to contract with a vendor to update all online application forms and an absorbable cost of $30,000.

COMMENTS:

1. **Purpose.** This bill is sponsored by the California Black Legislative Caucus. The Author states, ""By prioritizing descendants of slaves when applying for licenses, we hope to increase the number of applicants and recipients of licensure in various businesses and professions where descendants of slaves have often been overlooked and underrepresented. This is one small step in righting the wrongs of the past."

2. **Background.**

   DCA licensure and regulation of professions. The DCA consists of 36 boards, bureaus, and other entities responsible for licensing, certifying, or otherwise regulating professionals in California, including 16 that issue licenses to healing arts professionals. As of March 2023, there were over 3.4 million active licensees who were issued a license by a program within DCA. Licensure is intended to protect consumers by ensuring applicants have the knowledge, skills, and abilities to engage in regulated activity without creating a negative impact on public health, safety, and welfare.

   Each of DCA's 280 license types has its own unique requirements, with the practice act for each profession providing for various prerequisites including demonstration of prelicensure education, experience, training, passing an examination, and other requirements. Most boards require a background check to ensure the applicant does not have a history of convictions that are substantially related to the scope of the profession (BPC § 144). Boards additionally require the applicant to pay a fee, which is set at an amount reasonable for the board to recover the cost of processing an application. Additionally, business applicants may be required to obtain insurance and/or a bond, demonstrate good standing with the Secretary of State, and appoint a qualified manager or responsible managing employee to oversee the business' operations within the scope of the license, among other requirements.

Boards typically set internal targets for application processing timelines and seek adequate staffing in an effort to meet those targets. The average processing time between initial application submission and license issuance varies depending on multiple factors, some that are within the programs' control; however, most delays occur based on factors outside the licensing programs' control. These include, but are not limited to, the number of applications received, length of time to obtain an applicant's criminal history, time for the applicant to take and pass a required examination, time for an applicant's school to send transcripts, and application deficiencies that must be resolved by the applicant, among others. License processing timelines are then regularly evaluated through the Legislature's sunset review oversight process.

California Reparations Report. AB 3121 (Weber, Chapter 319, Statutes of 2020) established a task force to study the issue of reparations for African Americans; propose ways to educate the California public about its findings; make recommendations on the forms that reparations might take; and submit a report of its findings to the Legislature. The bill's findings and declarations stated that as "a result of the historic and continued discrimination, African Americans continue to suffer debilitating economic, educational, and health hardships," including, among other hardships, "an unemployment rate more than twice the current white unemployment rate."

The Task Force created by AB 3121 submitted a report to the Legislature on June 29, 2023, the *California Reparations Report*, drafted with staff assistance from the California Department of Justice, that provides a comprehensive history of numerous systemic injustices and discriminatory practices used to "restrict the freedom and prosperity of African Americans." The report also includes recommendations for how the state should formally apologize for slavery, provide compensation and restitution, and address the effects of enslavement and other historical atrocities.

Chapter 10 of the Task Force's report, titled "Stolen Labor and Hindered Opportunity," addresses how African Americans have historically been excluded from occupational licenses. The report describes how the use of licensure to regulate jobs increased beginning in the 1950s and African American workers were excluded from economic opportunity, in large part due to laws disqualifying licenses for applicants with criminal records, which disproportionately impacts African Americans. This specific issue was addressed in California through enactment of AB 2138 (Chiu, Chapter 995, Statutes of 2018), which reduced barriers to licensure for individuals with prior criminal histories by: 1) limiting the discretion of DCA's boards to deny a license to cases where the applicant was convicted of a crime substantially related to the qualifications, functions, or functions of a licensee or to an applicant who has been subjected to discipline by a licensing board, 2) excluding nonviolent substantially related offenses from consideration in licensing decisions if the conviction is seven years or older; and 3) in cases where the applicant could be denied, requires programs to take into consideration evidence of rehabilitation submitted by the applicant to demonstrate their fitness for licensure.

The Task Force report states, "while AB 2138 represents progress, other schemes remain in California which continue to have a racially discriminatory impact." The

Task Force then provides several recommendations on how the Legislature could "expand on AB 2138." This includes a recommendation in favor of "prioritizing African American applicants seeking occupational licenses, especially those who are descendants [of slavery]."

Current and Proposed Expedited Application Processing Laws. Several mandates already require DCA programs to expedite applications, including applications received from: 1) former members of the military; 2) military spouses, domestic partners, and those in any other legal union with a current member of the military stationed in California; 3) refugees and those granted asylum; 4) active-duty members of a regular component of the Armed Forces who are enrolled in the U.S. Department of Defense SkillBridge program under; and 5) specified healing arts licensees who intend to perform abortions in California.

In addition to AB 2862, two bills were introduced in 2024 to require expedited application processing from DCA healing arts programs. Those bills – SB 1067 (Smallwood-Cuevas of 2024), which would have required expedited licensure for applicants who intend to practice in a medically underserved area, and AB 2442 (Zbur of 2024), which would have required expedited licensure for applicants who demonstrate intent to provide gender-affirming health care or gender-affirming mental health care services – were vetoed. The Governor's veto message, which follows in relevant part, addresses both bills in one statement in which the number of existing expedite mandates was cited as a reason for veto:

> I am returning Senate Bill 1067 and Assembly Bill 2442 without my signature.
>
> These bills would require specified Department of Consumer Affairs boards to create an expedited licensing process for a subset of applicants based on the type of care they intend to provide or the geographic area where they intend to provide care.
>
> I commend the authors' commitment to addressing healthcare gaps in the state, but I am concerned about the aggregate effect of legislation that seeks to expedite licensure. As the number of applicants who qualify for expedited licensure grows through legislation, the benefits of mandated prioritization may start to diminish, at the expense of potential negative impacts to other applicants. Additionally, the increase in staff needed to ensure expedited applications may lead to licensing fee increases…

It is unknown how many additional applicants would be added to the aggregate as a result of this bill; however, whether each program receives one application or many, this bill does not address the concerns in the veto message.

Prior Concerns Addressed by this Bill. On January 31, 2024, the California Legislative Black Caucus introduced the 2024 Reparations Priority Bill Package, consisting of a series of bills introduced by members of the Caucus to implement the recommendations in the Task Force's report. As part of that package, AB 2862 (Gipson of 2024) was introduced to implement the Task Force's recommendation by requiring boards to prioritize African American applicants seeking licenses, especially applicants who are descended from a person enslaved in the United

States. Although there are no existing prioritization laws, there are laws that require expedited licensure.

This Committee and opposition expressed significant policy and implementation concerns about AB 2862 that are addressed by this bill. Specifically, this bill: 1) replaces "prioritize applicants" with "expedite the application," to clearly state the intent of the bill; 2) replaces an unspecified process to determine eligibility by specifying Bureau (yet to be established) is charged with implementing a certification process; 3) specifies this does not take effect unless the Bureau is created and until the Bureau implements the certification process; and 4) replaces this previous bill's impact to only descendants of African American slaves to descendants of American slaves, which would include people of all races and ethnicities who were enslaved in America. These amendments address technical concerns as well as policy concerns of the Committee, specifically those related to DCA programs being required to ask about race and to determine eligibility for expedited application processing.

3. **Related Legislation.** ACA 8 (Wilson, Chapter 133, Statutes of 2024) amends the state Constitution to prohibit slavery of any kind, including as punishment for a crime.

   ACR 135 (Weber of 2024) would have formally acknowledged the harms and atrocities committed by representatives of the State of California who promoted, facilitated, enforced, and permitted the institution of chattel slavery and the legacy of ongoing badges and incidents of slavery that form the systemic structures of discrimination. *This bill was held in the Senate Committee on Judiciary.*

   AB 3089 (Jones-Sawyer, Chapter 624, Statutes of 2024) provides that the State of California recognizes and accepts responsibility for perpetuating the harms and atrocities African Americans faced by having imbued racial prejudice through segregation, public and private discrimination, and unequal disbursal of state and federal funding and declares that such actions shall not be repeated.

   AB 2442 (Zbur of 2024) would have required specified healing arts boards under the DCA to expedite the licensure process for applicants who demonstrate intent to provide gender-affirming health care or gender-affirming mental health care services. *This bill was vetoed by the Governor.*

   AB 2862 (Gipson of 2024) would have required all licensing boards, bureaus, commissions, and programs within the DCA to prioritize African American applicants seeking licensure, especially those who are descended from an enslaved person in the United States, until January 1, 2029.

   SB 1050 (Bradford of 2024) would have established procedures by which a person who lost property because of racially motivated eminent domain, as defined, may apply to the proposed state agency for the return of the property, if still in possession of entity that did the taking, other public property of equal value, or financial compensation. *This bill was vetoed by the Governor.*

SB 1067 (Smallwood-Cuevas of 2024) would have required healing arts boards to expedite the licensure process for applicants who intend to practice in a medically underserved area. *This bill was vetoed by the Governor.*

AB 657 (Cooper, Chapter 560, Statutes of 2022) required specified boards under the DCA to expedite applications from applicants who demonstrate that they intend to provide abortions.

AB 3121 (Weber, Chapter 319, Statutes of 2020) established an eight-member task force to study the issue of reparations for African Americans; propose ways to educate the California public about its findings; make recommendations on the forms that reparations might take; and submit a report of its findings to the Legislature, as specified.

AB 2113 (Low, Chapter 186, Statutes of 2020) required entities under the DCA to expedite applications from refugees, asylees, and special immigrant visa holders.

AB 2138 (Chiu, Chapter 995, Statutes of 2018) reduced barriers to licensure for individuals with prior criminal convictions.

SB 1226 (Correa, Chapter 657, Statutes of 2014) requires entities under the DCA to expedite applications from honorable discharged veterans.

AB 1904 (Block, Chapter 399, Statutes of 2012) requires entities under the DCA to expedite applications from military spouses and partners.

4. **Arguments in Support.** The Board of Behavioral Sciences writes, "This bill would require boards within the Department of Consumer Affairs to prioritize applicants seeking licensure if they are certified by the State Bureau for Descendants of American Slavery as a descendant of American slaves. The Board is supportive of this effort to remedy past discrimination that has led to descendants of slaves being underrepresented in numerous professions."

   The Contractors State License Board (CSLB), writes in support, "CSLB has long supported increased professional licensure by underrepresented populations and recognizes the value in prioritizing licensing applications from descendants of slaves."

5. **Policy Considerations and Questions.** Although this bill has made several changes to the prior similar efforts in order to address implementation and policy concerns, there are remaining questions.

   Should this bill apply to all boards and all license types issued by those boards? Despite statutory attempts to ensure swifter licensing timeframes for specified applicants, factors beyond a program's control (deficiencies in applications, the length of time fingerprint clearance is provided, delays in receiving transcripts and education program completion verification, time for the applicant to take and pass an examination, and more) can lead to lengthy holdups in the process, regardless of the program's internal efforts to expedite processing. Sunset review oversight of DCA programs has shown that many are typically processing licenses in shorter

timeframes than even their internal goals and historic averages. *In order to realize a positive impact from expedited licensure, the Author may wish to include this mandate only for programs that have considerable backlogs and programs that have licensing requirements that include minimal factors outside the board's control that contribute to delays.*

Would this bill lead to an increase of descendants of slaves who obtain a professional license and employment? It remains questionable whether a mandate for every program to expedite applications will move the state forward in resolving under-representation of any demographic in professional occupations or disparities in pay and representation in leadership or managerial positions. When a person is at the point of applying for licensure, they are already in the pipeline and have likely already obtained the education, experience, training, etc. necessary to become licensed. *The Author may wish to seek out methods of creating interest in industries within the DCA umbrella from members of under-represented populations at the point they are in school, looking for work, or otherwise considering a career path.*

There is a lack of credible data to forecast this bill's true impact. Because the number of descendants of American Slaves who are also qualified to apply for a license from a program within DCA is unknown, there is not reliable data to determine the true potential impact to the programs. *Collecting data on the barriers to employment that occupational licensure poses, barriers to licensure that exist within DCA boards, as well as in the operations of many other occupational licensing programs like those at the California Department of Public Health and other agencies, could yield helpful information and inform meaningful policy discussions and defined reform proposals moving forward.*

SUPPORT AND OPPOSITION:

Support:

Board of Behavioral Sciences
California Federation of Teachers, California Affiliate of the AFT, AFL-CIO
Contractors State License Board

Opposition:

None received

-- END --

ASSEMBLY THIRD READING
AB 873 (Alanis)
As Amended April 9, 2025
2/3 vote. Urgency

SUMMARY

Modifies various requirements regarding unlicensed dental assistant (DA) infection control courses.

Major Provisions

1) Establish a fee for Dental Board of California (DBC) approval of DA infection control, interim therapeutic restorations, radiographic decision making, and radiation safety courses.

2) Replace the requirement that a DA must complete the infection control course prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials, with the requirement that a DA completes the course within 90 days.

3) Delete the limitation that the infection control course requirement only applies to DAs in continuous employment for 90 days.

4) Establish new and modify existing procedures and requirements around DBC approval of infection control courses.

5) Declare the urgency of the bill.

COMMENTS

Background. DAs are one of three types of dental practitioners that assist licensed dentists, the other two being registered dental assistants (RDAs) and registered dental assistants in extended functions (RDAEFs). RDAs and RDAEFs are licensed by the DBC and can perform relatively complex services. DAs are unlicensed and may perform "basic supportive dental procedures," which are procedures that are elementary from a technical standpoint, are completely reversible, and are unlikely to result in hazardous conditions for the patient.

DAs are not licensed, so they are indirectly regulated by the DBC through requirements on their dentist employers. Dentist employers are responsible for the services provided by their DA employees, so they must provide proper training and oversight. They must also document compliance with all relevant requirements. When there is an adverse event, the employing or supervising dentist's license may be subject to discipline by the DBC.

DA Training. In addition to any training needed to successfully incorporate a DA into a dental practice, employers of DAs also have statutorily and regulatorily required training requirements. The Dental Practice Act specifies that DA employers are responsible for DAs completing a DBC-approved two-hour course on the Dental Practice Act and maintaining certification in basic life support issued by the American Red Cross, the American Heart Association, the American Safety and Health Institute, the American Dental Association's Continuing Education Recognition Program, or the Academy of General Dentistry's Program Approval for Continuing Education.

The act also requires DA employers to ensure DA employees complete a DBC-approved eight-hour course in infection control that meets various statutory requirements prior to performing any service that involves potential exposure to blood, saliva, or other potentially infectious materials. This bill, for purposes of the Dental Practice Act, would instead allow DAs to begin providing those services prior to completing the infection course, except that those employed for 90 days or more must take the infection control course within a year of the date of employment. This bill would not modify other requirements related to infection control training, such as those required by the Division of Occupational Safety and Health.

According to the Author
"[This bill] aims to address critical issues faced by dental assistants and the dental workforce shortage across California. Our bill proposes to repeal the strict timing requirement for unlicensed dental assistants to complete the 8-hour infection control course and replace it with a 90-day window. This window will provide dental assistants more flexibility when trying to begin work in the dental industry. Looking out for those in underserved and rural areas is crucial, and this bill not only allows dental assistants to begin working earlier but also helps patients access necessary and timely care."

Arguments in Support
The *California Dental Association* (sponsor) writes in support:

> Dental practices across California are struggling to hire unlicensed dental assistants due to new statutory barriers. Currently, newly hired unlicensed dental assistants must complete an in-person, eight-hour infection control course before they can begin working in a dental office—a requirement that replaced the previous one-year completion window following the 2024 dental board sunset review.
>
> Both unlicensed medical and dental assistants must complete basic infection control training as required by Cal/OSHA. However, Unlike medical assistants, who can begin working after completing their required training, unlicensed dental assistants must now also take a separate, state-mandated eight-hour infection control course before starting their roles. This is despite also receiving general onboarding and supervision from their dentist, who is ultimately responsible for ensuring the office complies with state-mandated infection control protocols. While there is no question about the value of this training, allowing a 90-day window to complete the course would provide new dental assistants with valuable on-the-job experience, enabling them to better understand and retain the intensive training.
>
> Additionally, some dentists may prefer to have their dental staff complete the in-person course format. The limited availability of in-person courses—especially in rural and underserved areas already struggling with workforce shortages—creates significant hiring delays. As a result, some candidates pursue jobs in other industries, further reducing the dental workforce. This challenge not only worsens staffing shortages in dental practices but also limits patient access to care.

Arguments in Opposition
The *Dental Assisting Alliance* is opposed to this bill unless it is amended, writing:

> Current law requires that an unlicensed dental assistant take an 8-hour infection control course prior to "potential exposure to blood and other potentially infectious materials." This aligns with OSHA regulations that require appropriate training "At the time of initial assignment to

tasks where occupational exposure may take place". [This bill] would allow an unlicensed dental assistant up to 90 days to take a Dental Board approved infection control course. That is unacceptable.

The impetus to the sponsor's proposal allowing 3 months in which to work as a dental assistant without the necessary training in infection control is due to the perceived lack of courses within a reasonable distance to those who live in remote areas of California. This erroneous assumption is negated by three facts:

1) Courses are available within a 40–50-mile radius of any county in California,

2) Several course providers will travel to the dental office to complete the hands-on lab and evaluation portion of the course (while the didactic portion of the course is available virtually),

3) [AB 1453 (Ashby), Chapter 483, Statutes of 2024], which passed last year, provides for a virtual only option for this 8-hour infection control course.

For the reasons stated above, there is no potential obstacle for compliance or delay in taking the course "prior to potential exposure to blood and OPIM" as current law requires, and we respectfully oppose unless amended [to this bill].

FISCAL COMMENTS

According to the Appropriations Committee:

The Board estimates it would receive 173 new applications for approval of infection control courses annually. The Board will need to review each course for compliance with the state's Dental Practice Act and related regulations, minimum standards for infection control such as those set forth by the federal Centers for Disease Control and Prevention, Occupational Safety and Health Administration (OSHA), and California OSHA. The Board estimates it will need one program analyst and an increase in subject matter expert workload of four hours per application, at a rate of $100 per hour in 2026-27 and ongoing. If the Board charged the maximum fee of $300 to review an application, the Board would experience a revenue increase of $52,000 per year, which will not cover the total yearly cost associated with the workload. Assuming the maximum fee, the Board estimates costs of $184,000 in 2026-27 and $176,000 in 2027-28 and ongoing (State Dentistry Fund).

The Department of Consumer Affairs Office of Information Services anticipates absorbable costs to post the new course approval form in compliance with existing standards.

VOTES

ASM BUSINESS AND PROFESSIONS: 17-0-1
YES: Berman, Flora, Ahrens, Alanis, Bains, Caloza, Chen, Elhawary, Hadwick, Haney, Irwin, Jackson, Krell, Lowenthal, Macedo, Nguyen, Pellerin
ABS, ABST OR NV: Bauer-Kahan

ASM APPROPRIATIONS: 14-0-1
YES: Wicks, Arambula, Calderon, Caloza, Dixon, Elhawary, Fong, Mark González, Hart, Pacheco, Pellerin, Solache, Ta, Tangipa
ABS, ABST OR NV: Sanchez

UPDATED

VERSION: April 9, 2025

CONSULTANT: Vincent Chee / B. & P. / (916) 319-3301 FN: 0000526

ASSEMBLY THIRD READING
AB 1307 (Ávila Farías)
As Amended April 2, 2025
Majority vote

SUMMARY

Reestablishes the Licensed Dentists from Mexico Pilot Program and revises various requirements contained within the existing pilot program relating to the temporary state licensure of dental professionals from Mexico.

Major Provisions

1) Repeals existing law establishing the Licensed Dentists from Mexico Pilot Program and replaces it with new provisions, with a maximum of 30 participating dentists.

2) Expands eligibility to graduates from any dental program accredited by Consejo Nacional de Educación Odontológica, A.C. or Comités Interinstitucionales para la Evaluación de la Educación Superior.

3) Requires certification from the Asociación Dental Mexicana confirming competency in specific clinical experiences.

4) Requires completion of the Test of English as a Foreign Language (TOEFL) or the Occupational English Test (OET) with specific scores.

5) Revises the requirements of the orientation program to include broader topics such as medical ethics and managed care standards.

6) Limits employment to federally qualified health centers (FQHCs) that meet accreditation and quality assurance requirements and that have at least one health professional shortage area or dental professional shortage area within their service area.

7) Establish the fee for a three-year nonrenewable license at $1,002, which includes a Controlled Substance Utilization Review and Evaluation System (CURES) fee.

8) Requires evidence of a visa application, but allows practice while waiting for a social security number (SSN), with a 10-day deadline upon receipt.

COMMENTS

Mexico Pilot Programs. The concept of allowing health professionals from Mexico to temporarily practice in California was first proposed in 1998 by the Clinica de Salud del Valle de Salinas (CSVS), an FQHC in Monterey County. As described in reporting by the CHCF, "the clinic was having a hard time finding enough physicians to work in Salinas, let alone doctors who spoke Spanish and understood the culture." CSVS's chief executive officer worked with a policy consultant to develop and advocate for the proposal, which reportedly received "pushback from some California medical school officials, physicians, and the California Medical Association."

In 2000, the Legislature enacted Assembly Bill 2394 (Firebaugh), Chapter 802, Statutes of 2000, sponsored by the California Hispanic Healthcare Association. As amended in the Senate, the bill established the Task Force on Culturally and Linguistically Competent Physicians and Dentists. The bill briefly included language that would have created a Doctors and Dentists from Mexico Exchange Pilot Program; however, this language was subsequently removed from the bill. Instead, a Subcommittee of the Task Force, chaired by the Director of Health Services, was charged with examining "the feasibility of establishing a pilot program that would allow Mexican and Caribbean licensed physicians and dentists to practice in nonprofit community health centers in California's medically underserved areas."

AB 2394 required the Subcommittee to make its report to the full Task Force by March 1, 2001, and then the full Task Force was required to forward the report to the Legislature, with any comments, by April 1, 2001. The practicality of this timeline was questioned by the Senate Committee on Business and Professions; the committee analysis noted that the Subcommittee was only allotted three months after the effective date of the bill to deliver its report to the Task Force. This due date was considered even more challenging in view of the fact that the sponsor of the bill had indicated a desire that the Subcommittee visit Mexico as part of its study.

In 2001, Assemblymember Firebaugh introduced Assembly Bill 1045 (Firebaugh), Chapter 1147, Statutes of 2002 again sponsored by the California Hispanic Health Care Association. The bill initially proposed to simply require that the Subcommittee's recommendations be incorporated into the Medical Practice Act by statute—despite the fact that those recommendations had not yet been made. As predicted, the Subcommittee's report had not been accomplished by the dates prescribed in the prior bill. When AB 1045 was first considered by the Assembly Committee on Health, the first meeting of the Subcommittee was scheduled to take place days later on May 10, 2001. Additional amendments to the bill proposed to push out the Subcommittee's deadline to report to the Task Force until June 15, 2001, with the final report due on August 15, 2001. AB 1045 subsequently stalled following passage to the Senate, remaining pending in the Senate Committee on Business and Professions with multiple hearings postponed over the course of the following year.

In the meantime, the Subcommittee finally met on July 10, 2001. During this meeting, the Subcommittee discussed comments and proposals it had received from seven organizations, including the California Medical Association, the California Dental Association, the Medical Board of California, the California Hispanic Health Care Association, the California Latino Medical Association, the Latino Coalition for a Healthy California, and the chief executive officer of CSVS (the FQHC in Monterey County). The proposal submitted by the California Hispanic Health Care Foundation comprised of language creating a Licensed Doctors and Dentists from Mexico Pilot Program that was briefly amended into AB 1045 (and removed just two days later). The draft proposal was subsequently revised based on comments from CSVS.

The Subcommittee compared each proposal in an element matrix and then discussed potential models for a pilot program during its meeting. According to the Subcommittee meeting minutes:

> Although many members agreed on a number of the proposed elements, there was significant disagreement upon the time frame for implementing a pilot project, the temporary or permanent nature of licensure, education requirements for licensure, placements of doctors and dentists who participate in a pilot project, and how to determine cultural linguistic competency.

After extensive discussion of the different proposals and the identified areas of disagreement, it was eventually determined that the Subcommittee should disband, with members arguing that "the Subcommittee has come as far as it can with decisions and proposals." A decision was made to simply forward the element matrix and the various proposals to the full Task Force without making any specific recommendation for adoption. The chairs of the Task Force subsequently submitted the Subcommittee's report to the Legislature on September 7, 2001. The report's cover letter noted that while its transmittal fulfilled the Task Force's commitment to forward the Subcommittee's report, the contents of the report were still being discussed by the full Task Force and the submission did not constitute adoption of the report or any recommendations by the Task Force. As a result, no conclusive recommendations were ever submitted to the Legislature for consideration, but rather a collection of unresolved discussion topics and conflicting proposals.

Amendments were ultimately made to AB 1045 in May 2002 that reflected the revised language proposed to the Subcommittee by the California Hispanic Health Care Association, the bill's sponsor. By the time AB 1045 was heard by the Senate Committee on Business and Professions in August 2002, it had been amended several additional times but was still formally opposed by the California Medical Association, the California Dental Association, and the Federation of State Medical Boards, all of whom raised concerns that the proposed pilot program could result in undertrained, lower quality health care providers being allowed to practice in California. The committee analysis noted that further amendments were needed to clarify the author's intent and resolve outstanding questions about how the program would be implemented.

Despite the opposition to the legislation, AB 1045 ultimately passed the Legislature and was signed into law by Governor Gray Davis on September 30, 2002. The final amended version of the bill repealed the statute establishing the Subcommittee and established the Licensed Physicians and Dentists from Mexico Pilot Program. The bill allowed up to 30 physicians and 30 dentists from Mexico to participate in the program for three-year periods—a compromise from the 150 physicians and 100 dentists that were previously proposed. Participants in the pilot program were required to hold a license in good standing in Mexico, pass a board review course, complete a six-month orientation program, and enroll in adult English-as-a-second-language (ESL) classes. The bill additionally required the Medical Board of California (MBC) and Dental Board of California (DBC) to provide oversight, in consultation with other entities, to provide oversight of these entities and submit reports to the Legislature.

While AB 1045 was enacted in 2002, its vision was not effectuated for over two decades. This substantial delay is attributable to several factors. First, the bill required that the pilot program could only be implemented "if the necessary amount of nonstate resources are obtained" and that "General Fund moneys shall not be used for these programs." Sponsors of the bill would have to secure private philanthropic donations to fund the pilot program. Additionally, the bill required the identification of medical schools and hospitals that would accept foreign physicians, which was reportedly a challenging task.

Supporters of the pilot program ultimately succeeded in overcoming the administrative hurdles to implementing AB 1045. Philanthropic dollars were collected and placed into a Special Deposit Fund to support the MBC's implementation of the bill, with $333,000 from that fund appropriated in the Budget Act of 2020. Similar funding has continued to be appropriated in subsequent budget bills, with an estimated $498,000 in philanthropic funds appropriated in Fiscal Year 2023-24 and $299,000 appropriated in Fiscal Year 2024-25.

Physicians from Mexico finally started serving patients under the pilot program in August 2021, beginning with physicians working at San Benito Health Foundation in August 2021. Additional physicians subsequently began serving patients at CSVS in Monterey County, Altura Centers for Health in Tulare County. From January to November 2023, additional physicians from Mexico began serving patients in the Alta Med Health Corporation in Los Angeles and Orange Counties.

Early in the implementation of the pilot program, some barriers were identified in the process through which physicians from Mexico receive approval to participate in the pilot program. As noncitizens, applicants typically would not have an individual taxpayer identification number (ITIN) or social security number (SSN), which is required by all regulatory boards, including the MBC, as a condition of receiving a license. However, applicants typically cannot apply to receive a visa and accompanying SSN without proof that they may legally work in California, which they cannot demonstrate without a license from the MBC. To resolve this issue, Assembly Bill 1395 (Garcia), Chapter 205, Statutes of 2023 was signed into law in 2023 to resolve this issue for physicians who had been unable to finalize their participation in the pilot program.

Another issue identified was that some physicians from Mexico were unable to practice for significant portions of the three-year period to which their license was limited due to factors outside their control. To address this issue, language was included in SB 815 (Roth), the MBC's sunset bill, to authorize an extension of a license when the physician was unable to work due to a delay in the visa application process beyond the established time line by the federal Customs and Immigration Services. The MBC was also authorized to extend a license if the physician was unable to treat patients for more than 30 days due to an ongoing condition, including pregnancy, serious illness, credentialing by health plans, or serious injury. These extensions allowed those physicians from Mexico more time to serve patients under the pilot program.

The first annual progress report on the pilot program was submitted to the Legislature by the University of California, Davis in August of 2022. The report found that many patients had substantially positive experiences communicating with their doctor, and frequently felt welcome. While the overall efficacy of the pilot program was still under review, initial reports appeared positive. UC Davis submitted its second annual progress report on the pilot program to the Legislature in October of 2023. As stated in the report summary, the goal of the evaluation was to provide recommendations on the pilot program and opine on "whether it should be continued, expanded, altered, or terminated." The report summary concluded with a finding that the pilot program "has strong positive feedback from all. Physicians integrated seamlessly, making healthcare more accessible, and increasing patient trust. Staff reported excellent patient care processes and a supportive environment." The report further concluded that physicians in the program "demonstrated a solid understanding of California Medical Standards."

With early assessments of the pilot program producing undeniably positive findings, the original supporters of AB 1045 introduced new legislation in 2024 to revise and expand the program for physicians from Mexico, making a number of changes from the version that was negotiated back in 2001. AB 2860 (Garcia) Chapter 246, Statutes of 2024 extended the licenses of physicians currently participating in the pilot program by an additional three years and revised the requirements that physicians from Mexico must meet both prior to coming to California and upon arrival. The bill then allowed a newly codified Licensed Physicians from Mexico Program to gradually expand over fifteen years, with increases every four years to eventually reach a

maximum of no more than 220 physicians from Mexico in the program, including up to 40 psychiatrists, commencing January 1, 2041.

Licensed Dentists from Mexico Pilot Program. In addition to making revisions to the Licensed Physicians from Mexico Program, AB 2860 reestablished the component of the prior pilot program relating to dentists from Mexico as the Licensed Dentists from Mexico Pilot Program. To date, no dentists from Mexico have been able to participate in the pilot program, with supporters of the program prioritizing physicians in the early stages of implementation. The intent of AB 2860 was to begin the process of allowing dentists to participate in a recodified pilot program within the Dental Practice Act.

While prior efforts to implement a pilot program for temporarily licensing health professionals from Mexico focused on California's primary care provider shortage, the state is facing a comparably urgent crisis in regards to its dental health professional workforce. While California has historically had the highest number of dentists per capita in the United States, the state nevertheless has struggled with dental care accessibility. Approximately 2.2 million Californians reside in areas designated as dental health professional shortage areas. This access gap is exacerbated by the underrepresentation of linguistically and culturally competent dentists; while 40 percent of California's population is Latino/x, only 8% of the state's dentists are identified as Latino/x or Black. The lack of Spanish-speaking dental professionals contributes to persistent access failures for vulnerable communities in California such as farmworkers. The Farmworker Health Survey conducted by researchers at the University of California, Merced found that only 35 percent of farmworkers had visited the dentist in the past year.

To enable the Licensed Dentists from Mexico Pilot Program to begin accepting applicants and deploying dentists to serve high-need populations in the state, this bill would replace existing statute establishing the pilot program with a substantially similar law. Among other changes, the bill would expands program eligibility to include graduates from any dental program accredited by Consejo Nacional de Educación Odontológica, A.C. or Comités Interinstitucionales para la Evaluación de la Educación Superior. The bill would also require certification from the Asociación Dental Mexicana to confirm competency in specified clinical experiences.

Up to 30 dentists in the pilot program would be limited to practicing in FQHCs that meet accreditation and quality assurance requirements and that have at least one health professional shortage area or dental professional shortage area within their service area. Just as with prior pilot program implementations, all costs for administering the pilot program will be fully paid for by funds provided by philanthropic foundations. Once this funding is secured and the DBC has established its framework for the program, the author believes that a dental professional workforce will become available to low-access communities in California, with the likely added benefit of linguistic and cultural competency for practitioners who are expected to routinely engage with Spanish-speaking and immigrant patient populations.

According to the Author
"California is home to one of the largest dentist workforces in the nation, yet over 2.7 million Californians live in areas that have limited access to dental health professionals. The majority of which live in rural, low-income communities that are predominantly Latino. AB 1307 expands access to dental health professional by establishing the Licensed Dentists from Mexico Pilot Program, allowing 30 qualified dentists from Mexico to obtain a time-limited license and visa to practice in federally qualified health centers. These dentists must meet rigorous educational,

licensing, and language standards to ensure high-quality, culturally competent care. This bill is modeled after a successful physician pilot program and reflects our state's commitment to health equity. AB 1307 offers a targeted, cost-neutral solution to reduce disparities and improve oral health outcomes for some of California's most vulnerable populations."

Arguments in Support
CPCA Advocates, the advocacy affiliate of the California Primary Care Association, writes in support of this bill: "In March 2024, California had 30,280 active dentists, one of the most in the US, yet we also had 532 dental health professional shortage areas (DHPSA), in which 2.7 million Californians reside, creating massive inequities in healthcare, often on the basis of class and race. California's Latino population is over 40%, and in 2021 approximately 10.4 million Californians spoke Spanish as their first language. Yet California's academic and professional institutions in dentistry have not structurally addressed the cultural and linguistic barriers for such a large portion of our population to access dental care. AB 1307 builds on the success of a sister program that is bringing physicians from Mexico to provide care to needy Californians across the state."

Arguments in Opposition
The *California Dental Association* (CDA) has taken an "oppose unless amended" position on this bill, citing concerns that have been raised by the DBC. CDA specifically identifies six concerns that the DBC has raised "that require further clarification and revision to ensure public safety and compliance with existing regulations." CDA further writes: "Given the complexity of these issues, and considering the Board is in a period of leadership transition, we remain optimistic that the bill's author and sponsors will work collaboratively to address these concerns. It is critical that any changes to dental licensure maintain high competency and safety standards while ensuring consistency with existing regulations."

FISCAL COMMENTS

According to the Assembly Committee on Appropriations, the DBC estimates costs of $334,000 in fiscal year (FY) 2026-27, $318,000 in FY 2027-28, and $159,000 annually, ongoing, to fund positions to research, review, and respond to written correspondence, provide analytical guidance, and prepare written correspondence to the applicant identifying specific deficiencies, among other things; additionally, the Department of Consumer Affairs, Office of Information Services estimates absorbable costs of $72,000 to create a new license type in its online licensing and enforcement system.

VOTES

ASM BUSINESS AND PROFESSIONS: 17-0-1
YES: Berman, Flora, Ahrens, Alanis, Bains, Caloza, Chen, Elhawary, Hadwick, Haney, Irwin, Jackson, Krell, Lowenthal, Macedo, Nguyen, Pellerin
ABS, ABST OR NV: Bauer-Kahan

ASM APPROPRIATIONS: 13-1-1
YES: Wicks, Arambula, Calderon, Caloza, Elhawary, Fong, Mark González, Hart, Pacheco, Pellerin, Solache, Ta, Tangipa
NO: Dixon
ABS, ABST OR NV: Sanchez

UPDATED

VERSION: April 2, 2025

CONSULTANT: Robert Sumner / B. & P. / (916) 319-3301 FN: 0000538

ASSEMBLY THIRD READING
AB 1418 (Schiavo)
As Amended May 23, 2025
Majority vote

SUMMARY

Adds additional requirements to an existing annual report to the Legislature by the Department of Health Care Access and Information (HCAI) to also include reports on trends in health care coverage for health care workers in California, including whether employees otherwise eligible for employer-sponsored health care are subject to waiting periods before receiving coverage, and that recommends state policy needed to address gaps in health care coverage for health care workers subject to waiting periods before receiving employer-sponsored health care.

COMMENTS

Background. The Patient Protection and Affordable Care Act (known as the ACA) contained multiple provisions to expand health insurance coverage, including adding an employer shared responsibility provision to the federal Internal Revenue Code. Under these provisions, certain employers (called applicable large employers or ALEs) must either offer health coverage that is "affordable" and that provides "minimum value" to their full-time employees, or potentially make an employer shared responsibility payment to the federal Internal Revenue Service (IRS), if at least one of their full-time employees receives a federal premium tax credit for purchasing individual coverage on a Health Insurance Marketplace or Exchange (in California, the Exchange is known as Covered California).

In addition to the employer shared responsibility provisions, the ACA prohibits a group health plan or health insurance issuer offering group health insurance coverage from applying any waiting period that exceeds 90 days. This provision applies to group health plans sold to employers of all sizes. A waiting period is defined as the period that must pass with respect to an individual before the individual is eligible to be covered for benefits under the terms of the plan. For example, a waiting period could delay the start of a new employee's health coverage until up to 90 days after their hire date. This provision of the ACA does not require the employer to offer coverage to any particular employee or class of employees, but prevents an otherwise eligible employee (or dependent) from waiting more than 90 days before coverage becomes effective.

Waiting Periods. The KFF's "*Employer Health Benefits 2023 Annual Survey*" contains national information on employer waiting periods, broken down by four regions. This survey found 65% of covered workers face a waiting period before coverage is available. Nationally, covered workers in small firms are more likely than those in large firms to have a waiting period (75% vs. 60%). The average waiting period among covered workers who face a waiting period is two months. A small percentage (7%) of covered workers with a waiting period have a waiting period of more than 3 months. Survey respondents with waiting periods greater than four months generally indicated that employees had training, orientation, or measurement periods in which they were employees but were not eligible for health benefits. Some employers have measurement periods to determine whether variable hour employees will meet the requirements for the firm's health benefits. In an effort to reduce respondent burden, the 2024 annual survey removed questions in several areas, including questions about waiting periods.

According to the Author
This bill is a study bill committed to ensuring that every newly hired employee eligible for health benefits begins their journey with the security of comprehensive health care coverage—starting on day one—because anyone providing health care deserves peace of mind and remain healthy as they care for our family, ourselves, and our community.

Arguments in Support
This bill is sponsored by Service Employees Union International (SEIU) California, which states that too many workers start their job without immediate access to employer-sponsored insurance (ESI). In many cases, the employees are eligible for ESI as a benefit, yet their employers have a waiting period that delays access to care. Research shows that most workers who begin a new job face difficulty in affording health care during an ESI waiting period. Nationally, more than one in seven (15.2%) adults in the US were uninsured for at least part of the previous year. Last year, more than 6.2 million Californians began a new job over the course of the year, many of whom lacked access to insurance coverage for up to 90 days.

As a result of this coverage gap, SEIU states that workers and their families are forced to make impossible choices, including delaying care, modifying their prescription medications, or interrupting treatment plans. Within the health care sector, SEIU states that coverage on day one for health care employees has been gaining greater attention. During the pandemic, as greater public awareness came to the roles and risks of the nation's health care workforce, the public became more aware that some of the health care workforce risking their health and lives to care for others did not have coverage. And, in particular, workforce that was transferring between health care employers to rapidly meet the evolving needs of communities were leaving ESI at one employer without a guarantee of ESI on day one at another. SEIU states that it is vital to public health that this workforce is covered without delay, and this issue is also particularly central to physician residents. Physician residents who may be enrolled in a program of coverage at their medical school then quickly transition to a residency program without a guarantee of coverage on day one. Due to the nature of the residency matching process, in many cases these physician residents are transitioning across regions in the same state or across state lines, further complicating care and making it even harder to establish relationships with a new care team absent coverage.

SEIU states this bill is critical to starting an important conversation regarding gaps in coverage for today's workforce. Lastly, looking at this lens through the national conversation on Medicaid today, and with a federal policy environment committed to dismantling care, SEIU states that California must understand all of the gaps in care that exist today.

Arguments in Opposition
None.

FISCAL COMMENTS

According to the Assembly Appropriations Committee, fund costs to HCAI of an unknown amount, potentially in the hundreds of thousands of dollars per year for data collection, analysis, and reporting. HCAI does not currently collect this data and is unaware of any state entity that does, so it would need to perform all aspects of data collection and analysis, potentially including surveying employers.

VOTES

ASM HEALTH: 14-0-1
YES: Bonta, Chen, Addis, Aguiar-Curry, Arambula, Carrillo, Flora, Mark González, Krell, Patel, Celeste Rodriguez, Schiavo, Sharp-Collins, Stefani
ABS, ABST OR NV: Sanchez

ASM APPROPRIATIONS: 12-0-3
YES: Wicks, Arambula, Calderon, Caloza, Elhawary, Fong, Mark González, Hart, Pacheco, Pellerin, Solache, Ta
ABS, ABST OR NV: Sanchez, Dixon, Tangipa

UPDATED

VERSION: May 23, 2025

CONSULTANT: Scott Bain / HEALTH / (916) 319-2097 FN: 0000866

Office of Senate Floor Analyses
(916) 651-1520 Fax: (916) 327-4478

THIRD READING

Bill No: SB 62
Author: Menjivar (D)
Amended: 4/23/25
Vote: 21

SENATE HEALTH COMMITTEE: 11-0, 4/30/25
AYES: Menjivar, Valladares, Durazo, Gonzalez, Grove, Limón, Padilla, Richardson, Rubio, Weber Pierson, Wiener

SENATE APPROPRIATIONS COMMITTEE: 6-0, 5/23/25
AYES: Caballero, Seyarto, Cabaldon, Grayson, Richardson, Wahab
NO VOTE RECORDED: Dahle

SUBJECT: Health care coverage: essential health benefits

SOURCE: Author

DIGEST: This bill expands California's Essential Health Benefits (EHBs) benchmark coverage, to include services to evaluate, diagnose, and treat infertility; durable medical equipment such as mobility devices; and, hearing aids. EHB's are mandated coverage for health insurance that is sold in California for individuals and small businesses pursuant to the federal Affordable Care Act.

ANALYSIS:

Existing federal law: Establishes, pursuant to the Patient Protection and Affordable Care Act (ACA), federal EHBs requirements, including that the Secretary of the United States Department of Health and Human Services (HHS) not make coverage decisions, determine reimbursement rates, establish incentive program, or design benefits in ways that discriminate against individuals because of their age, disability, or expected length of life. [42 U.S.C. §18022]

Existing state law:

1) Establishes the Department of Managed Health Care (DMHC) to regulate health plans under the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act); California Department of Insurance (CDI) to regulate health and other insurance; and, the Department of Health Care Services to administer the Medi-Cal program. [Healthy and Safety Code (HSC) §1340, et seq., Insurance (INS) §106, et seq., and Welfare and Institutions Code (WIC) §14000, et seq.]

2) Requires an individual or small group health plan contract or insurance policy to include at a minimum, coverage for EHBs pursuant to the ACA, and as outlined below:

   a) Health benefits within the categories identified in the ACA;
   b) Ambulatory patient services;
   c) Emergency services;
   d) Hospitalization;
   e) Maternity and newborn care;
   f) Mental health and substance use disorder services;
   g) Prescription drugs;
   h) Rehabilitative and habilitative services and devices;
   i) Laboratory services;
   j) Preventive and wellness services and chronic disease management; and,
   k) Pediatric services, including oral and vision care;
   l) Health benefits covered by the Kaiser Foundation Health Plan Small Group HMO 30 (Kaiser Small Group HMO), as this plan was offered during the first quarter of 2014, regardless of whether the benefits are specifically referenced in the evidence of coverage or plan contract for that plan;
   m) Medically necessary basic health care services, as specified;
   n) Health benefits mandated to be covered by the plan pursuant to statutes enacted before December 31, 2011, as described; and,
   o) Health benefits covered by the plan that are not otherwise required to be covered, as specified. [HSC §1367.005 and INS §10112.27]

3) Requires pediatric vision care to be the same health benefits for pediatric vision care covered under the Federal Employees Dental and Vision Insurance Program vision plan with the largest national enrollment as of the first quarter of 2014. [HSC §1367.005 and INS §10112.27]

4) Requires pediatric oral care to be the same health benefits for pediatric oral care covered under the dental benefit received by children under the Medi-Cal program as of 2014, including the provision of medically necessary orthodontic care provided pursuant to the federal Children's Health Insurance Program Reauthorization Act of 2009. [HSC §1367.005 and INS §10112.27]

This bill adds to California's EHB benchmark the following services beginning January 1, 2027, if approved by HHS:

a) Services to evaluate, diagnose, and treat infertility. Requires the services to include:
   i) Artificial insemination;
   ii) Three attempts to retrieve gametes;
   iii) Three attempts to create embryos;
   iv) Three rounds of pre-transfer testing;
   v) Cryopreservation of gametes and embryos;
   vi) Two years of storage for cryopreserved embryos;
   vii) Unlimited storage for cryopreserved gametes;
   viii) Unlimited embryo transfers;
   ix) Two vials of donor sperm;
   x) Ten donor eggs; and,
   xi) Surrogacy coverage for the aforementioned services, as well as health testing of the surrogate for each attempted round of covered services.
b) The following additional durable medical equipment (DME):
   i) Mobility devices, including walkers and manual and power wheelchairs and scooters;
   ii) Augmented communications devices, such as speech generating devices, communications boards, and apps;
   iii) Continuous positive airway pressure (CPAP) machines;
   iv) Portable oxygen; and,
   v) Hospital beds.
c) An annual hearing exam and one hearing aid per ear every three years.

Comments

Author's statement. According to the author, gaps have been identified in coverage in California's EHB benchmark plan for health insurance under the ACA. For example, the existing benchmark excludes coverage for hearing aids, some medically necessary durable medical equipment and infertility treatment. California's benchmark plan can be updated to expand benefits to cover these needed services and treatment. After a stakeholder process held by DMHC which

included an actuarial report comparing California's EHB to the most generous typical employer health plan, California decided to keep the current benchmark plan but add coverage for hearing aids, additional durable medical equipment, and infertility diagnosis and treatment. This bill is needed to update California's EHB law to incorporate these changes.

Background

California's benchmark plan. California's current benchmark plan is the Kaiser Small Group HMO plan. The benchmark plan and other state mandates existing prior to December 31, 2011 are used to determine EHBs. Any state mandate exceeding EHBs requires the state to defray the costs associated with the mandate. California last reviewed its benchmark plan in 2015. At that time, the California Health Benefits Review Program (CHBRP) asked Milliman to analyze and compare the health services covered by the ten plans available to California as options for California's EHB benchmark effective January 1, 2017, similar to an analysis completed for Covered California in 2012. Milliman found relatively small differences in average healthcare costs among the ten benchmark options. Among the plan options, Milliman found differing coverage of acupuncture, infertility treatment, chiropractic care, and hearing aids. The three California small group plans were essentially the same average cost as the California EHB plan and the California large group and CalPERS plans were approximately 0.2% to 1% higher in cost. The estimated average costs for the three federal employee plan options was approximately 0.8% to 1.2% higher than the California EHB plan. On April 17, 2015, the Secretary of California's Health and Human Services Agency sent a letter to the federal Center for Consumer Information and Insurance Oversight (CCIIO) selecting the same Kaiser Small Group Plan to remain as California's benchmark plan.

California stakeholder process. On June 27, 2024, DMHC held a public meeting to discuss California's EHBs and the process for updating the benchmark plan. At that meeting, DMHC shared the timeline and introduced the consultant, who explained the federal rules and recently approved and proposed EHB benchmark changes from other states. Oral public comment was received, and DMHC requested written public comment by July 11, 2024. Public comments included requests for hearing aids for children, infertility treatment, DME, (such as wheelchairs, oxygen equipment, and CPAP machines, intermittent catheters, trach tubes, canes, walkers, neuromodulators, transcutaneous electrical nerve stimulation [TENs], and other medically necessary equipment), oral dietary enteral nutritional formulas, dental benefits at parity with other ACA reforms, massage therapy, and chiropractic. Some requested that benefits not fall below the existing EHB floor.

Health plans and insurers urged striking a balance between benefits, cost, and access. Dental plans raised concerns about market impacts of embedding dental services into health plan structures and the impact it could have on the stand alone dental plans that exist in the market today. There were also several letters submitted urging wig coverage for individuals with Alopecia areata. A second stakeholder meeting was held on January 28, 2025 with another public comment period established by February 4, 2025.

Benefit analysis. At the January 28th meeting, the Wakely Consulting Group (Wakely) presented an actuarial analysis that identified the benefit allowance and potential options and prices for the proposed benchmark plan. Through a typicality test following current CMS standards, Wakely determined that California's proposed benchmark plan can impact benefit costs (which is what the plan pays for the service plus member cost share) ranging between 1.06% to 2.23%. This means that the value of the benefit additions cannot exceed 2.23%. Wakely further estimated the pricing of a suite of proposed benefits that potentially could be added, including hearing aids, DME, wigs, chiropractic, infertility, and adult dental. Altogether, the cost of these benefits, with the exception of adult dental would add 1.63% to 3.48% cost. These benefits exceed the allowed cost impact range by 0.57% to 1.25%. This means choices must be made to narrow the set of proposed benefits to be covered. The allowed cost range of adult dental preventive services is 1.26% to 1.83% and for comprehensive dental services, the cost range is 2.6% to 4.6%. In addition to the high cost of adding preventive dental services, there are other challenges with adding adult dental benefits to the EHB, such as that as an EHB there cannot be annual or lifetime dollar limits on benefits. This is not typically how dental benefits are offered today.

Informational hearing. On February 11, 2025, the Senate and Assembly Committees on Health held an informational hearing on California's EHB benchmark options. Testimony was provided by DMHC, Covered California, CHBRP, and the public.

DMHC Announcement. On March 28, 2025, DMHC announced that California intends to apply to CMS to update the state's benchmark plan to take effect January 1, 2027. A public comment period was held on the draft document submissions to CMS. The documents include a benchmark plan summary, confirmations, certifications, benefits and limits summary and a valuation report. The benefits described are the benefits being added pursuant to this bill. DMHC received comments from a variety of organizations expressing support for the chosen benefits. Some organizations express disappointment that adult dental benefits were not included, as well as chiropractic, and neuromodulators. Some

requested clarifications regarding the artificial insemination benefit, and description of behavioral health provider in the benchmark plan summary. Lastly, two organizations requested a delay in the submission to take additional time for review and consultation of the premium impact of these added benefits, impacts of federal decisions related to terminating enhanced Advanced Premium Tax Credits (APTCs), and guidance on infertility treatment requirements in the large group market.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

According to the Senate Appropriations Committee:
- DMHC anticipates absorbable costs for state administration.
- Unknown costs for the CDI for state administration (Insurance Fund).

SUPPORT: (Verified 5/23/25)

Alliance for Fertility Preservation
American Society for Reproductive Medicine
California Association of Medical Product Suppliers
California State Council of Service Employees International Union
Children Now
Children's Specialty Care Coalition
County of Santa Clara Office of Education
Disability Rights Education and Defense Fund
Facing Our Risk of Cancer Empowerment
Health Access California
Indivisible CA: StateStrong
National Health Law Program
Resolve: The National Infertility Association
Western Center on Law & Poverty, Inc.

OPPOSITION: (Verified 5/23/25)

None received

ARGUMENTS IN SUPPORT: Health Access California supports the additional items to be add to California's EHBs because hearing loss can result in delayed language development in children and social isolation among people of all ages. Health Access California writes many Californians do not have access to wheelchairs, augmentation communication devices, hearing aids, oxygen equipment and other DME that they need, and, California as a state is committed to reproductive rights: infertility treatment is as much a part of that as abortion.

Western Center on Law and Poverty writes, "The current benchmark creates a significant gap in services due to its lack of coverage for DME. Without adequate coverage, people go without medically necessary devices, obtain inferior ones that put their safety at risk, or turn to publicly-funded health care programs for help." The Santa Clara County Office of Education writes this bill would establish a new benchmark plan for the 2027 plan year, which would include, among other things, a requirement that private health plans cover hearing aids for children, and, this bill would support our deaf and hard of hearing students by ensuring that all families have access to the choices that meet their needs. RESOLVE: The National Infertility Association writes, "As the American Society for Reproductive Medicine has declared in prior support letters, the proposed benchmark plan meets the standard of care for in vitro fertilization by covering three egg retrievals and an unlimited number of transfers, among other enumerated services. This standard is based on extensive U.S. and international literature, as well as professional consensus, which supports this approach as the most cost-effective way to maximize an individual's chances for a healthy pregnancy and neonatal outcome. This standard is maintained by most states with similar mandates and closely aligns with what commercial insurance companies provide for their covered lives. Without adequate insurance coverage for fertility care, the out-of-pocket costs for these treatments are simply insurmountable for most Californians. Hormone therapy alone can cost as much as $2,000 and intrauterine insemination can cost more than $5,000. IVF can run anywhere between $24,000 and $38,015 depending on the clinic and whether a patient needs donor eggs or sperm. For Californians struggling with infertility, the very existence of the family they hope to build can depend on income alone." Children Now writes this legislation presents a welcome opportunity to update the EHB benchmark package to include hearing aid coverage for children and adults in 2027, pending federal approval, and, in closing the hearing aid coverage gap, these bills will ensure that all children in California have the opportunity to reach their full potential.

Concerns. The California Association of Health Plans (CAHP) and the Association of California Life and Health Insurance Companies (ACLHIC) express significant concerns with legislation seeking to expand California's EHB benchmark plan. They believe that proceeding with this legislation now is premature and warrants a delay to allow for a more thorough review and consultation on premium impact and affordability. CAHP and ACLHIC write, "The Wakely studies have already indicated a potential 2% premium increase to cover these benefits, a cost that will further strain the affordability of healthcare for many Californians. As Wakely themselves noted in their Benchmark Plan Benefit Valuation Report, the actual cost and premium impacts could be even higher depending on various factors. It is imperative that the State undertake a more

comprehensive evaluation of these potential premium increases. CAHP and ACLHIC urge the State to consult with CHBRP to conduct a detailed analysis of the cost implications for these proposed services. Also, the looming expiration of the APTC subsidies at the end of 2025 presents a significant risk. The expiration of these subsidies could lead to higher insurance premiums for all 2.37 million Californians in the individual market, potentially increasing the number of uninsured individuals. Covered California has publicly testified that the loss of these subsidies would increase the ranks of the state's uninsured by an estimated 400,000 Californians."

Prepared by: Teri Boughton / HEALTH / (916) 651-4111
5/25/25 13:05:13

****** END ******

Date of Hearing: July 1, 2025

ASSEMBLY COMMITTEE ON JUDICIARY
Ash Kalra, Chair
SB 351 (Cabaldon) – As Amended June 16, 2025

SENATE VOTE: 30-6

SUBJECT: HEALTH FACILITIES

KEY ISSUE: SHOULD PRIVATE EQUITY GROUPS AND HEDGE FUNDS BE PROHIBITED FROM ENGAGING IN SPECIFIC ACTIVITIES RELATED TO HEALTH CARE; SHOULD SUCH ENTITIES BE SUBJECT TO ENFORCEMENT BY THE ATTORNEY GENERAL FOR VIOLATIONS; AND SHOULD CERTAIN ANTI-COMPETITIVE TERMS BE PROHIBITED IN CONTRACTS BETWEEN THESE ENTITIES AND MEDICAL PROVIDERS?

SYNOPSIS

In response to concerns about the growing number of private equity acquisitions of medical practices in the state and how those businesses are intruding in the practice of medicine, this bill seeks to bolster the existing ban on the corporate practice of medicine. The Corporate Practice of Medicine (CPOM) doctrine broadly prohibits corporations from being licensed as health care professionals, directly employing health care professionals, or exercising control over the decision-making of licensed health care professionals in a manner that interferes with their independent professional judgment. According to the Assembly Committee on Business & Professions, which has primary jurisdiction over the bill and recently approved it by a vote of 16-0, the bill "would arguably not prohibit any acts not already proscribed under the CPOM doctrine[.]" But the bill seeks to enact new procedural mechanisms to enforce the CPOM prohibition. Relevant to the jurisdiction of this Committee, the bill provides for AG enforcement of its prohibitions and restricts the use of certain contractual provisions as a matter of public policy. It also prohibits contracts between private equity groups or hedge funds and health care providers from including certain non-competitive provisions (and makes those provisions unenforceable as a matter of public policy).

The bill includes some language that arguably should be clarified and amendments that the author may wish to consider as the bill moves forward. However, given the policy merits of the bill in print, no amendments will be taken in this Committee when it hears the bill. Many organizations representing medical care providers support the bill. The American Investment Council is opposed (unless amended) and proposes specific amendments that are discussed in the analysis. Other groups have concerns about the bill, but do not propose any specific amendments to address those concerns.

SUMMARY: Prohibits private equity groups and hedge funds from engaging in specific activities related to health care; subjects such entities to enforcement by the Attorney General for violations; prohibits certain anti-competitive provisions from being included in contracts with medical providers; and makes those provisions unenforceable. Specifically, **this bill**:

1) Defines "hedge fund" as a pool of funds managed by investors for the purpose of earning a return on those funds, regardless of the strategies used to manage the funds, including, but not limited to, a pool of funds managed or controlled by private limited partnerships.

2) Defines "private equity group" as an investor or group of investors who primarily engage in the raising or returning of capital and who invests, develops, or disposes of specified assets.

3) Exempts the following from the definition of both "hedge fund" and "private equity group":

   a) Natural persons or other entities that contribute, or promise to contribute, funds to the hedge fund or private equity group, but otherwise do not participate in the management or in any change in control of the hedge fund or private equity group or its assets.

   b) A hospital or a hospital system that owns one or more licensed general acute care hospitals; an affiliate of a hospital or hospital system; or any entity managed or controlled by a hospital or hospital system.

4) Additionally exempts from the definition of "hedge fund" entities that solely provide or manage debt financing secured in whole or in part by the assets of a health care facility, including, but not limited to, banks and credit unions, commercial real estate lenders, bond underwriters, and trustees.

5) Prohibits a private equity group or hedge fund involved in any manner with a physician or dental practice doing business in California, including as an investor in that physician or dental practice or as an investor or owner of the assets of that practice, from interfering with the professional judgment of physicians or dentists in making health care decisions, including by doing any of the following:

   a) Determining what diagnostic tests are appropriate for a particular condition.

   b) Determining the need for referrals to, or consultation with, another physician, dentist, or licensed health professional.

   c) Being responsible for the ultimate overall care of the patient, including treatment options available to the patient.

   d) Determining how many patients a physician or dentist shall see in a given period of time or how many hours a physician or dentist shall work.

6) Further prohibits a private equity group or hedge fund from exercising control over, or being delegated the power to do, any of the following:

   a) Owning or otherwise determining the content of patient medical records.

   b) Selecting, hiring, or firing physicians, dentists, allied health staff, and medical assistants based, in whole or in part, on clinical competency or proficiency.

   c) Setting the parameters under which a physician, dentist, or physician or dental practice shall enter into contractual relationships with third-party payers.

d) Setting the clinical competency or proficiency parameters under which a physician or dentist shall enter into contractual relationships with other physicians or dentists for the delivery of care.

e) Making decisions regarding the coding and billing of procedures for patient care services.

f) Approving the selection of medical equipment and medical supplies for the physician or dental practice.

7) Provides that the corporate form of a physician or dental practice as a sole proprietorship, a partnership, a foundation, or a corporate entity of any kind shall not affect the applicability of the prohibitions in the bill.

8) Prohibits a private equity group or hedge fund, or an entity controlled directly, in whole or in part, by a private equity group or hedge fund, from entering into an agreement or arrangement with a physician or dental practice doing business in California if the agreement or arrangement would enable the person or entity to interfere with the professional judgment of physicians or dentists in making health care decisions or exercise control over or be delegated the powers set forth in the bill.

9) Prohibits contracts between private equity or hedge funds and physician or dental practices from containing specified noncompete clauses or nondisparagement clauses.

10) Empowers the Attorney General to enforce the provisions of the bill by seeking and obtaining injunctive relief and other equitable remedies a court deems appropriate and entitles the Attorney General to recover attorney's fees and costs incurred in remedying any violation of the bill.

11) Declares that the intent of the statute enacted by the bill is to ensure that clinical decisionmaking and treatment decisions are exclusively in the hands of licensed health care providers and to safeguard against nonlicensed individuals or entities, such as private equity groups and hedge funds, exerting influence or control over care delivery.

12) Clarifies that the language of the bill does not narrow, abrogate, or otherwise lower the bar on the corporate practice of medicine or dentistry under current law.

13) Specifies that the bill does not prohibit an unlicensed person or entity from assisting, or consulting with, a physician or dental practice doing business in California with respect to the decisions and activities described in the bill, provided that the physician or dentist retains the ultimate responsibility for, or approval of, those decisions and activities.

14) Provides that the provisions of the bill are severable and that if any provision or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

EXISTING LAW:

1) Provides that subject to the powers and duties of the Governor, the Attorney General shall be the chief law officer of the State. It shall be the duty of the Attorney General to see that the laws of the State are uniformly and adequately enforced. (Cal. Const., art. V, Sec. 13.)

2) Authorizes the California Department of Justice (DOJ) and the AG to bring civil and criminal legal actions against individuals and businesses acting in restraint of trade under the Cartwright Act, which is the state's antitrust law prohibiting anti-competitive activity, mirroring the federal Sherman Antitrust Act and the Clayton Antitrust Act. (Business & Professions Code Section 16600 *et seq*. All further statutory references are to this code, unless otherwise indicated.)

3) Establishes the Department of Consumer Affairs (DCA) within the Business, Consumer Services, and Housing Agency. (Section 100.)

4) Establishes the Medical Board of California (MBC) within the DCA to license and regulate physicians and surgeons under the Medical Practice Act. (Section 2000 *et seq.*)

5) Establishes the Osteopathic Medical Board of California (OMBC) within the DCA to license and regulate physicians and surgeons under the Osteopathic Act, who possess the same privileges as licensees regulated by the MBC. (Section 2450 *et seq.*)

6) Provides that it is a criminal offense for any person to practice medicine or advertise themselves as practicing medicine within the scope of the Medical Practice Act without a valid license as a physician and surgeon. (Section 2052.)

7) Authorizes the MBC to take action against all persons guilty of violating the Medical Practice Act. (Section 2220.)

8) Establishes the Dental Board of California (DBC) within the DCA to license and regulate dentists and other dental professionals under the Dental Practice Act. (Section 1600 *et seq.*)

9) Provides that it is unlawful for any person to engage in the practice of dentistry in the state without a valid license from the DBC. (Section 1626.)

10) Provides that corporations and other artificial legal entities shall have no professional rights, privileges, or powers, which forms the statutory basis of the Corporate Practice of Medicine (CPOM) doctrine. (Section 2400.)

11) Establishes the following exceptions to the CPOM doctrine:

    a) Allows for specified facilities to employ licensees and charge for professional services, while prohibiting those entities from interfering with, controlling, or otherwise directing professional judgment. (Section 2401.)

    b) Exempts professional corporations established under the Moscone-Knox Professional Corporation Act from the CPOM doctrine, wherein a majority of shareholders consist of persons licensed to provide the type of professional services rendered by the corporation. (Sections 2402 – 2417.5.)

12) Authorizes dental corporations to render professional services in compliance with the Moscone-Knox Professional Corporation Act. (Section 1800 *et seq.*)

13) Enacts the Moscone-Knox Professional Corporation Act, which authorizes the creation of professional corporations engaged in rendering professional services requiring a license. (Corporations Code Sections 13400 *et seq.*)

14) Enacts the Knox-Keene Health Care Service Plan Act, which authorizes licensed health care service plans to employ or contract with physicians and surgeons and other licensed health care professionals to provide professional services, provided that the fiscal and administrative management of the health plan demonstrates that it does not hinder medical decisions rendered by licensed health care professionals. (Health and Safety Code Section 1340 *et seq.*)

FISCAL EFFECT: As currently in print this bill is keyed fiscal.

COMMENTS: In response to concerns about the growing number of private equity acquisitions of medical practices in the state and how those businesses are intruding in the practice of medicine, this bill seeks to bolster the existing ban on the corporate practice of medicine. According to the author:

> Private equity firms are gaining influence in our health care system, leading to rising costs and undermining the quality of care. As these firms acquire more medical practices, there is a growing need for stronger enforcement to protect patient care and ensure that decisions are made based on medical needs and patient care, not profit. If left unchecked, these acquisitions could erode existing protections, violate the Corporate Bar, and put financial interests above the well-being of Californians.

The bill, co-sponsored by the California Medical Association and the California Dental Association, is primarily in the jurisdiction of the Assembly Committee on Business & Professions, which recently approved it by a vote of 16-0. According to that Committee's analysis of this bill, the bill "would arguably not prohibit any acts not already proscribed under the CPOM doctrine[.]" Relevant to the jurisdiction of this Committee, the bill provides for AG enforcement of its prohibitions and restricts the use of certain contractual provisions as a matter of public policy. It also prohibits contracts between private equity groups or hedge funds and health care providers from including certain non-competitive provisions (and makes those provisions unenforceable as a matter of public policy).

Background - Corporate Practice of Medicine Doctrine. The Corporate Practice of Medicine (CPOM) doctrine broadly prohibits corporations from being licensed as health care professionals, directly employing health care professionals, or exercising control over the decision-making of licensed health care professionals in a manner that interferes with their independent professional judgment. The fundamental concept of the CPOM doctrine has long been recognized in California. In 1932, for example, the California Supreme Court ruled in *Painless Parker v. Board of Dental Examiners* that a dental office corporation was in violation of license requirements under the Dental Practice Act, with the following reasoning as to why only natural persons may be licensed to practice health care:

> Dentistry is referred to in the Dental Act as a profession. The letter of the statute authorizes persons only to engage in the practice of dentistry. The underlying theory upon which the whole system of dental laws is framed is that the state's licensee shall possess consciousness, learning, skill and good moral character, all of which are individual characteristics, and none of which is an attribute of an artificial entity. Surely the state, for the better regulation of the practice of dentistry, and as a means of preventing evasions of the law, and with the object of more readily fixing statutory responsibility, has the power to limit such practice to natural persons.

The California Supreme Court's 1932 opinion additionally declared: "That a corporation may not engage in the practice of the law, medicine or dentistry is a settled question in this state." *(Painless Parker v. Board of Dental Examiners* (1932) 216 Cal. 285.)

Subsequent court decisions have reaffirmed this holding. However, there has historically been minimal statutory law expressly governing the application and enforcement of the CPOM ban. Instead, the doctrine has largely been established through further caselaw and legal opinions by attorneys general interpreting the application of laws against CPOM and enforcement has been left to regulators.

The Medical Practice Act has long stated the following: "Corporations and other artificial legal entities shall have no professional rights, privileges, or powers." Frequently cited in combination with provisions of practice acts reserving professional services for persons in possession of a license, this language represents the most express statutory recognition of the CPOM doctrine. However, statute further provides for various exceptions to the doctrine to allow for corporations to render professional services, including through direct employment of licensed practitioners.

For example, the Medical Practice Act authorizes the MBC to grant approval of the employment of licensees on a salary basis by licensed charitable institutions, foundations, or clinics that do not charge patients for services. Over time, legislation has been enacted to further allow for the following specified facilities to employ health care professionals under certain conditions:

- Public or nonprofit medical school clinics operated primarily for medical education;
- Nonprofit clinics that have been conducting medical research since prior to 1982;
- Narcotic treatment programs regulated by the Department of Health Care Services;
- Charitable hospitals that provide only pediatric subspecialty care;
- Federally certified critical access hospitals.

Additionally, the courts have ruled that the CPOM doctrine does not apply to agencies within the State of California or to counties, reasoning that the government is not a corporation. (*Estate of Miller* (1936) 5 Cal. 2d 588.) As a result, while not expressly authorized by statute, county hospitals may directly employ health care professionals, as can state agencies such as the Department of State Hospitals. The courts have similarly recognized that the University of California is exempt from the CPOM doctrine. (*California Medical Association v. Regents of the University of California* (2000) 79 Cal. App. 4th 542.)

Even in instances where the law allows for the direct employment of health care professionals, corporations are still generally prohibited from unduly influencing the judgment of licensees. Similar language is contained in the various CPOM exemptions within the Medical Practice Act to require that facilities "not interfere with, control, or otherwise direct a physician and surgeon's professional judgment." Statute enacted following the judicial decision in *Wickline v. State of California* further protects health care practitioners against retaliation for advocating for appropriate health care for their patients, including in an employment context.

Enforcement of the CPOM Doctrine. Under current law, violations of the CPOM doctrine are generally enforceable as unlicensed practice by the appropriate licensing board for the respective

profession. The MBC is the primary entity responsible for taking action when a corporation is unlawfully involved in the practice of medicine by physicians and surgeons. The MBC has published guidance on its website to educate licensees on "the types of behaviors and subtle controls that the corporate practice doctrine is intended to prevent." (See https://www.mbc.ca.gov/Licensing/Physicians-and-Surgeons/Practice-Information.)

As stated in the MBC's guidance, the CPOM doctrine requires the following health care decisions to be made by a licensed physician and surgeon, and would therefore constitute the unlicensed practice of medicine if performed by an unlicensed person, including a corporation:

- Determining what diagnostic tests are appropriate for a particular condition;
- Determining the need for referrals to, or consultation with, another physician/specialist;
- Responsibility for the ultimate overall care of the patient, including treatment options available to the patient; and
- Determining how many patients a physician must see in a given period of time or how many hours a physician must work.

The MBC's website further explains that the types of decisions and activities described in its guidance cannot be delegated to any unlicensed person, including to a management services organization (MSO). Per the MBC, a physician may consult with unlicensed persons or entities, such as MSOs, in making "business" or "management" decisions, but the physician must retain the ultimate responsibility for, or approval of, those decisions. Finally, the MBC's guidelines outlines several types of medical practice ownership and operating structures that are prohibited under the CPOM doctrine, including MSOs "arranging for, advertising, or providing medical services rather than only providing administrative staff and services for a physician's medical practice (non-physician exercising controls over a physician's medical practice, even where physicians own and operate the business)."

Efforts to Increase Oversight of Private Equity in Health Care. In 2024, Attorney General Rob Bonta sponsored Assembly Bill 3129 (Wood), authored by the Chair of the Assembly Committee on Health. AB 3129 sought to authorize the Attorney General to grant, deny, or impose conditions to a change of control or an acquisition between a private equity group or hedge fund and a health care facility or provider group to ensure these transactions are in the public interest. AB 3129 would have required a private equity group or a hedge fund to provide written notice to, and obtain the written consent of, the Attorney General at least 90 days prior to a change of control or an acquisition between the private equity group or hedge fund and a health care facility or provider group with specified annual revenue. The structure proposed by the bill was similar to the existing process through which the Attorney General must approve certain nonprofit hospital sales and other transactions.

In addition to the language in the bill requiring a private equity group or hedge fund from obtaining the Attorney General's approval to enter into a transaction with a health care facility, provider, or provider group, AB 3129 included provisions prohibiting a private equity group or hedge fund involved in any manner with a physician, psychiatric, or dental practice from engaging in certain acts in violation of the CPOM doctrine. Specifically, the bill would have codified the MBC's guidance regarding what types of decisions and activities by unlicensed persons or entities would be considered interference with professional judgment of physicians

and dentists in making health care decisions or would constitute inappropriate control over clinical practice. The bill would have expressly prohibited private equity groups or hedge funds from entering into an agreement or arrangement with a physician or dental practice in violation of these prohibitions, and would have further prohibited noncompete and nondisparagement clauses in contracts between those entities.

AB 3129 was approved by the Legislature. However, the bill was vetoed by Governor Gavin Newsom. The Governor's stated opposition to AB 3129 appears to be specifically related to the provisions in the bill, requiring transactions between private equity groups or hedge funds and health care entities to seek and obtain Attorney General approval prior to completing such transactions. In his veto message for the bill, the Governor stated:

> I appreciate the author's continued efforts and partnership to increase oversight of California's health care system in an effort to ensure consumers receive affordable and quality health care. However, [the Office of Health Care Affordability (OHCA)] was created as the responsible state entity to review proposed health care transactions, and it would be more appropriate for the OHCA to oversee these consolidation issues as it is already doing much of this work.

This bill, in response to concerns about the growing number of private equity acquisitions of medical practices in the state and the interference of businesses intruding in the practice of medicine, seeks to bolster the existing ban on the corporate practice of medicine. Relevant to the jurisdiction of this Committee, the bill provides for AG enforcement of its prohibitions and restricts the use of certain contractual provisions as a matter of public policy.

The bill authorizes the AG to seek injunctive relief and other equitable remedies a court deems appropriate for enforcement of the statutory prohibitions against the corporate practice of medicine that this bill would enact. The AG would be entitled to recover attorney's fees and costs incurred in remedying any violation under the bill.

The bill has two provisions to restrict contracts between private equity groups or hedge funds and health care providers from including specific terms and conditions. First, it prohibits a private equity group or hedge fund, or an entity controlled directly, in whole or in part, by a private equity group or hedge fund, from entering into an agreement or arrangement with a physician or dental practice doing business in this state if the agreement or arrangement would enable the person or entity to interfere with the professional judgment of physicians or dentists in making health care decisions, or to exercise control over or be delegated the powers that are prohibited to be delegated by the bill. Considering that the bill makes these acts illegal, it is appropriate and reasonable that contracts cannot include terms and conditions that are illegal. But the bill does not specify what the effect of such terms are – if they happen to be included in a contract, either prior to the bill taking effect, or in violation of the bill after it takes effect.

As the bill moves forward, the author may wish to add language specifying that a contractual clause that violates this specific prohibition is "void, unenforceable, and against public policy."

Second, the bill provides that any contract involving the management of a physician or dental practice doing business in this state by, or the sale of real estate or other assets owned by a physician or dental practice doing business in this state to, a private equity group or hedge fund, or any entity controlled directly or indirectly, in whole or in part, by a private equity group or hedge fund, shall not explicitly or implicitly include any clause barring any provider in that

practice from either (1) competing with that practice in the event of a termination or resignation of that provider from that practice, or (2) disparaging, opining, or commenting on that practice in any manner as to any issues involving quality of care, utilization of care, ethical or professional challenges in the practice of medicine or dentistry, or revenue-increasing strategies employed by the private equity group or hedge fund. The bill provides that either of these prohibited clauses, *whether "explicit or implicit"* is "void, unenforceable, and against public policy." Finally, the bill clarifies that these contractual restrictions "shall not impact the validity of an otherwise enforceable sale of business noncompete agreement, but a contract described in this subdivision shall not operate as an employee noncompete agreement."

It seems odd to include, in a provision prohibiting specific terms in a contract, to refer to the terms being used in an "explicitly or implicitly." Although that phrase is used in several sections of existing law, it is never used in the context of a contract or other writing. Basically contracts and other writings, by their nature and by definition, are explicit. They may be *negotiated* in a way that is coercive because of implicit threats or other conditions, but it is hard to imagine how a written contract could have an "implicitly" unlawful term within the contract.

Given that it is unclear what an "implicit" contract clause is, as the bill moves forward, the author may wish to either strike "explicitly or implicitly" from the bill, or define what "implicitly" means as it is applied to a written contract. Furthermore, the language of this provision uses very long sentences and arguably is more complicated and harder to understand than it could be.

"Concerns" about the bill and requests for amendments. The California Optometric Association would support the bill if it were amended to "include doctors of optometry within the bill's protections." The Association of Dental Support Organizations (ADSO) is neutral on the bill, does not suggest any specific amendments, but writes the following:

> [W]e remain concerned about the long-term implications of how these policies may restrict the modernization of dentistry. DSO's plays a vital role in sustaining access to affordable, high-quality oral healthcare in California and DSOs provide access in many critical low-income communities where we are seeing massive budget cuts that further erodes already existing access to care.

Finally, as explained below, the American Investment Council (AIC) requests that the following specific disclaimer be added to the bill's Section 1191, subdivision (d):

> [N]othing in this section shall prohibit the inclusion or application of confidentiality restrictions in a contract in order to protect confidential business information, except where disclosure of such information is otherwise required by law.

The author may wish to consider adding language to this section of the bill, clarifying that the section does not invalidate "An otherwise valid provision within a contract that prohibits the disclosure of confidential information the disclosure of which is prohibited by law."

REGISTERED SUPPORT / OPPOSITION:

Support

American Academy of Emergency Medicine
American College of Obstetricians & Gynecologists - District IX

Association of California State Supervisors
Attorney General Rob Bonta
California Association of Orthodontists
California Chapter of the American College of Emergency Physicians
California Dental Association
California Dental Hygienists' Association
California Independent Physician Practice Association
California Medical Association (CMA)
California Optometric Association (if amended)
California Orthopedic Association
California Physicians Alliance
California Podiatric Medical Association
California Retired Teachers Association
California State Council of Service Employees International Union (SEIU California)
California State Retirees
Coalition for Patient-Centered Care
Private Equity Stakeholder Project
Retired Public Employees Association
San Francisco Marin Medical Society

Opposition

American Investment Council (unless amended)

Analysis Prepared by: Alison Merrilees / JUD. / (916) 319-2334

Date of Hearing: July 2, 2025

ASSEMBLY COMMITTEE ON APPROPRIATIONS
Buffy Wicks, Chair
SB 386 (Limón) – As Amended April 7, 2025

Policy Committee: Health Vote: 15 - 0

Urgency: No State Mandated Local Program: Yes Reimbursable: No

SUMMARY:

This bill requires a health care service plan contract and a health insurance policy that covers dental services (collectively, "dental plan") to have a default method of paying a dental provider that does not charge the provider a fee to access payment.

Specifically, this bill:

1) Requires a dental plan that is issued, amended, or renewed on or after April 1, 2026, and provides payment directly or through a contracted vendor to a dental provider, to have a non-fee-based default method of payment.

2) Defines a "contracted vendor" as a third party facilitating payment processing on behalf of the dental plan.

3) Defines a "fee-based payment" as any type of payment that requires the dental provider to incur a fee to access payment from the dental plan or its contracted vendor.

4) Requires a dental plan or its contracted vendor to obtain affirmative consent from a dental provider who opts in to a fee-based payment method before the plan or vendor provides a fee-based payment method to the provider.

5) Specifies that a dental provider accessing funds does not constitute affirmative consent to receive a fee-based payment.

6) Requires, at the time a dental provider opts in to a fee-based payment method, a dental plan or its contracted vendor to provide information on the payment method, including fees charged by the dental plan or contracted vendor, alternative methods of payment, instructions on how to opt out of the fee-based payment method, and the dental provider's ability to opt out of the fee-based payment method at any time.

7) Requires a dental plan to also notify the dental provider if its contracted vendor is sharing a part of the profit, fee arrangement, or board composition with the dental plan.

8) Allows a dental plan or its contracted vendor, upon receipt of the dental provider's affirmative consent, to issue payments to the dental provider using a fee-based payment method.

9) Allows a dental provider to opt out of a fee-based payment method and opt in to a non-fee-based payment method at any time by providing affirmative consent to the dental plan or its contracted vendor. Requires the provider's payment method decision to remain in effect until the provider informs the dental plan of another preferred method of payment.

10) Requires a dental plan or its contracted vendor to apply a dental provider's decision to opt in or opt out of a fee-based method to the to the dental provider's entire practice and to all products or services covered by the dental plan, as specified.

FISCAL EFFECT:

The Department of Managed Health Care estimates minor and absorbable costs.

The Department of Insurance anticipates no fiscal impact.

COMMENTS:

1) **Purpose.** This bill is sponsored by the California Dental Association (CDA). According to the author:

> Dental plans often contract with third-party companies to issue provider payments to dental practices with virtual credit cards (VCCs). However, [the plans or third-party companies often charge] the dental office processing fees of up to 10% of the total payment amount – in addition to the standard merchant fee of 2% - 5% for processing the payment through their credit card terminal.
>
> SB 386 requires that any provider payment that includes a processing fee must be disclosed to dentists and cannot be the default payment method. This bill also mandates that dental plans and VCC companies clearly outline opt-in and opt-out procedures for VCC payments…and alternative payment methods, ensuring dentists receive full payment for their services.

2) **Background.** A 2023 article in ProPublica reports insurers routinely require physicians to kick back as much as 5% of each payment if they want to be paid electronically, and even when physicians ask to be paid by check, insurers often resume electronic payments—and the associated fees—against the physicians' wishes. Similarly, according to information from CDA, dental offices that opt out of VCC payment are sometimes automatically switched back to the VCC payment with the next payment. This practice leaves providers with two options: either process the VCC and accept high fees or spend staff time continuously opting out of VCCs when accepting payments

3) **Prior Legislation**. SB 1369 (Limón), of the 2023-24 Legislative Session, was substantially similar to this bill. Governor Newsom vetoed SB 1369, stating:

> Currently, a dental provider and a plan determine the method of reimbursement during contract negotiations. A provider may opt into direct payments or payments through a contracted vendor. While I appreciate the author's intent to increase dental providers'

reimbursements through changing the default payment method, this should be addressed during contract negotiations. For this reason, I cannot sign this bill.

Analysis Prepared by: Allegra Kim / APPR. / (916) 319-2081

Office of Senate Floor Analyses
(916) 651-1520 Fax: (916) 327-4478

THIRD READING

Bill No: SB 470
Author: Laird (D)
Amended: 4/10/25
Vote: 21

SENATE GOVERNMENTAL ORG. COMMITTEE: 9-1, 3/25/25
AYES: Padilla, Archuleta, Ashby, Blakespear, Cervantes, Hurtado, Richardson, Wahab, Weber Pierson
NOES: Jones
NO VOTE RECORDED: Valladares, Dahle, Ochoa Bogh, Rubio, Smallwood-Cuevas

SENATE JUDICIARY COMMITTEE: 10-1, 4/8/25
AYES: Umberg, Allen, Arreguín, Ashby, Durazo, Laird, Stern, Wahab, Weber Pierson, Wiener
NOES: Niello
NO VOTE RECORDED: Caballero, Valladares

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

SUBJECT: Bagley-Keene Open Meeting Act: teleconferencing

SOURCE: Author

DIGEST: This bill extends the January 1, 2026, repeal date for certain provisions in the Bagley-Keene Open Meeting Act (Bagley-Keene) until January 1, 2030, authorizing and specifying conditions under which a state body may hold a meeting by teleconference, as specified.

ANALYSIS:

Existing law:

1) Requires, pursuant to Bagley-Keene, and with specified exceptions, that all meetings of a state body be open and public and all persons be permitted to attend any meeting of a state body.

2) Authorizes meetings through teleconference subject to specified requirements, including, among other things, that the state body post agendas at all teleconference locations, that each teleconference location be identified in the notice and agenda of the meeting or proceeding, that each teleconference location be accessible to the public, that the agenda provide an opportunity for members of the public to address the state body directly at each teleconference location, and that at least one member of the state body be physically present at the location specified in the notice of the meeting.

3) Authorizes an additional, alternative set of provisions under which a state body may hold a meeting by teleconference subject to specified requirements, including, among others, that at least one member of the state body is physically present at each teleconference location, and that members of the state body visibly appear on camera during the open portion of a meeting that is publicly accessible, as specified. Existing law repeals these provisions on January 1, 2026.

4) Authorizes a multimember state advisory body to hold an open meeting by teleconference pursuant to an alternative set of provisions that specify requirements, including, among others, that the advisory body designates the primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting, observe and hear the meeting, and participate, that at least one staff member of the advisory body be present at the primary physical meeting location during the meeting, and that the members of the advisory body appear on camera during the open portion of a meeting, as specified. Existing law repeals these provisions on January 1, 2026.

5) Repeals, on January 1, 2026, the above-described requirements for the alternative set of teleconferencing provisions for multimember state advisory bodies, and, instead, requires, among other things, that the advisory body designates the primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting and participate.

This bill:

1) Extends the January 1, 2026, repeal date on the authorization of an alternative set of provisions under which a state body may hold a meeting by teleconference until January 1, 2030.

2) Extends the January 1, 2026, repeal date on the authorization for a multimember state advisory body to hold an open meeting by teleconference pursuant to an alternative set of provisions until January 1, 2030.

3) Includes related legislative findings and declarations.

Background

Author Statement. According to the author's office, "when the Bagley-Keene Act was adopted in 1967, no one envisioned the computer age. The Americans with Disabilities Act had not been adopted. The idea that citizens could participate in public meetings remotely was not common. The COVID pandemic demonstrated the need to address those changes. The state conducted meetings remotely to continue the public process, and learned of the benefits and drawbacks of virtual participation."

Further, "Senate Bill 470 builds upon the successful implementation of [last year's] SB 544 by [extending] the January 1, 2026 sunset to enshrine public and disability access in state board and commission meetings, while preserving transparency in the decision-making process. The provisions provide that boards and commissions must have a quorum present in public at one location, require that remote public officials have their camera on, and require remote testimony options for public hearings."

The Bagley-Keene Open Meeting Act of 1967. Bagley-Keene originated as a response to growing concerns about transparency and public involvement in the decision-making process of state agencies. Bagley-Keene aims to ensure that state boards, commissions, and agencies conduct their business openly and transparently, allowing the public to be informed and participate in the decision-making process.

Bagley-Keene generally requires state bodies to conduct their meetings openly and make them accessible to the public. The law also requires state bodies to provide advance notice of their meetings and agendas and to allow public comments on

matters under consideration. The act includes certain exceptions, such as closed sessions for discussing personnel issues or pending litigation, to protect the privacy and legal interests of individuals and the state.

The act applies to state bodies, including: every state board, or commission created by statute or required by law to conduct official meetings and every commission created by executive order; any board, commission, or committee exercising the authority of a state body delegated to it; an advisory board, advisory commission, advisory committee or subcommittee created by formal action of the state body; and any board, commission, or committee on which a member of a body that is a state body serves in his or her official capacity as a representative of the state body, as specified. The law does not apply to individual officials or the California State Legislature.

The Americans with Disabilities Act of 1990 (ADA). The ADA is a federal civil rights law that prohibits discrimination against individuals with disabilities in everyday activities. The ADA prohibits discrimination on the basis of disability just as other civil rights laws prohibit discrimination on the basis of race, color, sex, national origin, age, and religion. The ADA guarantees that those with disabilities have equal opportunities to pursue employment, purchase goods and services, and participate in state and local government programs. The ADA contains specific requirements for state and local governments to ensure equal access for people with disabilities.

COVID-19 and Executive Order N-29-20. On March 4, 2020, Governor Newsom proclaimed a State of Emergency in California as a result of what at the time was a novel and rapidly growing COVID-19 pandemic. Despite early efforts, the virus continued to spread. On March 17, 2020, Governor Newsom issued Executive Order (EO) N-29-20 citing the fact that strict compliance with various statutes and regulations on open meetings of state bodies would have prevented, hindered, or delayed appropriate actions to prevent and mitigate the effects of the COVID-19 pandemic. The executive order, among other things, required public meetings be accessible telephonically or otherwise electronically to all members of the public seeking to observe and to address the local legislative body or state body.

Temporary Teleconferencing Extensions in 2022 and 2023. SB 189 (Committee on Budget and Fiscal Review, Chapter 48, Statutes of 2022), among other things, provided a temporary statutory extension for state bodies in California to hold public meetings through teleconferencing, such as phone or video calls, instead of in-person gatherings. The law suspended certain requirements that would typically

apply to in-person meetings, such as having a physical location for the public to attend and providing access to all remote teleconference locations until July 1, 2023.

State bodies are encouraged to use their best judgment when holding teleconferenced meetings, and to make an effort to follow the other provisions of Bagley-Keene as closely as possible. This helps ensure that these remote meetings remain transparent and accessible to the public. This section of the law was temporary, set to expire on July 1, 2023.

SB 544 (Laird, Chapter 216, Statutes of 2023) authorized, until January 1, 2026, granted state bodies an additional option to conduct meetings via teleconference provided that at each teleconference location—defined as a physical site accessible to the public—at least one member of the state body is physically present. In specified circumstances, individual members may participate remotely without being in a public location, such as when a majority of members at a given teleconference site are physically present or if the member has a disability-related need.

Public participation must be ensured: meetings must be visible and audible at each teleconference location, and the public must be able to attend remotely through equivalent audio or video access provided to members. The agenda must list all teleconference locations, internet or telephone access information, and physical addresses, and members of the public must be allowed to provide public comment live (not just in writing beforehand). State bodies must also provide accommodations for individuals with disabilities and prominently advertise those procedures.

SB 544 sets specific rules for member participation: a majority of members must generally be physically present at a single teleconference location, though exceptions are allowed for members with qualifying disabilities. Members participating remotely must disclose if other adults are present at their location and appear on camera during open meetings unless there are technological barriers. Voting must be conducted by roll call, and all actions taken must be publicly reported. If remote public access fails during a meeting and cannot be restored, the meeting must be adjourned, and notice must be promptly provided online and via email to interested parties.

SB 544 authorizes advisory state bodies (like advisory boards, advisory commissions, advisory committees, or advisory subcommittees) to hold meetings

by teleconference, allowing members to participate remotely under specific conditions. Members participating remotely must be identified in the meeting minutes, and public notice must be given at least 24 hours in advance, though the remote location of participating members does not have to be disclosed. The notice and agenda must include a designated primary physical meeting location where the public can attend, observe, and participate, with at least one staff member present at that site. Public remote access must also be provided by phone or internet, with the access information included in the 24-hour notice.

During meetings, advisory body members must appear on camera unless doing so is technologically impracticable, in which case the reason must be announced. If remote public access fails and cannot be restored, the meeting must be adjourned with appropriate public notice online and by email. This section complements, but does not replace, other teleconference provisions in existing law and retains the 10-day public posting requirement for agendas under broader open meeting rules. Importantly, the remote participation framework here is designed specifically for advisory bodies, offering more flexibility than general state body teleconferencing rules.

The teleconference exemptions in Bagley-Keene limit the public's access to public meetings of state bodies by allowing a state body to hold a teleconference meeting without allowing the public to access the locations of where members are participating from, providing notice of where they are participating from, and also not requiring any member of the state body to be present at the one physical location required to be provided to the public for any state body that is an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body. For other state bodies, only one member of the state body is required to be present at the one physical location required to be provided to the public. This bill includes legislative findings and declarations regarding the need to limit access of public meetings.

This bill extends the January 1, 2026, repeal date on the above discussed teleconferencing authorizations in Bagley-Keene until January 1, 2030.

Related/Prior Legislation

SB 544 (Laird, Chapter 216, Statutes of 2023) revised and repealed, until January 1, 2026, certain teleconference requirements under Bagley-Keene, which requires all meetings of a state body be open and public, as specified.

SB 189 (Committee on Budget and Fiscal Review, Chapter 48, Statutes of 2022) among other things, provided a temporary statutory extension (July 1, 2023) for state bodies in California to hold public meetings through teleconferencing, such as phone or video calls, instead of in-person gatherings, as specified.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

SUPPORT: (Verified 4/28/25)

AARP
Alzheimer's Association
Alzheimer's Greater Los Angeles
Alzheimer's Orange County
Alzheimer's San Diego
Association of California State Employees With Disabilities
Association of Regional Center Agencies
California Association of Licensed Investigators
California Coalition on Family Caregiving
California Commission on Aging
California Foundation for Independent Living Centers
California Long Term Care Ombudsman Association
Disability Rights California
DMS Registered Service Agency Advisory Committee
Easterseals Northern California
Family Caregiver Alliance
LeadingAge California
Little Hoover Commission
State Council on Developmental Disabilities

OPPOSITION: (Verified 4/28/25)

ACLU California Action
California Broadcasters Association
California Chamber of Commerce
California Common CAUSE
California News Publishers Association
CCNMA: Latino Journalists of California
First Amendment Coalition
Freedom of the Press Foundation
Howard Jarvis Taxpayers Association
League of Women Voters of California
Media Guild of the West

National Press Photographers Association
Orange County Press Club
Pacific Media Workers Guild
Radio Television Digital News Association
Society of Professional Journalists, Northern California Chapter

ARGUMENTS IN SUPPORT: In support of this bill, AARP California writes that, "[l]imiting participation to those who can attend to in-person only (or to an approved physical location) poses a barrier to equitable participation in public debate and discussion for many older Californians, persons with disabilities, and Californians living in remote areas. AARP views this as an issue of both equity and access, and our policy supports removing unnecessary barriers to participation on boards and commissions for individuals representing under-served communities."

ARGUMENTS IN OPPOSITION: A coalition of opponents jointly write, "[t]he stated goal of being able to attract more people to serve in public office is no reason to remove accountability protections. These multi-member bodies, including those that are advisory, wield immense power, influencing policy and priorities in our state.

"For example, the Peace Officer Standards Accountability Advisory Board created by SB 2, signed into law in 2021 to bring more accountability to policing in California, is tasked with reviewing and recommending when law enforcement officers should be stripped of their badges. This is a process that all stakeholders – impacted families, officers, and the leadership of the agencies that employ them – should be able to observe and engage in. But by virtue of being 'advisory' in nature, this important board could arguably avail itself to these relaxed rules and hold these decertification investigations entirely virtually. That which deprives the public a chance to attend, engage, and interact face-to-face with members of that body and those who testify. That is just one example of the types of weighty subject matters handled by state legislative bodies governed by Bagely-Keene."

Further, "[w]e urge you to consider a more narrowly tailored approach, such as the framework introduced by Assemblymember Blanca Rubio in AB 2449 of 2022,

Brown Act legislation that allows members of local government bodies to participate virtually from private locations when the need for that flexibility is tied to specific hardships, such as health issues or caregiving needs, subject to reasonable caps and other modest provisions that serve the public interest."

Prepared by: Brian Duke / G.O. / (916) 651-1530
4/30/25 16:52:55

****** END ******

Office of Senate Floor Analyses
(916) 651-1520 Fax: (916) 327-4478

THIRD READING

Bill No: SB 744
Author: Cabaldon (D)
Introduced: 2/21/25
Vote: 21

SENATE EDUCATION COMMITTEE: 7-0, 4/9/25
AYES: Pérez, Ochoa Bogh, Cabaldon, Choi, Cortese, Gonzalez, Laird

SENATE APPROPRIATIONS COMMITTEE: 6-0, 5/23/25
AYES: Caballero, Seyarto, Cabaldon, Grayson, Richardson, Wahab
NO VOTE RECORDED: Dahle

SUBJECT: Community colleges: credit for students with prior learning

SOURCE: Author

DIGEST: This bill (1) requires the California Community College (CCC) Chancellor to award credit for competency-based educational opportunities that recognize students' prior learning. It further (2) expands the type of noncredit courses eligible for state apportionment funding to include individualized evaluation assessment and portfolio review of students' prior learning and competencies for the awarding of credit for competency-based educational opportunities.

ANALYSIS:

Existing law:

1) Requires the Chancellor of the CCC to establish, by March 31, 2019, an initiative to expand the use of course credit at the CCC for students with prior learning. It required the chancellor to submit, by January 1, 2020, a report on the initiative to the Legislature. (Education Code (EC) § 66025.7)

2) Requires the CCC Chancellor's Office and the California State University (CSU) Chancellor's Office, in collaboration with their respective Academic

Senates, and requests the University of California (UC) to develop a consistent policy for awarding course credit for prior military education, training, and service, and periodically review and adjust the policy developed to align with policies of other postsecondary educational institutions. (EC § 66025.71)

3) Establishes a system through which state funds are apportioned to community college districts based on specified formulas and identifies certain noncredit community college courses and classes that are eligible for that state apportionment funding, including classes or courses in parenting, remedial education, English as a second language, citizenship for immigrants, workforce preparation, supervised tutoring, education programs for persons with substantial disabilities, older adults, home economics, short-term vocational programs, and health and safety education. (EC § 84760.5 and § 84757(a))

4) Prohibits state apportionment for a noncredit course or class that is not identified in EC § 84757. (EC § 84757 (b))

This bill:

1) Requires the CCC Chancellor to award credit for competency-based educational opportunities that recognize students' prior learning, help students advance toward a credential or degree and reduce redundant study and student expenses.

2) Requires the Chancellor's Office to establish competencies, with the advice of appropriate faculty and employers that are focused on the knowledge and skills a student needs to demonstrate in order to pass a course and to earn a degree or credential, or to transfer to a baccalaureate degree program.

3) Requires that the methods for awarding credit for competency-based educational opportunities include, but be not limited to, all of the following:

   a) Military service, as provided in existing state law for military personnel and veterans who have an official Joint Services Transcript.

   b) Credit by examination. The Chancellor's Office, in coordination with the academic senate, is required to support faculty in developing, sharing, and redeploying assessments to award credit by examination for courses that articulate to a public university and courses with common identifier designations. Assessments are to be developed to enable students to demonstrate mastery and mapped to competencies.

c) Evaluation of trainings, certifications, apprenticeships, licenses, and service learning, including certifications earned as part of the Golden State Pathways Program or career technical education programs in secondary schools. The Chancellor's Office, in coordination with the Academic Senate, is required to establish guidelines by which certificated personnel are required to examine a student's training and determine whether the outcomes of that training correspond to the outcomes of a course. Where appropriate under the guidelines, a community college district is to be deemed eligible for apportionment funding available to certain noncredit courses when the evaluation, assessment, or portfolio review is organized as a noncredit course or a supervised student support service. The chancellor's office is required to prioritize prior learning and credit in programs leading to high-demand careers.

4) Requires that the credit granted for competency-based educational opportunities be reciprocal among CCC districts and accepted for transfer in the same manner and for the same purposes as regular course credit by each Cal Grant-qualifying institution.

5) Authorizes the State Allocation Board to consider the effectiveness of a community college district in further opportunities for students pursuant to the bill's provisions in evaluating and prioritizing funds allocated pursuant to existing state law.

6) Requires, by September 1, 2027, the Chancellor's Office to submit a report to the Legislature, on the credits awarded for competency-based educational opportunities, including, but not limited, to the number of students awarded credit, the number of courses awarded, and the number of units awarded. The report is not to include elective credit that does not satisfy a requirement for a credential or degree or for transfer to a baccalaureate degree program.

7) Expands the type of noncredit courses eligible for state apportionment funding to include individualized evaluation assessment and portfolio review of students' prior learning and competencies for the awarding of credit for competency-based educational opportunities.

Comments

1) *Need for the bill.* According to the author, "Credit for Prior Learning (CPL) programs award students with academic credits for knowledge and skills acquired outside traditional academic settings; saving them time and money. CPL includes work experience, military service, and prior coursework. When students are able to utilize CPL, they are twice as likely to complete a degree. However, challenges remain in implementing and recognizing CPL across different segments of higher education.

"SB 744 aims to expand the use of CPL by requiring the California Community College system to establish standardized criteria for awarding credits based on students' training and experience. Additionally, the bill ensures that CPL credits are transferable to other universities and clarifies that faculty members that review CPL transcripts are eligible for funding.

"This policy will help students save time and money by reducing the number of courses they need to take, allowing them to graduate faster and pay less in tuition."

2) *Credit for prior learning.* Credit for prior learning generally refers to the awarding of college credit for skills learned outside the classroom, such as through work experience or military service. Students may earn credit for these experiences in various ways, including by passing an exam, submitting a portfolio of their work for faculty review, or demonstrating they have earned an industry credential that faculty have deemed equivalent to certain courses. Some definitions of credit for prior learning also include credit earned through standardized exams, such as Advanced Placement exams. Nationally, one of the most well-established forms of credit for prior learning applies to active duty military and veteran students. These students typically receive joint services transcripts from their branch of service documenting their military training and experiences. The American Council on Education, in turn, has developed recommendations for converting certain types of military training. The American Council on Education, in turn, has developed recommendations for converting certain types of military training and experiences into certain types and amounts of college credit. Colleges may consider these recommendations when deciding how much credit to grant. Additionally, current law requires the CCC Chancellor's Office to develop a consistent policy for awarding course credit for prior military education, training, and service and periodically review and adjust the policy developed to align with policies of other postsecondary educational institutions.

In 2020, the CCC Chancellor's Office adopted regulations requiring all community college districts to have credit for prior learning policies. These locally developed policies are to include procedures for students to earn credit for prior learning through joint services transcripts, examinations, student-created portfolios, and industry-recognized credentials. The Chancellor's

Office reports that all 115 credit-granting colleges in the system now offer some form of credit for prior learning, though the practice has not been implemented at scale at most colleges. Based on the best available data, the Chancellor's Office estimates that at least 4,100 veteran students earned a total of about 23,000 credits for prior learning in 2023-24. These students earned an average of about six credits each (the equivalent of two typical college courses). The Chancellor's Office further estimates that at least 36,000 other students earned credit for prior learning in 2023-24, though the number of credits earned by these other students is not well documented. (This count may also include students earning credit through standardized exams, such as Advanced Placement exams.)

3) *Transferability of credits.* This bill attempts to ensure that the credit granted is transferable to each Cal Grant-qualifying institution, which includes UC, CSU, and some private colleges. However, this bill mandates that receiving colleges must accept the credit. The bill is silent on consultation from their faculty.

4) *Eligible for state apportionment funding.* As noted in the background of this analysis, under state law, certain noncredit courses are eligible for state apportionment funding. Those courses consist of classes relating to career development and college preparation, including instruction of some pre-transfer level courses, supervised tutoring, English as a Second Language courses, and Career Technical Education courses. This bill adds the evaluation, assessment, or portfolio review for the awarding of credit for competency-based educational opportunities to the list of apportionment eligible noncredit courses.

5) *Related budget activity.* The Governor's January 2025-26 budget proposal also attempts to expand credit for prior learning opportunities by providing $7 million in ongoing funds and $43 million in one-time funds from Proposition 98 General Funding to the CCC Chancellor's Office. With these

funds, the Chancellor's office is to establish a system-wide credit for prior learning initiative that builds upon prior initiatives. The ongoing funds are for system-wide purposes, including coordination, technology infrastructure, and faculty work groups. The one-time funds are to support local implementation of credit for prior learning. The trailer bill language directs the Chancellor's Office to allocate the one-time funds to colleges based on metrics related to their use of credit for prior learning to increase access, increase completion, and advance career attainment. The language specifies that colleges must demonstrate they are doing those things prior to receiving any funding. The Governor presents this proposal as part of a Master Plan for Career Education.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

According to the Senate Appropriations Committee analysis, this bill would have the following fiscal impact:

- By expanding the type of noncredit courses eligible for state apportionment funds, this bill could result in additional Proposition 98 General Fund costs each year. A precise estimate is unknown and would depend on the exact number of students taking these courses, but it could be in the low millions of dollars each year.

- The Chancellor's Office estimates one-time General Fund workload costs of between $33,000 and $53,000 to establish competencies that are focused on appropriate skills and knowledge, and $60,000 to submit a legislative report regarding the number of students awarded credit for prior learning.

SUPPORT: (Verified 5/23/25)

Coast Community College District
Rancho Santiago Community College District

OPPOSITION: (Verified 5/23/25)

None received

Prepared by: Olgalilia Ramirez / ED. / (916) 651-4105
5/26/25 13:45:46

****** END ******

Office of Senate Floor Analyses
(916) 651-1520 Fax: (916) 327-4478

CONSENT

Bill No: SB 861
Author: Committee on Business, Professions and Economic Development
Amended: 5/14/25
Vote: 21

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 11-0, 4/21/25
AYES: Ashby, Choi, Archuleta, Arreguín, Grayson, Niello, Richardson, Smallwood-Cuevas, Strickland, Umberg, Weber Pierson

SENATE JUDICIARY COMMITTEE: 13-0, 4/29/25
AYES: Umberg, Niello, Allen, Arreguín, Ashby, Caballero, Durazo, Laird, Stern, Valladares, Wahab, Weber Pierson, Wiener

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

SUBJECT: Consumer affairs

SOURCE: Author

DIGEST: This bill makes numerous technical and clarifying provisions related to programs within the Department of Consumer Affairs (DCA), makes technical changes related to the Department of Cannabis Control (DCC), and revises a council name under the jurisdiction of the Division of Measurement Standards (DMS).

ANALYSIS:

Existing law:

1) Requires 31 entities under the jurisdiction of the DCA, including but not limited to, the Board of Accountancy, the Court Reporters Board, Board of Behavioral Sciences, California State Board of Pharmacy, Board of Registered Nursing, Respiratory Care Board, Board of Physical Therapy, Physician Assistant Board, to require an applicant to furnish to that agency a full set of fingerprints for purposes of conducting criminal history record checks, as

specified. (Business and Professions Code (BPC) § 144)

2) Requires 19 entities under the jurisdiction of the DCA, including the Cemetery and Funeral Bureau (CFB) to provide on the internet information regarding the status of every license issued by that entity in accordance with the California Public Records Act, which includes information on suspension, revocations and other enforcement actions, as specified. (BPC § 27)

3) Establishes the Dental Board of California (DBC) to license and regulate dentists and dental assistants, as specified, until January 1, 2029. (BPC § 1601.1)

4) Establishes the Dental Hygiene Board (DHB) of California to license and regulate dental hygienists. (BPC §1901, *et seq.*)

5) Establishes the Medical Board of California (MBC) to license and regulate physician and surgeons and enforce the medical practice act, as specified. (BPC § 2000 *et seq.*)

6) Establishes, under the MBC, the Licensed Physicians from Mexico Program to allow up to 30 licensed physicians specializing in family practice, internal medicine, pediatrics, and obstetrics and gynecology who are certified or recertified and in good standing in their medical specialty in Mexico to practice in California for a period not to exceed three years, as specified. (BPC § 2125)

7) Establishes the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (SLPAHADB) under the jurisdiction of the DCA to license and regulate speech language pathologists, audiologists and hearing aid dispensers. (BPC § 2530 *et seq.*)

8) Requires the Contractors State License Board (CSLB) to require a licensee who is subject to a public complaint that requires a professional or expert investigation or inspection report to pay the reasonable fees necessary for the cost of that investigation, as specified. (BPC § 7137)(a)(6)(B))

9) Establishes the Private Investigator Act under the jurisdiction of the Bureau of Security of Investigative Services (BSIS) for the regulation of private investigators (PI), and requires every agreement to provide PI services, including contract agreements and investigative agreements to be in writing, as

specified). (BPC §§ 7512, 7524(a)).)

10) Requires a licensed PI to maintain a legible copy of the initial client agreement and investigative findings, including any written report, for a minimum of two years and make those records available to the BSIS for inspection upon demand. (BPC § 7524(e))

11) Requires the pass rate of first time examination takers for each school offering court reporting, to meet or exceed the average pass rate of all first-time test takers for a majority of examinations given for the preceding three years, and failure to do so will require the Court Reporters Board to conduct a review of the program. (BPC § 8027(y))

12) Requires the Secretary of the Department of Food and Agriculture (DFA) to establish tolerances and specifications and other technical requirements for commercial weighing and measuring, and in doing so the Secretary of the DFA must adopt, by reference, the latest standards recommended by the National Conference on Weights and Measures and published in the National Institute of Standards and Technology Handbook 44, as specified. (BPC § 12107)

13) Establishes the Bureau of Private Postsecondary Education (BPPE) under the jurisdiction of the DCA to register and regulate private postsecondary education institutions, as specified. (Education Code (EDC) § 94875, *et seq*.)

14) Requires an institution approved by the BPPE to maintain records of the name, address, e-mail address, and telephone number of each student who is enrolled in an educational program in that institution. (EDC § 94900(a))

15) Requires an institution approved by the BPPE to maintain for each student granted a degree or certificate by that institution permanent records, as specified. (EDC § 94900(b))

16) Establishes the DCC to regulate cannabis with the sole authority to create, issue, deny, renew, discipline, suspend, or revoke licenses for microbusinesses, transportation, storage unrelated to manufacturing activities, distribution, testing, and sale of cannabis and cannabis products within the state. Requires the DCC to administer the portions of the Medical and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA) related to and associated with the cultivation of cannabis and with the manufacturing of cannabis products. Delegates to the DCC authority to create, issue, deny, and suspend or revoke

cultivation or manufacturing licenses for violations of MAUCRSA. (BPC §§ 26010, 26012)

This bill:

1) Adds licensed hydrolysis facilities and licensed reduction facilities to the list of licensees that the CFB is required to post specified licensing status, address of record, and information related to enforcement actions on its internet website.

2) Adds the Board of Chiropractic Examiners (BCE) to the list of entities under the DCA which is required to have an applicant furnish a full set of fingerprints for purposes of conducting criminal history record checks.

3) Deletes an obsolete reference to a dental hygienist member on the DBC, and updates references to the dental assistant board member, and deletes outdated references to a registered dental hygienist under the jurisdiction of the DBC.

4) Updates references to the DHB.

5) Deletes the requirement that a physician from Mexico pass a MBC-review course with a score equivalent to that registered by United States applicants when passing a MBC-review course for the United States certification examination in each of the physician's specialty areas.

6) Updates references to the SLPAHADB.

7) Specifies that a contractor with an inactive license is not required to obtain workers compensation during the period when the license is inactive.

8) Deletes the provision which requires the payment of an investigation fee by a licensed contractor be added to the active or inactive renewal fee.

9) Clarifies that the records of a PI that are made available to the BSIS for inspection do not violate, waive, or extinguish the lawyer-client privilege, as specified.

10) Updates provisions of the shorthand reporter act to reflect the current passage rate of the qualifier examination for a shorthand or voice reporter is 95%.

11) Replaces multiple references to the National Conference on Weights and Measures to reflect the new name the National Council on Weights and Measures.

12) Deletes an outdated reference to a task force required to be established by the BPPE no later than March 15, 2015, and a subsequent report that was due on January 1, 2017.

13) Requires a BPPE approved institution to maintain "complete and accurate" permanent student records, as specified, and requires a catalogue and School Performance Fact Sheet provided to a student to be current.

14) Deletes an outdated report requirement related to reporting requirements for BPPE approved institutions that was set to repeal on January 1, 2017.

15) Deletes a requirement for the director of the DCA to provide to the Legislature a copy of an independent review of the BPPE's staffing resources needs and requirements, as specified.

16) Replaces the authorization for the DBC to appoint an executive officer, as specified.

17) Clarifies the application and initial licensure fee charged by the DHB.

18) Replaces a reference under MAUCRSA to the electronic database with electronic system.

19) Makes numerous other technical, clarifying and conforming changes.

Background

CFB. The CFB has the oversight responsibility for both fiduciary and operational activities of its licensing population. AB 967 (Gloria, Chapter 846, Statutes of 2017) established the regulatory process for hydrolysis facilities under the CFB beginning January 1, 2019, and AB 351 (Garcia and Rivas, Chapter 399, Statutes of 2022) established a new regulatory process for a Licensed Reductions Facilities under the jurisdiction of the CFB for the disposition of human remains. This bill simply adds these new licensing categories to the provisions which require the CFB to provide specified information on its internet website related to its licensees.

Applicant Background Checks. BPC § 144 authorizes 31 entities under the jurisdiction of the DCA to require applicants for licensure to furnish a full set of fingerprints for the purpose of conducting criminal history record checks. The BCE currently requires an applicant to provide fingerprints for criminal record history checks through regulations; however the BCE is not listed under BPC § 144. This bill would add the BCE to the current list of entities in BPC § 144 for consistency and clarity.

DHB. The DBC is responsible for the licensure and regulation of dentists and dental assistants. At one time, the DBC was responsible for the licensure of registered dental hygienists. The Dental Hygiene Committee of California was created in 2009, separating the oversight of California dental hygienists and dental hygiene educational programs from the DBC's purview. Subsequently in 2018, through the Sunset Review legislative process, the DHB was officially established by SB 1482 (Hill, Chapter. 858, Statutes of 2018). As a result, this bill makes a number of updates to reflect the change of board member representation on the DBC to delete a reference to a registered dental hygienist member and reflect the membership of a dental assistant. In addition, this bill reinstates a previous provision of law which authorized the DHB to appoint an executive officer. That provision sunset on January 1, 2025, during the DHB's prior sunset review when that date was inadvertently not included in the DHB's revised sunset date. This bill makes additional changes to references to the DHB throughout the practice act.

Medical Board of California and the Mexico Pilot Program. *The* Mexico Pilot Program, established by AB 1045 (Firebaugh, Chapter 1157, Statutes of 2002), was designed to bring physicians and dentists from Mexico with rural experience, who speak the language, understand the culture, and know how to apply this knowledge in serving the large Latino communities in rural areas who have limited or no access to primary health care services. The enacting legislation authorized up to 30 licensed physicians specializing in family practice, internal medicine, pediatrics, and obstetrics and gynecology and up to 30 licensed dentists from Mexico to practice medicine or dentistry in California for up to three years, and required the individuals to meet certain requirements related to training and education. AB 2860 (Garcia, Chapter 2, Statutes of 2024) reestablished the program into two distinct programs specific to the practice of medicine and dentistry. This bill deletes obsolete language, related to coursework that is no longer applicable, which was inadvertently left in statute when AB 2860 was chaptered into law.

SLPAHADB. In 2010, the Heading Aid Dispensers Bureau and the Speech-Language Pathology and Audiology Board was merged to create the current SLPAHADB. This bill updates references to the previous board and bureau names.

CSLB. The CSLB is responsible for the licensure and regulation of the contracting profession along with the registration of home improvement salespersons. SB 1455, (Ashby, Chapter 485, Statutes of 2024) provided that licensees subject to a workmanship complaint resulting in a letter of admonishment or a citation are required to reimburse CSLB's industry expert costs to investigate the complaint. This bill clarifies the reimbursement is not due until the citation or letter of admonishment is final. Under current law, licensees who hold an "inactive" license are prohibited from performing construction work that requires an active license and accordingly, do not need to maintain the same requirements of an active license, including a bond. However, the exemption currently does not reference workers' compensation. This bill would clarify that the holder of an inactive license does not need to maintain workers' compensation.

BSIS. The BSIS is responsible for the licensing and regulation of locksmiths, repossessors, PIs, proprietary security, private security, and alarm company industries. As part of the BSIS's Sunset Review in 2024, SB 1454 (Ashby, Chapter 484, Statutes of 2024) required that private investigators maintain a legible copy of the signed agreement and investigative findings, including any written report, for a minimum of two years, and make it available for inspection by the BSIS upon demand. This bill provides clarification to ensure that the records provided to the BSIS do not violate the attorney-client privilege, attorney work product, or attorney-client confidentiality.

BPPE. The Private Postsecondary Education Act of 2009 contains language that is either outdated or inconsistent. In addition, there are a number of code sections that were set to repeal in 2017 and are now obsolete. The definitions of both "Distance Education" and "Teach-Out" are inconsistent with other language in state and federal law. In addition, BPPE approved education institutions are required to maintain student records as specified EDC § 94900, but current law does not specify that the records must be complete and accurate. Similarly, EDC §§ 94902, 94909, and 94910 require institutions to provide students with a course catalog and School Performance Fact Sheet but does not specify that they must be current. This bill corrects those deficiencies, and makes other technical changes.

DFA. The Division of Measurement Standards under the DFA is responsible for the implementation and enforcement of California's weights and measures laws. In

July 2024, the National Conference on Weights and Measures voted to change its name to the National Council on Weights and Measures. This bill updates references to reflect the new name.

Department of Cannabis Control (DCC). In 2021, the DCC was formally operational with licensing, regulatory and enforcement authority of cannabis regulation. The DCC issues licenses to applicants, renews licenses and has enforcement authority for violations. This bill replaces references to the DCC's electronic database with electronic system to more accurately reflect to the functionality of the system.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

SUPPORT: (Verified 5/19/25)

California Lawyers Association
Court Reporters Board of California

OPPOSITION: (Verified 5/19/25)

None received

ARGUMENTS IN SUPPORT: California Lawyers Association writes in support and notes, "The amendment contained in Section 19 of this bill would avoid any disputes about whether a licensed private investigator's disclosure of records to the BSIS results in a waiver that would entitle third parties to these same records."

Court Reporters Board of California writes in support and notes, "Included within SB 861 is a change in the passing score for qualifiers to match the current 95% statutory passing score for the skills portion of the certification exam."

Prepared by: Elissa Silva / B., P. & E.D. / 916-651-4104
5/21/25 15:50:30

****** END ******

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 6.

Future Agenda Items.

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 7.

Adjournment of the Legislation and Regulatory Committee.

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025
DHBC FULL BOARD Meeting Materials

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

DHBC MEETING AGENDA

The DHBC welcomes and encourages public participation in its meetings.
The public may take appropriate opportunities to comment on any issue before the Board at the time the item is heard.

Meeting Date and Time

Saturday, July 19, 2025
9:00 am until Adjournment

The DHBC will conduct the meeting in person, via WebEx teleconference for interaction, and Webcast viewing through the DCA portal listed below.

In Person Meeting Location

DHBC Headquarters Building
2005 Evergreen Street
1st Floor Hearing Room
Sacramento, CA 95815

Instructions for WebEx Meeting Participation

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. Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. When signing into the WebEx platform, participants may be asked for their name and email address. Participants who choose not to provide their names will be required to provide a unique identifier, such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make a public comment. Participants who choose not to provide their email address may utilize a fictitious email address in the following sample format: XXXXX@mailinator.com.

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 highlight the entire hyperlink, then right click. When the popup window opens, click on "Open Hyperlink" to activate it, and join the meeting.

Click here to join the meeting

Link: https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m639f27bd3435f21f9c71cf0eee206227

If joining using the link above:

Webinar number: 2488 082 6764
Webinar password: DHBC719

If joining by phone:

+1-415-655-0001 US Toll
Access code: 2488 082 6764
Passcode: 3422719

The meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit Live Webcasts – Department of Consumer Affairs (thedcapage.blog). The meeting will not be cancelled if webcast is not available. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session.

Members of the Board

President – Joanne Pacheco, RDH Educator Member
Vice President – Sonia "Pat" Hansen, RDH Member
Secretary – Naleni "Lolly" Tribble-Agarwal, RDH Member
RDHAP Member – Michael Long
Dentist Member – Dr. Sridevi Ponnala
Public Member – Dr. Julie Elginer
Public Member – Sherman King
Public Member – Dr. Justin Matthews
Public Member – VACANT

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.

Full Board Agenda

1. Roll Call & Establishment of a 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(a).]

3. President's Report.

4. Update from the Department of Consumer Affairs (DCA) Executive Staff.

5. Update from the Dental Board of California (DBC).

6. Discussion and Possible Action to Approve the March 21, 2025, Full Board Meeting Minutes.

7. Discussion and Possible Action to Approve the March 22, 2025, Full Board Meeting Minutes.

8. Discussion and Possible Action to Approve the May 27, 2025, Full Board Teleconference Minutes.

9. Executive Officer's Report.

- Personnel.
- Budget.
- Administration – EO Updates.

10. Discussion and Possible Action Regarding California Code of Regulations, Title 16, Section 1005: Minimum Standards for Infection Control.

11. Discussion and Possible Action on Education Committee Report and Recommendation(s).

12. Discussion and Possible Action on Legislative and Regulatory Committee Report and Recommendation(s).

13. Enforcement Update: Statistical Report.

14. Licensing, Continuing Education Audits, and Examination Update: Statistical Reports.

15. Future Agenda Items.

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

16. ***Closed Session – Full Board***

Pursuant to Government Code Section 11126(c)(3), the Board will Deliberate on Disciplinary Actions and Decisions to be Reached in Administrative Procedure Act Proceedings. If there are no disciplinary actions and decisions to be addressed in Closed Session, it will be announced.

<<Return to Open Session>>

17. 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 the DHBC at 916-263-1978, via email at dhbcinfo@dca.ca.gov, or by sending a written request to 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.

DHBC
Dental Hygiene
Board of California

Member	Present	Absent
Julie Elginer		
Sonia “Pat” Hansen		
Sherman King		
Michael Long		
Justin Matthews		
Joanne Pacheco		
Sridevi Ponnala		
Lolly Agarwal		

Saturday, July 19, 2025

Dental Hygiene Board of California

FULL Board Agenda Item 1.

Roll Call & Establishment of Quorum.

Board Secretary to call the Roll.

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

FULL Board 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).]

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

FULL Board Agenda Item 3.

President's Report.

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

FULL Board Agenda Item 4.

Update from the Department of Consumer Affairs (DCA) Executive Staff.

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

FULL Board Agenda Item 5.

Update from the Dental Board of California (DBC).

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

FULL Board Agenda Item 6.

Discussion and Possible Action to Approve the March 21, 2025, Full Board Meeting Minutes.

Dental Hygiene Board of California
Meeting Minutes

DRAFT

Friday, March 21, 2025

Dental Hygiene Board of California Headquarters
2005 Evergreen Street
1st Floor Hearing Room
Sacramento, CA 95815

DHBC Members Present:
Acting President – Sonia "Pat" Hansen, RDH Member
Secretary – Naleni "Lolly" Tribble-Agarwal, RDH Member
Registered Dental Hygienist in Alternative Practice (RDHAP) Member – Michael Long
Registered Dental Hygienist (RDH) Educator Member – Joanne Pacheco
Public Health Dentist Member – Dr. Sridevi Ponnala
Public Member – Dr. Julie Elginer
Public Member – Sherman King
Public Member – Dr. Justin Matthews
Public Member - Vacant

DHBC Staff Present:
Anthony Lum, Executive Officer
Albert Law, Assistant Executive Officer
Adina A. Pineschi-Petty, Doctor of Dental Surgery (DDS), Education, Legislative, and Regulatory Specialist
Crystal Yuyama, Administrative Analyst
Yuping Lin, Department of Consumer Affairs (DCA) Legal Counsel for the DHBC
Elizabeth Dietzen-Olsen, DCA Regulatory Legal Counsel for the DHBC via Webex

1. FULL Board Agenda Item 1: Roll Call and Establishment of a Quorum

Sonia "Pat" Hansen, Acting President of the Dental Hygiene Board of California (DHBC, Board), reviewed meeting guidelines and called the meeting to order at **9:03 a.m.** Board Secretary Naleni "Lolly" Tribble-Agarwal completed the roll call, and a quorum was established with eight (8) members present.

Acting President Hansen introduced the new Board members, Dr. Julie Elginer and Joanne Pacheco. They each provided a brief background on their professional experience and prior board member experience. They shared their readiness and excitement to participate as new Board members of the DHBC.

2. **FULL BOARD Agenda Item 2: Public Comment for Items Not on the Agenda.**

   Board Member comment: None.

   Public comment: Kayla Sejera, RDHAP and Dental Coordinator at Tri County's Regional Center, stated that Board should add bill AB 341 for Board discussion. She stated that she is concerned with this bill passing.

3. **FULL Agenda Item 3: Adjournment to Committee Meetings.**

   Acting President Hansen adjourned the Full Board meeting at **9:14 a.m.**

4. **FULL Agenda Item 4: Education Committee Meeting.**

5. **EDUCATION COMMITTEE Agenda Item 1: Roll Call & Establishment of Quorum.**

   Michael Long, Education Committee Chair, called the Education Committee to order at **9:17 a.m.**, completed the roll call, and a quorum was established with five (5) members present.

6. **EDUCATION COMMITTEE Agenda Item 2: Public Comment for Items Not on the Agenda.**

   Committee Member comment: None.

   Public comment: None.

7. **EDUCATION COMMITTEE Agenda Item 3: Discussion and Possible Action on Consideration to Approve a New Dental Hygiene Educational Program by California Baptist University.**

   Dr. Adina Petty stated that on December 5, 2024, California Baptist University (CBU) submitted a letter of intent to request DHBC approval to establish a Bachelor of Science in Dental Hygiene education program based in Riverside, California. This program will address educational needs as well as increase preventative oral health services and access to care in the communities of Riverside, Ontario, San Bernadino, and the many underserved populations of the Inland Empire region.

   On January 9, 2025, CBU submitted a feasibility study to the Board for review and consideration to establish a Bachelor of Science in Dental Hygiene education program.

   Dr. Petty invited CBU Representatives, Dr. David Pearson, Dean of the College of Health Science at CBU, and Dr. Kelly Donovan, Founding Program Director of Dental Hygiene Program at CBU, to present their request to the Board.

Motion: Justin Matthews moved for the Education Committee to recommend to the Full Board to provisionally approve a new Dental Hygiene Educational Program offered by California Baptist University, with the condition being an extendable two (2) year probational period once the program begins operation.

Second: Joanne Pacheco.

Committee Member discussion: Member Matthews asked Dr. Petty if the Board will be provided updates the program's progress. Dr. Petty stated that she will be monitoring their progress, and the timeline is available in the Board materials.

Executive Officer (EO), Anthony Lum, complimented the program's feasibility study for being well thought out and hopes that other interested parties follow with same level of thoroughness.

Chair Michael Long stated that he appreciated that it is a bachelor's degree program and that the program is regionally accredited.

Public comment: Susan McLearan, California Dental Hygienists' Association (CDHA), stated her concern about access to care. She asked how they are addressing need for dentists as their graduates will need to work for a dentist. Dr. Pearson responded to Ms. McLearan's concern stating that they do not have a dental school right now, but their focus is on training well-equipped hygienists, first and foremost, to add them to the workforce. Dr. Donovan added on that their nursing program uses a mobile clinic and mobile facility and they plan to have the hygiene students work with the nursing students as they service the Inland Empire area.

Tooka Zokaie, on behalf of the California Dental Association (CDA), stated that CDA continues to support this program in a high need area as there continue to be challenges for hygienists to find openings.

Elena Francisco, stated a concern for a lack of RDH educators as California hygiene students do not have to take clinical exam anymore and is worried about the qualifications of educators selected. She asked if they have a system to vet trained educators.

Ryan Weller, RDHAP, stated that she is concerned about the need for another dental hygiene program. She referenced that there are at least three dental hygiene schools within 95 miles and that the primary Bachelor of Science program has had a 50% filled capacity the last couple of years. She questioned why they think more people would be attending CBU, based on how full the other surrounding schools are presently.

EO Lum informed the CBU representatives if they would like to address the public comments they may.

Dr. Pearson responded to Ms. Francisco's comment in agreement that is important that they hire qualified educators. He stated that within the next five years they hope to develop an advanced program where they can train educators in their area. Dr. Donovan stated that she also agreed with having a Bachelor of Science be the minimum for faculty acceptance.

Vote: Motion for the Education Committee to recommend to the Full Board to provisionally approve a new Dental Hygiene Educational Program offered by California Baptist University, with the condition being an extendable two (2) year probational period once the program begins operation. Passed 5:0:0.

Name	Aye	Nay	Abstain/Absent
Michael Long, Chair	X		
Sherman King	X		
Justin Matthews	X		
Joanne Pacheco	X		
Naleni "Lolly" Tribble-Agarwal	X		

8. **EDUCATION COMMITTEE Agenda Item 4: Discussion and Possible Action on Proposed Dental Hygiene Educational Program Cohort Decrease Request from Cabrillo College.**

Dr. Adina Petty stated that on October 31, 2024, the Cabrillo College (Cabrillo) Dental Hygiene Educational Program (DHEP) submitted to the Commission on Dental Accreditation of the American Dental Association (CODA) a "Request for a Change in Enrollment Pattern."

On September 1, 2024, Cabrillo sent a copy of the "Request for a Change in Enrollment Pattern" to the Board. At that time, Cabrillo was notified they were required to obtain approval from the Board pursuant to 16 CCR section 1105.3(b)(3). Cabrillo then requested to be placed on the Board's March 21-22, 2025, meeting agenda to request Board approval.

Dr. Petty asked Dr. Matthew Wetstein - President of Cabrillo College, Dr. Travaris Harris - Vice President of Instruction, Dr. Heidi Weber - Dean Health, Athletics, Wellness, and Kinesiology, to make their request to the Board.

Motion: Justin Matthews moved for the Education Committee to recommend to the Full Board to approve the change in enrollment pattern of the Cabrillo College Dental Hygiene Educational Program to admit a cohort of 20 students every other year, rather than on an annual basis.

Second: Sherman King.

Committee Member discussion: Member Matthews asked what would be necessary for the program to return to a normal cohort being admitted. Dr. Wetstein responded that budget cuts and the funding formula for the California community college system are the main reasons for their downsize in cohorts. He also cited that declining enrollment and high

cost of living are affecting student enrollment as Californians move towards the Central Valley and Inland Empire regions. Dr. Wetstein stated that another source of income is disappearing as they will not be able to offer professional development courses anymore due to a change in regulation from DHBC.

Member Pacheco asked if this program change has been approved by CODA. Dr. Weber responded that it has been approved by CODA.

Member Pacheco inquired what specific change in regulation and revenue stream is the program experiencing. Dr. Weber responded that the expanded duties courses are weekend courses offered to working professionals will be affected. The courses have a fee and include an online and in-person portion. The course fees are then used to pay faculty salaries. She stated that the program has learned that this is not appropriate based on DHBC standards. EO Lum asked Dr. Weber to clarify if they meant extended functions meaning the Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN) course, to which Dr. Weber responded yes.

Member Pacheco asked if other programs also experiencing the same issues with budget constraints at their community college. Dr. Wetstein stated that other programs at their college are experiencing similar financial constraints.

Member King asked for the program's reasoning in reducing their student size when having more students would increase income and the faculty size remains the same. Dr. Wetstein stated that the cost of running the program will decrease, faculty staff will stay the same, but there will only be one cohort instead of two. He stated that this means there will be less courses for instruction and worked hours for faculty.

Public comment: JoAnn Galliano, Education Consultant for DHBC, stated that she is concerned for continuity of care for patients that students will see and access over the course of their training. She also asked what kind of referral process for patients. Dr. Weber stated that there will be the same number of staff but will be downsizing the number of students. Dr. Weber also stated that there will be the same amount of oversight with faculty and supervising dentists. Dr. Wetstein referenced the program's ability to rely on their community partnerships such as Diantis, which provides low-income community members with care referrals.

Chair Long stated that it is unfortunate that the program and community are in this situation with the loss of students. The Cabrillo College representative stated that this is an issue of funding formula changes and high-cost career education programs in the health care field are at a loss. He stated that they would appreciate advocacy with the legislature since they are funded on a per tuition basis.

Mustafa, RDHAP, stated concern for the program's administration struggling to find a solution to finance when other community college programs have been able to manage their budgets. He also stated that he is concerned with this occurring while a shortage in the hygiene profession is ongoing.

Vote: Motion to recommend to the Full Board to approve the change in enrollment pattern of the Cabrillo College Dental Hygiene Educational Program to admit a cohort of 20 students every other year, rather than on an annual basis. Passed 4:1:0.

Name	Aye	Nay	Abstain/Absent
Michael Long, Chair	X		
Sherman King	X		
Justin Matthews	X		
Joanne Pacheco		X	
Naleni "Lolly" Tribble-Agarwal	X		

9. **EDUCATION COMMITTEE Agenda Item 5: Discussion and Possible Action on Proposed Dental Hygiene Educational Program Schedule Request from Concorde Career College.**

Dr. Adina Petty stated Concorde Career College (CCC) requests for the Board to consider a request to accept the current academic schedule for the CCC DHEPs at Garden Grove, San Bernardino, and San Diego. She stated that the current schedule is nine weeks of instruction with an additional half week being final exams.

Dr. Petty asked Edward Cramp, Attorney at Duane Morris LLP, and Kimberly Pennington, Program Director at CCC-San Diego to present their request.

Dr. Petty also provided the Board and attendees with a presentation for DHBC DHEP Academic Instruction Requirements.

Motion: Naleni "Lolly" Tribble-Agarwal moved for the Education Committee to recommend to the Full Board to disapprove the request to accept the current academic schedule for the CCC Dental Hygiene Educational Programs at Garden Grove, San Bernardino, and San Diego.

Second: Joanne Pacheco.

Committee Member discussion: The Education Committee engaged in a robust discussion regarding the program's 9.5-week schedule versus the program's previous 10-week schedule.

Public comment: Joanne Galliano, Education Consultant for the DHBC, stated that students may not be prepared for this workload (night and weekend clinics) and the additional external factors of stress, personal life, and family. Ms. Galliano encouraged the

Board to disapprove the schedule and to mandate that the schedule becomes a 10-week instructional schedule with an additional final exam week.

EO Lum thanked Edward Cramp and presenters for their time and despite the motion to disapprove their request he hopes to continue to work together and have this re-addressed at upcoming Board meeting. Edward Cramp, Legal Counsel for CCC, agreed and stated that they are committed to getting it right and fulfilling the Board's standards. He stated that the program is in best interest of the students, faculty, and the public.

Vote: Motion for the Education Committee to recommend to the Full Board to disapprove the request to accept the current academic schedule for the Dental Hygiene Educational Programs at Garden Grove, San Bernardino, and San Diego. Passed 5:0:0.

Name	Aye	Nay	Abstain/Absent
Michael Long, Chair	X		
Sherman King	X		
Justin Matthews	X		
Joanne Pacheco	X		
Naleni "Lolly" Tribble-Agarwal	X		

10. **EDUCATION COMMITTEE Agenda Item 6: Dental Hygiene Educational Program Site Visit Update.** (Informational Only).

Dr. Adina Petty reported on the current status of the following DHEPs: at Pasadena City College (PCC), Taft College (Taft), Cabrillo College (Cabrillo), Cypress College (Cypress), Concorde Career College-San Diego (CCC-SD), Cerritos College (Cerritos), Concorde Career College-Garden Grove (CCC-GG), Carrington College-San Jose (Carrington-SJ), Concorde Career College-San Bernardino (CCC-SB), and West Los Angeles College (WLAC).

Committee member comment: None.

Public comment: Linda Brookman, RDHAP and former educator, asked if the recommendations for the site visits are available to the public. Dr. Petty responded to Ms. Brookman stating that site visit reports and documentation are available in the Board meeting materials starting on page 574.

11. **EDUCATION COMMITTEE Agenda Item 7: Future Agenda Items.**

Committee Member comment: None.

Public comment: Linda Brookman, RDHAP and former educator, asked the Board to consider adding an ITR program to each RDHAP curriculum as there is only one ITR program offered at North State with Dr. Paul Glassman. She stated that it is difficult for RDHAP's to take these courses and added that it would be beneficial to have another course available in the Southern California region as well.

12. **EDUCATION COMMITTEE Agenda Item 8: Adjournment of the Education Committee.**

Chair Long adjourned the Education Committee at **11:11 a.m.**

13. **FULL Agenda Item 5: Legislation and Regulatory Committee Meeting.**

14. **LEGISLATION AND REGULATORY COMMITTEE Agenda Item 1: Roll Call & Establishment of Quorum.**

Naleni "Lolly" Tribble-Agarwal, Legislation and Regulatory Committee Chair, called the Legislation and Regulatory Committee to order at **11:16 a.m.**, completed the roll call, and a quorum was established with five (5) members present.

15. **LEGISLATION AND REGULATORY COMMITTEE Agenda Item 2: Public Comment for Items Not on the Agenda.**

Committee Member comment: None.

Public comment: None.

16. **LEGISLATION AND REGULATORY COMMITTEE Agenda Item 3: Discussion and Possible Action Regarding California Code of Regulations, Title 16, Section 1005: Minimum Standards to Infection Control.** (Informational Only).

EO Anthony Lum stated that the Dental Board of California (DBC) established an Infection Control Advisory Working Group. The working group reviewed California Code of Regulations (CCR), Title 16, section 1005 regarding Minimum Standards for Infection Control for clarity of language, necessity for amendments, and consistency with other governing agencies, such as CAL-OSHA, CalEPA, and the Centers for Disease Control. The goal was to establish a consensus between the DHBC and DBC on the proposed regulatory amendments on 16 CCR section 1005 with subsequent implementation of the minimum standards. The DHBC approved the proposed language and amendments to 16 CCR section 1005 and was presented at the February 6, 2025, DBC Dental Assisting Council and at the subsequent February 6-7, 2025, DBC meeting for approval.

The DBC received several comments on issues contained in the draft regulatory language to the extent that further revision to the language is necessary. They will have their experts and staff work to revise the language based upon the comments received, collaborate with the DHBC's experts, and address the draft language at the May 14-15. 2025, DBC meeting

for approval. If approved, the draft language will then be submitted back to the DHBC for consensus vote at the July 18-19, 2025, Full Board meeting.

Committee Member discussion: Member Elginer asked EO Lum if he could provide her with the list of those participating in the working group. EO Lum stated he would provide her with the list of DHBC and DBC collaborators.

Public comment: None.

17. LEGISLATION AND REGULATORY COMMITTEE Agenda Item 4: Discussion and Possible Action on Amendments to 16 CCR Section 1116.5: Registered Dental Hygienist in Alternative Practice; Physical Facility Registration.

Dr. Adina Petty stated on January 1, 2025, 16 CCR section 1116.5 went into effect for the registration of physical facilities by Registered Dental Hygienists in Alternative Practice (RDHAPs). Subsequently, the Board was informed about some confusion regarding the requirements for registration of physical facilities as a stand-alone practice versus registration of physical facilities to maintain portable equipment.

She stated that in an effort to address those concerns, Board staff prepared the attached proposed amendments to the previously approved language and form for 16 CCR section 1116.5 for conciseness.

Dr. Petty stated that the information is available in the Legislation and Regulatory Addendum posted to the DHBC website.

Motion: Michael Long moved for the Legislation and Regulatory Committee to recommend to the Full Board to approve the proposed amended language and form for 16 CCR section 1116.5, and direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review. If the Board does not receive any comments providing objections or adverse recommendations specifically directed at the proposed action or to the procedures followed by the Board in proposing or adopting the action, the Board authorizes the Executive Officer to take all steps necessary to initiate the rulemaking process, make any technical or non-substantive changes to the package, and set the matter for hearing, if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, the Board authorizes the Executive Officer to take all steps necessary to complete the rulemaking process, and adopt the proposed regulations as described in the text notice for 16 CCR section 1116.5.

Second: Member Hansen.

Committee Member discussion: Member Long thanked Dr. Petty for her assistance in reviewing the materials with him and for clarifying the information.

Acting President Hansen asked what the Board can do facilitate access for RDHAPs to access the AEDs through prescription. Dr. Petty stated that AEDs do require a prescription, but it is more of a general prescription. Dr. Petty stated that RDHAPs can go to the AED sales website, the AED manufacturers and sellers will direct them on how to get an AED prescription. She also stated that they can go to their private physician to get a prescription. Dr. Petty stated that the oxygen is a legislative mandate (SB 534) for administration of local anesthesia. She stated that the Board's approval was based on RDHAP's having a relationship with a dentist who would then assist RDHAPs with the prescription for local anesthesia, oxygen, and fluoride. Dr. Petty stated that any changes would have to be done through legislation which is statutory and not regulatory.

Member Long stated that his opinion on the relationship between the RDHAP and the dentist is regarding patient care and not for ordering supplies. He stated that he would like to see RDHAP have the ability to order the supplies they need to treat patients under their scope of practice.

Member Long asked for clarity on what the process is if the Board approves this language while still wanting to further discuss the topic of oxygen and AED. Dr. Petty stated that the Board approves the language, goes through the approvals process, published by the Office of Administrative Law, then there is a 45-day comment period that licensees and the public can participate, the comments would then be presented to the Board with another 15-day comment period.

Susan McLearan, CDHA, asked to remove the AED requirement as it seems unfair that they are required for RDHAP offices but not in dental offices. EO Lum stated that DHBC does not have purview over dental offices but do have purview over the RDHAP remote offices. He and Acting President Hansen stated that implementing the AED requirement is for safety reasons as RDHAPs work in rural areas. They reiterated that this is to protect the consumer in case of emergency.

Member Elginer stated that any concern for the portable oxygen requirement could be an opportunity for trade associations to work on this issue, since it was created through statute (SB 534).

Member Long stated mobile dentistry in rural areas do not require and AED. Member Ponnala stated that she recently got a mobile van, and an AED is a requirement. She stated that AEDs are available everywhere in public, such as gyms and malls. Member Ponnala stated that AEDs have gone down in price in the last couple of years and believes the AED requirement is more of a consumer protection issue with regards to population safety.

Public comment: Kieresten Anderson, RDHAP in a rural area, stated her concern about the portable oxygen requirement as she has had issues acquiring this for her brick-and-mortar practice since it requires a prescription and RDHAPs do not have prescription writing abilities. She stated that her location in a rural setting makes it difficult to have a relationship with a dentist, who can order this as needed.

Brenda Lee, RDHAP, stated having similar concerns as Ms. Anderson with the oxygen tank and AED requirements for registration of a physical facility. Ms. Lee stated that as an RDHAP she sees this as a barrier as these medical devices require a physician's prescription to lawfully purchase and is questioning how RDHAPs can meet this amendment of the CCR.

Elena Francisco, RDHAP, stated that she felt blindsided with this mandate. She stated that she understands the requirement for oxygen, but it concerned with accessing it since a prescription is required and it is expensive for RDHAP afford. Ms. Francisco asked when the original discussion took place and where to locate the paperwork that dictated that AEDs are not required in their practice.

Jennifer Watney, RDHAP, stated she would like DHBC to provide the paperwork or justification for the AED requirement. She stated that it seems unfair to impose on RDHAPs who typically perform non-invasive procedures and have a lower likelihood of medical emergencies that would need an AED.

Dr. Petty responded to the commenters asking about when these requirements were made official. She stated that the Board approved the language on November 19, 2022, and it was sent to publication for the 45-day comment period. The notice was filed on January 23, 2024. It was published on February 2, 2024. Dr. Petty stated that individuals can find this information on the Laws and Regulations page located on the DHBC website. She added that individuals can review the minutes from November 19, 2022, for the Board's approval.

Vote: Motion for the Legislation and Regulatory Committee to recommend to the Full Board to approve the proposed amended language and form for 16 CCR section 1116.5, and direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review. If the Board does not receive any comments providing objections or adverse recommendations specifically directed at the proposed action or to the procedures followed by the Board in proposing or adopting the action, the Board authorizes the Executive Officer to take all steps necessary to initiate the rulemaking process, make any technical or non-substantive changes to the package, and set the matter for hearing, if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, the Board authorizes the Executive Officer to take all steps necessary to complete the rulemaking process, and adopt the proposed regulations as described in the text notice for 16 CCR section 1116.5. Passed 5:0:0.

Name	Aye	Nay	Abstain/Absent
Naleni "Lolly" Tribble-Agarwal, Chair	X		
Julie Elginer	X		
Sonia "Pat" Hansen	X		
Michael Long	X		
Sridevi Ponnala	X		

18. **LEGISLATION AND REGULATORY COMMITTEE Agenda Item 5: Status of Dental Hygiene Board of California (DHBC) Regulatory Packages.** (Informational Only).

Dr. Adina Petty provided an update on the status of the Rulemaking Files (see pages 579 – 581 of the Board meeting materials) since the November 22, 2024, Board Meeting. 16 CCR sections 1116 (Mobile Dental Hygiene Clinics) and 1116.5 (RDHAP Physical Facility Registration) were approved on November 22, 2024, and went into effect on January 1, 2025. 16 CCR section 1105.4 Appeals Process and Reinstatement of Withdrawn Dental Hygiene Educational Programs (DHEPs) was approved on January 27, 2025, and was effective April 1, 2025. She stated that 16 CCR section 1105.2(e) (Periodontal Classifications) is in process and 16 CCR section 1116.5 (RDHAP Physical Facility Registration) was reopened today in the Legislation and Regulatory Committee Agenda Item 4. Dr. Petty ended her report stating that the processing times are located on page 581 within the Board meeting materials.

Committee Member discussion: None.

Public comment: None.

19. **LEGISLATION AND REGULATORY COMMITTEE Agenda Item 6: Discussion and Possible Action to Amend 2025 DHBC Omnibus Bill Proposal.**

Executive Officer Anthony Lum reported the Board licenses and regulates California dental hygienists pursuant to sections 1900 through 1967.4 of the Business and Professions Code (BPC). Since inception of the statutes, the Board continually analyzes and reviews them for any possible revisions that would help clarify the language for staff, licensees and interested stakeholders; improve procedures; and enhance program efficiencies for the betterment of the Board. This ongoing task is to improve the Board's oversite requirements of Registered Dental Hygienists (RDHs), RDHAPs, Registered Dental Hygienists in Extended Functions (RDHEFs), and DHEPs to uphold the law.

The original Omnibus Bill proposals from our last meeting will remain (DHBC naming clarifications) and the additional request adds new language to the proposal, if approved, through an amendment to the bill. The requested amendments add the following language:

1) Provides an opportunity to remove language that should have been repealed from a previously approved bill (Senate Bill 1451, Statutes of 2024) during the last session removing the requirements to seek DBC approval for dental hygiene scope of practice issues. This was a compromise with the DBC for the removal of the RDH member from their board and the stricken language has been discussed with the Senate Business, Professions, & Economic Development (Senate BP&ED) staff for repeal.

2) Mirrors previously approved language for dental students (Assembly Bill 936, Statutes of 2023) to be applied to dental hygiene students to work at sponsored events under faculty supervision to improve access to dental care and increase their clinical experiences.

3) Provide direction to RDHAPs to notify the Board of their working locations at each license renewal which assists in the Board's oversight of the license category.

4) For clarity, separates one combined licensure fee into two separate fees (Application Fee and Initial Licensure Fee) so applicants know what their fees are paying for.

Motion: Julie Elginer moved for the Legislation and Regulatory Committee to review the proposed amendments to the 2025 Omnibus Bill (SB 861) request to BPC sections 1905(a)(8), 1915.1, 1926.3, 1941, and 1944. If the Committee determines these changes are warranted, I move for the Committee to approve the proposed statutory language and recommend to the Full Board to consider all or part of the language to be used in an amendment to the Omnibus Bill.

Second: Member Ponnala.

Committee Member discussion: Member Elginer asked if any of the items are not allowed in the Senate BP&ED on this bill if the staff plans to go back to the Legislature to determine if the spot bill dies or if any other legislative changes may occur (e.g., held in suspense or if they could re-purpose the bill to include this language). EO Lum responded he hopes the DHBC language may be included in the Bill and stated that the DHBC will continue pursuing this language even if the Board is unsuccessful during this legislative session.

Public comment: Susan McLearan, CDHA, asked whether the decision for the 1915.1 1-in-5 ratios in clinical services and the 1-in-6 in non-clinical should be added to the language. Dr. Petty responded to Ms. McLearan that the language she is speaking of was approved by the Board and clarified additional information as well.

Vote: Motion for the Legislation and Regulatory Committee to review the proposed amendments to the 2025 Omnibus Bill (SB 861) request to BPC sections 1905(a)(8), 1915.1, 1926.3, 1941, and 1944. If the Committee determines these changes are warranted, I move for the Committee to approve the proposed statutory language and recommend to the Full Board to consider all or part of the language to be used in an amendment to the Omnibus Bill. Passed 5:0:0.

Name	Aye	Nay	Abstain/Absent
Naleni "Lolly" Tribble-Agarwal, Chair	X		
Julie Elginer	X		
Sonia "Pat" Hansen	X		
Michael Long	X		
Sridevi Ponnala	X		

Later in the meeting, Member Long asked to re-open Legislation and Regulatory Committee Agenda Item (6) for discussion to get clarification on a question that was asked during the public comment regarding 1:5 supervision ratios mentioned in BPC section 1915.1(d)(5).

Dr. Petty stated that BPC section 1909, subdivisions (a) and (b) allows for the performance of soft tissue curettage and for the administration of local anesthesia, respectively, under direct supervision. BPC section 1910(a) allows for preventive and therapeutic interventions, including oral prophylaxis, scaling, and root planing under general supervision. She stated that the confusion may have been regarding the clinical procedures that require the 1 to 5 faculty-to-student ratio. She explained that general supervision would cover services like toothbrush instruction and fluoride administration and would not require the 1-in-5 clinical supervision ratio.

Based on this clarification, Member Long asked for the Board to amend the motion language. The original motion maker and seconder agreed to proceed with an amended motion.

Amended Motion: Member Elginer moved for the Legislation and Regulatory Committee to recommend to the full Board the language amendments with regard to supervision ratios for BPC section 1915.1, subdivisions (d)(5), (d)(6), and (d)(7) to be as follows:

(d)(5) Supervision ratios and dental hygiene student oversight while performing clinical procedures as authorized in subdivisions (a) and (b) of Section 1909 and subdivision (a) of Section 1910 shall be, at a minimum, of one (1) clinical supervising faculty member to five (5) dental hygiene students.
(d)(6) The dental hygiene student shall perform only those procedures authorized by subdivision (a) of Section 1908, subdivisions (a) and (b) of Section 1910, subdivision (a) of Section 1911, and 1911.5 under the supervision of their assigned clinical supervising faculty.
(d)(7) The dental hygiene student shall perform only those procedures authorized by subdivisions (a) and (b) of Section 1909 under the direct supervision of a California licensed dentist.

Amended Second: Member Ponnala.

Committee Member discussion: None.

Public comment: None.

Vote: Motion for the Legislation and Regulatory Committee to recommend to the full Board the language amendments with regard to supervision ratios for BPC section 1915.1, subdivisions (d)(5), (d)(6), and (d)(7) to be as follows:

(d)(5) Supervision ratios and dental hygiene student oversight while performing clinical procedures as authorized in subdivisions (a) and (b) of Section 1909 and subdivision (a) of Section 1910 shall be, at a minimum, of one (1) clinical supervising faculty member to five (5) dental hygiene students.
(d)(6) The dental hygiene student shall perform only those procedures authorized by subdivision (a) of Section 1908, subdivisions (a) and (b) of Section 1910, subdivision (a) of Section 1911, and 1911.5 under the supervision of their assigned clinical supervising faculty.
(d)(7) The dental hygiene student shall perform only those procedures authorized by subdivisions (a) and (b) of Section 1909 under the direct supervision of a California licensed dentist. Passed 5:0:0.

Name	Aye	Nay	Abstain/Absent
Naleni "Lolly" Tribble-Agarwal, Chair	X		
Julie Elginer	X		
Sonia "Pat" Hansen	X		
Michael Long	X		
Sridevi Ponnala	X		

20. **LEGISLATION AND REGULATORY COMMITTEE Agenda Item 7: Legislative Update: Bills of Interest and Legislative Calendar.** (Informational Only).

Dr. Adina Petty reported as to current legislation of interest to the Board, as well as reporting on the current legislative calendar.

Motion: Julie Elginer moved for the Legislation and Regulatory Committee to recommend to the Full Board to approve the proposed positions as follows: AB 224 (Watch), AB 341 (Watch), AB 350 (Support), AB 371 (Watch), AB 489 (Watch), AB 873 (Oppose), AB 966 (Watch), SB 62 (Watch), and SB 351 (Watch).

Second: Member Hansen

Legislation	DHBC Position
AB 224 Bonta: Health care coverage: essential health benefits.	Watch.
AB 341 Arambula: Oral Health for People with Disabilities Technical Assistance Center Program.	Watch.
AB 350 Bonta: Health care coverage: fluoride treatments.	Support.
AB 371 Haney: Dental coverage.	Watch.
AB 489 Bonta: Health care professions: deceptive terms or letters: artificial intelligence.	Watch.
AB 873 Alanis: Dentistry: dental assistants: infection control course.	Oppose.
AB 966 Carrillo: Dental Practice Act: foreign dental schools.	Watch.
SB 62 Menjivar: Health care coverage: essential health benefits.	Watch.
SB 351 Cabaldon: Health Facilities.	Watch.

Committee Member discussion: The Legislation and Regulatory Committee and public commenters engaged in a robust discussion regarding AB 341 and AB 873.

Public comment: Kayla Sejera, RDHAP and Dental Coordinator at Tri County's Regional Center, in comment to AB 341, stated that they support adding RDHAPs to the language and support the Board's decision for a watch position. She stated that they would like to see this as part of a pilot project rather than legislation.

Vote: Motion for the Legislation and Regulatory Committee to recommend to the Full Board to approve the proposed positions as follows: AB 224 (Watch), AB 341 (Watch), AB 350 (Support), AB 371 (Watch), AB 489 (Watch), AB 873 (Oppose), AB 966 (Watch), SB 62 (Watch), and SB 351 (Watch). Passed 5:0:0.

Name	Aye	Nay	Abstain/Absent
Naleni "Lolly" Tribble-Agarwal, Chair	X		
Julie Elginer	X		
Sonia "Pat" Hansen	X		
Michael Long	X		
Sridevi Ponnala	X		

21. LEGISLATION AND REGULATORY COMMITTEE Agenda Item 8: Future Legislative and Regulatory Committee Agenda Items.

Committee Member comment: Member Elginer requested to have the information on the sponsor of the bill as pieces of legislation are being introduced if it is publicly available.

Member Elginer requested to reconvene the Legislation and Regulatory Committee between the March and July Board meetings. EO Lum stated that it is possible to conduct an additional meeting that is in-person or teleconference, but it is the Board President's prerogative whether another meeting occurs.

Member Long requested discussion and possible action on amending16 CCR section 1116 (RDHAP Mobile Dental Hygiene Clinics) with regard to the requirement of an AED.

Public comment: None.

22. LEGISLATION AND REGULATORY COMMITTEE Agenda Item 9: Adjournment of the Legislative and Regulatory Committee Meeting.

Chair Naleni "Lolly" Tribble-Agarwal adjourned the Education Committee at **2:58 p.m.**

23. FULL Agenda Item 6: Roll Call & Re-Establishment of a Quorum.

Sonia "Pat" Hansen, Acting President called the meeting to order at **3:00 p.m.** Board Secretary Naleni "Lolly" Tribble-Agarwal completed the roll call, and a quorum was established with eight (8) members present.

24. FULL Agenda Item 7: Future Agenda Items.

Committee Member comment: None.

Public comment: Cheryl Greer, RDHAP, requested for ITR to be added as a CE course so that it is more accessible for RDHAPs. She also asked the Board to consider RDH and RDHAPs to be allowed to write prescriptions for items such as fluoride and oxygen.

25. **FULL Agenda Item 8: Adjournment.**

Acting President Hansen adjourned the Full Board meeting at **3:03 p.m.**

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

FULL Board Agenda Item 7.

Discussion and Possible Action to Approve the March 22, 2025, Full Board Meeting Minutes.

Dental Hygiene Board of California
Meeting Minutes

DRAFT

Saturday, March 22, 2025

Dental Hygiene Board of California Headquarters
2005 Evergreen Street
1st Floor Hearing Room
Sacramento, CA 95815

DHBC Members Present:
Acting President – Sonia "Pat" Hansen, RDH Member
Secretary – Naleni "Lolly" Tribble-Agarwal, RDH Member
Registered Dental Hygienist in Alternative Practice (RDHAP) Member – Michael Long
Registered Dental Hygienist (RDH) Educator Member – Joanne Pacheco
Public Health Dentist Member – Dr. Sridevi Ponnala
Public Member – Dr. Julie Elginer
Public Member – Sherman King
Public Member – Dr. Justin Matthews
Public Member - Vacant

DHBC Staff Present:
Anthony Lum, Executive Officer
Albert Law, Assistant Executive Officer
Adina A. Pineschi-Petty, Doctor of Dental Surgery (DDS), Education, Legislative, and Regulatory Specialist
Crystal Yuyama, Administrative Analyst
Yuping Lin, Department of Consumer Affairs (DCA) Legal Counsel for the DHBC
Elizabeth Dietzen-Olsen, DCA Regulatory Legal Counsel for the DHBC

1. FULL Board Agenda Item 1: Roll Call and Establishment of a Quorum

Sonia "Pat" Hansen, Acting President of the Dental Hygiene Board of California (DHBC, Board), reviewed meeting guidelines and called the meeting to order at **9:08 a.m.** Board Secretary Naleni "Lolly" Tribble-Agarwal completed the roll call, and a quorum was established with eight (8) members present.

2. FULL BOARD Agenda Item 2: Public Comment for Items Not on the Agenda.

Board Member comment: None.

Public comment: None.

3. FULL BOARD Agenda Item 3: President's Report.

Sonia "Pat" Hansen filled the role of Acting President due to the completion of Dr. Carmen Dones term. The Board thanks Dr. Dones for her commitment and support of the Board.

Acting President Hansen reported she participated in the Department of Consumer Affair's (DCA) February 2025 President's Training where they reviewed the role and responsibilities of the officer position.

Acting President Hansen stated she and Executive Officer (EO) Lum met at least twice a month for that past couple of months for updates on Board issues and for items that need her attention.

Lastly, the Acting President shared that she has been working on enforcement cases with Board staff to continue to move forward with pending cases of concern to the Board.

Board Member comment: None.

Public comment: None.

4. FULL BOARD Agenda Item 4: Update from the Department of Consumer Affairs (DCA) Executive Staff.

Judie Bucciarelli, Department of Consumer Affairs (DCA) Board and Bureau Relations Representative, reported on the following:

a. Fire Response

On January 29th, 2025, Governor Newsom released Executive Order N-15-25 providing quick recovery relief for local businesses by deferring renewal fees and waiving other fees for DCA licensees in the Los Angeles wildfire areas.

Specific DCA provisions included the following:

DCA licensees whose licenses expire between January 1st and July 1st, 2025, will be granted a one year extension to pay their renewal fees if their business or residence address is in certain zip codes impacted by the fires. Licensees will still need to renew their license, but their fees will be postponed for one year.

In addition, duplicate or replacement licenses, including wall certificates will be provided free of charge until January 7th, 2026, and delinquency fees are suspended until July 1st, 2025, for those in the impacted areas.

DCA met with Board and Bureau leadership on January 29, 2025, to discuss the Executive Order and its implementation. DCA provided messaging to the Boards and Bureaus for dissemination to the impacted licensees, as well as consistent messaging for use on all DCA Board and Bureau websites. Boards and Bureaus have shared the

Executive Order and fee deferral opportunity with their stakeholders. DCA sincerely appreciates the quick and personal outreach by the Boards and Bureaus to impacted licensees.

Each DCA Board and Bureau website was updated with information for individuals impacted by the fires. DCA's Office of Information Services Information Technology team developed landing pages for all online databases so licensees going through the renewal process will receive information regarding the fee deferral when going to renew their license online.

DCA has a dedicated "Disaster Help Center" webpage accessible at www.dca.ca.gov that includes information on the Executive Order, Frequently Asked Questions, and other important resources that may be helpful to licensees and survivors as they navigate the rebuilding process.

Additionally, DCA has a toll-free phone number (1-800-799-8314) and email (cafires@dca.ca.gov), which are both available for fire survivors needing assistance.

DCA is grateful to the Governor for the opportunity to assist DCA's licensees in their time of unprecedented need. DCA thanked DCA's Board and Bureau leadership for their continued partnership and commitment to help all survivors.

b. Governor's 2025-26 Proposed State Budget

Governor Newsom released his proposed 2025-26 State Budget on January 10, 2025. In addition, DCA's vacancy reduction and government efficiency plans were approved by the Department of Finance and may be made official in the Spring revisions.

The Governor remains committed to funding resources to address California's housing and homelessness crisis. Included in the Governor's proposed budget is the creation of a dedicated California Housing and Homeless Agency. DCA and other regulators currently under the Business and Consumer Services and Housing Agency would form a Consumer Protection Agency.

This provides an extraordinary opportunity for DCA to better align with other consumer protection entities as one Consumer Protection Agency. With a Consumer Protection Agency Secretary within the Governor's cabinet, this opportunity will strengthen DCA's mission, momentum and delivery of services to California.

The Governor's reorganization proposal will be reviewed by the non-partisan Little Hoover Commission and the Legislature this Spring. As more information is available, DCA will continue to keep Board and Bureau Leadership updated.

c. Hybrid Telework Transition

On March 3, 2025, Governor Newsom issued an executive order requiring all State agencies and departments to update their hybrid telework policies for employees and

increase from two to four days in office per week beginning on July 1, 2025. On March 13, 2025, the California Department of Human Resources issued guidance on implementation of the executive order. The guidance provides defined parameters for when agencies and departments can make case-by-case exceptions to the four-day in-office minimum requirement. DCA is working closely with Business and Consumer Services Housing Agency on next steps and will be meeting next week to discuss this transition with Board and Bureau Leadership.

d. Board and Bureau Relations Team Update

Ms. Bucciarelli shared an update regarding DCA's Board and Bureau Relations (BBR) Team. Yvonne Dorantes served as the Assistant Deputy Director of BBR since October of 2022. On December 6, 2025[t], the Governor Newsom appointed Yvonne as the Assistant Deputy Director of Legislative and Government Affairs at the California Governor's Office of Emergency Services. Her last day at DCA was December 31, 2024.

Melissa Gear was appointed by the Governor Newsom as Deputy Director of Legislative and Governmental Affairs at the Department of Health Care Access and Information on February 14, 2025. She has been with DCA since September of 2022. Her last day with DCA was February 28, 2025.

DCA appreciates Melissa and Yvonne's dedication to the DCA and wish them well in their new roles. Moving forward, any questions or matters that individuals may need assistance with should be sent to BBR's email at: MembersRelations@dca.ca.gov.

e. State Close

Ms. Bucciarelli thanked Board staff for their continued hard work and thanked the Board for their dedicated services on behalf of California consumers.

Board Member comment: Member Long asked if there is an update on DCA's rollout of updating all the DCA Board and Bureaus' websites. EO Lum stated that he is in constant communication with the department and can update the Board when information is received.

Member Elginer thanked Ms. Bucciarelli and DCA for their efforts in ensuring that those impacted by the wildfires receive assistance and accommodation from DCA and the DCA Boards and Bureaus.

Member Elginer asked if there is a published organization chart. EO Lum responded that he will send her a copy.

Public comment: None.

5. FULL BOARD Agenda Item 5: Update from the Dental Board of California (DBC).

Dr. Steven Chan, President of the Dental Board (DBC) thanked Executive Officer Lum and members of the Dental Hygiene Board for the opportunity to provide this update.

Dr. Chan reported on the following:

- He congratulated Joanne Pacheco on her appointment to the Dental Hygiene Board upon her departure from the DBC. He stated that Ms. Pacheco was a valued member of the DBC.
- The DBC held its most recent board meeting on February 6 – 7, 2025. The next Board meeting will be held on May 14 – 15, 2025, in Anaheim.
- The Board's Executive Officer, Tracy Montez, retired. Dr. Chan acknowledged her leadership and commitment to the DBC. The DBC is currently recruiting to fill this position.
- At the February 6 – 7, 2025, DBC meeting, the proposed regulations regarding Minimum Standards for Infection Control received additional comments. The DBC sent this proposal back to the working group to address the comments and will be bringing this back before the DBC at the May 14 – 15, 2025, DBC meeting.
- The DBC continues to process licensing applications within its statutory mandates, address access to care concerns, and be responsive to consumers of dental services.
- The DBC will be creating its strategic plan this year as the current strategic plan expires at the end of 2025.
- Dr. Chan stated that he looks forward to the continued partnership with the DHBC, especially as they continue to update the DBC's dental assisting regulations.

Board Member comment: Executive Officer (EO) Anthony Lum and Acting President Hansen expressed gratitude to Dr. Chan for DBC's cooperation with the DHBC and hopes to continue that collaboration between the two boards in the future.

Public comment: None.

6. FULL BOARD Agenda Item 6: Discussion and Possible Action to Approve the November 15, 2024, Full Board Meeting Minutes.

Motion: Sridevi Ponnala moved to approve the November 15, 2024, Full Board Meeting Minutes, as amended.

Second: Michael Long.

Board Member discussion: Member Elginer stated that there was an error on November 15, 2024, Board Meeting minutes on page 54 that should be corrected from 2025 to 2024.

Public comment: None.

Vote: Motion to approve the November 15, 2024, Full Board Meeting Minutes, as amended. Passed 5:0:3.

Name	Aye	Nay	Abstain/Absent
Julie Elginer			X
Sonia "Pat" Hansen	X		
Sherman King			X
Michael Long	X		
Justin Matthews	X		
Joanne Pacheco			X
Sridevi Ponnala	X		
Naleni "Lolly" Tribble-Agarwal	X		

7. **FULL BOARD Agenda Item 7: Discussion and Possible Action to Approve the November 16, 2024, Full Board Meeting Minutes.**

Motion: Michael Long moved to approve the November 16, 2024, Full Board Meeting Minutes, as amended.

Second: Justin Matthews.

Board Member discussion: Member Long stated that there was a typo on page 22 of the November 16, 2024 Board Meeting minutes. The correction will replace the word 'rations' with 'ratios'. Dr. Petty stated there was a date error on page 25 of the November 16, 2024, Board Meeting minutes, and should be corrected from 2025 to 2024.

Public comment: None.

Vote: Motion to approve the November 16, 2024, Full Board Meeting Minutes, as amended. Passed 5:0:3.

Name	Aye	Nay	Abstain/Absent
Julie Elginer			X
Sonia "Pat" Hansen	X		
Sherman King			X
Michael Long	X		
Justin Matthews	X		
Joanne Pacheco			X
Sridevi Ponnala	X		
Naleni "Lolly" Tribble-Agarwal	X		

8. **FULL BOARD Agenda Item 8: Dental Hygiene Board of California Election of Officers.**

EO Lum stated that the reason for another Election of Officers is being conducted due to the prior President, Carmen Dones, who was voted as President in November 2024, was not reappointed in January after her term expired at the end of December 2024. He presented the Board members with the process of nominating a new president.

Nominations for President: Member Long moved for the Board to accept the nomination of Joanne Pacheco as President for 2025.

Justin Matthews seconded the nomination.

Member Joanne Pacheco accepted the nomination for the Office of President for 2025.

Board Member comment: None.

Public comment: None.

Nominations: Motion for the Board to accept Joanne Pacheco as President for 2025. Passed 8:0:0.

Name	Aye	Nay	Abstain/Absent
Julie Elginer	X		
Sonia "Pat" Hansen	X		
Sherman King	X		
Michael Long	X		
Justin Matthews	X		
Joanne Pacheco	X		
Sridevi Ponnala	X		
Naleni "Lolly" Tribble-Agarwal	X		

9. **FULL BOARD Agenda Item 9: Executive Officer's Report.** (Informational Only).

EO Anthony Lum reported on the following:

a. Personnel:

EO Lum reported that the Board has two (2) vacant positions and recently revised both duty statements and has one position scheduled for interviews next week. The second position will be advertised for hiring soon.

He stated that with the recent appointments of Dr. Elginer and Ms. Pacheco as Board members there is currently only one vacant Board member position remaining.

b. Budget:

EO Lum stated the latest Budget Expenditure, Expenditure Projection, Revenue, and Fund Condition reports are in today's meeting materials on pages 67–75. These reports show totals from fiscal month (FM) seven (7), which are expenses captured through January 2025.

The Expenditure Report was provided on pages 67 to 69. The DHBC has spent approximately 55% (~$1.6 million) of our annual budget and staff continue to be selective and efficient with spending.

The Expenditure Projection Report (page 70) provides anticipated expenses through this year, and it's projected that we'll have roughly 11.5% (~$340,000) of our budget remaining at year-end.

The Board's Revenue Report (pages 71-73) shows the amount of revenue the Board has received through FM7 (~$2.4 million). If projected out, the Board should be on track to receive the anticipated amount of revenue by year-end (~$3.5 million).

The Fund Condition Report (the Board's "savings account" by fiscal year) shows the amount of dollars available in the fund to show the fiscal health of the Board. The fund continues to be good standing moving forward with ~$4.5 million in the fund this year.

EO Lum provided a flowchart of the State Budget Process [on page 75 and in a PowerPoint (PPT)].

- Up through December of the preceding year, the DCA's Budget Office works with the Department of Finance (DOF) to create a draft report of all DCA Programs to include additional expenditures or reductions depending on each program's specific needs.
- Then, the DOF assembles ALL state government program's budgetary needs into a draft budget report for the Governor to release by January 10 for the next fiscal year. This is an initial draft as changes will occur.
- In the meantime, the Legislature is afforded the opportunity to work with the Governor's Office on the budget and by May 14 of each year, the Governor releases the Revised Budget Proposal called the May Revision containing changes that have been agreed upon.
- The Legislature then deliberates on the revised budget and must approve and pass a new balanced budget by June 15 of each year to begin implementation as of July 1 of the following fiscal year or forfeit their pay until a budget is passed (pursuant to Proposition 25 in 2010). The fiscal year runs from July 1 – June 30 of each year.

c. Administration – EO Activities and Updates:

EO Lum stated that since his last report, the following are some of his activities:

- He attended the Dental Board's February 6 - 7, 2025, Board meetings through Webex. The main issue of concern for the Board were the revised infection control regulations.
- He participated in the DCA's December 2024 Leadership and DCA Director's Quarterly Meetings where current issues affecting programs were discussed.
- He communicated with several legislative staffers throughout January and February of 2025 to obtain an author for the Board's proposed statutory language prior to the bill deadline without success. As explained by Legislative staffers, this year is more complex than previous years because of the combination of a

greater legislative need and the Governor's order reducing the number of bills proposed by each legislator from 50 to 35. They explained that our proposed language is valid and has great intent but contains subjects they're not focused on at the current time. He is still working to possibly get some of the approved language into legislation this year through amendments, but that's still to be determined.

- He arranged to update the laws and regulations book for 2025 and beautified the new strategic plan to be presentable on the website. Both will be posted soon, and thanked DCA's Publications, Design, and Editing team who assisted in completing the projects.
- The Governor issued a new Executive Order (N-22-25) which requires staff to return to the office a minimum of four (4) days per work week (from two days a week) effective July 1, 2025. This applies to state employees living within a 50-mile radius of the office with exceptions considered for staff on a case-by-case basis.
- EO Lum began researching topics for the Board's next newsletter, which will be the Spring/Summer 2025 edition. He encouraged Board members interested in adding information to it, to let him know.
- He was recently informed that the dates for the November 2025 meeting (November 14-15, 2025) conflicts with some members schedules. Since this issue was not on the current agenda, he requested for a Board a member to add the issue for a "Future Agenda" Item later in the meeting to be presented and voted upon at a later Board meeting. He stated Board staff will work with members to identify appropriate "Late October to November" meeting dates to be considered at a future meeting.

d. Separation of Authority in State Government (Presentation):

EO Lum stated that the chart (on page 76 and PPT in the meeting materials) shows the breakout of authority within the state government system.

He presented this issue for clarity because over the past few meetings, there have been lengthy discussions about scope of practice issues. Additionally, he received a member's request to review the roles and separation of authority in state government for everyone's edification.

Board Member comment: Member Elginer asked EO Lum about a line item on page 69 if DHBC has increased the projection spent through the Attorney General's Office. EO Lum stated that in these reports we don't have the flexibility to increase or decrease the budget every year. He stated that we can move funds around as long as it is within the allotted budget to cover expenses.

Member Elginer commends the Board on having over 16 months in reserve and recognizes the difficulty in accomplishing that. She stated that she has expertise in budget development and in analyzing financial statements and offered to help the Board in that capacity if needed.

Member Long stated that he received positive feedback on the DHBC newsletter. He asked if releasing two newsletters a year is the current goal. EO Lum stated that two a year is the current goal, but he would like to see it increase to three or four, with the ultimate goal of releasing a quarterly newsletter. Member Long stated that he submitted an article for the newsletter on enforcement actions and encouraged other Board members to work with EO Lum on sharing information to get out to the public and licensees.

Member Long asked why the strategic plan has not been updated and uploaded to the website. EO Lum stated that the new DHBC 2024-2028 Strategic Plan that we've been working on the past year was recently requested to be posted to the website.

Member Long asked about the Board Member Guidelines and Procedure Manual to which EO Lum stated that staff plan to revise the packet and bring to the Board for updating.

Member Long inquired on whether staff were able to connect with other boards to see how they address the issue of interpreting scope of practice. EO Lum stated that each board is unique with how they deal with scope. Regarding DHBC's own statutory laws, EO Lum stated that they are written to be more vague than other boards. EO Lum stated that the Board must have the statutory authority first to revise any scope of practice issues.

Member Pacheco thanked EO Lum for developing this presentation. She stated that she thinks it should be provided to, and included in, all dental hygiene educational programs (DHEPs).

Public comment: Susan McLearan, California Dental Hygienists' Association (CDHA), stated that they do try to differentiate CDHA and DHBC for licensees and will continue to do so. Additionally, she asked EO Lum as to what steps would need to be taken for the Board to have the authority to interpret scope of practice issues. EO Lum stated that the Board would need to obtain legislative authority to review scope of practice issues. He stated that scope of practice issues should not be the focus of the Board since the DHBC is a consumer protection agency. EO Lum stated that the DHBC relies on Subject Matter Experts (SMEs) in interpreting the language pertaining to scope issues. Ms. McLearan requested an example of how the Board uses the SMEs. EO Lum stated that the Board uses contracted SMEs to interpret scope of practice and to assist with enforcement cases. He stated that when there is question on scope, Board staff will identify the section of law that pertains to the scope issue which is relayed to the SME to determine whether it is part of the scope or not.

Member Elginer stated that her experience on the Chiropractic board had a similar issue and presented the comparisons to the Board. She stated that other boards struggle with the same issues and wanted to suggest that working with the Chiropractic board and their Executive Officer may be helpful resources on how to address these issues as they arise.

Member Long asked EO Lum if he could share the list of the Board's SMEs. EO Lum stated that he did not feel comfortable sharing the names of the SMEs as they review sensitive information on enforcement cases, and they do not have any input on policy issues that the Board should be focusing on.

Member Elginer asked if Board members can submit names of potential SMEs for consideration. EO Lum responded that anyone who is interested in becoming an SME for the Board can go to the website for information.

Rachel Doherty, Registered Dental Hygienist in Alternative Practice (RDHAP), MPH, recommended that the Board should be able to conduct a review with experts to define scope of practice in order to prevent improper practice rather than just for enforcement issue. EO Lum stated that in trying to define scope of practice the language is vague on purpose. He stated that by defining scope of practice in law would make it the language more prescriptive which was not the intent of the statutory language creators.

10. FULL BOARD Agenda Item 10: Discussion and Possible Action on Dental Hygiene Educational Program Taskforce – Penalty Rubric for Non-compliant Programs (Two (2) Board Members; Three (3) Subject Matter Experts.

Executive Office Anthony Lum stated that this item was originally agendized during the November 15 – 16, 2024, Full Board Meeting. During the meeting it was requested that a taskforce be established to create enforcement actions that could be taken against the DHEPs that are found deficient of the law and non-compliant within the designated timeframe.

EO Lum stated that instead of agendizing a public meeting each time, a taskforce will discuss issues and possible solutions, create draft language, and then present the draft language to the Education Committee for review. He asked for two board members to volunteer.

Members Elginer and Pacheco stated their past experiences will serve them well on this taskforce and volunteered to join it.

Motion: Justin Matthews recommended for the Board to accept Board members Pacheco and Elginer as taskforce members, add SMEs to the taskforce, and formulate a DHEP penalty rubric, thereby establishing consistent penalties against DHEPs in violation of DHBC laws, regulations, and CODA Standards.

Second: Michael Long.

Board Member comment: Member Matthews and Acting President Hansen thanked the Board members for volunteering for the taskforce.

Public comment: Susan McLearan, CDHA, asked if the Board would take SMEs recommendations. EO Lum stated he can accept recommendations through writing.

Vote: Recommendation for the Board to accept Board members Pacheco and Elginer as taskforce members, add SMEs to the taskforce, and formulate a DHEP penalty rubric, thereby establishing consistent penalties against DHEPs in violation of DHBC laws, regulations, and CODA Standards. Passed 8:0:0.

Name	Aye	Nay	Abstain/Absent
Julie Elginer	X		
Sonia "Pat" Hansen	X		
Sherman King	X		
Michael Long	X		
Justin Matthews	X		
Joanne Pacheco	X		
Sridevi Ponnala	X		
Naleni "Lolly" Tribble-Agarwal	X		

11. **FULL BOARD Agenda Item 11: Discussion and Possible Action on Education Committee Report and Recommendation(s).**

Education Committee Chair Michael Long stated that because there were action items that required individual recommendations, he reported each item separately, but on the informational only items, a summary was provided at the end of his report.

FULL BOARD Agenda Item 11: EDU Agenda Item (3): Discussion and Possible Action on Consideration to Approve a New Dental Hygiene Educational Program by California Baptist University.

Education Committee Chair Michael Long stated that Dr. Petty reported that California Baptist University (CBU) submitted a letter of intent to request Board approval to establish a Bachelor of Science in Dental Hygiene education program based in Riverside, California to address educational needs as well as increase preventative oral health services and access to care in the communities of Riverside, Ontario, San Bernardino, and the many underserved populations of the Inland Empire Region.

On January 9, 2025, CBU submitted a feasibility study to the Board for review and consideration to establish a Bachelor of Science in Dental Hygiene education program.

Yesterday, March 21, 2025, the Education Committee considered staff's review report for the CBU feasibility study and voted to recommend to the full Board to provisionally approve a new Dental Hygiene Educational Program offered by CBU.

Motion: Justin Matthews moved for the Full Board to accept the Education Committee's recommendation to provisionally approve a new Dental Hygiene Educational Program offered by California Baptist University, with the condition being an extendable two (2) year probational period once the program begins operation.

Second: Sherman King.

Board Member discussion: Member Elginer praised California Baptist University's report for being thorough and exceptionally well done. She suggested that they consider incorporating a public health component in educational or professional development. She also stated that they can contact her for her expertise in public health to give a general overview of the needs of the Inland Empire area as well as the broader public health issues that are facing the Southern California area.

Public comment: Dr. Kelly Donovan, on behalf of CBU, thanked the board for their review and acceptance of the program.

Vote: Motion for the Full Board to accept the Education Committee's recommendation to provisionally approve a new Dental Hygiene Educational Program offered by California Baptist University, with the condition being an extendable two (2) year probational period once the program begins operation. Passed 8:0:0.

Name	Aye	Nay	Abstain/Absent
Julie Elginer	X		
Sonia "Pat" Hansen	X		
Sherman King	X		
Michael Long	X		
Justin Matthews	X		
Joanne Pacheco	X		
Sridevi Ponnala	X		
Naleni "Lolly" Tribble-Agarwal	X		

FULL BOARD Agenda Item 12: EDU Agenda Item (4): Discussion and Possible Action on Proposed Dental Hygiene Educational Program Cohort Decrease Request from Cabrillo College.

Education Committee Chair, Michael Long, stated that Dr. Petty reported that on September 1, 2024, Cabrillo College sent a copy of their submission to CODA regarding a "Request for a Change in Enrollment Pattern" to the Dental Hygiene Board of California and

requested to be placed on the Board's March 21-22, 2025, meeting agenda. Cabrillo is requesting Board approval to admit 20 students every other year, starting from the next academic cycle in June 2025. The first cohort under this new enrollment pattern would begin in June 2026, and subsequent cohorts would follow every two years.

Yesterday, March 21, 2025, the Education Committee considered Cabrillo's request and voted to recommend to the full Board to approve Cabrillo's request.

Motion: Justin Matthews moved for Board to accept the Education Committee's recommendation to approve the change in enrollment pattern of the Cabrillo College Dental Hygiene Educational Program to admit a cohort of 20 students every other year, rather than on an annual basis.

Second: Sridevi Ponnala.

Board Member discussion: None.

Public comment: None.

Vote: Motion for Board to accept the Education Committee's recommendation to approve the change in enrollment pattern of the Cabrillo College Dental Hygiene Educational Program to admit a cohort of 20 students every other year, rather than on an annual basis. Passed 8:0:0.

Name	Aye	Nay	Abstain/Absent
Julie Elginer	X		
Sonia "Pat" Hansen	X		
Sherman King	X		
Michael Long	X		
Justin Matthews	X		
Joanne Pacheco	X		
Sridevi Ponnala	X		
Naleni "Lolly" Tribble-Agarwal	X		

FULL BOARD Agenda Item 12: EDU Agenda Item (5) Discussion and Possible Action on Proposed Dental Hygiene Educational Program Schedule Request from Concorde Career College.

Education Committee Chair, Michael Long, stated that Dr. Petty reported Concorde Career College (CCC) requested for the Board to consider accepting the current academic

schedule for the CCC dental hygiene educational programs at Garden Grove, San Bernardino, and San Diego.

The Education Committee determined the current CCC schedules consists of only nine weeks of instruction and therefore CCC is in violation of California law. Additionally, all other California dental hygiene educational programs consist of at least ten weeks of instruction in those programs using a quarter system.

Yesterday, March 21, 2025, the Education Committee considered CCC's request and voted to recommend to the full Board to disapprove CCC's request and enforce that CCC's program is to consist of at least ten weeks of instruction per CCC term.

Motion: Sherman King moved for the Board to accept the Education Committee's recommendation to disapprove the request to accept the current academic schedule for the dental hygiene educational programs at Garden Grove, San Bernardino, and San Diego.

Second: Justin Matthews.

Board Member discussion: None.

Public comment: None.

Vote: Motion for the for the Board to accept the Education Committee's recommendation to disapprove the request to accept the current academic schedule for the dental hygiene educational programs at Garden Grove, San Bernardino, and San Diego. Passed 8:0:0.

Name	Aye	Nay	Abstain/Absent
Julie Elginer	X		
Sonia "Pat" Hansen	X		
Sherman King	X		
Michael Long	X		
Justin Matthews	X		
Joanne Pacheco	X		
Sridevi Ponnala	X		
Naleni "Lolly" Tribble-Agarwal	X		

FULL BOARD Agenda Item 12: EDU Agenda Item (6): Dental Hygiene Educational Program Site Visit Update and Schedule and EDU Agenda Item (7) Future Agenda Items.

Education Committee Chair, Michael Long, stated that for the DHEP Site Visit Update and Schedule, Dr. Petty reported on the current compliance status of Pasadena City College, Taft College, Cabrillo College, Cypress College, Concorde Career College-San Diego, Cerritos College, Concorde Career College – Garden Grove, Carrington College - San Jose, Concorde Career College-San Bernardino, and West Los Angeles College. She also provided an update on the current Dental Hygiene Educational Program Site Visit Schedule.

For Future Agenda Items, Linda Brookman requested the Board add Interim Therapeutic Restoration training to all RDHAP programs.

Board Member discussion: Member Long stated that in his 19 years as a dental hygienist, he has worked at nine different dental offices. He stated that based on his experience there is an issue within dental offices that are causing hygienists to be selective of where they work, thereby indirectly causing shortages. Member Long listed short appointments, scaling dental equipment, pressure to upsell, a practice that had patients complaining to him about the dental office while in the dental chair, a dentist that over-diagnosed and drilled on healthy teeth, confrontational and unprofessional communication, and a dental office with numerous Occupational Safety and Health Administration (OSHA) and the Division of Occupational Safety and Health of the State of California Department of Industrial Relations (CalOSHA) violations wherein the dentist had substandard care as some reasons he would choose to not work at these particular dental offices again. He stated that he is unsure if there is a shortage issue or if hygienists are struggling to find a dental office suitable and up to standard of care to work. He asked the Board to keep this in mind when the topic of workforce shortage arises.

Public comment: Susan McLearan, California Dental Hygienists' Association (CDHA), agreed with Member Long's comment. She also stated that the California Department of Health Care Access and Information (HCAI) is supposed to be doing a study for workforce shortage, although there seems to be a delay. Ms. McLearan also cautioned against using national statistics to highlight dental hygiene data, because of California's unique dental hygiene and dental workforce.

Tooka Zokaie, on behalf of the California Dental Association (CDA), thanked Chair Long for sharing his experiences. She stated that their association represents approximately 75% of California's dentists and the members value patient safety, diversity, equity, inclusion, and belonging. Ms. Zokaie stated that they have ongoing trainings to uphold their values and that CDA is constantly working to raise the bar for how dental teams are fostered and how they treat patients with protection. She stated that the current statistics show that there are two times as many active dentists (36,161) as there are active dental hygienists (17,799) in California. She stated that there is a shortage and there are additional challenges to hiring/recruitment.

JoAnn Galliano, Education Consultant to the DHBC and 40 years of experience as a hygienist, stated that statistics can be manipulated for use. She stated that there are dentists (general practitioners vs specialists) that may or may not be actively hiring RDHs and hygienists may be full time or be part time. Ms. Galliano also addressed that students that graduate in rural areas may have limited options if there are not a lot of dental offices. She stated that it is a complex issue, but it is important to look at overall health and look at the HCAI's study results to understand the distribution and identify how DHBC can best meet the access to care needs of the consumer population. Ms. Galliano stated that there is a shortage of dental health professionals and DHBC has a responsibility to oversee access to care and consumer protection.

Cheryl Greer, RDHAP, echoed Michael Long's comment as a hygienist with 20 years of experience. She stated that her experiences of working many offices made her notice that the time spent with patients is shortened and does not find it to be an acceptable amount of time to give patients their proper treatment. She stated that there may be a connection to OSHA, sterilization processes, and the lack of time hygienists are given to see patients.

Elena Francisco, RDHAP and Program Director, agreed with Member Long and the other speakers. She stated that RDHAPs that attend their dental hygiene program state that they need to leave dental practices because dentistry is not being practiced as they [registered dental hygienists (RDHs)] have been trained. She stated that RDHs are choosing to become self-employed RDHAPs so that they can take care patients better. Ms. Francisco stated that the shortage may be result of hygienists leaving dental practices to work elsewhere.

Motion: Julie Elginer moved for the Board to accept the Education Committee's full report.

Second: Justin Matthews.

No other Board discussion or public comments took place after the motion was made and seconded.

Vote: Motion for the Board to accept the Education Committee's full report. Passed 8:0:0.

Name	Aye	Nay	Abstain/Absent
Julie Elginer	X		
Sonia "Pat" Hansen	X		
Sherman King	X		
Michael Long	X		
Justin Matthews	X		
Joanne Pacheco	X		
Sridevi Ponnala	X		
Naleni "Lolly" Tribble-Agarwal	X		

12. FULL BOARD Agenda Item 12: Discussion and Possible Action on Legislative and Regulatory Committee Report and Recommendation(s).

Legislative and Regulatory Committee Chair, Naleni "Lolly" Tribble-Agarwal, stated that because there were action items that required individual recommendations, each item would be reported separately, but on the informational only items, a summary was provided at the end of the Legislative and Regulatory Committee report.

FULL BOARD Agenda Item 13: LEG REG Agenda Item (4): Discussion and Possible Action on Amendments to 16 CCR Section 1116.5: Registered Dental Hygienist in Alternative Practice; Physical Facility Registration.

Legislative and Regulatory Committee Chair, Naleni "Lolly" Tribble-Agarwal, stated that on January 1, 2025, California Code of Regulations (CCR), Title 16, section 1116.5 went into effect for the registration of physical facilities by RDHAPs. Subsequently, the Board was informed about some confusion regarding the requirements for registration of physical facilities as a stand-alone practice versus registration of physical facilities to maintain portable equipment.

In an effort to address those concerns, Board staff prepared the proposed amendments to the previously approved language and form for 16 CCR section 1116.5 for conciseness.

Yesterday, March 21, 2025, the Legislative and Regulatory Committee considered the proposed amendments to the previously approved language and form for 16 CCR section 1116.5 and voted to recommend to the full Board to approve the proposed amended language and form for 16 CCR section 1116.5.

Motion: Julie Elginer moved for the Board to accept the Legislative and Regulatory Committee's recommendation to approve the proposed amended language and form for CCR section 1116.5, and direct staff to submit the text to the Director of the Department of

Consumer Affairs and the Business, Consumer Services, and Housing Agency for review. If the Board does not receive any comments providing objections or adverse recommendations specifically directed at the proposed action or to the procedures followed by the Board in proposing or adopting the action, the Board authorizes the Executive Officer to take all steps necessary to initiate the rulemaking process, make any technical or non-substantive changes to the package, and set the matter for hearing, if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, the Board authorizes the Executive Officer to take all steps necessary to complete the rulemaking process, and adopt the proposed regulations as described in the text notice for 16 CCR section 1116.5.

Second: Justin Matthews.

Board Member discussion: None.

Public comment: None.

Vote: Motion for the Board to accept the Legislative and Regulatory Committee's recommendation to approve the proposed amended language and form for CCR section 1116.5, and direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review. If the Board does not receive any comments providing objections or adverse recommendations specifically directed at the proposed action or to the procedures followed by the Board in proposing or adopting the action, the Board authorizes the Executive Officer to take all steps necessary to initiate the rulemaking process, make any technical or non-substantive changes to the package, and set the matter for hearing, if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, the Board authorizes the Executive Officer to take all steps necessary to complete the rulemaking process, and adopt the proposed regulations as described in the text notice for 16 CCR section 1116.5. Passed 8:0:0.

Name	Aye	Nay	Abstain/Absent
Julie Elginer	X		
Sonia "Pat" Hansen	X		
Sherman King	X		
Michael Long	X		
Justin Matthews	X		
Joanne Pacheco	X		
Sridevi Ponnala	X		
Naleni "Lolly" Tribble-Agarwal	X		

FULL BOARD Agenda Item 13: LEG REG Agenda Item (6): Discussion and Possible Action to Amend 2025 DHBC Omnibus Bill Proposal.

Legislative and Regulatory Committee Chair Naleni "Lolly" Tribble-Agarwal reported that Executive Officer Anthony Lum reported difficulty obtaining an author for previously approved statutory amendments, but Business and Professions Code (BPC) sections 1905(a)(8), 1915.1, 1926.3, 1941, and 1944 may be added to the 2025 Omnibus Bill if approved by the Legislature.

Yesterday, March 21, 2025, the Legislative and Regulatory Committee considered the proposed amendments to BPC sections 1905(a)(8), 1915.1, 1926.3, 1941, and 1944, and voted to recommend to the full Board to approve the proposed amendments and direct staff to seek sponsored legislation for 2025.

Motion: Justin Matthews moved for the Board to accept the Legislative and Regulatory Committee's recommendation to review the proposed amendments to the 2025 Omnibus Bill (SB 861) request to BPC sections 1905(a)(8), 1915.1, 1926.3, 1941, and 1944. If the Board determines these changes are warranted, I move for the Board to approve the proposed statutory language and consider all or part of the language to be used in an amendment to the Omnibus Bill. The determination of what language is accepted depends whether some language is substantive and should not be in an Omnibus bill.

Second: Sridevi Ponnala.

Board Member discussion: None.

Public comment: Susan McLearan, CDHA, asked what is the board's plan for the data being requested biannually, in regards to the form that is attached to 1926.3. EO Lum stated that the data reported for the DHBC to showcase the distribution of RDHAPs located throughout the State. He stated that staff were asked to collect these statistics and to present to the Board members in a request that was made over a year ago.

The Board requested that we show the data to show the distribution of where RDHAPs are located throughout the state.

Vote: Motion for the Board to accept the Legislative and Regulatory Committee's recommendation to review the proposed amendments to the 2025 Omnibus Bill (SB 861) request to BPC sections 1905(a)(8), 1915.1, 1926.3, 1941, and 1944. If the Board determines these changes are warranted, I move for the Board to approve the proposed statutory language and consider all or part of the language to be used in an amendment to the Omnibus Bill. The determination of what language is accepted depends whether some language is substantive and should not be in an Omnibus bill. Passed 6:0:1.

Name	Aye	Nay	Abstain/Absent
Julie Elginer	X		
Sonia "Pat" Hansen	X		
Sherman King	X		
Michael Long	X		
Justin Matthews	X		
Joanne Pacheco	X		
Sridevi Ponnala	X		
Naleni "Lolly" Tribble-Agarwal	X		

FULL BOARD Agenda Item 13: LEG REG Agenda Item (7): Legislative Update: Bills of Interest and Legislative Calendar (Informational Only)**.**

Legislative and Regulatory Committee Chair Naleni "Lolly" Tribble-Agarwal reported that Dr. Petty reported on new legislation for 2025 of concern to the Board.

Yesterday, March 21, 2025, the LEG REG Committee considered the new legislation for 2025 of concern to the Board, and voted to recommend to the full Board to approve the proposed positions as follows:

Legislation	DHBC Position
AB 224 Bonta: Health care coverage: essential health benefits.	Watch.
AB 341 Arambula: Oral Health for People with Disabilities Technical Assistance Center Program.	Watch.
AB 350 Bonta: Health care coverage: fluoride treatments.	Support.
AB 371 Haney: Dental coverage.	Watch.
AB 489 Bonta: Health care professions: deceptive terms or letters: artificial intelligence.	Watch.
AB 873 Alanis: Dentistry: dental assistants: infection control course.	Oppose.

Legislation	DHBC Position
AB 966 Carrillo: Dental Practice Act: foreign dental schools.	Watch.
SB 62 Menjivar: Health care coverage: essential health benefits.	Watch.
SB 351 Cabaldon: Health Facilities.	Watch.

Motion: Julie Elginer moved for the Full Board to accept the Legislative and Regulatory Committee's recommendation to approve the proposed positions as follows: AB 224 (Watch), AB 341 (Watch), AB 350 (Support), AB 371 (Watch), AB 489 (Watch), AB 873 (Oppose), AB 966 (Watch), SB 62 (Watch), and SB 351 (Watch).

Second: Justin Matthews.

Board Member discussion: None.

Public comment: None.

Vote: Motion for the Full Board to accept the Legislative and Regulatory Committee's recommendation to approve the proposed positions as follows: AB 224 (Watch), AB 341 (Watch), AB 350 (Support), AB 371 (Watch), AB 489 (Watch), AB 873 (Oppose), AB 966 (Watch), SB 62 (Watch), and SB 351 (Watch). Passed 6:0:1.

Name	Aye	Nay	Abstain/Absent
Julie Elginer	X		
Sonia "Pat" Hansen	X		
Sherman King	X		
Michael Long	X		
Justin Matthews	X		
Joanne Pacheco	X		
Sridevi Ponnala	X		
Naleni "Lolly" Tribble-Agarwal	X		

FULL BOARD Agenda Item 13: LEG REG Agenda Item (3): Discussion and Possible Action Regarding California Code of Regulations, Title 16, Section 1005: Minimum Standards to Infection Control, LEG REG Agenda Item (5): Status of Dental Hygiene Board of California (DHBC) Regulatory Packages, and LEG REG Agenda Item (8): Future Agenda Items. (Informational Only).

Legislative and Regulatory Committee Chair Naleni "Lolly" Tribble-Agarwal reported that the Committee reviewed informational only items including **LEG REG Committee Agenda Item 3** regarding California Code of Regulations, Title 16, Section 1005: Minimum Standards to Infection Control, **LEG REG Committee Agenda Item (5):** Regulatory Update: Status of Dental Hygiene Board of California Regulatory Packages, and **LEG REG Committee Agenda Item 8:** Future Agenda Items.

Executive Officer Anthony Lum updated the Legislative and Regulatory Committee on **LEG REG Committee Agenda Item 3** regarding California Code of Regulations, Title 16, Section 1005: Minimum Standards to Infection Control. It was reported that additional work needs to be done on these regulations, so the Dental Board of California (DBC) and the Board's subject matter experts will be working to revise the language and once approved by them at the DBC's May 14 – 15, 2025, meeting, it will be returned to our Board for a consensus vote at the July 18 – 19, 2025, Full Board meetings.

Dr. Petty updated the Legislative and Regulatory Committee on **LEG REG Committee Agenda Item (5):** Regulatory Update: Status of Dental Hygiene Board of California Regulatory Packages. the status of Board Regulatory Packages, as well as provided a snapshot of timing for the regulatory package process.

The Legislative and Regulatory Committee asked for any Future Agenda Items for the committee to address. There were some future agenda items suggested.

Board Member Dr. Julie Elginer requested for staff to add Legislative Bill Sponsor information as well as Committee analyses to the meeting materials. Board Member Michael Long asked to bring Mobile Dental Hygiene Clinic regulations back before the Board to consider removal of automated external defibrillator (AED) requirements.

Board Member discussion: Member Elginer clarified her statement yesterday to Board staff that she only would request the information during the early March board meetings if it is publicly available. If the information is not available in time for the March meeting, she will look forward to having that information during the following July and November board meetings.

Public comment: None.

Motion: Sridevi Ponnala moved for the Full Board to accept the Legislative and Regulatory Committee's report.

Second: Michael Long.

No other Board discussion or public comments took place after the motion was made and seconded.

Vote: Motion for the Full Board to accept the Legislative and Regulatory Committee's report. Passed 8:0:0.

Name	Aye	Nay	Abstain/Absent
Julie Elginer	X		
Sonia "Pat" Hansen	X		
Sherman King	X		
Michael Long	X		
Justin Matthews	X		
Joanne Pacheco	X		
Sridevi Ponnala	X		
Naleni "Lolly" Tribble-Agarwal	X		

13. **FULL BOARD Agenda Item 14: Enforcement Update: Statistical Report.** (Informational Only).

Assistant Executive Officer (AEO), Albert Law, reported on Enforcement statistics and the current status for complaints, investigations, citations and fines, and probation violations for Fiscal Year 2024-2025 between July 1, 2024, through February 28, 2025. The Enforcement Statistics can be found in the Board materials on pages 83 to 86 and in the Enforcement Addendum.

Board Member comment: Member Long asked AEO Law to remind the Board of the process enacted when the Enforcement unit investigates cases and then engage the Board members with the decision. AEO Law responded to Member Long with examples of different investigation cases and mechanisms that are used to determine the outcomes of the cases, such as issuing a citation and fine or being forwarded to the Attorney General's Office with a Board vote to adopt stipulated settlement or proposed decision issued by the Administrative Law Judge.

Member Long asked why the Enforcement Committee is not utilized. EO Lum stated that there is an Enforcement Committee, but it has not been agendized since the presentation of statistics would be the only agenda item at the Enforcement Committee meeting and then repeated at the full Board meeting. He stated that this was to respect the Board members' time to not have an additional committee meeting unless there is an action item.

Member Elginer asked when the disciplinary guidelines were last reviewed and if it would fall under the purview of the Enforcement Committee. EO Lum stated that updating the guidelines is part of the Strategic Plan and will be brought to the Enforcement Committee when staff are ready to present a draft to the Board. He stated that staff will work with Legal to prepare the draft as well. He later stated that there were timing issues that arose during and after the pandemic as staff needed to prioritize working on the Sunset Review and the Strategic Plan, thereby halting the progress being made on updating the guidelines.

Acting President Hansen stated that she has been working with Board staff on cases and is happy to see the cases moving forward despite staff shortages and hopes to make continued progress on that front.

Public comment: None.

14. **FULL BOARD Agenda Item 14: Licensing, Continuing Education Audits, and Examination Update: Statistical Reports.** (Informational Only).

On behalf of Traci Napper, Licensing Manager, AEO Law presented the statistics on the number of applications and renewals issued for RDHs, RDHAPs, Fictitious Name Permits, and Military Temporary Licenses, as well as the breakdown of total licensee population for Fiscal Year 2024-2025. Additionally, AEO Law reported on the passage rates for the DHBC Law and Ethics exams for RDHs and RDHAPs through Fiscal Year 2024-2025.

AEO Law also provided updates on the current failure and pass rates of the Continuing Education (CE) audits conducted for Fiscal Year 2024-2025.

Board Member comment: Member Elginer asked if the statistics on page 90 for the RDH Law and Ethics Exam and RDHAP Law and Ethics Exam are shared with the schools' program directors. EO Lum responded that DHBC is currently implementing a program to notify the schools twice a year. Member Elginer stated she is concerned with the high failure rates and believes that the statistics should be communicated to the schools so that they can address changes as needed to their curriculum. She stated that she would like to implement a reporting requirement for program directors to inform the board of how they plan to address failure rates in their curriculum and how they plan to communicate this information to their students. Member Elginer suggested that staff create a Google form with two to three questions for program directors to fill out with their responses to how they will address their rates.

Members Elginer and Long thanked the staff for the breaking down the licensing population data for practicing licenses on a county level. EO Lum stated that this was part of a new request for statistics to be presented to the Board. He stated that currently the data collected for RDHAP is based on the address of record and does not reflect additional areas that RDHAPs may be practicing. EO Lum stated that a new form will be released, and new data will be collected to identify RDHAP worked locations and determine potential areas of need thereafter.

Member Pacheco, in response to Member Elginer's comment, stated that there is section in the American Dental Association's (ADA) Commission on Dental Accreditation (CODA's) in the "Accreditation Standards for Dental Hygiene Education Programs" addressing Ethics and Professionalism in Standards 2-19 and 2-20.

Member Matthews stated that he is concerned that 28% of the failed audits were due to an invalid CE provider. AEO Law responded to Member Matthews stating that licensees are required to verify that their CEs are completed with a provider that is approved by the ADA's Continuing Education Recognition Program (CERP), Academy of General Dentistry's Program Approval for Continuing Education (PACE), or by the DBC to be accepted by DHBC. Member Matthews asked if there is any action to be taken to review these CE providers that may not be approved by the DHBC but are still accepting licensees' course fees but will not assume any CE credits from the DHBC. Dr. Petty stated that all licensees are informed that they need to look for that information. She also mentioned that licensees should be knowledgeable about this process as it is part of the Law and Ethics Exam. Dr. Petty and EO Lum stated that CE information has been posted on the website, published in the newsletter, and written in email blasts to remind and advise licensees. EO Lum stated that he understands Member Matthews' perspective on the licensee not knowing if a provider is approved or not, but unfortunately this is how regulations are currently set up.

Member Elginer asked if the 28% failure rate of audits is published to the website. EO Lum stated that this information is currently only in the meeting materials. Member Elginer requested that the failure rate be posted to the website. EO Lum stated that with the incoming updates to the website that the current statistics could be added as well.

Member Elginer recommended that staff work with CDHA to CE information and audit pass/failure rates as an agenda item through their association to make sure that licensees are following necessary protocols and that it can be verified.

Public comment:

Susan McLearan, CDHA, stated that she will take Member Elginer's comment under advisement. She also stated that the information has been published in CDHA's journals, newsletters, and e-blasts and will continue to remind licensees so have a good pass rate.

Elena Francisco agreed with Member Matthews' concern with invalid providers. She shared some of her own experiences attending courses at dental conferences and the CEs are not usable or acceptable by the DHBC because of the provider. EO Lum stated that there is no current mechanism for DHBC to review CE providers. As of now, DHBC utilizes approvers (CERP and PACE) and uses regulations from the DBC for CE.

15. FULL BOARD Agenda Item 15: Future Agenda Items.

1. Member Elginer requested for the Legislation and Regulatory Committee to implement a mid-meeting teleconference to review pieces of legislation as well as

the status of the Omnibus bill. She stated that a four-month period is too long to be able to not have actional updates during that timeframe.

2. Member Elginer requested for the Enforcement Committee to convene to discuss and review the guidelines that are set to be updated for the Strategic Plan.

3. Member Elginer asked for clarity whether Board members are required to disclose that they have been appointed to the Board, such as when members go in for a teeth cleaning is it required for members to inform the hygienist.

4. Member Elginer asked for the public members and licensed members to be interspersed in the seating arrangement for the following meetings. EO Lum stated that it was a coincidental seating arrangement and did not have the intention of splitting the members up based on their public or license status. He stated he will be more cognizant of that for future meetings.

5. Member Long stated that there is a scheduling conflict with the November 2025 meeting date as it falls on the same date as the CDHA's Annual House of Delegates Conference and he and other member(s) will be in attendance. He asked for the Board to consider a new date. EO Lum responded that staff will create some available dates to bring back to the July 18-19, 2025, meeting for the Board members to choose from. Joanne Galliano, Educational Consultant to DHBC, stated that it would be preferable to have a decision made for November meeting date sooner in advance than July to secure a date. EO Lum stated that this is a decision where all Board members need to be present for. He presented two options for this agenda item to take place: at the scheduled July meeting (in person) or at an additional teleconference meeting (via Webex) arranged earlier and would discuss with the President.

16. FULL BOARD Agenda Item 16: Closed Session.

As announced earlier in the meeting, there is no closed session for this meeting.

17. FULL BOARD Agenda Item 17: Adjournment.

Meeting was adjourned at **12:16 p.m.**

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

FULL Board Agenda Item 8.

Discussion and Possible Action to Approve the May 27, 2025, Full Board Teleconference Meeting Minutes.

Dental Hygiene Board of California
Meeting Minutes

DRAFT

Friday, May 27, 2025

Public Access Teleconference Meeting Location:
DHBC Headquarters Building
2005 Evergreen Street
1st Floor Lake Tahoe Room 1290
Sacramento, CA 95815

Please note that the Board conducted Friday's meetings online through WebEx.

DHBC Members Present:
President – Joanne Pacheco, Registered Dental Hygienist (RDH) Educator Member
Secretary – Naleni "Lolly" Tribble-Agarwal, RDH Member
Public Health Dentist Member – Dr. Sridevi Ponnala
Public Member – Dr. Julie Elginer
Public Member – Dr. Justin Matthews
Public Member - Vacant

DHBC Members Absent:
Vice President – Sonia "Pat" Hansen, RDH Member
Registered Dental Hygienist in Alternative Practice (RDHAP) Member – Michael Long
Public Member – Sherman King

DHBC Staff Present:
Anthony Lum, Executive Officer
Albert Law, Assistant Executive Officer
Adina A. Pineschi-Petty, Doctor of Dental Surgery (DDS), Education, Legislative, and Regulatory Specialist
Crystal Yuyama, Administrative Analyst
Yuping Lin, Department of Consumer Affairs (DCA) Legal Counsel for the DHBC
Elizabeth Dietzen-Olsen, DCA Regulatory Legal Counsel for the DHBC

1. FULL Board Agenda Item 1: Roll Call and Establishment of a Quorum

Joanne Pacheco, President of the Dental Hygiene Board of California (DHBC, Board), reviewed meeting guidelines and called the meeting to order at **9:00 a.m.** Board Secretary Naleni "Lolly" Tribble-Agarwal completed the roll call, and a quorum was established with five (5) members present.

2. **FULL BOARD Agenda Item 2: Public Comment for Items Not on the Agenda.**

Board Member comment: None.

Public comment: Susan McLearan of the California Dental Hygienists' Association (CDHA) stated that CDHA is concerned about a form attached to the Registered Dental Hygienists in Alternative Practice (RDHAPs) registration in Agenda item 5.

3. **FULL Agenda Item 3: Discussion and Possible Action on New November 2025 Meeting Dates.**

Executive Officer (EO) Lum stated that Board members at the March 22, 2025, Full Board Meeting mentioned a potential scheduling conflict with the approved November 15-16, 2025, Full Board Meeting dates. EO Lum stated that staff proposed the following dates for the Board members to consider for the new November Full Board Meeting dates.

Proposed Full Board November Meeting Dates:
Friday, November 7, 2025 – Saturday, November 8, 2025
Friday, November 21, 2025 – Saturday, November 22, 2025

Motion: Julie Elginer moved for the Full Board to approve the new Full Board November 2025 Meeting Dates: Friday, November 7, 2025 – Saturday, November 8, 2025.

Second: Member Matthews.

Board Member discussion: Secretary Lolly Agarwal and Member Ponnala stated that they would not be able to attend the November 7-8, 2025, Full Board meeting dates. Member Elginer asked EO Lum if the absent Board members informed him of their preferences for the November meeting dates. EO Lum stated that he did not receive any information from the Board members regarding their availability for the dates. He also stated that the scheduling conflict is due to California Dental Association (CDA) having a meeting on the same date as the currently scheduled November 2025 meeting date.

Public comment: Susan McLearan of the CDHA stated that the Dental Board of California (DBC) is meeting on November 6, 2025, and is not sure if they are also meeting the next day as well. EO Lum stated that the DBC is meeting on November 5-6, 2025, so the DHBC can conduct meetings on November 7-8, 2025, and not overlap with the DBC meetings.

Additionally, EO Lum stated that for the Board to take action, a minimum of five (5) members are needed to create a quorum. He stated that if Secretary Agarwal and Member Ponnala are unable to attend there are still enough Board members to establish quorum and vote on agenda items that require action.

Vote: Motion for the Full Board to approve the new November 2025 Meeting Dates: Friday, November 7, 2025 – Saturday, November 8, 2025. Passed 5:0:3.

Name	Aye	Nay	Abstain/Absent
Julie Elginer	X		
Sonia "Pat" Hansen			Absent.
Sherman King			Absent.
Michael Long			Absent.
Justin Matthews	X		
Joanne Pacheco	X		
Sridevi Ponnala	X		
Naleni "Lolly" Tribble-Agarwal	X		

4. **FULL Agenda Item 4: Discussion and Possible Action and Update on Current Legislation and Legislative Calendar.**

Dr. Adina Petty reported as to current legislation of interest to the Board, as well as reporting on the current legislative calendar. She stated that most of the bills are in the appropriation suspense file and all the bills are in a holding pattern. Dr. Petty provided a brief overview of the new bills and Board staff's recommendations.

Member Elginer directed the Board's attention to the 2025 "Tentative Legislative Calendar" on page 25 of the Board materials. Wherein it states that Friday, May 23, 2025, was the last day for the fiscal committees to hear and report to the Floor. Member Elginer stated that bills have moved as of May 23, 2025, and the legislation information shared in the Tuesday, May 27, 2025, Board meeting materials are no longer up to date.

EO Lum stated staff try to provide Board members with the most current information on these bills; however, last-minute changes from the fiscal committee on Friday, May 23, 2025, were not able to be added to the Tuesday, May 27, 2025, Board materials in time. He stated that staff try to condense the legislative language and highlight issues that the Board may need to address. EO Lum stated that the materials are required to be posted for the public to view within a certain timeframe and shared that the Board members and staff may need time to review the bills.

With President Pacheco's approval, Member Elginer presented comments and updates on the listed bills that she found to be of concern to the Board. The bills of concern are notated in an ordered list below.

AB 224
Member Elginer stated that new language was added after the March 2025 Board meeting materials that pertained to adding portable oxygen as an essential health benefit. She asked the Board if any licensees have portable oxygen as part of their licensure. In response to Member Elginer, Dr. Petty stated that Registered Dental Hygienists in Alternative Practice (RDHAPs) are required to have oxygen if they are providing local anesthesia or soft tissue curettage to patients. Dr. Petty stated that RDHAPs do not have prescriptive abilities, so RDHAPs would have to request a prescription for oxygen from the dentist they are associated with or those other means. Dr. Petty continued that RDHAPs are the only licensees required to personally have oxygen. Registered Dental Hygienists (RDHs) and Registered Dental Hygienists in Extended Functions (RDHEFs) work under a dentist would have oxygen provided by the dentist. RDHAPs are the only licensees that autonomously provide oxygen.

Member Elginer stated that new language in section 1367.005 states that portable oxygen would be an essential health benefit. She stated that this may affect any of licensees provide oxygen.

AB 341
Member Elginer stated that the language removed private dental schools and colleges from administering the Oral Health for People with Disabilities Technical Assistance Center Program. She stated that the bill would authorize the contracted California dental school or college to partner with a public dental school or college to meet the certain requirements.

AB 371
Member Elginer stated that amended language in the bill removed the requirement for dentists to be available within 15 miles or 30 minutes from an enrollee's or insured's residence or workplace.

AB 489
Member Elginer stated that new language was added to section 4999.9 in which health care licensing boards may pursue an injunction or restraining order if there is a violation of Chapter 15.5 Health Advice From Artificial Intelligence. She stated that DBC commented on the incremental workload for enforcement. Member Elginer encouraged the Board to read through the assembly bill fiscal committee analysis as multiple DCA board provided input on the bill, including the Medical Board of California, Physical Therapy Board, Board of Registered Nursing, Board of Pharmacy, and the DBC.

Member Ponnala stated that she would like to know what DBC plans to work through this as the bill will impact both boards. She stated that she would like to remain at a watch position at this time.

AB 742 (New)
Member Elginer asked board staff if there is an existing process to prioritize applicants during the licensure process. EO Lum stated that the DHBC would likely model this process the way military applications are processed, which would use a third-party entity to

determine descendants of slaves. He stated that upon receiving applications with documentation supporting their claim, they would be first priority. He stated that the process would continue as normal; staff would review all the submitted materials to ensure there are no missing documents per the requirements. If all the submitted documents required to process a license are collected, then staff can process the application immediately.

AB 873
Member Elginer stated that there is new language around infection control. She stated that employer is responsible for ensuring that dental assistants complete the eight (8) hour course.

AB 1307 (New)
Member Elginer stated that participants could only practice in Federally Qualified Health Centers (FQHCs) that meet specified conditions and is limited to 30 dentists per program.

SB 62
Member Elginer stated that like AB 224, which discussed adding portable oxygen, SB 62 would add portable oxygen as an essential health benefit. She recommended that the Board's selected positions for both bills be consistent with each other. Board staff have recommended a watch position for AB 224 and SB 62.

SB 351
Member Elginer stated that this bill is sponsored by the American Medical Association (AMA) and supported by California Dental Association. She stated that the bill is opposed by Children's Choice Dental and Association of Dental Support Organizations.

SB 386 (New)
Member Elginer stated that this bill is sponsored by American Dental Association (ADA) and supported by the California Dental Hygienists' Association (CDHA). She stated that SB 386 would authorize a dental provider to opt out of a fee-based payment method at any time by providing affirmative consent to the healthcare service plan, health insurer, or contracted vendor. Member Elginer encouraged the Board to review the content of the committee consultant analysis that was prepared before the floor vote.

SB 861 (New)
Member Elginer stated that the Omnibus Bill included a portion that deletes the requirement for a dental hygienist member serve on the board of the DBC and includes new language for dental assistant to serve on the board instead of a dental hygienist.

In response to Member Elginer, EO Lum stated that language to remove a dental hygienist member was processed through the DBC's Sunset Review Bill. He clarified that the language was approved in the last legislative session but was not stricken from the language, so it is part of a cleanup of the Omnibus Bill. EO Lum also stated that any scope issues for dental hygiene would not need to be reviewed by the DBC.

Public Comment: Jennifer Tannehill, legislative advocate on behalf of the CDHA, stated that she is excited to see Board members interested in legislation and the legislative process. She advised the Board members to be mindful of the legislative process and understand that bills die or can be amended and changed daily. Ms. Tannehill recommended that the Board maintain a watch position for AB 224 as it applies to beneficiaries and not providers. She reiterated EO Lum's comments on SB 861 being a cleanup bill and stated that removing the dental hygiene position also means the scope issues will not be brought to the DBC either.

Jeannette Diaz stated that she is concerned about the lack of information regarding the fiscal impact of AB 341. Ms. Diaz requested information on who will fund these services and listed Technical Assistance Center, Department of Health Care Services, and the Department of Developmental Services as possible options. She stated that she is also concerned with language change and wonders if this will limit the opportunities to find a dental school that will be able to work with the Technical Assistance Center.

Dr. Ponnala asked a question regarding AB 873 and the Board's position. EO Lum responded stating that the July 18, 2025, DHBC Board meeting is also the day that the Legislature breaks for summer. He stated that he already sent in a position letter for AB 873; however, if the Board after the July 2025 meeting would like to change positions he will send a subsequent letter to the Legislature. He also stated that he and President Pacheco attended the recent DBC meetings in Anaheim, California and made comments regarding the bill due to concern about the infection control course. Dr. Petty stated that she, EO Lum, and the President are concerned for public safety surrounding the education of unlicensed dental assistants and providing infection control services at the dental office without being properly educated on infection control processes. Following EO Lum and Dr. Petty's comments, Member Elginer restated that the DHBC has a current oppose position for AB 873 and informed the Board and staff that the language has been amended and recommended that they look over the changes.

Motion: Justin Matthews moved for the Full Board to approve the proposed positions as follows: AB 224 (Watch), AB 341 (Watch), AB 350 (Support), AB 371 (Watch), AB 489 (Watch), AB 742 (Watch), AB 873 (Oppose), AB 966 (Watch), AB 980 (Watch), AB 1307 (Watch), AB 1418 (Watch), SB 62 (Watch), and SB 351 (Watch), SB 386 (Watch), SB 470 (Support), and SB 861 (Support).

Second: Member Ponnala.

Legislation	DHBC Position
AB 224 Bonta: Health care coverage: essential health benefits.	Watch.
AB 341 Arambula: Oral Health for People with Disabilities Technical Assistance Center Program.	Watch.

Legislation	DHBC Position
AB 350 Bonta: Health care coverage: fluoride treatments.	Support.
AB 371 Haney: Dental coverage.	Watch.
AB 489 Bonta: Health care professions: deceptive terms or letters: artificial intelligence.	Watch.
AB 742 Elhawary: Department of Consumer Affairs: licensing: applicants who are descendants of slaves.	Watch.
AB 873 Alanis: Dentistry: dental assistants: infection control course.	Oppose.
AB 966 Carrillo: Dental Practice Act: foreign dental schools.	Watch.
AB 980 Arambula: Health care: medically necessary treatment.	Watch.
AB 1307 Ávila Farías: Licensed Dentists from Mexico Pilot Program.	Watch.
AB 1418 Schiavo: Department of Health Care Access and Information.	Watch.
SB 62 Menjivar: Health care coverage: essential health benefits.	Watch.
SB 351 Cabaldon: Health Facilities.	Watch.
SB 386 Limón: Dental providers: fee-based payments.	Watch.
SB 470 Laird: Bagley-Keene Open Meeting Act: teleconferencing.	Support.
SB 861 Committee on Business, Professions and Economic Development: Committee on Business, Professions and Economic Development. Consumer affairs (Omnibus Bill).	Support.

Board Member discussion: None.

Public comment: Susan McLearan of the CDHA, stated that CDHA is working with the author regarding AB 873 on the infection control issue. She also stated that the DBC, DHBC, and CDHA are collaborating on this matter as well.

Vote: Motion for the Full Board to approve the proposed positions as follows: AB 224 (Watch), AB 341 (Watch), AB 350 (Support), AB 371 (Watch), AB 489 (Watch), AB 742 (Watch), AB 873 (Oppose), AB 966 (Watch), AB 980 (Watch), AB 1307 (Watch), AB 1418 (Watch), SB 62 (Watch), and SB 351 (Watch), SB 386 (Watch), SB 470 (Support), and SB 861 (Support). Passed 5:0:3.

Name	Aye	Nay	Abstain/Absent
Julie Elginer	X		
Sonia "Pat" Hansen			Absent.
Sherman King			Absent.
Michael Long			Absent.
Justin Matthews	X		
Joanne Pacheco	X		
Sridevi Ponnala	X		
Naleni "Lolly" Tribble-Agarwal	X		

5. **FULL Agenda Item 5: Discussion and Possible Action on Amendments to California Code of Regulations (CCR), Title 16, Section 1116.5: Registered Dental Hygienist in Alternative Practice; Physical Facility Registration.**

Dr. Petty stated that on January 1, 2025, California Code of Regulations (CCR), Title 16, section 1116.5 went into effect for the registration of physical facilities by RDHAPs. Subsequently, the Board was informed about some confusion regarding the requirements for registration of physical facilities as a stand-alone practice versus registration of physical facilities to maintain portable equipment.

In an effort to address those concerns, Board staff prepared the proposed amendments to the previously approved language and associated form incorporated by reference for 16 CCR section 1116.5 for conciseness.

At the Board's March 21-22, 2025, the Board reviewed and approved the proposed amended language and associated form incorporated by reference and directed staff to continue the rulemaking to amend the previously approved language and associated form incorporated by reference for the registration of physical facilities by RDHAPs for conciseness.

However, during the process of preparing the regulatory package, Board staff identified additional minor, yet necessary, edits to the proposed amended language and associated form incorporated by reference. Although the Board has authorized the Executive Officer to make additional technical edits, to err on the side of caution, it was recommended that these edits be brought back to the Board for review and approval.

Motion: Justin Matthews moved for the Full Board to approve the proposed amended language and associated form incorporated by reference for 16 CCR section 1116.5, and direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review. If the Board does not receive any comments providing objections or adverse recommendations specifically directed at the proposed action or to the procedures followed by the Board in proposing or adopting the action, the Board authorizes the Executive Officer to take all steps necessary to initiate the rulemaking process, make any technical or non-substantive changes to the package, and set the matter for hearing, if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, the Board authorizes the Executive Officer to take all steps necessary to complete the rulemaking process, and adopt the proposed regulations as described in the text notice for 16 CCR section 1116.5.

Second: Member Elginer.

Board Member discussion: Member Matthews asked if the asterisks used in some of the questions should be edited for consistency throughout the entire form. Dr. Petty and EO Lum offered suggestions to add asterisks to add the asterisks to the 'NO' responses to be symmetrical with the asterisks in certain questions or to move all the asterisks to the end of the questions instead.

Elizabeth Dietzen Olsen, Regulatory Attorney for the DHBC, clarified that most of the content on the form has already been approved at the last meeting and that the only simple changes were made to the footers, date, and soft tissue curettage.

Member Matthews stated that if applicants carefully read through the application, they would be able to respond to the questions. He also stated that this might be something that staff who are processing the application can edit if they find applicants are not answering the questions correctly.

Member Elginer agreed with Member Matthews about the concern for consistency and would also defer to staff on whether the form may need edits in the future.

Public comment: Susan McLearan, CDHA, stated that the Board should consider creating two separate forms to avoid confusion over the asterisks. She stated that one form could be for individuals with portable practices and would enable the DHBC to track their practice location to better identify their geographic distribution.

Vote: Motion for the Full Board to approve the proposed amended language and associated form incorporated by reference for 16 CCR section 1116.5, and direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review. If the Board does not receive any comments providing objections or adverse recommendations specifically directed at the proposed action or to the procedures followed by the Board in proposing or adopting the action, the Board authorizes the Executive Officer to take all steps necessary to initiate the rulemaking process, make any technical or non-substantive changes to the package, and set the matter for hearing, if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, the Board authorizes the Executive Officer to take all steps necessary to complete the rulemaking process, and adopt the proposed regulations as described in the text notice for 16 CCR section 1116.5. Passed 5:0:3.

Name	Aye	Nay	Abstain/Absent
Julie Elginer	X		
Sonia "Pat" Hansen			Absent.
Sherman King			Absent.
Michael Long			Absent.
Justin Matthews	X		
Joanne Pacheco	X		
Sridevi Ponnala	X		
Naleni "Lolly" Tribble-Agarwal	X		

6. **FULL Agenda Item 6: Future Agenda Items.**

   Board Member comment: None.

   Public comment: None.

7. **FULL Agenda Item 7: Adjournment.**

   President Pacheco adjourned the Full Board meeting at **5:26 p.m.**

Saturday, July 19, 2025

Dental Hygiene Board of California

FULL Board Agenda Item 9.

Executive Officer's Report.

Department of Consumer Affairs

Expenditure Report

Dental Hygiene Board of California
Reporting Structure(s): 11111100 Support
Fiscal Month: 11
Fiscal Year: 2024 - 2025
Run Date: 06/16/2025

PERSONAL SERVICES

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5100 PERMANENT POSITIONS		**$1,079,000**	**$61,982**	**$803,088**	**$0**	**$803,088**	**$275,912**
5100000000	Earnings - Perm Civil Svc Empl	$963,000	$51,847	$692,505	$0	$692,505	$270,495
5105000000	Earnings-Exempt/Statutory Empl	$116,000	$10,135	$110,583	$0	$110,583	$5,417

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5100 TEMPORARY POSITIONS		**$59,000**	**$0**	**$0**	**$0**	**$0**	**$59,000**
5100150004	Temp Help (907)	$59,000	$0	$0	$0	$0	$59,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5105-5108 PER DIEM, OVERTIME, & LUMP SUM		**$24,000**	**$0**	**$3,800**	**$0**	**$3,800**	**$20,200**
5105100001	Bd/Commission Mbrs (901, 920)	$24,000	$0	$3,800	$0	$3,800	$20,200

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5150 STAFF BENEFITS		**$583,000**	**$49,811**	**$432,689**	**$121**	**$432,810**	**$150,190**
5108250000	Employee Merit Award PGM Contr	$0	$0	$0	$121	$121	-$121
5150150000	Dental Insurance	$3,000	$269	$2,909	$0	$2,909	$91
5150210000	Disability Leave - Nonindustri	$0	$11,922	$11,922	$0	$11,922	-$11,922
5150250000	Employee Assistance PGM Fee	$0	$26	$251	$0	$251	-$251
5150350000	Health Insurance	$187,000	$6,670	$71,001	$0	$71,001	$115,999
5150400000	Life Insurance	$0	$30	$271	$0	$271	-$271
5150450000	Medicare Taxation	$8,000	$1,021	$11,358	$0	$11,358	-$3,358
5150500000	OASDI	$70,000	$4,173	$44,473	$0	$44,473	$25,527
5150600000	Retirement - General	$249,000	$15,971	$204,676	$0	$204,676	$44,324
5150750000	Vision Care	$1,000	$57	$630	$0	$630	$370
5150800000	Workers' Compensation	$20,000	$31	$31	$0	$31	$19,969
5150800004	SCIF Allocation Cost	$0	$0	$12,134	$0	$12,134	-$12,134
5150820000	Other Post-Employment Benefits	$27,000	$1,820	$24,026	$0	$24,026	$2,974
5150900000	Staff Benefits - Other	$18,000	$7,820	$49,007	$0	$49,007	-$31,007
PERSONAL SERVICES		**$1,745,000**	**$111,792**	**$1,239,577**	**$121**	**$1,239,698**	**$505,302**

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5301 GENERAL EXPENSE		**$217,000**	**$212**	**$8,148**	**$1,519**	**$9,667**	**$207,333**
5301100002	Admin OH-Other State Agencies	$0	$20	$2,849	$0	$2,849	-$2,849
5301100003	Fingerprint Reports	$3,000	$128	$520	$0	$520	$2,480
5301350000	Freight and Drayage	$0	$0	$107	$1,393	$1,500	-$1,500
5301400000	Goods - Other	$214,000	$64	$527	$0	$527	$213,473
5301700000	Office Supplies - Misc	$0	$0	$3,745	$126	$3,871	-$3,871
5301900000	Subscriptions	$0	$0	$400	$0	$400	-$400

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5302 PRINTING		**$17,000**	**$810**	**$6,297**	**$21,641**	**$27,938**	**-$10,938**
5302300000	Office Copiers - Maintenance	$0	$0	$1,472	$1,610	$3,082	-$3,082
5302700000	Pamphlets, Leaflets, Brochures	$0	$810	$4,825	$20,031	$24,856	-$24,856
5302900000	Printing - Other	$17,000	$0	$0	$0	$0	$17,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5304 COMMUNICATIONS		**$13,000**	**$155**	**$2,291**	**$0**	**$2,291**	**$10,709**
5304100000	Cell Phones, PDAs, Pager Svcs	$0	$155	$1,700	$0	$1,700	-$1,700
5304700000	Telephone Services	$0	$0	$591	$0	$591	-$591
5304800000	Communications - Other	$13,000	$0	$0	$0	$0	$13,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5306 POSTAGE		**$20,000**	**$1,181**	**$6,961**	**$0**	**$6,961**	**$13,039**
5306600003	DCA Postage Allo	$0	$1,181	$6,961	$0	$6,961	-$6,961
5306700000	Postage - Other	$20,000	$0	$0	$0	$0	$20,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
53202-204 IN STATE TRAVEL		**$20,000**	**$7,582**	**$17,126**	**$0**	**$17,126**	**$2,874**
5320220000	Travel-In State-Per Diem Lodgi	$0	$3,606	$7,006	$0	$7,006	-$7,006
5320230000	Travel-In State-Per Diem Meals	$0	$1,802	$2,986	$0	$2,986	-$2,986
5320240000	Travel-In State-Per Diem Other	$0	$191	$371	$0	$371	-$371
5320260000	Travel-In St-Trav Agcy Mgt Fee	$0	$0	$19	$0	$19	-$19
5320260001	CalATERS Service Fee	$0	$0	$23	$0	$23	-$23
5320400000	Travel-In State-Commercial Air	$0	$588	$2,716	$0	$2,716	-$2,716
5320420000	Travel-In State-Taxi & Shuttle	$0	$60	$60	$0	$60	-$60
5320420002	Uber-Transportation Network Co	$0	$194	$249	$0	$249	-$249
5320440000	Travel - In State -Private Car	$0	$1,141	$3,069	$0	$3,069	-$3,069
5320470000	Travel - In State - Rental Car	$0	$0	$628	$0	$628	-$628
5320490000	Travel - In State - Other	$20,000	$0	$0	$0	$0	$20,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5322 TRAINING		**$8,000**	**$0**	**$4,400**	**$0**	**$4,400**	**$3,600**
5322400000	Training - Tuition & Registrat	$8,000	$0	$4,400	$0	$4,400	$3,600

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5324 FACILITIES		**$147,000**	**$12,524**	**$137,097**	**$12,142**	**$149,240**	**-$2,240**
5324100000	Facilities Maintenance Svcs	$0	$0	$1,427	$0	$1,427	-$1,427
5324200000	Facilities Ops - Other (Svcs)	$0	$0	$184	$0	$184	-$184
5324250000	Facilities Planning -Gen Svcs	$0	$474	$4,187	$0	$4,187	-$4,187
5324350000	Rents and Leases	$147,000	$0	$0	$0	$0	$147,000
5324450000	Rent -Bldgs&Grounds(Non State)	$0	$12,050	$130,876	$12,142	$143,019	-$143,019
5324500000	Security	$0	$0	$423	$0	$423	-$423

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
53402-53403 C/P SERVICES (INTERNAL)		**$74,000**	**$15,336**	**$187,514**	**$2,850**	**$190,364**	**-$116,364**
5340290000	Health and Medical	$0	$0	$0	$2,850	$2,850	-$2,850
5340310000	Legal - Attorney General	$47,000	$12,990	$168,211	$0	$168,211	-$121,211
5340320000	Office of Adminis Hearings	$3,000	$2,346	$19,303	$0	$19,303	-$16,303
5340330000	Consult & Prof Svcs-Interdept	$24,000	$0	$0	$0	$0	$24,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
53404-53405 C/P SERVICES (EXTERNAL)		**$88,000**	**$334**	**$39,709**	**$11,739**	**$51,448**	**$36,552**
5340420000	Administrative	$48,000	$34	$14,512	$11,739	$26,251	$21,749
5340420003	Subject Matter Experts	$0	$0	$1,300	$0	$1,300	-$1,300
5340500000	Interpreters	$0	$0	$65	$0	$65	-$65
5340540001	Evidence/Witness Fees	$0	$300	$21,067	$0	$21,067	-$21,067
5340580000	Consult & Prof Svcs Extern Oth	$40,000	$0	$0	$0	$0	$40,000
5340580001	Court Reporter Servs	$0	$0	$2,765	$0	$2,765	-$2,765

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5342 DEPARTMENT PRORATA		**$571,000**	**$0**	**$479,167**	**$0**	**$479,167**	**$91,833**
5342500050	Division of Investigation DOI	$7,000	$0	$6,667	$0	$6,667	$333
5342500055	Consumer Client Servs Div CCSD	$564,000	$0	$472,500	$0	$472,500	$91,500

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5342 DEPARTMENTAL SERVICES		**$30,000**	**$0**	**$79,938**	**$0**	**$79,938**	**-$49,938**
5342500001	OPES Interagency Contracts	$0	$0	$79,546	$0	$79,546	-$79,546
5342600000	Departmental Services - Other	$30,000	$0	$392	$0	$392	$29,608

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5344 CONSOLIDATED DATA CENTERS		**$14,000**	**$0**	**$0**	**$0**	**$0**	**$14,000**
5344000000	Consolidated Data Centers	$14,000	$0	$0	$0	$0	$14,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5346 INFORMATION TECHNOLOGY		**$3,000**	**$137**	**$1,371**	**$831**	**$2,202**	**$798**
5346320000	IT Services - Hardware Maint	$0	$0	$0	$364	$364	-$364
5346340000	IT Services - Software Maint	$0	$0	$0	$85	$85	-$85
5346350000	IT Services - Subscription	$0	$137	$1,370	$274	$1,644	-$1,644
5346390000	IT Svcs-Oth(Security/Archival)	$0	$0	$1	$0	$1	-$1
5346800000	E-Waste Recycl & Disposal Fees	$0	$0	$0	$109	$109	-$109
5346900000	Information Technology - Other	$3,000	$0	$0	$0	$0	$3,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5362-5368 EQUIPMENT		**$0**	**$0**	**$1,319**	**$16,382**	**$17,701**	**-$17,701**
5368025000	Computers & Computer Equipment	$0	$0	$0	$15,641	$15,641	-$15,641
5368930000	Software	$0	$0	$1,319	$741	$2,060	-$2,060

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5390 OTHER ITEMS OF EXPENSE		**$8,000**	**$0**	**$0**	**$0**	**$0**	**$8,000**
5390870000	Other Vehicle Operations Svcs	$8,000	$0	$0	$0	$0	$8,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
54 SPECIAL ITEMS OF EXPENSE		**$0**	**$0**	**$175**	**$0**	**$175**	**-$175**
5490000000	Other Special Items of Expense	$0	$0	$175	$0	$175	-$175
OPERATING EXPENSES & EQUIPMENT		**$1,230,000**	**$38,272**	**$971,512**	**$67,105**	**$1,038,618**	**$191,382**

OVERALL TOTALS		**$2,975,000**	**$150,064**	**$2,211,089**	**$67,227**	**$2,278,316**	**$696,684**

Department of Consumer Affairs

Expenditure Projection Report

Dental Hygiene Board of California
Reporting Structure(s): 11111100 Support
Fiscal Month: 11
Fiscal Year: 2024 - 2025

PERSONAL SERVICES

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5100 PERMANENT POSITIONS		**$1,052,000**	**$725,549**	**$0**	**$725,549**	**$800,133**	**$1,022,000**	**$61,982**	**$803,088**	**$0**	**$803,088**	**$867,193**	**$154,807**
5100000000	Earnings - Perm Civil Svc Empl	$970,000	$618,729	$0	$618,729	$683,543	$906,000	$51,847	$692,505	$0	$692,505	$746,475	$159,525
5105000000	Earnings-Exempt/Statutory Empl	$82,000	$106,820	$0	$106,820	$116,590	$116,000	$10,135	$110,583	$0	$110,583	$120,718	-$4,718

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5100 TEMPORARY POSITIONS		**$59,000**	**$0**	**$0**	**$0**	**$0**	**$59,000**	**$0**	**$0**	**$0**	**$0**	**$0**	**$59,000**
5100150004	Temp Help (907)	$57,000	$0	$0	$0	$0	$59,000	$0	$0	$0	$0	$0	$59,000
5100150005	Exam Proctor (915)	$2,000	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5105-5108 PER DIEM, OVERTIME, & LUMP SUM		**$24,000**	**$3,615**	**$0**	**$3,615**	**$3,815**	**$24,000**	**$0**	**$3,800**	**$0**	**$3,800**	**$5,400**	**$18,600**
5105100001	Bd/Commission Mbrs (901, 920)	$24,000	$2,800	$0	$2,800	$3,000	$24,000	$0	$3,800	$0	$3,800	$5,400	$18,600
5108000000	OT Earn Oth than to Temp Help	$0	$815	$0	$815	$815	$0	$0	$0	$0	$0	$0	$0

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5150 STAFF BENEFITS		**$619,000**	**$420,970**	**$0**	**$420,970**	**$456,702**	**$535,000**	**$49,811**	**$432,689**	**$121**	**$432,810**	**$467,359**	**$67,641**
5108250000	Employee Merit Award PGM Contr	$0	$0	$0	$0	$0	$0	$0	$0	$121	$121		$0
5150150000	Dental Insurance	$3,000	$3,666	$0	$3,666	$3,992	$3,000	$269	$2,909	$0	$2,909		$3,000
5150210000	Disability Leave - Nonindustri	$0	$0	$0	$0	$0	$0	$11,922	$11,922	$0	$11,922		$0
5150250000	Employee Assistance PGM Fee	$0	$233	$0	$233	$284	$0	$26	$251	$0	$251		$0
5150350000	Health Insurance	$174,000	$82,035	$0	$82,035	$88,248	$166,000	$6,670	$71,001	$0	$71,001		$166,000
5150400000	Life Insurance	$0	$220	$0	$220	$245	$0	$30	$271	$0	$271		$0
5150450000	Medicare Taxation	$8,000	$10,105	$0	$10,105	$11,144	$7,000	$1,021	$11,358	$0	$11,358		$7,000
5150500000	OASDI	$68,000	$40,589	$0	$40,589	$44,666	$66,000	$4,173	$44,473	$0	$44,473		$66,000
5150600000	Retirement - General	$299,000	$227,511	$0	$227,511	$250,495	$231,000	$15,971	$204,676	$0	$204,676		$231,000
5150750000	Vision Care	$1,000	$662	$0	$662	$728	$1,000	$57	$630	$0	$630		$1,000
5150800000	Workers' Compensation	$20,000	$49	$0	$49	$49	$18,000	$31	$31	$0	$31		$18,000
5150800004	SCIF Allocation Cost	$0	$17,396	$0	$17,396	$11,552	$0	$0	$12,134	$0	$12,134		$0
5150820000	Other Post-Employment Benefits	$28,000	$22,286	$0	$22,286	$24,507	$25,000	$1,820	$24,026	$0	$24,026		$25,000
5150900000	Staff Benefits - Other	$18,000	$16,219	$0	$16,219	$20,793	$18,000	$7,820	$49,007	$0	$49,007	$467,359	-$449,359
PERSONAL SERVICES		**$1,754,000**	**$1,150,133**	**$0**	**$1,150,133**	**$1,260,650**	**$1,640,000**	**$111,792**	**$1,239,577**	**$121**	**$1,239,698**	**$1,339,951**	**$300,049**

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5301 GENERAL EXPENSE		**$38,000**	**$8,332**	**$1,350**	**$9,682**	**$10,185**	**$217,000**	**$212**	**$8,148**	**$1,519**	**$9,667**	**$9,841**	**$207,159**
5301100001	Transcription Services	$0	$0	$0	$0	$436	$0	$0	$0	$0	$0	$0	$0
5301100002	Admin OH-Other State Agencies	$0	$3,099	$0	$3,099	$3,106	$0	$20	$2,849	$0	$2,849	$2,949	-$2,949
5301100003	Fingerprint Reports	$3,000	$662	$0	$662	$711	$3,000	$128	$520	$0	$520	$594	$2,406
5301350000	Freight and Drayage	$0	$150	$1,350	$1,500	$1,500	$0	$0	$107	$1,393	$1,500	$1,500	-$1,500
5301400000	Goods - Other	$27,000	$0	$0	$0	$0	$214,000	$64	$527	$0	$527	$527	$213,473
5301450000	Library Pur excl UC/CSUC/Oth E	$0	$74	$0	$74	$74	$0	$0	$0	$0	$0	$0	$0
5301700000	Office Supplies - Misc	$8,000	$3,717	$0	$3,717	$3,717	$0	$0	$3,745	$126	$3,871	$3,871	-$3,871
5301900000	Subscriptions	$0	$630	$0	$630	$642	$0	$0	$400	$0	$400	$400	-$400

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5302 PRINTING		**$17,000**	**$15,471**	**$16,597**	**$32,069**	**$32,121**	**$17,000**	**$810**	**$6,297**	**$21,641**	**$27,938**	**$27,938**	**-$10,938**
5302300000	Office Copiers - Maintenance	$0	$2,226	$1,814	$4,040	$4,040	$0	$0	$1,472	$1,610	$3,082	$3,082	-$3,082
5302700000	Pamphlets, Leaflets, Brochures	$0	$212	$0	$212	$252	$0	$810	$4,825	$20,031	$24,856	$24,856	-$24,856
5302900000	Printing - Other	$17,000	$13,034	$14,783	$27,817	$27,828	$17,000	$0	$0	$0	$0	$0	$17,000

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5304 COMMUNICATIONS		**$13,000**	**$3,445**	**$0**	**$3,445**	**$4,172**	**$13,000**	**$155**	**$2,291**	**$0**	**$2,291**	**$2,749**	**$10,251**
5304100000	Cell Phones, PDAs, Pager Svcs	$0	$1,356	$0	$1,356	$1,801	$0	$155	$1,700	$0	$1,700	$2,040	-$2,040
5304700000	Telephone Services	$0	$2,089	$0	$2,089	$2,371	$0	$0	$591	$0	$591	$709	-$709
5304800000	Communications - Other	$13,000	$0	$0	$0	$0	$13,000	$0	$0	$0	$0	$0	$13,000

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5306 POSTAGE		**$20,000**	**$4,615**	**$0**	**$4,615**	**$6,472**	**$20,000**	**$1,181**	**$6,961**	**$0**	**$6,961**	**$8,353**	**$11,647**
5306600003	DCA Postage Allo	$0	$4,615	$0	$4,615	$6,472	$0	$1,181	$6,961	$0	$6,961	$8,353	-$8,353
5306700000	Postage - Other	$20,000	$0	$0	$0	$0	$20,000	$0	$0	$0	$0	$0	$20,000

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5308 INSURANCE		**$0**	**$27**	**$0**	**$27**	**$27**	**$0**	**$0**	**$0**	**$0**	**$0**	**$27**	**-$27**
5308900000	Insurance - Other	$0	$27	$0	$27	$27	$0	$0	$0	$0	$0	$27	-$27

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
53202-204 IN STATE TRAVEL		**$20,000**	**$10,607**	**$0**	**$10,607**	**$11,334**	**$20,000**	**$7,582**	**$17,126**	**$0**	**$17,126**	**$21,000**	**-$1,000**
5320220000	Travel-In State-Per Diem Lodgi	$0	$4,168	$0	$4,168	$4,567	$0	$3,606	$7,006	$0	$7,006	$7,006	-$7,006
5320230000	Travel-In State-Per Diem Meals	$0	$1,673	$0	$1,673	$1,893	$0	$1,802	$2,986	$0	$2,986	$2,986	-$2,986
5320240000	Travel-In State-Per Diem Other	$0	$234	$0	$234	$234	$0	$191	$371	$0	$371	$371	-$371
5320260000	Travel-In St-Trav Agcy Mgt Fee	$0	$35	$0	$35	$35	$0	$0	$19	$0	$19	$19	-$19
5320260001	CalATERS Service Fee	$0	$0	$0	$0	$0	$0	$0	$23	$0	$23	$23	-$23
5320400000	Travel-In State-Commercial Air	$0	$1,129	$0	$1,129	$1,129	$0	$588	$2,716	$0	$2,716	$2,716	-$2,716
5320420000	Travel-In State-Taxi & Shuttle	$0	$0	$0	$0	$0	$0	$60	$60	$0	$60	$60	-$60
5320420001	Lyft-Transportation Network Co	$0	$46	$0	$46	$46	$0	$0	$0	$0	$0	$0	$0
5320420002	Uber-Transportation Network Co	$0	$24	$0	$24	$68	$0	$194	$249	$0	$249	$249	-$249
5320440000	Travel - In State -Private Car	$0	$3,081	$0	$3,081	$3,093	$0	$1,141	$3,069	$0	$3,069	$3,069	-$3,069
5320470000	Travel - In State - Rental Car	$0	$216	$0	$216	$268	$0	$0	$628	$0	$628	$628	-$628
5320490000	Travel - In State - Other	$20,000	$0	$0	$0	$0	$20,000	$0	$0	$0	$0	$3,874	$16,126

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5322 TRAINING		**$7,000**	**$1,000**	**$0**	**$1,000**	**$1,000**	**$8,000**	**$0**	**$4,400**	**$0**	**$4,400**	**$4,400**	**$3,600**
5322400000	Training - Tuition & Registrat	$7,000	$1,000	$0	$1,000	$1,000	$8,000	$0	$4,400	$0	$4,400	$4,400	$3,600

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5324 FACILITIES		**$171,000**	**$136,663**	**$12,235**	**$148,898**	**$149,800**	**$147,000**	**$12,524**	**$137,097**	**$12,142**	**$149,240**	**$154,042**	**-$7,042**
5324100000	Facilities Maintenance Svcs	$0	$556	$0	$556	$556	$0	$0	$1,427	$0	$1,427	$1,427	-$1,427
5324200000	Facilities Ops - Other (Svcs)	$0	$3,494	$0	$3,494	$3,494	$0	$0	$184	$0	$184	$3,494	-$3,494
5324250000	Facilities Planning -Gen Svcs	$0	$4,446	$0	$4,446	$5,348	$0	$474	$4,187	$0	$4,187	$5,538	-$5,538
5324350000	Rents and Leases	$147,000	$0	$0	$0	$0	$147,000	$0	$0	$0	$0	$0	$147,000
5324450000	Rent -Bldgs&Grounds(Non State)	$24,000	$127,815	$11,771	$139,586	$139,586	$0	$12,050	$130,876	$12,142	$143,019	$143,019	-$143,019
5324500000	Security	$0	$352	$464	$816	$816	$0	$0	$423	$0	$423	$564	-$564

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5326 UTILITIES		**$1,000**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
5326900000	Utilities - Other	$1,000	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
53402-53403 C/P SERVICES (INTERNAL)		**$74,000**	**$130,735**	**$0**	**$130,735**	**$165,082**	**$74,000**	**$15,336**	**$187,514**	**$2,850**	**$190,364**	**$230,725**	**-$156,725**
5340290000	Health and Medical	$0	$0	$0	$0	$0	$0	$0	$0	$2,850	$2,850	$2,850	-$2,850
5340310000	Legal - Attorney General	$47,000	$71,215	$0	$71,215	$102,091	$47,000	$12,990	$168,211	$0	$168,211	$198,091	-$151,091
5340320000	Office of Adminis Hearings	$3,000	$59,520	$0	$59,520	$62,991	$3,000	$2,346	$19,303	$0	$19,303	$29,784	-$26,784
5340330000	Consult & Prof Svcs-Interdept	$24,000	$0	$0	$0	$0	$24,000	$0	$0	$0	$0	$0	$24,000

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
53404-53405 C/P SERVICES (EXTERNAL)		**$222,000**	**$55,104**	**$20,781**	**$75,885**	**$78,098**	**$57,000**	**$334**	**$39,709**	**$11,739**	**$51,448**	**$55,981**	**$1,019**
5340420000	Administrative	$187,000	$38,836	$13,264	$52,100	$52,300	$48,000	$34	$14,512	$11,739	$26,251	$26,251	$21,749
5340420001	Expert Examiners- Exam Process	$25,000	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5340420003	Subject Matter Experts	$0	$4,200	$0	$4,200	$4,200	$0	$0	$1,300	$0	$1,300	$1,400	-$1,400
5340480000	Health and Medical	$0	$0	$1,450	$1,450	$1,450	$0	$0	$0	$0	$0	$0	$0
5340500000	Interpreters	$0	$0	$0	$0	$0	$0	$0	$65	$0	$65	$65	-$65
5340540001	Evidence/Witness Fees	$0	$8,161	$420	$8,581	$10,461	$0	$300	$21,067	$0	$21,067	$25,500	-$25,500
5340550000	Reim Exp -Nontaxable (Non Emp)	$0	$409	$0	$409	$409	$0	$0	$0	$0	$0	$0	$0
5340580000	Consult & Prof Svcs Extern Oth	$0	$3,098	$5,647	$8,745	$8,878	$9,000	$0	$0	$0	$0	$0	$9,000
5340580001	Court Reporter Servs	$10,000	$400	$0	$400	$400	$0	$0	$2,765	$0	$2,765	$2,765	-$2,765

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5342 DEPARTMENT PRORATA		**$577,000**	**$559,000**	**$0**	**$559,000**	**$502,784**	**$554,000**	**$0**	**$479,167**	**$0**	**$479,167**	**$554,000**	**$0**
5342500050	Division of Investigation DOI	$8,000	$8,000	$0	$8,000	$7,262	$7,000	$0	$6,667	$0	$6,667	$7,000	$0
5342500055	Consumer Client Servs Div CCSD	$569,000	$551,000	$0	$551,000	$495,522	$547,000	$0	$472,500	$0	$472,500	$547,000	$0

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5342 DEPARTMENTAL SERVICES		**$30,000**	**$23,895**	**$0**	**$23,895**	**$24,159**	**$30,000**	**$0**	**$79,938**	**$0**	**$79,938**	**$93,536**	**-$63,536**
5342500001	OPES Interagency Contracts	$0	$23,520	$0	$23,520	$23,520	$0	$0	$79,546	$0	$79,546	$93,108	-$93,108
5342500090	Interagency Services	$30,000	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5342600000	Departmental Services - Other	$0	$375	$0	$375	$639	$30,000	$0	$392	$0	$392	$428	$29,572

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5344 CONSOLIDATED DATA CENTERS		**$12,000**	**$1**	**$0**	**$1**	**$6,640**	**$14,000**	**$0**	**$0**	**$0**	**$0**	**$5,450**	**$8,550**
5344000000	Consolidated Data Centers	$12,000	$1	$0	$1	$6,640	$14,000	$0	$0	$0	$0	$5,450	$8,550

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5346 INFORMATION TECHNOLOGY		**$3,000**	**$548**	**$274**	**$822**	**$822**	**$3,000**	**$137**	**$1,371**	**$831**	**$2,202**	**$2,202**	**$798**
5346320000	IT Services - Hardware Maint	$0	$0	$0	$0	$0	$0	$0	$0	$364	$364	$364	-$364
5346340000	IT Services - Software Maint	$0	$0	$0	$0	$0	$0	$0	$0	$85	$85	$85	-$85
5346350000	IT Services - Subscription	$0	$548	$274	$822	$822	$0	$137	$1,370	$274	$1,644	$1,644	-$1,644
5346390000	IT Svcs-Oth(Security/Archival)	$0	$0	$0	$0	$0	$0	$0	$1	$0	$1	$1	-$1
5346800000	E-Waste Recycl & Disposal Fees	$0	$0	$0	$0	$0	$0	$0	$0	$109	$109	$109	-$109
5346900000	Information Technology - Other	$3,000	$0	$0	$0	$0	$3,000	$0	$0	$0	$0	$0	$3,000

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5362-5368 EQUIPMENT		**$0**	**$1,229**	**$0**	**$1,229**	**$1,229**	**$0**	**$0**	**$1,319**	**$16,382**	**$17,701**	**$17,701**	**-$17,701**
5368025000	Computers & Computer Equipment	$0	$0	$0	$0	$0	$0	$0	$0	$15,641	$15,641	$15,641	-$15,641
5368930000	Software	$0	$1,229	$0	$1,229	$1,229	$0	$0	$1,319	$741	$2,060	$2,060	-$2,060

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5390 OTHER ITEMS OF EXPENSE		**$8,000**	**$0**	**$0**	**$0**	**$0**	**$8,000**	**$0**	**$0**	**$0**	**$0**	**$0**	**$8,000**
5390800000	Gasoline	$8,000	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5390870000	Other Vehicle Operations Svcs	$0	$0	$0	$0	$0	$8,000	$0	$0	$0	$0	$0	$8,000

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
54 SPECIAL ITEMS OF EXPENSE		**$0**	**$149**	**$0**	**$149**	**$149**	**$0**	**$0**	**$175**	**$0**	**$175**	**$191**	**-$191**
5490000000	Other Special Items of Expense	$0	$149	$0	$149	$149	$0	$0	$175	$0	$175	$191	-$191
OPERATING EXPENSES & EQUIPMENT		**$1,213,000**	**$950,821**	**$51,237**	**$1,002,058**	**$994,074**	**$1,182,000**	**$38,272**	**$971,512**	**$67,105**	**$1,038,618**	**$1,188,137**	**-$6,137**
OVERALL TOTALS		**$2,967,000**	**$2,100,954**	**$51,237**	**$2,152,191**	**$2,254,724**	**$2,822,000**	**$150,064**	**$2,211,089**	**$67,227**	**$2,278,316**	**$2,528,088**	**$293,912**
REIMBURSEMENTS		**-$6,000**				**-$40,000**	**-$6,000**					**-$6,000**	
OVERALL NET TOTALS		**$2,961,000**	**$2,100,954**	**$51,237**	**$2,152,191**	**$2,214,724**	**$2,816,000**	**$150,064**	**$2,211,089**	**$67,227**	**$2,278,316**	**$2,522,088**	**$293,912**
													10.44%

Department of Consumer Affairs

Revenue Report

Dental Hygiene Board of California
Reporting Structure(s): 11111100 Support
Fiscal Month: 11
Fiscal Year: 2024 - 2025
Run Date: 06/16/2025

Revenue

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
Delinquent Fees		**$0**	**$4,330**	**$43,590**	**-$43,590**
4121200089	3140 Delinq Ren Rdh	$0	$4,330	$42,550	-$42,550
4121200090	3140 Delinq Ren Rdhap	$0	$0	$800	-$800
4121200092	3140 Delinq Ren Rdhap Fnp	$0	$0	$240	-$240

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
Other Regulatory Fees		**$0**	**$19,191**	**$205,357**	**-$205,357**
4129200132	3140 Ce Course Review Fee	$0	$0	$2,100	-$2,100
4129200133	3140 Duplicate License	$0	$925	$5,850	-$5,850
4129200273	Ftb Cite Fine Collection	$0	$2,595	$2,663	-$2,663
4129200310	3140 Citations & Fines	$0	$14,421	$180,144	-$180,144
4129200331	3140 License Certification	$0	$1,250	$14,600	-$14,600

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
Other Regulatory License and Permits		**$0**	**$20,189**	**$185,001**	**-$185,001**
4129400243	3140 License Fee Rdhap	$0	$3,000	$17,650	-$17,650
4129400244	3140 Initial Lic Fee Rdhap Fnp	$0	$160	$1,920	-$1,920
4129400245	3140 Initial Lic 1/2 Rdhap Fnp	$0	$0	$720	-$720
4129400249	3140 App Fee Rdhap	$0	$1,200	$7,300	-$7,300
4129400251	3140 App Fee Rdh	$0	$7,400	$60,900	-$60,900
4129400257	3140 App Fee Rdh Original Lic	$0	$7,400	$60,900	-$60,900
4129400524	Suspended Revenue	$0	-$411	$10,931	-$10,931
4129400525	Prior Year Revenue Adjustment	$0	$0	-$160	$160
4129400619	3140 O. S. SLN Course	$0	$0	$500	-$500
4129400620	3140 O. S. App SLN Review	$0	$0	$500	-$500
4129400627	3140 Initial Retired Lic App	$0	$1,440	$23,840	-$23,840

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
Other Revenue		**$0**	**$50**	**$156,482**	**-$156,482**
4143500007	Misc Serv To Public Trans	$0	$50	$2,190	-$2,190
4163000000	Investment Income - Surplus Money Investments	$0	$0	$153,822	-$153,822
4171400001	Canceled Warrants Revenue	$0	$0	$370	-$370
4172500017	Dishonored Check Fee	$0	$0	$25	-$25
4172500019	Misc Revenue Ftb Collection	$0	$0	$75	-$75

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
Renewal Fees		**$0**	**$151,540**	**$2,851,678**	**-$2,851,678**
4127400151	3140 Renewal Rdhap Fnp	$0	$960	$9,453	-$9,453
4127400155	3140 Renewal Rdh	$0	$146,900	$2,779,605	-$2,779,605
4127400156	3140 Renewal Rdhap	$0	$3,520	$60,160	-$60,160
4127400157	3140 Renewal Rdhef	$0	$0	$1,500	-$1,500
4127400339	3140 Reactivate Retire Lic App	$0	$160	$960	-$960
Revenue		**$0**	**$195,299**	**$3,442,109**	**-$3,442,109**

Reimbursements

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
Scheduled Reimbursements		**$0**	**$0**	**$539**	**-$539**
4840000001	Fingerprint Reports	$0	$0	$539	-$539

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
Unscheduled Reimbursements		**$0**	**$810**	**$28,411**	**-$28,411**
4850000005	Us Probation Monitor	$0	$810	$7,740	-$7,740
4850000009	Us Cost Recovery	$0	$0	$20,671	-$20,671
Reimbursements		**$0**	**$810**	**$28,950**	**-$28,950**

3140 - State Dental Hygiene Fund
Analysis of Fund Condition
(Dollars in Thousands)
2025-26 Revised Governor's Budget with FM 11 Projections

Prepared 7.2.2025

	Actuals 2023-24	CY 2024-25	BY 2025-26	BY +1 2026-27
BEGINNING BALANCE	$ 2,633	$ 3,834	$ 4,645	$ 4,905
Prior Year Adjustment	$ 16	$ -	$ -	$ -
Adjusted Beginning Balance	$ 2,649	$ 3,834	$ 4,645	$ 4,905
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS				
Revenues				
4121200 - Delinquent fees	$ 53	$ 47	$ 54	$ 54
4127400 - Renewal fees	$ 2,835	$ 2,893	$ 2,888	$ 2,888
4129200 - Other regulatory fees	$ 312	$ 222	$ 109	$ 109
4129400 - Other regulatory licenses and permits	$ 231	$ 204	$ 181	$ 181
4143500 - Miscellaneous Services to the Public	$ 1	$ 2	$ -	$ -
4163000 - Income from surplus money investments	$ 145	$ 154	$ 164	$ 74
4172500 - Miscellaneous revenues	$ 1	$ -	$ -	$ -
Totals, Revenues	$ 3,578	$ 3,522	$ 3,396	$ 3,306
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	$ 3,578	$ 3,522	$ 3,396	$ 3,306
TOTAL RESOURCES	$ 6,227	$ 7,356	$ 8,041	$ 8,211
Expenditures:				
1111 Department of Consumer Affairs (State Operations)	$ 2,215	$ 2,498	$ 2,887	$ 2,974
9892 Supplemental Pension Payments (State Operations)	$ 34	$ 23	$ 23	$ -
9900 Statewide General Administrative Expenditures (Pro Rata)	$ 144	$ 190	$ 226	$ 226
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	$ 2,393	$ 2,711	$ 3,136	$ 3,200
FUND BALANCE				
Reserve for economic uncertainties	$ 3,834	$ 4,645	$ 4,905	$ 5,011
Months in Reserve	17.0	17.8	18.4	18.3

NOTES:
1. Assumes workload and revenue projections are realized in CY and ongoing.
2. Expenditure growth projected at 3% beginning BY+1.

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

FULL Agenda Item 10.

Discussion and Possible Action Regarding California Code of Regulations, Title 16, Section 1005: Minimum Standards for Infection Control.

MEMORANDUM

DATE	July 19, 2025
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	**FULL 10: Discussion and Possible Action Regarding California Code of Regulations, Title 16, Section 1005: Minimum Standards for Infection Control.**

Background:

Business and Professions Code section 1680(ad) states in part "…The board shall review infection control guidelines, if necessary, on an annual basis and proposed changes shall be reviewed by the Dental Hygiene Board of California to establish a consensus. The hygiene board shall submit any recommended changes to the infection control guidelines for review to establish a consensus..."

The Dental Board of California (DBC) established an Infection Control (IC) Advisory Working Group, consisting of Joanne Pacheco (Vice President, DBC), Cara Miyaski [Chair, DBC Dental Assisting Council (DAC)], and Dental Hygiene Board of California (DHBC) Member Michael Long, have reviewed California Code of Regulations (CCR), Title 16, section 1005 regarding Minimum Standards for Infection Control for clarity of language, necessity for amendments, and consistency with other governing agencies, such as CAL-OSHA, CalEPA, and the Centers for Disease Control. The goal was to establish a consensus between the DHBC and DBC on the proposed regulatory amendments on 16 CCR section 1005 with subsequent implementation of the minimum standards. The DHBC approved the proposed amendments to 16 CCR section 1005 on November 16, 2024, and the draft language was presented at the February 6, 2025, DAC meeting and subsequent February 6-7, 2025, DBC meeting for approval.

The DBC received several comments on issues contained in the draft regulatory language to the extent that further revision to the language was necessary. DBC experts and staff revised the language based upon the comments received, collaborated with the DHBC's experts, and addressed the draft language at their May 2025 board meeting for approval. Both the DBC and the DAC voted to move the Infection Control language forward with the understanding that the public will have the opportunity to provide further comments during the 45-day public comment period once this regulatory language is noticed. The DBC approved language is now being proposed to the DHBC for consensus vote after the initial language was amended.

Action Requested:

Staff recommends the Board to review the proposed regulatory amendments in 16 CCR section 1005 - Minimum Standards for Infection Control, for a consensus vote for the DBC to move the final draft of proposed regulatory language forward.

PROs:

1) In collaboration with the DBC, the DBC and DHBC would concur on newly revised and amended regulations to address the minimum standards for IC, would complete the revisions started in 2018, and address updated IC standards.

2) The dental professionals would appreciate an update to IC regulations that haven't been updated in years.

CONs:

None identified.

DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

PROPOSED REGULATORY LANGUAGE

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

Where the Board proposes to re-number existing paragraphs to a new paragraph within this section, the Board has ~~struck through~~ the existing number of the paragraph and underlined the new proposed paragraph number to show the proposed re-ordering of paragraphs within this section.

Amend Section 1005 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

§ 1005. Minimum Standards for Infection Control.

(a) Definitions of terms used in this section:

(1) "Standard precautions" are ~~a group of infection prevention practices that apply to~~

(4) "Instrument/device classifications" are categories used to identify patient care items ("items") as critical, semi-critical, or non-critical depending on the potential risk for infection associated with their intended use and their required level of sterilization or disinfection for safe practice, as follows:

~~(2)~~(A) "Critical items" ~~confer a high risk for infection if they are contaminated with any microorganism.~~ carry the highest risk of transmitting infection. These include all instruments, devices, and other items used to penetrate soft tissue or bone~~.~~, such as surgical instruments, periodontal instruments, hygiene scalers, and burs.

~~(3)~~ (B) “Semi-critical items” are instruments, devices, and other items that ~~are not used to penetrate soft tissue or bone, but contact oral mucous membranes, non-intact skin or other potentially infectious materials (OPIM).~~ come into contact with oral tissue, blood, or OPIM without penetration, such as those items used for intraoral examination, and dental procedures including dental mouth mirrors, amalgam condensers, reusable dental impression trays, and orthodontic pliers with plastic parts.

~~(4)~~ (C) “Non-critical items” are instruments, devices, equipment, and surfaces (“clinical contact surfaces”) that come in contact with soil (e.g., organic and inorganic material), debris, blood, OPIM and intact skin, but not oral mucous membranes, and are utilized extraorally or are indirectly contaminated with debris, blood, or OPIM during clinical procedures, such as dental X-ray machines, assistant cart attachments, dental material delivery systems, patient safety eyewear, plastic dental syringes, and countertops.

(5) “Disinfect” or “disinfection” means the use of a chemical solution to reduce or lower the number of microorganisms on inanimate objects using a Cal/EPA-registered product.

(6) “Disinfection classifications” are categories used to determine the effectiveness of a disinfectant agent to inactivate mycobacterium during surface disinfection procedures and are as follows:

~~(5)~~ (A) “Low-level disinfection” is the least effective disinfection process. It ~~kills~~inactivates some bacteria, ~~some~~ viruses, and fungi, but does not ~~kill~~inactivate bacterial spores or mycobacterium tuberculosis var bovis, a laboratory test organism used to classify the strength of disinfectant chemicals.

~~(6)~~ (B) “Intermediate-level disinfection” ~~kills~~inactivates mycobacterium tuberculosis var bovis indicating that many human pathogens are also ~~killed~~inactivated. This process does not necessarily ~~kill~~inactivate spores.

~~(7)~~ (C) “High-level disinfection” ~~kills some, but not necessarily all bacterial spores. This process kills mycobacterium tuberculosis var bovis, bacteria, fungi, and viruses.~~ inactivates all vegetative bacteria, mycobacterium, viruses, fungi, and some bacterial spores.

(7) “Cal/EPA-registered” means a product registered by the U.S. Environmental Protection Agency (EPA) and the California Department of Pesticide Regulation for sale and use in California as a pesticide.

~~(8) "Germicide" is a chemical agent that can be used to disinfect items and surfaces~~ based on the level of contamination.

~~(9)~~(8) "Sterilization" is a validated process used to ~~render a product free of all forms of viable microorganisms.~~ eliminate all forms of microbial life using acceptable methods of sterilization set forth in this section.

~~(10)~~(9) "Cleaning" is the removal of visible soil ~~(e.g., organic and inorganic material),~~ debris, blood, and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products~~.~~ prior to the use of a sterilization device or disinfectant for surface disinfection, using one of the following applicable methods:

(A) Cleaning of clinical contact surfaces and non-critical items means scrubbing using water and a detergent, or a surface disinfectant, either of which is registered with Cal/EPA as a disinfectant to clean surfaces or items according to manufacturer's instructions.

(B) Cleaning of semi-critical or critical items means scrubbing with a long-handled brush or using an FDA-approved mechanical device to remove visible soil from contaminated items using detergents or enzymatic products. Acceptable mechanical cleaning devices shall include ultrasonic cleaners using enzymatic products or detergents that require manual drying, or devices manufactured specifically for washing and mechanical drying of dental instruments, cassettes, and devices prior to preparing for sterilization. All mechanical cleaning devices shall be used in accordance with the manufacturer's instructions for the device or item type and quantity being cleaned.

~~(11)~~(2) "Personal Protective Equipment" (PPE) is specialized clothing or equipment worn or used for protection against a hazard. PPE items may include, but are not limited to, gloves, masks, respiratory devices, protective eyewear, and protective attire which are intended to prevent exposure to blood, ~~body fluids, OPIM~~other potentially infectious materials, and chemicals used for infection control. General work attire such as uniforms, scrubs, pants, and shirts, are not considered to be PPE.

~~(12)~~(3) "Other Potentially Infectious Materials" (OPIM) means any ~~one~~ of the following:

(A) Human body fluids such as saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

(B) Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

(C) Any of the following, if known or reasonably likely to contain or be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV):

1. Cell, tissue, or organ cultures from humans or experimental animals;

2. Blood, organs, or other tissues from experimental animals; or

3. Culture medium or other solutions.

~~(13)~~(10) "Dental Healthcare Personnel" (DHCP)~~,~~ are all paid and non-paid personnel in the ~~dental healthcare setting~~ treatment facility who might be occupationally exposed to infectious materials, including ~~body substances~~blood and OPIM, and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel).

(11) "Contaminated medical waste" shall include "medical waste" as defined in Section 117690 of the Health and Safety Code occurring in the dental healthcare

.

(b) All DHCP shall comply with all applicable infection control standard precautions and

to protect patients and DHCP and to minimize the transmission of pathogens in health care settings as mandated by the California Division of Occupational Safety and Health (Cal/OSHA).

(1) Standard precautions shall be ~~practiced~~used in the care of all patients.

(2) A written ~~protocol shall be developed, maintained, and periodically updated for proper instrument processing, operatory cleanliness, and management of injuries. The protocol shall be made available to all DHCP at the dental office.~~ infection control plan detailing the protocols and procedures that shall be developed, maintained, and periodically updated for all standard precautions in accordance with the requirements of this section. The written infection control plan shall be made readily available to all DHCP at the treatment facility and reviewed and updated at least annually by the DHCP employer or employer-designated representative

responsible for infection control compliance, and as needed to maintain compliance with this section.

(3) A copy of this regulation shall be conspicuously posted in each ~~dental office.~~ treatment facility and included in the written infection control plan described in paragraph (2).

Personal Protective Equipment~~:~~ (PPE):

~~(4)~~(A) All DHCP shall wear single-use, disposable surgical facemasks in combination with either chin length plastic face shields or protective eyewear during patient treatment or whenever there is potential for aerosol spray, splashing, or spattering of the following: droplet nuclei, blood, chemical or ~~germicidal~~disinfectant agents, or OPIM. For purposes of this section, "protective eyewear" includes safety glasses with side shields bearing evidence of compliance with American National Standard for Occupational and Education Personal Eye and Face Protection Devices ANSI/ISEA Z87.1-2020 (the "Z87" marking).

(B) A new, single-use, disposable surgical facemask shall be used for each patient at the beginning of their treatment session. Surgical facemask replacement shall occur at any point during a procedure where the mask becomes moist or soiled. ~~Chemical resistant utility gloves and appropriate, task specific PPE shall be worn when handling hazardous chemicals.~~ After each patient treatment, surgical facemasks shall be changed and disposed when leaving laboratories or areas of patient care activities.

(C) Chin-length face shields and face visors are acceptable replacements for protective eyewear when worn in combination with a surgical facemask. Face shields and face visors shall not be used as a replacement for a surgical facemask. After each patient treatment, face shields and protective eyewear shall be cleaned, disinfected, or disposed when leaving laboratories or areas of patient care activities.

(D) Chemical and puncture-resistant utility gloves and chemical-resistant PPE shall be worn when handling hazardous chemicals and shall be worn in accordance with paragraph (6).

(E) Reusable protective eyewear, face shields, and visors shall be washed with soap and water, or if visibly soiled, cleaned and disinfected between patients.

~~(5)~~(F) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of ~~germicides~~ disinfectants or when handling contaminated items. All DHCP shall wear reusable or disposable

protective attire during patient treatment, or whenever there is a potential for

~~germicidal~~ disinfectant agents. Protective attire ~~must~~shall be changed daily or between patients. Protective attire shall be changed immediately if the~~y~~ attire

activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, Cal. Code Regs., section 5193).

(5) Hand Hygiene~~:~~ Protocols and Hand Care:

~~(6)~~(A) All DHCP shall thoroughly wash their hands with soap and water (covering

soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated, an alcohol--based hand rub, with an alcohol concentration between 60-95%, may be used as an alternative to soap and water. An alcohol-based hand rub shall be used according to the manufacturer's instructions. Hands shall be ~~thoroughly dried~~completely dry before donning gloves in order to prevent promotion of ~~bacterial~~ microbial growth and washed again immediately after glove removal.

(B) A DHCP shall refrain from providing direct patient care and from handling patient care equipment if hand conditions such as the presence of lesions, rash, or weeping dermatitis are present that may render DHCP or patients more susceptible to opportunistic infection or exposure.

~~(7) All DHCP who have exudative lesions or weeping dermatitis of the hand shall refrain from all direct patient care and from handling patient care equipment until the condition resolves~~.

(6) Gloves:

~~(8)~~(A) Medical examination gloves shall be worn by DHCP whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. Medical examination gloves are disposable, synthetic single-use only items. Gloves shall be replaced when torn or punctured, upon completion of dental treatment, and before leaving laboratories or areas of patient care activities.

(B) Chemical and puncture-resistant utility gloves shall be available at the point of use and worn by DHCP for cleaning, sterilization, and disinfectant procedures. Chemical and puncture-resistant utility gloves shall be cleaned and disinfected or

sterilized in accordance with the manufacturer's instructions. Disposable utility gloves shall be disposed of after each use.

(C) When processing contaminated sharp instruments, needles, and devices, DHCP shall wear ~~heavy duty~~chemical and puncture-resistant utility gloves ~~to prevent puncture wounds~~. Utility gloves shall be cleaned and sterilized in accordance with the manufacturer's instructions after each use.

(D) Gloves ~~must~~shall be discarded under any of the following circumstances:

(i) when torn or punctured~~,~~;

(ii) upon completion of dental treatment when using medical examination

(iii) before leaving laboratories or areas of patient care activities

(E) All DHCP shall perform hand hygiene protocols and hand care procedures

(7) Needle and Sharps Safety:

~~(9)~~(A) Needles shall be recapped only by using the scoop technique or a

disposal.

(B) Disposable needles, syringes, scalpel blades, or other sharp items and

possible to the point of use according to all applicable local, state, and federal regulations.

(8) Sterilization and Disinfection:

~~(10)~~(A) All ~~germicides must~~ products used to clean or disinfect items or surfaces

~~(11)~~(B) Standard precautions for disinfection and sterilization shall be performed in the following order:

(i) first, use appropriate hand hygiene protocols and hand care in accordance with paragraph (5);

(ii) second, ~~C~~clean~~ing must precede~~ items or surfaces prior to any disinfection

(iii) third, use the disinfection or sterilization standards required by this

~~procedures shall be used according to all label instructions~~ Disinfection

applicable disinfection classification in accordance with paragraph (6) of subsection (a) to disinfect items.

~~(12)~~(C) Critical instruments, items, and devices shall be ~~discarded or~~ pre-cleaned, packaged or wrapped, and sterilized after each use. Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These instruments, items, and devices~~,~~ shall remain sealed and stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the treatment facility. If stored, sterilized packaging is compromised (e.g., wet, torn, or punctured), the instruments shall be recleaned, packaged in new wrap, and sterilized again before use.

~~(13)~~(D) Semi-critical instruments, items, and devices shall be pre-cleaned, packaged or wrapped, and sterilized after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the treatment facility. If stored, sterilized packaging is compromised (e.g., wet, torn, or punctured), the instruments shall be recleaned, packaged in new wrap, and sterilized again before use.

~~(14)~~(E) Non-critical surfaces and patient care items shall be cleaned and disinfected after every use with a ~~California Environmental Protection Agency (~~Cal/EPA~~)~~ registered hospital disinfectant (low-level disinfectant) spray or wipe ~~labeled effective against HBV and HIV~~. When the item is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital intermediate-level disinfectant with a tuberculocidal claim shall be used.

~~(15)~~(F) All high-speed dental hand pieces, low-speed hand pieces, rotary components, including the motor, and dental unit attachments such as reusable

air/water syringe tips and ultrasonic scaler tips, shall be packaged, labeled, and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item.

~~(16)~~(G) Single use critical, semi-critical, and non-critical disposable items such as scalpel blades, prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, air/water syringe tips, and gloves shall be used for one patient only and discarded.

~~(17)~~(H) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test) with results confirmed by either authorized DHCP or an independent laboratory. Test results shall be documented and maintained for 12 months.

(I)(i) A chemical indicator shall be used inside every sterilization package to verify that the sterilizing agent has penetrated the package and reached the

(ii) The chemical indicator shall be inspected immediately when removing packages from the sterilizer; if the chemical indicator did not register that the sterilizing agent has penetrated the package, the instruments shall be

(9) Irrigation:

~~(18)~~(A) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone.

(B) When performing procedures on exposed dental pulp, water or other irrigation solutions shall be sterile or contain disinfecting or antibacterial properties.

(C) Sterile coolants/irrigants ~~must~~shall be delivered using a sterile delivery system.

(10) Treatment Facilities:

~~(19)~~(A) If non-critical items or clinical contact surfaces likely to be contaminated

be ~~protected~~physically covered with disposable impervious barriers approved by the FDA and designed by the manufacturer for that purpose. Disposable barriers shall be changed when visibly soiled or damaged and between patients.

~~(20)~~(B) Clean and disinfect all clinical contact surfaces that are not protected by

~~germicide~~disinfectant after each patient. The low-level disinfectants used shall be

(C) Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal/EPA ~~-~~registered, hospital grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled, and DHCP shall follow all ~~material~~ safety data sheet (~~M~~SDS) handling and

~~(21)~~(D) Dental unit water lines shall be anti-retractive. At the beginning of each

syringe tips, or other devices. The dental unit lines and devices shall be flushed ~~between~~ after each patient for a minimum of twenty (20) seconds. Dental unit

~~(22)~~(E) Contaminated solid waste shall be disposed of according to applicable

(11) Lab Areas:

~~(23)~~(A) Splash shields and equipment guards shall be used on dental laboratory

(B) Laboratory equipment, including handpieces, polishing (rag) wheels, grinding wheels, and laboratory burs, used to polish, trim, or adjust contaminated appliances and ~~intraoral~~ prosthetic devices shall be cleaned, disinfected ~~or sterilized~~, properly packaged or wrapped, and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item as specified in subparagraph (D) of paragraph (8), or if a single-use item, disposed of in accordance with subparagraph (G) of paragraph (8).

(C) Laboratory equipment shall be stored in a manner consistent with the same storage practices as a semi-critical item as specified in subparagraph (D) of paragraph (8).

~~(24)~~(D) All intraoral items such as impressions, bite registrations, and prosthetic and orthodontic appliances shall be cleaned and disinfected with ~~an~~ Cal/EPA-registered intermediate-level disinfectant before and after manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth.

(12) Respiratory Hygiene/Cough Etiquette: Measures shall be implemented to contain respiratory secretions and to prevent droplet and fomites transmission of respiratory pathogens, especially during seasonal outbreaks of viral respiratory infections such as influenza, RSV, adenovirus, parainfluenza virus, or SARS-CoV-2 (COVID-19) virus, as follows.

(A) Prominently posting at least one sign at every point of entrance and reception or registration desk of the treatment facility, accessible to public view, in which case the signs shall be in at least 12-point type font. The signs shall contain instructions to patients who cough or sneeze at the treatment facility to do at least all of the following: (i) cover their mouths or noses when coughing or sneezing; (ii) use and dispose of tissues in waste receptables; and, (iii) wash hands with soap and water or use alcohol-based hand rub after coughing or sneezing.

(B) Provide tissues and no-touch receptacles (e.g. foot-pedal operated lid or open plastic-lined waste basket) for disposal of tissues.

(C) Have soap, warm running water, and paper towels, or alcohol-based hand rub available for use in or immediately adjacent to waiting areas.

(D) Offer masks to coughing or sneezing patients or other persons when they enter the treatment facility.

(E) Provide distance between patients who cough or sneeze in common waiting areas. If available, facilities shall place these patients in a separate area while waiting for care.

(c) DHCP who are employers of other DHCP shall provide those personnel with a training program on the minimum standards required by this section and the infection control plan specified in paragraph (2) of subsection (b). Such training program shall be provided at no cost to the personnel and during working hours in accordance with all of the following.

(1) The training program shall be provided as follows:

(A) Prior to assignment to tasks where OPIM exposure may take place; and,

(B) Within one year of the date of the DHCP's previous training thereafter.

(2) DHCP employers shall provide additional training prior to or by the effective date of any change to the minimum standards in this section or to the written infection control plan specified in paragraph (2) of subsection (b). The additional training may

~~(c) The Dental Board of California and Dental Hygiene Committee of California shall review this regulation annually and establish a consensus.~~

~~[1] Cal/EPA contacts: WEBSITE www.cdpr.ca.gov or Main Information Center (916) 324-0419.~~

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1680, Business and Professions Code.

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

FULL Board Agenda Item 11.

Discussion and Possible Action on Education Committee Report and Recommendation(s).

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

FULL Board Agenda Item 12.

Discussion and Possible Action on Legislative and Regulatory Committee Report and Recommendation(s).

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

FULL Board Agenda Item 13.

Enforcement Update: Statistical Report.

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

FULL Board Agenda Item 14.

Licensing, Continuing Education Audits, and Examination Update: Statistical Report.

APPLICATIONS RECEIVED: FY 2024/2025													
Type of Application	**Jul.**	**Aug.**	**Sept.**	**Oct.**	**Nov.**	**Dec.**	**Jan.**	**Feb.**	**Mar**	**Apr**	**May**	**June**	**Total YTD**
Initial Licensure Applications													
RDH Application by Exam	110	56	24	34	57	51	49	23	66	31	93	204	**798**
RDH Application by Credential	3	2	1	3	2	5	1	3	5	0	3	4	**32**
RDHAP Application	8	7	3	3	3	6	14	7	6	9	14	12	**92**
Fictitious Name Permit Application	1	5	1	3	0	0	0	4	3	2	0	0	**19**
License Renewal Applications													
Type of Application	**Jul.**	**Aug.**	**Sept.**	**Oct.**	**Nov.**	**Dec.**	**Jan.**	**Feb.**	**Mar**	**Apr**	**May**	**June**	**Total YTD**
RDH Renewal Application	995	1,457	1,502	702	915	1,253	1,537	1,604	900	1,298	1,552	1,603	**15,318**
RDHAP Renewal Application	47	62	74	32	38	54	62	67	20	56	73	73	**658**
RDHEF Renewal Application	0	0	0	0	0	0	1	0	2	2	2	2	**9**
Fictitious Name Permit Renewal Application	0	0	0	6	0	11	6	14	11	11	15	13	**87**

LICENSES AND PERMITS ISSUED														
Type of License	**Prior Years**		**Current Year FY 2024/2025**											
	FY 2022/23	**FY 2023/24**	**Jul.**	**Aug.**	**Sept.**	**Oct.**	**Nov.**	**Dec.**	**Jan.**	**Feb.**	**Mar**	**Apr**	**May**	**June**	**Total YTD**
RDH License	802	806	55	78	53	19	57	57	63	21	33	66	34	154	**690**
RDHAP License	71	76	2	8	4	4	6	3	8	6	3	3	4	7	**58**
Fictitious Name Permit	14	24	2	1	4	4	1	0	0	2	2	2	2	1	**21**

License Type	Registered Dental Hygienist (RDH) July 01, 2024 – June 30, 2025								
Exam Title	**RDH Law & Ethics Exam**								
	Total Tested	**Passed**	**%**	**Failed**	**%**	**1st Attempt to Pass Exam**	**%**	**Multiple Attempts to Pass Exam**	**%**
FY 2022/23	1,050	843	80%	207	20%	691	82%	152	18%
Out of State	17	15	88%	2	12%	14	93%	1	7%
FY 2023/224	668	544	81%	124	19%	439	81%	105	19%
Out of State	20	11	55%	9	45%	9	81%	2	19%
FY 2024/25	1,163	809	70%	354	30%	552	68%	257	32%
Out of State	16	9	56%	7	44%	9	75%	3	25%

License Type	Registered Dental Hygienist in Alternative Practice (RDHAP) July 01, 2024 – June 30, 2025								
Exam Title	**RDHAP Law and Ethics Exam**								
	Total Tested	**Passed**	**%**	**Failed**	**%**	**1st Attempt to Pass Exam**	**%**	**Multiple Attempts to Pass Exam**	**%**
FY 2022/23	113	87	77%	26	23%	63	72%	24	28%
FY 2023/24	77	57	74%	20	26%	43	75%	14	25%
FY 2024/25	92	78	86%	14	15%	68	87%	10	13%
Out of State (Only recognized in CA)	0	0	0%	0	0%	0	0%	0	0%

Registered Dental Hygienist (RDH)	**Active**	**18,212**
	Inactive	**1,224**
	*Delinquent	4,065
	*Cancelled	11,999
	*Revoked	45
	*Surrendered	35
	*Other (Deceased)	220
	Retired	918
Registered Dental Hygienist in Alternative Practice (RDHAP)	**Active**	**797**
	Inactive	**65**
	*Delinquent	145
	*Cancelled	104
	*Revoked	1
	*Surrendered	3
	*Other (Deceased)	3
	Retired	39
Registered Dental Hygienist in Extended Functions (RDHEF)	**Active**	**15**
	Inactive	**1**
	*Delinquent	9
	*Cancelled	7
	*Revoked	0
	*Surrendered	0
	*Other (Deceased, retired, etc.)	0
Fictitious Name Permit (FNP)	**Active**	**152**
	Inactive	**0**
	*Delinquent	71
	*Cancelled	120
	*Revoked	0
	*Surrendered	0
	*Other (Deceased, retired, etc.)	0
Military Temporary Licenses RDH, RDHAP and RDHEF	**Active**	**9**
	Inactive	**0**
	*Delinquent	0
	*Cancelled	0
	*Revoked	0
	*Surrendered	0
	*Other (Deceased)	0
	Retired	0
	Licensed Subtotal (Active, Inactive)	**20,475**
	***Non-Licensed Subtotal (Delinquent, Cancelled, Revoked, Surrendered, Retired Other)**	**17,784**
	Total Licenses Issued	**38,259**

License Status Definitions	
Active	Current and updated license and allowed to practice in CA. Continuing Education (CE) hours completed within the preceding 24 months (biennially) is required to renew the license.
Inactive	Current license but cannot practice in CA. CE hours are not required for the biennial license renewal (exempt).
Delinquent	Biennial license renewal not completed after expiration date. May not practice in CA unless proof of renewal is received and in processing (BPC 121).
Cancelled	License not renewed for 60 months after the last expiration and may not be renewed, restored, reissued, or reinstated (BPC 1939). May not practice in CA.
Retired	Cannot practice in CA and not renewable unless licensee re-activates the retired license and pays a one-time fee to re-activate and meet other requirements
Revoked	Disciplinary action taken; may not practice in CA.
Surrendered	Disciplinary action taken; may not practice in CA.
Military Temporary License	New Temporary License for the spouse or domestic partner of an active-duty military member stationed in California if the applicant currently holds an active and unrestricted license in another state.

Delinquent License Status Per Year 2019-2024	
2019	**542**
2020	**675**
2021	**875**
2022	**975**
2023	**820**
2024	**183**
2025	**266***
Total Delinquent Licenses	**4,3360**

Note:

*2025 – January – June 2025.

Licenses with expiration dates from **January 31, 2020, through June 30, 2025**, that have remained in *delinquent status for 60 months* will be **automatically cancelled** between **February 1, 2025, and July 1, 2025**, in accordance with **Business and Professions Code section 1939**.

Once cancelled, these licenses **cannot be restored, reissued, or reinstated by law**. The automatic cancellation process will continue for any license that reaches 60 months in delinquent status, as mandated by statute.

MEMORANDUM

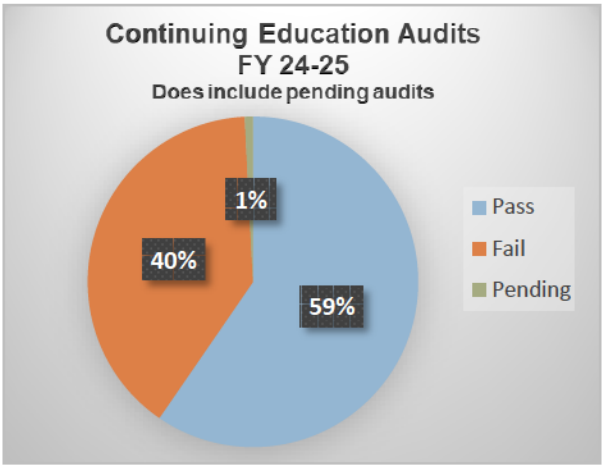
DATE	July 19, 2025
TO	Dental Hygiene Board of California
FROM	Kiana Vang Continuing Education Audit Analyst
SUBJECT	**Continuing Education Update**

Continuing Education Update

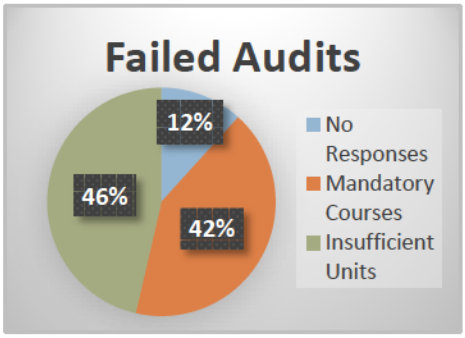
When initiating a CE audit, licensees are randomly selected by the BreEZe system through an automated process for staff to conduct the CE audit. The selected licensees have already completed their prior license renewals where they've attested under the penalty of perjury on the License Renewal Application that the number of required continuing education (CE) hours required by law to renew the license have been completed for the renewal.

In FY 2024/25, the Board initiated 883 Continuing Education (CE) audits through 06/30/2025. From the audits, there continues to be similar trends in the pass and fail rate of audited licensees.

Continuing Education Audits			
	FY 22/23	FY 23/24	FY 24/25
Pass	412	164	525
Fail	250	102	349
Other (Waived per 16 CCR 1017(m) - disability)	10	3	2
Pending	24	37	7
Total	**696**	**306**	**883**



The Board has received many reasons from licensees for failure to comply with the CE Audit. Frequently, licensees have expressed they have misplaced, destroyed, or lost their records, however, by law, they are required to maintain possession of the completed CE certificates. Pursuant to Title 16 CCR 1017(n), licensees shall retain for a period of three renewal cycles (6 years) the certificates of CE course completion issued to licensees and shall forward to the Board only upon request for an audit. A licensee who fails to retain the certification shall contact the CE provider to obtain a duplicate certification for submission to the Board and the licensee's record. Licensees are not required to submit the CE certificates of completion at the time of license renewal.



Failed CE audits are broken into three categories: No Responses, Mandatory Courses, and Insufficient CE Units. Of those, 12% did not respond to the CE audit, 42% failed to complete at least one mandatory CE course, and 46% did not fulfill the required amount of CE units for the license renewal.

Some licensees failed to respond to the CE audit altogether because they either did not receive the audit notice due to an incorrect address of record with the Board or did not complete any CE units or a partial amount prior to renewing their license.

Incorrect mandatory CE courses were often completed through providers not appropriately approved to offer mandatory coursework, or the courses were completed outside of the designated audit renewal period, resulting in an Order of Abatement.

Regarding insufficient CE units, some licensees did not fulfill the total number of CE units required for license renewal, completed courses offered by unapproved providers, or were unable to submit documentation of course completion after we requested them. In several cases, licensees could not obtain duplicate certificates from CE providers due to various reasons (tracking system changed, no record of their attendance, or other reason). CE Providers must also be approved by the Dental Board of CA, Academy of General Dentistry's Program Approval for Continuing Education (PACE), or American Dental Association's Continuing Education Recognition Program (CERP) to be accepted.

Furthermore, certain CE audit failures were attributed to instances of fraud, in which licensees submitted falsified or altered certificates as part of their audit documentation.

Once a licensee has failed a CE audit, the file is forwarded to the Board's Enforcement Unit for further review in issuing a citation and fine with an order of abatement to address the CE audit deficiency. Pursuant to Title 16 CCR 1139, the Board's Executive Officer or designee has the authority to issue a citation containing an order to pay a fine not to exceed $5,000, and an order of abatement against a licensee for violation of the laws that govern the practice of dental hygiene. For failed CE audits, the Board has issued citation and fines in varying amounts ranging from $50 - $2,500 depending on the egregiousness of the failed audit. When issuing a citation, the Board considers many factors including but not limited to: 1) The number of CE hours and type the licensee is deficient; 2) The licensee's reason for failing the audit; and 3) Whether the licensee completed mandatory CE hours in the required coursework of Infection Control, the Dental Practice Act, and Basic Life Support. Additionally, as with any citation that is issued, the Board references Title 16 CCR 1140 Criteria to be Considered when issuing a citation.

To communicate to licensees and the public, the Board's website under the Licensee tab, has a CE link (https://www.dhbc.ca.gov/licensees/cont_ed.shtml) that opens directly to important CE information. In addition, Board staff sent a newsletter to email subscribers about the CE Audit program and where to find CE information on our website, while also responding to daily inquiries received via email and phone calls.

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

FULL Board Agenda Item 15.

Future Agenda Items.

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

FULL Board Agenda Item 16.

Closed Session – Full Board.

a) Pursuant to Government Code Section 11126(c)(3), the Board will Deliberate on Disciplinary Actions and Decisions to be Reached in Administrative Procedure Act Proceedings. If there are no disciplinary actions and decisions to be addressed in Closed Session, it will be announced.

DHBC
Dental Hygiene
Board of California

Saturday, July 19, 2025

Dental Hygiene Board of California

Full Board Agenda Item 17.

Adjournment.