

**Dental Hygiene Board of California
California Department of Consumer Affairs**

INITIAL STATEMENT OF REASONS

Hearing Date: No hearing has been scheduled.

Subject Matter of Proposed Amended Regulations: Required Curriculum

Section Affected: Section 1105.2 of Title 16 of the California Code of Regulations (CCR)

Specific Purpose of Each Adoption, Amendment, or Repeal:

1. Introduction/Background:

The Dental Hygiene Board of California (Board) is charged with oversight of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions (collectively RDHs). The Board carries out its regulatory authority through enforcement of statutory provisions of the Dental Practice Act, Business and Professions Code (BPC) sections 1900 through 1967.4, and Title 16 of the CCR. Under BPC section 1906(d), the Board may rely on regulations adopted by the Dental Board (DBC) until the Board adopts other regulations are adopted by the dental hygiene board.

Existing law sets forth the criteria for the Board's approval, and continuation of approval, for dental hygiene educational programs (DHEPs). Section 1105.2 prescribes the required curriculum that a DHEP shall meet for approval, and continuation of approval by the Board.

2. Problem Being Addressed:

Section 1105.2 provides the Board may approve out-of-state DHEPs accredited by the Commission on Dental Accreditation (CODA) or an approved accrediting body and provides instruction to meet the requirements set forth in BPC section 1909. Section 1909 authorizes an RDH to perform soft-tissue curettage, administration of local anesthesia, and administration of nitrous oxide and oxygen (collectively, SLN) after submitting evidence of satisfactory completion of a course of instruction, approved by the Board. However, section 1105.2 does not include the means by which such programs may be approved.

Additionally, the Board has relied on the DBC's section 1014.1's educational requirements for radiation safety to apply to RDHs. As current technology has changed radiation safety requirements since the adoption of section 1014.1, the Board proposes

to incorporate its own requirements for radiation safety courses. Furthermore, the Board proposes to add these requirements to section 1105.2.

This proposal will:

- Update the regulation to reflect current educational terminology.
- Provide a process by which the Board will review out-of-state education in soft tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia (SLN) to ensure applicants educated out-of-state meet the educational requirements of 16 CCR 1107. The proposal will incorporate by reference an Application for Approval of an Out-of-State Dental Hygiene Educational Program Course in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)" DHBC SLN-04 (New 10/2021), and require approved courses to submit a biennial report "Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN) Course Provider Biennial Report" (DHBC SLN-03, Rev 03/2021) which is incorporated by reference at section 1107(a)(5).
- Provide a process by which an out-of-state applicant for licensure may seek certification from the Board they have met SLN requirements. The proposal will incorporate by reference an Application for Certification of Out-of-State Dental Hygiene Education in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)" DHBC SLN-05 (New 10/2021) and a Certification of Completion of SLN Course Requirements" DHBC SLN-06 (New 10/2021).
- Adopt provisions governing radiation safety and radiography techniques instruction.
- Update the regulation to reflect the amended name of the Board. Effective January 1, 2019, Senate Bill 1482 (Hill, Chapter 858, Statutes of 2018) (SB 1482) changed the name of the Dental Hygiene Committee of California (DHCC) to the Dental Hygiene Board of California (DHBC).

At the Board's May 29, 2020, full Board WebEx teleconference meeting, this proposal was presented to the Board for its review and approval. The Board approved the proposed language and delegated authority to the Board's executive officer to make any technical, non-substantive changes, if necessary.

Additionally, at the Board's August 29, 2020, full Board WebEx teleconference meeting, the Board approved the following fees by resolution:

- The application fee for review and approval of an out-of-state DHEP course in SLN at five hundred dollars (\$500).
- The application fee for review and certification of out-of-state dental hygiene education in SLN) at five hundred dollars (\$500).

3. Anticipated Benefits from this Regulatory Action:

The anticipated benefits of the proposed amendments to section 1105.2 are: (1) clarifying outdated terms in educational terminology; (2) removing barriers to out-of-state dental hygiene programs by providing a more specific means for obtaining the Board's approval of the program; (3) removing barriers for out-of-state applicants by providing a process by which the Board can approve an applicant's education in SLN and (4) enhancing public safety by incorporating currently accepted radiation safety guidelines and techniques and defining requirements for courses in radiation safety and radiography techniques.

Factual Basis/Rationale

Amend section 1105.2 of Article 3 of Division 11 of Title 16 of the CCR (Required Curriculum)

Subdivision (d)(1)(C)

The Board proposes to amend subdivision (d)(1)(C) to add "Maxillofacial" before "Pathology" to include maxillofacial pathology in the biomedical and dental sciences content the Board requires for education in DHEPs. CODA Standard 2-8b states: "Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general and maxillofacial pathology and/or pathophysiology, nutrition and pharmacology." Therefore, the amendment is necessary to establish consistency with language as found in CODA accreditation standards that DHEPs are required to meet to maintain Board approval pursuant to BPC section 1941(a).

Subdivision (d)(2)(N)

The Board proposes to amend subdivision (d)(2)(N) to add "Provision of Oral Health Care Services to Patients with Bloodborne Infectious Diseases" to the list of Dental Hygiene Services and Practice Content. CODA Standard 2-8d states: "Dental hygiene science content must include oral health education ... and the provision of oral health care services to patients with bloodborne infectious diseases." This amendment is necessary to establish consistency with CODA accreditation standards that DHEPs are required to meet to maintain Board approval pursuant to BPC section 1941(a).

Patients with bloodborne infections (e.g., HIV) may be more fragile and prone to infection due to their immunocompromised state. Therefore, the clinician must be aware of risks and treatment protocols to minimize those risks. Additionally, treating patients with bloodborne infection (e.g., HIV and Hepatitis B) poses cross-infection risks (e.g., transfer the infection to other patients) if the clinician does not follow correct protocols regarding infection control and proper sterilization techniques. Therefore, this amendment is necessary to enhance public protection as the amendment will require

the DHEP to provide the RDH student with current knowledge, guidelines, and training necessary to provide safe, effective care to patients with bloodborne infectious diseases.

Subdivision (d)(3)(A)

The Board proposes to amend subdivision (d)(3)(A) divide the subdivision into three sections to provide requirements for infection control equipment, faculty standards, and retention of staff.

These amendments are necessary to ensure that DHEPs provide qualified faculty (as defined in 16 CCR 1105.1) to oversee patient care by students during SLN procedures on patients. The Board adds a separate provision to cross-reference the requirements for faculty set forth in BPC section 1941. The Board provides this reference for the reader for ease of reference and clarity regarding the applicable standards. This will ensure proper supervision of the RDH student (e.g., providing guidance during soft tissue curettage, local anesthesia injections and nitrous oxide-oxygen analgesia administration given to patients and monitoring of the patient before, during, and after treatment) to enhance protection of the public who utilize DHEP clinics for their dental hygiene care needs.

Additionally, the Board proposes to require DHEPs to retain qualified staff. Qualified staff is defined within this amendment to include those persons who have taken a board-approved eight (8) hour course in infection control or possess a current California registered dental assistant (RDA) or registered dental assistant in extended functions (RDAEF) license. Unlicensed dental auxiliaries are required to take an eight (8) hour course in infection control within a year of the date of employment pursuant to BPC section 1750. This amendment is necessary to ensure that DHEPs provide qualified staff trained in proper infection control procedures to oversee infection control processes in the DHEP clinic (e.g., disinfection of dental units, sterilization of dental hygiene instruments, etc.). Properly trained and qualified staff will enhance protection of the public who utilize DHEP clinics for their dental hygiene care needs.

Subdivisions (d)(3)(D)(xii)

The Board proposes to amend subdivision (d)(3)(D)(xii) to delete “Title 16, Division 10, Chapter 1, Article 1, section 1005 of the California Code of Regulations” and replace it with “16 CCR section 1005” for brevity and to enhance readability.

Subdivision (d)(3)(E)

The proposed amendments to subdivision (d)(3)(E) are:

1. Delete “Title 16, Division 11, section 1107 of the California Code of Regulations” and replace it with “16 CCR section 1107”.

This proposed amendment is necessary for brevity and to enhance readability.

2. Replace “Committee” with “Board”.

This proposed amendment is necessary for consistency with SB 1482.

3. Add “and shall submit”.

This proposed amendment is necessary to inform out-of-state DHEPs that the Board may approve acceptance of instruction in SLN if the out-of-state DHEP meets current California regulatory requirements for SLN instruction and submits documentation required in (d)(3)(E)(i) through (d)(3)(E)(iv).

Subdivision (d)(3)(E)(i)

The proposed addition of subdivision (d)(3)(E)(i) incorporates by reference, “Application for Approval of an Out-of-State Dental Hygiene Educational Program Course in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)” DHBC SLN-04 (New 10/2021). The application is the means by which out-of-state DHEPs accredited by the CODA or an approved accrediting body may be approved by the Board to meet the requirements set forth in BPC section 1909.

The application is established to assist an out-of-state DHEP applying for approval of their SLN course to be approved by the Board. The form ensures that information is collected from out-of-state SLN course applicants in a consistent manner to enable fair and efficient processing of the request. The form collects the date of submission, DHEP name and telephone number, DHEP Director name and email address, DHEP SLN Course Director name and email address, DHEP address, Clinical Facility Address (if different from DHEP address) and telephone number to enable identification of the applicant by the Board and ensures accuracy in the processing of the application.

As BPC section 1909 does not explicitly provide the minimum criteria for acceptance of an out-of-state DHEP SLN course, the application provides a convenient way for applicants to understand the regulatory requirements, including the requisites for approval of an out-of-state DHEP SLN course, along with notification of fees. The form includes:

- Notification of a non-refundable application fee of \$500 that must accompany the application. The Board established the \$500 fee by resolution on August 29, 2020 to cover processing, review, and issuance of approval as the Board was informed during the November 23, 2019 Board meeting. Under BPC section 1944(a)(10), the fee for each review or approval of course requirements for procedures that require additional training shall not exceed seven hundred fifty dollars (\$750). Under BPC section 1944(c), fees fixed by the Board by resolution pursuant to BPC section 1944 are not subject to approval by the Office of Administrative Law (OAL). This is necessary so applicants understand the cost of the application.
- Notification that an out-of-state DHEP course in SLN must be approved prior to

acceptance of SLN course requirements for out-of-state RDH applicants. The Board is authorized to evaluate, and to approve or deny approval of SLN educational courses pursuant to BPC section 1909. This is necessary so programs understand that the course must be approved before acceptance of SLN course requirements for out-of-state RDH applicants.

- Notification that each approved DHEP course in SLN must submit a biennial report. Pursuant to 16 CCR 1105.2(d)(3)(E), out-of-state DHEP SLN courses must meet the requirements in 16 CCR 1107. SLN biennial reporting is required by 16 CCR 1107(a)(5) and must be submitted as part of the continued approval of an out-of-state DHEP SLN course.
- Notification that course records shall be subject to inspection by the Board at any time. The Board is authorized to evaluate, and approve or deny educational courses pursuant to BPC section 1909. Inspections will assist the Board in determining whether withdrawal or revocation of approval should be made, and this notice makes providers aware that they are subject to the inspections.
- Notification that the Board may withdraw approval at any time if, after investigation, it determines that a course does not meet the requirements of the law. The Board is authorized to evaluate, and approve or deny educational courses pursuant to BPC section 1905(a)(1), and withdraw or revoke approval of an educational program in accordance with BPC section 1905(a)(2). This is necessary so programs understand that the Board can move to revoke approval for just cause after investigation and determination, if they fail to meet legal requirements.
- Notification that course providers must inform the Board of any changes to course content, faculty and physical facilities within 10 days. This is required by existing language in 16 CCR 1107(b). This is necessary so that providers understand they must notify the Board of any such changes in a timely manner.

Additionally, the form requests course faculty information. This includes:

- A fillable chart to assist in the uniform reporting of course faculty information to include faculty name, license type, license number and state the license was issued from, license expiration date, and the date of the latest educational methodology course taken. This information is required by the Board to identify all faculty involved in the SLN course and to ensure that faculty meet all requirements as defined in 16 CCR 1107(b)(2).
- A statement providing the course director and clinical and preclinical faculty must possess a valid, active dental hygiene/dental license in the state where instruction is being provided for at least two years prior to teaching SLN curriculum pursuant to 16 CCR section 1107(b)(2)(A). (16 CCR 1107(b)(2)(A) requires the course director and clinical and preclinical faculty possess a valid, active dental hygiene/dental license in the state where instruction is being provided for at least two years prior to teaching SLN.)
- A request to attach copies of each license and proof of education in educational methodology for all faculty pursuant to 16 CCR sections 1107(b)(2)(C) and 1107(b)(6)(C) (and to be labeled as Exhibit A). 16 CCR 1107(b)(2)(C) requires SLN faculty to complete an educational methodology course immediately

preceding any provision of course instruction and every two years thereafter. 16 CCR sections 1107(b)(6)(C) requires a course provider shall possess and maintain the following for a period of not less than 5 years copies of faculty credentials, licenses, and certifications including documented background in educational methodology. Furthermore, this information provides documented proof that faculty meet all requirements as defined in 16 CCR 1107(b)(2) and pursuant to 1107(b)(2)(C) and 1107(b)(6)(C).

- A request for a faculty calibration plan pursuant to 16 CCR section 1107(b)(6)(C) (to be labeled as Exhibit B) be submitted to the Board. This is required pursuant to 16 CCR 1107(b)(6)(C).

Furthermore, the form includes specific questions that the out-of-state DHEP Course in SLN applicant must answer to ensure the course complies with proposed section 1105.2. These questions include:

- Whether the out-of-state SLN course will provide instruction in administration of local anesthetic agents limited to the oral cavity, administration of nitrous oxide-oxygen used as an analgesic utilizing fail-safe type machines containing no other general anesthetic agents, and periodontal soft tissue curettage and a request that the SLN Course provider include a copy of their curriculum including syllabi, student evaluation mechanisms including clinical skills and competency assessment forms, remediation policies and procedures, and didactic, preclinical, and clinical schedules. This is necessary to ensure compliance with section 1107(a)(1).
- Whether there will there be a lecture classroom, a patient clinic area, a sterilization facility, and radiology area for use by students and requests the out-of-state DHEP SLN course provider to submit a facility site map along with the application. This is necessary to ensure compliance with section 1107(b)(3)(A).
- Whether all students will have access to equipment necessary to develop dental hygiene skills in the duties being taught and a request for a list of available equipment required for SLN training along with the application. This is necessary to ensure compliance with section 1107(b)(3)(B).
- Whether all students will have access to the hazardous waste management plan for disposal of needles, cartridges, medical waste, storage of nitrous oxide and oxygen tanks, and the SLN course's clinic and radiation hazardous communication plan, and a request to submit a copy of the SLN Course's hazardous waste management plan and hazardous communication plan along with the application. This is necessary to ensure compliance with section 1107(b)(4)(A) and (b)(4)(B).
- Whether all students will receive a copy of the bloodborne and infectious diseases exposure control plan, including emergency needlestick procedures, and a request to submit a copy of the bloodborne and infectious diseases exposure control plan, including emergency needlestick procedures, along with the application. This is necessary to ensure compliance with section 1107(b)(4)(C).
- Whether the SLN course will clearly state curriculum subject matter, specific instruction hours in the individual areas of didactic, preclinical and clinical

instruction, and include written course and specific instructional learning outcomes that will be accomplished within the framework of the course, including theoretical aspects of each subject as well as practical application in accordance with section 1107 and a copy will be provided to students. This is necessary to ensure compliance with section 1107(b)(8) and (b)(9).

- Whether the SLN course's duration allows a student to develop competence in administration of local anesthesia, administration of nitrous oxide-oxygen analgesia, and performance of periodontal soft tissue curettage. This is necessary to ensure compliance with section 1107(b)(9).
- Whether instruction in periodontal soft tissue curettage will 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. This is necessary to ensure compliance with section 1107(b)(9)(C).
- Whether clinical instruction in periodontal soft tissue curettage will include at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course and the competency evaluation for this procedure will be achieved at a minimum of 75%. This is necessary to ensure compliance with section 1107(b)(9)(C).
- Whether instruction in the administration of local anesthetic agents will 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. This is necessary to ensure compliance with section 1107(b)(9)(A).
- Whether curriculum in local anesthesia administration will include maxillary and mandibular anesthesia techniques for local infiltration, field blocks and nerve blocks to include anterior superior alveolar (ASA), middle superior (MSA), anterior middle superior alveolar (AMSA), posterior superior alveolar (PSA), greater palatine, suprapariosteal, inferior alveolar (IA), lingual, and buccal injections. This is necessary to ensure compliance with section 1107(b)(9)(A).
- Whether preclinical instruction in local anesthesia administration of the aforementioned injections include a minimum of two (2) experiences per injection, which may be on another student. This is necessary to ensure compliance with section 1107(b)(9)(A).
- Whether clinical instruction in local anesthesia administration of the aforementioned injections will 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. This is necessary to ensure compliance with section 1107(b)(9)(A).
- Whether clinical instruction for the mental and incisive injections will 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. This is necessary to ensure compliance with section 1107(b)(9)(A).
- Whether clinical instruction for the nasopalatine injection include four (4) clinical experiences, of which only one (1) may be on another student. This is necessary to ensure compliance with section 1107(b)(9)(A).
- Whether instruction in the administration of nitrous oxide-oxygen analgesia will

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 is necessary to ensure compliance with section 1107(b)(9)(B).

- Whether instruction in the administration of nitrous oxide-oxygen analgesia will include at least two (2) preclinical experiences on patients, both of which may be on another student, and at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course. This is necessary to ensure compliance with section 1107(b)(9)(B).
- Whether each clinical experience of nitrous oxide-oxygen analgesia will 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. This is necessary to ensure compliance with section 1107(b)(9)(B).
- A request for the out-of-state DHEP to specify the total number of teaching hours for all three areas in the course that will be in the didactic, clinical, and clinical portions of the SLN course. This is necessary to ensure compliance with section 1107(b)(9).
- Whether the out-of-state DHEP SLN course provider will retain for at least 5 years copies of curriculum, syllabi, exams, sample test questions, clinic rubrics, copies of faculty credentials, faculty calibration plan and individual student records including evaluations and summations thereof as required by 16 CCR 1107(b)(6). This is necessary to ensure compliance with section 1107(b)(6).
- Whether the out-of-state DHEP SLN course provider will provide each student a certificate of successful completion after achievement of a minimum of 75% in each clinical competency and has been deemed competent in each of the three (3) procedures. This is necessary to ensure compliance with section 1107(b)(10).
- Whether the out-of-state DHEP SLN course provider will inform the Board of any changes to the course content, physical facilities, and faculty within ten (10) business days of such changes. This is necessary to ensure compliance with 16 CCR 1107(b).
- Whether the out-of-state DHEP SLN course provider has reviewed BPC section 1909 and Title 16, Division 11 of the CCR. This ensures that providers are familiar with authorized procedures for dental hygienists and regulations governing the Board.
- Whether the out-of-state DHEP SLN course provider agrees to abide by the statutory and regulatory requirements set forth in BPC section 1909, and Title 16, Division 11 of the CCR and acknowledges that failure to do so may result in loss of course approval. This ensures that providers will abide by the laws and regulations governing SLN education for dental hygienists.

In addition, the form provides notification that the Board may approve or deny approval of any course, and if the Board denies approval of a course, the reasons for denial will be provided in writing within 90 days. The Board is authorized to evaluate, and approve or deny educational courses pursuant to BPC section 1905(a)(1). This is necessary so the applicant understands when it will receive reasons for denial if an application is

denied.

The form also includes a requirement that the applicant certify that they have read and met all requirements to help ensure that representations made by the applicant contain a truthful factual representation and are made in good faith. Certification under penalty of perjury helps to ensure that the documentation contains truthful, factual representations made in good faith. (See e.g., *In re Marriage of Reese & Guy* (1999) 73 Cal. App.4th 1214, 1223 [judicial explanation for the use of certifications].) The Board relies upon applicants' self-reported information in evaluating applications. The certification requirement better protects consumers, as it helps to ensure that only applicants who meet stated requirements, demonstrated by their application materials, will be eligible for application approvals, and that only qualified applicants receive approval.

The form also includes the required notices and disclosures to the applicant for the Board's collection of personal information in compliance with Civil Code section 1798.17. Applicants are further advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.

The form would be cumbersome, unduly expensive, and otherwise impractical to publish in the CCR. The form will be available on the Board's website and hardcopies will be available from the Board upon request.

Subdivision (d)(3)(E)(ii)

The Board proposes to add subdivision (d)(3)(E)(ii) to require an out-of-state DHEP to provide a certified SLN course syllabus (to include individual SLN requirements). This is necessary for the Board to review content of the course to ensure the course meets all requirements of section 1107.

Subdivision (d)(3)(E)(iii)

The Board proposes to add subdivision (d)(3)(E)(iii) to require an out-of-state DHEP to pay an application fee of \$500 to the Board. BPC section 1944(a)(10) authorizes the Board to establish the amount of the fees by resolution for each review or approval of course requirements for licensure or procedures that require additional training and such fees shall not exceed seven hundred fifty dollars (\$750). At the Board's August 29, 2020 meeting, the Board discussed and voted unanimously to approve by resolution the fee of five hundred dollars (\$500) for an out-of-state DHEP course in SLN.

Additionally, subdivision (d)(3)(E) added "Each approved course shall submit a biennial report "Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN) Course Provider Biennial Report" (DHBC SLN-03, Rev 03/2021) incorporated by reference at section 1107(a)(5). (Section 1107(a)(5) requires providers to submit a biennial report to the Board.)

This biennial report provides a convenient way for SLN Course providers to report any

changes to the course (course content, course delivery method, changes to faculty, etc.) to allow the Board to review any changes and ensure that the course continues to meet the requirements as prescribed by 16 CCR section 1107. **Subdivision (d)(3)(F)**

Subdivision (d)(3)(F) introduces the requirements for out-of-state applicants for licensure, specified in further detail within this subdivision. BPC section 1917(f) requires completion of Board-approved instruction in SLN for RDH licensure. This section is necessary so individual out-of-state applicants for RDH licensure can be certified by the Board they have met current California SLN requirements pursuant to section 1107.

Subdivision (d)(3)(F)(i)

The Board proposes to add subdivision (d)(3)(E)(i) to incorporate by reference, Application for Certification of Out-of-State Dental Hygiene Education in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)” DHBC SLN-05 (New 10/2021), which an out-of-state applicant for RDH licensure may submit to meet the requirements set forth in BPC section 1909.

The form is established to assist the out-of-state RDH licensure applicant in submitting their SLN course completion to satisfy California SLN requirements for RDHs and ensure information is collected from out-of-state RDH applicants in a consistent manner to enable fair and efficient processing of the request. In addition, the form collects the date of submission, the out-of-state RDH applicant’s name, telephone number, address, and email address; the out-of-state RDH applicant’s DHEP name and telephone number, the DHEP program Director’s name and email address, the DHEP SLN Course Director’s name and email address, and the DHEP’s address to enable identification of the out-of-state RDH applicant and completed DHEP by the Board and assists to ensure accuracy in the processing of the application.

As BPC section 1909 does not explicitly provide the minimum criteria for acceptance of an out-of-state DHEP SLN course, the application provides a convenient way for out-of-state RDH licensure applicants to understand the regulatory requirements, including the requisites for approval of an out-of-state DHEP SLN course, along with notification of fees. The form includes:

- Notification of a non-refundable application fee of \$500 that must accompany the application. The Board established the \$500 fee by resolution on August 29, 2020 to cover processing, review, and issuance of approval as the Board was informed during the November 23, 2019 Board meeting. Under BPC section 1944(a)(10), the fee for each review or approval of course requirements for procedures that require additional training shall not exceed seven hundred fifty dollars (\$750). Under BPC section 1944(c), fees fixed by the Board by resolution pursuant to BPC section 1944 are not subject to approval by OAL. This is necessary so applicants are informed regarding the cost of the application. The fee must accompany the application so that staff does not expend resources processing an application that is later abandoned.
- Notification that an out-of-state DHEP course in SLN must be reviewed prior to

acceptance of SLN course requirements for out-of-state RDH licensure applicants. The Board is authorized to evaluate, and to approve or deny approval of SLN educational courses pursuant to BPC section 1909. This informs applicants that the course must be approved before acceptance of their out-of-state SLN course completion. Additionally, applicant records shall be subject to inspection by the Board pursuant to section 1107(b)(6)(D). Furthermore, the Board is authorized to evaluate, and approve or deny educational courses pursuant to BPC section 1905(a)(1).

Additionally, the form includes specific questions the out-of-state RDH applicant must answer to ensure the out-of-state DHEP course in SLN complies with proposed section 1105.2. These questions include:

- Whether the out-of-state SLN course provided instruction in administration of local anesthetic agents limited to the oral cavity, administration of nitrous oxide-oxygen used as an analgesic utilizing fail-safe type machines containing no other general anesthetic agents, and periodontal soft tissue curettage and a request the out-of-state RDH licensure applicant to include a copy of their curriculum including syllabi, student evaluation mechanisms including clinical skills and competency assessment forms, remediation policies and procedures, and didactic, preclinical, and clinical schedules. This is necessary to ensure compliance with section 1107(a)(1).
- Whether the SLN course's duration allowed the RDH licensure applicant to develop competence in administration of local anesthesia, administration of nitrous oxide-oxygen analgesia, and performance of periodontal soft tissue curettage and requested the RDH licensure applicant to include a copy of their didactic, pre-clinical and clinical schedules. This is necessary to ensure compliance with section 1107(b)(9).
- Whether the applicant's instruction in periodontal soft tissue curettage included 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. This is necessary to ensure compliance with section 1107(b)(9)(C).
- Whether the applicant's instruction in periodontal soft tissue curettage includes at least three (3) clinical experiences on patients, of which only one (1) may have been on another student and one of which was used to determine clinical competency in the course and the competency evaluation for this procedure was achieved at a minimum of 75%. This is necessary to ensure compliance with section 1107(b)(9)(C).
- Whether the applicant's instruction in the administration of local anesthetic agents included 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. This is necessary to ensure compliance with section 1107(b)(9)(A).
- Whether the applicant's curriculum in local anesthesia included maxillary and mandibular anesthesia techniques for local infiltration, field blocks and nerve blocks to include anterior superior alveolar (ASA), middle superior (MSA), anterior middle superior alveolar (AMSA), posterior superior alveolar (PSA),

greater palatine, suprapariosteal, inferior alveolar (IA), lingual, and buccal injections. This is necessary to ensure compliance with section 1107(b)(9)(A).

- Whether the applicant's completed preclinical instruction in local anesthesia of the aforementioned injections included a minimum of two (2) experiences per injection, which may have been on another student. This is necessary to ensure compliance with section 1107(b)(9)(A).
- Whether the applicant's clinical instruction in local anesthesia of the aforementioned injections included 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 have been on another student. This is necessary to ensure compliance with section 1107(b)(9)(A).
- Whether the applicant's clinical instruction in local anesthesia for the mental and incisive injections included 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 have been on another student. This is necessary to ensure compliance with section 1107(b)(9)(A).
- Whether their clinical instruction for the nasopalatine injection included four (4) clinical experiences, of which only one (1) may have been on another student. This is necessary to ensure compliance with section 1107(b)(9)(A).
- Whether the applicant's instruction in the administration of nitrous oxide-oxygen analgesia included 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 is necessary to ensure compliance with section 1107(b)(9)(B).
- Whether the applicant's completed instruction in the administration of nitrous oxide-oxygen analgesia included at least two (2) preclinical experiences on patients, both of which may have been on another student, and at least three (3) clinical experiences on patients, of which only one may have been on another student and one of which was used to determine clinical competency in the course. This is necessary to ensure compliance with section 1107(b)(9)(B).
- Whether the applicant's completed clinical experience in nitrous oxide-oxygen analgesia included 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. This is necessary to ensure compliance with section 1107(b)(9)(B).
- A requirement to specify the total number of hours the out-of-state DHEP SLN course provided in didactic, preclinical, and clinical instruction within the SLN Course be specified. This is necessary to ensure compliance with section 1107(b)(9).
- Whether the applicant successfully completed the course after achievement of a minimum of 75% in each clinical competency and has been deemed competent in each of the three (3) procedures. This is necessary to ensure compliance with section 1107(b)(10).
- Whether the out-of-state RDH licensure applicant has reviewed BPC section 1909 and 16 CCR sections 1105.2 and 1107. This ensures that the applicant is familiar with authorized procedures for dental hygienists and regulations

governing the Board.

- Whether the out-of-state RDH licensure applicant certifies that the course they completed meets all requirements of BPC section 1909 and sections 1105.2 and 1107. This ensures that the applicant is familiar with authorized procedures for dental hygienists and regulations governing the Board.

In addition, the form provides notification that the Board may approve or deny acceptance of a course and if the Board denies acceptance of a course, the reasons for denial will be provided in writing within 90 days. The Board is authorized to evaluate, and approve or deny educational courses pursuant to BPC section 1905(a)(1). This is necessary so the applicant is informed as to when they will receive reasons for denial if an application is denied.

The form also includes a requirement that the applicant certify that they have read and met all requirements to ensure that representations made by the applicant contain a truthful factual representation and are made in good faith. Certification under penalty of perjury helps to ensure that the documentation contains truthful, factual representations made in good faith. (See e.g., *In re Marriage of Reese & Guy* (1999) 73 Cal. App.4th 1214, 1223 [judicial explanation for the use of certifications].) The Board relies upon applicants' self-reported information in evaluating applications. The certification requirement better protects consumers, as it helps to ensure that only applicants who meet stated requirements, demonstrated by their application materials, will be eligible for application approvals, and that only qualified applicants receive approval.

The form also includes the required notices and disclosures to the applicant for the Board's collection of personal information in compliance with Civil Code section 1798.17. Applicants are further advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.

The form would be cumbersome, unduly expensive, and otherwise impractical to publish in the California Code of Regulations. The form will be available on the Board's website and hardcopies will be available from the Board upon request.

Subdivision (d)(3)(F)(ii)

The Board proposes to add subdivision (d)(3)(F)(ii) to direct the out-of-state RDH licensure applicant to provide an SLN course syllabus certified by the educational program which includes individual SLN requirements. This is necessary for the Board to ensure that the SLN course syllabus is an accurate copy from the educational program to allow the Board to review content of the course to ensure all requirements of 16 CCR 1107 are met.

Subdivision (d)(3)(F)(iii)

The Board proposes to add subdivision (d)(3)(F)(iii) to direct the RDH licensure applicant to submit a "Certification of Completion of SLN Course Requirements" form DHBC SLN-06 (New 10/2021) which is incorporated by reference, from the RDH

educational program from which the applicant is a graduate.

This form is established to assist the out-of-state RDH licensure applicant in submitting their SLN course completion to be accepted as satisfying California SLN requirements for RDHs and ensures the information is collected from out-of-state RDH applicants in a consistent manner to enable fair and efficient processing of the request. In addition, the form collects the date of submission, the out-of-state RDH licensure applicant's name, date of birth, address, home phone number, mobile phone number, and email address; the out-of-state RDH licensure applicant's DHEP's name, the dates of attendance of the out-of-state RDH licensure applicant, the out-of-state RDH licensure applicant's graduation date; the DHEP Director's name, phone number, and email address; and the DHEP's address and telephone number to enable identification of the out-of-state RDH applicant and completed DHEP by the Board and assists to ensure accuracy in the processing of the application.

As BPC section 1909 does not explicitly provide the minimum criteria for acceptance of an out-of-state DHEP SLN course, the application provides a convenient way for out-of-state RDH licensure applicants to report completion of California SLN requirements.

The form includes a list of all preclinical and clinical injections and competency evaluations, all preclinical and clinical nitrous oxide-oxygen analgesia experiences and competency evaluations, and all clinical soft tissue curettage experiences and competency evaluations required pursuant to 16 CCR 1107, along with the direction for the DHEP director to initial each requirement as completed.

The form also includes a requirement that the DHEP director certify that that the RDH licensure applicant successfully completed and demonstrated clinical competency in the listed duties pursuant to 16 CCR 1107, subdivision (b)(8)-(9) to ensure that representations made by the DHEP director contain a truthful factual representation and are made in good faith. Certification under penalty of perjury helps to ensure that the documentation contains truthful, factual representations made in good faith. (See e.g., *In re Marriage of Reese & Guy* (1999) 73 Cal. App.4th 1214, 1223 [judicial explanation for the use of certifications].) The Board relies upon self-reported information in evaluating applications. The certification requirement better protects consumers, as it helps to ensure that only applicants who meet stated requirements, demonstrated by their application materials, will be eligible for application approvals, and that only qualified applicants receive approval.

The requirement for the form to bear the formal "seal" of the institution is to certify the form was completed by the institution and to prevent submissions of forgeries.

Subdivision (d)(3)(F)(iv)

The Board proposes to add subdivision (d)(3)(F)(iv) to require payment of an application fee of \$500 to the Board. BPC section 1944(a)(10) authorizes the Board to establish the amount of the fees by resolution for each review or approval of course requirements for licensure or procedures that require additional training by and that such fees shall not exceed seven hundred fifty dollars (\$750). At the Board's August 29, 2020 meeting, the

Board discussed and voted unanimously to approve by resolution the fee of five hundred dollars (\$500) for the application (to cover processing, review, and issuance of approval as the Board was informed during the November 23, 2019 Board meeting) to approve a course in SLN for the RDH licensure applicant.

Subdivision (d)(4)

The Board proposes to add subdivision (d)(4) to set forth the course requirements for a DHEP to specifically include in instruction in radiation safety and radiography techniques. By proposing its own language, the Board proposes to incorporate currently accepted radiation safety guidelines and techniques, define requirements for courses in radiation safety and radiography techniques, and eliminate any ambiguity as to applicable regulations for DHEP courses of instruction in radiation safety and radiography techniques.

Subdivision (d)(4) requires that in order to secure and maintain approval by the Board in radiation safety and radiology techniques, it is contingent upon compliance with all requirements of proposed section 1105.2(d)(4). Additionally, proposed subdivision (d)(4) provides that the course of instruction in radiation safety and radiography techniques offered by a DHEP approved by the Board for instruction in dental hygiene shall be deemed to be an approved radiation safety course if the DHEP has submitted evidence satisfactory to the Board that it meets all the requirements set forth in proposed subdivision (d)(4). These requirements are necessary to provide clarity to the reader regarding the requirements to maintain Board approval of courses in radiation safety and radiology techniques for RDHs. Additionally, these requirements are consistent with requirements in other regulations, e.g., 16 CCR 1107(a).

Subdivision (d)(4)(A)

The Board proposes to add subdivision (d)(4)(A) to set forth the requirements for infection control equipment and infection control procedures. The subdivision provides that a DHEP must provide infection control equipment and follow infection control procedures according to the requirements of 16 CCR 1005, all federal and state laws, rules, regulations, and all approved national and state accreditation standards established by the Department of Health Care Services (DHCS) (which provides healthcare services to low-income individuals), Occupational Safety and Health Administration (OSHA) (which governs health safety practices to which dental and dental hygiene practices must adhere), and CODA (which provides standards by which they promote and monitor quality and delivery of DHEP education). It is industry standard that all RDH educational programs shall adhere to all federal and state laws when operating a dental hygiene clinic. The RDH educational program director, in their capacity as director, is responsible for all policies and procedures in relation to operating the dental hygiene clinic. Additionally, pursuant to CODA Standard 4-1, the RDH educational program “must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable regulations.”

This provision is necessary so RDH educational programs provide safe, effective care to patients. For example, if the instruments that a student uses on Patient A were used previously on Patient B who had Hepatitis B (a chronic, severe bloodborne infection which damages the liver and may ultimately cause death), and were not sterilized properly, Patient A has a high potential of contracting Hepatitis B. Therefore, infection control equipment and following infection control procedures according to the requirements of 16 CCR 1005 is crucial to prevent risks of infection to patients of the DHEPs. Additionally, these requirements are mandated by 16 CCR 1133 and consistent with requirements in other regulations, e.g., 16 CCR 1107, subdivisions (b)(3)(C) and (b)(4); and 16 CCR 1108, subdivisions (b)(3)(C) and (b)(4).

Subdivision (d)(4)(B)

The Board proposes to add subdivision (d)(4)(B) to set forth facility requirements for courses in radiation safety and radiographic techniques.

First, this subdivision requires a sufficient number of safe, adequate, and educationally conducive lecture classrooms (i.e., lecture classrooms which are set up to promote education, e.g., a desk with a writing surface or chair and table which accommodates each student in the class to be able to take notes or utilize their computers, blackboard and or whiteboard for the faculty to express their thoughts, audio-visual equipment if the faculty chooses to utilize PowerPoints, etc.), radiography operatories, developing/processing facilities or digital equipment, and viewing spaces for mounting, viewing and evaluating radiographs.

This is consistent with CODA Standard 4-1 which states: “The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable regulations.” It is also consistent with CODA Standard 4-2 which states: “Radiography facilities must be sufficient for student practice and the development of clinical competence.” Accordingly, as DHEPs must meet minimum CODA standards f (BPC section 1941), the DHEP must have a sufficient number of safe, adequate, and educationally conducive lecture classrooms radiography operatories, developing/processing facilities or digital equipment, and viewing spaces for mounting, viewing and evaluating radiographs.

Additionally, existing section 1105(i) requires DHEPs have learning resources, including laboratory and clinical facilities, to support the program's stated mission and goals. Therefore, this subdivision requires that each course shall have access to adequate equipment and facilities for lectures and radiography exposure, processing, and review. Subdivision (d)(4)(B) is consistent with requirements found in existing regulations, e.g., 16 CCR 1107(b)(3)(A-B) and 16 CCR 1108(b)(3)(A).

Second, this subdivision requires adequate sterilizing facilities and requires all disinfection and sterilization procedures to comply with section 1005, all applicable accreditation standards, and state and federal laws, rules, and regulations.

CODA Standard 4-2 for “Radiography Facilities” states: “Radiography facilities must be

sufficient for student practice and the development of clinical competence.” Additionally, CODA Standard 4-1, subdivisions (d) through (f) for “Clinical Facilities” states: “The dental hygiene facilities must include the following: 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.” Accordingly, as DHEPs must meet the minimum standards for CODA, the DHEP must have adequate sterilizing facilities.

Furthermore, existing section 1105(i) requires DHEPs to have learning resources, including laboratory and clinical facilities, to support the program's stated mission and goals. As the Board highest priority is consumer protection, it is necessary that each course have access to adequate equipment for sterilization procedures to ensure protection of the public. Additionally, proposed subdivision (d)(4)(B) is consistent with requirements found in existing regulations e.g., 16 CCR 1107(b)(3)(A)-(C) and (b)(4); 16 CCR 1108(b)(3)(C) and (b)(4); and 16 CCR 1014.1(d).

Subdivision (d)(4)(B)(i)

The Board proposes to add subdivision (d)(4)(B)(i) to provide the requirements for radiographic operatories utilized by DHEPs.

First, as the Board highest priority is consumer protection, it is necessary to require each radiographic operator to comply with the radiation control regulations (17 CCR 30100, et seq.), to provide equipment that is safe for patient and operator utilization. 17 CCR 30311 sets forth requirements regarding the safe installation and use of dental radiographic equipment (i.e., x-ray machines) and 17 CCR 30311.1 provides requirements for quality assurance for dental radiography when used on patients.

Second, it is necessary for the radiographic facility to be properly equipped with supplies (e.g., analog radiographic film, digital sensors, etc.) and equipment (e.g., lead aprons and x-ray beam collimators to prevent excess radiation from reaching the patient) for practical work. Existing 16 CCR 1105(i) requires DHEPs have learning resources, including equipment, laboratory and clinical facilities, to support the program's stated mission and goals. This will assist to ensure that sufficient equipment is available to provide for safety of the patient and operator utilization.

Third, it is necessary for the radiographic facility to include at least one functioning radiography machine for every five students which is adequately filtered and collimated in compliance with DHCS regulations and equipped with the appropriate position-indicating devices (i.e., cone or cylinder as defined in 17 CCR 30311(b)) for each technique being taught. The Board determined one radiographic unit per five students was necessary to mirror the faculty to student ratio of one faculty member per five students as found in CODA Standard 3-6. This will assist to ensure students are adequately monitored, in addition to ensuring safe radiology equipment is available for the patient and for operator utilization during x-ray exposure of radiographs.

Additionally, proposed subdivision (d)(4)(B)(i) is consistent with existing Dental Board regulations in California Code of Regulations, Title 16, section 1014.1(d)(1).

Subdivision (d)(4)(B)(ii)

The Board proposes to add subdivision (d)(4)(B)(ii) to set forth the size requirement for the developing or processing facilities utilized by DHEPs. Existing section 1105(i) requires DHEPs have learning resources, including equipment, laboratory and clinical facilities, to support the program's stated mission and goals. The Board determined facilities are adequate if of sufficient size to accommodate five students utilizing the facility during processing procedures. This will assist to ensure students are adequately monitored using accepted faculty to student ratio requirements, and to ensure safe utilization of radiology equipment. Again, this is consistent with the ratio of one functioning radiography machine per five students as referenced in subdivision (d)(4)(B)(i). The facilities are also required to be sufficiently equipped with adequate supplies to process radiographs (e.g., developing solutions, digital processors, etc.).

The Board proposes to allow the use of “digital equipment” because technology has advanced to include digital techniques that significantly reduce the amount of radiation to which the patient is exposed. It is now the standard of care for radiology equipment in dental offices. Existing section 1105(i) requires DHEPs have learning resources, including equipment, laboratory and clinical facilities, to support the program's stated mission and goals. Additionally, proposed subdivision (d)(4)(B)(ii) is consistent with existing regulation 16 CCR 1014.1(d)(2).

Subdivision (d)(4)(B)(iii)

The Board proposes to add subdivision (d)(4)(B)(iii) of the proposal sets forth the requirements for radiation protection utilized by DHEPs. Existing section 1105(i) requires DHEPs have learning resources, including equipment, laboratory and clinical facilities, to support the program's stated mission and goals. As the Board highest priority is consumer protection, it is necessary for radiology areas provide protection to patients, students, faculty, and observers to ensure exposure to radiation is minimized (e.g., wall barriers, lead aprons, etc.). For example, in 17 CCR section 30311(b)(6), the State Department of Health Services requires “Each patient undergoing dental radiography shall be draped with a protective apron of not less than 0.25 millimeter lead-equivalent to cover the gonadal area.” Additionally, proposed subdivision (d)(4)(B)(iii) is consistent with requirements found in existing regulations e.g., 16 CCR 1107(b)(4), 16 CCR 1108(b)(4), and 16 CCR 1014.1(d)(3).

Subdivision (d)(4)(C)

The Board proposes to add subdivision (d)(4)(C) to require sufficient time be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of dental radiographic techniques. This is required by section 1105(c) that requires each educational program establish and maintain standards of competency, standards of competency be available

to each student, and standards to be used to measure periodic progress or achievement in the curriculum. This is consistent with existing regulation 16 CCR 1014.1(e).

Additionally, as the Board highest priority is consumer protection, it is necessary that sufficient time be available to achieve minimum competence in the application of dental radiographic protocols and techniques to ensure protection of the public.

Subdivision (d)(4)(C)(i)

The Board proposes to add subdivision (d)(4)(C)(i) to require course outlines be provided to students in radiation safety and radiographic techniques courses. This is required by section 1105(c) and (d). 16 CCR 1105(c) requires each educational program establish and maintain standards of competency, standards of competency be available to each student, and standards to be used to measure periodic progress or achievement in the curriculum. Section 1105(d) requires the policies and procedures by which the educational program is administered be in writing, reflect the mission and goals of the program, and be available to all students. Additionally, proposed subdivision (d)(4)(C)(i) is consistent with requirements in other regulations, e.g., 16 CCR 1107(b)(7)(E), 16 CCR 1108(b)(7)(F), and 16 CCR 1014.1(e)(1).

Subdivision (d)(4)(C)(ii)

The Board proposes to add subdivision (d)(4)(C)(ii) to require general program objectives and specific instructional unit objectives be stated in writing in radiation safety and radiographic techniques courses. The instructional unit objectives shall include theoretical aspects of radiation safety and radiographic techniques as well as their practical application.

Education in radiation safety is necessary as x-rays produce ionizing radiation which can produce harm if overused or used incorrectly (see Underlying Data, “X Rays”¹) For example, 17 CCR 30311(b)(6) states: “Each patient undergoing dental radiography shall be draped with a protective apron of not less than 0.25 millimeter lead-equivalent to cover the gonadal area.” This requirement is necessary to protect vital organs from damage such as one’s thyroid (a gland that produces hormones essential for almost every body function) and gonads (testes and ovaries which produce reproductive cells (sperm and ova respectively)).

For similar reasons, education in radiographic techniques is also necessary. For example, 17 CCR 30311(b)(7) states: “For intra-oral and cephalometric radiography the X-ray beam and the film shall be aligned very carefully with the area to be radiographed.” As mentioned above, this requirement is necessary to protect vital organs from damage.

¹ National Institute of Biomedical Imaging and Bioengineering (U.S. Department of Health and Human Services, National Institutes of Health) downloaded on August 5, 2021.
(<https://www.nibib.nih.gov/science-education/science-topics/x-rays>)

Furthermore, the course shall ensure that students who successfully complete the course can expose, process, and evaluate dental radiographs with minimum competence. This requirement is necessary as students will be providing care to patients. Again, as x-rays produce ionizing radiation which can produce harm if overused or used incorrectly, by ensuring the student is competent prior to exposing radiographs will increase protection of the patients.

Moreover, this requirement is necessary as it is required by section 1105(c) and (d). Section 1105(c) requires each educational program establish and maintain standards of competency, standards of competency be available to each student, and standards be used to measure periodic progress or achievement in the curriculum. Section 1105(d) requires the policies and procedures by which the educational program is administered be in writing, reflect the mission and goals of the program, and be available to all students. Furthermore, proposed subdivision (d)(4)(C)(ii) is consistent with requirements in other regulations, e.g., 16 CCR 1107(b)(7)(B)-(C), 16 CCR 1108(b)(7)(D), and 16 CCR 1014.1(e)(2).

Subdivision (d)(4)(C)(iii)

The Board proposes to add subdivision (d)(4)(C)(iii) to require objective evaluation criteria be used for measuring student progress toward attainment of specific course objectives. This is necessary because they are required by 16 CCR 1105(c) and (d). 16 CCR 1105(c) requires each educational program establish and maintain standards of competency, standards of competency be available to each student, and standards be used to measure periodic progress or achievement in the curriculum. Section 1105(d) requires the policies and procedures by which the educational program is administered be in writing, reflect the mission and goals of the program, and be available to all students. Additionally, proposed subdivision (d)(4)(C)(ii) is consistent with requirements in other regulations, e.g., 16 CCR 1107(b)(7)(B)-(C), 16 CCR 1108(b)(7)(D), and 16 CCR 1014.1(e)(3).

Subdivision (d)(4)(C)(iv)

The Board proposes to add subdivision (d)(4)(C)(iv) to set forth the required areas of instruction related to the exposure, processing, and evaluations of dental radiographs. This is required by section 1105(c) that requires each educational program establish and maintain standards of competency, standards of competency be available to each student, and shall be used to measure periodic progress or achievement in the curriculum. Because existing section 1105.2(d) requires dental sciences content, of which radiography is considered, be of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the educational program's standard of competency, the Board determined that the delineated content within subdivision (d)(4)(C)(iv) was necessary to deem the student competent in radiography and to ensure protection of the public.

Additionally, proposed subdivision (d)(4)(C)(iv) is consistent with requirements in other regulations, e.g., 16 CCR 1105.2 (d)(3)(D), 16 CCR 1107(b)(8) - (9), 16 CCR 1108

(a)(1), and 16 CCR 1014.1(e)(4).

Subdivision (d)(4)(C)(iv)(1)

The Board proposes to add subdivision (d)(4)(C)(iv)(1) to require education related to radiation physics and biology. Education in radiation physics and biology is necessary to ensure that the RDH student is educated on the immediate and long-term effects of radiation on biological tissues (e.g., teeth, bone, skin, etc.). This will ensure students are prepared with background radiation education to safely treat patients in DHEP clinics and therefore enhances protection of the public.

Subdivision (d)(4)(C)(iv)(2)

The Board proposes to add subdivision (d)(4)(C)(iv)(2) to require education related to radiation protection and safety. Education in radiation protection and safety is necessary to ensure that as the RDH student is exposing radiographs, the RDH student is aware of the proper techniques to protect the patient from exposure to x-rays in non-targeted areas (e.g., placing a lead thyroid collar around the neck of the patient to prevent scatter radiation from a radiograph of an upper tooth). This will ensure students are prepared to safely treat patients in DHEP clinics and therefore enhances protection of the public.

Subdivision (d)(4)(C)(iv)(3)

The Board proposes to add subdivision (d)(4)(C)(iv)(3) to require education related to recognition of normal anatomical landmarks and abnormal conditions of the oral cavity as they relate to dental radiographs. Education in normal anatomical landmarks (e.g. the appearance of normal bones, sinuses, nerve spaces, etc.) is necessary as to recognize the normal appearance and prevent the incorrect interpretation that a normal anatomical landmark would indicate pathology (disease or abnormality). Additionally, education in abnormal conditions is necessary for the RDH student to recognize abnormal conditions (e.g., tooth abscess infection), which thereby allows the RDH to alert the dentist as to these potentially harmful conditions.

Subdivision (d)(4)(C)(iv)(4)

The Board proposes to add subdivision (d)(4)(C)(iv)(4) to require education related to radiograph exposure and processing techniques using manual, automatic, and computerized digital methods. As there are many dental offices with dentists educated in different areas in practice, there are as many radiograph exposure and processing techniques in use in dental practice. Therefore, education in radiation related to radiograph exposure and processing techniques using manual, automatic, and computerized digital methods is necessary to ensure that the RDH student is familiar with all available radiographic techniques that they might encounter in practice. Additionally, as the RDH student is exposing and processing radiographs, the student is aware of the proper techniques to ensure that once the radiograph is taken on the patient, the analog film or digital sensor is processed properly so that additional exposure due to faulty initial exposure to x-rays or development of the analog film or

digital sensor will be avoided. This will ensure students are prepared to safely treat patients in DHEP clinics and therefore enhances protection of the public.

Subdivision (d)(4)(C)(iv)(5)

The Board proposes to add subdivision (d)(4)(C)(iv)(5) to require education related to radiograph mounting and/or sequencing, and viewing, including anatomical landmarks of the oral cavity. Education in mounting of radiographs is necessary to ensure that the RDH student is familiar with the proper sequencing of developed radiographs so that when the radiographs are viewed by the dental professional, the correct images of the teeth and landmarks are in the correct positions to give an accurate diagnosis. This will ensure that patients are treated with accurate reference radiographs and therefore enhances protection of the public.

Subdivision (d)(4)(C)(iv)(6)

The Board proposes to add subdivision (d)(4)(C)(iv)(6) to require education related to intraoral techniques and dental radiograph armamentaria, including holding devices. There are various challenges taking radiographs on patients (e.g., shallow palate or floor of mouth, patient gagging, etc.). Therefore, education in radiograph armamentaria is necessary to ensure that the RDH student is familiar with all available armamentaria (e.g., positioning indicator devices, “snap-a-ray” holder, etc.) that they may need to utilize in practice. This will ensure that the RDH student will be comfortable using all available armamentaria to achieve accurate radiographs for patient treatment. This will ensure that patients are treated with accurate reference radiographs and therefore enhances protection of the public.

Subdivision (d)(4)(C)(iv)(7)

The Board proposes to add subdivision (d)(4)(C)(iv)(7) to require education related to interproximal (in-between the teeth) examination including principles of exposure, methods of retention and evaluation. Interproximal radiographs are technique sensitive and diagnostically challenging with many factors the clinician exposing the radiographs must take in account. Therefore, education in interproximal examination is necessary to ensure that the RDH student is familiar with all techniques and diagnostic interpretation of interproximal radiographs. This will ensure that patients are treated with accurate interproximal reference radiographs and therefore enhances protection of the public.

Subdivision (d)(4)(C)(iv)(8)

The Board proposes to add subdivision (d)(4)(C)(iv)(8) to require education related to intraoral examination including, principles of exposure, methods of retention and evaluation. There are no “hard rules” when radiographs are taken on patients (e.g., a full mouth (FMX) series should be taken every five years.) There are a multitude of factors clinicians must account for when and why radiographs are taken on patients (e.g., age, periodontal infection status, age of previous radiographs, etc.) Therefore, the Board determined that education in intraoral examination is necessary to ensure that

the RDH student is familiar with the theory behind all factors applicable to radiographic exposure and retention to make educated decisions as to when radiographs should be taken on patients. This will ensure that patients are only exposed to necessary radiographs and therefore enhances protection of the public.

Subdivision (d)(4)(C)(iv)(9)

The Board proposes to add subdivision (d)(4)(C)(iv)(9) to set forth the requirement of education related to identification and correction of faulty radiographs. There are many factors clinicians must account for when radiographs are taken on patients. For example, the RDH student is trying to take a central incisor (front teeth in the middle) radiograph and the apices (tips) of the teeth are missing on the film. This causes many concerns (e.g., there may be an abscess at the apex of the tooth and if not captured in the radiograph, it may go undiagnosed), and the RDH student should know how to be able to correct the error properly to capture the landmarks required in each film. This will ensure that patients are only exposed to necessary radiographs and therefore enhances protection of the public.

Subdivision (d)(4)(C)(iv)(10)

The Board proposes to add subdivision (d)(4)(C)(iv)(10) to require education related to infection control in dental radiographic procedures. When exposing patients to radiographs, the equipment utilized should be disinfected and sterilized for use on each patient. The Board determined that the RDH student should be educated in infection control procedures for each type of radiographic equipment utilized to ensure that radiographic equipment is disinfected, sterilized, and maintained properly for use on patients. This will ensure students are prepared to safely treat patients in DHEP clinics and therefore enhances protection of the public.

Subdivision (d)(4)(C)(iv)(11)

The Board proposes to add subdivision (d)(4)(C)(iv)(11) to require education related to radiographic record management. As radiographic records exist in physical (analog film) and virtual (digital) forms, the RDH student should be educated in proper record maintenance to ensure those records are readily available for use by the clinician. Additionally, as technology changes, the digital radiographic record formats may become outdated and the clinician should be aware of ways to provide access to those files as they provide vital, baseline information to a patient's disease history, as loss of those films could compromise patient care. This will ensure students are prepared to continue to safely treat patients in DHEP clinics and therefore enhances protection of the public.

Subdivision (d)(4)(D)

The Board proposes to add subdivision (d)(4)(D) to require sufficient hours of didactic and laboratory instruction to be provided for all students to ensure a student successfully demonstrates competency in radiation safety. It also requires successful

completion of a radiation safety competency at a minimum of 75% prior to utilization of radiographic techniques in laboratory and clinic. This is required by section 1105(c) that requires each educational program to establish and maintain standards of competency, standards of competency be available to each student, and standards be used to measure periodic progress or achievement in the curriculum.

This is consistent with CODA Standard 4-2 which states: “Radiography facilities must be sufficient for student practice and the development of clinical competence... 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.” It is also consistent with CODA Standard 2-11 which states: “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.” As the Board’s highest priority is consumer protection, it is necessary that sufficient time be available to ensure student competency in radiation safety and therefore ensure protection of the public.

Additionally, the Board proposes to add that successful completion of a radiation safety competency must be achieved at a minimum of 75% and shall be required prior to utilization of radiographic techniques in laboratory and clinic. The Board determined that the achievement of 75% on a radiographic competency would demonstrate the minimum competency required of a “C” or “average” on a criterion referenced grade scale as defined by the International Affairs Office of the United States Department of Education² (see Underlying Data). Additionally, proposed subdivision (d)(4)(D) is consistent with requirements in other regulations (e.g., 16 CCR 1107(b)(10)).

Subdivision (d)(4)(E)

The Board proposes to add subdivision (d)(4)(E) to require sufficient hours of laboratory instruction be provided for all students to ensure that a student successfully completes the of procedures set forth in subdivision (d)(4)(E) on a radiology manikin and each radiograph is of diagnostic quality. This is required by section 1105(c) that requires each educational program to establish and maintain standards of competency, standards of competency be available to each student, and standards be used to measure periodic progress or achievement in the curriculum and is consistent with requirements in other regulations, e.g., 16 CCR 1107(b)(9), and 16 CCR 1014.1(f).

Subdivision (d)(4)(E)(i)

The Board proposes to add subdivision (d)(4)(E)(i) to require successful completion of two full mouth periapical series, consisting of at least eighteen radiographs each including of four which must be bitewings to determine laboratory competency. For at least 30 years, section 1014.1(f)(1) required two full mouth periapical series, consisting of at least eighteen radiographs each including of four which must be bitewings. The DBC determined that these standards were appropriate to establish the minimum

² www2.ed.gov/about/offices/list/ous/international/usnei/us/grading.doc

amount of full mouth periapical series to determine laboratory competency. The Board decided to maintain this requirement based on DBC's determination, and because the Board knows of no other research indicating the standard should be changed.

Subdivision (d)(4)(E)(ii)

The Board proposes to add subdivision (d)(4)(E)(ii) to require successful completion of two bitewing series, consisting of at least four radiographs each to determine laboratory competency. For at least 30 years, section 1014.1(f)(2) required two bitewing series, consisting of at least four radiographs each. The DBC determined that these standards were appropriate to establish the minimum amount of bitewing series to determine laboratory competency. For the same reasons as subdivision (d)(4)(E)(i), the Board decided to maintain this requirement based on DBC's determination, and because the Board knows of no other research indicating the standard should be changed.

Subdivision (d)(4)(E)(iii)

The Board proposes to add subdivision (d)(4)(E)(iii) to require instruction related to developing or processing and mounting of analog exposed radiographs, or computer digital exposure and sequencing to be utilized. It is necessary to include the allowance of both digital and traditional analog processing as technology has advanced to include digital techniques. Many dental hygiene programs have converted their radiology facilities to be solely digital for use on patients, as digital techniques significantly reduce the amount of radiation the patient is exposed to and is now the standard of care for radiology equipment in dental offices.

Subdivision (d)(4)(E)(iv)

The Board proposes to add subdivision (d)(4)(E)(iv) to require instruction related to student and instructor written evaluation of radiographs. It is necessary for the student to review radiographs with the instructor and be provided written feedback. This will allow the student to be able to review the feedback regarding areas in which they had errors (e.g., cut off apex of the tooth) for future improvement, as well as areas in which they did well.

Subdivision (d)(4)(F)

The Board proposes to add subdivision (d)(4)(F) to require sufficient hours of clinical experience instruction be provided for all students to ensure that a student successfully completes the procedures set forth in subdivision (d)(4)(F) on patients and each radiograph is of diagnostic quality. Section 1105(c) requires each educational program to establish and maintain standards of competency, standards of competency be available to each student, and standards be used to measure periodic progress or achievement in the curriculum.

Additionally, subdivision (d)(4)(F) is consistent with requirements in other regulations, e.g., 16 CCR 1107(b)(9), and 16 CCR 1014.1(g).

As stated previously, using ionizing radiation may pose health risks if used incorrectly or excessively. Therefore, as the Board's highest priority is consumer protection, the Board determined the establishment of a minimum amount of specific radiographic procedures on patients is necessary to minimize exposure of the patient to x-rays to ensure protection of the public.

Subdivision (d)(4)(F)(i)

The Board proposes to add subdivision (d)(4)(F)(i) to require (1) successful completion of a minimum of four full mouth periapical series consisting of at least eighteen radiographs each, four of which must be bitewings, and the radiographs shall be of diagnostic quality; (2) all exposures made on patients shall only be made for diagnostic purposes and shall in no event exceed three additional exposures per patient; and 3) if traditional film packets are utilized, they must be double film.

First, the Board determined that to ensure competency, a minimum of four diagnostic full mouth periapical (showing both the crown and root of the teeth) series consisting of at least eighteen radiographs each, and four of which must be bitewings, is required. Historically, section 1014.1(g)(1) required four full mouth periapical series, consisting of at least eighteen radiographs each including of four which must be bitewings determined clinical competency. The DBC determined that these standards were appropriate to establish the minimum amount of full mouth periapical series to determine clinical competency. The Board decided to maintain this requirement based on DBC's determination, and because the Board knows of no other research indicating the standard should be changed.

Second, all exposures made on patients shall only be made for diagnostic purposes and to not exceed three (3) additional exposures per patient. As the Board's highest priority is consumer protection, this ensures only the minimal, dentally necessitated radiographs are exposed for patients to ensure protection of the public.

Third, if traditional film packets are utilized, they must be double film (two radiographic film sheets within the film packet). This allows two sets of radiographs of identical, diagnostic quality radiographs to be exposed at the same time and thereby prevents additional radiation exposure of the patient.

Additionally, proposed subdivision (d)(4)(F)(i) is consistent with requirements in other regulations, e.g., 16 CCR 1107(b)(9), and 16 CCR 1014.1(g)(1).

Subdivision (d)(4)(F)(ii)

The Board proposes to add subdivision (d)(4)(F)(ii) to require all clinical procedures on patients be performed under the general supervision of a licensed dentist. This is required pursuant to BPC section 1912 which states that any procedure performed, or service provided, by a registered dental hygienist that does not specifically require direct supervision shall require general supervision. This requirement is necessary to ensure

the RDH student is properly supervised at all times in clinical settings while working with patients and in the interest of consumer protection.

Additionally, proposed subdivision (d)(4)(F)(ii) is consistent with requirements in other regulations, e.g., 16 CCR 1107(b)(4); and 16 CCR 1108(b)(4), and 16 CCR 1014.1(g)(1).

Subdivision (d)(4)(F)(iii)

The Board proposes to add subdivision (d)(4)(F)(iii) to provide that (a) developing or processing and mounting of analog exposed radiographs or (b) computer digital exposure and sequencing may be utilized. It is necessary to add digital exposure and sequencing to the traditional analog methods as technology has advanced to include digital techniques. These techniques significantly reduce the amount of radiation the patient is exposed to and is now the standard of care for radiology equipment in dental offices.

Additionally, proposed subdivisions (d)(4)(F)(iii) is consistent with requirements in other regulations, e.g., 16 CCR 1107(b)(9), and 16 CCR 1014.1(g)(2).

Subdivision (d)(4)(F)(iv)

The Board proposes to add subdivision (d)(4)(F)(iv) to require clinical experience to include student and instructor written evaluation of radiographs. It is necessary for the student to review radiographs with the instructor and be provided written feedback. This will allow the student to be able to review the feedback regarding areas in which they had errors (e.g., cut off apex of the tooth) and areas in which they did well. This is also required by section 1105(c) and (i). Section 1105(c) requires each educational program to establish and maintain standards of competency, the standards of competency be available to each student, and standards be used to measure periodic progress. Section 1105(i) requires DHEPs to have learning resources, including faculty, to support the program's stated mission and goals.

Additionally, proposed subdivision (d)(4)(F)(iv) is consistent with requirements in other regulations, e.g., 16 CCR 1107(b)(9), and 16 CCR 1014.1(g)(3).

Subdivision (d)(4)(G)

The Board proposes to add subdivision (d)(4)(G) to require clinical facilities have the necessary equipment and accessories appropriate for the procedures to be performed, such equipment and accessories are in safe operating condition, and they are subject to the same requirements as those specified in proposed subdivision (d)(4)(B).

CODA Standard 4-2 for "Radiography Facilities" states: "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: modern dental radiography units; teaching

manikin(s); and conveniently located handwashing sinks; b) modern processing and/or scanning equipment; c) an area for mounting and viewing radiographs; d) documentation of compliance with applicable local, state and federal regulations.” Therefore, as DHEPs must meet the minimum standards for CODA (BPC section 1941), the DHEP must maintain adequate radiography facilities.

Additionally, existing 16 CCR 1105(i) requires DHEPs have learning resources, including equipment and clinical facilities, to support the program's stated mission and goals. Therefore, this subdivision requires each course have access to adequate equipment and clinical facilities. Furthermore, subdivision (d)(4)(G) is consistent with requirements to maintain equipment and clinical facilities found in existing regulations e.g., 16 CCR 1107(b)(3)(A)-(B), 16 CCR 1108(b)(3)(A), and 16 CCR 1014.1(h).

Subdivision (d)(4)(H)

The Board proposes to add subdivision (d)(4)(H) to require the length of instruction (1) be of sufficient duration for the student to develop minimum competence in the radiation safety techniques; and (2) be in no event less than thirty-two clock hours. The thirty-two clock hours shall include at least eight hours of didactic instruction, at least twelve hours of laboratory instruction, and at least twelve hours of clinical instruction.

Existing section 1105.2(d) requires dental sciences content, such as radiography, to be of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the educational program's standard of competency. Pursuant to section 1014.1(i), the DBC determined that 32 hours is sufficient to develop minimum competence in radiation safety techniques. The Board decided to maintain this requirement based on DBC's determination, and because the Board knows of no other research indicating the standard should be changed.

Additionally, subdivision (d)(4)(H) is consistent with requirements for hours to determine competency found in existing regulations e.g., 16 CCR 1107 (b)(9)(A), (b)(9)(B), and (b)(9)(C), 16 CCR 1108(a)(4), and 16 CCR 1014.1(i).

Subdivision (e)

The Board proposes to add subdivision (e) to require DHEPs to provide for breadth of experience and student competency in patient experiences in all classifications of periodontal (gum) disease including mild (inflammation of the gingiva (gums) that produces bleeding and pain), moderate (inflammation of the gingiva with moderate irreversible damage to the bone leading to possible tooth loss), and severe (inflammation of the gingiva with severe irreversible damage to the bone leading to definite tooth loss) involvement as the public may exhibit many types of periodontal disease.

For example, a patient with mild gingivitis may demonstrate mild inflammation of their gingiva and would require a general tooth cleaning and may be seen by the RDH every six months. A patient with moderate to severe periodontitis, however, will involve a

serious gingival infection extending into the bone that can lead to tooth loss and would require a more extensive cleaning (scaling and root planing (cleaning of the root surfaces)) and would require the RDH to see the patient every three months along with possible referral to a periodontist (gum specialist) for periodontal surgery. Therefore, it is necessary for RDH students to be exposed to and treat all types of periodontal disease cases (as mentioned above) to be prepared and competent to identify the disease state to choose effective and appropriate treatments for their patients when they are in practice in the future.

Additionally, CODA Standard 2-14 states: “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.” Therefore, as DHEPs must meet the minimum standards for CODA (BPC section 1941), the DHEP must provide education to ensure students are competent in all types of classifications of periodontal diseases

Furthermore, this requirement also aligns with section 1105(c) that requires each educational program to establish and maintain standards of competency, standards of competency be available to each student, and standards be used to measure periodic progress or achievement in the curriculum.

Subdivision (f)

The Board proposes to add (f) to require an educational program 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. It is necessary for RDH students to be exposed to and treat all types of patients from children to geriatrics. For example, an RDH student needs to be aware of techniques utilized to make a child patient comfortable in the dental chair (e.g. moving slowly and explaining the instruments and what you do with each instrument) so as not to create fear or hesitation in the child during dental treatment. Additionally, patients exhibiting special needs requirements (e.g., diabetes, physically handicapped, etc.) may need adjustments to treatment schedules (e.g., earlier appointments after they eat breakfast, provide a specialized headrest attachment to the wheelchair to avoid transfer of the patient to the dental chair, etc.) so as to avoid possible emergency situations (e.g. hypoglycemic (low blood sugar) emergency that can lead to fainting or even more severe consequences, dropping the patient during transfer from the wheelchair to the dental chair, etc.). This requirement will ensure all RDH students are competent to treat all types of patients, thereby ensuring public safety.

Additionally, CODA Standard 2-12 states: “Graduates must be competent in providing dental hygiene care for the child, adolescent, adult, geriatric, and special needs patient populations.” Therefore, as DHEPs must meet the minimum standards for CODA (BPC section 1941), the DHEP must 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.

Underlying Data:

- Senate Bill (SB) 1482 (Hill, Chapter 858, Statutes of 2018).
- Minutes: DHBC Full Board Teleconference, January 29, 2019, Agenda Item 6.
- Board Materials: DHBC Full Board Teleconference, January 29, 2019, Agenda Item 6.
- Minutes: DHBC Legislative Subcommittee Meeting, November 22, 2019, Agenda Item 6.
- Board Materials: DHBC Legislative Subcommittee Meeting, November 22, 2019, Agenda Item 6.
- Minutes: DHBC Full Board Meeting, November 23, 2019, Agenda Item 3.
- Minutes: DHBC Full Board WebEx Teleconference, May 29, 2020, Agenda Item 15.
- Board Materials: DHBC Full Board WebEx Teleconference, May 29, 2020, Agenda Item 15.
- Minutes: DHBC Full Board WebEx Teleconference, August 29, 2020, Agenda Item 11.
- Board Materials: DHBC Full Board WebEx Teleconference, August 29, 2020, Agenda Item 11
- DHBC Signed Resolution Concerning Fees, August 29, 2020
- Structure of the U.S. Education System: U.S. Grading Systems from the International Affairs Office of the United States Department of Education, Published February 2008 and downloaded on April 27, 2021. (www2.ed.gov/about/offices/list/ous/international/usnei/us/grading.doc)
- Commission on Dental Accreditation Standards Effective January 1, 2013, Last Revised: August 2019.
- “X-rays” from the National Institute of Biomedical Imaging and Bioengineering (U.S. Department of Health and Human Services, National Institutes of Health) downloaded on August 5, 2021. (<https://www.nibib.nih.gov/science-education/science-topics/x-rays>)

Business Impact:

The Board has made an initial determination that the proposed regulatory action would have a minor statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states. This initial determination is based on the following facts:

There is a minor business impact because the proposed amendments set forth a mechanism to review out-of-state education in SLN submitted to the Board to ensure applicants educated out-of-state in SLN meets Board educational requirements. Previously, the Board relied on California-based SLN providers to train and certify all out-of-state RDH licensure applicants in SLN. As the Board receives approximately 90 out-of-state applications for licensure for individuals per year, with the proposed amendments, the Board estimates that approximately 45 applications may request review of the applicant's SLN education. Therefore, California SLN providers may see a

reduction in need for their services.

Incorporation by Reference:

The proposed forms incorporated by reference SLN-04 (New 10/2021), SLN-05 (New 10/2021), and SLN-06 (New 10/2021)) incorporate the amendments proposed within the regulation for uniformity of information reported to the Board and do not require expenditure of additional effort to complete them.

Economic Impact Assessment:

This regulatory proposal will have the following effects:

- There may be a slight reduction in jobs within the State of California. The proposed amendments to the regulation set forth a mechanism to review out-of-state education in SLN submitted to the Board to ensure applicants educated outside the state in SLN meets Board educational requirements. Previously, the Board relied on three California SLN providers to train and certify all out-of-state RDH licensure applicants in SLN. With the proposed amendments, the California SLN providers may see a reduction in need for their services. Therefore, there may be a reduction in employment of instructional staff.
- It would affect small businesses because the proposed amendments to the regulation set forth a mechanism to review out-of-state education in SLN submitted to the Board to ensure applicants educated outside the state in SLN meets Board educational requirements. Previously, the Board relied on California-based SLN providers to train and certify all out-of-state RDH licensure applicants in SLN. With the proposed amendments, the California SLN providers may see a reduction in need for their services.
- It would increase worker safety as the amendments to the regulation would clarify language with regard to educational requirements on radiographic technique within the regulation and allow for more uniform training of RDHs to increase safety of x-ray usage. Additionally, the amendments to the regulation would ensure properly trained individuals oversee infection control processes to ensure safe usage of infection control equipment by students of the DHEPs.
- It would positively impact the health and welfare of California residents as the amendments would clarify educational requirements on radiographic technique in the regulation and allow for more uniform training of RDHs to increase safety of x-ray usage. Additionally, the amendments to the regulation would ensure properly trained individuals oversee infection control processes to ensure patients of the DHEPs are treated with properly processed dental instruments to decrease the possibility of exposure to infection.
- It would not affect the state's environment because it does not involve environmental issues.

Specific Technologies or Equipment:

This regulation includes standard dental equipment available to the general dental

industry and does not mandate the use of specific technologies or equipment.

Consideration of Alternatives:

The Board has initially determined that no reasonable alternative to the regulatory proposal would be either more effective in carrying out the purpose for which the action is proposed or would be as effective or less burdensome to affected private persons and equally effective in achieving the purposes of the regulation in a manner that ensures full compliance with the law being implemented or made specific.

Set forth below are the alternatives which were considered and the reasons each alternative was rejected:

1. Not adopt the regulation: This is not reasonable because as it stands, educators have requested clarity within the regulation regarding general DHEP educational requirements, the approval of out-of-state SLN training, and educational requirements for radiology usage on patients treated by DHEPs. The Board is not aware of any opposition to the amendments to the regulation regarding general DHEP educational requirements and educational requirements for radiology usage on patients within the DHEPs. The Board is aware of a California-based SLN provider who has expressed opposition as they may see a reduction in need for their services.
2. Adopt the regulation: The Board determined that this alternative is the most feasible because the regulation would clarify language with regard to general DHEP educational requirements, the approval of out-of-state SLN training, and educational requirements on radiographic technique in the regulation to allow for more uniform training of RDHs, thereby increasing safety of x-ray usage on the public.