

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

DHBC Public Teleconference Meeting Agenda

Saturday, November 19, 2022
9:00 a.m. - Adjournment

Pursuant to the provisions of Government Code section 11133, neither a public nor teleconference location is provided. Members of the public may observe or participate using the link below. Due to potential technical difficulties, please consider submitting written comments via email at least five business days prior to the meeting to dhbcinfo@dca.ca.gov for consideration.

Instructions for Meeting Participation

The DHBC will conduct the meeting via WebEx computer program. The preferred audio connection is via telephone conference and not the microphone and speakers on your computer. The phone number and access code will be provided as part of your connection to the meeting. Please see the instructions attached hereto to observe and participate in the meeting using WebEx from a Microsoft Windows-based PC.

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

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=me087596a3c977f4b2b9157ef0da1fbad>

Webinar number: 2482 727 0708

Webinar password: DHBC11192022

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

Access code: 248 272 70708

Passcode: 34221119

Members of the Board

President – Dr. Carmen Dones, RDH Educator Member

Vice President – Noel Kelsch, RDHAP Member

Secretary – Denise Davis, Public Member

RDH Member – Sonia “Pat” Hansen

RDH Member – Nicolette Moultrie

Public Health Dentist Member - Dr. Timothy Martinez

Public Member – Susan Good

Public Member – Sherman King

Public Member – Erin Yee

**The DHBC welcomes and encourages public participation in its meetings.
Please see public comment specifics at the end of this agenda.**

The DHBC may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice.

Open Session Agenda

1. Roll Call & Establishment of Quorum.
2. Public Comment for Items Not on the Agenda.
[The DHBC may not discuss or act on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code sections 11125 & 11125.7).]
3. President's Welcome and Report.
4. Update from the Department of Consumer Affairs (DCA) Executive Staff.
5. Discussion and Possible Action to Approve the Following:
 - a) October 7, 2022, Licensing and Examination Committee Meeting Minutes.
 - b) October 8, 2022, Full Board Sunset Review WebEx Teleconference Meeting Minutes.
6. Executive Officer's Report on the Following:
 - a) Administration
 - b) Budget
 - c) Personnel
 - d) DHBC Statute Amendment (Business and Professions Code section 1907) for Registered Dental Assistant (RDA) Qualifications: Dental Board Proposed Language
7. Update from the Dental Board of California (DBC).
8. Dental Hygiene Board of California Election of Officers.
9. Future Dental Hygiene Board of California Meetings for 2023 and 2024.
10. Update on Direct Supervision of Local Anesthesia Administration.

11. Discussion and Possible Action on Draft DHBC 2023 Sunset Review Report.
12. Discussion and Possible Action to Approve the Change of Ownership of the Concorde Career College Dental Hygiene Educational Programs: Garden Grove, San Bernardino, and San Diego Campuses.
13. Regulatory Update: Status of Dental Hygiene Board of California Regulatory Packages.
14. Discussion and Possible Action to Initiate a Rulemaking and Adopt Title 16, California Code of Regulations (CCR) Section 1114: Temporary Licensure.
15. Discussion and Possible Action to Initiate a Rulemaking and Adopt Title 16, California Code of Regulations (CCR) Section 1116: Mobile Dental Hygiene Clinics; Issuance of Approval.
16. Discussion and Possible Action to Initiate a Rulemaking and Adopt 16 CCR Section 1116.5: Registered Dental Hygienist in Alternative Practice, Physical Facility Registration.
17. Update on 2022 Legislation:
 - a) Assembly Bill (AB) 646 Low: Department of Consumer Affairs: boards: expunged convictions.
 - b) AB 858 Jones-Sawyer: Employment: health information technology: clinical practice guidelines: worker rights.
 - c) AB 1604 Holden: The Upward Mobility Act of 2022: boards and commissions: civil service: examinations: classifications
 - d) AB 1636 Akilah Weber: Physician's and surgeon's certificate: registered sex offenders.
 - e) AB 1662 Gipson: Licensing boards: disqualification from licensure: criminal conviction.
 - f) AB 1733 Quirk: State bodies: Open meetings.
 - g) AB 1982 Santiago: Telehealth: dental care.
 - h) AB 2104 Flora: Professions and vocations.
 - i) AB 2145 Davies: Dental services: skilled nursing facilities and intermediate care facilities/developmentally disabled.
 - j) AB 2276 Carrillo: Dental assistants.
 - k) AB 2600 Megan Dahle: State agencies: letters and notices: requirements.
 - l) Senate Bill (SB) 189 Committee on Budget and Fiscal Review: State Government.
 - m) SB 652 Bates: Dentistry: use of sedation: training.
 - n) SB 889 Ochoa Bogh: Nurse anesthetists.
 - o) SB 1031 Ochoa Bogh: Healing arts boards: inactive license fees.
 - p) SB 1237 Newman: Licenses: military service.
 - q) SB 1365 Jones: Licensing boards: procedures.
 - r) SB 1443 Roth: Professions and Vocations.

- s) SB 1471 Archuleta: Dentistry: foreign dental schools.
- t) 2023 Tentative Legislative Calendar

18. Dental Hygiene Educational Program Site Visits and Schedule Update.

- a) Dental Hygiene Educational Program Site Visits Update
 - i. San Joaquin Valley College - Ontario
 - ii. Carrington College - Sacramento Dental Hygiene Education Program
Southwestern College
 - iii. Chabot College
 - iv. West Coast University
 - v. Pasadena City College
 - vi. Loma Linda University

- b) Dental Hygiene Educational Program Site Visit Schedule.

19. Enforcement Update: Statistical Report.

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

21. Discussion and Possible Action on 2023 Senate Committee on Business, Professions, and Economic Development Omnibus Bill Recommendations.

22. Future Agenda Items.

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

23. Closed Session – Full Board

- a) Pursuant to Government Code Section 11126(c)(3), the Board will Deliberate on Disciplinary Actions and Decisions to be Reached in Administrative Procedure Act Proceedings.
- b) Pursuant to Government Code Section 11126(a)(1), Pursuant to Government Code section 11126(a)(1), the Board will Conduct the Evaluation of Performance of the Executive Officer.

<<Return to Open Session>>

24. Adjournment.

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

Public comments will be taken on the agenda items at the time the specified item is raised. Government Code section 11125.7 provides the opportunity for the public to

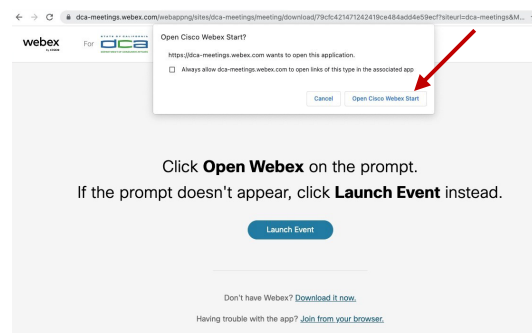
address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President may, at his or her discretion, apportion available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

A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the DHBC at 916-263-1978, via email at dhbcinfo@dca.ca.gov, or by sending a written request to 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815. Providing your request at least five business days prior to the meeting will help to ensure availability of the requested accommodation.

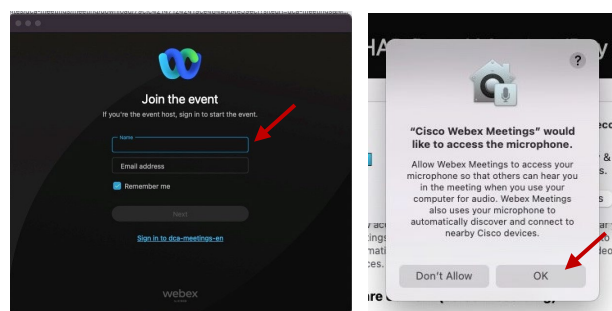
If joining using the meeting link

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

2 If you have not previously used Webex on your device, your web browser may ask if you want to open Webex. Click "Open Cisco Webex Start" or "Open Webex", whichever option is presented. DO NOT click "Join from your browser", as you will not be able to participate during the meeting.



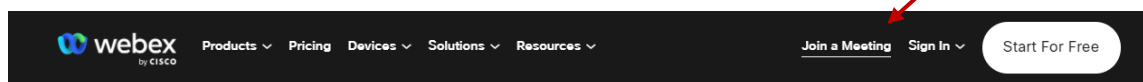
3 Enter your name and email address. Click "Join as a guest". Accept any request for permission to use your microphone and/or camera.



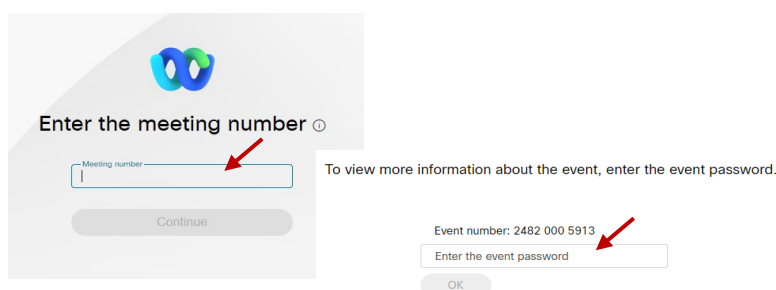
OR

If joining from Webex.com

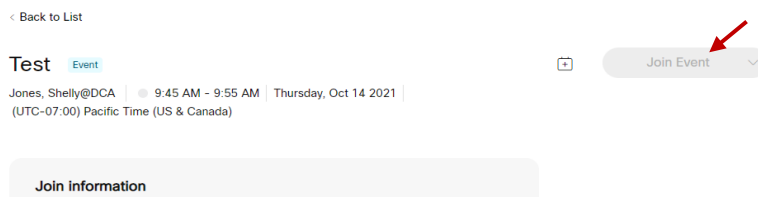
1 Click on "Join a Meeting" at the top of the Webex window.



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



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



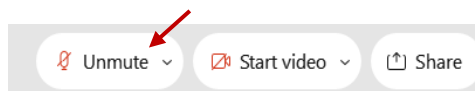
OR

Connect via telephone*:

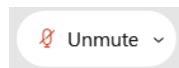
You may also join the meeting by calling in using the phone number, access code, and passcode provided in the meeting notice.

Microphone

Microphone control (mute/unmute button) is located on the command row.

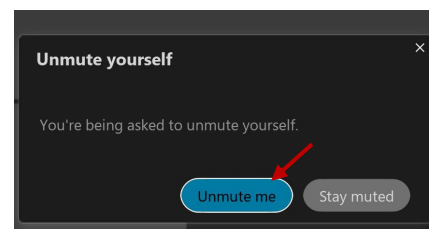


Green microphone = Unmuted: People in the meeting can hear you.



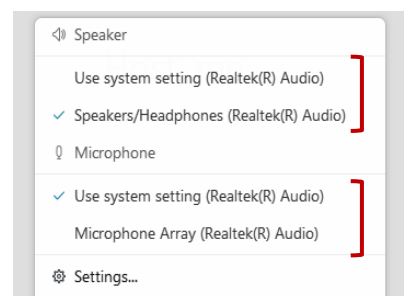
Red microphone = Muted: No one in the meeting can hear you.

Note: Only panelists can mute/unmute their own microphones. Attendees will remain muted unless the moderator enables their microphone at which time the attendee will be provided the ability to unmute their microphone by clicking on "Unmute Me".



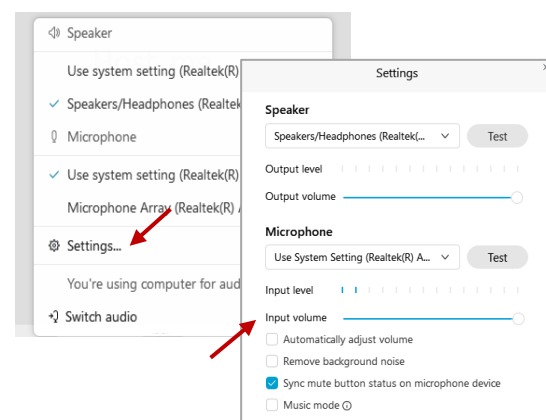
If you cannot hear or be heard

- 1 Click on the bottom facing arrow located on the Mute/Unmute button.
- 2 From the pop-up window, select a different:
 - Microphone option if participants can't hear you.
 - Speaker option if you can't hear participants.



If your microphone volume is too low or too high

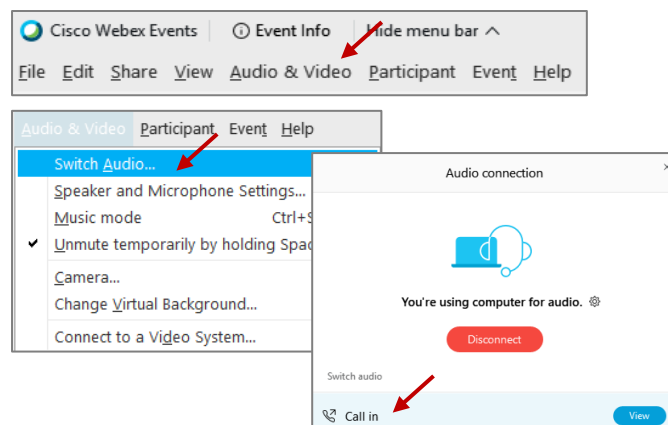
- 1 Locate the command row – click on the bottom facing arrow located on the Mute/Unmute button.
- 2 From the pop-up window:
 - Click on "Settings...":
 - Drag the "Input Volume" located under microphone settings to adjust your volume.



Audio Connectivity Issues

If you are connected by computer or tablet and you have audio issues or no microphone/speakers, you can link your phone through Webex. Your phone will then become your audio source during the meeting.

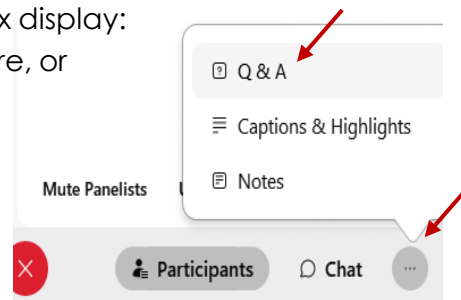
- 1 Click on "Audio & Video" from the menu bar.
- 2 Select "Switch Audio" from the drop-down menu.
- 3 Select the "Call In" option and following the directions.



The question-and-answer feature (Q&A) is utilized for questions or comments. Upon direction of the meeting facilitator, the moderator will open the Q&A panel for meeting participants to submit questions or comments. *NOTE: This feature is not accessible to those joining the meeting via telephone.*

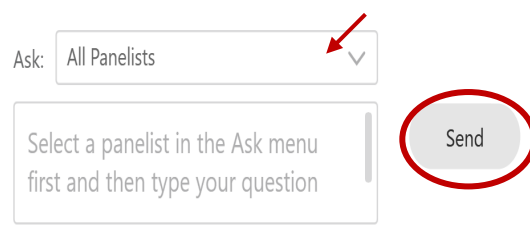
1 Access the Q&A panel at the bottom right of the Webex display:

- Click on the icon that looks like a “?” inside of a square, or
- Click on the 3 dots and select “Q&A”.



2 In the text box:

- Select “All Panelists” in the dropdown menu,
- Type your question/comment into the text box, and
- Click “Send”.



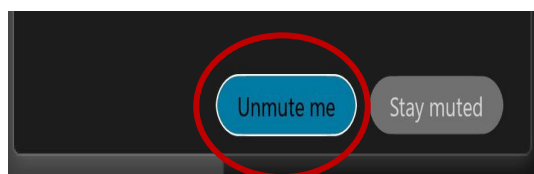
OR

If connected via telephone:

- Utilize the raise hand feature by pressing *6 to raise your hand.
- Repeat this process to lower your hand.

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

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

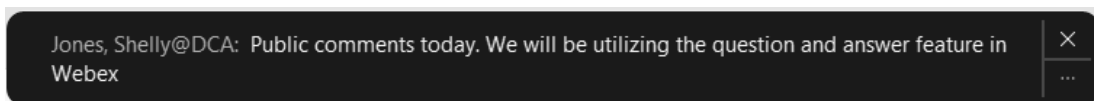


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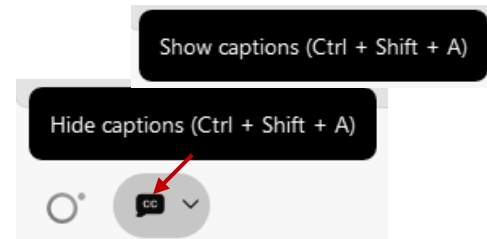
If connected via telephone:

- Press *3 to unmute your microphone.

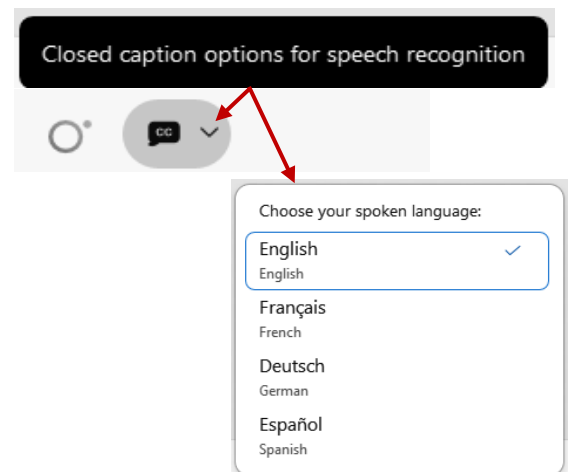
Webex provides real-time closed captioning displayed in a dialog box on your screen. The captioning box can be moved by clicking on the box and dragging it to another location on your screen.



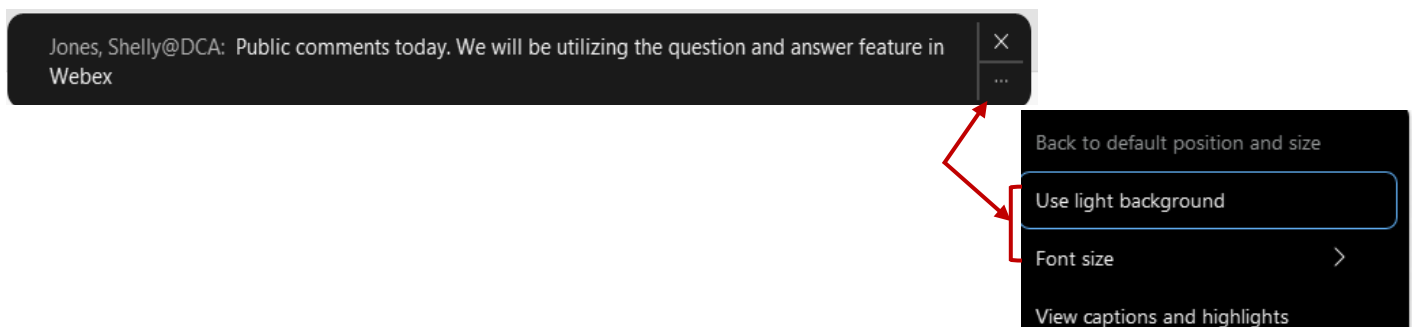
The closed captioning can be hidden from view by clicking on the closed captioning icon. You can repeat this action to unhide the dialog box.



You can select the language to be displayed by clicking the drop-down arrow next to the closed captioning icon.



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





Member	Present	Absent
Denise Davis		
Carmen Dones		
Susan Good		
Sonia "Pat" Hansen		
Noel Kelsch		
Sherman King		
Timothy Martinez		
Nicolette Moultrie		
Erin Yee		

Saturday, November 19, 2022

Dental Hygiene Board of California

Agenda Item 1

Roll Call & Establishment of Quorum

Board Secretary to call the Roll.



Saturday, November 19, 2022

Dental Hygiene Board of California

Agenda Item 2

Public Comment for Items Not on the Agenda.

[The Board may not discuss or act on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code Sections 11125 & 11125.7(a))]



Saturday, November 19, 2022

Dental Hygiene Board of California

Agenda Item 3

President's Welcome and Report



Saturday, November 19, 2022

Dental Hygiene Board of California

Agenda Item 4

**Update from the Department of Consumer Affairs (DCA)
Executive Staff**

Dental Hygiene Board of California Licensing and Examination Committee Meeting Minutes

Friday, October 7, 2022

DRAFT

Pursuant to the provisions of Government Code section 11133, neither a public nor teleconference location was provided. Members of the public observed and participated using the WebEx link provided in the agenda.

Licensing and Examination Committee Members Present:

Dr. Carmen Dones, Chair, DHBC Registered Dental Hygienist (RDH) Educator Member
Sonia “Pat” Hansen, DHBC RDH Member

Licensing and Examination Committee Members Absent:

Noel Kelsch, DHBC Registered Dental Hygienist in Alternative Practice (RDHAP) Member
Erin Yee, DHBC Public Member

DHBC Staff Present:

Anthony Lum, Executive Officer
Albert Law, Special Investigator
Adina Pineschi-Petty, Doctor of Dental Surgery (DDS), Education, Legislative, and Regulatory Specialist
Michael Kanotz, Department of Consumer Affairs (DCA) Legal Counsel for the DHBC

1. Roll Call and Establishment of a Quorum

Dr. Carmen Dones, Chair of the Dental Hygiene Board of California (DHBC, Board) Licensing and Examination Committee (Committee), reviewed meeting guidelines and called the meeting to order at **11:00 a.m.** Chair Dones completed the roll call, and a quorum was established with two members present. Committee members Noel Kelsch and Erin Yee was absent and excused.

2. Public Comment for Items Not on the Agenda.

There was no public comment.

3. Discussion and Possible Action on Alternative Pathway to Licensure Taskforce Recommendations and to Provide a Recommendation to the Full Board.

Dr. Carmen Dones, Chairperson of the Dental Hygiene Board’s Licensing and Examination Committee (L & E Committee), stated this meeting was to review the Alternative Pathway to Licensure Taskforce’s recommendation to eliminate the clinical examination licensure requirement for students who’ve graduated from a California (CA) dental hygiene program if they apply for the license within three years of graduation. She stated the taskforce met several times over the past two years to discuss and create the recommendation. Because CA dental hygiene programs teach with competency-based techniques and their students

provide supervised dental hygiene services to patients for over a year, she said the taskforce determined that a clinical examination is not needed as a requirement for licensure if the student applies for the license within three years of graduation. If applying after three years, the student will need to complete a board-approved clinical examination. Dr. Dones reported Licensure requirements will still include the completion of the following: 1) Graduation from a CODA accredited and Board approved dental hygiene educational program; 2) Completion and passing score on the NDHBE examination (national boards); 3) Completion and passing score on the California Law & Ethics examination; and 4) Completion of the extended functions of Soft Tissue Curettage, Local Anesthesia administration, and Nitrous Oxide-Oxygen Analgesia if not completed in a CA dental hygiene educational program.

Dr. Dones stated that because out-of-state dental hygiene education can't be verified and only accepted if completed through a CODA accredited institution, a clinical examination requirement will remain for those individuals coming from out-of-state if they apply within three years of completing and successfully passing a board approved clinical exam.

Dr. Dones reported that the taskforce recommends the L & E Committee to review and approve the draft statutory language amending Business and Professions Code section 1917 as presented, thereby removing the clinical examination requirement for licensure if the student applies within three years of graduation. Additionally, she requested the L & E Committee to then recommend this language to the full Board.

Motion: Dr. Carmen Dones moved to recommend to the Board an amendment to Business and Professions Code section 1917 removing the clinical exam requirement for California dental hygiene school graduates if they apply for the license within 3 years of graduation, amendment to the remainder of the subsection regarding out of state applicants, and renumeration of the remaining subsections.

Second: Sonia "Pat" Hansen.

Member discussion: None.

Public comment:

Dr. Vickie Kimbrough, Taft College Dental Hygiene Educational Program (DHEP) Director supported the recommendation and questioned why three years was considered as the timeline. Executive Officer Anthony Lum provided the Committee's rationale for the three-year timeline.

Lisa Kamibayashi, West Los Angeles College (WLA) DHEP Director, supported the recommendation, stating that WLA students have a high success rate on clinical boards and shared her concerns with the costs associated with those clinical boards.

Paul Kim, 2023 WLA DHEP Class President, supported the recommendation and requested the Board review portfolio pathway to licensure.

Vote: Motion for the L & E Committee to recommend to the Board an amendment to Business and Professions Code section 1917 removing the clinical exam requirement for California dental hygiene school graduates if they apply for the license within 3 years of graduation, amendment to the remainder of the subsection regarding out of state applicants, and renumeration of the remaining subsections. Passed 2:0:2.

Name	Aye	Nay	Abstain/Absent
Carmen Dones	X		
Sonia “Pat” Hansen	X		
Noel Kelsch			X - Absent
Erin Yee			X - Absent

4. Future Agenda Items.

None.

5. Adjournment

Meeting was adjourned at **11:33 a.m.**

Dental Hygiene Board of California Meeting Minutes

DRAFT

Saturday, October 8, 2022

Pursuant to the provisions of Government Code section 11133, neither a public nor teleconference location was provided. Members of the public observed and participated using the WebEx link provided in the agenda.

DHBC Members Present:

President – Dr. Carmen Dones, Registered Dental Hygienist (RDH) Educator Member
RDH Member – Sonia “Pat” Hansen
Public Health Dentist Member – Dr. Timothy Martinez
Public Member – Susan Good
Public Member – Sherman King
Public Member – Erin Yee

DHBC Member Absent:

Vice President – Noel Kelsch, Registered Dental Hygienist in Alternative Practice (RDHAP) Member
Secretary – Denise Davis, Public Member
RDH Member – Nicolette Moultrie

DHBC Staff Present:

Anthony Lum, Executive Officer
Albert Law, Special Investigator
Adina Pineschi-Petty, Doctor of Dental Surgery (DDS), Education, Legislative, and Regulatory Specialist
Michael Kanotz, Department of Consumer Affairs (DCA) Legal Counsel for the DHBC
Danielle Rogers, DCA Regulatory Unit Legal Counsel for the DHBC

1. Roll Call and Establishment of a Quorum

Dr. Carmen Dones, President of the Dental Hygiene Board of California (DHBC, Board), reviewed meeting guidelines and called the meeting to order at **9:00 a.m.** Dr. Adina Petty completed the roll call, and a quorum was established with six members present. Board members Denise Davis, Noel Kelsch, and Nicolette Moultrie were absent and excused.

2. Public Comment for Items Not on the Agenda.

There was no public comment.

3. President's Report (Informational Only).

President Dones welcomed all in attendance. She stated the focus of the meeting was to review the draft 2023 Sunset review report, revise it as needed and direct staff to make the revisions and return the draft to the Board at the November 19, 2022, full Board meeting for final review and approval. Additionally, she stated that there were a few additional agenda items to be addressed as well.

Board member comment: None.

Public comment: None.

4. Discussion and Possible Action to Approve the July 23, 2022, Full Board Meeting Minutes.

Motion: Sonya "Pat" Hansen moved to approve the July 23, 2022, Full Board Meeting Minutes, adding corrections as discussed by Board Members.

Second: Timothy Martinez

Member discussion: President Dones requested edits to include grammatical corrections. Susan Good requested 1) details added to the amendments in Agenda Item 5 for the March 19, 2022, Full Board WebEx Teleconference Meeting Minutes; and 2) explanations be added to questions posed by Susan Good and Dr. Timothy Martinez in Agenda Item 6 for the Executive Officer's Report.

Public comment: None.

Vote: Motion for the Board to approve the July 23, 2022, Full Board Meeting Minutes, adding corrections as discussed by Board Members. Passed 6:0:3.

Name	Aye	Nay	Abstain/Absent
Denise Davis			X (Absent)
Carmen Dones	X		
Susan Good	X		
Sonia "Pat" Hansen	X		
Noel Kelsch			X (Absent)
Sherman King	X		
Timothy Martinez	X		
Nicolette Moultrie			X (Absent)
Erin Yee	X		

5. Licensing and Examination Committee Report.

Executive Officer (EO) Anthony Lum stated the Licensing and Examination Committee (L & E) met on Friday, October 7, 2022, where there was two of four L & E Committee members present. A full complement of L & E Committee members was not required since they would only be acting on a recommendation to the Full Board for action. He stated that after a detailed explanation and report from the Alternative Pathway to Licensure Taskforce co-chairperson, Dr. Carmen Dones presented the taskforce's recommendation to the L & E Committee for discussion and recommendation to the Full Board. He reported the action the L & E Committee voted upon to recommend to the Full Board is:

"Recommend to the Board an amendment to Business and Professions Code (BPC) section 1917 removing the clinical exam requirement for California dental hygiene school graduates if they apply for the license within 3 years of graduation, amendment to the remainder of the subsection regarding out-of-state applicants, and renumeration of the remaining subsections."

EO Lum stated the L & E Committee received public comments in support of the recommendation. Comments made indicated that California dental hygiene students are well educated and trained in their programs and with the elimination of the clinical exam requirement, it will bypass the stressful and many times, costly process of locating appropriate patients for the exam. He reported that after a vote, the motion passed to make the recommendation to the Full Board at today's Board meeting. He directed the Board to the specific amended language to BPC section 1917 in the meeting materials.

Additionally, EO Lum stated that the Department of Consumer Affairs' (DCA) Office of Professional Examination Services (OPES) suggested an edit for clarity to BPC section 1917 and change "satisfactorily complete" to "satisfactorily complete and pass" with regard to dental hygiene licensure examinations approved by the dental hygiene board.

Member discussion: Discussion took place regarding the L & E Committee's Report and recommendation, accepting the L & E Committee's report, as well as accepting the amendment of "satisfactorily complete and pass" with regard to dental hygiene licensure examinations approved by the dental hygiene board.

Public comment:

Allison Wagstaff stated she is the California Dental Hygienists' Association's (CDHA) Government Relations Council Co-chair and stated she thanks and supports the Task Force's finding and the change to BPC section 1917. She stated elimination of the clinical exam is the right path forward for all licensed in the state, making it a more fair and equitable process, and fall in line with what dental students and dental assistants are experiencing in terms of alternative pathways to licensure.

Evangeline Ward, Diablo Valley College Dental Hygiene Program Faculty, stated she was personally against the recommendation. She believes there are other ways to handle the clinical exam rather than doing away with it.

6. Discussion and Possible Action on the Recommendations of the Alternative Pathway to Licensure Taskforce.

EO Lum reported that at the March 20, 2021, Board meeting, the Board voted to reconstitute the Alternative Pathways to Licensure (APL) Taskforce that had previously been assembled years before to research optional pathways to dental hygiene licensure than the patient-based clinical examination. The APL Taskforce researched and discussed the issue thoroughly, as it's a very complex task to create alternative options to replace the clinical examination with respect to the law. They met amongst several days to discuss alternative options and ideas to bring forth recommendations to the L&E Committee. He stated that after multiple discussions and vetting several options, the taskforce prepared a recommendation for the Full Board's consideration.

EO Lum stated that staff requests the full Board to consider, discuss, and approve the APL Taskforce's recommendations and request the Legislature to consider amendments to Statute (BPC section 1917).

Motion: Erin Yee moved for the Board to accept the recommendations of the APL Taskforce to amend BPC section 1917 and adopt the legislative proposal contained in the meeting materials, as well as any amendments that were noted by the Board today amending BPC section 1917.

Second: Dr. Timothy Martinez

Member discussion: Discussion took place regarding the APL Taskforce's report and recommendation.

Public comment:

Paul Kim, dental hygiene student and Class President for the Class of 2023 at West Los Angeles College, spoke in favor of allowing students to gain licensure through alternative pathways to licensure, citing increasing costs of the exams as well as for their education. He provided patient completion statistics for his program, as well stating the one-day exam does not provide an accurate representation of their skills.

Member of the public "Sade" stated her original concern was how the standard of care for the dental hygiene profession would be seen if the clinical exam was removed. However, after hearing the statistics provided, she understands the reasoning and agrees with the findings.

Allison Wagstaff repeated her support for amending BPC section 1917 and stated the CDHA Government Relations Council presented this as a possibility at their Board of Trustees meeting at their House of Delegates at the July 2022 meeting. She stated the Board of Trustees fully voted in support of changing BPC section 1917 and eliminating the

live patient exam. Ms. Wagstaff stated a couple of 2020 graduates testified to the Board of Trustees about their experience taking the manikin exam and how similar it was to working on live patients. Additionally, she indicated the Board already inspects and addresses deficiencies in CA dental hygiene educational programs. She stated that if there are student deficiencies, the schools should address those deficiencies and not allow those students to graduate until they are addressed.

Ms. Wagstaff stated dental hygienists are responsible, competent clinicians and are qualified to deliver care upon graduation. She stated this is evidenced by the lack of enforcement issues that the Board has found.

Evangeline Ward repeated her opposition to the proposal and stated the dental hygiene profession has worked hard to get where they are. She stated she understands the student's stress level, however, that is part of the dental hygiene program. She said dental hygiene is taking their profession "down one notch" and that dentists will be pushing different regulations if competency requirements are decreased. She stated she is not against removing the clinical exam, but feel something must be in place that is just as strong.

Adrine Reganian, Pasadena City College Dental Hygiene Educational Program Director, stated CA dental hygiene educational programs provide competency examinations and deem student competent for every single requirement. She indicated these competencies are far more rigorous than the live clinical examinations, and that one exam does not accurately reflect a student's competence. Additionally, she feels that as dental hygiene educational programs have very high standards, and are governed and guided by the Board, students are fully competent at graduation.

Lisa Kamibayashi, West Los Angeles College Dental Hygiene Educational Program Director, stated students are well trained and have extensive education within the dental hygiene educational program and that the one-day exam does not really determine their ability. She stated students meet minimum competency and safety prior to graduation, and schools do not graduate students that do not meet minimum competency. Ms. Kamibayashi stated she maintains her support for alternative pathways to licensure.

Heidi Lincer, Chief of OPES, expressed her support for the Board's action to eliminate the clinical examination requirement for graduates of CA dental hygiene educational programs. She stated OPES did extensive research on the licensing requirements to assist the Board to evaluate this issue. Ms. Lincer stated that OPES recommended the Board to create a taskforce to further consider this topic. She stated that as the Board assembled a taskforce and completed their due diligence, as well as licensing candidates receive sufficient training in clinical skills during their educational program, OPES supports this action in the interest of removing artificial barriers to practice while still ensuring the candidates are competent to practice.

Vote: Motion for the Board to accept the recommendations of the APL Taskforce to amend BPC section 1917 and adopt the legislative proposal contained in the meeting materials, as well as any amendments that were noted by the Board today amending BPC section 1917. Passed 5:1:3.

Name	Aye	Nay	Abstain/Absent
Denise Davis			X (Absent)
Carmen Dones	X		
Susan Good		X	
Sonia "Pat" Hansen	X		
Noel Kelsch			X (Absent)
Sherman King	X		
Timothy Martinez	X		
Nicolette Moultrie			X (Absent)
Erin Yee	X		

7. Discussion and Possible Action to Amend California Code of Regulations, Title 16, Section 1119 (formerly 1115): Retired License.

Dr. Adina Petty stated that at the March 19, 2022, Web Ex Teleconference Board meeting, the Board was advised that during her review of proposed California Code of Regulations (CCR), Title 16, Division 11, section 1115 (section 1115) regarding Retired Licensure, the Director of the Department of Consumer Affairs suggested edits to the forms to prevent duplication and provide consistency among forms utilized by the Board. The Board considered and approved the proposed edits to the forms for section 1115 and directed staff to take all steps necessary to complete the rulemaking process, including authorizing the Executive Officer to make any non-substantive changes to the proposed regulation, and adopting the proposed regulation as described in the modified text notice for section 1115.

Dr. Petty reported that during the review by the Office of Administrative Law (OAL), OAL rejected the changes made to the forms [DHBC RLC-01 (New 11/2020) and DHBC RLC-02 (New 10/2020)] as "non-substantive" and recommended reversion to the modified version forms previously adopted by the Board at its January 22, 2022, meeting. Additionally, she stated OAL recommended changing the numbering of the regulation from section 1115 to 16 CCR section 1119 (section 1119) to align towards the end of the licensing section as retirement occurs towards the end of a career, as well as to allow for other possible regulations that may apply prior to "retirement."

Motion: Dr. Carmen Dones moved for the Board to re-approve the proposed modified text and forms to the version previously approved on January 22, 2022, for section 1119,

directing staff to take all steps necessary to complete the rulemaking process, including authorizing the Executive Officer to make any non-substantive changes to the proposed regulation, and adopt the proposed regulation as described in the modified text notice for section 1119.

Second: Susan Good.

Member discussion: None.

Public comment: None.

Vote: Motion for the Board to re-approve the proposed modified text and forms to the version previously approved on January 22, 2022, for section 1119, directing staff to take all steps necessary to complete the rulemaking process, including authorizing the Executive Officer to make any non-substantive changes to the proposed regulation, and adopt the proposed regulation as described in the modified text notice for section 1119. Passed 6:0:3.

Name	Aye	Nay	Abstain/Absent
Denise Davis			X (Absent)
Carmen Dones	X		
Susan Good	X		
Sonia “Pat” Hansen	X		
Noel Kelsch			X (Absent)
Sherman King	X		
Timothy Martinez	X		
Nicolette Moultrie			X (Absent)
Erin Yee	X		

8. Sunset Report.

EO Lum reported that “Sunset Review” is the process where the Legislature has an opportunity to review a board program to determine whether to continue it or not. He stated board programs must complete this process every 4-5 years as a method to inform the Legislature how the program is doing, update on prior issues and their progress, whether there are any new issues for the program to address and is an opportunity for the Board to request additional resources for Board’s needs, if necessary.

EO Lum stated that for each Sunset Review, staff assemble a very complex and detailed draft report containing information from the past four years addressing questions from the

Legislature for the Board to consider and make revisions, if needed. He indicated this meeting is the first opportunity for the Board to review the draft report and make any recommended edits or changes to be brought back at a subsequent Board meeting for approval prior to submission to the Legislature. Additionally, he stated the due date this year for the report to be submitted to the Legislature is January 1, 2023.

EO Lum stated that staff recommends for the Board to review the draft 2022/23 Sunset Review report in its entirety and provide recommendation and guidance for any edits or revisions to the report to be returned at the next meeting with revisions for approval.

Member discussion: Discussion took place regarding the Sunset report with grammatical corrections and clarifications suggested.

Public comment:

Mary McCune, California Dental Association (CDA), stated CDA is definitely in support of the Board's Sunset Bill. However, she stated CDA has concerns regarding changing supervision of Local Anesthesia from direct supervision to general, citing concerns around safety protocols. She stated CDA is open to discussions with the Board on that topic.

Member of the public "Sade" stated she was concerned regarding Office of Statewide Health Planning and Development (OSHPD) dental health professional shortage areas for brick-and-mortar dental hygiene practices and the ability to grandfather those practices in should the OSHPD designated areas undergo geographical changes.

9. Future Agenda Items.

1. Susan Good:
 - a. Requested setting up a new task force to include public members to evaluate the National exam for its efficiency and recommends the removal of educators from the review process, citing compliance with BPC section 139.
 - b. Consider a policy to alternate in person and WebEx meetings, and specifying that if a meeting is two days, it is to automatically be in person.

10. Closed Session

The Board met in Closed Session to deliberate on disciplinary matters pursuant to Government Code section 11126, subdivision (c)(3).

11. Adjournment

Meeting was adjourned at 12:44 p.m.



Saturday, November 19, 2022

Dental Hygiene Board of California

Agenda Item 6

Executive Officer's Report on the Following:

- a) Administration**
- b) Budget**
- c) Personnel**
- d) DHBC Statute Amendment
(Business and Professions Code
section 1907) for
Registered Dental Assistant (RDA)
Qualifications: Dental Board
Proposed Language**

Department of Consumer Affairs

Expenditure Report

Dental Hygiene Board of California

Reporting Structure(s): 11111100 Support

Fiscal Month: 3

Fiscal Year: 2022 - 2023

Run Date: 11/03/2022

PERSONAL SERVICES

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5100 PERMANENT POSITIONS		\$999,000	\$57,203	\$174,105	\$0	\$174,105	\$824,895
5100000000	Earnings - Perm Civil Svc Empl	\$917,000	\$48,091	\$146,819	\$0	\$146,819	\$770,181
5105000000	Earnings-Exempt/Statutory Empl	\$82,000	\$9,112	\$27,286	\$0	\$27,286	\$54,714

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5100 TEMPORARY POSITIONS		\$59,000	\$0	\$0	\$0	\$0	\$59,000
5100150004	Temp Help (907)	\$57,000	\$0	\$0	\$0	\$0	\$57,000
5100150005	Exam Proctor (915)	\$2,000	\$0	\$0	\$0	\$0	\$2,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5105-5108 PER DIEM, OVERTIME, & LUMP SUM		\$24,000	\$600	\$600	\$0	\$600	\$23,400
5105100001	Bd/Commission Mbrs (901, 920)	\$0	\$200	\$200	\$0	\$200	-\$200
5105100002	Committee Mbrs 904,911,931,961	\$24,000	\$400	\$400	\$0	\$400	\$23,600

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5150 STAFF BENEFITS		\$560,000	\$37,796	\$95,874	\$0	\$95,874	\$464,126
5150150000	Dental Insurance	\$3,000	\$191	\$706	\$0	\$706	\$2,294
5150250000	Employee Assistance PGM Fee	\$0	\$23	\$47	\$0	\$47	-\$47
5150350000	Health Insurance	\$161,000	\$5,229	\$13,727	\$0	\$13,727	\$147,273
5150400000	Life Insurance	\$0	\$15	\$45	\$0	\$45	-\$45
5150450000	Medicare Taxation	\$8,000	\$802	\$2,429	\$0	\$2,429	\$5,571
5150500000	OASDI	\$65,000	\$3,016	\$9,143	\$0	\$9,143	\$55,857
5150600000	Retirement - General	\$253,000	\$17,193	\$52,859	\$0	\$52,859	\$200,141
5150750000	Vision Care	\$1,000	\$50	\$165	\$0	\$165	\$835
5150800000	Workers' Compensation	\$20,000	\$0	\$0	\$0	\$0	\$20,000
5150800004	SCIF Allocation Cost	\$0	\$8,738	\$8,738	\$0	\$8,738	-\$8,738
5150820000	Other Post-Employment Benefits	\$31,000	\$1,883	\$5,790	\$0	\$5,790	\$25,210
5150900000	Staff Benefits - Other	\$18,000	\$654	\$2,225	\$0	\$2,225	\$15,775
PERSONAL SERVICES		\$1,642,000	\$95,599	\$270,579	\$0	\$270,579	\$1,371,421

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5301	GENERAL EXPENSE	\$38,000	\$5,262	\$5,438	\$6,381	\$11,819	\$26,181
5301100003	Fingerprint Reports	\$3,000	\$49	\$49	\$0	\$49	\$2,951
5301150000	Conferences	\$0	\$4,228	\$4,228	\$4,532	\$8,760	-\$8,760
5301350000	Freight and Drayage	\$0	\$0	\$71	\$1,429	\$1,500	-\$1,500
5301400000	Goods - Other	\$27,000	\$0	\$0	\$0	\$0	\$27,000
5301700000	Office Supplies - Misc	\$8,000	\$870	\$870	\$0	\$870	\$7,130
5301900000	Subscriptions	\$0	\$115	\$220	\$420	\$640	-\$640

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5302	PRINTING	\$17,000	\$125	\$125	\$3,377	\$3,501	\$13,499
5302300000	Office Copiers - Maintenance	\$0	\$0	\$0	\$3,377	\$3,377	-\$3,377
5302700000	Pamphlets, Leaflets, Brochures	\$0	\$125	\$125	\$0	\$125	-\$125
5302900000	Printing - Other	\$17,000	\$0	\$0	\$0	\$0	\$17,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5304	COMMUNICATIONS	\$13,000	\$292	\$456	\$0	\$456	\$12,544
5304100000	Cell Phones, PDAs, Pager Svcs	\$0	\$0	\$164	\$0	\$164	-\$164
5304700000	Telephone Services	\$0	\$292	\$292	\$0	\$292	-\$292
5304800000	Communications - Other	\$13,000	\$0	\$0	\$0	\$0	\$13,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5306	POSTAGE	\$20,000	\$0	\$640	\$0	\$640	\$19,360
5306600003	DCA Postage Allo	\$0	\$0	\$640	\$0	\$640	-\$640
5306700000	Postage - Other	\$20,000	\$0	\$0	\$0	\$0	\$20,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
53202-204	IN STATE TRAVEL	\$20,000	\$0	\$0	\$0	\$0	\$20,000
5320490000	Travel - In State - Other	\$20,000	\$0	\$0	\$0	\$0	\$20,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5322	TRAINING	\$7,000	\$0	\$0	\$2,520	\$2,520	\$4,480
5322400000	Training - Tuition & Registrat	\$7,000	\$0	\$0	\$2,520	\$2,520	\$4,480

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5324	FACILITIES	\$171,000	\$22,430	\$33,645	\$113,818	\$147,463	\$23,537
5324350000	Rents and Leases	\$171,000	\$0	\$0	\$0	\$0	\$171,000
5324450000	Rent -Bldgs&Grounds(Non State)	\$0	\$22,430	\$33,645	\$113,818	\$147,463	-\$147,463

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5326	UTILITIES	\$1,000	\$0	\$0	\$0	\$0	\$1,000
5326900000	Utilities - Other	\$1,000	\$0	\$0	\$0	\$0	\$1,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
53402-53403	C/P SERVICES (INTERNAL)	\$74,000	\$54,683	\$54,683	\$0	\$54,683	\$19,318
5340310000	Legal - Attorney General	\$47,000	\$54,683	\$54,683	\$0	\$54,683	-\$7,683
5340320000	Office of Adminis Hearings	\$3,000	\$0	\$0	\$0	\$0	\$3,000
5340330000	Consult & Prof Svcs-Interdept	\$24,000	\$0	\$0	\$0	\$0	\$24,000

Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
53404-53405 C/P SERVICES (EXTERNAL)		\$222,000	\$5,321	\$11,574	\$31,551	\$43,125	\$178,875
5340420000	Administrative	\$0	\$301	\$728	\$3,372	\$4,100	-\$4,100
5340420001	Expert Examiners- Exam Process	\$212,000	\$0	\$0	\$0	\$0	\$212,000
5340420003	Subject Matter Experts	\$0	\$400	\$1,200	\$0	\$1,200	-\$1,200
5340420005	Credit Card Service Fee	\$0	\$3,817	\$7,361	\$22,639	\$30,000	-\$30,000
5340580000	Consult & Prof Svcs Extern Oth	\$0	\$309	\$309	\$5,540	\$5,849	-\$5,849
5340580001	Court Reporter Servs	\$10,000	\$494	\$1,976	\$0	\$1,976	\$8,024
Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5342 DEPARTMENT PRORATA		\$511,000	\$127,750	\$255,500	\$0	\$255,500	\$255,500
5342500050	Division of Investigation DOI	\$6,000	\$1,750	\$3,500	\$0	\$3,500	\$2,500
5342500055	Consumer Client Servs Div CCSD	\$505,000	\$126,000	\$252,000	\$0	\$252,000	\$253,000
Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5342 DEPARTMENTAL SERVICES		\$30,000	\$8	\$8	\$0	\$8	\$29,992
5342500090	Interagency Services	\$30,000	\$0	\$0	\$0	\$0	\$30,000
5342600000	Departmental Services - Other	\$0	\$8	\$8	\$0	\$8	-\$8
Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5344 CONSOLIDATED DATA CENTERS		\$12,000	\$0	\$0	\$0	\$0	\$12,000
5344000000	Consolidated Data Centers	\$12,000	\$0	\$0	\$0	\$0	\$12,000
Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5346 INFORMATION TECHNOLOGY		\$3,000	\$0	\$0	\$0	\$0	\$3,000
5346900000	Information Technology - Other	\$3,000	\$0	\$0	\$0	\$0	\$3,000
Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5362-5368 EQUIPMENT		\$16,000	\$0	\$0	\$0	\$0	\$16,000
5362000000	Land Purchase & Non-Depre Impr	\$8,000	\$0	\$0	\$0	\$0	\$8,000
5362315000	Safety And Maintenance Equip	\$0	\$0	\$0	\$0	\$0	\$0
5368115000	Office Equipment	\$8,000	\$0	\$0	\$0	\$0	\$8,000
Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
5390 OTHER ITEMS OF EXPENSE		\$8,000	\$0	\$0	\$0	\$0	\$8,000
5390800000	Gasoline	\$8,000	\$0	\$0	\$0	\$0	\$8,000
Fiscal Code	Line Item	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Balance
54 SPECIAL ITEMS OF EXPENSE		\$0	\$15	\$15	\$0	\$15	-\$15
5490000000	Other Special Items of Expense	\$0	\$15	\$15	\$0	\$15	-\$15
OPERATING EXPENSES & EQUIPMENT		\$1,163,000	\$215,885	\$362,083	\$157,647	\$519,730	\$643,270
OVERALL TOTALS		\$2,805,000	\$311,484	\$632,663	\$157,647	\$790,310	\$2,014,690

Department of Consumer Affairs

Revenue Report

Dental Hygiene Board of California

Reporting Structure(s): 11111100 Support

Fiscal Month: 3

Fiscal Year: 2022 - 2023

Run Date: 11/03/2022

Revenue

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
Delinquent Fees		\$0	\$3,440	\$9,920	-\$9,920
4121200089	3140 Delinq Ren Rdh	\$0	\$3,280	\$9,600	-\$9,600
4121200090	3140 Delinq Ren Rdhap	\$0	\$80	\$80	-\$80
4121200091	3140 Delinq Ren Rdhep	\$0	\$80	\$80	-\$80
4121200092	3140 Delinq Ren Rdhap Fnp	\$0	\$0	\$160	-\$160

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
Other Regulatory Fees		\$0	\$7,328	\$32,311	-\$32,311
4129200133	3140 Duplicate License	\$0	\$500	\$1,350	-\$1,350
4129200310	3140 Citations & Fines	\$0	\$5,078	\$26,486	-\$26,486
4129200331	3140 License Certification	\$0	\$1,750	\$4,475	-\$4,475

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
Other Regulatory License and Permits		\$0	\$12,035	\$77,365	-\$77,365
4129400243	3140 License Fee Rdhap	\$0	\$1,000	\$6,500	-\$6,500
4129400244	3140 Initial Lic Fee Rdhap Fnp	\$0	\$240	\$880	-\$880
4129400245	3140 Initial Lic 1/2 Rdhap Fnp	\$0	\$80	\$160	-\$160
4129400249	3140 App Fee Rdhap	\$0	\$400	\$2,600	-\$2,600
4129400251	3140 App Fee Rdh	\$0	\$3,900	\$27,800	-\$27,800
4129400257	3140 App Fee Rdh Original Lic	\$0	\$3,900	\$27,800	-\$27,800
4129400524	Suspended Revenue	\$0	\$2,515	\$14,415	-\$14,415
4129400525	Prior Year Revenue Adjustment	\$0	\$0	-\$2,790	\$2,790

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
Renewal Fees		\$0	\$264,620	\$789,780	-\$789,780
4127400151	3140 Renewal Rdhap Fnp	\$0	\$640	\$1,920	-\$1,920
4127400155	3140 Renewal Rdh	\$0	\$257,420	\$769,640	-\$769,640
4127400156	3140 Renewal Rdhap	\$0	\$6,400	\$17,760	-\$17,760
4127400157	3140 Renewal Rdhef	\$0	\$160	\$460	-\$460
Revenue		\$0	\$287,423	\$909,376	-\$909,376

Reimbursements

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
Scheduled Reimbursements		\$0	\$98	\$147	-\$147
4840000001	Fingerprint Reports	\$0	\$98	\$147	-\$147

Fiscal Code	Line Item	Budget	Current Month	YTD	Balance
Unscheduled Reimbursements		\$0	\$6,809	\$9,681	-\$9,681
4850000005	Us Probation Monitor	\$0	\$495	\$2,080	-\$2,080
4850000009	Us Cost Recovery	\$0	\$6,314	\$7,601	-\$7,601
Reimbursements		\$0	\$6,907	\$9,828	-\$9,828

	PY 2020-21	CY 2021-22	BY 2022-23	BY +1 2023-24	BY +2 2024-25
BEGINNING BALANCE					
Prior Year Adjustment	\$ 2,236	\$ 1,939	\$ 1,552	\$ 1,822	\$ 2,013
Adjusted Beginning Balance	\$ -52	\$ 0	\$ 0	\$ 0	\$ 0
	\$ 2,184	\$ 1,939	\$ 1,552	\$ 1,822	\$ 2,013
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS					
Revenues					
4121200 - Delinquent fees	\$ 46	\$ 42	\$ 72	\$ 72	\$ 72
4127400 - Renewal fees	\$ 1,581	\$ 1,595	\$ 2,953	\$ 2,953	\$ 2,953
4129200 - Other regulatory fees	\$ 23	\$ 102	\$ 43	\$ 43	\$ 43
4129400 - Other regulatory licenses and permits	\$ 223	\$ 190	\$ 163	\$ 163	\$ 163
4163000 - Income from surplus money investments	\$ 12	\$ 4	\$ 25	\$ 30	\$ 31
4171400 - Escheat of unclaimed checks and warrants	\$ 1	\$ 1	\$ 0	\$ 0	\$ 0
4172500 - Miscellaneous revenues	\$ 1	\$ 1	\$ 20	\$ 20	\$ 20
Totals, Revenues	\$ 1,887	\$ 1,935	\$ 3,276	\$ 3,281	\$ 3,282
Totals, Transfers and Other Adjustments	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 1,887	\$ 1,935	\$ 3,276	\$ 3,281	\$ 3,282
TOTAL RESOURCES	\$ 4,071	\$ 3,874	\$ 4,828	\$ 5,103	\$ 5,295
Expenditures:					
1111 Department of Consumer Affairs Regulatory Boards, Bureaus, Divisions (State Operations)	\$ 1,990	\$ 2,133	\$ 2,799	\$ 2,883	\$ 2,969
9892 Supplemental Pension Payments (State Operations)	\$ 34	\$ 34	\$ 34	\$ 34	\$ 34
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 108	\$ 155	\$ 173	\$ 173	\$ 173
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 2,132	\$ 2,322	\$ 3,006	\$ 3,090	\$ 3,176
FUND BALANCE					
Reserve for economic uncertainties	\$ 1,939	\$ 1,552	\$ 1,822	\$ 2,013	\$ 2,119
Months in Reserve	10.0	6.2	7.1	7.6	8.0

NOTES:

Assumes workload and revenue projections are realized in BY +1 and ongoing.
Expenditure growth projected at 3% beginning BY +1.
Expenditures General Salary 4.55% increase.

DENTAL BOARD OF CALIFORNIA

LEGISLATIVE PROPOSAL REGARDING REGISTERED DENTAL HYGIENIST LICENSURE AS REGISTERED DENTAL ASSISTANT AND PERMITTED DUTIES

Additions are indicated in underline text.

Deletions are indicated in ~~striketrough text~~.

An act to amend sections 1752.1, 1752.4, and 1907 and repeal section 1752.6 of the Business and Professions Code.

Section 1752.1 of the Business and Professions Code is amended to read:

Section 1752.1. (a) The board may license as a registered dental assistant a person who files an application and submits written evidence, satisfactory to the board, of one of the following eligibility requirements:

(1) Graduation from an educational program in registered dental assisting approved by the board, and satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board.

(2) For individuals applying prior to January 1, 2010, evidence of completion of satisfactory work experience of at least 12 months as a dental assistant in California or another state and satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board.

(3) For individuals applying on or after January 1, 2010, evidence of completion of satisfactory work experience of at least 15 months as a dental assistant in California or another state and satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board.

(4) For individuals with current and active California licensure as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions, satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board.

(b) For purposes of this section, "satisfactory work experience" means performance of the duties specified in Section 1750.1 in a competent manner as determined by the employing dentist, who shall certify to such satisfactory work experience in the application.

(c) The board shall give credit toward the work experience referred to in this section to persons who have graduated from a dental assisting program in a postsecondary institution approved by the Department of Education or in a secondary institution, regional occupational center, or regional occupational program, that are not, however, approved by the board pursuant to subdivision (a). The credit shall equal the total weeks spent in classroom training and internship on a week-for-week basis. The board, in cooperation with the Superintendent of Public Instruction, shall establish the minimum

criteria for the curriculum of nonboard-approved programs. Additionally, the board shall notify those programs only if the program's curriculum does not meet established minimum criteria, as established for board-approved registered dental assistant programs, except any requirement that the program be given in a postsecondary institution. Graduates of programs not meeting established minimum criteria shall not qualify for satisfactory work experience as defined by this section.

~~(d) In addition to the requirements specified in subdivision (a), e~~Each applicant applying for registered dental assistant licensure pursuant to paragraphs (1) through (3) of subdivision (a) shall provide evidence of having successfully completed within five years prior to application all of the following board-approved courses:

(1) in rRadiation safety, the length and content which shall be governed by applicable board regulations.

(2) and eCoronal polishing as a condition of licensure, the length and content which shall be governed by applicable board regulations.

~~The length and content of the courses shall be governed by applicable board regulations.~~

~~(e) In addition to the requirements specified in subdivisions (a) and (d), individuals applying for registered dental assistant licensure on or after January 1, 2010, shall demonstrate satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board and shall provide written evidence of successful completion within five years prior to application of all of the following:~~

~~(43) A board-approved two-hour course in the Dental Practice Act.~~

~~(24) An board-approved eight-hour course in infection control.~~

~~(35) A course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.~~

~~(ef) A registered dental assistant may apply for an orthodontic assistant permit or a dental sedation assistant permit, or both, by submitting written evidence of the following:~~

~~(1) Successful completion of a board-approved orthodontic assistant or dental sedation assistant course, as applicable.~~

~~(2) Passage of the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board that shall encompass the knowledge, skills, and abilities necessary to competently perform the duties of the particular permit.~~

~~(fg) A registered dental assistant with permits in either orthodontic assisting or dental sedation assisting shall be referred to as an "RDA with orthodontic assistant permit," or "RDA with dental sedation assistant permit," as applicable. These terms shall be used for reference purposes only and do not create additional categories of licensure.~~

~~(gh) Completion of the continuing education requirements established by the board pursuant to Section 1645 by a registered dental assistant who also holds a permit as an~~

orthodontic assistant or dental sedation assistant shall fulfill the continuing education requirements for the permit or permits.

(h*i*) The board shall, in consultation with the Office of Professional Examination Services, conduct a review to determine whether a practical examination is necessary to demonstrate competency of registered dental assistants, and if so, how this examination should be developed and administered. The board shall submit its review and determination to the appropriate policy committees of the Legislature on or before July 1, 2017.

(h*j*) Notwithstanding any other law, if the review conducted by the Office of Professional Examination Services pursuant to subdivision (h*i*) concludes that the practical examination is unnecessary or does not accurately measure the competency of registered dental assistants, the board may vote to suspend the practical examination. The suspension of the practical examination shall commence on the date the board votes to suspend the practical examination.

(k) The Registered Dental Assistant Combined Written and Law and Ethics Examination required by this section shall comply with Section 139.

Section 1752.4 of the Business and Professions Code is amended to read:

1752.4. (a) A registered dental assistant may perform all of the following duties:

- (1) All duties that a dental assistant is allowed to perform.
- (2) Mouth-mirror inspections of the oral cavity, to include charting of obvious lesions, existing restorations, and missing teeth.
- (3) Apply and activate bleaching agents using a nonlaser light-curing device.
- (4) Use of automated caries detection devices and materials to gather information for diagnosis by the dentist.
- (5) Obtain intraoral images for computer-aided design (CAD), milled restorations.
- (6) Pulp vitality testing and recording of findings.
- (7) Place bases, liners, and bonding agents.
- (8) Chemically prepare teeth for bonding.
- (9) Place, adjust, and finish direct provisional restorations.
- (10) Fabricate, adjust, cement, and remove indirect provisional restorations, including stainless steel crowns when used as a provisional restoration.
- (11) Place post-extraction dressings after inspection of the surgical site by the supervising licensed dentist.
- (12) Place periodontal dressings.
- (13) Dry endodontically treated canals using absorbent paper points.
- (14) Adjust dentures extra-orally.

- (15) Remove excess cement from surfaces of teeth with a hand instrument.
- (16) Polish coronal surfaces of the teeth.
- (17) Place ligature ties and archwires.
- (18) Remove orthodontic bands.
- (19) All duties that the board may prescribe by regulation.
- (b) A registered dental assistant may only perform the following additional duties ~~if he or she has completed~~after successfully completing a board-approved registered dental assistant educational program or a board-approved course in those duties, ~~or if he or she has provided evidence, satisfactory to the board, of having completed a board-approved course in those duties.~~
- (1) Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.
- (2) The allowable duties of an orthodontic assistant permitholder as specified in Section 1750.3. A registered dental assistant shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument.
- (3) The allowable duties of a dental sedation assistant permitholder as specified in Section 1750.5.
- (4) The application of pit and fissure sealants.
- (c) Except as provided in Section 1777, the supervising licensed dentist shall be responsible for ensuring completion of courses to perform additional duties and determining whether each authorized procedure performed by a registered dental assistant should be performed under general or direct supervision.
- (d) This section shall become operative on January 1, 2010.

Section 1752.6 of the Business and professions Code is repealed.

~~**1752.6.** A registered dental assistant licensed on and after January 1, 2010, shall provide evidence of successful completion of a board-approved course in the application of pit and fissure sealants prior to the first expiration of his or her license that requires the completion of continuing education as a condition of renewal. The license of a registered dental assistant who does not provide evidence of successful completion of that course shall not be renewed until evidence of course completion is provided.~~

Section 1907 of the Business and Professions Code is amended to read:

1907. The following functions may be performed by a registered dental hygienist in addition to those authorized pursuant to Sections 1908 to 1914, inclusive:

- (a) All functions that may be performed by a registered dental assistant.

(b) All persons holding a license as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions as of December 31, 2005, are authorized to perform the duties of a registered dental assistant specified in this chapter. All persons issued a license as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions on or after January 1, 2006, shall ~~qualify~~ apply for and

registered dental assistant specified in this chapter.



Saturday, November 19, 2022

Dental Hygiene Board of California

Agenda Item 7

Update from the Dental Board of California (DBC)

MEMORANDUM

DATE	November 19, 2022
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	FULL 8: Dental Hygiene Board of California Election of Officers.

Current Officers:

President	Dr. Carmen Dones
Vice President	Noel Kelsch
Secretary	Denise Davis

Nominations for New Officers:

***Staff recommends maintaining the current officers to complete the Sunset Review process in 2023.**

President	
Vice President	
Secretary	

Member	Aye	Nay	Other
Denise Davis			
Carmen Dones			
Susan Good			
Sonia "Pat" Hansen			
Noel Kelsch			
Sherman King			
Timothy Martinez			
Nicolette Moultrie			
Erin Yee			

MEMORANDUM

DATE	November 19, 2022
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	FULL 9: Future Dental Hygiene Board of California Meetings for 2023 and 2024.

Staff has researched and reviewed the following proposed meeting dates for 2023 and 2024. These dates could stretch into 2-day meetings should issues arise for committee(s) to address. Please review your calendars for any potential conflicts with major events or conflicts and discuss with the Board. Staff present the following proposed meeting dates to the Board for approval.

2023

Saturday, March 18, 2023
Saturday, July 22, 2023
Saturday, September 23, 2023 (Strategic Planning Session)
Saturday, November 18, 2023

2024

Saturday, March 23, 2024
Saturday, July 20, 2024
Saturday, November 16, 2024

2023

January						
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31						

USA Holidays and Observances

Jan 01	New Year's Day	Jan 02	New Year's Day Holiday	Jan 16	M L King Day
Feb 14	Valentine's Day	Feb 20	Presidents' Day	Apr 07	Good Friday
Apr 09	Easter Sunday	May 14	Mother's Day	May 29	Memorial Day
Jun 18	Father's Day	Jul 04	Independence Day	Sep 04	Labor Day
Oct 09	Columbus Day	Oct 31	Halloween	Nov 11	Veterans Day
Nov 23	Thanksgiving Day	Dec 25	Christmas		

[calendarlabs.com](https://www.calendarlabs.com)

2024

January							February							March						
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														31						
April							May							June						
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July							August							September						
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October							November							December						
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13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21
20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28
27	28	29	30	31			24	25	26	27	28	29	30	29	30	31				

USA Holidays and Observances

Jan 01	New Year's Day	Jan 15	M L King Day	Feb 14	Valentine's Day
Feb 19	Presidents' Day	Mar 29	Good Friday	Mar 31	Easter Sunday
May 12	Mother's Day	May 27	Memorial Day	Jun 16	Father's Day
Jul 04	Independence Day	Sep 02	Labor Day	Oct 14	Columbus Day
Oct 31	Halloween	Nov 11	Veterans Day	Nov 28	Thanksgiving Day
Dec 25	Christmas				



Saturday, November 19, 2022

Dental Hygiene Board of California

Agenda Item 10

**Update on Direct Supervision of Local Anesthesia
Administration**

October 27, 2022

Anthony Lum, Executive Officer
Dental Hygiene Board of California
2005 Evergreen Street, Suite 1350
Sacramento, CA 95815

RE: Draft 2023 Sunset Review Report Comments

Dear Mr. Lum:

The California Dental Association (CDA) thanks the Dental Hygiene Board of California (DHBC) for the opportunity to comment on the draft sunset review report being submitted to the legislature at the end of this year. CDA supports the continuation of DHBC and the role it maintains in protecting the public. Additionally, CDA respectfully opposes items A and E as included in the Oct. 8, 2022, DHBC Meeting Materials, regarding the amendment to California Business and Professions Code Section 1909 and the continuation of brick-and-mortar RDHAP practices in previously designated DHPSA sites, respectively. There is unclear information about the current problems these amendments aim to solve and why the proposed amendments should be implemented.

Item A of Draft 2023 Sunset Review Report

The ultimate responsibility of dentists, hygienists and other health care providers should always be patient protection. While it is true that local anesthesia can be administered safely in most situations, should problems arise, the consequences can be life-threatening. Patient safety is optimized when the most highly trained members of the dental team are available to respond to emergencies. This is evidenced in the Dental Board of California's [2016 pediatric dental anesthesia report](#) where nine out of the total 45 examined cases involving hospitalizations were using only local anesthesia.

The perceived benefit to this expansion of duties for hygienists is asserted to be efficiency of the office, as patients in need of these specific services could be treated while a dentist is ill, on vacation or away from the office for another reason. There has been no data produced that demonstrates how many patients are being turned away from services or have faced a significant delay in treatment due to the inability of the hygienist to provide local anesthesia without a dentist present. In the unanticipated, yet possible, event that delivery of local anesthesia includes unanticipated complications, necessary training and skill to respond should be available to the patient.

Item E of Draft 2023 Sunset Review Report

CDA continues to oppose the provision that allows an RDHAP to continue their independent practice even after the region in which they are serving loses its designation as a Dental Health Professional Shortage Area (DHPSA). Thus far, no data has been provided that sheds light on the problem this provision purports to address. CDA has not seen any evidence of an existing or imminent problem with DHPSAs that have lost or are in danger of losing their designation and putting a community's access or an RDHAP's practice at risk. DHPSA applications are initially filed with OSHPD, and it is

not within dental hygienist training to complete follow-up procedures that could be initiated by RDHAPs or other health care professionals regarding renewals.

The originating purpose of the RDHAP licensure category is to provide care to individuals who are physically unable to get to a dental office (e.g., residents of skilled nursing facilities) or to individuals living in dental deserts where there are no or not enough dental offices available (e.g., DHPSAs). Absent an RDHAP operating in a DHPSA, there are no other requirements to ensure the RDHAP is continuing to provide care to those unable to receive care in a traditional setting or to Medi-Cal beneficiaries.

CDA supports the important access points that RDHAPs provide in their communities and believes that access targeted to the underserved should continue to be supported. Previous legislative discussions around this proposal have included the addition of minimum requirements to be placed on RDHAPs (e.g., serving a minimum threshold of Medi-Cal or uninsured beneficiaries) in locations no longer recognized as DHPSAs. Exploration of alternatives could help establish a path forward, although DHBC would then have to determine the data-collection mechanisms, appropriate forms, frequency of collection, number of staff or amount of staff time needed to implement these regulations and ensure the statutory minimum requirement for underserved patients in an RDHAP practice is being met, as well as all other administrative and enforcement functions associated with program oversight.

Absent data-driven answers to the above implementation and oversight questions, CDA believes it is preliminary to address this issue in statute. We remain opposed to this provision moving forward until the legislation is fully vetted and the fiscal questions can be addressed more thoroughly.

Please let us know if you have any questions or need any additional information on our position. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Mary McCune". The signature is written in a cursive, flowing style.

Mary McCune
Policy Director

MEMORANDUM

DATE	November 19, 2022
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	FULL 11: Discussion and Possible Action on Draft 2022/23 Sunset Review Report

BACKGROUND

Sunset Review is the process where the Legislature has an opportunity to review a board program to determine whether to continue it. Board programs must complete the process every 4-5 years as a method to inform the Legislature about the program, update on prior issues and their progress, whether there are any new issues to address, and an opportunity to request additional resources for program needs.

For each Sunset Review, staff assemble a very complex and detailed draft report containing information and statistics from the past four years addressing questions from the Legislature for Board review. The Board met on October 8, 2022, for a first review of the report and make any edits or changes. Staff, with the assistance of Board Member Good, completed the revisions as directed from the October Board meeting and present the revised draft report for the Board's second review today (at the November meeting). The due date for the report to be submitted to the Legislature is January 1, 2023.

RECOMMENDATION

Staff recommends for the Board to review the revised draft 2022/23 Sunset Review report in its entirety and provide recommendation and guidance for any edits, revisions, or finalization for approval to submit it to the Legislature by the deadline.



DHBC

Dental Hygiene
Board of California

SUNSET REVIEW REPORT 2022

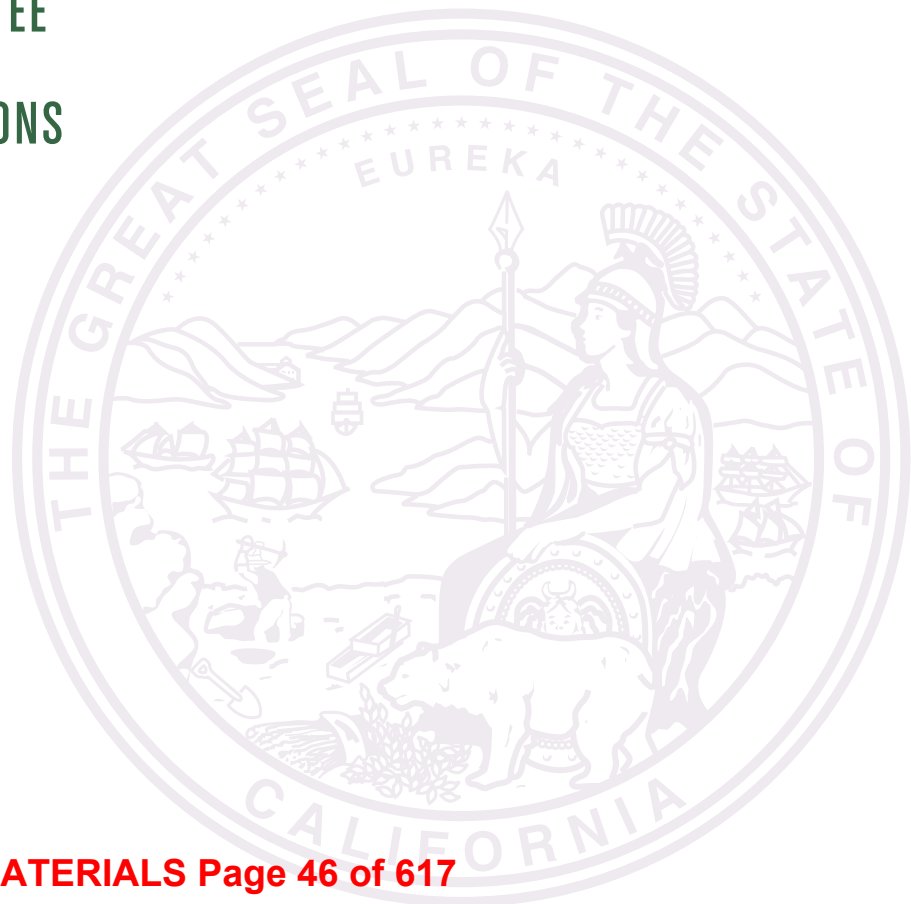
PRESENTED TO THE SENATE COMMITTEE

ON BUSINESS, PROFESSIONS AND

ECONOMIC DEVELOPMENT,

AND THE ASSEMBLY COMMITTEE

ON BUSINESS AND PROFESSIONS



2022/2023 DHBC SUNSET REVIEW REPORT

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2022/2023 DHBC SUNSET REVIEW REPORT

APPENDIX

Attachment	Content
A	Board's Administrative Manual
B	Organizational Chart (Relationship of Committees to the Board and Membership of Each Committee)
C	Major Studies
D	Performance Measures (Past Three Years)
E	Year-End Organization Charts (Last Four Fiscal Years)
F	California Dental Hygienists' Association's Letter of Support to Continue the Board
G	Dental Hygiene Association's Survey Conducted with RDHAP Licensees Who Would Open a Stand-Alone Dental Hygiene Practice in Underserved Designated Areas of the State.
H	California Dental Association's Letter of Support to Continue the Board
I	California Dental Hygiene Educators Association's Letter of Support to Continue the Board.

DENTAL HYGIENE BOARD OF CALIFORNIA

BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM

As of November 19, 2022

Section 1 –

Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the board.¹ Describe the occupations/profession that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).

In 2002, the Joint Legislative Sunset Review Committee (JLSRC) agreed that “dental hygienists had reached the point where their responsibilities warranted a regulatory body, separate from the Dental Board of California (DBC).” The Dental Hygiene Committee of California (DHCC, Committee) was created in fiscal year (FY) 2009/10 as result of the passage of Senate Bill (SB) 853 (Ch. 31, Statutes of 2008) in 2008.

In 2018, SB 1482 (Ch. 858, Statutes of 2018) provided the authority for the DHCC to change to the Dental Hygiene Board of California (DHBC = Board). This change was substantial for several reasons. First, the name change legitimized the Board as an independent, autonomous government body and not a subdivision of another entity. Second, the replacement of “Committee” with “Board” emphasized that the Board is not affiliated or under the purview of the DBC. Although the Committee was never under the purview of the DBC since its inception, it was perceived to be under the DBC because as many dental hygiene licensing entities across the nation are structured this way. The Board continues to be the only self-regulating dental hygiene oversight government agency with the mission of consumer protection in the United States.

The Board maintains authority over all aspects of licensing, enforcement, and investigation of California dental hygienists. Additionally, the Board approves all dental hygiene educational programs (DHEPs) in the state, providing the required education to become a licensed dental hygienist. According to the Business and Professions Code (BPC), Section 1900, the purpose of the Board is “to permit the full utilization of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions in order to meet the dental care needs of all of the state's citizens.”

The Board is responsible for overseeing three categories of dental hygienists: registered dental hygienist (RDH), registered dental hygienist in alternative practice (RDHAP), and registered dental hygienist in extended functions (RDHEF). As a self-regulating agency, the Board develops and administers written licensing law and ethics examinations; conducts occupational analyses of the various professional categories; evaluates and approves educational programs and courses; pursues legislation; promulgates regulations and maintains licensing and enforcement responsibilities for the profession. In addition, the Board participates in outreach and support of the dental and dental hygiene community with the goal of ensuring the highest quality of oral healthcare for all Californians.

¹ The term “board” in this document refers to a board, bureau, commission, committee, council, department, division, program, or agency, as applicable. Please change the term “board” throughout this document to appropriately refer to the entity being reviewed.

The Board regulates the dental hygiene profession as provided by the authority pursuant to BPC sections 1900 – 1967.4, California Code of Regulations (CCR), Title 16, sections 1100 – 1144, in addition to several sections in DBC regulations pertaining to dental hygienists in the Dental Practice Act. The Board is provided the authority to use these regulations until the Board promulgates their own regulations pursuant to 16 CCR section 1906(d). (cf., Section 12, Attachment B)

1. Describe the make-up and functions of each of the board's committees (cf., Section 12, Attachment B).

The Board consists of nine members (four dental hygienists, four public members, and one practicing general or public health dentist): seven members appointed by the Governor, one public member appointed by the Assembly Speaker of the House; and one public member appointed by the Senate Rules Committee. Prior to 2019, all Board members were appointed by the Governor. The function of the Board is to discuss, deliberate, address, hear public comment, and act upon any programmatic, legislative, regulatory, or other issue or policy that may affect the professional population, interested stakeholders, and the consumers of California.

Board Committees are as follows: Education Committee, Enforcement Committee, Legislative and Regulatory Committee, and the Licensing and Examination Committee. Each Board committee consists of three to four members appointed by the Board President to review, discuss, deliberate, hear public comment, and vote on any issue(s) that pertain to the specific committee's jurisdiction and to bring forth recommendation(s) to the full Board to discuss and take possible action.

a) Education Committee –

The Education Committee oversees the dental hygiene educational programs and make recommendations to the Board on policy matters related to curriculum, faculty, administration, and approval. Oversight includes enforcing dental hygiene program standards to increase consistency, safety, and quality; recommending possible enforcement action against a DHEP for non-compliance of the law and Commission on Dental Accreditation (CODA) Standards; aiding in the development of informational brochures and other publications; and participation in the planning of outreach events for consumers, applicants, and licensees.

b) Enforcement Committee –

The Enforcement Committee advises the Board on policy matters that relate to protecting the health and safety of consumers through the enforcement of laws and regulations governing the practice of dental hygiene. This includes maintenance of disciplinary guidelines, Uniform Standards, and other recommendations on the enforcement of the Board's statutes and regulations.

c) Legislative and Regulatory Committee –

The Legislative and Regulatory Committee advocates for statutes, promulgate regulations, and adopt policies and procedures that strengthen and support the Board's mandates, mission, and vision. The Committee reviews and tracks legislation and makes recommendations to the Board for possible action. It also creates regulations that govern the profession affecting licensees and enhances consumer protection.

d) Licensing and Examination Committee –

The Licensing and Examination Committee advises the Board on policy matters relating to the examination and licensing of individuals applying to practice dental hygiene in California. This committee maintains licensing standards, qualifications, and the Law and Ethics examination(s) to protect consumers while ensuring reasonable access to the profession.

Table 1a shows the attendance record for the board members over the past four years. It includes both current and past members who were recently replaced.

Table 1a. Attendance CURRENT BOARD MEMBER			
Denise Davis, Secretary, Public Member			
Date Appointed: 10/13/2020	Reappointed: TBD Term ends: 01/01/2024		
Meeting Type	Meeting Date	Meeting Location	Attended?
Full Board Meeting	11/21/2020	Teleconference	Yes
Full Board Meeting	03/06/2021	Teleconference	Yes
Full Board Meeting	03/20/2021	Teleconference	Yes
Full Board Meeting	07/17/2021	Teleconference	Yes
Full Board Meeting	11/20/2021	Teleconference	No
Full Board Meeting	01/22/2022	Teleconference	Yes
Full Board Meeting	03/19/2022	Teleconference	Yes

Table 1a. Attendance CURRENT BOARD MEMBER			
Carmen Dones, President, RDH Educator Member			
Date Appointed: 11/21/2020	Reappointed: TBD Term ends: 01/01/2024		
Meeting Type	Meeting Date	Meeting Location	Attended?
Full Board Meeting	11/21/2020	Teleconference	Yes
Full Board Meeting	03/06/2021	Teleconference	Yes
Full Board Meeting	03/20/2021	Teleconference	Yes
Full Board Meeting	07/17/2021	Teleconference	Yes
Full Board Meeting	11/20/2021	Teleconference	Yes
Full Board Meeting	01/22/2022	Teleconference	Yes
Full Board Meeting	03/19/2022	Teleconference	Yes

Table 1a. Attendance CURRENT BOARD MEMBER			
Susan Good, Public Member			
Date Appointed: 04/05/2013	Reappointed: 01/17/2014; 4/1/2018, Term ends: 1/1/2022 (currently in grace year)		
Meeting Type	Meeting Date	Meeting Location	Attended?
Full Committee	08/08/2018	Teleconference	Yes
Full Committee	11/16/2018	Fresno, CA	Yes
Full Committee Meeting	11/17/2018	Fresno, CA	Yes
Full Board Meeting	01/19/2019	Teleconference	Yes
Full Board Meeting	04/12/2019	Sacramento, CA	Yes
Enforcement Subcommittee	04/12/2019	Sacramento, CA	Yes
Licensing & Examination Subcommittee	04/12/2019	Sacramento, CA	Yes
Full Board Meeting	04/13/2019	Sacramento, CA	Yes
Full Board Meeting	08/06/2019	Teleconference	Yes
Full Board Meeting	11/22/2019	Glendale, CA	Yes

Full Board Meeting	05/29/2020	Teleconference	Yes
Full Board Meeting	08/29/2020	Teleconference	Yes
Full Board Meeting	11/21/2020	Teleconference	Yes
Full Board Meeting	03/06/2021	Teleconference	Yes
Full Board Meeting	03/20/2021	Teleconference	Yes
Full Board Meeting	07/17/2021	Teleconference	Yes
Full Board Meeting	11/20/2021	Teleconference	Yes
Full Board Meeting	01/22/2022	Teleconference	Yes
Full Board Meeting	03/19/2022	Teleconference	Yes

Table 1a. Attendance CURRENT BOARD MEMBER			
Sonia “Pat” Hansen, RDH Member			
Date Appointed: 07/08/2022	Reappointed: TBD Term ends: 01/01/2026		
Meeting Type	Meeting Date	Meeting Location	Attended?
NOTE: This Board member was appointed in July 2022 and did not participate in any meetings prior to the end of the 2021/22 fiscal year.			

Table 1a. Attendance CURRENT BOARD MEMBER			
Joyce Noel Kelsch, Vice President, RDHAP Member			
Date Appointed: 8/23/2012	Reappointed: 1/16/2016; 12/24/2020, Term ends: 01/01/2024		
Meeting Type	Meeting Date	Meeting Location	Attended?
Full Committee	8/08/2018	Teleconference	Yes
Full Committee	11/16/2018	Fresno, CA	Yes
Legislative & Regulatory Subcommittee	11/16/2018	Fresno, CA	Yes
Licensing & Examination Subcommittee	11/16/2018	Fresno, CA	Yes
Full Committee Meeting	11/17/2018	Fresno, CA	Yes
Full Board Meeting	01/19/2019	Teleconference	Yes
Full Board Meeting	04/12/2019	Sacramento, CA	Yes
Enforcement Subcommittee	04/12/2019	Sacramento, CA	Yes
Legislative & Regulatory Subcommittee	04/12/2019	Sacramento, CA	Yes
Full Board Meeting	04/13/2019	Sacramento, CA	Yes
Full Board Meeting	08/06/2019	Teleconference	No
Full Board Meeting	11/22/2019	Glendale, CA	Yes
Legislative & Regulatory Subcommittee	11/22/2019	Glendale, CA	Yes
Full Board Meeting	05/29/2020	Teleconference	Yes
Full Board Meeting	08/29/2020	Teleconference	Yes
Full Board Meeting	11/21/2020	Teleconference	Yes
Full Board Meeting	03/06/2021	Teleconference	Yes
Full Board Meeting	03/20/2021	Teleconference	Yes
Full Board Meeting	07/17/2021	Teleconference	Yes

Full Board Meeting	11/20/2021	Teleconference	Yes
Full Board Meeting	01/22/2022	Teleconference	Yes
Full Board Meeting	03/19/2022	Teleconference	No

Table 1a. Attendance CURRENT BOARD MEMBER			
Sherman King, Public Member			
Date Appointed: 05/25/2022	Reappointed: TBD Term ends: 01/01/2026		
Meeting Type	Meeting Date	Meeting Location	Attended?
NOTE: This Board member was appointed in May 2022 but did not participate in any meetings prior to the end of the 2021/22 fiscal year.			

Table 1a. Attendance CURRENT BOARD MEMBER			
Timothy Martinez, DMD, Dentist Member			
Date Appointed: 8/23/2012	Reappointed: 1/17/2014; 4/17/2018, Term ends: 01/01/2022 (currently in grace year)		
Meeting Type	Meeting Date	Meeting Location	Attended?
Full Committee	08/08/2018	Teleconference	Yes
Full Committee	11/16/2018	Fresno, CA	Yes
Enforcement Subcommittee	11/16/2018	Fresno, CA	Yes
Legislative & Regulatory Subcommittee	11/16/2018	Fresno, CA	Yes
Full Committee Meeting	11/17/2018	Fresno, CA	Yes
Full Board Meeting	01/19/2019	Teleconference	Yes
Full Board Meeting	04/12/2019	Sacramento, CA	No
Enforcement Subcommittee	04/12/2019	Sacramento, CA	No
Licensing & Examination Subcommittee	04/12/2019	Sacramento, CA	No
Full Board Meeting	04/13/2019	Sacramento, CA	No
Full Board Meeting	08/06/2019	Teleconference	Yes
Full Board Meeting	11/22/2019	Glendale, CA	Yes
Licensing & Examination Subcommittee	11/22/2019	Glendale, CA	Yes
Full Board Meeting	05/29/2020	Teleconference	Yes
Full Board Meeting	08/29/2020	Teleconference	Yes
Full Board Meeting	11/21/2020	Teleconference	Yes
Full Board Meeting	03/06/2021	Teleconference	No
Full Board Meeting	03/20/2021	Teleconference	Yes
Full Board Meeting	07/17/2021	Teleconference	Yes
Full Board Meeting	11/20/2021	Teleconference	Yes
Full Board Meeting	01/22/2022	Teleconference	Yes
Full Board Meeting	03/19/2022	Teleconference	Yes

Table 1a. Attendance		CURRENT BOARD MEMBER	
Nicolette Moultrie, RDH Member			
Date Appointed: 4/5/2012	Reappointed: 1/17/2014; 4/1/2018, Term ends: 01/01/2022 (currently in grace year)		
Meeting Type	Meeting Date	Meeting Location	Attended?
Full Committee	08/08/2018	Teleconference	No
Full Committee	11/16/2018	Fresno, CA	Yes
Education Subcommittee	11/16//2018	Fresno, CA	Yes
Licensing & Examination Subcommittee	11/16/2018	Fresno, CA	Yes
Full Committee Meeting	11/17/2018	Fresno, CA	Yes
Full Board Meeting	01/19/2019	Teleconference	No
Full Board Meeting	04/12/2019	Sacramento, CA	Yes
Education Subcommittee	04/12/2019	Sacramento, CA	Yes
Licensing & Examination Subcommittee	04/12/2019	Sacramento, CA	Yes
Full Board Meeting	04/13/2019	Sacramento, CA	Yes
Full Board Meeting	08/06/2019	Teleconference	Yes
Full Board Meeting	11/22/2019	Glendale, CA	Yes
Education Subcommittee	11/22/2019	Glendale, CA	Yes
Licensing & Examination Subcommittee	11/22/2019	Glendale, CA	Yes
Full Board Meeting	05/29/2020	Teleconference	Yes
Full Board Meeting	08/29/2020	Teleconference	Yes
Full Board Meeting	11/21/2020	Teleconference	Yes
Full Board Meeting	03/06/2021	Teleconference	Yes
Full Board Meeting	03/20/2021	Teleconference	Yes
Full Board Meeting	07/17/2021	Teleconference	Yes
Full Board Meeting	11/20/2021	Teleconference	No
Full Board Meeting	01/22/2022	Teleconference	Yes
Full Board Meeting	03/19/2022	Teleconference	Yes

Table 1a. Attendance		CURRENT BOARD MEMBER	
Erin Yee, Public Member			
Date Appointed: 1/4/2021		Reappointed: TBD Term ends: 01/01/2024	
Meeting Type	Meeting Date	Meeting Location	Attended?
Full Board Meeting	03/06/2021	Teleconference	Yes
Full Board Meeting	03/20/2021	Teleconference	Yes
Full Board Meeting	07/17/2021	Teleconference	Yes
Full Board Meeting	11/20/2021	Teleconference	Yes
Full Board Meeting	01/22/2022	Teleconference	Yes
Full Board Meeting	03/19/2022	Teleconference	Yes

Table 1a. Attendance		PREVIOUS BOARD MEMBER	
Dr. Michelle Hurlbutt, Past RDH Educator Member			
Date Appointed: 10/21/2009		Reappointed: 08/23/2012; 01/06/2016 Term Ended: 11/20/2021	
Meeting Type	Meeting Date	Meeting Location	Attended?
Full Committee	08/08/2018	Teleconference	Yes
Full Committee	11/16/2018	Fresno, CA	Yes
Education Subcommittee	11/16/2018	Fresno, CA	Yes
Enforcement Subcommittee	11/16/2018	Fresno, CA	Yes
Full Committee Meeting	11/17/2018	Fresno, CA	Yes
Full Board Meeting	01/19/2019	Teleconference	Yes
Full Board Meeting	04/12/2019	Sacramento, CA	Yes
Enforcement Subcommittee	04/12/2019	Sacramento, CA	Yes
Legislative & Regulatory Subcommittee	04/12/2019	Sacramento, CA	Yes
Full Board Meeting	04/13/2019	Sacramento, CA	Yes
Full Board Meeting	08/06/2019	Teleconference	Yes
Full Board Meeting	11/22/2019	Glendale, CA	Yes
Legislative & Regulatory Subcommittee	11/22/2019	Glendale, CA	Yes
Full Board Meeting	05/29/2020	Teleconference	Yes
Full Board Meeting	08/29/2020	Teleconference	Yes

Table 1a. Attendance		PREVIOUS BOARD MEMBER	
Sandra Klein, Past Public Member			
Date Appointed: 10/25/2015		Term Ended: 01/01/2020 (did not seek reappointment)	
Meeting Type	Meeting Date	Meeting Location	Attended?
Full Committee	08/08/2018	Teleconference	Yes
Full Committee	11/16/2018	Fresno, CA	No
Legislative & Regulatory Subcommittee	11/16/2018	Fresno, CA	No
Licensing & Examination Subcommittee	11/16/2018	Fresno, CA	No
Full Committee Meeting	11/17/2018	Fresno, CA	No
Full Board Meeting	01/19/2019	Teleconference	Yes
Full Board Meeting	04/12/2019	Sacramento, CA	Yes
Enforcement Subcommittee	04/12/2019	Sacramento, CA	Yes
Licensing & Examination Subcommittee	04/12/2019	Sacramento, CA	Yes
Full Board Meeting	04/13/2019	Sacramento, CA	Yes
Full Board Meeting	08/06/2019	Teleconference	No
Full Board Meeting	11/22/2019	Glendale, CA	Yes
Licensing & Examination Subcommittee	11/22/2019	Glendale, CA	Yes

Table 1a. Attendance		PREVIOUS BOARD MEMBER	
Edcelyn Pujol, Past Public Member			
Date Appointed: 01/25/2016		Term Ended: 01/01/2020 (did not seek reappointment)	
Meeting Type	Meeting Date	Meeting Location	Attended?
Full Committee	08/08/2018	Teleconference	Yes
Full Committee	11/16/2018	Fresno, CA	Yes
Education Subcommittee	11/16/2018	Fresno, CA	Yes
Enforcement Subcommittee	11/16/2018	Fresno, CA	Yes
Full Committee Meeting	11/17/2018	Fresno, CA	Yes
Full Board Meeting	01/19/2019	Teleconference	No
Full Board Meeting	04/12/2019	Sacramento, CA	Yes
Education Subcommittee	04/12/2019	Sacramento, CA	Yes
Licensing & Examination Subcommittee	04/12/2019	Sacramento, CA	Yes
Full Board Meeting	04/13/2019	Sacramento, CA	Yes
Full Board Meeting	08/06/2019	Teleconference	No
Full Board Meeting	11/22/2019	Glendale, CA	Yes
Education Subcommittee	11/22/2019	Glendale, CA	Yes
Licensing & Examination Subcommittee	11/22/2019	Glendale, CA	Yes

Table 1a. Attendance		PREVIOUS BOARD MEMBER	
Garry Shay, Past Public Member			
Date Appointed: 4/5/2013		Reappointed: 1/17/2014; 4/1/2018 Term Ended: 5/20/2022	
Meeting Type	Meeting Date	Meeting Location	Attended?
Full Committee	08/08/2018	Teleconference	No
Full Committee	11/16/2028	Fresno, CA	Yes
Enforcement Subcommittee	11/16/2018	Fresno, CA	Yes
Legislative & Regulatory Subcommittee	11/16/2018	Fresno, CA	Yes
Full Committee Meeting	11/17/2018	Fresno, CA	No
Full Board Meeting	01/19/2019	Teleconference	No
Full Board Meeting	04/12/2019	Sacramento, CA	Yes
Education Subcommittee	04/12/2019	Sacramento, CA	Yes
Legislative & Regulatory Subcommittee	04/12/2019	Sacramento, CA	Yes
Full Board Meeting	04/13/2109	Sacramento, CA	Yes
Full Board Meeting	08/06/2019	Teleconference	No
Full Board Meeting	11/22/2019	Glendale, CA	Yes
Education Subcommittee	11/22/2019	Glendale, CA	Yes
Legislative & Regulatory Subcommittee	11/22/2019	Glendale, CA	Yes
Full Board Meeting	05/29/2020	Teleconference	Yes
Full Board Meeting	11/21/2020	Teleconference	Yes
Full Board Member	03/06/2021	Teleconference	Yes
Full Board Meeting	03/20/2021	Teleconference	Yes
Full Board Meeting	07/17/2021	Teleconference	No

Full Board Meeting	11/20/2021	Teleconference	Yes
Full Board Meeting	01/22/2022	Teleconference	Yes
Full Board Meeting	03/19/2022	Teleconference	Yes

Table 1a. Attendance PREVIOUS BOARD MEMBER			
Evangeline Ward, Past RDH Member			
Date Appointed: 2/12/2012	Reappointed: 1/17/2014; 4/1/2018 Term Ended: 5/10/2022		
Meeting Type	Meeting Date	Meeting Location	Attended?
Full Committee	08/08/2018	Teleconference	No
Full Committee	11/16/2018	Fresno, CA	Yes
Education Subcommittee	11/16/2018	Fresno, CA	Yes
Licensing & Examination Subcommittee	11/16/2018	Fresno, CA	Yes
Full Committee Meeting	11/17/2018	Fresno, CA	Yes
Full Board Meeting	01/19/2019	Teleconference	Yes
Full Board Meeting	04/12/2019	Sacramento, CA	Yes
Education Subcommittee	04/12/2019	Sacramento, CA	Yes
Legislative & Regulatory Subcommittee	04/12/2019	Sacramento, CA	Yes
Full Board Meeting	04/13/2019	Sacramento, CA	Yes
Full Board Meeting	08/06/2019	Teleconference	Yes
Full Board Meeting	11/22/2019	Glendale, CA	Yes
Education Subcommittee	11/22/2019	Glendale, CA	Yes
Legislative & Regulatory Subcommittee	11/22/2019	Glendale, CA	Yes
Full Board Meeting	05/29/2020	Teleconference	Yes
Full Board Meeting	11/21/2020	Teleconference	Yes
Full Board Meeting	03/06/2021	Teleconference	Yes
Full Board Meeting	03/20/2021	Teleconference	Yes
Full Board Meeting	07/17/2021	Teleconference	Yes
Full Board Meeting	11/20/2021	Teleconference	Yes
Full Board Meeting	01/22/2022	Teleconference	Yes
Full Board Meeting	03/19/2022	Teleconference	Yes

Table 1b. Board/Committee Member Roster					
Member Name (Include Vacancies)	Date First Appointed	Date Re- appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Denise Davis	10/13/2020	TBD	1/1/2024	Senate Rules Committee	Public
Carmen Dones, RDH Educator	11/21/2020	TBD	1/1/2024	Governor	Professional
Susan Good	4/5/2013	01/17/2014; 4/1/2018	December 31, 2021	Governor	Public

			(In grace year)		
Sonia Pat Hansen, RDH	7/8/2022	TBD	1/1/2026	Governor	Professional
Joyce Noel Kelsch, RDHAP	8/23/2012	1/16/2016; 12/24/2020	1/1/2024	Governor	Professional
Sherman King	5/25/2022	TBD	1/1/2026	Governor	Public
Timothy Martinez, DMD	8/23/2012	1/17/2014; 4/17/2018	December 31, 2021 (In grace year)	Governor	Professional
Nicolette Moultrie, RDH	4/5/2012	1/17/2014; 4/1/2018	December 31, 2021 (In grace year)	Governor	Professional
Erin Yee	1/4/2021	TBD	1/1/2025	Assembly Speaker	Public

2. In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?

In the past four years, the Board has been privileged to have dedicated and engaged members (both currently and in the past) that participate in the Board's meetings and activities. Whenever there has been a scheduled meeting, the number of members participating has either met or exceeded the minimum number of five members required to vote and act upon an issue presented at a meeting. The Board has only had three meetings cancelled in the past four years not due to a lack of quorum, but due to potential COVID-19 issues. The cancelled meetings were April 17-18, 2020, October 21, 2021, and April 23, 2022. The April 17-18, 2020, meeting was scheduled during the initial outbreak of the coronavirus (COVID-19) pandemic and restrictions were in place prohibiting mass gatherings at the time. The October 21, 2021, meeting was cancelled because the issue was resolved, and a meeting was no longer necessary. The April 23, 2022, teleconference meeting was cancelled because one of the meeting location's access hours - a public library - was not open to the public during the meeting, unbeknownst to the Board member because it was a different, distant location with limited hours due to continued COVID-19 issues. As such, the meeting was cancelled. While the cancelled meetings due to COVID-19 issues delayed Board business, the issues were ultimately addressed at subsequent meetings.

3. Describe any major changes to the board since the last Sunset Review, including, but not limited to:

- **Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning)**

The Board underwent several changes since the last Sunset Review. In 2018 after its last Sunset Review, the then Dental Hygiene Committee of California received approval from the Legislature to change its official name to the Dental Hygiene Board of California affirming that the Committee was functioning as an independent government agency within the Department of Consumer Affairs (DCA). In December 2020, the Board moved its office location from a second-floor office to the first floor of the same building affording the Board additional space for future anticipated program growth. The new space is 1.5 times larger than the prior office space. Also in 2018, the Board hired an Assistant Executive Officer to help with the programmatic daily oversight of board functions and staff. This allowed the Executive Officer

time to address his specific responsibilities and functions to address Board business. The Board also extended the length of its strategic plan from 2021 to 2023 because of several important outstanding items that needed to be addressed quickly.

- **All legislation sponsored by the board and affecting the board since the last sunset review.**

The Board sponsored or participated in the following legislation since its last Sunset Review Report was submitted in December 2017:

Senate Bill (SB) 1482, Hill (Chapter 858, Statutes of 2018)

DENTAL HYGIENISTS.

- Removed the Dental Hygiene Committee from the jurisdiction of the Dental Board of California and continued the Dental Hygiene Committee of California by creating the Dental Hygiene Board of California within the DCA. The bill changed the manner of appointment of the hygiene board by requiring one public member to be appointed by the Senate Committee on Rules and one public member to be appointed by the Speaker of the Assembly rather than by the Governor. The bill also extended the repeal date of the hygiene board and related appointment provisions to January 1, 2023.
- Requires an out-of-state applicant or a specified licensee to instead furnish a hardcopy of fingerprint cards if electronic fingerprint images are not available or shared in the applicant's or licensee's state of residence.
- Requires the dental hygiene board to conduct random audits of licensees to ensure compliance with continuing education requirements.
- Removed the California state clinical examination requirement and instead requires satisfactory completion of the dental hygiene examination given by the Western Regional Examining Board or any other clinical or dental hygiene examination approved by the dental hygiene board.
- Requires the dental hygiene board to renew approval of educational programs for dental hygienists and certify programs continue to meet the requirements prescribed by the hygiene board; authorizes the hygiene board to conduct periodic surveys, evaluations, and site visits to educational programs, and authorizes the dental hygiene board to place a noncompliant educational program on probation, issue a citation and fine, or have its approval withdrawn.
- Deleted the limit of \$2,100 for conducting site evaluations and instead specified that the fee to conduct a site visit to educational programs for dental hygienists shall not exceed the actual costs incurred by the dental hygiene board.
- Limited the fee for a retired license to half of the current license renewal fee.
- Incorporated additional changes to Section 101 and Section 1680 of the Business and Professions Code.

This legislation, SB 1482, authored by Senator Hill was signed by Governor Brown and became effective September 27, 2018.

SB 786

Senate Committee on Business, Professions and Economic Development (Chapter 456, Statutes of 2019)

HEALING ARTS.

Existing law, the Dental Practice Act, provides for the licensure and regulation of dental hygienists by the Dental Hygiene Board of California within the DCA, and specifies that, for purposes of the dental hygiene provisions, “hygiene board” means the Dental Hygiene Board of California. This legislation replaced all references to “hygiene board” with “dental hygiene board.”

This legislation, SB 786, authored by the Senate Committee on Business, Professions and Economic Development was signed by Governor Newsom and became effective September 9, 2019.

SB 1474

Senate Committee on Business, Professions and Economic Development (Chapter 312, Statutes of 2018)

BUSINESS AND PROFESSIONS

- Requires a registered dental hygienist to have completed the appropriate education and training required to perform a procedure or provide a service within the scope of their practice under the appropriate level of supervision.
- Requires a person to have satisfactorily completed a specified examination within the preceding three years as a condition of licensure as a registered dental hygienist.
- Specifies that the equivalent of a bachelor’s degree is recognized as a minimum of 120 semester credit hours or 180 quarter credit hours in postsecondary education.

This legislation, SB 1474, authored by the Senate Committee on Business, Professions and Economic Development was signed by Governor Newsom and became effective September 29, 2019.

SB 534

Jones (Chapter 491, Statutes of 2021)

DENTAL HYGIENISTS.

- Requires a special teaching permit to remain valid for 4 years and would thereafter prohibit the board from renewing it. Requires an applicant for a special teaching permit to comply with the fingerprint submission requirements and requires an applicant, if teaching during clinical practice sessions, to furnish satisfactory evidence of having successfully completed a course in periodontal soft-tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia approved by the Board.
- Requires an applicant for licensure who has not taken a clinical examination before the board to additionally submit satisfactory evidence of having successfully completed a course or education and training in local anesthesia, nitrous oxide-oxygen analgesia, and periodontal soft-tissue curettage approved by the Board.
- Requires a new educational program for registered dental hygienists in alternative practice (RDHAP) or registered dental hygienists in extended functions to submit a feasibility study demonstrating a need for a new educational program and to apply for approval from the

Board before seeking approval for initial accreditation from the Commission on Dental Accreditation or an equivalent body, as determined by the Board.

- Makes it unprofessional conduct for a licensee to knowingly make a statement or sign a certificate or other document that falsely represents the existence or nonexistence of a fact directly or indirectly related to the practice of dental hygiene.
- Requires training for a disciplined licensee, if assigned, to be in a remedial education course approved by the Board.
- Authorizes an RDHAP to operate a mobile dental hygiene clinic (MDHC) in specified settings, if the RDHAP practice registers MDHC with the Board. The bill removed the requirement that a MDHC must be provided by the property and casualty insurer as a temporary substitute site because the registered place of practice had been rendered and remains unusable due to loss or calamity.
- Authorizes the Board to conduct announced and unannounced reviews and inspections of a MDHC, as specified.
- Makes it unprofessional conduct for an RDHAP to operate a MDHC in a manner that does not comply with these provisions.
- Authorizes the Board to issue citations that contain fines and orders of abatement to an RDHAP for a violation of these provisions and related provisions, as specified.
- Imposes registration requirements on the physical facilities of the RDHAP.
- Requires an RDHAP who utilizes portable equipment to practice dental hygiene to register the physical facility where the portable equipment is maintained with the executive officer of the Board.
- Authorizes the Board to conduct announced and unannounced reviews and inspections of the physical facilities and equipment of an RDHAP practice, as specified.
- Makes it unprofessional conduct for an RDHAP to maintain a physical facility or equipment in a manner that does not comply with provisions regarding registration, maintenance, and inspections.
- Authorizes the Board to issue citations that contain fines and orders of abatement to a RDHAP for a violation of provisions regarding registration, maintenance, and inspections as well as related provisions, as specified.

LEGISLATION AFFECTING THE BOARD SINCE LAST SUNSET REVIEW:

Additionally, several bills affected Board operations and dental hygiene scope of practice since its last Sunset Review Report was submitted in December 2017. These include:

Assembly Bill (AB) 1277

Daly (Chapter 413, Statutes of 2017) (Urgency Legislation)

DENTISTRY: DENTAL BOARD OF CALIFORNIA: REGULATIONS.

Required the Dental Board of California (DBC) to amend regulation on the minimum standards for infection control to require water or other methods used for irrigation to be sterile or contain recognized disinfecting or antibacterial properties when performing dental procedures that expose dental pulp. Additionally, required the DBC to adopt emergency regulations and

prepare an emergency rulemaking for the Office of Administrative Law (OAL) to meet the December 31, 2018, deadline for the final regulations.

This legislation, AB 1277, authored by Assembly Member Daly was signed by Governor Brown and became effective October 2, 2017.

AB 2138

Chiu (Chapter 995, Statutes of 2018)

LICENSING BOARDS: DENIAL OF APPLICATION: REVOCATION OR SUSPENSION OF LICENSURE: CRIMINAL CONVICTION.

- Authorizes a board to, among other things, deny, revoke, or suspend a license on the grounds that the applicant or licensee has been subject to formal discipline, as specified, or convicted of a crime only if the applicant or licensee has been convicted of a crime within the preceding 7 years from the date of application that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made, regardless of whether the applicant was incarcerated for that crime, or if the applicant has been convicted of a crime that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made and for which the applicant is presently incarcerated or for which the applicant was released from incarceration within the preceding 7 years, except as specified.
- Prohibits a board from denying a person a license based on the conviction of a crime, or on the basis of acts underlying a conviction, as defined, for a crime, if the conviction has been dismissed or expunged, if the person has provided evidence of rehabilitation, if the person has been granted clemency or a pardon, or if an arrest resulted in a disposition other than a conviction.
- Requires the board to develop criteria for determining whether a crime is substantially related to the qualifications, functions, or duties of the business or profession.
- Requires the board to consider whether a person has made a showing of rehabilitation if certain conditions are met.
- Requires the board to follow certain procedures when requesting or acting on an applicant's or licensee's criminal history information.
- Requires the board to annually submit a report to the Legislature and post the report on its Internet Web site containing specified deidentified information regarding actions taken by a board based on an applicant or licensee's criminal history information.
- Prohibits the board from denying a license based solely on an applicant's failure to disclose a fact that would not have been cause for denial of the license had the fact been disclosed.
- Required the board to revise and recast to eliminate some of the more specific provisions regarding various actions in relation to denying or granting an applicant a license after a hearing.

This legislation, AB 2138, authored by Assembly Member Chiu was signed by Governor Brown and became effective September 30, 2018.

AB 496

Low (Chapter 351, Statutes of 2019)

BUSINESS AND PROFESSIONS.

Provides that the appointing authority has the power to remove a board member from office for specified reasons, including incompetence. Defines “licensee” to mean any person authorized by a license, certificate, registration, or other means to engage in a business or profession regulated or referred to, as specified, and would provide that any reference to licentiate be deemed to refer to licensee. Made other conforming and non-substantive changes, including replacing gendered terms with nongendered terms, updating cross-references, and deleting obsolete provisions.

This legislation, AB 496, authored by Assembly Member Low was signed by Governor Newsom and became effective September 27, 2019.

SB 653

Chang (Chapter 130, Statutes of 2020)

DENTAL HYGIENISTS: REGISTERED DENTAL HYGIENIST IN ALTERNATIVE PRACTICE: SCOPE OF PRACTICE.

Authorizes a registered dental hygienist to provide, without supervision, fluoride varnish to a patient and provide dental hygiene preventive services and oral screenings at specified sponsored events and nonprofit organizations. Additionally, authorizes an RDHAP to practice in specified clinics or in a professional corporation without being an employee of that clinic or professional corporation and to perform specified functions and duties of a registered dental hygienist in dental offices or both dental and medical settings, as specified.

This legislation, SB 653, authored by Senator Chang was signed by Governor Newsom and became effective September 24, 2020.

AB 2113

Low (Chapter 186, Statutes of 2020)

REFUGEES, ASYLEES, AND SPECIAL IMMIGRANT VISA HOLDERS: PROFESSIONAL LICENSING: INITIAL LICENSURE PROCESS.

Requires a board within the DCA to expedite, and authorize it to assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that they are a refugee, have been granted asylum, or have a special immigrant visa, as specified. Additionally, authorizes the board to adopt regulations necessary to administer these provisions.

This legislation, AB 2113, authored by Assembly Member Low was signed by Governor Newsom and became effective September 27, 2020.

AB 107

Salas (Chapter 693, Statutes of 2021)

LICENSURE: VETERANS AND MILITARY SPOUSES.

Expanded the requirement to issue temporary licenses to practice a profession or vocation to include licenses issued by any board within the department, except as provided.

- Requires an applicant for a temporary license to provide to the Board documentation that the applicant has passed a California law and ethics examination if otherwise required by the board for the profession or vocation for which the applicant seeks licensure.
- Requires a board to issue a temporary license within 30 days of receiving the required documentation if the results of a criminal background check do not show grounds for denial and would require a board to request the Department of Justice to conduct the criminal background check and to furnish the criminal background information in accordance with specified requirements.
- Requires, if necessary to implement the bill's provisions, a board to submit to the department for approval draft regulations necessary to administer these provisions.
- Exempts from these provisions a board that has a process in place by which an out-of-state licensed applicant in good standing who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States is able to receive expedited, temporary authorization to practice while meeting state-specific requirements for a period of at least one year or is able to receive an expedited license by endorsement with no additional requirements superseding those for a temporary license, as described above.

This legislation, AB 107, authored by Assembly Member Salas was signed by Governor Newsom and became effective October 28, 2021.

SB 607

Min (Chapter 367, Statutes of 2021)

Business and Professions.

Extended the Board's repeal date by one year to January 1, 2024.

This legislation, SB 607, authored by Senator Min, was signed by Governor Newsom and became effective September 28, 2021.

- **All regulation changes approved by the board since the last sunset review. Include the status of each regulatory change approved by the board.**

The following regulatory packages were approved by the Board, have gone through the rulemaking process, approved by the Office of Administrative Law, filed with the Secretary of State, and have become effective since its last Sunset Review Report was submitted in December 2017:

- **Substantial Relationship and Rehabilitation Criteria - Sections 1135, 1136, and 1137 of Title 16 of the California Code of Regulations (CCR):**

Effective July 1, 2020, Assembly Bill (AB) 2138 (Chapter 995, Statutes of 2018) required boards within the DCA to amend their existing regulations governing substantial relationship and rehabilitation criteria. Business and Professions Code (BPC) section 481 required the Board to develop criteria, when considering the denial, suspension, or revocation of a license, to determine whether a crime is substantially related to the qualifications, functions, or duties of the dental hygiene profession. In addition, BPC section 493 required the Board to determine whether a crime is substantially related to the qualifications, functions, or duties of the profession it regulates by employing specific criteria, including the nature and gravity of the offense, the number of years elapsed since the date of the offense, and the nature and duties

of the profession. Similarly, BPC section 482 required the Board to develop criteria to evaluate the rehabilitation of a person when considering the denial, suspension, or revocation of a license.

16 CCR section 1135 established the criteria for determining when a crime is substantially related to the qualifications, functions, and duties of a licensee. 16 CCR sections 1136 and 1137 established the criteria for determining rehabilitation of an applicant or licensee when considering the denial, suspension, revocation, or reinstatement of a license on the basis of a criminal conviction.

Submitted to Secretary of State: February 5, 2021. Effective Date: February 5, 2021.

- **Registered Dental Hygienist Course in Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN) - Section 1107 of Title 16 of the CCR.**

The Board was apprised by stakeholders that the previous regulatory language regarding a Registered Dental Hygienist (RDH) course of instruction in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage (SLN) lacks clarity and no longer aligns with current educational and professional language. The Board addressed these problems with this proposed rulemaking.

The Board amended 16 CCR section 1107 to: (1) clarify the types of injections required by the Board for education for local anesthesia for the RDH; (2) update the regulation to be consistent with current educational terminology; (3) clarify the period of time for the beginning and end of administration of nitrous oxide-oxygen analgesia required for RDH clinical instruction; (4) incorporate updated forms for approval of educational courses and required biennial report; (5) replace the term “pre-clinical” with “preclinical” for consistency within the regulation; (6) update titles and revision dates on forms incorporated by reference (SLN-01 (9-2019), SLN-02 (10-2019), and SLN-03 (9-2019)); and (7) replace the term “Committee” with “Board” since the Board was now the Dental Hygiene Board of California as a result of Senate Bill 1482 (Hill, Chapter 858, Statutes of 2018).

Submitted to Secretary of State: April 20, 2021. Effective Date: July 1, 2021.

- **Approval of New RDH Educational Programs and Continuation of Approval for Approved RDH Educational Programs - Section 1104 of Title 16 of the CCR.**

This proposal amended regulatory language by updating references to the Board and the relevant standards governing RDH educational program submission of Self Study Reports to the Board. The Board addressed these and other issues with this rulemaking package.

The Board amended 16 CCR section 1104 to: (1) reference Commission on Dental Accreditation (CODA) standards by their title and location instead of the date when they were last revised, and (2) replace the term “Committee” with “Board” since the Board was now the Dental Hygiene Board of California as a result of Senate Bill 1482 (Hill, Chapter 858, Statutes of 2018).

Submitted to Secretary of State: August 18, 2021. Effective Date: October 1, 2021.

- **Approval of Curriculum Requirements for Radiographic Decision-Making and Interim Therapeutic Restoration Courses for the Registered Dental Hygienist, Registered Dental Hygienist in Alternative Practice (RDHAP), and Registered Dental Hygienist in Extended Functions (RDHEF) - Section 1109 of Title 16 of the CCR.**

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

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

16 CCR section 1109 addressed the lack of a means for providers to apply for course approval in courses in RDM or ITR. 16 CCR section 1109 established the regulatory requirements that an educational provider must meet for the Board to issue an approval and renewal of approval for an RDM or ITR course. By apprising educational providers of the regulatory requirements to apply for RDM or ITR course approval, the Board is ensuring that educational providers have the necessary information regarding the conditions for approval and for continuation of approval of a course in RDM or ITR. BPC section 1905 authorizes the Board to evaluate all RDH educational programs applying for approval and to grant or deny approval of those applications. Accordingly, this proposal established requirements for courses offered to each category of RDH.

Submitted to Secretary of State: September 27, 2021. Effective Date: January 1, 2022.

- **Definitions - Section 1103 of Title 16 of the CCR.**

Stakeholders apprised the Board that the current regulatory language definitions regarding RDH educational programs do not adequately define areas of instruction. The Board proposed to address these and other issues with this proposed rulemaking.

Amendments to 16 CCR section 1103 (1) defined areas of instruction within RDH educational programs, and (2) replaced the term “Committee” with “Board” since the Board was now the Dental Hygiene Board of California as a result of Senate Bill 1482 (Hill, Chapter 858, Statutes of 2018).

Submitted to Secretary of State: November 1, 2021. Effective Date: January 1, 2022.

- **Requirements for RDH Educational Programs - Section 1105 of Title 16 of the CCR.**

BPC section 1941 requires an RDH educational program to continuously maintain a high-quality standard of instruction and, where appropriate, meet the minimum standards set by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the Board. Existing law sets forth the criteria for the Board’s approval of RDH educational programs. Section 1105 prescribes the requirements for RDH educational programs to secure and maintain approval by the Board.

The Board amended 16 CCR section 1105 to: (1) clarify the prerequisite course requirements for admission to an RDH educational program; (2) update the regulation to be consistent with current educational terminology; (3) clarify the requirements for supervising dentists within RDH educational programs; (4) allow approved, alternative coursework for prerequisite biomedical science during a declared state of emergency; (5) add clarifying explanations referenced within the regulation (6) renumber amendments for clarity; and (7) replace the term

“Committee” with “Board” since the Board was now the Dental Hygiene Board of California as a result of Senate Bill (SB) 1482 (Hill, Chapter 858, Statutes of 2018).

Submitted to Secretary of State: January 25, 2022. Effective Date: April 1, 2022.

- **Reporting Dental Relationships Between Registered Dental Hygienists in Alternative Practice and Licensed Dentists - Section 1118 of Title 16 of the CCR.**

Senate Bill (SB) 653 (Chapter 130, Statutes of 2020) created BPC section 1926.01 which permits an RDHAP to perform the duties authorized pursuant to BPC section 1909, subdivisions (a) (performance of Soft Tissue Curettage) and (b) (administration of Local Anesthesia) with documented consultation with a collaborating dentist in specific settings.

16 CCR section 1118 made BPC section 1926.01 specific by defining provisions by which RDHAPs may perform STC and administer LA in the defined settings of BPC section 1926.01(a), as well as for inclusion of the safety provisions of 1926.01(b). 16 CCR section 1118 provides requirements for RDHAPs to perform STC and administer LA in specific settings. These include: (1) documenting consultations with California licensed dentists to authorize the use of STC or LA for each patient to be treated by the RDHAP in STC or LA; (2) requiring the physical presence on the premises of one additional individual trained in basic life support and qualified to administer cardiopulmonary resuscitation during an emergency when STC or LA administration will take place; and (3) requiring access to portable oxygen administration equipment to assist with administration of basic life support.

Submitted to Secretary of State: February 10, 2022. Effective Date: April 1, 2022.

- **Required Curriculum - Section 1105.2 of Title 16 of the CCR.**

Existing law sets forth the criteria for the Board's approval, and continuation of approval, for RDH educational programs. Section 1105.2 prescribes the required curriculum that an RDH educational program shall meet for approval, and continuation of approval, by the Board.

Amendments to 16 CCR section 1105.2 included: (1) updating the regulation to be consistent with current educational terminology; (2) providing a process for the Board will use to 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; (3) providing a process for an out-of-state applicant for licensure to seek certification from the Board that they have met SLN requirements; (4) adopting provisions governing radiation safety and radiography techniques instruction; and (5) replacing the term “Committee” with “Board” since the Board was now the Dental Hygiene Board of California as a result of Senate Bill 1482 (Hill, Chapter 858, Statutes of 2018).

Submitted to Secretary of State: March 30, 2022. Effective Date: July 1, 2022.

- **Reporting Dental Relationships Between Registered Dental Hygienists in Alternative Practice and Licensed Dentists - Section 1117 of Title 16 of the CCR.**

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

Amendments to 16 CCR section 1117 provided requirements for RDHAPs to report a relationship to the Board to include: (1) providing documentation Board of a relationship with at least one licensed dentist located in California for referral, consultation, and emergency

services; (2) providing the documentation to the Board of a current relationship with at least one licensed dentist for referral, consultation, and emergency services at every biennial license renewal; (3) requiring the RDHAP report any termination of the existing dentist relationship to the Board within 30 calendar days of the termination and provide documentation to the Board with at least one licensed dentist with whom a new relationship has been established for referral, consultation, and emergency services; (4) requiring, at all times during the relationship between the RDHAP and the dentist, that the dentist's license is current, active, and not under discipline prohibiting practice by the Dental Board of California (DBC); and (5) requiring if an RDHAP learns that the dentist with whom they have an existing relationship is being placed under discipline prohibiting practice by the DBC, the RDHAP shall terminate the existing dental relationship and notify the Board within 30 calendar days of the termination, and provide documentation to the Board of a new relationship with at least one licensed dentist having been established for referral, consultation, and emergency services.

Submitted to Secretary of State: April 1, 2022. Effective Date: July 1, 2022.

- **Unprofessional Conduct - Section 1138.1 of Title 16 of the CCR.**

BPC section 1950.5 sets forth a non-exclusive list of acts constituting unprofessional conduct by licensees. Currently, there is no regulation including additional conduct the Board considers to be unprofessional conduct.

Amended 16 CCR section 1138.1 added the following categories of unprofessional conduct: (1) failure to provide requested documentation to the Board; (2) failure to cooperate with Board investigations; and (3) failure to report convictions and disciplinary actions against the licensee.

Submitted to Secretary of State: May 16, 2022. Effective Date: July 1, 2022.

NON-SUBSTANTIVE REGULATIONS APPROVED BY THE BOARD AND CURRENTLY IN EFFECT:

- **DENTAL HYGIENE BOARD REFERENCE: Title 16, California Code of Regulations (CCR), Division 11 Title and Sections 1100, 1101, 1104.2, 1105.1, 1105.3, 1105.4, 1106, 1108, 1122, 1124, 1126, 1127, 1131, 1138, 1139, 1142, 1143 SECTION 100. CHANGE WITHOUT REGULATORY EFFECT**

Effective January 1, 2019, SB 1482 (Hill, Chapter 858, Statutes of 2018) changed the Dental Hygiene Committee of California (DHCC) to the Dental Hygiene Board of California (DHBC, Board). As a result of this statutory change from a "Committee," to a "Board," regulatory amendments were needed for Division 11 and sections 1100, 1101, 1104.2, 1105.1, 1105.3, 1105.4, 1106, 1108, 1122, 1124, 1126, 1127, 1131, 1138, 1139, 1142, 1143 of Division 11 to update the reference to the Board from "Committee" to "Dental Hygiene Board."

Additionally, in section 1100(s), the word "planing" was misspelled as "planning." Therefore, a regulatory amendment was needed to correct the spelling error.

Effective Date: May 10, 2022.

- **1104.1 PROCESS FOR APPROVAL OF A NEW RDH EDUCATIONAL PROGRAM SECTION 100. CHANGE WITHOUT REGULATORY EFFECT**

First, effective January 1, 2019, SB1482 (Hill, Chapter 858, Statutes of 2018) changed the Dental Hygiene Committee of California (DHCC) to the Dental Hygiene Board of California (DHBC, Board). As a result of this statutory change from a "Committee," to a "Board,"

regulatory amendments were needed to section 1104.1 to update the language in the regulation and form incorporated by reference, EDP-I-01 (Rev 12/15), from “Committee” to “Dental Hygiene Board.”

Second, effective January 1, 2022, SB 534 amended BPC section 1941 to require a proposed new educational program for registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions (collectively referred to as RDHs) to apply for approval from the board before seeking approval for initial accreditation from the Commission on Dental Accreditation or an equivalent body, as determined by the Board. As a result of this statutory change, amendments were needed to update the reference to BPC section 1941 in the form incorporated by reference, EDP-I-01 (Rev 12/15).

Third, grammatical amendments were needed to clarify language and references in the form incorporated by reference, EDP-I-01 (Rev 12/15).

Effective Date: June 6, 2022.

REGULATIONS PACKAGES APPROVED BY THE BOARD AND IN THE REGULATORY PROCESS

The following regulatory packages were approved by the Board and the rulemaking documents are pending the regulatory review process:

- **Retired Status - Section 1119 of Title 16 of the CCR.**

The Board received inquiries regarding options for RDHs who wish to retire from practice. Currently, RDHs may only allow their licenses to lapse (become delinquent, expire, or cancel), or be placed in an inactive status, which requires payment of a fee. AB 2859 (Low, Chapter 473, Statutes of 2016) enacted BPC section 464 which authorized the Board to establish by regulation a retired category of licensure for its licensees who are not actively engaged in the practice of their profession. The Board addressed this inequity with this proposed rulemaking.

Proposed 16 CCR section 1119 will: (1) implement minimum eligibility requirements for obtaining and maintaining a retired license, including ineligibility criteria if the license is currently expired, suspended, revoked, or otherwise punitively restricted; (2) establish exemptions from continuing education and renewal requirements for the holder of a retired license; (3) prohibit a retired licensee from engaging in activity requiring a license; (4) provide that the Board is not prevented from investigating or taking actions against a retired license; and (5) establish criteria for the restoration of a retired license to active status. It will also adopt application forms for applying for inactive status and reactivating a retired license.

- **Reviews, Site Visits, Citation and Fine, and Probationary Status for Dental Hygiene Educational Programs - Section 1104.3 of Title 16 of the CCR.**

SB 1482 (Hill, Chapter 858, Statutes of 2018) (SB 1482) added BPC section 1941.5. BPC section 1941.5 provides express statutory authority for the Board to conduct periodic surveys, evaluations, and announced and unannounced site visits to existing and new DHEPs. Additionally, BPC section 1941.5 authorizes the Board to place an existing or new DHEP on probation with terms, issue a citation and fine, or withdraw approval of a DHEP if a DHEP does not comply with DHEP requirements and the Commission on Dental Accreditation of the American Dental Association (CODA) standards.

Proposed 16 CCR section 1104.3 will: (1) establish requirements for DHEPs to provide the Board access to program records to establish compliance with Board educational program

requirements; (2) establish requirements for the Board to issue citations and fines to DHEPs if the Board determines a DHEP is in violation of any law, regulation, or standard applicable to a DHEP; and (3) establish requirements for the Board to place a DHEP on probation due to violation of any law, regulation, or standard applicable to a DHEP if the Board determines the violation, after review of evidence presented to the Board, warrants a probationary status.

- **Process for Approval of New RDH, RDHAP, and RDHEF Educational Programs - Section 1104.1 of Title 16 of the CCR.**

BPC section 1941 sets forth the criteria for the Board's process of approval of new RDH educational programs. Section 1104.1 provides the requirements and application for approval of a new RDH educational program.

The Board proposes to amend section 1104.1 to: (1) require new RDHAP and Registered Dental Hygienist in Extended Functions (RDHEF) educational programs to submit a feasibility study to the Board as a part of the application process; (2) reference Commission on Dental Accreditation (CODA) standards by reference to their title and location instead of the date on which they were last revised; and (3) update the form incorporated by reference, EDP-I-01 Rev 12/15, to make it consistent with regulatory language.

- **Mobile Dental Hygiene Clinics; Issuance of Approval - Section 1116 of Title 16 of the CCR.**

SB 534 (Jones, Chapter 491, Statutes of 2021) amended statutory requirements of BPC sections 1926.1 and 1926.2. The Board currently regulates 661 RDHAPs and has received multiple requests from RDHAPs to promulgate regulations which would allow RDHAPs to establish a Mobile Dental Hygiene Clinic (MDHC) to serve their patients who do not currently have access to, or the physical ability to access, traditional dental hygiene care.

To address the lack of a regulatory framework to govern and ensure consistency within the statutory requirements of BPC sections 1926.3 and 1926.4 established by SB 534, the Board is proposing to add new regulatory section 1116.5 under Title 16 of the CCR to establish requirements for MDHC operation.

- **Registered Dental Hygienist in Alternative Practice, Physical Facility Registration - Section 1116.5 of Title 16 of the CCR.**

SB 534 (Jones, Chapter 491, Statutes of 2021) amended statutory requirements of BPC sections 1926.3 and 1926.4. The Board currently regulates 661 RDHAPs and many have physical facilities serving their patients directly or where their portable equipment is maintained.

To address the lack of a regulatory framework to govern and ensure consistency within the statutory requirements of BPC sections 1926.3 and 1926.4 established by SB 534, the Board is proposing to add a new regulatory section 1116.5 under Title 16 of the CCR to establish requirements for physical facility registration and operation.

- **Temporary Licensure (Military Spouses or Partners) - Section 1114 of Title 16 of the CCR.**

AB 107 (Salas, Chapter 693, Statutes of 2021) enacted BPC section 115.6 which requires the Board, on and after January 1, 2023, and after appropriate investigation, to issue temporary licenses to military spouse applicants if the applicant meets specified requirements. Applicants must provide evidence satisfactory to the Board the applicant is married to, or in a domestic

partnership or other legal union with, an active-duty member of the United States (U.S.) Armed Forces who is assigned to a duty station in this state under official active-duty military orders.

To address the lack of a regulatory framework to issue a temporary license established by AB 107, the Board is proposing to add new regulatory section 1114 under Title 16 of the CCR to establish requirements for temporary licensure.

4. Describe any major studies conducted by the board (cf. Section 12, Attachment C).

The Board completed an occupational analysis (OA) of the dental hygiene profession in 2019 with the assistance of the DCAs' Office of Professional Examination Services (OPES). The results and final copy of the OA for RDH and RDHAP license categories is located in the Attachment section of this Sunset Review Report.

5. List the status of all national associations to which the board belongs.

- Does the board's membership include voting privileges?
- List committees, workshops, working groups, task forces, etc., on which the board participates.
- How many meetings did board representative(s) attend? When and where?
- If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?

Currently, the Board is a member-state for the Central Regional Dental Testing Services (CRDTS), Inc. which provides regional clinical examination testing for dental hygiene licensee applicants. The Board is afforded voting privileges as a member-state of CRDTS. A new board member or members have not yet been selected to replace prior members who were a part of the CRDTS member-state but will be selected when the Board has the opportunity to discuss the issue. The Board does not belong to any national, regional, or local associations.

The Board requires licensee candidates to pass the dental hygiene national examination to be eligible for licensure. The National Dental Hygiene Board Exam (NDHBE) fulfills the written examination requirement needed for a dental hygiene student to successfully complete an accredited dental hygiene program. Proof of graduation from a dental hygiene program that has been accredited by CODA and approved by the Board in California is required for licensure.

The Joint Commission on National Dental Examinations (JCNDE) is the agency responsible for the development and administration of the NDHBE. The 15-member commission includes representatives from dental and dental hygiene schools, dental practices, state dental examining boards, dentists, dental hygienists, dental students, and the public. A standing committee of the JCNDE includes dental hygienists who serve as consultants regarding the NDHBE examination.

Section 2 – Performance Measures and Customer Satisfaction Surveys

6. Provide each quarterly and annual performance measure report for the board as published on the DCA website.

Please see Section 13 – Attachments for the Board's quarterly and annual performance measure reports over the past three years for this Sunset Review Report.

7. Provide results for each question in the board's customer satisfaction survey broken down by fiscal year. Discuss the results of the customer satisfaction surveys.

The Board's last contract for a customer service satisfaction survey expired years ago unbeknownst to the Board. This is because a link to the SurveyMonkey survey continued to be attached to all staff email signature lines and therefore it was assumed the link was still operational. The Board is currently working with the DCAs' Office of Information Services (OIS) to implement a new satisfaction survey for outside Board contacts and the public to complete for feedback on the service the Board is providing. The new survey should be implemented soon so the Board can begin to accumulate data for the next Sunset Review. However, the Board operates a general phone line and email inbox where licensees and stakeholders, including the public, may comment and provide information directly to the Board to address their issues or contact staff. Overall, the comments received through this method have reflected a positive customer service experience and quick responses to issues brought to the Board's attention.

Section 3 – Fiscal and Staff

Fiscal Issues

8. Is the board's fund continuously appropriated? If yes, please cite the statute outlining this continuous appropriation.

No, the Board's fund is not continuously appropriated. It is reviewed, amended, and approved on an annual basis by the Legislature and the Governor.

9. Describe the board's current reserve level, spending, and if a statutory reserve level exists.

In a review of the Board's latest Fund Condition, the Board has a current reserve of approximately \$1.6 million at the end of fiscal year (FY) 2021/22 which, if no additional revenue is received, would last the Board about six months (see Table 2 Fund Condition). The Board spends about \$175,000 per month, but this will increase considerably once every current vacant position is filled. Board staff work diligently to monitor all Board expenses and the fund reserve has resulted from thoroughly vetted and justified expenditure efficiencies prior to approval. Pursuant to BPC section 128.5(a), the Board may maintain up to a maximum of 24 months reserve in its fund; however, its historical ongoing fund reserve has been much lower than this.

10. Describe if/when a deficit is projected to occur and if/when a fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.

The Board's fund remains in the black and should remain solvent for a number of years before another fee increase is required. Current fund solvency projections show that a License Renewal Fee increase will not be required for at least five years depending on the number of unexpected expenditures that arise during this time period. Other smaller fees may be increased on occasion to cover labor and processing costs; however, they don't have a significant impact on the Board's overall fund reserve. The main fee that sustains and impacts the Board's fund for an extended period is the License Renewal Fees. Table 2 displays the Board's Fund Condition.

Table 2. Fund Condition						
(Dollars in Thousands)	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23*	FY 2023/24*
Beginning Balance	\$2,348	\$2,572	\$2,237	\$1,939	\$1,552	\$1,822
Revenues and Transfers	-	-	-	-	-	-
Total Revenue	\$ 1,873	\$1,856	\$1,887	\$1,867	\$3,276	\$3,281
Budget Authority	\$2,075	\$2,369	\$2,354	\$2,511	\$2,799	\$2,799
Expenditures	\$1,625	\$2,127	\$2,131	\$2,151	\$3,006	\$3,090
Loans to General Fund	-	-	-	-	-	-
Accrued Interest, Loans to General Fund	-	-	-	-	-	-
Loans Repaid From General Fund	-	-	-	-	-	-
Fund Balance	\$2,596	\$2,301	\$1,993	\$ 1,655	\$1,822	\$2,013
Months in Reserve	14.5	12.6	10.0	6.2	7.1	7.6
						*Projected

11. Describe the history of general fund loans. When were the loans made? When have payments been made to the board? Has interest been paid? What is the remaining balance?

The Board's small fund and balance was never requested to assist a general fund loan to other agencies or the State's General Fund, so there is no history to report.

12. Describe the amounts and percentages of expenditures by program component. Use *Table 3. Expenditures by Program Component* to provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

Table 3. Expenditures by Program Component								(list dollars in thousands)
	FY 2018/19		FY 2019/20		FY 2020/21		FY 2021/22	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	\$202	\$109	\$272	\$344	\$282	\$313	\$322	\$245
Examination	-	-	-	-	-	-	-	-
Licensing	\$189	\$48	\$255	\$63	\$424	\$110	\$403	\$83
Administration *	\$350	\$65	\$439	\$89	\$306	\$62	\$434	\$71
DCA Pro Rata	-	\$535	-	\$532	-	\$516	-	\$539
Diversion (if applicable)	-	-	-	-	-	-	-	-
TOTALS	\$ 741	\$757	\$966	\$ 1,028	\$1,012	\$1,001	\$1,159	\$938
*Administration includes costs for executive staff, board, administrative support, and fiscal services.								

13. Describe the amount the board has contributed to the BreEZe program. What are the anticipated BreEZe costs the board has received from DCA?

To date, the Board has contributed about \$1,084,778 over the last eight (8) fiscal years to the BreEZe program through FY 2020/21. The final cost for FY 2021/22 hasn't been released as of this writing. The anticipated BreEZe costs the Board has received from DCA is incorporated into the contributed amount in this section.

14. Describe license renewal cycles and history of fee changes in the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citation) for each fee charged by the board.

The Board is a special fund agency that generates its revenue from fees charged to applicants and licensees through the collection of examination, licensing, and license renewal fees. These fees support the licensing, examination, enforcement, and administration programs, including processing and issuing licenses, maintaining Board records, dental hygiene law and ethics examinations, mediating consumer complaints, investigation costs, enforcing statutes, disciplinary actions, personnel expenditures, administrative costs, and general operating expenses. The fees also pay for the oversight of Board-approved dental hygiene educational programs in California.

The license renewal cycle is a biennial process. Licenses expire every two years on the last day of a licensee's birth month of an odd or even year depending on when they were born for ease of memory. For example: if a licensee is born in July of an even year and they renewed the license at the end of July 2020, their license would need to be renewed prior to July 31, 2022 (two years later) for them to continue possessing a valid and current license. If it is a licensee's first renewal after license issuance, the duration they have an active license is normally less than 24 months by law and, once renewed, the license will be placed on a biennial renewal cycle to expire every 24 months. The Board's authority to charge the fees in its schedule is provided in BPC section 1944.

The Board raised its fees as a last resort when it was evident that the fund was projected to be insolvent. The Board raised the following fees in the past five years:

- 1) Biennial License Renewal Fee for RDH and RDHEF – This fee was increased on July 1, 2022, from \$160 to \$300.
- 2) License Renewal Delinquency Fee for RDH and RDHEF – This fee was increased concurrently with the Biennial License Renewal Fee. It increased from \$80 to \$150.
- 3) Certification of Licensure Fee – This fee was increased from \$25 to \$50 to send information to other states and jurisdictions of a licensee's licensure status.
- 4) Special Permit Fee – This fee was increased from \$150 to \$300 for out-of-state teachers to come to California to temporarily teach in dental hygiene programs until they obtain a CA dental hygiene license.

Table 4. Fee Schedule and Revenue (list revenue dollars)

Table 4. Fee Schedule and Revenue							
(list revenue dollars in thousands)							
Fee	Current Fee Amount	Statutory Limit	FY 2018/19 Revenue	FY 2019/20 Revenue	FY 2020/21 Revenue	FY 2021/22 Revenue	% of Total Revenue
RDH Delinquent License Renewal Fee	\$80	$\frac{1}{2}$ Current License Renewal Fee	\$24,240	\$31,120	\$44,160	\$41,255	1.88%
RDHAP Delinquent License Renewal Fee	\$80	$\frac{1}{2}$ Current License Renewal Fee	\$960	\$1,200	\$1,120	\$720	0.05%

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)							
Fee	Current Fee Amount	Statutory Limit	FY 2018/19 Revenue	FY 2019/20 Revenue	FY 2020/21 Revenue	FY 2021/22 Revenue	% of Total Revenue
RDHEF Delinquent License Renewal Fee	\$80	$\frac{1}{2}$ Current License Renewal Fee	\$160	\$80	\$0	\$80	0.00%
RDHAP Delinquent FNP Renewal Fee	\$80	$\frac{1}{2}$ Current License Renewal Fee	\$0	\$400	\$400	\$240	0.01%
Certification of Licensure Fee	\$25	$\frac{1}{2}$ Current License Renewal Fee	\$0	\$0	\$0	\$0	0.00%
Curriculum Review & Site Evaluation Fee	\$2,100	\$2,100	\$0	\$0	\$0	\$0	0.00%
Duplicate License Fee	\$25	\$25	\$12,550	\$11,250	\$14,450	\$14,825	0.71%
Citation and Fines	Variable	Variable	\$0	\$1,200	\$8,432	\$87,555	1.30%
RDHAP Initial License Fee	\$250	\$250	\$10,500	\$5,250	\$21,500	\$19,060	0.75%
RDHAP Initial FNP Permit Fee	\$160	\$500	\$1,440	\$1,280	\$1,840	\$1,945	0.09%
RDHAP Initial $\frac{1}{2}$ FNP Permit Fee	\$80	\$500	\$240	\$80	\$160	\$400	0.01%
RDH Application Fee – RDH Clinical Exam	N/A	N/A	\$250	\$0	\$0	\$0	0.00%
RDH Licensure By Credential (LBC) Application Fee	\$250	\$250	\$0	\$0	\$0	\$0	0.00%

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)							
Fee	Current Fee Amount	Statutory Limit	FY 2018/19 Revenue	FY 2019/20 Revenue	FY 2020/21 Revenue	FY 2021/22 Revenue	% of Total Revenue
RDHAP Application Fee	\$100	\$250	\$5,520	\$2,180	\$8,600	\$7,700	0.32%
RDH Application Fee	\$100	\$250	\$80,100	\$46,000	\$87,940	\$74,400	3.86%
RDH Original License Fee	\$100	\$250	\$78,800	\$46,000	\$88,100	\$74,400	3.84%
DHBC Suspended Revenue	Variable	Variable	\$9,301	\$8,765	\$10,862	\$12,327	0.55%
DHBC Prior Year Adjustment	Variable	Variable	(\$720)	(\$660)	(\$1,385)	(\$735)	-0.05%
Extramural Dental Facility Fee for Schools	\$200	\$250	\$0	\$0	\$0	\$0	0.00%
Mobile Dental Hygiene Unit Permit Fee	\$100	\$150	\$0	\$0	\$0	\$0	0.00%
Additional Office Permit Fee (for RDHAP)	\$100	\$250	\$200	\$0	\$0	\$0	0.00%
Special Permit Fee (teaching)	\$160	\$500	\$0	\$0	\$0	\$0	0.00%
DHBC Document Sales	Variable	Variable	\$1,340	\$595	\$30	\$0	0.03%
DHBC Sales of Documents	Variable	Variable	\$0	\$15	\$0	\$0	0.00%
DHBC Misc. Services to the Public General	Variable	Variable	\$15	\$13	\$0	\$0	0.00%
DHBC Misc. Services to the Public Trans	Variable	Variable	\$0	\$923	\$0	\$200	0.02%
DHBC investment	Variable	Variable	\$55,673	\$41,190	\$10,455	\$4,073	1.49%

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)							
Fee	Current Fee Amount	Statutory Limit	FY 2018/19 Revenue	FY 2019/20 Revenue	FY 2020/21 Revenue	FY 2021/22 Revenue	% of Total Revenue
Income – Surplus Money Investment	N/A	N/A	Variable	Variable	Variable	Variable	Variable
DHBC Escheat Unclaimed Checks, Warrants, Bonds, and Coupons	Variable	Variable	\$0	\$80	\$0	\$0	0.00%
DHBC Cancelled Warrants Revenue	Variable	Variable	\$100	\$262	\$605	\$716	0.02%
DHBC Miscellaneous Revenue	Variable	Variable	\$11,862	\$15,980	\$800	\$700	0.39%
DHBC Dishonored Check Fee	\$25	\$25	\$50	\$75	\$75	\$25	0.00%
DHBC Settlements and Judgements – Other	Variable	Variable	\$0	\$0	\$190	\$0	0.00%
Renewal Fee	\$300	\$500	\$0	\$0	\$0	\$0	0.00%
RDHAP FNP Renewal Fee	\$160	\$500	\$7,520	\$10,567	\$8,640	\$9,127	0.48%
RDH License Renewal Fee	\$160	\$500	\$1,525,645	\$1,508,425	\$1,522,800	\$1,525,740	81.39%
RDHAP License Renewal Fee	\$160	\$500	\$45,760	\$53,200	\$46,880	\$57,600	2.72%
RDHAP ½ FNP Renewal Fee	\$80	½ Current License Renewal Fee	\$0	\$0	\$0	\$0	0.00%
RDHEF License Renewal Fee	\$160	\$500	\$1,280	\$2,720	\$960	\$2,560	0.10%
CE Provider Annual Renewal Fee	\$250	\$500	\$0	\$0	\$0	\$0	0.00%

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)							
Fee	Current Fee Amount	Statutory Limit	FY 2018/19 Revenue	FY 2019/20 Revenue	FY 2020/21 Revenue	FY 2021/22 Revenue	% of Total Revenue
Mobile Dental Hygiene Unit Renewal Fee	\$100	\$500	\$0	\$0	\$0	\$0	0.00%
Additional Office Permit Renewal Fee	\$100	\$500	\$0	\$0	\$0	\$0	0.00%
Special Permit Renewal Fee (teaching)	\$300	\$500	\$0	\$0	\$0	\$0	0.00%
Over/Short Fees Renewals	Variable	Variable	\$6	\$11	\$0	\$0	0.00%
Refunds	Variable	Variable	\$160	\$25	\$0	\$0	0.00%
TOTAL	-	-	\$1,872,952	\$1,788,226	\$1,877,605	\$1,934,913	100%

15. Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.

Table 5. Budget Change Proposals (BCPs)								
BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	\$ Requested	\$ Approved	\$ Requested	\$ Approved
1111-042-BCP-2017-GB	2017/18	Implement Ch. 410, Statutes of 2016 (AB 2105)	1.0 Associate Governmental Program Analyst (AGPA)	1.0 AGPA	\$98,000 ongoing	\$98,000 ongoing	\$16,000 one-time; \$8,000 ongoing	\$16,000 one-time; \$8,000 ongoing
1111-002-BCP-2019-GB	2019/20	Enforcement and Licensing Staff Augmentation	1.8 Staff Services Analyst (SSA)	1.8 SSA*	\$84,000 ongoing*	\$84,000 ongoing*	\$15,000 one-time; \$7,000 ongoing*	\$15,000 one-time; \$7,000 ongoing*
1111-013-BCP-2019-GB	2019/20	Implement Ch. 858, Statutes of 2018 (SB 1482)	1.0 Staff Services Analyst (SSA)	1.0 SSA	\$84,000 ongoing	\$84,000 ongoing	\$15,000 one-time; \$7,000 ongoing	\$15,000 one-time; \$7,000 ongoing

NOTE: *For BCP 1111-002-BCP-2019-GB, the Board requested 1.8 positions to combine with a 0.2 existing position to create 2.0 positions. The Board also absorbed the cost of the 0.8 position within its existing appropriation.

Staffing Issues

16. Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

In the past four years since the last Sunset Review, the Board has experienced minimal issues utilizing the budget change proposal process to obtain additional positions. The Board works closely with the DCA Office of Human Resources for any personnel issues such as the reclassification of positions and the recruitment of staff. The Board has experienced moderate turnover just as any program does and most of the staff that has left have moved on for promotional opportunities. Although the Board has had many staff leave due to promotions, recruitment has been robust and only slowed due to the recovery time after the pandemic. There are signs that recruitment will be increasing because the Board currently has several vacancies to fill. However, with many potential candidates electing for a hybrid or full telework schedule, it may be increasingly difficult to find appropriate candidates to fill positions.

To create an appropriate and efficient board management structure for the future and aid in succession planning, the Board submitted an Exempt Position Request (EPR) to California Department of Human Resources (CalHR) at the end of 2021 to modestly elevate the executive officer's position to a higher exempt level equivalent to a manager 3 commensurate with the position's responsibilities. By doing so, it would allow subordinate management staff to be hired and provide management structural space to eventually obtain program managers for rank-and-file employee oversight as the Board's programs grow. Currently, the executive officer's (EO) exempt level is equivalent to a manager 2 and the assistant executive officer's (AEO) level is equivalent to a manager 1. With existing staff already at the manager 1 (specialist) level and special investigator being similarly equivalent, the AEO can't supervise these positions, or any future program manager 1 positions obtained due to human resources laws in effect prohibiting similar personnel levels supervising each other pursuant to the DCA Office of Human Resources. This means that the AEO can't supervise the manager specialist, special investigator, or any future program managers, or their equivalents, the Board plans to hire and appropriately oversee staff in their respective programs. This is the primary reason the modest EPR request was submitted to elevate the EO to the equivalent of a manager 3, and subsequently, hire a manager 2 level staff person for proper oversight of the remaining manager 1 level subordinate staff. Since the AEO can't supervise the manager 1 level staff, the EO must take time to oversee these staff and address their issues, which redirects time to other duties that are not normally a part of the EO functions.

Unfortunately, the Board's EPR was denied. Decision makers at CalHR determined the EO's exempt level was appropriate for the Board's current size and responsibilities. The Board disagrees with the decision because other similarly sized DCA board programs do not have the responsibility of their professional educational program oversight and approval of nearly 30 schools (See Table 30a in Question 30 for list of schools) which take an extensive amount of time and resources to manage. The denial of the EPR request severely restricts the Board's ability to grow and expand, especially for management positions. In normal board functions and structure, the EO is responsible for, but does not oversee, the daily office operations and staff which are functions delegated to the AEO. This is so the EO can direct most of his/her attention to addressing Board issues involving policy making, board members, the department, the Legislature, executive level meetings, other state agencies, associations, school administrators, and many other interested stakeholders and functions. Rank and file positions can continue to be obtained as program needs arise; however, with only two management level staff able to supervise them, the workload will soon be overwhelming.

The Board plans to continue its efforts to submit EPR requests until it fulfills its goal to modestly elevate the executive officer position so program management staff can be obtained to adequately provide necessary oversight. It will also create the base management structure required to efficiently operate the Board. This will also assist with staff retention and succession planning issues in the future. The Board is a specially funded agency, and it can afford the approval of the modest increase to the EO's exempt level and absorb its salary structure within its existing budget with no fiscal impact to the state's General Fund. This elevated step is not only important to maintain long-term management-level staff, but to maintain the institutional memory of the Board.

The Board requests the Legislature's assistance with the approval of this modest request. By approving it, an appropriate internal management structure would be created, institutional memory would be maintained, viable succession planning efforts to efficiently and effectively operate the Board's programs now and into the future would be established and, most importantly, consumer protection would be maximized.

17. Describe the board's staff development efforts and total spent annually on staff development (cf., Section 12, Attachment D).

The Board is fortunate to be a part of the DCA which provides a plethora of educational and training course options for all staff at minimal to no cost. The DCA training program is called SOLID Training Solutions and is funded through departmental costs. SOLID provides the majority of education and training courses in topics such as contracts, project management, purchasing, job growth skills, sexual harassment, business writing, upward mobility, and many other topics that apply to the state's work environment and careers. As such, the Board has budgeted to spend approximately up to \$5,000 each year for training staff utilizing external vendors focused on enforcement, but most of the needed training topics used daily are covered by SOLID. Management is also very willing to approve training courses or new project opportunities for staff, as long as there is adequate coverage in the office to maintain program operations.

Section 4 – Licensing Program

18. What are the board's performance targets/expectations for its licensing² program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The Board's performance targets/expectations for its licensing program meet the guidelines pursuant to 16 CCR section 1069, the Permit Reform Act of 1981, pertaining to application processing times. The referenced regulation provides a detailed timeline for the processing of permits, applications, certifications, registrations, or other form of authorization required by a dental state agency to engage in a particular activity or act. The Board follows these timelines to process its applications and maintains a processing period that is less than the maximum.

As stated in the regulation, the maximum time allotted to notify an applicant that their application is complete or deficient is 90 days. The Board is currently processing applications within 45 business days, which is well within the specified timeframe of 120 days.

19. Describe any increase or decrease in the board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and

² The term "license" in this document includes a license certificate or registration.

what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

With the addition of a Licensing Analyst in 2020 to assist with the review of the Applications for Licensure, the processing times have remained steady and have not increased or decreased. With additional staff, one would expect a decrease in the processing times. However, with the implementation of the BreEZe computer system in 2016, it forced the Board to change its business practices from reviewing only complete applications for licensure to allowing the submission of licensure requirements on a flow basis. Prior to BreEZe, if an application was submitted with a licensure requirement missing, the entire application was returned to the applicant to resubmit later after the requirement was fulfilled. This efficient process allowed the Board's processing times and potential backlog to remain steady even with an influx of applications because they were submitted completely and were ready for full review. Today, applicants are allowed to apply even if all their licensure requirements are not fulfilled. An applicant record is created in the computer system and our Licensing staff sends Deficiency Letters to the applicant for any missing requirements. Then, staff must wait for the applicant to either complete or submit the deficient requirements to continue the review of the application. This wait time may be short or lengthy, as it is dependent on the applicant to submit the fulfilled requirement(s) in a timely manner. Other than notifying applicants of their application deficiencies, there isn't much Board staff can do to increase the expediency of the application review and it depends until the requirements are received. Complete applications submitted can be reviewed and approved quickly and the applicant is then qualified to take the last step prior to obtaining the license, which is successfully taking and passing the law and ethics examination.

The number of pending applications has grown and is more numerous than completed applications because applicants are allowed to submit their licensure requirements on a flow basis instead of having all requirements completed. The Board has communicated with applicants and DHEPs to inform them of the licensing process and expected processing times for their applications. Beyond that, it is the applicant's responsibility to submit their licensing requirements timely and make their processing time as short as possible. All applications, barring special circumstances like an active military person or their spouse, are reviewed on a first-received, first-reviewed basis to be fair to all applicants.

If there is a performance barrier to reviewing applications on a timely basis and a backlog increases substantially, the Board would request additional staff for the Licensing program to review applications.

20. How many licenses or registrations has the board denied over the past four years based on criminal history that is determined to be substantially related to the qualifications, functions, or duties of the profession, pursuant to BPC § 480? Please provide a breakdown of each instance of denial and the acts the board determined were substantially related.

The Board has denied four (4) licenses over the past four years based on criminal history.

FY18/19 – 0 denials.

FY19/20 – 1 denial(s).

Denial #1

Application Date: 06/03/2019

Background: Applicant disclosed DUI conviction; however, they did not disclose that they had additional charges for which they were convicted.

6/17/2017: Conviction of Vehicle Code Section(s) 23152(b), 23578, 20002(A) and Penal Code Section(s) 148(a)(1) Misdemeanor(s). According to court records, the Applicant was convicted for two separate Driving Under the Influence (DUI) incidents, one that took place on 8/25/16, and another on January 9, 2017.

5/26/2019: Arrest for violation of Penal Code (PC) Section(s) 664 – Attempt to Commit Crime; PC Section(s) 245(A)(1) – Assault with a Deadly Weapon; PC Section(s) 242 PC – Battery.

Acts Substantially Related: Assaultive of abusive conduct as defined in Penal Code section 11160(d) (California Code of Regulations [CCR] Section 1135(c)(7)); Conviction for driving under the influence of drugs or alcohol (CCR Section 1135(c)(9)).

Application Denied: 09/27/2019

FY20/21 – 1 denial(s).

Denial #1

Application Date: 08/27/2020

Background: 08/10/2020: Conviction of Vehicle Code section(s) 23103.5 per 23103 – Wet and Reckless, Misdemeanor.

Acts Substantially Related: Conviction for driving under the influence of drugs or alcohol (CCR Section 1135(c)(9)).

Application Denied: 08/17/2021

FY21/22 – 2 denial(s).

Denial #1

Application Date: 07/26/2021

Background: 09/18/2014: Conviction of Vehicle Code section(s) 23152(A)/23152(B) – DUI Alcohol/.08 Percent or more, Misdemeanor.

10/05/2020: Conviction of Vehicle Code section(s) 23152(A)/23152(B) – DUI Alcohol/.08 Percent or more, Misdemeanor.

Acts Substantially Related: Conviction for driving under the influence of drugs or alcohol (CCR Section 1135(c)(9)).

Application Denied: 10/22/2021

Denial #2

Application Date: 11/18/2021

Background: 06/18/2019: Arrest for Vehicle Code Section(s) 23153(a) – Driving under the influence of alcohol causing injury, Felony; 23153(b) – DUI with BAC .08% or more causing injury; 20001(a)/(b)(2) – Hit and Run with permanent and serious injury, Felony; and Penal Code Section(s) 12022.7(a) – Enhancement-Inflict great bodily injury, Felony; 12022.7(b) – Enhancement-Cause great bodily injury; comatose or Paralysis, Felony.

Acts Substantially Related: Driving under the influence of drugs or alcohol and causing permanent and serious injury (CCR Section 1135(c)(9)).

Application Denied: 04/20/2022

Table 6. Licensee Population

		FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22
Registered Dental Hygienist (RDH)	Active ³	18,185	18,195	18,201	17,863
	Out of State	0	0	0	0
	Out of Country	0	0	0	0
	Delinquent/Expired	3,295	3,430	3,638	3,911
	Retired Status <i>if applicable</i>	34	34	41	34
	Inactive	1,738	1,645	1,666	1,876
	Other ⁴	8,479	9,059	9,610	10,096
Registered Dental Hygienist in Alternative Practice (RDHAP)	Active	580	598	655	691
	Out of State	0	0	0	0
	Out of Country	0	0	0	0
	Delinquent/Expired	92	105	109	111
	Retired Status <i>if applicable</i>	0	0	1	0
	Inactive	50	43	38	45
	Other	20	26	39	66
Registered Dental Hygienist In Extended Functions (RDHEF)	Active	23	24	22	21
	Out of State	0	0	0	0
	Out of Country	0	0	0	0
	Delinquent/Expired	6	5	5	6
	Retired Status <i>if applicable</i>	0	0	0	0
	Inactive	2	2	2	1
	Other	1	3	4	4
Fictitious Name Permits (FNP)	Active	127	126	116	126
	Out of State	0	0	0	0
	Out of Country	0	0	0	0
	Delinquent/Expired	69	75	94	77
	Retired Status <i>if applicable</i>	0	0	0	0
	Inactive	0	0	0	0
	Other	42	50	55	80

Note: 'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both.

³ Active status is defined as able to practice. This includes licensees that are renewed, current, and active.

⁴ Other is defined as a status type that does not allow practice in California, other than retired or inactive.

Table 7a. Licensing Data by Type

Application Type		Received	Approved/Issued	Closed	Pending Applications			Cycle Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2019/20	WREB/CRD TS	476	559	10	-	-	45	32	37	35
	Licensure By Credential (LBC)	38	30	4	-	-	15	101	71	78
	(License) WREB/CRD TS	558	633	5	-	-	-	28	26	27
	(License) LBC	31	26	0	-	-	26	63	28	50
	Total RDH Licenses	-	659	-	907	-	11	-	-	-
	(Renewal)	10,392	9,648	593	-	-	5,839	6	0	6
	RDHAP	26	31	2	-	-	3	34	68	44
	(License)	29	31	5	-	-	24	165	727	184
	(Renewal)	368	339	6	-	-	186	12	-	12
	RDHEF	-	-	-	-	-	-	-	-	-
	(License)	-	-	-	-	-	-	-	-	-
	(Renewal)	19	16	-	-	-	7	5	0	5
	FNP	12	13	0	-	-	0	24	28	24
	(License)	-	13	-	-	-	-	-	-	-
	(Renewal)	-	74	-	-	-	105	80	-	80
FY 2020/21	WREB/CRD TS	915	801	20	-	-	139	24	33	31
	Licensure By Credential (LBC)	45	34	6	-	-	20	28	71	64
	(License) WREB/CRD TS	802	766	3	-	-	59	22	19	20
	(License) LBC	34	36	1	-	-	8	60	35	48
	Total RDH Licenses	-	802	-	-	-	-	-	-	-
	(Renewal)	10,416	9,590	560	-	-	5,968	8	-	8
	RDHAP	91	81	4	-	-	9	36	406	40
	(License)	82	71	4	-	-	190	-	-	190
	(Renewal)	317	296	14	-	-	194	14	-	14
	RDHEF	-	-	-	-	-	-	-	-	-
	(License)	-	-	-	-	-	-	-	-	-
	(Renewal)	6	6	1	-	-	13	55	-	55
	FNP Initial App	18	14	0	-	-	4	24	-	24
	Renewal	68	36	4	-	-	136	51	-	51
FY 2021/22	WREB/CRD TS	803	725	43	-	-	171	28	39	36
	LBC	51	48	8	-	-	15	27	68	62
	(License) WREB/CRD TS	724	724	2	-	-	57	27	25	26

(License) LBC	48	41	2	-	-	13	51	26	40
Total RDH Licenses	-	765	-	-	-	-	-	-	-
(Renewal)	10,397	9,505	581	-	-	5,433	10	-	10
RDHAP	83	76	6	-	-	10	30	-	30
(License)	75	68	1	-	-	37	95	-	95
(Renewal)	384	365	21	-	-	169	32	-	32
RDHEF	-	-	-	-	-	-	-	-	-
(License)	-	-	-	-	-	-	-	-	-
(Renewal)	17	17	0	-	-	6	0	-	0
FNP Initial App	21	19	1	-	-	5	49	-	49
Renewal	78	82	29	-	-	93	58	-	58

* Optional. List if tracked by the board. **NOTE:** RDHEF Licenses are no longer issued by the Board.

Table 7b. License Denial

	FY 2019/20	FY 2020/21	FY 2021/22
License Applications Denied (no hearing requested)	1	1	2
SOIs Filed	2	0	7
Average Days to File SOI (from request for hearing to SOI filed)	100	0	270
SOIs Declined	0	0	0
SOIs Withdrawn	0	0	3
SOIs Dismissed (license granted)	0	0	0
License Issued with Probation / Probationary License Issued	1	0	3
Average Days to Complete (from SOI filing to outcome)	72	0	120

21. How does the board verify information provided by the applicant?

The Board verifies information provided by the applicant by thoroughly reviewing all the required documentation received whether in hard copy, electronic form, or obtained through direct online access to another agency. Licensing staff ensure in their review of the documents that they are official and show watermarks, stamps, seal, or other official identifier of the agency, educational program, or examination administrator providing the information. Verifications from other states or jurisdictions where the applicant may have possessed a license also requires an official signature or seal to ensure acceptance.

- What process does the board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant? Has the board denied any licenses over the last four years based on the applicant's failure to disclose information on the application, including failure to self-disclose criminal history? If so, how many times and for what types of crimes (please be specific)?

The Board requires all applicants to submit electronic fingerprints (LiveScan) or hard fingerprint cards to be processed by the Department of Justice and the Federal Bureau of Investigations for any prior criminal history or disciplinary actions. If there is a history, the Board requests the submission of any pertinent court documents, and a letter of explanation about the unlawful act from the applicant.

- Does the board fingerprint all applicants?

Yes, the Board requires fingerprints be submitted by everyone applying for a California dental hygiene license.

- c. Have all current licensees been fingerprinted? If not, explain.

Yes, all current licensees have been fingerprinted.

- d. Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Renewing a license?

Yes, there is a national practitioner's databank related to disciplinary actions for dental hygienists. The Board participates in this databank and checks it prior to the issuance of a dental hygiene license. The Board does not have a requirement to check the databank for a licensee renewing their dental hygiene license.

- e. Does the board require primary source documentation?

Yes, the Board requires primary source documentation be submitted pursuant to BPC § 1917, to obtain a California dental hygiene license. The documentation consists of:

- Proof of satisfactory completion directly from the NDHBE (National Dental Hygiene Board Examination).
- Proof of graduation directly from a dental hygiene educational program approved by the Board and accredited by American Dental Association's Commission on Dental Accreditation (CODA).
- Proof of satisfactory completion of a clinical examination administered by WREB or CRDTS and due to the COVID-19 pandemic, temporarily the examination administered by CDCA/ADEX; and
- Proof of satisfactory completion of the Board's Law and Ethics Examination.

22. Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

The Board does not differentiate between out-of-state, out-of-country, and in-state applicants. The legal requirements and process for licensure for all applicants are the same pursuant to BPC sections 1917 and 1917.1. The only exception is the implementation of BPC section 115.5 whereby these individuals are granted priority during the application process due to their spouse or domestic partner's military status.

23. Describe the board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

- a. Does the board identify or track applicants who are veterans? If not, when does the board expect to be compliant with BPC § 114.5?

Yes, the Board identifies applicants who are veterans in compliance with BPC section 114.5.

- b. How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the board?

Over the years, the Board has not received any applicants attempting to use their military education, training, or experience to qualify for a California dental hygiene license. This is because the military primarily focuses on educating and training dentists and not dental hygienists. The majority of the applications for licensure submitted to the Board are from the active military person's spouse, significant other, or family member that has traveled with them to California due to the transfer of assignment. If the military does begin to educate and train

dental hygienists, the Board would be open to review the curriculum for acceptance to be applied toward a dental hygiene license.

- c. What regulatory changes has the board made to bring it into conformance with BPC § 35?

To date, no regulatory changes have been proposed due to the existing statutory requirements required for licensure as a dental hygienist. In researching, it appears the military focuses on dentist training and not dental hygiene training, which naturally has individuals considered for a dentist's license and not a dental hygiene license.

- d. How many licensees has the board waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been on board revenues?

To date, only one licensee has requested the waiver of renewal fees or continuing education requirements to renew their dental hygiene license.

- e. How many applications has the board expedited pursuant to BPC § 115.5?

The DHBC has expedited the licensure process for a total of 52 applications for military spouses for the fiscal years 2017/18 – 2021/22 to comply with this section of law. The break down for each fiscal year is as follows:

FY 2017/18 - 12 applicants.

FY 2018/19 - 18 applicants.

FY 2019/20 - 6 applicants.

FY 2020/21 - 11 applicants.

FY 2021/22 - 5 applicants.

24. Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

Yes, the Board sends "No Longer Interested" notifications to the DOJ for licenses that have been revoked. The Board sends them to the DOJ electronically through the BreEZe computer system. An individual who has had a license revoked and petitions the Board for reinstatement must apply as a new applicant and include the submission of electronic fingerprints or hardcopy fingerprint cards. Currently, there is no backlog in sending these notifications to the DOJ.

Examinations

Table 8. Examination Data ⁵				
California Examination (include multiple language) if any:				
License Type		RDH	RDHAP	-
Exam Title		Registered Dental Hygienist Law and Ethics Written Examination	CA Registered Dental Hygienist in Alternative Practice Law and Ethics Written Examination	-
FY 2018/19	Number of Candidates	988	53	-
	Overall Pass %	82	82	-
	Overall Fail %	18	18	-
FY 2019/20	Number of Candidates	811	39	-
	Overall Pass %	80	69	-
	Overall Fail %	20	31	-
FY 2020/21	Number of Candidates	917	97	-
	Overall Pass %	89	81	-
	Overall Fail %	11	19	-
FY 2021/22	Number of Candidates	895	95	-
	Overall Pass %	85	66	-
	Overall Fail %	15	34	-
Date of Last OA		August 2019	September 2019	-
Name of OA Developer		DCA Office of Professional Examination Services (OPES)	DCA Office of Professional Examination Services (OPES)	-
Target OA Date		2026	2026	-

***NOTE:** OPES = DCA Office of Professional Examination Services. RDHAP licensure is only recognized in California.

National Examination (include multiple language) if any:				
License Type		RDH	-	-
Exam Title		NDHBE*	-	-
FY 2018/19	Number of Candidates	N/A*	-	-
	Overall Pass %	N/A*	-	-
	Overall Fail %	N/A*	-	-
FY 2019/20	Number of Candidates	N/A*	-	-
	Overall Pass %	N/A*	-	-

⁵ This table includes all exams for all license types as well as the pass/fail rate. Include as many examination types as necessary to cover all exams for all license types.

National Examination (include multiple language) if any:				
	Overall Fail %	N/A*	-	-
FY 2020/21	Number of Candidates	N/A*	-	-
	Overall Pass %	N/A*	-	-
	Overall Fail %	N/A*	-	-
FY 2021/22	Number of Candidates	N/A*	-	-
	Overall Pass %	N/A*	-	-
	Overall Fail %	N/A*	-	-
Date of Last OA		N/A*	-	-
Name of OA Developer		N/A*	-	-
Target OA Date		N/A*	-	-

***NOTE:** The National Board Dental Hygiene Examination (NBDHE) only allows the Board to electronically obtain exam scores for individual applicants and does not provide any group or bulk data per year for their examination.

25. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required? Are examinations offered in a language other than English?

There are three examinations that are required for licensure: The NBDHE (National Board Dental Hygiene Examination), a clinical examination administered by WREB (Western Regional Examination Board) and/or CRDTS (Central Regional Dental Testing Services) or temporarily, unless acceptance is extended by the Board, the CDCA/ADEX (Commission on Dental Competency Assessments/ADEX) Manikin, and the Board's California Law and Ethics Examination that all candidates must pass. The CDCA/ADEX examination series consists of computer simulations and clinical examinations performed on patients and manikins. Temporary acceptance of the exam was from August 29, 2020, until July 31, 2023, unless extended due to the continued COVID-19 pandemic and cancellation or postponement of the live, patient-based clinical examinations.

The purpose of the NBDHE is to ensure that each examination candidate and applicant for licensure has achieved the level of knowledge, skill, and judgment necessary to practice in a safe and responsible manner. Accordingly, all candidates are expected to pass the examination on their own merit without assistance and are expected to maintain the confidentiality of the examination. Members of the public who entrust dental hygienists with their well-being expect that they are trustworthy and competent individuals.

The NBDHE is a comprehensive examination consisting of 350 multiple-choice examination items. The examination has two components: a discipline-based component and a case-based component. The discipline-based component includes 200 items addressing three major areas: 1) Scientific Basis for Dental Hygiene Practice; 2) Provision of Clinical Dental Hygiene Services; and 3) Community Health/Research Principles.

The case-based component includes 150 case-based items that refer to 12 to 15 dental hygiene patient cases. These cases presented in this component contain information dealing with adult and child patients by means of patient histories, dental charts, radiographs, and clinical photographs. Information about the American Dental Association NBDHE is available in their 2017 Guide on their website at: www.ada.org under the Education/Careers tab.

The purpose of the WREB and CRDTS regional clinical examinations is to evaluate an applicant's ability to utilize professional judgment and clinical competency in providing oral health care to

patients. By completing a regional examination, the results are portable should the licensee choose to move to another state or jurisdiction and obtain a license there. The exam results, if accepted by the new state or jurisdiction, can be used to fulfill the clinical requirement for licensure.

Prior to issuance of a license, an applicant for licensure as a dental hygienist shall successfully complete a supplemental written examination approved by the Board in Law and Ethics. The Board's Law and Ethics Examination, as stated in 16 CCR section 1082.3, requires:

- (a) The examination shall test the applicant's knowledge of California Law as it relates to the practice of dental hygiene.
- (b) The examination on ethics shall test the applicant's ability to recognize and apply ethical principles as they relate to the practice of dental hygiene.
- (c) An examinee shall be deemed to have passed the examination if his/her score is at least 75% in each examination.

All of the above examinations (national boards, clinical, and law and ethics examinations) are only available in English.

26. What are pass rates for first time vs. retakes in the past 4 fiscal years? *(Refer to Table 8: Examination Data)* Are pass rates collected for examinations offered in a language other than English?

The Board only administers the California Law and Ethics Examination for RDH and RDHAPs in English. The first chart shows the pass rates for first time takers over the past four years and the second shows the data of first-time takers versus applicants retaking the examination.

Pass Rates for First Time Takers of the CA Law and Ethics Examination*				
Fiscal Year	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22
RDH	82%	80%	89%	85%
RDHAP	82%	69%	79%	66%

Pass Rates for First Time Takers vs. Retakes of the CA Law and Ethics Examination					
RDH Applicants					
Fiscal Year	Number of First Timers	Percentage	Number of Retakers	Percentage	Total Passed
FY 2018/19	810	82%	178	18%	988
FY 2019/20	649	80%	162	20%	811
FY 2020/21	816	89%	101	11%	917
FY 2021/22	761	85%	134	15%	895

Pass Rates for First Time Takers vs. Retakes of the CA Law and Ethics Examination					
RDHAP Applicants					
Fiscal Year	Number of First Timers	Percentage	Number of Retakers	Percentage	Total Passed
FY 2018/19	43	82%	10	18%	53
FY 2019/20	27	69%	12	31%	39
FY 2020/21	79	81%	18	19%	97
FY 2021/22	63	66%	32	34%	95

27. Is the board using computer-based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

The Board's RDH and RDHAP Law and Ethics Examinations are computer-based tests. The law and ethics exams are available at multiple testing centers in CA and nationwide and are administered on a continuous basis once an applicant is qualified by the Board. Applicants schedule their own examination appointments at their convenience. The Board uses a secured vendor, Psychological Services, Incorporated (PSI Services, Inc.), as part of the department-wide contract to administer the law and ethics examinations.

28. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

Currently, there are no existing statutes that hinder the efficient and effective processing of the Board's licensing applications. The application process is direct and efficient where there are requirements applicants must complete and submit to the Board prior to being deemed eligible for the California Law and Ethics written examination. Once the applicant passes the exam, which is the last requirement to be completed, the dental hygiene license is issued.

School approvals

29. Describe legal requirements regarding school approval.

The Board's statutory authority regarding dental hygiene educational program (DHEP) approval may be found in the Business and Professions Code (BPC) in the following sections:

- **BPC section 1905, subdivisions (a)(1) – (a)(2).**

(1) Evaluate all registered dental hygienist, registered dental hygienist in alternative practice, and registered dental hygienist in extended functions educational programs that apply for approval and grant or deny approval of those applications in accordance with regulations adopted by the dental hygiene board. Any such educational programs approved by the dental board on or before June 30, 2009, shall be deemed approved by the dental hygiene board. Any dental hygiene program accredited by the Commission on Dental Accreditation (CODA) may be approved.

(2) Withdraw or revoke its prior approval of a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions educational program in accordance with regulations adopted by the dental hygiene board. The dental hygiene board may withdraw or revoke a dental hygiene program approval if the Commission on Dental Accreditation has indicated an intent to withdraw approval or has withdrawn approval.

- **BPC section 1941.**

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

(b) A new educational program for RDHs shall submit a feasibility study demonstrating a need for a new educational program and shall apply for approval from the dental hygiene board before seeking any required approval for initial accreditation from the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board. The dental hygiene board may approve, provisionally approve, or deny approval of a new educational program for RDHs.

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

(d) For purposes of this section, "RDHs" means registered dental hygienists, registered dental hygienists in alternative practice, or registered dental hygienists in extended functions.

- **BPC section 1941.5.**

(a) The dental hygiene board shall renew approval of educational programs for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions that certify to the dental hygiene board on a form prescribed by the dental hygiene board that the program continues to meet the requirements prescribed by the dental hygiene board.

(b) The dental hygiene board may conduct periodic surveys, evaluations, and announced and unannounced site visits to existing and new educational programs for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions to ensure continued compliance of educational program requirements and Commission on Dental Accreditation standards for continued approval.

(c) An existing or new educational program for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions that is found to be noncompliant with the educational program requirements and Commission on Dental Accreditation standards may be placed on probation with terms, issued a citation and fine, or have its approval withdrawn if compliance is not met within reasonable specified timelines.

(d) The dental hygiene board, or through an authorized representative, may issue a citation containing fines and orders of abatement for any approved educational program for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions for any violation of this section or the regulations adopted pursuant to this section.

The Board's regulatory authority regarding school approval may be found in Title 16 of the California Code of Regulations (CCR) in the following sections:

- **16 CCR section 1104.**

(a) A new educational program shall obtain Dental Hygiene Board approval prior to admission of students.

(b) The Dental Hygiene Board shall review the approval of all approved educational programs in accordance with accreditation renewal standards set by the Commission on Dental Accreditation of the American Dental Association (CODA), or an equivalent accrediting body, as determined by the Dental Hygiene Board. If an equivalent body has not been established by the Dental Hygiene Board, the standards shall be set by CODA.

(1) All educational programs accredited by CODA, or an equivalent accrediting body, as determined by the Dental Hygiene Board, shall submit to the Dental Hygiene Board after each accreditation site visit an electronic copy of the Self-Study Report prepared for CODA (<https://www.ada.org/en/coda>), or the equivalent accrediting body, as determined by the Dental Hygiene Board, and a copy of the final report of the findings within thirty (30) days of the final report issuance.

(2) If the educational program is granted CODA's, or that of an equivalent accrediting body, as determined by the Dental Hygiene Board, status of "Approval with Reporting Requirements", the program shall submit to the Dental Hygiene Board copies of any and all correspondence received from or submitted to CODA, or an equivalent accrediting body, as determined by the Dental Hygiene Board, until such time as the status of "Approval without Reporting Requirements" is granted.

(3) If the educational program is granted CODA's, or an equivalent accrediting body, as determined by the Dental Hygiene Board, status of "Approval with Reporting Requirements with Intent to Withdraw", the program shall notify the Dental Hygiene Board within ten (10) days, and the Dental Hygiene Board shall withdraw approval until such time as the status of "Approval without Reporting Requirements" is granted. Students enrolled in a program where approval has been withdrawn will not be considered graduates of an approved program and shall be ineligible for licensure. The program shall notify the students of the withdrawal of approval and the potential for ineligibility for licensure on the basis of not having graduated from an approved program. The program shall copy the Dental Hygiene Board on the notification to students and any correspondence submitted to CODA, or an equivalent accrediting body, as determined by the Dental Hygiene Board, regarding accreditation status.

(4) If the educational program is withdrawn from accredited status by CODA, or an equivalent accrediting body, as determined by the Dental Hygiene Board, the program shall notify the Dental Hygiene Board in writing of such status within 10 days and the Dental Hygiene Board shall withdraw approval. The program shall submit copies of any and all correspondence received from or submitted to CODA, or an equivalent accrediting body, as determined by the Dental Hygiene Board. Students enrolled in a program where accreditation has been withdrawn will not be considered graduates of an accredited program and shall be ineligible for licensure.

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

(c) All Dental Hygiene Board-approved programs shall maintain current accreditation by CODA, or an equivalent accrediting body, as determined by the Dental Hygiene Board.

(d) All Dental Hygiene Board-approved sponsoring and affiliated institutions shall maintain current institutional accreditation pursuant to Business and Professions Code section 1941(c).

(e) A material misrepresentation of fact by a new educational program or an approved educational program in any information required to be submitted to the Dental Hygiene Board is grounds for denial of approval or revocation of the program's approval.

- **16 CCR section 1104.1.**

(a) A college or an institution of higher education applying for approval of a new educational program for registered dental hygienists shall comply with the requirements specified in the Dental Hygiene Board's document entitled, "Instructions for Institutions Seeking Approval of a New RDH Educational Program", (EDP-I-01 Rev 03/2022), ("Instructions"), which is hereby incorporated by reference, including:

(1) Notify the Dental Hygiene Board in writing of its intent to offer a new educational program that complies with Dental Hygiene Board requirements.

(2) Submit a feasibility study in accordance with the requirements specified in the "Instructions" for approval as referenced in Business and Professions Code (BPC) section 1941(b).

(3) The Dental Hygiene Board shall review the feasibility study and approve or deny approval of the study as specified in the "Instructions".

(b) After approval of the feasibility study by the Dental Hygiene Board, and at least twelve (12) months prior to the proposed date for enrollment of students, the educational program shall submit CODA's, or an equivalent accrediting body's required documents to the Dental Hygiene Board in accordance with the requirements specified in the "Instructions". This includes a Self-Study Report that delineates how the proposed program plans to comply with the CODA accreditation standards contained in CODA's "Accreditation Standards for Dental Hygiene Education Programs" (As Last Revised: February 6, 2015) which is hereby incorporated by reference.

(c) The required documents shall be reviewed by the Dental Hygiene Board and site visit shall be scheduled in accordance with the requirements specified in the "Instructions".

(d) The Dental Hygiene Board may approve, provisionally approve, or deny approval of the educational program in accordance with the requirements specified in the "Instructions".

(e) The educational program shall notify the Dental Hygiene Board in writing of any substantive or major change in information contained in the required approval documents within 10 days of such change. A substantive or major change is one that affects the original submission, where without the submission of the new information the request for approval for a new educational program would be false, misleading, or incomplete.

- **16 CCR section 1104.2.**

(a) Any new educational program whose approval is denied may request an informal conference before the Executive Officer or his or her designee. The program shall be given at least ten days' notice of the time and place of such informal conference.

(b) The education program may contest the denial of approval by either:

(1) Appearing at the informal conference. The Executive Officer shall notify the educational program of the final decision of the Executive Officer within ten days of the informal conference. Based on the outcome of the informal conference, the educational program may then request a hearing to contest the Executive Officer's final decision. An educational program shall request a hearing by written notice to the Dental Hygiene Board within 30 calendar days of the postmark

date of the letter of the Executive Officer's final decision after informal conference. Hearings shall be held pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. Or;

(2) Notifying the Dental Hygiene Board in writing the educational program election to forego the informal conference and to proceed with a hearing pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. Such notification shall be made to the Dental Hygiene Board before the date of the informal conference.

- **16 CCR section 1105.**

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

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

(b) Instruction.

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

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

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

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

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

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

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

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

(f) Admission.

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

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

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

(i) Oral Communication

(ii) Written Communication *

(iii) Psychology

(iv) Sociology

(v) Mathematics *

(vi) Cultural Diversity **

(vii) Nutrition **

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

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

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

(i) Anatomy

(ii) Physiology

(iii) Inorganic Chemistry

(iv) Biochemistry or Organic Chemistry with Biochemistry

(v) Microbiology

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

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

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

(h) There shall be an organizational chart that identifies the relationships, lines of authority and channels of communication within the educational program, between the program and other

administrative segments of the sponsoring institution, and between the program, the institution and extramural facilities and service-learning sites.

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

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

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

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

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

Who approves your schools?

The Board maintains sole approval of dental hygiene educational programs in California pursuant to BPC section 1941. If a California dental hygiene educational program does not have the Board's approval, graduates of the California dental hygiene educational program are not eligible for licensure in California.

Additionally, all dental hygiene educational programs must be accredited by the Commission on Dental Accreditation of the American Dental Association (CODA). CODA was established in 1975 and is nationally recognized by the United States Department of Education as the sole agency to accredit dental and dental-related education programs conducted at the post-secondary level.

What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?

The Bureau of Private Postsecondary Education (BPPE) is generally responsible for protecting consumers and students against fraud, misrepresentation, or other business practices at private postsecondary institutions that may lead to loss of a student's tuition and related educational funds; establishing and enforcing minimum standards for ethical business practices and the health and safety and fiscal integrity of postsecondary education institutions; and establishing and enforcing minimum standards for instructional quality and institutional stability for all students in all types of private postsecondary educational and vocational institutions.

BOARD COLLABORATION WITH BPPE IN THE DENTAL HYGIENE EDUCATIONAL PROGRAMS APPROVAL PROCESS

The Board maintains communication with BPPE for possible companion cases if the review of the dental hygiene educational program discovers an issue under BPPE's purview.

The Board utilizes its laws and regulations in conjunction with the American Dental Association's Commission on Dental Accreditation (CODA) Standards to oversee the approval of the California dental hygiene educational programs (DHEP). The BPPE has no role in the approval of the

DHEPs but does review potential issues forwarded to it by the Board concerning the private DHEPs for any deviation in educational standards.

30. How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?

The Board approves 26 DHEPs and three Registered Dental Hygiene in Alternative Practice educational programs for a total of 29 dental hygiene educational programs. The Board began the review of the DHEPs in 2016 and had the intention of reviewing all of them within five years to establish an educational baseline for comparison with any future site visits. Issues at a few of the DHEPs that required Board attention and multiple visits and the COVID-19 pandemic caused delays for the completion of its initial review of all DHEPs. Now that the severity of the COVID - 19 pandemic diminished, to date, the Board has reviewed all 29 dental hygiene educational programs in 37 separate site visits since the Board's inception of the review program in December of 2016.

For the future, each dental hygiene educational program will be reviewed on a rotational basis based upon their CODA accreditation timeline (about every seven years) or sooner if the Board becomes aware of substantive changes to the dental hygiene educational program or complaints about the dental hygiene educational program are received by the Board. Much of the information gathered by the DHEP for the CODA site reviews overlaps with information the Board reviews for its approval so it can be used for both agencies.

The Board may withdraw a DHEP's approval pursuant to BPC section 1902(a)(2) if warranted, but would occur after intermediate steps of probation, citation and fine and possibly after a DHEP's appeal to the Board's decision to remove its approval. The Board provides ample opportunity for a DHEP to comply with the law and CODA Standards to continue its Board approval before further action is taken. If the Board votes to remove approval from the DHEP, it won't prohibit the DHEP from continuing to teach but would result in its students being deemed ineligible to obtain a dental hygiene license. See Table 30a for the dental hygiene schools the Board reviews and approves.

Table 30a. California Dental Hygiene Educational Programs (DHEP)		
School Name	Location	License Type
RDH Programs		
Cabrillo College	Aptos, CA	RDH
Carrington College – Sacramento	Sacramento, CA	RDH
Carrington College – San Jose	San Jose, CA	RDH
Cerritos College	Norwalk, CA	RDH
Chabot College	Hayward, CA	RDH
Concorde Career College – Garden Grove	Garden Grove, CA	RDH
Concorde Career College – San Bernardino	San Bernardino, CA	RDH
Concorde Career College – San Diego	San Diego, CA	RDH
Cypress College	Cypress, CA	RDH
Diablo Valley College	Pleasant Hill, CA	RDH
Foothill College	Los Altos Hills, CA	RDH
Fresno City College	Fresno, CA	RDH
Loma Linda University	Loma Linda, CA	RDH
Moreno Valley College	Moreno Valley, CA	RDH
Oxnard College	Oxnard, CA	RDH
Pasadena City College	Pasadena, CA	RDH
Sacramento City College	Sacramento, CA	RDH

San Joaquin Valley College – Ontario	Ontario, CA	RDH
San Joaquin Valley College – Visalia	Visalia, CA	RDH
Santa Rosa Junior College	Santa Rosa, CA	RDH
Shasta College	Redding, CA	RDH
Southwestern College	National City, CA	RDH
Taft College	Taft, CA	RDH
University of the Pacific	San Francisco, CA	RDH
West Coast University	Anaheim, CA	RDH
West Los Angeles College	Culver City, CA	RDH
RDHAP Programs		
California Northstate University	Elk Grove, CA	RDHAP
University of the Pacific	San Francisco, CA	RDHAP
West Los Angeles College	Culver City, CA	RDHAP

31. What are the board's legal requirements regarding approval of international schools?

The Board has no authority to approve international schools. The Board would need to obtain statutory authority, staff, and all the necessary resources to be able to initiate an international school approval process which the Board is not interested in pursuing at this time.

Continuing Education/Competency Requirements

32. Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.

The Board requires licensees to complete a certain number of continuing education (CE) hours to renew the dental hygiene license and to assist with continued competency for the practitioner in the profession. CE hour requirements are as follows:

Registered Dental Hygienists – 25 CE hours.

Registered Dental Hygienists in Alternative Practice – 35 CE hours.

Registered Dental Hygienists in Extended Functions – 25 CE hours.

Pursuant to BPC section 1936.1(a), the Board requires as a condition of license renewal that licensees submit assurances satisfactory to the Board that they will, during the preceding two-year period, inform themselves of the developments in the practice of dental hygiene occurring since the original issuance of their licenses by pursuing one or more courses of study satisfactory to the Board. The Board also requires as a condition of license renewal, specific coursework to be completed in Basic Life Support, Infection Control, and the DPA for each renewal. This attestation under the penalty of perjury of CE completion is noted on the licensee's License Renewal Application at each renewal that's completed.

The only change was to the law pertaining to CE since the last review. The Board amended BPC section 1936.1(a) to amend the language to complete the CE requirements for the renewal of the license from "succeeding two-year period" to "preceding two-year period" which is the practice followed by most if not all DCA boards that require CE as a condition of license renewal.

- How does the board verify CE or other competency requirements? Has the Board worked with the Department to receive primary source verification of CE completion through the Department's cloud?

The Board verifies CE completion by its licensees through random CE audits. Pursuant to 16 CCR section 1017(n), licensees are required to retain for three license renewal periods certificates of course completion issued at the completion of CE coursework and shall forward copies to the Board upon request for audit purposes. The Board expects licensees to be honest when completing their License Renewal Application where they attest under the penalty of perjury that they have completed the required number and type of CE hours to renew the license. The Board conducts a random subsequent CE audit to verify that licensees are in fact completing their required CE coursework to renew their licenses.

The Board has not collaborated with the Department to receive primary source verification of CE completion through the Department's cloud. Discussions may occur between our two agencies in the future regarding the utilization of this method to verify CE completion, if needed, but for now, acceptance of the submitted CE certificates of completion suffices.

- b. Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.

Yes, the Board conducts random CE audits of its licensees. Licensees are expected to follow the laws and regulations that govern their license including the completion of the required CE hours to renew the license over the 24 months prior to its expiration. Licensees attest under the penalty of perjury at the time of completing the License Renewal Application that they have completed not only the required number of CE hours and method (only a maximum 50% of the completed CE hours can be done through online recorded means), but the Board specific requirements in Basic Life Support, Infection Control, and the DPA. The CE hours must also be completed by CE providers approved by the Dental Board of California or approving entities accepted by them. Any deviation discovered through the CE Audit is grounds for failure unless CE documentation can be produced as a result of the audit to show CE compliance for the selected license renewal. The licensee is provided a reasonable amount of time to comply and if additional documentation is not produced to show CE compliance, further administrative action such as a citation and fine may be administered against the license. The licensee does have the right to appeal any administrative action taken against the license for the Board's consideration.

- c. What are consequences for failing a CE audit?

If a licensee fails a CE audit, their file is forwarded to the Citation and Fine desk for further administrative action which could possibly result in a citation and fine and Order of Abatement. The amount of the fine is determined by the extent of the non-compliance discovered by the failed CE audit. Issued fines are higher if the Board's mandatory coursework is incomplete.

- d. How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?

The Board obtained the staff resources through a budget change proposal in 2020 and only began to consistently conduct CE audits on a regular basis for the past two years. Within that time of two years, the Board has conducted 1,165 random CE audits. Of those audits conducted, 449 or 38.5% failed. This number and percentage have been consistent over the two-year period and the Board will continue to work to ensure licensees are informed of their CE requirements to renew the license prior to its expiration in the hopes of reducing the audit failure rate.

- e. What is the board's CE course approval policy?

CE providers and courses approved by the Dental Board of California are deemed acceptable and approved by the Board to apply toward the CE license renewal requirement.

- f. Who approves CE providers? Who approves CE courses? If the board approves them, what is the board application review process?

CE providers and courses approved by the Dental Board of California are deemed acceptable and approved by the Board. Pursuant to BPC section 1936.1(c), the Board has the authority to approve CE providers and courses; however, due to other program demands, the lack of staff and resources to dedicate to this issue, and the currently successful use of the existing CE provider and course approval system, the Board focuses its priorities on other issues than CE provider and course approval.

- g. How many applications for CE providers and CE courses were received? How many were approved?

The Board receives occasional inquiries about CE course provider and course approval, but because the Board currently does not approve CE providers or courses and relies on the approval process vetted through the Dental Board of California, the Board has not received any applications for CE course providers or courses.

- h. Does the board audit CE providers? If so, describe the board's policy and process.

The Board does not audit CE providers so there are no policies and processes in place to complete this function.

- i. Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance-based assessments of the licensee's continuing competence.

The Board has not prioritized or had reason to review its current CE policy because indicators and communications received by the Board inform us that dental hygiene practitioners are working within their ethical guidelines and rarely deviate from the standard of care. The Board does receive complaints from consumers each year that are practice related issues; however, most of them are closed due to insufficient evidence of any deviation in the standard of care, non-jurisdictional issues are referred to the agency with jurisdiction, or they stem from billing discrepancies outside of the Board's purview.

Table 8a. Continuing Education			
Type	Frequency of Renewal	Number of CE Hours Required Each Cycle	Percentage of Licensees Audited
Registered Dental Hygienist (RDH)	Biennial (every 2 years)	25	Up to 10%
Registered Dental Hygienist in Alternative Practice (RDHAP)	Biennial (every 2 years)	35	Up to 10%
Registered Dental Hygienist in Extended Functions (RDHEF)	Biennial (every 2 years)	25	Up to 10%

Section 5 – Enforcement Program

33. What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The Board's performance targets are consistent with the DCA's Consumer Protection Enforcement Initiative (CPEI) Performance Measures (PM). These measures include the following:

PM1- Complaints Received

PM1 is the total number of complaints and conviction/arrest notices received within the specified period

Complaints Received by FY	
Fiscal Year	Complaints Received
FY 2019/2020	219
FY 2020/2021	507
FY 2021/2022	422

PM 2 – Intake Cycle Time

PM2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint was assigned for investigation or closed

Intake Process			
FY 2019/2020	Average Days	Target # of Days	Target Met
1 st Quarter	4	10	Yes
2 nd Quarter	2	10	Yes
3 rd Quarter	2	10	Yes
4 th Quarter	1	10	Yes
FY 2020/2021			
1 st Quarter	4	10	Yes
2 nd Quarter	2	10	Yes
3 rd Quarter	2	10	Yes
4 th Quarter	1	10	Yes
FY 2021/2022			
1 st Quarter	2	10	Yes
2 nd Quarter	2	10	Yes
3 rd Quarter	2	10	Yes
4 th Quarter	2	10	Yes

PM 3 - Investigation Cycle Time

PM3 is the total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action

Intake and Investigation			
FY 2019/2020	Average Days	Target # of Days	Target Met
1 st Quarter	240	270	Yes
2 nd Quarter	180	270	Yes
3 rd Quarter	233	270	Yes
4 th Quarter	98	270	Yes
FY 2020/2021			
1 st Quarter	125	270	Yes
2 nd Quarter	82	270	Yes
3 rd Quarter	78	270	Yes
4 th Quarter	255	270	Yes
FY 2021/2022			
1 st Quarter	135	270	Yes
2 nd Quarter	121	270	Yes
3 rd Quarter	141	270	Yes
4 th Quarter	145	270	Yes

PM 4 – Formal Discipline Cycle Time

PM4 is the total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline and closures without formal discipline.

Formal Discipline			
FY 2019/2020	Average Days	Target # of Days	Target Met
1 st Quarter	974	540	No
2 nd Quarter	855	540	No
3 rd Quarter	629	540	No
4 th Quarter	646	540	No
FY 2020/2021	Average Days	Target # of Days	Target Met
1 st Quarter	882	540	No
2 nd Quarter	499	540	Yes
3 rd Quarter	N/A	540	No
4 th Quarter	1287	540	No
FY 2021/2022	Average Days	Target # of Days	Target Met
1 st Quarter	666	540	No
2 nd Quarter	1018	540	No

3 rd Quarter	426	540	Yes
4 th Quarter	553	540	No

PM 7 Probation Intake Cycle Time

PM 7 is the total number of new probation cases and the average number of days from the probation monitor assignment to the date the monitor makes first contact with the probationer.

The target of PM7 is 10 days. The Board has met this goal averaging 1 day to make first contact with probationers.

PM 8 – Probation Violation Response Cycle Time

PM 8 is the average number of days from the date a violation of probation is reported to the date the probation monitor initiates any action.

The target of PM 8 is 10 days. The Board has met this goal, averaging 1 day to initiate action after discovering violation(s) of probation.

The Board consistently met and exceeded the expectations of the enforcement program for the past three fiscal years, with the exception of PM 4, on the average number of days to close cases transmitted to the Attorney General (AG) for disciplinary action. This performance measure is dependent on outside agencies, such as the AG's Office and the Office of Administrative hearings (OAH), which the Board does not have control over. Despite not meeting the performance measure for the last two fiscal years, the Board has made some improvements during FY 2021/2022 and has reduced the average days it has taken to close a complaint transmitted to the AG's Office.

The Board and staff have worked diligently over the past three fiscal years to ensure cases are reviewed and assigned for investigation within 10 days. Over the past three fiscal years, PM 2 shows that it took an average of two days to review and assign cases for investigation.

The Board enforcement staff has made significant improvements in the investigation and processing timeframe of cases received by the Board. Over the past three fiscal years, the Board has reduced the Board's timeframe of investigation (PM 3) from 266 days in FY 2019/2020, to the most current data of 132 days in FY 2021/2022.

The Board's highest priority continues to be the protection of the public and, to ensure this, it is committed to investigating all cases thoroughly and efficiently.

34. Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

The volume of enforcement investigations increased 88% between FY 2019/2020 and FY 2020/2021 — from 182 cases to 342 cases received. The increase in cases is attributed to the rise in the number of Continuing Education (CE) audits the Board conducted. As a result, the Board has been issuing an increasing number of Citation and Fine to licensees for failing their CE audit. The Board's intake statistics show a consistent trend in the volume of cases related to convictions and complaints received by the Board. The Board assigned an average of 842 cases for investigation and closed 1,128 cases (Desk Investigation and Non-Sworn Investigation combined).

One performance barrier the Board has experienced is due to the significant delays of outside agencies involved in the review of cases. For example, each desk investigation related to the conviction of a crime that is substantially related to the functions and duties of hygienists requires the Board to obtain various documents, such as court documents, arrest records, and written responses from the licensee. This can be a lengthy and sometimes difficult process to receive all the required records in a timely manner. This is especially prevalent for out-of-state criminal conviction records. In many cases, multiple documents are needed from other agencies, and repeated requests are required. Further delays may be caused when processing fees are required by courts and arresting agencies.

Although the AG's Office has improved significantly in processing the Board's cases, there continue to be delays in the settlement cases and administrative hearings with OAH. There are many factors that may contribute to the AG's delay, such as their caseload numbers, the cooperativeness and responsiveness of the opposing parties, etc. Some cases can become sedentary for three months to half a year before a settlement can be reached and/or a hearing is scheduled. This affects the Board's Formal Discipline performance measure (PM 4).

In addition, the Board's enforcement program only consists of one Special Investigator, one Enforcement Analyst, one Probation Monitor, and one Citation and Fine Analyst. The Board experienced some staff turnover over the past three years due to staff promotion. The Board is in the process of filling all vacant positions to ensure that the Board continues to operate efficiently.

The Board continues to evaluate the workload data and internal procedures to identify issues or other ways to streamline and improve the enforcement program. In addition, the enforcement staff is working on updating the Board's Disciplinary Guidelines and Uniform Standards Regarding Substance Abuses.

Table 9a. Enforcement Statistics			
	FY 2019/20	FY 2020/21	FY 2021/22
COMPLAINTS			
Intake			
Received	182	342	323
Closed without Referral for Investigation	2	3	1
Referred to INV	106	412	324
Pending (close of FY)	74	2	0
Conviction / Arrest			
CONV Received	111	92	98
CONV Closed Without Referral for Investigation	0	0	0
CONV Referred to INV	113	92	98
CONV Pending (close of FY)	0	0	0
Source of Complaint ⁶			
Public	7	11	5
Licensee/Professional Groups	1	2	7
Governmental Agencies	0	2	3

⁶ Source of complaint refers to complaints and convictions received. The summation of intake and convictions should match the total of source of complaint.

Table 9a. Enforcement Statistics			
	FY 2019/20	FY 2020/21	FY 2021/22
Internal	261	370	322
Other	21	43	68
Anonymous	3	6	16
Average Time to Refer for Investigation (from receipt of complaint / conviction to referral for investigation)	3	3	2
Average Time to Closure (from receipt of complaint / conviction to closure at intake)	2	2	3
Average Time at Intake (from receipt of complaint / conviction to closure or referral for investigation)	3	3	2
INVESTIGATION			
Desk Investigations			
Opened	179	468	377
Closed	221	403	355
Average days to close (from assignment to investigation closure)	140	130	95
Pending (close of FY)	48	115	141
Non-Sworn Investigation			
Opened	42	40	49
Closed	47	40	58
Average days to close (from assignment to investigation closure)	486	368	331
Pending (close of FY)	42	41	32
Sworn Investigation	N/A	N/A	N/A
Opened	N/A	N/A	N/A
Closed	N/A	N/A	N/A
Average days to close (from assignment to investigation closure)	N/A	N/A	N/A
Pending (close of FY)	N/A	N/A	N/A
All investigations ⁷			
Opened	219	507	422
Closed	269	447	410
Average days for all investigation outcomes (from start investigation to investigation closure or referral for prosecution)	205	152	143
Average days for investigation closures (from start investigation to investigation closure)	194	156	132
Average days for investigation when referring for prosecution (from start investigation to referral for prosecution)	440	226	549
Average days from receipt of complaint to investigation closure	214	155	145
Pending (close of FY)	78	145	162
CITATION AND FINE			
Citations Issued	62	77	154
Average Days to Complete (from complaint receipt / inspection conducted to citation issued)	213	246	125
Amount of Fines Assessed	\$30,150	\$10,000	\$135,900
Amount of Fines Reduced, Withdrawn, Dismissed	\$0	\$500	\$7,000
Amount Collected	\$26,737	\$8,638	\$97,300
CRIMINAL ACTION			

⁷ The summation of desk, non-sworn, and sworn investigations should match the total of all investigations.

Table 9a. Enforcement Statistics			
	FY 2019/20	FY 2020/21	FY 2021/22
Referred for Criminal Prosecution	0	1	0
ACCUSATION			
Accusations Filed	20	4	13
Accusations Declined	0	0	0
Accusations Withdrawn	1	0	1
Accusations Dismissed	0	0	0
Average Days from Referral to Accusations Filed (from AG referral to Accusation filed)	78	110	92
INTERIM ACTION			
ISO & TRO Issued	0	0	0
PC 23 Orders Issued	0	0	0
Other Suspension/Restriction Orders Issued	0	0	0
Referred for Diversion	0	0	0
Petition to Compel Examination Ordered	0	0	1
DISCIPLINE			
AG Cases Initiated (cases referred to the AG in that year)	26	2	23
AG Cases Pending Pre-Accusation (close of FY)	0	0	0
AG Cases Pending Post-Accusation (close of FY)	171	102	143
DISCIPLINARY OUTCOMES			
Revocation	5	0	0
Surrender	4	1	1
Suspension only	0	0	0
Probation with Suspension	0	0	0
Probation only	5	3	8
Public Reprimand / Public Reproval / Public Letter of Reprimand	0	0	1
Other	0	0	0
DISCIPLINARY ACTIONS			
Proposed Decision	3	2	1
Default Decision	4	1	0
Stipulations	9	4	7
Average Days to Complete After Accusation (from Accusation filed to imposing formal discipline)	186	330	382
Average Days from Closure of Investigation to Imposing Formal Discipline	257	454	402
Average Days to Impose Discipline (from complaint receipt to imposing formal discipline)	694	1,058	736
PROBATION			
Probations Completed	8	8	5
Probationers Pending (close of FY)	34	22	20
Probationers Tolerated	3	4	3
Petitions to Revoke Probation / Accusation and Petition to Revoke Probation Filed	14	3	3
SUBSEQUENT DISCIPLINE⁸			
Probations Revoked	9	5	1
Probationers License Surrendered	9	4	2
Additional Probation Only	3	1	0
Suspension Only Added	0	0	0

⁸ Do not include these numbers in the Disciplinary Outcomes section above.

Table 9a. Enforcement Statistics			
	FY 2019/20	FY 2020/21	FY 2021/22
Other Conditions Added Only	0	0	0
Other Probation Outcome	0	0	0
SUBSTANCE ABUSING LICENSEES			
Probationers Subject to Drug Testing	30	22	21
Drug Tests Ordered	627	656	513
Positive Drug Tests	30	4	10
PETITIONS			
Petition for Termination or Modification Granted	2	3	0
Petition for Termination or Modification Denied	0	0	0
Petition for Reinstatement Granted	0	0	0
Petition for Reinstatement Denied	0	0	0
DIVERSION			
New Participants	0	0	0
Successful Completions	0	0	0
Participants (close of FY)	0	0	0
Terminations	0	0	0
Terminations for Public Threat	0	0	0
Drug Tests Ordered	0	0	0
Positive Drug Tests	0	0	0

Table 10. Enforcement Aging						
	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	Cases Closed	Average %
Investigations (Average %)						
Closed Within:						
90 Days	74	144	216	273	707	59.5%
91 - 180 Days	10	18	33	36	97	8%
181 - 1 Year	9	33	171	41	254	21%
1 - 2 Years	8	38	10	49	105	8.5%
2 - 3 Years	5	17	3	8	33	3%
Over 3 Years	2	4	2	3	11	1%
Total Investigation Cases Closed	108	254	435	410	1,207	-
Attorney General Cases (Average %)						
Closed Within:						
0 - 1 Year	0	6	0	1	7	15%
1 - 2 Years	3	5	2	4	14	31%
2 - 3 Years	4	5	3	2	14	31%
3 - 4 Years	1	2	1	2	6	13%
Over 4 Years	0	1	2	1	4	8%
Total Attorney General Cases Closed	8	19	8	10	45	-

35. What do overall statistics show as to increases or decreases in disciplinary action since last review?

The overall statistics show an increase in disciplinary action taken since the last Sunset Review. The overall increase is attributed to an increase in the number of complaints received which may fluctuate from year to year, and the additional hiring of staff to process enforcement related cases which improved the Board's Enforcement program efficiencies.

36. How are cases prioritized? What is the board's compliant prioritization policy? Is it different from DCA's *Complaint Prioritization Guidelines for Health Care Agencies* (August 31, 2009)? If so, explain why.

When complaints are received by the Board, they are reviewed and prioritized based on the alleged violation(s) of the DPA, and the laws and regulations that govern the practice of dental hygiene. The Board prioritizes cases according to the Complaint Prioritization Guidelines for Health Care Agencies (August 31, 2009). Please see the Complaint Prioritization Guidelines as displayed in the following table.

Complaint Prioritization Guidelines for DCA Health Care Agencies	
Priority Level	Complaint Category
Urgent (Highest Priority)	<ul style="list-style-type: none"> • In general, any act resulting in death or serious injury). • Gross negligence, incompetence or repeated negligent acts that -involve death or serious bodily injury. • Drug or alcohol abuse by the licensee resulting in death or serious bodily injury. • Repeated acts of clearly excessive treatment, repeated acts of negligence or gross negligence. • Sexual misconduct with patient during course of treatment or examination. • Practicing while under the influence of drugs or alcohol • Physical or mental abuse with injury. • Unlicensed activity alleged to have resulted in patient Injuries. • Aiding and abetting unlicensed activity -alleged to have resulted in -patient injuries. • Arrests or convictions substantially related to the area of practice (Note: may be re-categorized based on the nature of the underlying acts). • Impairments (mental, physical or as a result of alcohol or – drug abuse). • Theft of prescription drugs. • Furnishing prescription drugs without a prescription.
High	<ul style="list-style-type: none"> • Negligence or incompetence without serious bodily Injury. • Physical or mental abuse (without injury). • Complaints about licensees on probation. • Prescribing or dispensing drugs without authority. • Multiple complaints of the same allegation. • Complaints with multiple prior complaints. • Unlicensed activities (with no apparent harm).

	<ul style="list-style-type: none"> • Aiding and abetting unlicensed activity * with no apparent harm). • When evidence will likely be destroyed or unavailable.
Routine	<ul style="list-style-type: none"> • False/misleading advertising. • Patient abandonment. • Fraud. • Failure to release medical records. • Record-keeping violations. • Applicant misconduct. • National Practitioner Data bank reports. • Non-jurisdictional complaints (fee disputes, billing). • Continuing Education. • Breach of confidentiality.

Cases that are identified as “Urgent Priority” are immediately assigned to the enforcement analyst or investigator to review and prioritize into their existing caseload.

37. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the board actions taken against a licensee. Are there problems with the board receiving the required reports? If so, what could be done to correct the problems?

a. What is the dollar threshold for settlement reports received by the board?

- Penal Code (PC) section 11105.2 – This section requires the DOJ to report to the Board whenever a licensee is arrested and convicted of a crime(s).
- BPC section 801 requires insurers providing professional liability insurance to Board licensees to report any settlement or arbitration award over three thousand dollars (\$3,000) of a claim or action for damages for death or personal injury caused by that person’s negligence, error, or omission in practice or by his or her rendering of unauthorized professional services.
- BPC section 802 requires uninsured licensees to report any settlement, judgment, or arbitration award over three thousand dollars (\$3,000) of a claim or action for damages for death or personal injury caused by negligence, error, or omission in practice or by his or her rendering of unauthorized professional services
- BPC section 803 – This section requires the clerk of a court that renders a judgment that a licensee has committed a crime or is liable for any death or personal injury resulting in a judgment for an amount of \$30,000 caused by the licensee’s negligence, error, or omission in practice, or his or her rendering of unauthorized professional services, must report that judgment to the Board within 10 days after the judgment is entered.
- BPC section 1950.5(x) – This section requires the licensee to report to the Board in writing within seven days any death of his or her patient during the performance of any dental hygiene procedure or the discovery of the death of a patient which was related to a dental hygiene procedure performed by him or her.
- BPC section 1950.5(y) – This section requires the licensee to report to the Board all deaths occurring in his or her practice with a copy sent to the dental office.

- PC section 11164 et seq. – This section requires the licensee to report any child abuse and neglect

All licensees are required to disclose, at the time of license renewal all convictions since their last license renewal.

Cases involving criminal conviction(s) require the Board to request documentation from law enforcement agencies and various state and federal courts. The Board had issues with some of these agencies not responding to the records request or taking a long time to respond, which causes severe delays in the processing of cases. Furthermore, some agencies require a fee for certified arrest reports or court records, which further delays the Board in processing these cases in a timely manner.

b. What is the average dollar amount of settlements reported to the board?

To date, the Board has not been tracking the dollar amount of settlements reported. However, the Board will start tracking this information and provide them for future reporting.

38. Describe settlements the board, and Office of the Attorney General on behalf of the board, enter into with licensees.

The Board uses its “Disciplinary Guidelines and Uniform Standards for Substance Abuse” as a guideline in determining the appropriate disciplinary action(s) against licensees that violate the DPA and/or any laws and regulations that govern the practice of dental hygiene. However, the Board reviews each case individually, taking into consideration of any mitigating evidence and/or extenuating circumstances to support any deviation from the guidelines.

As outlined in the Board Disciplinary Guidelines, the Board settles disciplinary actions as follows:

- Surrender of license(s) - The licensee has agreed to voluntarily surrendered the license. This is considered a disciplinary action. The individual can no longer practice as a Registered Dental Hygienist in California
- Probation with standard and optional conditions - This license has been disciplined by the Board and is on probation. The licensee may continue to practice as long as the licensee complies with the specified terms and conditions of probation.
- Public Reproval - This license is publicly reprovved resulting from a disciplinary action reproving the licensee for violations of the DPA.
- Revocation - The license is revoked as a result of a disciplinary action taken by the Board. The individual can no longer practice as a Registered Dental Hygienist in California.

All cases entering into a Stipulated Settlement requires the approval of the Board’s Executive Office and votes of the Board members. In many cases, Stipulated Settlement offers a quicker resolution for both the licensee and the Board, while still ensuring that the Board’s priority in ensuring consumer protection is met.

a. What is the number of cases, pre-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

The Board stopped entering into stipulated settlements prior to the filing of an Accusation, Statement of Issues and/or Petition to Revoke Probation. (Revised to “The Board relies on the AG’s office prior to filing an accusation.)

- b. What is the number of cases, post-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

In the past four years, the Board settled thirty-nine (39) cases, compared to fifteen (15) cases that resulted in a hearing.

- c. What is the overall percentage of cases for the past four years that have been settled rather than resulted in a hearing?

The overall percentage of cases that were settled over the past four years is 72%.

39. Does the board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the board's policy on statute of limitations?

The Board does not operate with a statute of limitations. However, Board policy is to triage all complaints and process them as soon as possible.

40. Describe the board's efforts to address unlicensed activity and the underground economy.

In an effort to prevent unlicensed activity, the Board provides information on our website to help educate the general public and our licensees. The Board recommends all dental offices require dental hygienists to provide proof of licensure — either by a valid Board-issued pocket license or wall certificate. In addition, anyone may view a current license status by checking on the DCA's website under the "License Search" function. All licensees are required to complete biannual mandatory continuing education courses related to the DPA.

The majority of unlicensed activity cases received by the Board are related to licensees who failed to renew their license and practiced with a "Delinquent" license. These cases are investigated by the enforcement unit, and if substantiated, the licensee may be issued a citation and fine, or referral to the Attorney General's Office for prosecution.

In the last three fiscal years, there had only been two cases related to an individual that truly practiced without a dental hygiene license. The Board issued a cite and fine in the maximum amount of \$5,000 statutory limit and ordered the individual to immediately cease and desist from practicing dental hygiene without a license. One case was referred to the local District Attorney's Office for criminal prosecution, which is currently pending.

Cite and Fine

41. Discuss the extent to which the board has used its cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the \$5,000 statutory limit?

BPC section 125.9 authorizes the Board to issue citations and fines for violations of the DPA. Over the past three fiscal years, the Board has used its authority for cite and fine to address cases that warrant a cite and fine. Since the last Sunset Review, the Board hired a Cite and Fine Analyst and had been working on the backlog of cases requiring a cite and fine. The Cite and Fine program is an efficient and cost-effective mechanism to educate and obtain

compliance from licenses who violated the DPA. This program provides the Board with an alternative mechanism to address cases that do not rise to the level of formal disciplinary action

BPC section 1955(a) authorizes the Board to issue administrative citations to licensees and healthcare facilities who fail to produce requested patient records within the mandated 15-day period. The Board may issue citations with a \$250/day fine, up to a \$5,000 maximum. To date, the Board has not needed to issue a citation for failure to produce patient records.

The Board has expanded the scope of its use of cite and fine (beyond record production) to address a wider range of violations that can be more efficiently and effectively addressed through the use of cite and fine process with abatement and/or remedial education outcomes. It is also being used to address licensees who do not complete the continuing education (CE) units required to renew a license. These individuals are discovered to be deficient after a CE audit.

There have been no changes to the Board's citation and fine program regulations since the last Sunset Review.

The Board's citation and fine authority is not to exceed \$5,000, so if there is a case that is egregious enough to warrant a \$5,000 citation and fine, the Board will impose its maximum charge as determined by the Executive Officer or his or her designee.

42. How is cite and fine used? What types of violations are the basis for citation and fine?

The Board uses the Cite and Fine to address less egregious violations of the DPA in addition, the issuance of cite and fine is used to educate and gain immediate compliance from licensees.

When issuing citations, the Board's goal is to protect California consumers by getting the licensee's attention, re-educating them on the applicable laws and emphasizing the importance of following the dental hygiene practices that fall within the profession's standard of care. Considerations when issuing a citation and fine include:

- Nature and severity of the violation.
- Length of time that has elapsed since the violation.
- Consequences of the violation, including potential harm to the consumer.
- Licensee's history of previous violations: the number and types of violations in licensee's history; and
- Evidence that the violation was willful or intentional.

43. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?

In the last four (4) fiscal years, there had been a total of 22 informal office conferences conducted with licensees who requested an informal conference. There have been no Administrative Procedure Act Appeals in the last four (4) fiscal years.

44. What are the five most common violations for which citations are issued?

The five most common violations for which citations are issued are as follow:

- Conviction of crime(s) substantially related to the licensee's qualifications, functions, or duties.
- Unprofessional conduct.
- Practicing with an inactive or expired license.
- Continue Education Audit failure.
- Change of Address/Change of Name.

45. What is average fine pre- and post- appeal?

The average fine pre-appeal is \$656.63, and post-appeal is \$643.64.

46. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines.

The Board started to use the Franchise Tax Board (FTB) to collect outstanding fines in FY 2021/2022. The Board Cite and Fine Analyst notifies the licensee and serves three follow-up notices as necessary before sending the collection request to the FTB.

Cost Recovery and Restitution

47. Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.

BPC section 125.3 authorizes the Board to request reimbursement for reasonable costs incurred as the result of the investigation and prosecution of a formal disciplinary matter, which includes but is not limited to the actual cost of investigation and AG-related costs. The Board seeks cost recovery in all cases where it is authorized. Cost recovery is a standard probation term listed in the Board Disciplinary Guidelines. Cost recovery is always sought when a case is resolved through stipulated settlement or issuance of a Proposed Decision by an Administrative Law Judge after an administrative hearing.

The Board may reduce the amount of cost recovery as an incentive to reach a stipulated settlement. This strategy is beneficial for all parties involved as it reduces adjudication costs and processing timelines. Stipulated settlement also provides greater public protection as the matter is resolved more expeditiously. Furthermore, the respondent is subject to probation monitoring, and the matter is publicly disclosed much earlier than if the matter goes forward to an administrative hearing. As with any other disciplinary decision, the Board members must consider and vote to adopt all stipulated settlements before they become effective.

There have been no changes implemented in the Board cost recovery efforts since the last review.

48. How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

The amount ordered for revocations, surrenders, and probation through stipulated settlement varies widely and is dependent on many factors. These factors include the time it took to investigate a case and the cost incurred for the prosecution of the case with the Attorney General's office. In general, cost recovery imposed on probationers is collected as part of their required condition of probation. All probationers are required to satisfy their cost recovery within six months prior to the completion of their probation with the Board.

In cases of revocations or surrenders, the ordered costs are considered uncollectable until the licensee either petitions the Board for reinstatement or reapplies for licensure.

49. Are there cases for which the board does not seek cost recovery? Why?

The Board does not seek cost recovery in cases where a Statement of Issues is filed because these individuals are not yet licensed. A Statement of Issues is initiated when an applicant appeals the denial of their application for licensure pursuant to BPC § 485.

50. Describe the board's use of Franchise Tax Board intercepts to collect cost recovery.

The Board started to use the Franchise Tax Board (FTB) to collect outstanding fines in FY 2021/2022. The Board Cite and Fine Analyst notifies the licensee and serves three follow-up notices, as necessary before sending the collection request to the FTB.

51. Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.

Table 11. Cost Recovery⁹ (list dollars in thousands)				
	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22
Total Enforcement Expenditures	\$311,000	\$616,000	\$595,000	\$567,000
Potential Cases for Recovery *	1	5	3	4
Cases Recovery Ordered	1	5	3	4
Amount of Cost Recovery Ordered	\$1,652.50	\$26,103.70	\$20,876.50	\$13,860.00
Amount Collected	\$17,507.74	\$15,480.38	\$13,436.85	\$21,451.14
* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.				

Table 12. Restitution (list dollars in thousands)				
	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22
Amount Ordered*	\$0	\$0	\$0	\$0
Amount Collected*	\$0	\$0	\$0	\$0
*NOTE: The Board did not order nor collected restitution.				

Section 6 – Public Information Policies

52. How does the board use the internet to keep the public informed of board activities? Does the board post board-meeting materials online? When are they posted? How long do they remain

⁹ Cost recovery may include information from prior fiscal years.

on the board's website? When are draft meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?

Yes, the Board uses the internet to keep the public informed by continuously updating its website with the latest dental hygiene information about news and Board activities. This includes board meeting dates, new laws and regulations, examination updates, educational program information, and licensing and examination updates. Additionally, the Board posts enforcement information on the Board's website to provide the process for a consumer to file a complaint against a licensee. Furthermore, the Board posts its meeting materials as quickly as possible prior to the meeting date. Occasionally, last minute items are added to the materials as addendums to the main meeting materials and the Board posts those prior to the meeting as well. The meeting materials remain on the website indefinitely and older materials and minutes can be found in the Archive file at the bottom of the Board meeting calendar. The previous meeting's draft minutes are normally approved at the next meeting and are posted soon after the Board votes to approve them. The meeting minutes, like the meeting materials, remain on the Board's website indefinitely. After several years, previous meeting minutes are moved into the Archive file at the bottom of the Board's meeting page and are available to the public.

53. Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long do webcast meetings remain available online?

The Board had planned to initiate webcasting of its meetings but was postponed due to the COVID-19 pandemic. During the pandemic, the Board conducted its meetings through Webex due to in-person restrictions in place at the time. The Board will initiate a hybrid system of meetings moving forward with a combination of in-person and Webex online participation. Webcasting will be included simultaneously for the in-person Board and Committee meetings.

According to the DCA Office of Public Affairs, webcasted board meetings remain available online indefinitely, in addition to viewable through online sites such as YouTube.

54. Does the board establish an annual meeting calendar, and post it on the board's web site?

Yes, the Board establishes tentative meeting dates for the next calendar year at its November meeting of each year. Once the dates are approved by the Board, the dates are posted on the Board's website for public access. The Board works to ensure the dates listed on the website are maintained but they can be subject to change due to meeting logistics or member availability in the event a quorum cannot be established.

55. Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*? Does the board post accusations and disciplinary actions consistent with DCA's *Web Site Posting of Accusations and Disciplinary Actions* (May 21, 2010)?

Yes, the Board uses the DCA's Recommended Minimum Standards for Consumer Complaint Disclosure.

56. What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

Through the Board's website, the public may conduct a License Search (icon on website homepage) if they know the name of the licensee to be researched. After conducting the search, the following information may be shown:

Name, License Number, License Type, License Status, Expiration Date, Secondary Status (if any, meaning there may be an issue with the license), City, State, County, and Zip Code. There is also further details and information about the licensee if the user clicks on the More

Details button to the right of the record, which lists any Additional Qualifications, Previous Names the licensee may have been known by, License Issuance Date, Expiration Date, and, if applicable, any Enforcement or Disciplinary Action taken on the license.

57. What methods are used by the board to provide consumer outreach and education?

The Board uses its website as a primary source for consumer outreach and education, ensuring the latest information is posted. Additionally, the Board conducts site visits to California dental hygiene educational programs and is frequently invited to provide presentations to graduating dental hygiene students, dental hygiene associations, and interested stakeholders. The Board is in frequent communication with professional stakeholders, educational programs, and distributes email blasts to its subscribers and licensees for any Board meetings, events, or announcements and updates. In the future, the Board will explore the use of social media for consumer outreach and education.

Section 7 – Online Practice Issues

58. Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the board regulate online practice? Does the board have any plans to regulate internet business practices or believe there is a need to do so?

Dental hygienists work under the general and direct supervision of a licensed dentist unless they are employed by a public health agency. The definition of general supervision is the supervision of dental procedures based on instructions given by a licensed dentist who is not required to be physically present in the treatment facility during the performance of these procedures. Direct supervision is defined as the dentist is required to be physically present in the treatment facility during the performance of these procedures. There are only three dental procedures where direct supervision required and they are for Soft Tissue Curettage, Local Anesthesia administration, and Nitrous Oxide-Oxygen Analgesia administration. All other dental hygiene procedures may be completed under the general supervision of a licensed dentist. As such, most dental hygienists may perform their general supervision services with authorization from a licensed dentist through online means such as telehealth or teledentistry if the patient is a patient of record of the dentist and a comprehensive treatment plan has been previously established. If dental hygienists provide these dental services without the appropriate level of supervision of a licensed dentist whether in the dental office or online, they place their license in jeopardy.

As for unlicensed activity, the Board is not aware of any online practicing other than through telehealth or teledentistry, so therefore, we have not experienced any extensive unlicensed activity in this area. The Board has encountered unlicensed activity through complaints submitted by the public or other licensees, through self-reporting information from the licensees themselves that they neglected to renew their license, or inadvertently discovered that a licensee is practicing with an Inactive license which does not allow them to provide any dental hygiene services. As this may be a mistake when the licensee last renewed their license; it's ultimately the responsibility of the licensee to ensure their license is current and valid to provide dental hygiene services.

Online dental hygiene practice has not been an issue for the Board or at a minimum, it has not been brought to the attention of the Board except for an occasional complaint about a dental hygienist inappropriately advertising dental hygiene services at a specific location. Registered Dental Hygienists must work under the supervision of a licensed dentist and if a licensee is

found to be providing dental hygiene services independently, the Board would address it because it's against the law and affects consumer protection.

Section 8 – Workforce Development and Job Creation

59. What actions has the board taken in terms of workforce development?

The Board has been very proactive in seeking ways to implement BPC section 1900 which states:

“It is the intent of the Legislature by enactment of this article to permit the full utilization of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions in order to meet the dental care needs of all of the state's citizens.”

The primary reasons that restrict full utilization of all categories of dental hygienists and decreases their ability to provide care for all of the state's citizens are restrictive supervision levels, scope of practice restrictions limiting the services that dental hygienists are allowed to provide independently, and the inability for dental hygiene practitioners such as the RDHAP to obtain full reimbursement payment for the services rendered.

The current law states which dental hygiene services are completed under the direct supervision of a licensed dentist (the dentist employer must be physically present in the office when the service is performed) and general supervision (the dentist employer need not be present when the services are performed). The current laws allow the dentist employer to determine the level of supervision necessary for the performance of the services that dental assistants are legally allowed to provide. This same provision should be extended to dental hygienists where the supervising dentist should be able to determine the level of supervision required for a dental hygienist working in the dental office rather than the law dictating the required level of supervision.

Although BPC sections 1912 through 1914 allow for general supervision for most services performed by dental hygienists, some services are still only authorized under direct supervision (soft tissue curettage, local anesthesia administration, and nitrous oxide-oxygen analgesia) which limits the full utilization of the dental hygienist services. The Board has approved for staff to seek legislation to remove the direct supervision restrictions in the current law and amend it for the supervising dentist to indicate the level of supervision needed for these procedures.

60. Describe any assessment the board has conducted on the impact of licensing delays.

In the past, the Board was understaffed with only a single Licensing Analyst that was reviewing applications for licensure. This caused occasional backlogs, especially during the summer months when a high number of applications for licensure are received and processed due to many of the dental hygiene educational programs graduating their students. As of 2020, the Board hired a second Licensing Analyst to address applications for licensure and ever since then, the Board is well within its allowable timeframe by law to initially contact an applicant on the status of their application. Pursuant 16 CCR section 1069, the Board has 90 days to initially contact an applicant to notify them that the application is complete or there is some deficiency that needs their attention. Currently, the Board is well under two months in making the initial contact to the applicant regarding their application for licensure. In many instances, the application delays are not due to the Board's Licensing staff processes but because the applicant has delayed submitting the requirements for licensure that are needed to continue

the application process to eventually issue a license. Once all the requirements for licensure are fulfilled, the license is issued immediately through the computer system. If the application workload increases to the point where Board staff can no longer review applications within the time allotted by law, additional Licensing staff may be obtained to address the increased workload to decrease the application processing time.

61. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

The Board increased its communications with the dental hygiene educational programs immensely to convey the latest information of any licensure changes or new requirements for their students to obtain a dental hygiene license. Since the Board implemented increased oversight of the educational programs over the past few years, the communication has improved dramatically. Schools often contact the Board with inquiries more frequently than the Board reaches out to them because the information conveyed is already known by the schools and they have reached out to the Board for further information or clarity. Additionally, Board staff emphasizes educating the schools during site visits, so they are aware of the latest changes or issues that affect their programs. Board staff post the latest updated information on the Board's website and the Executive Officer sends email blasts to all the program directors to inform them of any changes or information pertaining to the licensing process.

62. Describe any barriers to licensure and/or employment the board believes exist.

One of the requirements for licensure as an RDH is satisfactory completion of a clinical practical examination given by either the Western Regional Examining Board (WREB) or Central Regional Dental Testing Services (CRDTS) and temporarily through CDCA due to the COVID-19 pandemic. This method of testing has been proven that it is insufficient in testing for competence since most dental hygiene students pass with a high score. The DHEPs provide a competency-based dental hygiene education and when the students graduate, they have already experienced two years of direct supervised patient care in the completion of their competencies. To have them test on people who may not have specific dental issues needed for testing or manikin tests that have shown the graduating students are competent in providing dental hygiene services is an unnecessary and costly step. Applicants seeking licensure as dentists have the option of completing a portfolio showcasing one's abilities instead of completing a clinical examination. Applicants seeking licensure as a Registered Dental Assistant (RDA) are only required to complete a written exam and a law and ethics exam. The Board will continue to review alternative pathways to licensure in lieu of requiring a clinical practical examination.

63. Provide any workforce development data collected by the board, such as:

The Board collects workforce information data for the California Department of Healthcare Access and Information (HCAI) [formerly OSHPD (Office of Statewide Health Planning and Development)] in a survey required to be completed at the time of the license renewal. This data is forwarded to HCAI on an annual basis for their use and is not shared with the Board. Unfortunately, many dental hygienists could be considered "nomads" because many of them work in several dental locations and don't have typical fulltime jobs at a single office. There is also a consensus in communications with the educational programs and licensees that they prefer to work in the heavier populated areas of the state rather than seeking work in the more rural and underserved areas. Better employment opportunities and higher wages play the largest role in determining where licensees choose to work.

a. Workforce shortages

The Board believes there are workforce shortage areas in certain populations of the state as well as the underserved areas where healthcare is neither affordable nor accessible to the population. Registered Dental Hygienists must work under the general and/or direct supervision of a licensed dentist depending on the services provided unless they work in a public health setting. Unfortunately, dentists prefer to establish their practices in the more heavily populated areas of the state instead of the rural, underserved areas so there's limited locations for dental hygienists to work. However, the Board has a license category titled the Dental Hygienist in Alternative Practice (RDHAP) that is allowed to work more autonomously in schools, institutions, medical and dental offices, for the homebound in addition to the underserved areas of the state. There's also a new provision that allows them to operate a mobile dental hygiene clinic if they can obtain the resources required to start them. The number of RDHAPs in the state (~700 active licensees) is slowly increasing; however, the reimbursement rate on the dental hygiene services they provide for their patients is underwhelming and needs to increase to have more licensees pursue this license category for increased access to dental hygiene care.

There is also a large population of dental hygienists that are of retirement age and are preparing to leave the workforce. Some will reduce their amount of work time as they transition to a retired lifestyle. Many licensees are also determining that California is too expensive to stay and choose to leave and relocate to another state and obtain a license to practice dental hygiene there. The profession's wages have not increased at the same rate as the cost of living has in California.

b. Successful training programs.

The Board has not implemented any training programs in workforce development for the dental hygiene profession as dental hygiene education and training are obtained in the dental hygiene educational programs.

Section 9 – Current Issues

64. What is the status of the board's implementation of the Uniform Standards for Substance Abusing Licensees?

The Board implemented its Uniform Standards for Substance Abusing licensees years ago. However, Board staff discovered that the language needed improvement or items added and is currently under revision. The revision is expected to clarify some of the language and incorporate new language that other board programs use that the Board is interested in incorporating into its own Uniform Standards. Once complete, it will be presented to the Board for approval and implementation. Although the revision will be Board approved in the near-future, staff will continue to analyze its effectiveness and make recommendations for revision and improvement as necessary.

65. What is the status of the board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?

The Board has not promulgated regulations to implement the CPEI but follows its methodology of addressing and prioritizing older enforcement cases to decrease case aging and triages its cases depending on the egregiousness of the complaint. By incorporating the CPEI model into

its review processes and obtaining additional staff, the Board has reduced the average timeline to investigate its oldest cases. The Board focused on:

- Administrative improvements, such as focusing on cases one year or older, employing better methods for complaint intake, and developing enhanced training for enforcement staff;
- Increased enforcement resources that included the hiring of a non-sworn investigator, probation monitor, and citation and fine analysts for more effective workload distribution;
- Pursuit of legislation to help the Board better protect consumers in areas where their enforcement authorities needed expansion and were limited.

By changing the Board's enforcement processes to mimic the CPEI, California consumers will benefit with a decrease in the amount of time to review and investigate enforcement cases.

The Board ensures consumer protection is its highest priority and consumers can have increased confidence that the Board's enforcement staff work efficiently and swiftly to resolve complaints or exercise the authority to suspend or limit the practice of violators who may pose a potential threat. The Board works diligently to monitor and prosecute those licensees who choose to not follow the law.

66. Describe how the board is participating in development of BreEZe and any other secondary IT issues affecting the board.

The Board fully participated in the development of the BreEZe computer system for many years prior to its implementation. The Board also provided initial staff in 2012 to assist and help configure the computer system. That staff eventually obtained a permanent position at the DCAs' Office of Information Systems (OIS) and was incorporated into their staff as a vital person to assist with the program. For the Board, we were part of Release Two that was initiated in 2016 and have used the system since that time.

a. Is the board utilizing BreEZe? What Release was the board included in? What is the status of the board's change requests?

The Board is currently utilizing the BreEZe computer system and was one of the board programs in Release Two of the system in 2016. Over the years, the board has submitted multiple change requests to address issues that arise or to implement new changes. These system requests are continually submitted to OIS on an ongoing basis as needed. The Board is in frequent communication with OIS for any issues that arise or to stay abreast of any new coming changes.

b. If the board is not utilizing BreEZe, what is the board's plan for future IT needs? What discussions has the board had with DCA about IT needs and options? What is the board's understanding of Release 3 boards? Is the board currently using a bridge or workaround system?

The Board is currently utilizing the BreEZe computer system and was one of the board programs in Release Two of the system and has continued to use it since 2016. On occasion, work around work processes must be created prior to full changes being made so that program processes can be completed until they are adapted to the computer system. Maintaining constant communication with OIS is paramount to discuss new issues and remedies to solve complex issues that may arise. There is a process in place to address changes to the computer system, but the first step is to communicate the issue with OIS to determine the needed steps to resolve the issue.

Section 10 – Board Actions and Responses to COVID-19.

67. In response to COVID-19, has the board implemented teleworking policies for employees and staff?

Yes. The Board implemented a hybrid telework schedule for all staff, so they are in the office to work three days per week and telework the other two days per week. Staff are assigned specific days to be in the office for coverage and availability to the public or stakeholders. The only exception is the Board's receptionist who is required to be in the office every day to oversee the public counter for any visitors, guests, or stakeholders that stop by the office to conduct business.

a. How have those measures affected board operations? If so, how?

The hybrid telework schedule initially was difficult and a challenge for management to become accustomed to for the oversight of staff. However, with the implementation of online communications, check in and out requirements, and having frequent discussions on work issues and project statuses with all Board staff, the telework schedule has become much less of a burden and a welcomed process to continue to complete the board's work. Management is frequently updated on any continuing issues, projects, or problems that arise so that they can be quickly dealt with and resolved. Board staff have adapted to the telework life well and have noted that it provides an improved work/life balance. Some staff still prefer to go to the office to work, as homelife can be excessively distracting at times. Overall, board operations continue to run smoothly, and staff are working well within the accepted timelines for their respective projects and assigned duties.

68. In response to COVID-19, has the board utilized any existing state of emergency statutes?

The Board has not utilized any existing state of emergency statutes due to COVID-19 pandemic but is kept abreast of any states of emergencies by notifications disseminated from the DCA.

a. If so, which ones, and why?

N/A.

69. Pursuant to the Governor's Executive Orders N-40-20 and N-75-20, has the board worked on any waiver requests with the Department?

Yes. The Board specifically requested to exclude the requirement of a wet laboratory component for potential dental hygiene student's prerequisite biomedical science coursework since the schools and educational programs were closed due to the COVID-19 pandemic. Most if not all the schools converted to online course completion due to the pandemic making it difficult to complete the wet laboratory component for the biomedical science courses at the school or home. Some schools used wet laboratory kits at home under faculty guidance to fulfill the wet laboratory component, but it wasn't required during the pandemic due to the approved wet laboratory waiver.

a. Of the above requests, how many were approved?

One was requested and approved.

b. How many are pending?

None.

c. How many were denied?

None.

d. What was the reason for the outcome of each request?

The reason for the outcome of the request was so that the potential dental hygiene students could continue the completion of the prerequisite biomedical science coursework requirements for entrance into the dental hygiene educational program.

70. In response to COVID-19, has the board taken any other steps or implemented any other policies regarding licensees or consumers?

Yes. As of August 29, 2020, through July 31, 2023, unless extended, the Board is temporarily accepting the clinical exam results from the alternative manikin-based clinical examinations administered by the Commission on Dental Competency Acceptance (CDCA), Western Regional Examination Board (WREB which has since merged with CDCA), and the Central Regional Dental Testing Services (CRDTS) in addition to the live, patient-based clinical examinations administered by WREB and CRDTS due to the COVID-19 pandemic. For a short period at the beginning of the pandemic, the live, patient-based clinical exam administrations ceased or were postponed inhibiting the spread of the virus when administering those examinations. The Board determined that another examination method must be considered for acceptance to fulfill the examination requirement to minimally delay the dental hygiene students from obtaining licensure. As a result of the presentations by exam administrators on possible alternatives to live, patient-based clinical examinations, the Board voted to accept the exam results from the alternative manikin-based clinical exams at its August 29, 2020, Board meeting to continue the student's progression toward licensure and to inhibit the spread of the virus.

The Board also supported the request from the California Dental Hygienists' Association to have dental hygienists assist with the administration of the COVID-19 vaccine to the public. Dental hygienists were allowed to administer the vaccines under appropriate supervision once they completed specific training on the process to administer vaccines as detailed in the approved waiver.

The Board accepted the DCA Director's implemented waiver to delay the completion of continuing education (CE) hours required to renew licenses during the pandemic. The waiver initially waived the completion of CE hours for six months, but as the pandemic continued, the waiver was extended several times. As such, licensees were informed of the waiver and that the required CE was not fully waived, but completion was still required, only delayed by the six months or the duration of the waiver whichever was shorter.

The Board was also very active as a resource for licensees to obtain the latest COVID-19 information, contacts for specific COVID guidelines and procedures like the local county or state public health agencies and provided information on infection control procedures to use upon the return to dental practices to treat the consumer.

71. Has the board recognized any necessary statutory revisions, updates, or changes to address COVID-19 or any future State of Emergency Declarations?

During the lengthy COVID-19 pandemic, the Board had the opportunity to review its laws in statutory language and any issues that arose were able to be resolved without the need for statutory amendments. The Governor's and DCA Director's approved waivers helped immensely to provide reasonable solutions to many of the issues created by the pandemic. No statutory revisions were identified to be requested due to the pandemic or in preparation of any future State of Emergency Declarations; however, a regulatory change was identified to accept other means of wet laboratory completion for dental hygiene educational programs during a declared state of emergency so that students could complete their prerequisite biomedical science coursework and not be on campus if closed.

Section 11 – Board Action and Response to Prior Sunset Issues

Include the following:

1. Background information concerning the issue as it pertains to the board.

The Board experienced multiple years of staffing shortages due to a relatively small budget and the previous hiring freeze. Once lifted, the Board submitted several budget change proposals for additional positions that were approved and no longer has a staffing issue. As the Board's workload continues to expand, additional BCPs will be submitted for new staff to address to address it.

At the last Sunset Review legislative hearing, the Committee inquired whether the Board was continually auditing its licensees for continuing education (CE) requirements for license renewal. At the time, the Board conducted a few CE audits intermittently due to the staffing shortage. Once staff was obtained to address the CE audit workload, the Board established a consistent CE audit program and has continually conducted audits of its licensees for license renewal compliance.

2. Short discussion of recommendations made by the Committees during prior sunset review.

The Joint Legislative Sunset Review Committee recommended that the Board obtain additional staff to conduct regular CE audits of its licensees for license renewal compliance. It suggested for the Board to ask for the Committee's assistance, if needed.

3. What action the board took in response to the recommendation or findings made under prior sunset review.

With the Committee's recommendation, the Board was able to obtain new staff once a BCP was approved to conduct CE audits on an ongoing basis to ensure license renewal compliance.

4. Any recommendations the board has for dealing with the issue, if appropriate.

The CE audit issue was resolved with the addition of new staff and assistance from the JLSRC.

Section 12 – New Issues

This is the opportunity for the board to inform the Committees of solutions to issues identified by the board and by the Committees. Provide a short discussion of each of the outstanding issues, and the board's recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, legislative changes) for each of the following:

1. Issues raised under prior Sunset Review that have not been addressed.

The Board is fortunate in that only a single issue identified in the prior Sunset Review remains. This is to amend the Direct Supervision requirements as stated in law from having the supervising dentist physically onsite to complete the SLN (soft tissue curettage, local anesthesia administration, and nitrous oxide - oxygen analgesia) dental services. The Board will request to amend the law (BPC section 1909) to have both soft tissue curettage and local anesthesia administration under the direct or general supervision as determined by the supervising licensed dentist and maintain the nitrous oxide analgesia under the direct supervision of a licensed dentist.

2. New issues identified by the board in this report.

A high priority for the Board is to modestly elevate the executive officer's (EO) exempt level to an equivalent of a manager 3 to obtain higher level subordinate management staff to appropriately structure the Board's management staff for current and future growth, efficient program oversight, institutional memory, and succession planning. This is the first step to obtaining additional management staff to oversee program operations. Once completed, the Board will have the adequate staff structure needed to move forward to efficiently run the Board's programs effectively without over-taxing staff. The Board can absorb the modest increase in cost within its existing budget with no fiscal impact to the State's General Fund. As a semi-autonomous board, it should be able to obtain approval of this type of request for its operations without issue. Please review the Board's full explanation and justification on this issue in Question 16 (page 31) and the full list of dental hygiene educational programs the EO is responsible for in Table 30a (page 50) in addition to several other program functions. The Board also has the support of the California Dental Hygienists Association (CDHA) for this modest request (see CDHA Sunset Review Letter of Support).

3. New issues not previously discussed in this report.

- a) Amend BPC section 1909 regarding SLN supervision to change the procedures to General Supervision rather than Direct Supervision of a licensed dentist. Specifically, the Board would like to amend this section of law to allow the supervising dentist to determine the amount of supervision required for a dental hygienist when providing soft tissue curettage and local anesthesia administration services. Nitrous Oxide - Oxygen analgesia would remain under the direct supervision of a licensed dentist.
- b) Elimination of clinical examination requirement for licensure for graduates of California dental hygiene educational programs if they apply for the license within three years of graduation.
- c) Authority to issue Restrictive Temporary Licenses (no SLN authority/services provided) for military spouses to practice dental hygiene in California.

- d) Increase the number of Board mandated continuing education (CE) hours ceiling from 7.5 to 10 so the Board has room to add mandated CE hours to renew the license if necessary. The Board is currently at its maximum mandated CE hours of 7.5 per license renewal cycle, and therefore, no room to add or expand any additional CE requirements should the need arise. This does not mean that there will be 10 CE hours now required, but room to expand if arising issues cause the need to expand the CE requirements.
- e) Propose new statutory language that will allow an RDHAP who has opened a stand-alone dental hygiene practice site in a Dental Health Professional Shortage Area (DHPSA) to maintain their practice if in the future, the DHPSA designation is removed. One reason the RDHAP license category was created was to serve the designated shortage areas of the state where dental hygiene services are scarce. Licensees are wary of opening a dental hygiene practice with the risk that they could lose the business if the DHPSA designation is lifted by the Federal Government due to the dental hygiene services they are providing to the population. With the ability to maintain their practice should the DHPSA designation be lifted, more RDHAPs would be willing to open new practices in these communities where their dental services are vitally needed the most.
- f) Propose new statutory language to allow the Board to conduct its public meetings through online methods or online methods in conjunction with in-person meetings (hybrid meetings) without having to agendize the physical locations of the participating teleconference members. Through the pandemic and ongoing, the online method of conducting meetings has increased the public's participation in Board meetings well over 100% and one meeting had a 600% increase in the number of participating attendees to the meeting. The Board intends to conduct hybrid public meetings where both live and online discussion and comments can occur to increase participation. The opportunity to provide public comment at meetings is priceless; however, the cost to travel to the meeting locations can be a huge burden in resources and time for public participants.

4. New issues raised by the Committees.

No new issues from the Committees have been noted by the Board.

Section 13– Attachments

Please provide the following attachments:

A. Board's administrative manual.

The draft of the newly revised Board administrative manual is attached for review.

B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).

The current organizational chart of the Board's committees with their membership is attached for review.

C. Major studies, if any (cf., Section 1, Question 4).

The Board conducted an Occupational Analysis (OA) with the assistance of the DCA Office of Professional Examination Services in 2019. The final OA report for RDH and RDHAP license categories is attached for review.

D. Performance Measures for the past three years (cf., Section 2, Question 6).

The Enforcement Performance Measures for the past three years (quarterly and annual) are attached for review.

E. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).

Year-end organizational charts for the last four fiscal years are attached for review.

F. California Dental Hygienists' Association's Letter of Support to continue the Board.

A support letter from the California Dental Hygienists' Association (CDHA) for the Board's Sunset Review is attached.

G. Dental Hygiene association's survey conducted with RDHAP licensees who would open a stand-alone dental hygiene practice in underserved designated areas of the state.

Copy of CDHA's survey of RDHAP licensees inquiring whether they would open a stand-alone dental hygiene practice if the restrictions on DHPA designation was lifted from underserved areas of the state is attached for review.

H. California Dental Association's Letter of Support to continue the Board.

A support letter from the California Dental Association (CDA) for the Board's Sunset Review is attached.

I. California Dental Hygiene Educators Association's Letter of Support to continue the Board.

A support letter from the California Dental Hygiene Educator's Association (CDHEA) for the Board's Sunset Review is attached.



Dental Hygiene Board of California 2022/23 Sunset Review Report

Section 13: Attachments

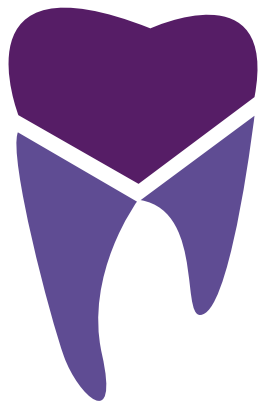
- A. Board's Administrative Manual.**
- B. Current organizational chart showing relationship of committees to the board and membership of each committee.**
- C. Major Studies: RDH & RDHAP 2019 Occupational Analysis.**
- D. Performance Measures from the Past Three Years.**
- E. Year-end Organizational Charts for Past Four Years.**
- F. California Dental Hygienists' Association (CDHA) Letter of Support for the Board's Sunset Review.**
- G. CDHA's RDHAP Survey Results for RDHAPs to Open Dental Hygiene Clinics in Dental Health Professional Shortage Areas (DHPSA).**
- H. California Dental Association's (CDA) Letter of Support for the Board's Sunset Review.**
- I. California Dental Hygiene Educators Association's (CDHEA) Letter of Support for the Board's Sunset Review.**



**Dental Hygiene Board of California
2022/23 Sunset Review Report**

Section 13: Attachment A

Board's Administrative Manual



DHBC

Dental Hygiene
Board of California

Member Guidelines & Procedure Manual
September 2022

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Chapter 1
INTRODUCTION

The Dental Hygiene Board of California (DHBC) is the only self-regulating dental hygiene agency of its kind in the United States. The California Legislature established the Dental Hygiene Committee of California in 2008 as an independent committee within the Department of Consumer Affairs (DCA). In 2018 through Senate Bill 1482 (Ch. 858, Statutes of 2018), the Legislature approved for the Committee to become a full autonomous Board (DHBC) under the purview of DCA. In California, the DHBC holds authority to regulate the dental hygiene profession under the guidance of statutes contained in the Business and Professions Code (BPC), Sections 1900 - 1967.4 and sections of the California Code of Regulations (CCR). The following is a summary of the DHBC's responsibilities:

- Pursue legislation;
- Author and enforce regulations;
- Grant, renew, and withdraw approval of dental hygiene educational programs;
- Conduct feasibility studies for new dental hygiene educational programs;
- Develop and maintain the dental hygiene Law and Ethics Examination in conjunction with the Office of Professional Examination Services;
- Issue, suspend, and revoke dental hygiene licenses and permits;
- Oversee licenses placed on probation;
- Conduct investigation of and administer enforcement for licensing violations; and
- Participate in outreach and support of the dental and dental hygiene community.

DHBC members are appointed by the Governor and the Legislature. The Governor appoints seven board members, and the State Assembly Speaker appoints one public member while the Senate Rules Committee appoints a second public member. A standard term of appointment is four years in duration. The Governor and Legislature shall have the power to remove any member from the DHBC for neglect of duty required by law, for incompetence, or for unprofessional or dishonorable conduct. In the event that a member resigns, the resigning member shall send a letter to the Governor notifying the Governor of the member's resignation

and effective last date of service. A copy of the letter of resignation shall be sent to the Director of DCA, the DHBC President, and the DHBC Executive Officer (EO).

This procedure manual is provided to guide members in the discharge of their duties and to ensure DHBC effectiveness and efficiency.

Chapter 2

COMPOSITION

Members - The DHBC shall consist of nine members. There shall be four public members, four registered dental hygienist (RDH) members, and one dentist member. Each licensed member shall possess, at the time of appointment and throughout the member's term on the DHBC, a valid California license in good standing to practice in the member's respective field of dentistry or dental hygiene.

- Public members - No public member shall have been licensed under this chapter within five years of the public member's date of appointment, nor shall the public member possess or acquire any financial interest in a business related to the practice of dentistry or dental hygiene during the public member's term on the DHBC.
- RDH members - Of the RDH members, one shall be licensed either in alternative practice or in extended functions; one shall be a dental hygiene educator; and two shall be RDHs.
- Dentist member - The dentist member shall be licensed either as a general dentist or a public health dentist.

Mid - term vacancies shall be filled by Governor or Legislative appointment depending upon which board member creates the vacancy, and the newly appointed member shall serve the remainder of his or her predecessor's unexpired term.

Member Officers - The DHBC shall elect a President, a Vice President, and a Secretary from its membership. The election shall be held at the final meeting of the calendar year. The newly elected member officers shall assume their respective offices on January 1st of the following year. Each term of service for a member officer position is one year. No person shall serve as

a member officer for more than two consecutive years unless extenuating circumstances prevail, requiring the majority of the members vote in favor of an extension. If an office becomes vacant during the year, an election shall be held at the next meeting.

President - The President is the spokesperson for the DHBC. The President represents the DHBC by attending hearings and other meetings with legislators, DCA, and stakeholders. The President attends Dental Board of California meetings as necessary. The President may testify, sign letters, and address the media on behalf of the DHBC. The President shall copy the EO on all written communications made on behalf of the DHBC and the EO shall forward the communication to all members.

The President is the chief official responsible for DHBC business. The President chairs and facilitates DHBC meetings, approves DHBC meeting agendas, signs specified full Board enforcement orders, establishes committees, appoints the Chairperson and members of each committee, and when necessary, assigns members at large to serve in the absence of committee members. The President may establish task forces to research policy questions or other issues as needed.

The President is the immediate supervisor of the EO. Specific instructions for work on policy matters by the EO from DHBC members shall be coordinated through the President. The President shall meet and communicate with the EO on a regular basis. The President holds approval authority for the EO's timesheets, travel expense claims, and leave requests. The President performs the following duties to lead the EO evaluation process:

- The President shall obtain an Executive Officer Performance Evaluation Guide from DCA Office of Human Resources (DCA OHR).
- The President shall distribute the Executive Officer Performance Evaluation Guide to DHBC members.
- The President shall collect each member's input and create a draft EO Performance Appraisal and Salary Administration.
- The President shall present a draft EO Performance Appraisal and Salary Administration to the DHBC annually.

- The President shall ensure that discussion of EO Performance Appraisal and Salary Administration is noticed on the DHBC meeting agenda for which it will be deliberated. Deliberation on EO Performance Appraisal and Salary Administration shall be conducted annually. Deliberation on the EO Performance Appraisal and Salary Administration shall be conducted in closed session unless the EO requests to the President in writing that the matter be discussed in open session.
- Before the close of deliberations, the President shall ensure that the DHBC approves an EO Performance Appraisal and Salary Administration Report.
- The President shall provide the EO with a written EO Performance Appraisal and Salary Administration Report annually.
- The President shall initiate the Exempt Position Request (EPR) process through the DCA OHR should the board determine that a salary adjustment or elevation in exempt position level of the EO is warranted.

Vice President - The Vice President assists the President at the President's request and may assume the duties above in the President's absence.

Secretary - The Secretary calls the roll at each DHBC meeting and reports whether a quorum is established. The Secretary also calls the roll vote for each agenda item voted upon and records the official vote results for the record.

Executive Officer - The EO is the chief administrative officer responsible for implementing the policies and directives of the DHBC.

- **Recruitment and Selection** - The DHBC shall institute an open recruitment plan to maintain a pool of qualified candidates. The DHBC shall also work with the DCA OHR for recruitment procedures. The selection of an EO shall be included as an item of business which must be noticed in a written agenda and transacted at a public meeting.
- **Appointment** - The appointed EO is exempt from civil service and serves at the pleasure of the DHBC. Appointment of the EO is subject to approval by the Director of the DCA.
- **Supervision** – The President is the direct supervisor of the EO. The EO, with the assistance of an Assistant EO, manages and supervises the staff.

- Vacancy – In the event the EO's position becomes vacant, the DHBC shall appoint the Assistant EO to serve as Interim EO until a permanent appointment can be made. The Interim EO's salary shall be set at an amount within the EO's salary range and the salary shall be applied to the first day of service as an Interim EO. The DHBC shall hold a special meeting within 30 days of the EO's vacancy to appoint an Interim EO, confirm the salary amount, and to initiate the selection process for a new EO.

Staff - Employees of the DHBC, with the exception of the EO, are civil service employees. Their conditions of employment (including pay, benefits, discipline, and evaluations) are governed by a myriad of civil service laws and regulations as well as collective bargaining labor agreements. Because of this complexity, it is appropriate that the DHBC delegate all authority and responsibility for managing the DHBC staff to the EO and AEO.

Chapter 3

TRAINING & CERTIFICATION REQUIREMENTS

DHBC members are required to complete the following training. Upon completion of each course, members shall send a copy of their Certificate of Completion to the EO or maintain the record in the online Learning Management System (LMS). The EO shall retain a copy of each certificate in the member's personnel file and shall forward additional copies to the appropriate oversight agencies as required.

- Board Member Orientation
- California Ethics Training for State Officials
- Conflict of Interest Certification
- Defensive Driver Training
- Sexual Harassment Prevention

Board Member Orientation Training - Every newly appointed and/or reappointed member is required to complete a New Board Member Orientation training program presented by the DCA within one year of assuming office. The training covers functions, responsibilities, and

obligations entailed in service as a DHBC member. For more information and assistance with scheduling, please contact:

SOLID Training Solutions
1747 Market Blvd., Ste. 270
Sacramento, CA 95834
(916) 574-8316
SOLID@dca.ca.gov

California Ethics Training for State Officials - Every newly appointed and/or reappointed member is required to complete the California Ethics Training for State Officials course within six months of appointment and every two years thereafter. The Attorney General's Website, <http://oag.ca.gov/ethics>, contains both an interactive version of the training as well as an accessible text-only version.

Conflict of Interest Certification - Every newly appointed and/or reappointed member is required to certify, within 10 days of appointment, and each year thereafter, specific documents to the general effect that he or she will perform all duties of a DHBC member in an impartial manner, free from bias caused by personal financial interests or the interest of persons who have supported the member. These documents, along with further explanation of conflict-of-interest restrictions and requirements, are available through the Board Member Resource Center on the DCA Website or through the Fair Political Practices Commission (FPPC) at:

http://www.dcaboardmembers.ca.gov/member_info/conflict_interest.shtml.

<https://www.fppc.ca.gov/>

Defensive Driver Training - Each member who will drive a vehicle in the course of any official function as a DHBC member, including commuting to DHBC meetings, shall complete, within 10 days of appointment, and every four years thereafter, the Department of General Service's (DGS) Defensive Driver Training. This training can be accessed through the DGS Website at:

www.dgs.ca.gov/orim/Programs/DDTOnlineTraining.aspx.

Sexual Harassment Prevention - Every newly appointed and/or reappointed member is required to complete Sexual Harassment Prevention training within six months of appointment and every two years thereafter. DCA's Equal Opportunity Employment Office can provide instructions on how to obtain this training.

Equal Employment Opportunity Office
1625 N. Market Blvd., Ste. N330
Sacramento, CA 95834
(916) 574-8280

http://www.dcaboardmembers.ca.gov/training/harassment_prevention.shtml

Chapter 4

BAGLEY-KEENE OPEN MEETING ACT

Meetings are subject to all provisions of the Bagley-Keene Open Meeting Act. This act governs meetings of state regulatory boards and committee meetings of those boards when the committee consists of more than two members. The act specifies meeting notice and agenda requirements and prohibits discussing or taking action on items not included in the agenda.

All members are encouraged to read the entire Bagley-Keene Open Meeting Act guide prepared by DCA Legal Affairs and accessible through the DCA Internet Web Site at:

http://www.dca.ca.gov/publications/bagleykeene_meetingact.pdf.

Key points include the following:

- The DHBC shall post notice to the public on the Internet at least 10 calendar days before regular meetings are held. Alternate format notices shall be made available, upon request, for persons with disabilities.
- The notice shall include the agenda.
- During the meeting, the only items that shall be discussed are the items on the noticed agenda, with the exception that the public may raise issues during the Public Comment portion of the meeting.

- Issues raised during the meeting but not agendaized may, at the discretion of the President, be placed on a future meeting's agenda for discussion.
- For all action items at DHBC meetings, as well as subcommittee meetings of three or more members, the law now requires the DHBC to conduct a roll call vote for each action item voted upon for the record including the abstention of each member present for that action item. The DHBC shall include this information in its meeting minutes.
- Provision is made to allow special meetings for certain circumstances in which adherence to the 10-day notice requirement would impose a substantial hardship on the state body or where immediate action is required to protect public interest.
- Members shall not contact other members in order to discuss, deliberate, or take action outside the meeting on a matter within the subject matter of the DHBC.
- Members are strongly discouraged from using cell phones during any meeting as this may give the impression of unlawful member-to-member communication.
- Members may seek further clarification and instruction from the EO.
- With the advancement of technology, many meetings are now conducted through online teleconference or video methods. Unless there are new laws that change the parameters of the Open Meetings Act, the same key points must be followed for meetings consisting of two or more board or committee members.

Chapter 5

OPERATIONS

General Rules of Conduct -

- Members shall recognize the valuable contributions of all DHBC members.
- Members shall commit appropriate time and effort to DHBC responsibilities including reviewing meeting notes, administrative cases, and other materials provided by staff.
- Members shall adhere to the principles of fairness and impartiality in the discharge of their duty to protect the public, without bias, through the enforcement of DHBC laws and the creation of regulations to govern the practice of dental hygiene.
- Members shall conduct their business in an open manner so that the public may be both informed and involved in accordance with the Bagley-Keene Open Meeting Act.

- Members shall neither privately nor publicly lobby for, nor shall they publicly endorse, or otherwise engage in any personal efforts that would tend to promote their own personal or political views or goals when those views or goals are in opposition to a position adopted by the DHBC.
- Members shall never participate in making a governmental decision, or in any way attempt to use their official position to influence a governmental decision, in which there is a financial interest to the member or the potential of such. Any DHBC member who feels they are entering into a situation where there is a potential for a conflict of interest shall immediately consult the EO or DHBC's legal counsel.
- Members shall never accept gifts from applicants, licensees, or members of the profession while serving on the DHBC.
- Members shall not disclose or otherwise make known the contents or nature of sensitive, private, or confidential documents or information related to DHBC business.
- Members shall not speak or act on behalf of the DHBC without first notifying the EO and obtaining permission from the President.

Full Committee Meetings - The DHBC shall meet at least two times each calendar year with an option for a third meeting, if necessary, to conduct DHBC business. The DHBC shall make a reasonable effort to vary the location of meetings, as economically feasible, to best serve the public and licensees.

Member attendance and active participation is critical to the success of DHBC meetings; therefore, if at any time a member cannot attend a meeting, it is imperative that the member notify the EO as soon as possible so that the EO can verify that a sufficient number of members will be present at the meeting to establish a quorum. To vote on an item of business, a quorum must be present. The presence of five members is necessary to establish a quorum. When a quorum is not present, but members are in attendance at a noticed meeting, members may discuss items of business but they may not take any action.

The President may ascertain from any member whose level of attendance and active participation at noticed meetings and whose timely submittal of mail votes is below standard whether or not the member is able or willing to continue to serve.

Agendas - Any member may submit items to the EO for consideration for future meeting agendas. The President and EO shall review all proposed agenda items received at least 30 days prior to the noticed meeting and the President shall determine which items shall be placed on that meeting's agenda. The EO shall provide the agenda to all members at least 10 days prior to the meeting and the EO shall provide the meeting packet to all members by email no later than seven days prior to the meeting.

Agendas shall focus on the specific tasks assigned by the DHBC and shall include:

- Time for public comment.
- Time for members to recommend new issues to be brought to the DHBC's attention.
- Time for a lunch break if the meeting is a full day.
- Committee agendas shall only contain items dealing with subjects assigned to the respective committee.
- Teleconference agendas shall include the meeting identification and passcode for the public to access the meeting.

Committees - Committees are advisory groups formed to research and deliberate on specific categories of concern, then recommend actions to the full Board for approval. The President shall appoint members to fill positions on each standing committee. A member may serve on multiple committees. Members who attend a committee meeting when not appointed to that committee may sit in the audience but shall not participate in the meeting discussion or voting. There are four standing committees:

- Licensing and Examination Committee
- Enforcement Committee
- Legislative and Regulatory Committee
- Education Committee

Licensing and Examination Committee - The purpose of the Licensing and Examination Committee is to advise the DHBC on policy matters relating to examination and licensure.

Enforcement Committee - The purpose of the Enforcement Committee is to advise the DHBC on policy matters related to protecting the health and safety of consumers. This includes evaluation of disciplinary statutes and maintenance of regulations and guidelines pertaining to enforcement.

Legislative and Regulatory Committee - The purpose of the Legislative and Regulatory Committee is to review and track legislation that affects the DHBC and to recommend positions on legislation. The committee also provides information and recommendations on regulatory additions or changes.

Education Committee - The purpose of the Education Committee is to advise the DHBC on granting, renewing, or withdrawing approval of educational programs and curriculum content. The committee also provides information and recommendations on feasibility studies for new educational programs.

Ad Hoc Committees - The President may establish ad hoc committees as needed. Any member may request that an ad hoc committee be established. The ad hoc committee is charged with an in-depth review of a specific issue and a recommendation to the DHBC.

Staff Assistance – The DHBC staff are available to provide support and consultation to the DHBC members and committees; however, members must funnel all communications and requests for staff assistance through the EO.

Recordkeeping - All public meetings are recorded using either audio and/or video recording equipment. Recordings shall be maintained until either 30 days from the meeting or until after the minutes are approved or accepted, whichever is later. Teleconferences may also be recorded for the minutes and record.

Minutes - Meeting minutes are a summary, not a transcript, of the proceedings. Only a quorum may approve meeting minutes and when less than a quorum is present, they may accept the minutes. A vote shall be taken regarding whether or not to accept/approve the minutes at the next meeting following the meeting for which the minutes pertain. Approved or accepted minutes for the open session portions of DHBC meetings shall be made available for

distribution to the public and placed on the DHBC's Internet Web Site within 30 working days of approval/acceptance.

Voting - All votes shall be captured in a roll call format pursuant to the Bagley-Keene Open Meeting Act and reflected as such in the minutes.

Chapter 6

DISCIPLINARY MATTERS INVOLVING LICENSEES

When a disciplinary matter involving a licensee arises, the Enforcement Analyst shall prepare a comprehensive report on the issue and provide it to all DHBC members. At the close of the report, the Enforcement Analyst shall propose various positions or stipulations for members to consider regarding the matter and shall provide each member a mail ballot and copy of the voting policy.

Voting on Disciplinary Matters - Each member may vote by mail ballot in favor of one of the proposed disciplinary positions or stipulations, or the member may vote to hold for discussion by writing on his or her ballot "hold for discussion" as well as the reason for the request to hold for discussion. If two or more members vote to hold for discussion, the matter is set aside until it can be discussed during a closed session at the next meeting. Members shall cast new votes after the discussion.

The DHBC shall approve, by a majority vote, any proposed decision or stipulation before the formal discipline becomes final and the penalty can take effect.

For stipulations, a background memorandum from the assigned deputy attorney general accompanies the mail ballot. A two-week deadline is generally given for return of the mail ballot to the DHBC's office.

If the matter is held for discussion, legal counsel will preside over the closed session to assure compliance with the Administrative Procedure Act and Open Meeting Act.

Security Regarding Disciplinary Matters - Members shall not directly participate in complaint handling or investigations. The following guidelines apply but members should contact the EO or DHBC legal counsel for answers to specific questions.

- No member shall access a licensee's or candidate's file.
- Members shall not intervene on behalf of a licensee, candidate for licensure, or respondent for any reason.
- If a member is contacted by a licensee, candidate for licensure, respondent, or by a respondent's attorney, the member shall refer the person making contact to the EO and shall immediately notify the EO of the contact event.

Chapter 7

SALARY PER DIEM

Members fill non-salaried positions but are paid \$100 per day for each meeting, training, or other day actually spent in the discharge of official DHBC duties. Members are reimbursed travel and other expenses necessarily incurred in the performance of official duties. They are paid from the DHBC's funds (BPC Section 103). Salary per diem and travel reimbursement shall be rendered in accordance with the following guidelines:

- The term "day actually spent in the discharge of official duties" shall mean such time as is expended from the commencement of a DHBC or committee meeting until that meeting is adjourned. Travel time is not included in this component.
- No salary per diem or reimbursement for travel-related expenses shall be paid to members except for attendance at official meetings unless a substantial official service is performed by the member. In the event of attendance at gatherings, events, hearings, conferences, or meetings other than official DHBC or committee meetings in which a substantial official service is performed, the member shall notify the EO and gain approval from the DHBC President prior to the member's attendance.
- For DHBC-specified work, members may be compensated for actual time spent performing work authorized by the President. This may include, but is not limited to,

authorized attendance at other gatherings, events, meetings, trainings, hearings, or conferences.

- Reimbursable work does not include miscellaneous reading and information gathering for business not related to any meeting, preparation time for a presentation, or participation at meetings not related to official duties.

Chapter 8

TRAVEL REIMBURSEMENT

Members shall obtain the President's approval prior to embarking on any travel in support of the DHBC except for DHBC meetings and mandatory training.

Rules governing members' reimbursement of authorized travel expenses are consistent with rules that apply to management-level state staff. Members shall coordinate with the EO as soon as possible upon return from travel to file travel expense claims.

Chapter 9
ADDITIONAL RESOURCES

Sample Mail Ballot

Model with Separate Hold Provisions

To: All DHBC Members

From: Enforcement Analyst

Date:

RE: Mail Ballot for [First] [Last], License No. _____ Case No. _____

THIS MAIL BALLOT MUST BE RETURNED TO THE DHBC NO LATER THAN _____

(If the ballot does not reach the DHBC by this date your vote may not be counted and the DHBC may lose jurisdiction to act).

Please review the attached documents and vote on the above case. Upon completion of this mail ballot, please return it to me in the enclosed envelope or fax it to me at (916) 263-2688 by the date noted above.

The decision presented is a:

___ Proposed Decision. The DHBC will lose jurisdiction to act on _____
[Government Code Section 11517(d)].

___ Stipulated Decision

___ Default Decision

___ Probationary License

Please choose one option:

___ I vote to adopt (Choose this option if you accept the decision as written).

___ I vote to reject (Choose this option if you have questions or concerns).

___ I vote to recuse myself (Choose this option if you believe you have a conflict).

___ I vote to hold for discussion (Choose this option if you would like to discuss at the next DHBC meeting)

DHBC Member Signature

Date

If you have procedural questions about the decision, please contact me at (916) 576-5005.

EXPLANATION OF ENFORCEMENT TERMS

Accusation - Charges filed against a licensee alleging violations of the laws and regulations relating to the practice of dental hygiene.

Default Decision - Licensee fails to respond to the Accusation by filing a Notice of Defense or fails to appear at the administrative hearing.

Denied - The application for licensure as a dental hygienist is denied.

Decision - The order of the DHBC in a disciplinary action.

Interim Suspension Order (ISO) - An order issued upon petition by the DHBC, suspending a licensee from all or a part of his or her practice in dental hygiene.

Petition to Revoke Probation - Charges filed against a probationer seeking revocation of their license based upon violation(s) of probation.

Probation - Terms and conditions placed on a licensee for a specific period of time as a result of disciplinary action.

Probationary License - A conditional license issued to an applicant with terms and conditions for a specific period of time.

Public Reprimand - Licensee was reprimanded for a minor violation(s).

Revoked - Licensee's right to practice is ended and the license is taken back.

Revoked, Stayed, Probation - "Stayed" means the revocation is postponed. Professional practice may continue so long as the licensee complies with the specific terms and conditions ordered. Violation of probation may result in the revocation that was postponed.

Statement of Issues - Charges filed against an applicant to deny licensure.

Stipulated Decision - A Settlement agreed to in lieu of a formal hearing to resolve the accusation and impose discipline.

Surrender - Licensee stipulates to surrender the license. The right to practice is ended.

Suspension - Licensee is prohibited from practicing for a specific period of time.

EXPLANATION OF MAIL BALLOT TERMS

Adopt - A vote to adopt the proposed action means that you accept the action as presented.

Default Decision - If an accusation mailed to the last known address is returned by the post office as unclaimed, or if a respondent fails to file a Notice of Defense or fails to appear at the hearing, the respondent is considered in default. The penalty in a case resolved by default is generally revocation of the license. A default decision can be set aside and the case set for hearing if 1) the respondent petitions for reconsideration before the effective date of the decision; and 2) the DHBC grants the petition.

Hold for Discussion - In addition to voting, you should mark this box if you have a question or concern about the decision and would like to discuss the matter with fellow members during a closed session. If you vote to reject, you may also wish to hold the case. TWO votes must be received to hold a case. If the case is a **stipulated decision**, the DHBC staff can explain why they entered into the agreement. If the case is either type, you may contact the DHBC's assigned legal counsel to discuss the merits of the case.

Proposed Decision - Following a hearing, the administrative law judge shall draft a proposed decision recommending an outcome based on the facts and the DHBC's disciplinary guidelines. At its discretion, the DHBC may impose a lesser penalty than that in the proposed decision. If the DHBC desires to increase a proposed penalty, however, it must vote to reject or non-adopt the proposed decision, read the transcript of the hearing, and review all exhibits prior to acting on the case.

Recusal - Mark this box if you believe you cannot participate in making the decision because you have a specific conflict. Common examples are if the person is a member of your family, a close personal friend, or business partner. If you are unsure if you should recuse yourself, you should contact the EO or the assigned DHBC legal counsel.

Reject - A vote to reject (non-adopt) the proposed action means that you disagree with one or more portions of the proposed action and do not want it adopted as the DHBC's decision. This

vote should be used if you believe an additional term or condition of probation should be added (or deleted), or would otherwise modify the proposed penalty.

Stipulated Decision - At any time during the disciplinary process, the parties to the matter (the EO and the respondent) can agree to a disposition of the case. With the EO's consent, the Deputy Attorney General can negotiate a stipulated decision (also referred to as a stipulated agreement) based on the DHBC's disciplinary guidelines. The DHBC may adopt the stipulated decision as proposed, may counter-offer and recommend other provisions, or may reject the agreement. If respondent declines to accept a proposed counteroffer, the case continues in the standard disciplinary process.

Summary of Outcomes - If a proposed decision is rejected, the transcript will be ordered and the case scheduled for argument according to DHBC policy. After reviewing the record, the DHBC will be able to adopt the decision as previously written or modify the decision as it deems appropriate, except that a cost recovery order may not be increased. If a stipulated decision is rejected, the case will be set for hearing unless a counteroffer is made during a closed session. If a default decision is rejected, the case will be set for hearing.

ACRONYMS

Agencies

AGO	Attorney General's Office
DBC	Dental Board of California
DCA	Department of Consumer Affairs
DHBC	Dental Hygiene Board of California
DHCC	Dental Hygiene Committee of California
OAH	Office of Administrative Hearings
OAL	Office of Administrative Law
OPES	Office of Professional Examination Services
PSI	Psychological Services Incorporated

Organizations

ADHA	American Dental Hygienists Association
CDHA	California Dental Hygienists Association
CDA	California Dental Association
CDHEA	California Dental Hygiene Educators Association
CAPS	California Assoc. of Private Post-Secondary Schools
CCC	California Community Colleges
CODA	Commission on Dental Accreditation
CRDTS	Central Regional Dental Testing Services, Inc.
WREB	Western Regional Examination Board

Codes

BPC	Business and Professions Code
CAC	California Administrative Code
CCR	California Code of Regulations
CGCGOV	California Government Code

Titles

AG	Attorney General
ALJ	Administrative Law Judge
DA	District Attorney
DAG	Deputy Attorney General
EO	Executive Officer

Licenses

FNP	Fictitious Name Permit
LBC	Licensure by Credential
RDH	Registered Dental Hygienist
RDHAP	Registered Dental Hygienist in Alternative Practice
RDHEF	Registered Dental Hygienist in Extended Functions
SLN	Soft Tissue Curettage, Local Anesthetic, and Nitrous Oxide and Oxygen Administration

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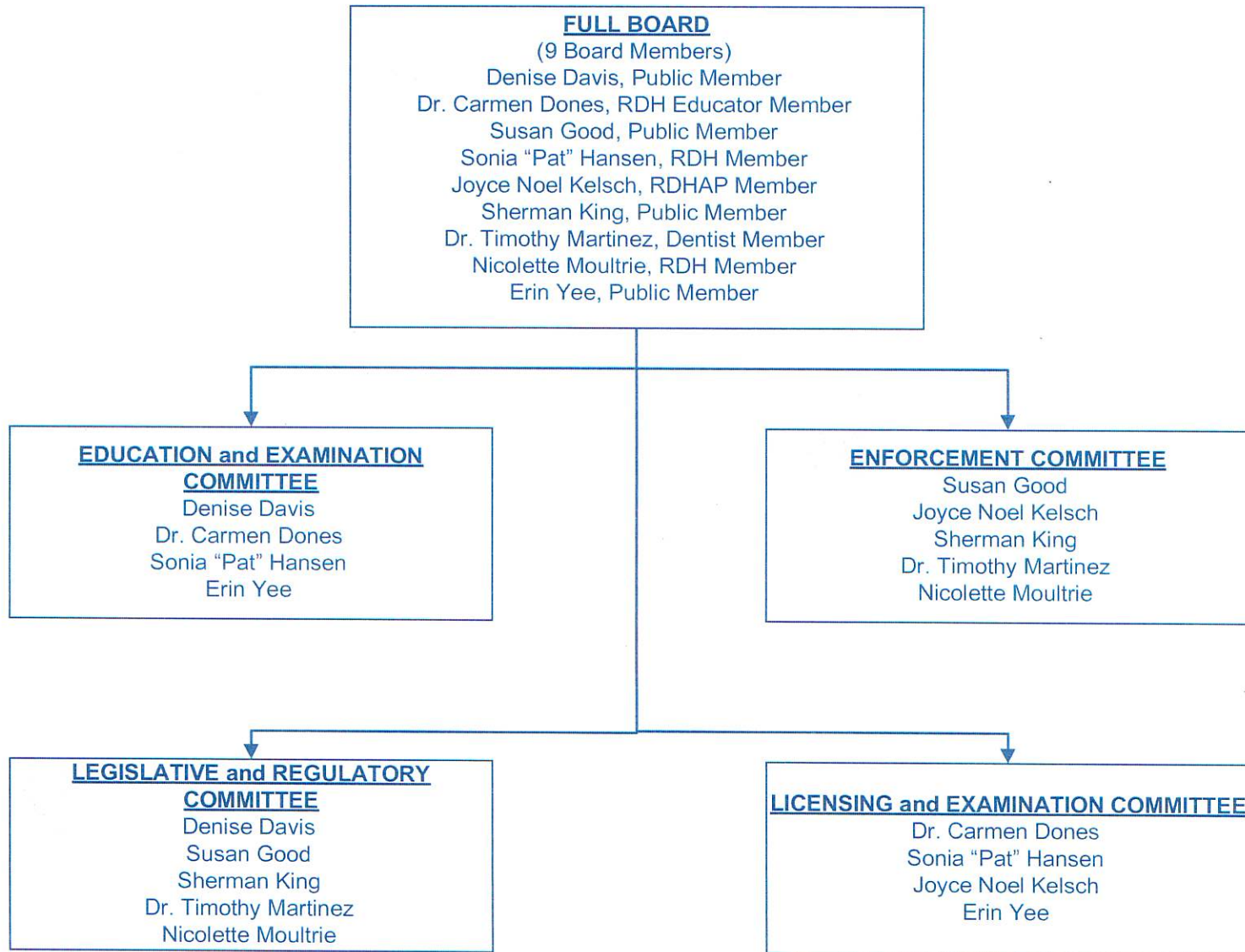


**Dental Hygiene Board of California
2022/23 Sunset Review Report**

Section 13: Attachment B

**Current Organizational Chart of the Board's Committees and
Their Membership**

DHBC ORG CHART of the BOARD'S COMMITTEE'S and MEMBERSHIP



DHBC 2022/23 Sunset
Review



**Dental Hygiene Board of California
2022/23 Sunset Review Report**

Section 13: Attachment C

Major Studies: 2019 RDH and RDHAP Occupational Analysis



OCCUPATIONAL ANALYSIS OF THE REGISTERED DENTAL HYGIENIST PROFESSION



DENTAL HYGIENE BOARD OF CALIFORNIA

OCCUPATIONAL ANALYSIS OF THE REGISTERED DENTAL HYGIENIST PROFESSION



August 2019

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EXECUTIVE SUMMARY

The Dental Hygiene Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of dental hygiene practice in California. The purpose of the OA is to define practice for dental hygienists in terms of the actual tasks that newly licensed dental hygienists must be able to perform safely and competently at the time of licensure. The results of this OA provide a description of practice for the dental hygiene profession that can then be used to review the National Board Dental Hygiene Examination (NBDHE) developed by the Joint Commission on National Dental Examinations (JCND); the Western Regional Examination Board (WREB) Clinical Examinations; and the National Dental Hygiene Clinical Examination (NDHCE) developed by Central Regional Dental Testing Services (CRDTS). It can also be used to develop the California Registered Dental Hygienist Laws and Ethics Examination.

OPES test specialists began by researching the profession and conducting semi-structured telephone interviews with licensed Registered Dental Hygienists (RDHs) working in locations throughout California. The purpose of these interviews was to identify the tasks performed by RDHs and to specify the knowledge required to perform those tasks in a safe and competent manner. Using the information gathered from the research and the interviews, OPES test specialists developed a preliminary list of tasks performed in dental hygiene practice along with statements representing the knowledge needed to perform those tasks.

In April 2019, OPES convened a workshop to review and refine the preliminary lists of task and knowledge statements derived from the telephone interviews. The workshop was comprised of licensed RDHs, known as subject matter experts (SMEs), with diverse backgrounds in the profession (i.e., location of practice, years licensed, specialty). These SMEs also identified changes and trends in dental hygiene practice, determined demographic questions for the OA questionnaire, and performed a preliminary linkage of the task and knowledge statements to ensure that all tasks had a related knowledge statement and that all knowledge statements had a related task. Additional task and knowledge statements were created as required to determine the scope of the content areas of the description of practice.

After completing the April 2019 workshop, OPES test specialists developed a three-part OA questionnaire to be completed by RDHs statewide. Development of the OA questionnaire included a pilot study that was conducted using a group of licensed RDHs. The pilot study participants' feedback was incorporated into the final questionnaire.

In the first part of the OA questionnaire, licensed RDHs were asked to provide demographic information relating to their work settings and practice. In the second part, RDHs were asked to rate specific tasks in terms of frequency (i.e., how often the RDH performs the task in the RDH's current practice) and importance (i.e., how important the task is to effective performance of the RDH's current practice). In the third part, RDHs were asked to rate specific knowledge statements in terms of how important each knowledge statement is to performance of the tasks in the RDH's current practice.

In June 2019, on behalf of the Board, OPES distributed an email invitation to 8,584 licensed RDHs in California, inviting them to complete the OA questionnaire online. The invitation was sent to all RDHs with an email address on file with the Board.

A total of 1,712 RDHs, or 19.9%, responded by accessing the online OA questionnaire. The final sample size included in the data analysis was 1,456, or 17% of the sampled population. This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and practicing as RDHs in California. Second, questionnaires containing a large volume of incomplete or unresponsive data were removed. The demographic composition of the respondent sample appears to be representative of the licensed RDH population in California.

OPES test specialists then performed data analyses of the task and knowledge ratings obtained from the OA questionnaire respondents. The task frequency and importance ratings were combined to derive an overall criticality index for each task statement. The mean importance rating was used as the criticality index for each knowledge statement.

Once the data was analyzed, OPES conducted an additional workshop with SMEs in July 2019. The SMEs evaluated the criticality indices and determined whether any task or knowledge statements should be eliminated. The SMEs in this group also established the final linkage between tasks and knowledge statements, wrote additional task and knowledge statements, organized the task and knowledge statements into content areas, and wrote descriptions of those areas. The SMEs then evaluated and confirmed the content area and subarea weights of the examination outline.

The examination outline is structured into six content areas weighted by criticality relative to the other content areas. The outline provides a description of the scope of practice for RDHs, and it also identifies the tasks and knowledge critical to safe and effective RDH practice in California at the time of licensure. Additionally, the examination outline provides a basis for evaluating the degree to which the content of any examination under consideration measures content critical to RDH practice in California.

At this time, California licensure as an RDH is granted by meeting educational and experience requirements and passing the NBDHE; the Western Regional Examination Board (WREB) Clinical Examinations; the National Dental Hygiene Clinical Examination (NDHCE) developed by Central Regional Dental Testing Services (CRDTS); and the California RDH Laws and Ethics Examination.

OVERVIEW OF THE REGISTERED DENTAL HYGIENIST EXAMINATION OUTLINE

Content Area	Content Area Description	Percent Weight
1.	Treatment Preparation	This area assesses the candidate's knowledge of preparing the operatory and patient dental hygiene services. 5
2.	Dental Hygiene Treatment	This area assesses the candidate's knowledge of completing a comprehensive oral health assessment, dental hygiene treatment planning, and dental hygiene treatment. 40
3.	Patient Education	This area assesses the candidate's knowledge of educating patients regarding oral health and individualized oral hygiene instructions. 10
4.	Infection Control	This area assesses the candidate's knowledge of maintaining a safe and clean work environment and adhering to infection control protocols and standard precautions. 15
5.	Documentation	This area assesses the candidate's knowledge of documenting patient oral health status, procedures performed, and updating patient dental records. 5
6.	Laws, Regulations, and Ethics	This area assesses the candidate's knowledge of licensing requirements, professional conduct, patient confidentiality, use of telehealth methods and technology, and mandated reporting. 25
Total		100

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CHAPTER 1 | INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Dental Hygiene Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) as part of the Board's comprehensive review of dental hygiene practice in California. The purpose of the OA is to identify critical activities performed by Registered Dental Hygienists (RDHs) in California. The results of this OA provide a description of practice for the RDH profession that can then be used to review the National Board Dental Hygiene Examination (NBDHE) developed by the Joint Commission on National Dental Examinations (JCNDEx); the Western Regional Examination Board (WREB) Clinical Examinations; the National Dental Hygiene Clinical Examination developed by Central Regional Dental Testing Services (CRDTS); and to develop the California Registered Dental Hygienist Laws and Ethics Examination.

CONTENT VALIDATION STRATEGY

OPES used a content validation strategy to ensure that the OA reflected the actual tasks performed by practicing RDHs.

OPES incorporated the technical expertise of California RDHs throughout the OA process to ensure that the identified tasks and knowledge statements directly reflect requirements for safe and effective performance in current practice.

PARTICIPATION OF SUBJECT MATTER EXPERTS

The Board selected California RDHs to participate as subject matter experts (SMEs) during the phases of the OA. The SMEs were selected from a broad range of practice settings, geographic locations, and experience backgrounds. During the development phase of the OA, the SMEs provided information regarding the different aspects of RDH practice. The SMEs also provided technical expertise to evaluate and refine the content of tasks and knowledge statements before administration of the OA questionnaire. After the administration of the OA questionnaire, an additional workshop of SMEs reviewed the results and finalized the examination outline, which ultimately provides the description of practice.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensing, certification, and registration programs in the State of California adhere strictly to federal and state laws and regulations, as well as professional guidelines and technical standards. For the purpose of OAs, the following laws and guidelines are authoritative:

- California Business and Professions Code section 139.
- Uniform Guidelines on Employee Selection Procedures (1978), Code of Federal Regulations, Title 29, Section 1607

- California Fair Employment and Housing Act, Government Code section 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2003), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure program to meet these standards, it must be solidly based upon the activities required for practice.

DESCRIPTION OF OCCUPATION

The RDH occupation is described as follows in section 1908 of the California Business and Professions Code:

- (a) The practice of dental hygiene includes dental hygiene assessment and development, planning, and implementation of a dental hygiene care plan. It also includes oral health education, counseling, and health screenings.
- (b) The practice of dental hygiene does not include any of the following procedures:
 - (1) Diagnosis and comprehensive treatment planning.
 - (2) Placing, condensing, carving, or removal of permanent restorations.
 - (3) Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.
 - (4) Prescribing medication.
 - (5) Administering local or general anesthesia or oral or parenteral conscious sedation, except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other, or local anesthesia pursuant to Section 1909.

Section 1909: A registered dental hygienist is authorized to perform the following procedures under direct supervision of a licensed dentist, after submitting to the hygiene board evidence of satisfactory completion of a course of instruction, approved by the hygiene board, in the procedures:

- (a) Soft-tissue curettage.
- (b) Administration of local anesthesia.
- (c) Administration of nitrous oxide and oxygen, whether administered alone or in combination with each other.

Section 1910: A registered dental hygienist is authorized to perform the following procedures under general supervision:

- (a) Preventive and therapeutic interventions, including oral prophylaxis, scaling, and root planing.
- (b) Application of topical, therapeutic, and subgingival agents used for the control of caries and periodontal disease.
- (c) The taking of impressions for bleaching trays and application and activation of agents with nonlaser, light-curing devices.
- (d) The taking of impressions for bleaching trays and placements of in-office, tooth-whitening devices.

CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

SUBJECT MATTER EXPERT INTERVIEWS

The Board provided OPES with a list of RDHs to contact for telephone interviews. During the semi-structured interviews, nine SMEs were asked to identify all of the activities they perform that are specific to the RDH profession. The SMEs outlined major content areas of their practice and confirmed the tasks performed in each content area. The SMEs were also asked to identify the knowledge necessary to perform each task safely and competently.

TASK AND KNOWLEDGE STATEMENTS

To develop the task and knowledge statements, OPES test specialists integrated the information gathered from literature reviews of profession-related sources (e.g., related OA reports, articles, industry publications) and from the interviews with SMEs.

In April 2019, OPES test specialists facilitated a workshop with eight SMEs from diverse backgrounds (i.e., years licensed, specialty, and practice location) to evaluate the task and knowledge statements for technical accuracy and comprehensiveness. The SMEs assigned each statement to a content area and verified that the content areas were independent and nonoverlapping. In addition, the SMEs performed a preliminary linkage of the task and knowledge statements to ensure that every task had a related knowledge and every knowledge statement had a related task. The SMEs also verified proposed demographic questions for the OA questionnaire, including questions regarding scope of practice and practice setting.

Once the lists of task and knowledge statements and the demographic questions were verified, OPES used this information to develop an online questionnaire that was sent to California RDHs for completion and evaluation.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed an online OA questionnaire designed to solicit RDHs' ratings of the tasks and knowledge statements. The surveyed RDHs were instructed to rate each task in terms of how often they perform the task (Frequency) and in terms of how important the task is to effective performance of their current practice (Importance). In addition, they were instructed to rate each knowledge statement in terms of how important the specific knowledge is to performance of their current practice (Importance). The OA questionnaire also included a demographic section for purposes of developing an accurate profile of the respondents. The OA questionnaire can be found in Appendix E.

PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. The draft questionnaire was reviewed by the Board and then sent to nine SMEs who had participated in the task and knowledge statement development workshop. OPES received feedback to the pilot study from seven respondents. The respondents provided a final review of the task and knowledge statements, estimated time for completion, online navigation, and ease of use of the questionnaire. OPES used this feedback to develop the final questionnaire.

CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

In June 2019, on behalf of the Board, OPES sent emails to 8,584 RDHs (all RDHs with an email on file with the Board) inviting them to complete the OA questionnaire online. The email invitation can be found in Appendix D.

Of the 8,584 RDHs in the sample group, 1,712 licensed RDHs, or 19.9%, responded by accessing the online questionnaire. The final sample size included in the data analysis was 1,456, or 17.0% of the population that was invited to complete the questionnaire. This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and practicing as RDHs in California. Second, questionnaires containing a large volume of missing or unresponsive data were also excluded. The respondent sample appears to be representative of the population of California RDHs based on the sample's demographic composition.

DEMOGRAPHIC SUMMARY

As shown in Table 1 and Figure 1, 4.6% of the respondents included in the analysis reported having been licensed for 5 years or fewer, 8.0% for 6-10 years, 21.6% for 11-15 years, and 65.2% for more than 16 years.

As shown in Table 2 and Figure 2, 39.6% reported working 31 to 40 hours per week, 31.5% reported working 21 to 30 hours per week, 16.1% reported working 11 to 20 hours per week, and 8.7% reported working 1 to 10 hours per week.

As shown in Table 3 and Figure 3, 61.3% of the respondents reported being employed by one dental office, 28.4% reported being employed by two dental offices, and 10.0% reported being employed by three or more dental offices.

As shown in Table 4 and Figure 4, when asked to indicate their primary practice setting, 86.0% of the respondents reported general, 5.7% reported periodontics, 4.7% reported pedodontics, 2.5% reported endodontics, and 0.9% reported oral surgery.

Respondents were also asked about other dental licenses they hold in California. As shown in Table 5, 38.7% reported also holding an RDA license, 15.5% reported holding RDAEF licenses, and 3.1% reported holding RDHAP licenses.

More detailed demographic information from respondents can be found in Tables 1-7 and Figures 1-6.

TABLE 1 – NUMBER OF YEARS LICENSED AS AN RDH

YEARS	NUMBER (N)	PERCENT
1 to 5 years	67	4.6
6 to 10 years	117	8.0
11 to 15 years	315	21.6
More than 16 years	950	65.2
Missing	7	0.5
Total	1,456	100*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 1 – NUMBER OF YEARS LICENSED AS AN RDH

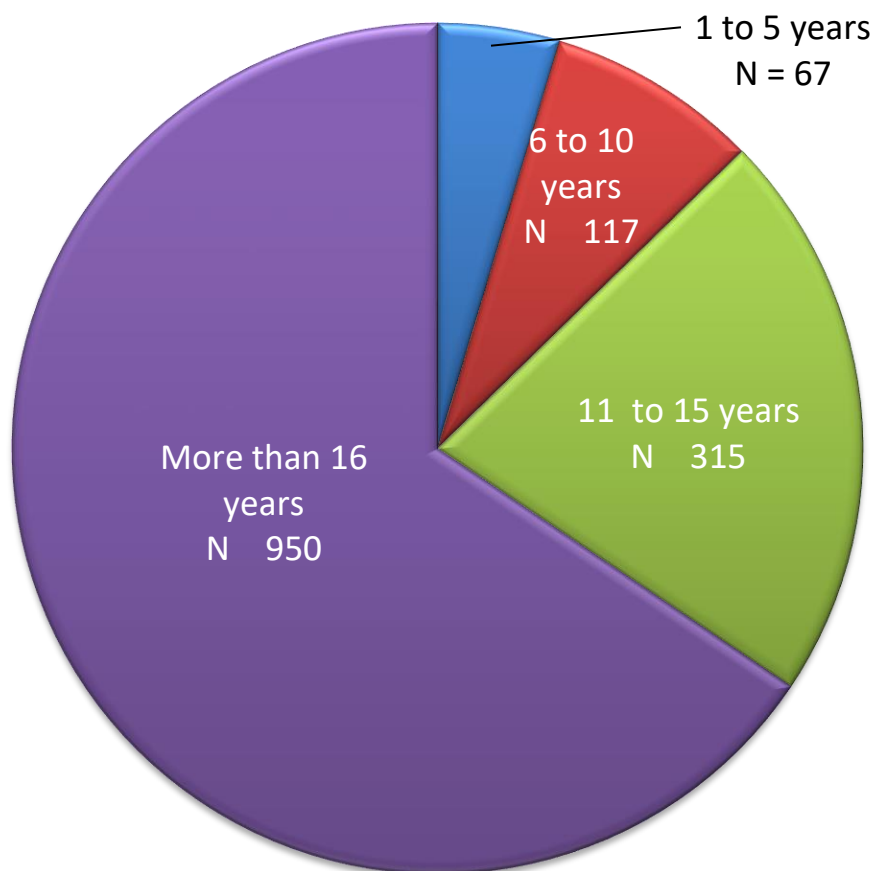


TABLE 2 – HOURS WORKED PER WEEK

HOURS	NUMBER (N)	PERCENT
1 to 10	127	8.7
11 to 20	234	16.1
21 to 30	458	31.5
31 to 40	576	39.6
More than 40 hours	59	4.1
Missing	2	0.1
Total	1,456	100*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 2 – HOURS WORKED PER WEEK

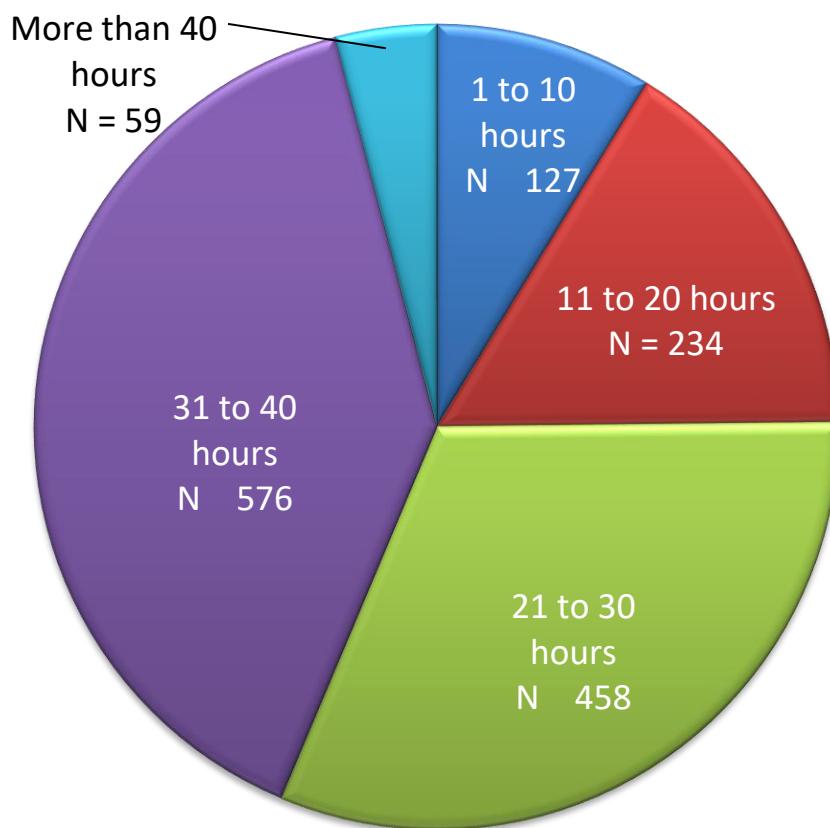


TABLE 3 – NUMBER OF OFFICES IN WHICH RDH IS EMPLOYED

YEARS	NUMBER (N)	PERCENT
1	892	61.3
2	414	28.4
3 or more	145	10.0
Missing	5	0.3
Total	1,456	100

FIGURE 3 – NUMBER OF OFFICES IN WHICH RDH IS EMPLOYED

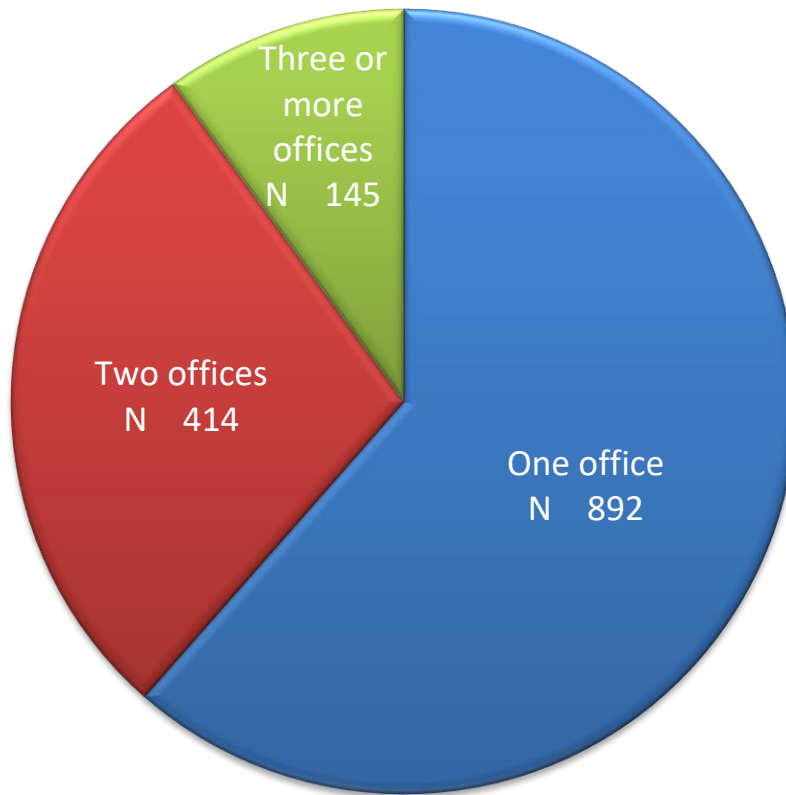


TABLE 4 – PRIMARY PRACTICE SETTING

SETTING	NUMBER (N)	PERCENT
General	1,252	86.0
Periodontics	83	5.7
Pedodontics	68	4.7
Endodontics	36	2.5
Oral Surgery	13	0.9
Missing	4	0.3
Total	1,456	100*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 4 – PRIMARY PRACTICE SETTING

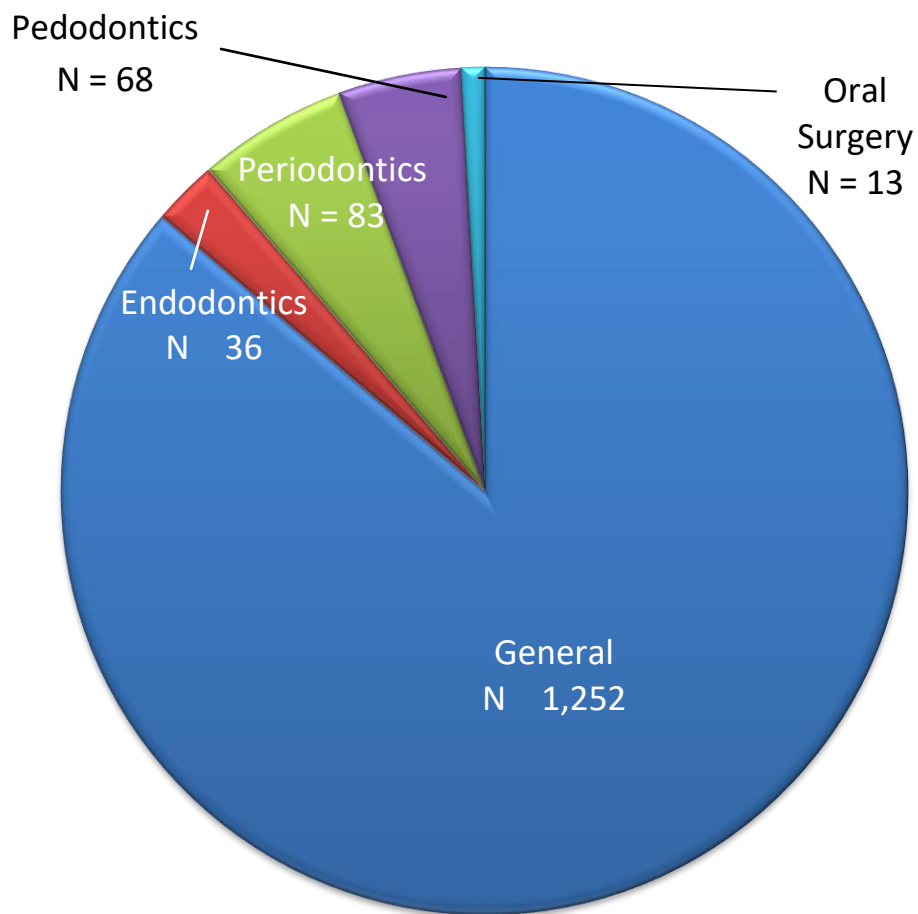


TABLE 5 – OTHER CALIFORNIA DENTAL-RELATED LICENSES HELD*

LICENSE	NUMBER (N)	PERCENT
RDA	564	38.7
RDAEF	226	15.5
RDHAP	45	3.1

*NOTE: Respondents were asked to select all that apply. Percentages indicate the proportion in the sample of respondents.

FIGURE 5 – OTHER CALIFORNIA DENTAL-RELATED LICENSES HELD

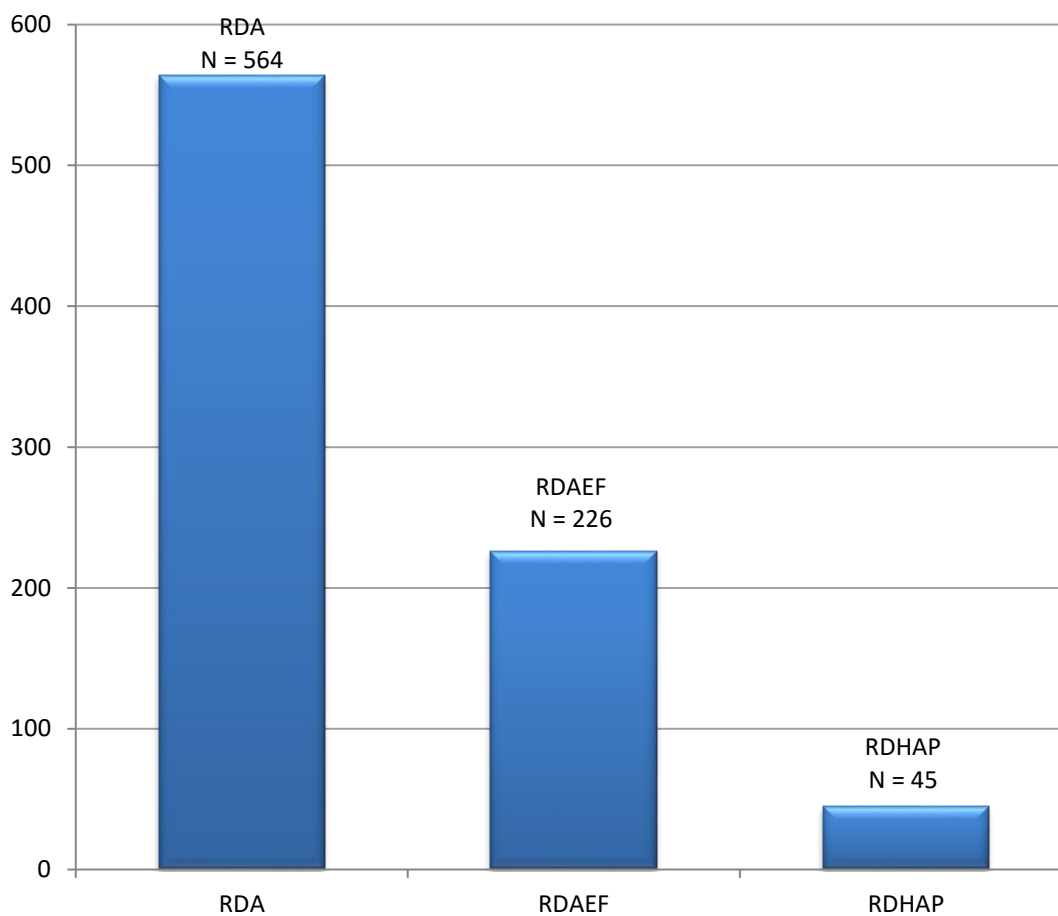
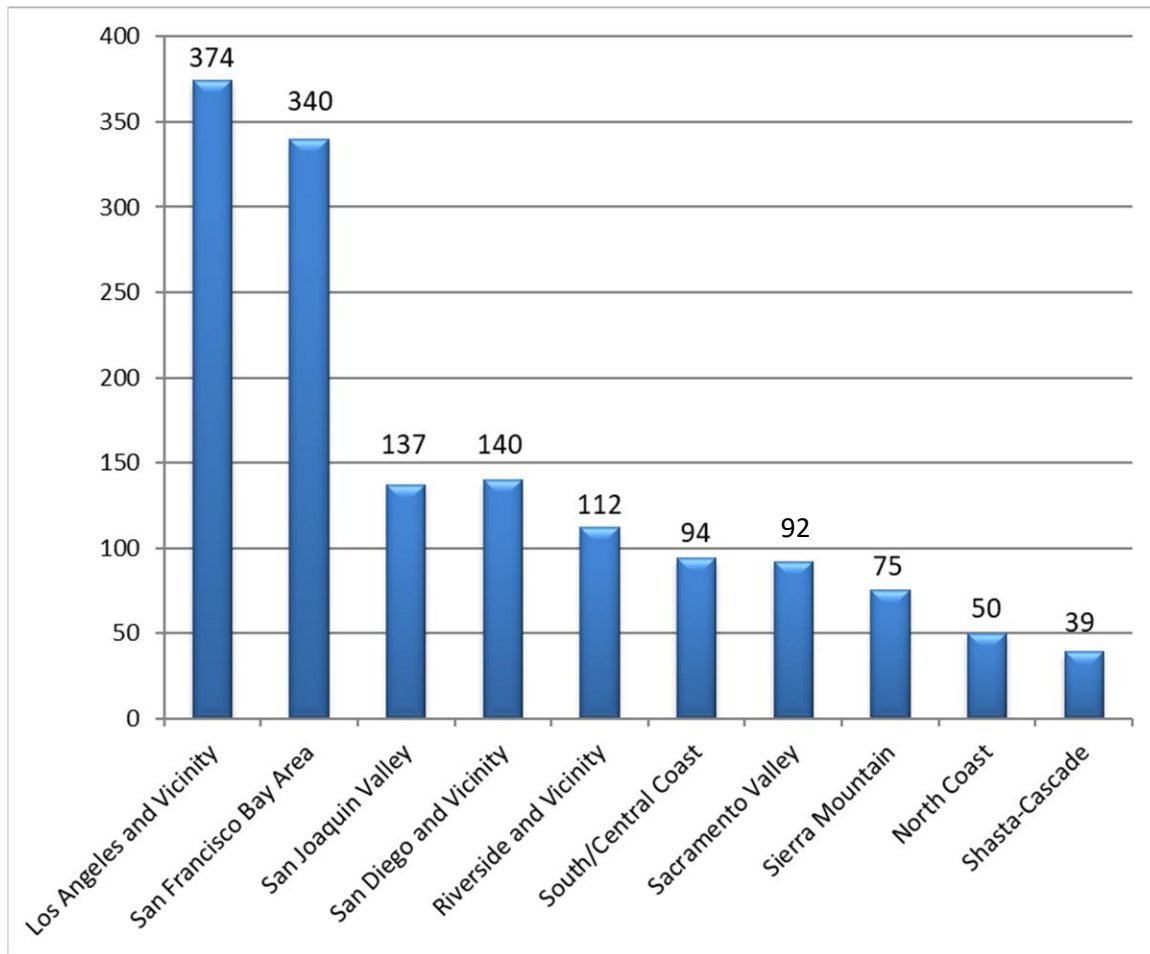


TABLE 6 – RESPONDENTS BY REGION

REGION NAME	NUMBER (N)	PERCENT
Los Angeles County and Vicinity	374	25.7
San Francisco Bay Area	340	23.4
San Joaquin Valley	137	9.4
San Diego County and Vicinity	140	9.6
Riverside and Vicinity	112	7.7
South Coast and Central Coast	94	6.5
Sacramento Valley	92	6.3
Sierra Mountain Valley	75	5.2
North Coast	50	3.4
Shasta and Cascade	39	2.7
Missing	3	0.2
Total	1,456	100*

**NOTE: Percentages do not add to 100 due to rounding.*

FIGURE 6 – RESPONDENTS BY REGION



Appendix A shows a more detailed breakdown of the frequencies by region.

TABLE 7 – LOCATION OF WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (more than 50,000 people)	1,263	86.7
Rural (fewer than 50,000 people)	190	13.0
Missing	3	0.2
Total	1,456	100*

**NOTE: Percentages do not add to 100 due to rounding.*

CHAPTER 4 | DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

OPES evaluated the task and knowledge ratings using a standard index of reliability, coefficient alpha (α), that ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the task and knowledge statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 8 displays the reliability coefficients for the task rating scales in each content area. The overall ratings of task frequency and task importance across content areas were highly reliable (frequency $\alpha = .933$; importance $\alpha = .933$). Table 9 displays the reliability coefficients for the knowledge statement rating scale in each content area. The overall ratings of knowledge importance across content areas were also highly reliable ($\alpha = .971$). These results indicate that the responding RDHs rated the task and knowledge statements consistently throughout the questionnaire.

TABLE 8 – TASK SCALE RELIABILITY

CONTENT AREA	Number of Tasks	α Frequency	α Importance
1. Treatment Preparation	4	.734	.683
2. Dental Hygiene Treatment	19	.831	.868
3. Patient Education	4	.779	.798
4. Infection Control	5	.811	.655
5. Documentation	5	.768	.766
6. Laws, Regulations, and Ethics	10	.817	.835
Total	47	.933*	.933

**Note: The total shown is not the sum of the individual area rating of task frequency and importance but rather the overall rating of task frequency and task importance.*

TABLE 9 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	Number of Knowledge Statements	α Importance
1. Treatment Preparation	4	.852
2. Dental Hygiene Treatment	28	.936
3. Patient Education	4	.893
4. Infection Control	5	.837
5. Documentation	6	.890
6. Laws, Regulations, and Ethics	10	.920
Total	57	.971

TASK CRITICALITY INDICES

In July 2019, OPES convened a workshop consisting of eight SMEs. The purpose of this workshop was to evaluate the survey results to identify the essential tasks and knowledge statements required for safe and effective RDH practice at the time of licensure. The SMEs reviewed the mean frequency, mean importance, and criticality index for each task. They also evaluated the mean importance ratings for each knowledge statement.

To calculate the criticality indices of the tasks, OPES test specialists used the formula below. For each respondent, the frequency rating (Fi) and the importance rating (Ii) were multiplied for each task. Next, the multiplication products were averaged across respondents as shown below.

$$\text{Task criticality index} = \text{mean} [(Fi) \times (Ii)]$$

The tasks were sorted in descending order by criticality index and by content area. The tasks, their mean frequency and importance ratings, and their associated criticality indices are presented in Appendix B.

The SMEs who participated in the July 2019 workshop evaluated the task criticality indices derived from the questionnaire results. OPES test specialists instructed the SMEs to identify a cutoff value to determine if any of the tasks did not have a high enough criticality index to be retained. Based on their review, the SMEs determined that one task should be deleted from the content outline based on a low criticality index value (T20). The SMEs determined that another task (T34) should be deleted from the content outline because it was very similar to another task. These task statements are identified in Appendix B.

Additionally, SMEs determined that four tasks (T48, T49, T50, T51) should be added. Tasks 48, 49, and 50 were added to ensure a complete description of dental hygiene practice. Task 51 was added to further clarify a task statement that included multiple subjects.

KNOWLEDGE IMPORTANCE RATINGS

To determine the criticality of each knowledge statement, the mean importance (K Imp) rating for each knowledge statement was calculated. The knowledge statements and their mean importance ratings, sorted by descending order of mean importance and grouped by content area, are presented in Appendix C.

The SMEs who participated in the July 2019 workshop that evaluated the task criticality indices also reviewed the knowledge statement mean importance ratings. Based on their review, the SMEs determined that one knowledge statement should be deleted from the content outline (K29). The eliminated knowledge statement is identified in Appendix C. The exclusion of a knowledge statement from the examination outline does not mean that the knowledge stated is not used in dental hygiene practice; it means that the SMEs determined that the knowledge statement was not critical for testing relative to other knowledge statements within the scope of RDH practice.

Additionally, SMEs determined that four knowledge statements (K60, K61, K62, K63) should be added to further clarify other knowledge statements that included multiple subjects.

CHAPTER 5 | EXAMINATION OUTLINE

TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the July 2019 workshop reviewed the preliminary assignments of the tasks and knowledge statements to content areas from the April 2019 workshop. The SMEs established the final linkage of specific knowledge statements to tasks. The SMEs reviewed the content areas and wrote descriptions for each content area.

CONTENT AREAS AND WEIGHTS

The SMEs in the July 2019 workshop were also asked to finalize the weights for content areas on the RDH examination outline. OPES test specialists presented the SMEs with preliminary weights of the content areas that were calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

$$\frac{\text{Sum of Criticality Indices for Tasks in Content Area}}{\text{Sum of Criticality Indices for All Tasks}} = \text{Percent Weight of Content Area}$$

The SMEs evaluated the preliminary weights by reviewing the following elements for each content area: the group of tasks and knowledge statements, the linkage established between the tasks and knowledge statements, and the relative importance of the tasks to dental hygiene practice in California. The SMEs adjusted the preliminary weights based on what they perceived as the relative importance of the tasks' content to dental hygiene practice in California. A summary of the preliminary and final content area weights for the RDH examination outline is presented in Table 10.

TABLE 10 – CONTENT AREA WEIGHTS

CONTENT AREA	Preliminary Weights Percent	Final Weights Percent
1. Treatment Preparation	15	5
2. Dental Hygiene Treatment	30	40
3. Patient Education	9	10
4. Infection Control	11	15
5. Documentation	13	5
6. Laws, Regulations, and Ethics	22	25
Total	100	100

The examination outline for the RDH profession is presented in Table 11.

TABLE 11 – EXAMINATION OUTLINE: RDH

1. Treatment Preparation (5%) - This area assesses the candidate's knowledge of preparing the operatory and patient dental hygiene services.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T1. Prepare operatory for dental hygiene treatment.	K1. Knowledge of procedures and protocols to prepare and breakdown operatory.
T2. Review patient dental records and medical history.	K2. Knowledge of conditions related to oral-systemic health (e.g., diabetes, cardiovascular disease).
T3. Select instruments, equipment, and materials for dental hygiene treatment.	K4. Knowledge of instruments, equipment, and materials used for dental hygiene treatment.
T6. Take patient vital signs.	K3. Knowledge of techniques for assessing vital signs.

2. Dental Hygiene Treatment (40%) - This area assesses the candidate's knowledge of completing a comprehensive oral health assessment, dental hygiene treatment planning, and dental hygiene treatment.

2

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T7. Perform visual oral health screening.	K7. Knowledge of procedures for assessing the oral cavity. K8. Knowledge of assessing periodontal conditions using clinical and radiographic findings.
T8. Complete a comprehensive periodontal assessment.	K7. Knowledge of procedures for assessing the oral cavity. K8. Knowledge of assessing periodontal conditions using clinical and radiographic findings.
T9. Expose dental radiographs to assist with diagnosis of caries or periodontal conditions.	K9. Knowledge of techniques for exposing and developing dental radiographs.
T10. Develop dental hygiene care plan that correlates with findings from periodontal assessment.	K10. Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment. K11. Knowledge of methods to develop dental hygiene care plans to assess patient needs.

2. Dental Hygiene Treatment (40%) - This area assesses the candidate's knowledge of completing a comprehensive oral health assessment, dental hygiene treatment planning, and dental hygiene treatment.

22

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T11. Modify dental hygiene treatment plan based on current information.	<p>K10. Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment.</p> <p>K11. Knowledge of methods to develop dental hygiene care plans to assess patient needs.</p>
T12. Perform non-surgical periodontal procedures (e.g., scaling, root planing).	<p>K13. Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using hand instruments.</p> <p>K14. Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using power instruments.</p>
T13. Perform oral prophylaxis to remove hard and soft deposits and stain.	<p>K15. Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using hand instruments.</p> <p>K16. Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using power instruments.</p>
T14. Administer topical anesthetic to patients.	<p>K17. Knowledge of procedures to administer topical anesthetic.</p> <p>K18. Knowledge of conditions that require application of topical anesthesia.</p> <p>K19. Knowledge of drug properties, side effects, interactions, and contraindications as they relate to dental hygiene treatment.</p>

2. Dental Hygiene Treatment (40%) - This area assesses the candidate's knowledge of completing a comprehensive oral health assessment, dental hygiene treatment planning, and dental hygiene treatment.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T14. Administer topical anesthetic to patients.	<p>K17. Knowledge of procedures to administer topical anesthetic.</p> <p>K18. Knowledge of conditions that require application of topical anesthesia.</p> <p>K19. Knowledge of drug properties, side effects, interactions, and contraindications as they relate to dental hygiene treatment.</p>
T15. Administer nitrous oxide under direct supervision of a dentist.	<p>K19. Knowledge of drug properties, side effects, interactions, and contraindications as they relate to dental hygiene treatment.</p> <p>K20. Knowledge of indications, contraindications, and side effects for administering nitrous oxide during dental hygiene treatment.</p> <p>K22. Knowledge of procedures to administer nitrous oxide.</p>
T51. Administer local anesthetic under direct supervision of a dentist.	<p>K21. Knowledge of indications, contraindications, and side effects for administering local anesthesia during dental hygiene treatment.</p> <p>K60. Knowledge of procedures to administer local anesthetic.</p>
T16. Perform soft tissue curettage under direct supervision of a dentist.	K23. Knowledge of soft tissue curettage procedure.

2. Dental Hygiene Treatment (40%) - This area assesses the candidate's knowledge of completing a comprehensive oral health assessment, dental hygiene treatment planning, and dental hygiene treatment.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T17. Perform air polishing to remove supragingival and subgingival biofilm and stain.	K24. Knowledge of methods to perform air polishing to remove supragingival and subgingival biofilm and stain.
T18. Evaluate the presence or absence of biofilm and calculus before and after instrumentation.	K25. Knowledge of techniques for detecting the presence or absence of biofilm and calculus.
T19. Apply fluorides and other caries-preventing agents to patients.	K26. Knowledge of application techniques for fluoride and caries-preventing agents. K28. Knowledge of application of agents used for control of caries (e.g., pit and fissure sealants, interim therapeutic restorations (ITRs)). K61. Knowledge of agents used for control of caries.
T21. Apply topical, therapeutic, and subgingival agents for the management of periodontal disease.	K27. Knowledge of agents used for the management of periodontal disease. K30. Knowledge of application of agents used for the management of periodontal disease (e.g., antimicrobials).
T22. Place ITR after diagnosis by dentist.	K31. Knowledge of procedures to place ITRs.

2. Dental Hygiene Treatment (40%) - This area assesses the candidate's knowledge of completing a comprehensive oral health assessment, dental hygiene treatment planning, and dental hygiene treatment.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T21. Apply topical, therapeutic, and subgingival agents for the management of periodontal disease.	K27. Knowledge of agents used for the management of periodontal disease. K30. Knowledge of application of agents (e.g., antimicrobials) used for the management of periodontal disease.
T22. Place ITR after diagnosis by dentist.	K31. Knowledge of procedures to place ITRs
T23. Clean and polish removable appliances.	K32. Knowledge of procedures for cleaning and polishing removable appliances (e.g., dentures).
T24. Recognize oral health conditions resulting from personal habits (e.g., tobacco, substance abuse, eating disorders).	K33. Knowledge of personal habits that affect oral health conditions (e.g., tobacco, substance abuse, eating disorders).
T48. Remove excess cement from fixed restorations, including crowns, bridges, and orthodontic treatment.	K12. Knowledge of procedures to remove excess cement from fixed restorations, including crowns, bridges, and orthodontic treatment.
T32. Maintain hand instruments for dental hygiene treatment.	K41. Knowledge of sharpening techniques of hand instruments.

3. Patient Education (10%) - This area assesses the candidate's knowledge of educating patients regarding oral health and individualized oral hygiene instructions.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T25. Discuss scheduled dental hygiene treatment with patient.	K34. Knowledge of methods for communicating a dental hygiene care plan with patient.
T26. Communicate assessment findings and dental hygiene care plan to patient.	K34. Knowledge of methods for communicating a dental hygiene care plan with patient. K37. Knowledge of individualized oral hygiene instructions to address specific patient needs.
T27. Provide patients with individualized oral hygiene instructions.	K37. Knowledge of individualized oral hygiene instructions to address specific patient needs.
T28. Provide nutritional counseling to improve oral health.	K36. Knowledge of nutritional counseling related to oral health.
T49. Provide postoperative care instructions to patients.	K35. Knowledge of instructions for postoperative care.

4. Infection Control (15%) - This area assesses the candidate's knowledge of maintaining a safe and clean work environment and adhering to infection control protocols and standard precautions.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T4. Provide patient with eyewear and bib to protect patient during dental hygiene treatment.	K5. Knowledge of standard precautions required to protect patients during dental hygiene treatment.
T5. Wear personal protective equipment (PPE) before providing treatment to help prevent spread of disease.	K5. Knowledge of standard precautions required to protect patients during dental hygiene treatment. K6. Knowledge of standard precautions required to protect health care workers during dental hygiene treatment.
T29. Maintain a safe and clean work environment.	K62. Knowledge of Cal/OSHA laws and regulations pertaining to dental settings.
T30. Adhere to infection-control policies and protocols for performing dental hygiene treatment.	K38. Knowledge of standards for infection control.
T31. Sterilize instruments in accordance with California infection control guidelines.	K40. Knowledge of techniques for sterilizing dental hygiene instruments.
T50. Disinfect or sterilize equipment in accordance with California infection control guidelines.	K39. Knowledge of techniques for disinfecting and sterilizing dental hygiene equipment.

5.Documentation (5%) - This area assesses the candidate's knowledge of documenting patient oral health status, procedures performed, and updating patient dental records.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T33. Document patient oral health status.	<p>K44. Knowledge of different types of periodontal conditions.</p> <p>K45. Knowledge of basic characteristics of normal and abnormal oral conditions.</p> <p>K46. Knowledge of the characteristics of caries, defective restorations, temporomandibular joint disorders (TMD), and occlusal disorders for referral to dentist.</p>
T35. Document existing and recommended restorative treatment as diagnosed by the dentist.	<p>K46. Knowledge of the characteristics of caries, defective restorations, TMD, and occlusal disorders for referral to dentist.</p> <p>K48. Knowledge of methods and protocol for documenting in patient dental records.</p>
T36. Update patient dental records and medical history, including chief complaints and concerns.	<p>K47. Knowledge of methods and protocol for updating patient medical history.</p> <p>K48. Knowledge of methods and protocol for documenting in patient dental records.</p>
T37. Record in patient records the dental services performed.	K49. Knowledge of protocol for documenting dental hygiene services performed.

6. Laws, Regulations, and Ethics (25%) - This area assesses the candidate's knowledge of licensing requirements, professional conduct, patient confidentiality, use of telehealth methods and technology, and mandated reporting.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T38. Communicate with other dental professionals using telehealth methods and technology.	<p>K50. Knowledge of methods for communicating with health care providers using telehealth.</p> <p>K52. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.</p> <p>K53. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.</p>
T39. Obtain informed consent from patient in accordance with laws and regulations.	K51. Knowledge of laws and regulations related to informed consent.
T40. Maintain confidentiality of patient records in accordance with laws and regulations.	K52. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.
T41. Maintain confidentiality of patient treatment and conditions with laws and regulations regarding patient confidentiality.	<p>K52. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.</p> <p>K53. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.</p>
T42. Maintain security of patient records in accordance with laws and regulations.	<p>K52. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.</p> <p>K53. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.</p>

6. Laws, Regulations, and Ethics (25%) - This area assesses the candidate's knowledge of licensing requirements, professional conduct, patient confidentiality, use of telehealth methods and technology, and mandated reporting.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T43. Adhere to laws and regulations regarding professional conduct.	K54. Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting. K63. Knowledge of RDH allowable duties.
T44. Adhere to laws and regulations regarding excessive treatment.	K54. Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting. K55. Knowledge of laws and regulations regarding excessive treatment.
T45. Report reasonable suspicion of child, elder, or dependent adult abuse or neglect as legally mandated.	K56. Knowledge of laws governing mandated reporting of child, elder, and dependent adult abuse or neglect.
T46. Maintain dental hygiene license according to laws and regulations.	K57. Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California dental hygiene license. K58. Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.
T47. Maintain required continuing education units for license renewal.	K59. Knowledge of laws and regulations regarding continuing education requirements to maintain dental hygiene license.

CHAPTER 6 | CALIFORNIA REGISTERED DENTAL HYGIENIST LAWS AND ETHICS EXAMINATION OUTLINE

CALIFORNIA RDH LAWS AND ETHICS EXAMINATION

At this time, California licensure as an RDH is granted by meeting educational and experience requirements and passing the NBDHE; the Western Regional Examination Board (WREB); the National Dental Hygiene Clinical Examination developed by Central Regional Dental Testing Services (CRDTS); and the California RDH Laws and Ethics Examination.

The SMEs who participated in the July 2019 workshop were asked to develop a preliminary examination outline for the California RDH Laws and Ethics Examination by identifying the tasks and knowledge that they believed were California-specific. The SMEs determined that all tasks and knowledge statements within the Laws and Ethics content area should remain in the examination outline for the California RDH Laws and Ethics Examination.

CONTENT AREAS AND WEIGHTS

In July 2019, OPES facilitated a workshop with eight SMEs. Before the workshop, OPES organized the tasks and knowledge statements from the preliminary California RDH Laws and Ethics Examination Outline into a proposed examination outline with five content areas. The SMEs determined the final content area names, descriptions, and content area weights. After the examination outline was finalized, OPES renumbered the tasks and knowledge statements. The final examination outline for the California RDH Laws and Ethics Examination consists of five content areas and is presented in Table 12. Tables 13 and 14 provide a conversion chart indicating the new tasks and knowledge statement numbers in the California RDH Laws and Ethics Examination Outline and the original task and knowledge numbers in the California RDH Examination Outline.

TABLE 12 – EXAMINATION OUTLINE FOR THE CALIFORNIA RDH LAWS AND ETHICS EXAMINATION

1. Licensing Requirements (40%) - This area assesses the candidate's knowledge of the California laws and regulations governing the RDH's license maintenance.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T1. Maintain dental hygiene license according to laws and regulations.	<p>K1. Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California dental hygiene license.</p> <p>K2. Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.</p>
T2. Maintain required continuing education units for license renewal.	K3. Knowledge of laws and regulations regarding continuing education requirements to maintain dental hygiene license.

2. Professional Conduct (36%) - This area assesses the candidate's knowledge of the California laws and regulations governing the RDH professional conduct.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T3. Adhere to laws and regulations regarding professional conduct.	K4. Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting. K5. Knowledge of RDH allowable duties.
T4. Adhere to laws and regulations regarding excessive treatment.	K4. Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting. K6. Knowledge of laws and regulations regarding excessive treatment.

3. Patient Confidentiality (10%) - This area assesses the candidate's knowledge of the California laws and regulations governing patient confidentiality.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T5. Obtain informed consent from patient in accordance with laws and regulations.	K7. Knowledge of laws and regulations related to informed consent.
T6. Maintain confidentiality of patient records in accordance with laws and regulations.	K8. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.
T7. Maintain confidentiality of patient treatment and conditions with laws and regulations regarding patient confidentiality.	K8. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality. K9. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.
T8. Maintain security of patient records in accordance with laws and regulations.	K8. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality. K9. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.

4. Mandated Reporting (10%) - This area assesses the candidate's knowledge of the California laws and regulations governing mandated reporting.

<i>Task</i>	<i>Associated Knowledge Statement</i>
T9. Report reasonable suspicion of child, elder, or dependent adult abuse or neglect as legally mandated.	K10. Knowledge of laws governing mandated reporting of child, elder, and dependent adult abuse or neglect.

5. Telehealth (4%) - This area assesses the candidate's knowledge of the California laws and regulations governing telehealth.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T10. Communicate with other dental professionals using telehealth methods and technology.	K8. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality. K9. Knowledge of laws and regulations regarding maintaining physical and electronic patient records. K11. Knowledge of methods for communicating with health care providers using telehealth.

TABLE 13 – RENUMBERING OF TASKS

Original Task Number in California RDH Examination Outline	New Task Number in California RDH Laws and Ethics Examination Outline
46	1
47	2
43	3
44	4
39	5
40	6
41	7
42	8
45	9
38	10

TABLE 14 – RENUMBERING OF KNOWLEDGE STATEMENTS

Original Knowledge Statement Number in California RDH Examination Outline	New Knowledge Statement Number in California RDH Laws and Ethics Examination Outline
57	1
58	2
59	3
54	4
63	5
55	6
51	7
52	8
53	9
56	10
50	11

CHAPTER 7 | CONCLUSION

The OA of the dental hygienist profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the OA were based upon a content validation strategy to ensure that the results accurately represent RDH practice. Results of this OA can be used to ensure that national examinations under consideration for acceptance or already accepted by the Dental Hygiene Board measure content critical to optometry practice in California.

By adopting the Registered Dental Hygienists (RDH) outline contained in this report, the Board ensures that its California RDH Laws and Ethics Examination reflects current practice.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

APPENDIX A | RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	237
Orange	137
TOTAL	374

NORTH COAST

County of Practice	Frequency
Del Norte	2
Humboldt	4
Mendocino	8
Sonoma	36
TOTAL	50

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	53
San Bernardino	59
TOTAL	112

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	9
Glenn	2
Lake	1
Sacramento	66
Sutter	4
Yolo	8
Yuba	2
TOTAL	92

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
Imperial	2
San Diego	138
TOTAL	140

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	67
Contra Costa	51
Marin	17
Napa	9
San Francisco	36
San Mateo	27
Santa Clara	89
Santa Cruz	26
Solano	18
TOTAL	340

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	36
Kern	18
Kings	6
Madera	3
Merced	5
San Joaquin	29
Stanislaus	30
Tulare	10
TOTAL	137

SHASTAAND CASCADE

County of Practice	Frequency
Lassen	4
Plumas	1
Shasta	22
Siskiyou	5
Tehama	6
Trinity	1
TOTAL	39

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Amador	2
Calaveras	3
El Dorado	11
Mariposa	2
Nevada	9
Placer	43
Tuolumne	5
TOTAL	75

SOUTH COAST AND CENTRAL COAST

County of Practice	Frequency
Monterey	14
San Benito	2
San Luis Obispo	20
Santa Barbara	23
Ventura	35
TOTAL	94

MISSING

TOTAL	3
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APPENDIX B | CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA

Content Area 1: Treatment Preparation

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
2	Review patient dental records and medical history.	4.83	4.87	23.68
1	Prepare operatory for dental hygiene treatment.	4.69	4.47	21.19
3	Select instruments, equipment, and materials for dental hygiene treatment.	4.07	4.29	20.72
6	Take patient vital signs.	4.15	4.21	10.96

Content Area 2: Dental Hygiene Treatment

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
13	Perform oral prophylaxis to remove hard and soft deposits and stains.	4.80	4.59	22.18
32	Maintain instruments to ensure efficient functioning for dental hygiene treatment.	4.55	4.61	21.23
7	Perform visual oral health screening.	4.52	4.52	20.85
8	Complete a comprehensive periodontal assessment.	4.39	4.49	20.14
10	Develop dental hygiene care plan that correlates with findings from periodontal assessment.	4.42	4.44	20.08
18	Evaluate the presence or absence of biofilm and calculus before and after instrumentation.	4.37	4.21	19.20
9	Expose dental radiographs to assist with diagnosis of caries or periodontal conditions.	4.13	4.32	18.75
12	Perform nonsurgical periodontal procedures (e.g., scaling, root planing).	4.06	4.53	18.72
11	Modify dental hygiene treatment plan based on current information.	4.20	4.18	18.13
24	Recognize oral health conditions resulting from personal habits (e.g., tobacco, substance abuse, eating disorders).	4.11	4.30	18.13
19	Apply fluorides and other caries-preventing agents to patients.	3.73	3.66	14.35
14	Administer topical anesthetic to patients.	3.34	3.44	12.12
23	Clean and polish removable appliances.	3.41	3.08	11.34
21	Apply topical, therapeutic, and subgingival agents for the control of caries and periodontal disease.	2.76	3.10	9.92
16	Perform soft tissue curettage under direct supervision of a dentist.	2.55	3.07	9.26

15	Administer nitrous oxide and local anesthetic under direct supervision of a dentist.	2.26	2.91	8.43
17	Perform air polishing to remove supragingival and subgingival biofilm and stain.	1.32	1.42	4.20
20	Take impressions for nondiagnostic cast models.	0.60	0.89	1.20
22	Place ITR after diagnosis by dentist.	0.32	0.63	0.76

**Note: Shaded task statement was deleted by SMEs. (See Chapter 4).*

Content Area 3: Patient Education

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
27	Provide patients with individualized oral hygiene instructions.	4.61	4.49	20.99
26	Communicate assessment findings and dental hygiene care plan to patient.	4.57	4.46	20.74
25	Discuss scheduled dental hygiene treatment with patient.	4.42	4.25	19.27
28	Provide nutritional counseling to improve oral health.	3.24	3.56	12.49

Content Area 4: Infection Control

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
30	Adhere to infection control policies and protocols for performing dental hygiene treatment.	4.86	4.93	24.04
5	Wear personal protective equipment (PPE) before providing treatment to help prevent spread of disease.	4.84	4.85	23.63
29	Maintain a safe and clean work environment.	4.83	4.86	23.57
31	Sterilize instruments in accordance with California infection control guidelines.	4.66	4.88	23.12
4	Provide patient with eyewear and bib to protect patient during dental hygiene treatment.	4.48	4.26	19.63

Content Area 5: Documentation

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
37	Document in patient record the dental services performed.	4.76	4.72	22.77
36	Update patient dental records and medical history, including chief complaints and concerns.	4.67	4.61	21.79
34	Report abnormalities of the oral cavity to the dentist.	4.45	4.65	20.88
33	Document patient oral health status.	4.48	4.47	20.43
35	Document existing and recommended restorative treatment as diagnosed by the dentist.	3.77	3.93	16.34

**Note: Shaded task statement was deleted by SMEs. (See Chapter 4).*

Content Area 6: Laws, Regulations, and Ethics

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
46	Maintain dental hygiene license according to laws and regulations.	4.78	4.82	23.12
47	Maintain required continuing education units for license renewal.	4.77	4.73	22.65
43	Adhere to laws and regulations regarding professional conduct.	4.78	4.68	22.60
40	Maintain confidentiality of patient records in accordance with laws and regulations.	4.71	4.61	22.10
41	Maintain confidentiality of patient treatment and conditions with laws and regulations regarding patient confidentiality.	4.73	4.61	22.10
42	Maintain security of patient records in accordance with laws and regulations.	4.38	4.36	20.34
44	Adhere to laws and regulations regarding excessive treatment.	4.32	4.35	20.17
39	Obtain informed consent from patient in accordance with laws and regulations.	3.51	3.88	15.64
45	Report reasonable suspicion of child, elder, or dependent adult abuse or neglect as legally mandated.	1.52	4.21	6.87
38	Communicate with other dental professionals using telehealth methods and technology.	1.36	1.80	4.55

APPENDIX C | KNOWLEDGE STATEMENT IMPORTANCE RATINGS

Content Area 1: Treatment Preparation

Number	Knowledge Statement	Mean Importance
4	Knowledge of instruments, equipment, and materials used for dental hygiene treatment.	4.37
2	Knowledge of conditions related to oral-systemic health (e.g., diabetes, cardiovascular disease).	4.30
1	Knowledge of procedures and protocols to prepare and break down operator.	4.30
3	Knowledge of techniques for assessing vital signs.	4.24

Content Area 2: Dental Hygiene Treatment

Number	Knowledge Statement	Mean Importance
13	Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using hand instruments.	3.75
15	Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using hand instruments.	3.75
21	Knowledge of indications, contraindications, and side effects for administering local anesthesia during dental hygiene treatment.	3.72
8	Knowledge of methods to assess periodontal conditions using clinical and radiographic findings.	3.71
41	Knowledge of methods to maintain the integrity (sharpening or sterilizing) of hand instruments for dental hygiene treatment.	3.68
7	Knowledge of procedures for assessing the oral cavity.	3.64
14	Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using power instruments.	3.63
16	Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using power instruments.	3.60
19	Knowledge of drug properties, side effects, interactions, and contraindications as they relate to dental hygiene treatment.	3.60
25	Knowledge of techniques for detecting the presence or absence of biofilm and calculus.	3.50
11	Knowledge of methods to develop dental hygiene care plans to assess patient needs.	3.44
10	Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment.	3.40
22	Knowledge of procedures to administer nitrous oxide and local anesthetic.	3.38
33	Knowledge of personal habits that affect oral health conditions (e.g., tobacco, substance abuse, eating disorders).	3.36
17	Knowledge of procedures to administer topical anesthetic.	3.35
27	Knowledge of agents used for the management of periodontal disease.	3.33
18	Knowledge of conditions that require application of topical anesthesia.	3.31
26	Knowledge of application techniques for fluoride and caries-preventing agents.	3.26
20	Knowledge of indications, contraindications, and side effects for administering nitrous oxide during dental hygiene treatment.	3.17
9	Knowledge of techniques for exposing and developing dental radiographs.	3.15
23	Knowledge of soft tissue curettage procedure.	3.05
30	Knowledge of application of agents (e.g., antimicrobials) used for the management of periodontal disease.	3.04
28	Knowledge of application of agents used for control of caries (e.g., pit and fissure sealants, ITR).	2.70
12	Knowledge of procedures to remove excess cement from fixed restorations, including crowns, bridges, and orthodontic treatment.	2.54
32	Knowledge of procedures for cleaning and polishing removable appliances (e.g., dentures).	2.47

Content Area 2: Dental Hygiene Treatment, continued

Number	Knowledge Statement	Mean Importance
24	Knowledge of methods to perform air polishing to remove supragingival and subgingival biofilm and stain.	1.78
31	Knowledge of procedures to place interim therapeutic restorations.	1.20
29	Knowledge of techniques for taking impressions.	1.13

**Note: Shaded knowledge statement was deleted by SMEs. (See Chapter 4).*

Content Area 3: Patient Education

Number	Knowledge Statement	Mean Importance
37	Knowledge of individualized oral hygiene instructions to address specific patient needs.	3.46
34	Knowledge of methods for communicating a dental hygiene care plan with patient.	3.42
35	Knowledge of instructions for postoperative care.	3.39
36	Knowledge of nutritional counseling related to oral health.	2.90

Content Area 4: Infection Control

Number	Knowledge Statement	Mean Importance
38	Knowledge of standards for infection control.	3.89
39	Knowledge of techniques for disinfecting and sterilizing dental hygiene equipment.	3.87
40	Knowledge of techniques for sterilizing dental hygiene instruments.	3.86
5	Knowledge of standard precautions required to protect patients during dental hygiene treatment.	3.81
6	Knowledge of standard precautions required to protect health care workers during dental hygiene treatment.	3.80

Content Area 5: Documentation

Number	Knowledge Statement	Mean Importance
45	Knowledge of basic characteristics of normal and abnormal oral conditions.	3.70
44	Knowledge of different types of periodontal conditions.	3.65
47	Knowledge of methods and protocol for updating patient medical history.	3.61
49	Knowledge of protocol for documenting dental hygiene services performed.	3.61
48	Knowledge of methods and protocol for documenting in patient dental records.	3.39
46	Knowledge of the characteristics of caries, defective restorations, TMD, and occlusal disorders for referral to dentist.	3.38

Content Area 6: Laws, Regulations, and Ethics

Number	Knowledge Statement	Mean Importance
57	Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California dental hygiene license.	3.60
59	Knowledge of laws and regulations regarding continuing education requirements to maintain dental hygiene license.	3.54
54	Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting.	3.53
52	Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.	3.43
55	Knowledge of laws and regulations regarding excessive treatment.	3.32
53	Knowledge of laws and regulations regarding maintaining physical and electronic patient records.	3.31
56	Knowledge of laws governing mandated reporting of child, elder, and dependent adult abuse or neglect.	3.28
51	Knowledge of laws and regulations related to informed consent.	3.22
58	Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.	3.12
50	Knowledge of methods for communicating with health care providers using telehealth.	1.16

APPENDIX D | EMAIL INVITATION TO PRACTITIONERS

2019 Registered Dental Hygienist Occupational Analysis Questionnaire

Dear Licensee,

The Dental Hygiene Board of California is requesting your assistance with an important study that will define the entry-level job tasks of the Registered Dental Hygienist (RDH) in California. The results of the study will serve to inform the content of the RDH Licensing Examination in California.

Please complete the questionnaire by July 1, 2019.

Thank you for your participation!

██████████
California Department of Consumer Affairs
Office of Professional Examination Services (OPES)
2420 Del Paso Road, Suite 205, Sacramento, CA 95834
██████████

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APPENDIX E | QUESTIONNAIRE

Occupational Analysis of the Registered Dental Hygienist Profession

Dear Licensed Registered Dental Hygienist,

Thank you for participating in this study of the dental hygiene profession in California, a project of the Dental Hygiene Board of California (Board).

The Board is conducting an occupational analysis of the dental hygiene profession. The purpose of the occupational analysis (OA) is to identify the important tasks performed by registered dental hygienists in their current work and the knowledge required to perform those tasks effectively. Results of the OA will be used to ensure that the examinations required for licensure as a registered dental hygienist in California reflect current practice. Your participation in the OA is essential. The Board requires responses from many licensees to achieve representation from different geographic regions of the state and from different work settings.

Please take the time to complete the questionnaire as it relates to your current work. Your responses will be kept confidential and will not be tied to your license or any other personal information. Individual responses will be combined with the responses of other dental hygienists and only group data will be analyzed.

For your convenience, you do not have to complete the questionnaire in a single session. Before you exit, complete the page that you are on. You can resume where you stopped as long as you reopen the questionnaire from the same computer and use the same web browser. The web link is available 24 hours a day, 7 days a week.

To begin the questionnaire, please click Next. Any question marked with an asterisk must be answered before you can progress through the questionnaire. Please submit the completed questionnaire by July 1, 2019.

If you have any questions or need assistance, please contact [REDACTED] at [REDACTED]@dca.ca.gov.

The Board welcomes your feedback and appreciates your time!

Part I - Personal Data

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code, Section 1798 et seq.), and will be used only for the purpose of analyzing the information from this questionnaire.

* 1. Are you currently practicing as a California-licensed dental hygienist?

☐ Yes

☐ No

Part I - Personal Data (Continued)

2. How many years have you been practicing in California as a licensed dental hygienist?

- ☐ 0 to 5 years
- ☐ 6 to 10 years
- ☐ 11 to 15 years
- ☐ 16 or more years

Part I - Personal Data (continued)

3. How many hours per week do you work as a licensed dental hygienist?

- ☐ 0 to 10 hours
- ☐ 11 to 20 hours
- ☐ 21 to 30 hours
- ☐ 31 to 40 hours
- ☐ 41 or more hours

4. What describes the location of your primary work setting?

- ☐ Urban (more than 50,000)
- ☐ Rural (50,000 or fewer)

5. How many different offices employ you as a registered dental hygienist?

- ☐ One
- ☐ Two
- ☐ Three or more

6. How would you describe your primary/current work setting?

- ☐ General
- ☐ Endodontic
- ☐ Orthodontic
- ☐ Periodontic
- ☐ Pedodontic
- ☐ Oral surgery
- ☐ Other (please specify)

7. What other California licenses or certifications do you hold?

- ☐ None
- ☐ RDA
- ☐ RDAEF
- ☐ Periodontal soft tissue curettage
- ☐ Administration of local anesthesia
- ☐ Administration of nitrous oxide and oxygen
- ☐ Other (please specify)

2019 Registered Dental Hygienist Occupational Analysis Questionnaire

Part I - Personal Data (continued)

8. In what California county do you perform the majority of your work?

- | | | |
|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="radio"/> Alameda | <input type="radio"/> Marin | <input type="radio"/> San Mateo |
| <input type="radio"/> Alpine | <input type="radio"/> Mariposa | <input type="radio"/> Santa Barbara |
| <input type="radio"/> Amador | <input type="radio"/> Mendocino | <input type="radio"/> Santa Clara |
| <input type="radio"/> Butte | <input type="radio"/> Merced | <input type="radio"/> Santa Cruz |
| <input type="radio"/> Calaveras | <input type="radio"/> Modoc | <input type="radio"/> Shasta |
| <input type="radio"/> Colusa | <input type="radio"/> Mono | <input type="radio"/> Sierra |
| <input type="radio"/> Contra Costa | <input type="radio"/> Monterey | <input type="radio"/> Siskiyou |
| <input type="radio"/> Del Norte | <input type="radio"/> Napa | <input type="radio"/> Solano |
| <input type="radio"/> El Dorado | <input type="radio"/> Nevada | <input type="radio"/> Sonoma |
| <input type="radio"/> Fresno | <input type="radio"/> Orange | <input type="radio"/> Stanislaus |
| <input type="radio"/> Glenn | <input type="radio"/> Placer | <input type="radio"/> Sutter |
| <input type="radio"/> Humboldt | <input type="radio"/> Plumas | <input type="radio"/> Tehama |
| <input type="radio"/> Imperial | <input type="radio"/> Riverside | <input type="radio"/> Trinity |
| <input type="radio"/> Inyo | <input type="radio"/> Sacramento | <input type="radio"/> Tulare |
| <input type="radio"/> Kern | <input type="radio"/> San Benito | <input type="radio"/> Tuolumne |
| <input type="radio"/> Kings | <input type="radio"/> San Bernardino | <input type="radio"/> Ventura |
| <input type="radio"/> Lake | <input type="radio"/> San Diego | <input type="radio"/> Yolo |
| <input type="radio"/> Lassen | <input type="radio"/> San Francisco | <input type="radio"/> Yuba |
| <input type="radio"/> Los Angeles | <input type="radio"/> San Joaquin | |
| <input type="radio"/> Madera | <input type="radio"/> San Luis Obispo | |

Part II - Task Rating Instructions

In this part of the questionnaire, you will be presented with 47 tasks reflecting the nature of dental hygiene practice in California.

Please rate each task as it relates to your current practice.

Your frequency and importance ratings should be separate and independent ratings. Therefore, the ratings that you assign on one rating scale should not influence the ratings that you assign on the other rating scale. For example, you may perform a task frequently, but that task may not be important. Or you may perform a task infrequently, but that task may be very important.

If the task is NOT part of your current practice, rate the task "0" (zero) frequency and "0" (zero) importance. Tasks that you perform frequently should be rated high on the frequency scale and tasks that are important to your work as a dental hygienist should be rated high on the importance scale.

Choose the rating that best fits each task.

Please use the scales below to rate the tasks on the following pages.

FREQUENCY SCALE

HOW OFTEN do you perform this task in your current practice? Consider all of the practice tasks you have performed over the past year and make your judgment relative to all other tasks you perform.

- 0 – DOES NOT APPLY. I do not perform this task in my current practice.
- 1 – RARELY. I perform this task the least often in my current practice relative to other tasks I perform.
- 2 – SELDOM. I perform this task less often than most other tasks I perform in my current practice.
- 3 – REGULARLY. I perform this task as often as other tasks I perform in my current practice.
- 4 – OFTEN. I perform this task more often than most other tasks I perform in my current practice.
- 5 – VERY OFTEN. This task is one of the tasks I perform most often in my current practice relative to other tasks I perform.

IMPORTANCE SCALE

HOW IMPORTANT is performance of this task for effective performance in your current practice? Consider all of the job tasks you have performed over the past year and make your judgment relative to all other tasks you perform.

- 0 – DOES NOT APPLY. I do not perform this task in my current practice.

- 1 – NOT IMPORTANT. This task is not important for effective performance in my current practice.
- 2 – FAIRLY IMPORTANT. This task is somewhat important for effective performance in my current practice.
- 3 – IMPORTANT. This task is important for effective performance in my current practice.
- 4 – VERY IMPORTANT. This task is very important for effective performance in my current practice.
- 5 – CRITICALLY IMPORTANT. This task is extremely important for effective performance in my current practice.

Part II - Treatment Preparation

9. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
1. Prepare operatory for dental hygiene treatment.	<input type="text"/>	<input type="text"/>
2. Review patient dental records and medical history.	<input type="text"/>	<input type="text"/>
3. Select instruments, equipment, and materials for dental hygiene treatment.	<input type="text"/>	<input type="text"/>
4. Provide patient with eyewear and bib to protect patient during dental hygiene treatment.	<input type="text"/>	<input type="text"/>
5. Wear personal protective equipment (PPE) before providing treatment to help prevent spread of disease.	<input type="text"/>	<input type="text"/>
6. Take patient vital signs.	<input type="text"/>	<input type="text"/>

2019 Registered Dental Hygienist Occupational Analysis Questionnaire

Part II - Dental Hygiene Treatment

10. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
7. Perform oral health screening.	<input type="text"/>	<input type="text"/>
8. Complete a comprehensive periodontal assessment.	<input type="text"/>	<input type="text"/>
9. Expose dental radiographs to assist with diagnosis of caries or periodontal conditions.	<input type="text"/>	<input type="text"/>
10. Develop dental hygiene care plan that correlates with findings from periodontal assessment.	<input type="text"/>	<input type="text"/>
11. Modify dental hygiene treatment plan based on current information.	<input type="text"/>	<input type="text"/>
12. Perform nonsurgical periodontal procedures (e.g., scaling, root planing).	<input type="text"/>	<input type="text"/>
13. Perform oral prophylaxis to remove hard and soft deposits, and stains.	<input type="text"/>	<input type="text"/>
14. Administer topical anesthetic to patients.	<input type="text"/>	<input type="text"/>
15. Administer nitrous oxide and local anesthetic under direct supervision of a dentist.	<input type="text"/>	<input type="text"/>
16. Perform soft tissue curettage under direct supervision of a dentist.	<input type="text"/>	<input type="text"/>
17. Perform air polishing to remove supragingival and subgingival biofilm and stain.	<input type="text"/>	<input type="text"/>
18. Evaluate the presence or absence of biofilm and calculus before and after instrumentation.	<input type="text"/>	<input type="text"/>
19. Apply fluorides and other caries-preventing agents to patients.	<input type="text"/>	<input type="text"/>
20. Take impressions for nondiagnostic cast models.	<input type="text"/>	<input type="text"/>
21. Apply topical, therapeutic, and subgingival agents for the control of caries and periodontal disease.	<input type="text"/>	<input type="text"/>
22. Place interim therapeutic restoration after diagnosis by dentist.	<input type="text"/>	<input type="text"/>
23. Clean and polish removable appliances.	<input type="text"/>	<input type="text"/>
24. Recognize oral health conditions resulting from personal habits (e.g., tobacco, substance abuse, eating disorders).	<input type="text"/>	<input type="text"/>

2019 Registered Dental Hygienist Occupational Analysis Questionnaire

Part II - Patient Education

11. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
25. Discuss scheduled dental hygiene treatment with patient.	<input type="text"/>	<input type="text"/>
26. Communicate assessment findings and dental hygiene care plan to patient.	<input type="text"/>	<input type="text"/>
27. Provide instructions to patients for oral hygiene and postoperative care.	<input type="text"/>	<input type="text"/>
28. Provide nutritional counseling to improve oral health.	<input type="text"/>	<input type="text"/>

Part II - Infection Control

12. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
29. Maintain a safe and clean work environment.	<input type="text"/>	<input type="text"/>
30. Adhere to infection control policies and protocols for performing dental hygiene treatment.	<input type="text"/>	<input type="text"/>
31. Sterilize instruments in accordance with California infection control guidelines.	<input type="text"/>	<input type="text"/>
32. Maintain instruments to ensure efficient functioning for dental hygiene treatment.	<input type="text"/>	<input type="text"/>

Part II - Documentation and Recordkeeping

13. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
33. Record conditions of the oral cavity.	<input type="text"/>	<input type="text"/>
34. Report abnormalities of the oral cavity to the dentist.	<input type="text"/>	<input type="text"/>
35. Record existing and recommended restorative treatment as diagnosed by the dentist.	<input type="text"/>	<input type="text"/>
36. Update patient dental records and medical history, including chief complaints and concerns.	<input type="text"/>	<input type="text"/>
37. Document in patient record the dental services performed.	<input type="text"/>	<input type="text"/>

2019 Registered Dental Hygienist Occupational Analysis Questionnaire

Part II - Laws and Regulations

14. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
38. Communicate with other dental professionals using telehealth methods and technology.	<input type="text"/>	<input type="text"/>
39. Obtain informed consent from patient in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
40. Maintain confidentiality of patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
41. Maintain confidentiality of patient treatment and conditions with laws and regulations regarding patient confidentiality.	<input type="text"/>	<input type="text"/>
42. Maintain security of patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
43. Adhere to laws and regulations regarding professional conduct.	<input type="text"/>	<input type="text"/>
44. Adhere to laws and regulations regarding excessive treatment.	<input type="text"/>	<input type="text"/>
45. Report reasonable suspicion of child, elder, or dependent adult abuse, or neglect as legally mandated.	<input type="text"/>	<input type="text"/>
46. Maintain dental hygiene license according to laws and regulations.	<input type="text"/>	<input type="text"/>
47. Maintain required continuing education units for license renewal.	<input type="text"/>	<input type="text"/>

Part III - Knowledge Rating Instructions

In this part of the questionnaire, you will be presented with 59 knowledge statements. Please rate each knowledge statement based on how important you feel the knowledge is to the effective performance of your tasks.

If a knowledge is NOT a part of your current practice, rate the statement "0" (zero) importance and go on to the next statement.

Use the following scale to rate each knowledge statement's importance.

IMPORTANCE SCALE

HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

0 – DOES NOT APPLY. This knowledge is not required for effective performance of tasks in my current practice.

1 – NOT IMPORTANT. This knowledge is not important for effective performance of tasks in my current practice.

2 – FAIRLY IMPORTANT. This knowledge is somewhat important for effective performance of tasks in my current practice.

3 – IMPORTANT. This knowledge is important for effective performance of tasks in my current practice.

4 – VERY IMPORTANT. This knowledge is very important for effective performance of tasks in my current practice.

5 – CRITICALLY IMPORTANT. This knowledge is extremely important for effective performance of tasks in my current practice.

Part III - Treatment Preparation

15. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
1. Knowledge of procedures and protocols to prepare and break down operatory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Knowledge of conditions related to oral-systemic health (e.g., diabetes, cardiovascular disease).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Knowledge of techniques for assessing vital signs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Knowledge of instruments, equipment, and materials used for dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Knowledge of standard precautions required to protect patients during dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Knowledge of standard precautions required to protect health care workers during dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2019 Registered Dental Hygienist Occupational Analysis Questionnaire

Part III - Dental Hygiene Treatment

16. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
7. Knowledge of procedures for assessing the oral cavity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Knowledge of methods to assess periodontal conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Knowledge of techniques for exposing and developing dental radiographs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Knowledge of methods to develop dental hygiene care plans to assess patient needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Knowledge of procedures to remove excess cement from fixed restorations, including crowns, bridges, and orthodontic treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using hand instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using power instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using hand instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using power instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Knowledge of procedures to administer topical anesthetic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Knowledge of conditions that require application of topical anesthesia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Knowledge of drug properties, side effects, interactions, and contraindications as they relate to dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
20. Knowledge of indications, contraindications, and side effects for administering nitrous oxide during dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Knowledge of indications, contraindications, and side effects for administering local anesthesia during dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Knowledge of procedures to administer nitrous oxide and local anesthetic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Knowledge of soft tissue curettage procedure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Knowledge of methods to perform air polishing to remove supragingival and subgingival biofilm and stain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Knowledge of techniques for detecting the presence or absence of biofilm and calculus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Knowledge of application techniques for fluoride and other caries-preventing agents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Knowledge of agents used for control of caries and periodontal disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Knowledge of application of agents used for control of caries (e.g., pit and fissure sealants, ITR).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Knowledge of techniques for taking impressions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Knowledge of application of agents used for control of periodontal disease (e.g., antimicrobials).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Knowledge of procedures to place interim therapeutic restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Knowledge of procedures for cleaning and polishing removable appliances (e.g., dentures).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Knowledge of personal habits that affect oral health conditions (e.g., tobacco, substance abuse, eating disorders).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III - Patient Education

17. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
34. Knowledge of methods for communicating a dental hygiene care plan with patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Knowledge of instructions for post-operative care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Knowledge of nutritional counseling related to oral health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Knowledge of individualized oral hygiene instructions to address specific patient needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2019 Registered Dental Hygienist Occupational Analysis Questionnaire

Part III - Infection Control

18. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
38. Knowledge of standards for infection control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Knowledge of techniques for disinfecting dental hygiene equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Knowledge of techniques for sterilizing dental hygiene instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Knowledge of methods to maintain the integrity (sharpening or sterilizing) of hand instruments for dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Knowledge of procedures for maintaining (i.e., replacing filter) dental hygiene power instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Knowledge of protocols to maintain dental hygiene equipment in working condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2019 Registered Dental Hygienist Occupational Analysis Questionnaire

Part III - Documentation and Recordkeeping

19. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
44. Knowledge of different types of periodontal conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Knowledge of basic characteristics of normal and abnormal oral conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Knowledge of the characteristics of caries, defective restorations, TMD, and occlusal disorders for referral to dentist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Knowledge of methods and protocol for updating patient medical history.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Knowledge of methods and protocol for charting patient dental records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Knowledge of protocol for documenting dental hygiene services performed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2019 Registered Dental Hygienist Occupational Analysis Questionnaire

Part III - Laws and Regulations

20. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
50. Knowledge of methods for communicating with health care providers using telehealth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. Knowledge of laws and regulations related to informed consent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Knowledge of laws and regulations regarding excessive treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. Knowledge of laws governing mandated reporting of child, elder, and dependent adult abuse and neglect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California dental hygiene license.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. Knowledge of laws and regulations regarding continuing education requirements to maintain dental hygiene license.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

THANK YOU!

You have completed this questionnaire! Thank you for participating!

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OCCUPATIONAL ANALYSIS OF
THE REGISTERED DENTAL HYGIENIST
IN ALTERNATIVE PRACTICE
PROFESSION



DENTAL HYGIENE BOARD OF CALIFORNIA

OCCUPATIONAL ANALYSIS OF THE REGISTERED DENTAL HYGIENIST IN ALTERNATIVE PRACTICE PROFESSION



September 2019

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EXECUTIVE SUMMARY

The Dental Hygiene Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of the registered dental hygienist in alternative practice (RDHAP) profession in California. The purpose of the OA is to define practice for RDHAPs in terms of the actual tasks that newly licensed RDHAPs must be able to perform safely and effectively at the time of licensure.

OPES test specialists began by researching the profession (e.g., related OA reports, articles, industry publications) and conducting semi-structured telephone interviews with licensed RDHAPs working in locations throughout California. The purpose of these interviews was to identify the tasks performed by RDHAPs and to specify the knowledge required to perform those tasks in a safe and effective manner. Using the information gathered from the research and the interviews, OPES test specialists developed a preliminary list of tasks performed in the RDHAP profession along with knowledge statements representing the knowledge needed to perform those tasks.

In April 2019, OPES convened a workshop to review and refine the preliminary lists of tasks and knowledge statements derived from the telephone interviews. The workshop was comprised of licensed RDHAPs, or subject matter experts (SMEs), with diverse backgrounds in the profession (i.e., location of practice, years licensed, specialty). These SMEs also identified changes and trends in the RDHAP profession, determined demographic questions for the OA questionnaire, and performed a preliminary linkage of the tasks and knowledge statements to ensure that all tasks had a related knowledge statement and all knowledge statements had a related task. Additional tasks and knowledge statements were created as needed to complete the scope of the content areas of the description of practice.

After completing the April 2019 workshop, OPES test specialists developed a three-part OA questionnaire to be completed by RDHAPs statewide. Development of the OA questionnaire included a pilot study that was conducted using a group of licensed RDHAPs. The feedback from those participants was incorporated into the final questionnaire.

In the first part of the OA questionnaire, RDHAPs were asked to provide demographic information relating to their work settings and practice. In the second part, RDHAPs were asked to rate specific tasks in terms of frequency (i.e., how often the RDHAP performs the task in the RDHAP's current practice) and importance (i.e., how important the task is to effective performance of the RDHAP's current practice). In the third part, RDHAPs were asked to rate specific knowledge statements in terms of how important each knowledge statement is to performance of the RDHAP's current practice.

In June 2019, on behalf of the Board, OPES distributed an email invitation to all 507 licensed RDHAPs in California, inviting them to complete the OA questionnaire online. A total of 88 RDHAPs, or 17.4%, responded by accessing the online OA questionnaire. The final sample size included in the data analysis was 68, or 13.4% of the sampled population. This response rate

reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and practicing as RDHAPs in California. Second, questionnaires containing a large volume of incomplete or unresponsive data were removed. The demographic composition of the respondent sample appears to be representative of the licensed RDHAP population in California.

OPES test specialists then performed data analyses of the task and knowledge ratings obtained from the OA questionnaire respondents. The task frequency and importance ratings were combined to derive an overall criticality index for each task statement. The mean importance rating was used as the criticality index for each knowledge statement.

Once the data was analyzed, OPES conducted an additional workshop with SMEs in July 2019. The SMEs evaluated the criticality indices and determined whether any tasks or knowledge statements should be eliminated. The SMEs in this group also established the final linkage between tasks and knowledge statements, organized the tasks and knowledge statements into content areas, and defined those areas. The SMEs then evaluated and confirmed the content area weights of the examination outline. During the July 2019 workshop, the SMEs also determined the content areas and weights for the California RDHAP Laws and Ethics Examination Outline. The examination outline is structured into five content areas.

The examination outline for the RDHAP examination is structured into six content areas weighted by criticality relative to the other content areas. The outline provides a description of the scope of practice for RDHAPs, and it also identifies the tasks and knowledge critical to safe and effective RDHAP practice in California at the time of licensure. Additionally, the examination outline provides a basis for evaluating the degree to which the content of any examination under consideration measures content critical to RDHAP practice in California.

At this time, California licensure as an RDHAP is granted by meeting educational and experience requirements and by passing the California RDHAP Laws and Ethics Examination.

OVERVIEW OF THE RDHAP EXAMINATION OUTLINE

Content Area	Content Area Description	Percent Weight
1. Treatment Preparation	This area assesses the candidate's knowledge of preparing equipment and patients for dental hygiene services in alternative settings, including coordinating treatment with other health care professionals.	15
2. Dental Hygiene Treatment	This area assesses the candidate's knowledge of completing a comprehensive oral health assessment, dental hygiene treatment planning, and dental hygiene treatment in alternative settings.	25
3. Patient Education	This area assesses the candidate's knowledge of educating patients regarding oral health and individualized oral hygiene instructions.	9
4. Infection Control	This area assesses the candidate's knowledge of maintaining a safe and clean work environment and adhering to infection control protocols and standard precautions.	10
5. Documentation	This area assesses the candidate's knowledge of documenting patient oral health status, procedures performed, and updating patient dental and medical records in alternative settings.	11
6. Laws, Regulations, and Ethics	This area assesses the candidate's knowledge of operating as an RDHAP, submitting claims for services performed, licensing requirements, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.	30
Total		100

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CHAPTER 1 | INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Dental Hygiene Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) as part of the Board's comprehensive review of the registered dental hygienist in alternative practice (RDHAP) profession in California. The purpose of the OA is to identify critical activities performed by RDHAPs in California and to develop the California RDHAP Laws and Ethics Examination.

CONTENT VALIDATION STRATEGY

OPES used a content validation strategy to ensure that the OA reflected the actual tasks performed by practicing RDHAPs. OPES incorporated the technical expertise of California RDHAPs throughout the OA process to ensure that the identified tasks and knowledge statements directly reflect requirements for performance in the current RDHAP profession.

PARTICIPATION OF SUBJECT MATTER EXPERTS

The Board selected California RDHAPs to participate as subject matter experts (SMEs) during the phases of the OA. The SMEs were selected from a broad range of practice settings, geographic locations, and experience backgrounds. During the development phase of the OA, the SMEs provided information regarding the different aspects of current dental hygiene practice. The SMEs also provided technical expertise during the workshop that was convened to evaluate and refine the content of tasks and knowledge statements before administration of the OA questionnaire. After the administration of the OA questionnaire, OPES convened an additional group of SMEs to review the results and finalize the examination outline, which ultimately provides the basis of the description of practice.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensing, certification, and registration programs in the State of California adhere strictly to federal and state laws and regulations, as well as professional guidelines and technical standards. For the purpose of OAs, the following laws and guidelines are authoritative:

- California Business and Professions Code section 139.
- Uniform Guidelines on Employee Selection Procedures (1978), Code of Federal Regulations, Title 29, Section 1607.
- California Fair Employment and Housing Act, Government Code section 12944.

- *Principles for the Validation and Use of Personnel Selection Procedures* (2003), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure examination to meet these standards, it must be solidly based upon RDHAP activities required for practice.

DESCRIPTION OF OCCUPATION

The RDHAP occupation is described as follows in sections 1907, 1908, 1910, and 1926 of the California Business and Professions Code:

Section 1907:

- (a) All functions that may be performed by a registered dental assistant.

Section 1908:

- (a) The practice of dental hygiene includes dental hygiene assessment and development, planning, and implementation of a dental hygiene care plan. It also includes oral health education, counseling, and health screenings.

Section 1910: A registered dental hygienist is authorized to perform the following procedures under general supervision:

- (a) Preventive and therapeutic interventions, including oral prophylaxis, scaling, and root planing.
- (b) Application of topical, therapeutic, and subgingival agents used for the control of caries and periodontal disease.

Section 1926: A registered dental hygienist in alternative practice may perform the duties authorized pursuant to subdivision (a) of Section 1907, subdivision (a) of Section 1908, and subdivisions (a) and (b) of Section 1910 in the following settings:

- (a) Residences of the homebound.
- (b) Schools.
- (c) Residential facilities and other institutions.
- (d) Dental health professional shortage areas, as certified by the Office of Statewide Health Planning and Development in accordance with existing office guidelines.

CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

SUBJECT MATTER EXPERT INTERVIEWS

The Board provided OPES with a list of RDHAPs to contact for telephone interviews. During the semi-structured interviews, six SMEs were asked to identify all of the activities they perform that are specific to the RDHAP profession. The SMEs outlined major content areas of their practice and confirmed the tasks performed in each content area. The SMEs were also asked to identify the knowledge necessary to perform each task safely and competently.

TASKS AND KNOWLEDGE STATEMENTS

To develop tasks and knowledge statements, OPES test specialists integrated the information gathered from literature reviews of profession-related sources (e.g., related OA reports, articles, industry publications) and from interviews with SMEs.

In April 2019, OPES test specialists facilitated a workshop with eight SMEs from diverse backgrounds (i.e., years licensed, specialty, and practice location) to evaluate the task and knowledge statements for technical accuracy and comprehensiveness. The SMEs also assigned each statement to a content area and verified that the content areas were independent and nonoverlapping. In addition, the SMEs performed a preliminary linkage of the tasks and knowledge statements to ensure that every task had a related knowledge statement and every knowledge statement had a related task. The SMEs also verified proposed demographic questions for the OA questionnaire, including questions regarding scope of practice and practice setting.

Once the lists of task and knowledge statements and the demographic questions were verified, OPES used this information to develop an online questionnaire that was sent to California RDHAPs for RDHAPs to complete.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed an online OA questionnaire designed to solicit RDHAPs' ratings of the tasks and knowledge statements. The surveyed RDHAPs were instructed to rate each task in terms of how often they perform the task (Frequency) and in terms of how important the task is to effective performance of their current practice (Importance). In addition, they were instructed to rate each knowledge statement in terms of how important that specific knowledge is to performance of their current practice (Importance). The OA questionnaire also included a demographic section for purposes of developing an accurate profile of the respondents. The OA questionnaire can be found in Appendix E.

PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. The draft questionnaire was reviewed by the Board and then sent to seven SMEs who had participated in the tasks and knowledge statement development workshop. OPES received feedback to the pilot study from five respondents. The respondents reviewed the tasks and knowledge statements, provided the estimated time for completion, and reviewed the online navigation and ease of use of the questionnaire. OPES used this feedback to develop the final questionnaire.

CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

In June 2019, on behalf of the Board, OPES sent emails to all 507 licensed RDHAPs in California inviting them to complete the OA questionnaire online. The email invitation can be found in Appendix D.

Of the 507 RDHAPs in the sample group, 88 licensed RDHAPs, or 17.4 percent responded by accessing the online questionnaire. The final sample size included in the data analysis was 68, or 13.4 percent of the population that was invited to complete the questionnaire. This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and practicing as RDHAPs in California. Second, questionnaires containing a large volume of missing or unresponsive data were also excluded. The respondent sample appears to be representative of the population of California RDHAPs based on the sample's demographic composition.

DEMOGRAPHIC SUMMARY

As shown in Table 1 and Figure 1, 41.2% of the respondents included in the analysis reported having been licensed for 5 years or less, 29.4% for 6-10 years, 22.1% for 11-15 years, and 7.4% for more than 16 years.

As shown in Table 2 and Figure 2, 61.8% reported working 1 to 10 hours per week, 13.2% reported working 11 to 20 hours per week, 11.8% reported working 31 to 40 hours per week, 10.3% reported working 21 to 30 hours per week, and 2.9% of the respondents reported working 41 or more hours per week,

As shown in Table 4 and Figure 4, 51.5% of the respondents reported being employed by one dental office, 17.6% reported being employed by three or more dental offices, 8.8% reported being employed by two dental offices, and 22.1% reported operating a mobile site.

When asked to indicate their primary practice setting, 45.6% of the respondents reported general dentistry, 26.5% reported working in public health, 16.2% reported geriatrics, 5.9% reported periodontics dentistry, and 5.9% reported working in skilled nursing facilities (see Table 5 and Figure 5).

More detailed demographic information from respondents can be found in Tables 1-6 and Figures 1-6.

TABLE 1 – NUMBER OF YEARS LICENSED AS AN RDHAP

YEARS	NUMBER (N)	PERCENT
0 to 5 years	28	41.2
6 to 10 years	20	29.4
11 to 15 years	15	22.1
More than 16 years	5	7.4
Total	68	100*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 1 – NUMBER OF YEARS LICENSED AS AN RDHAP

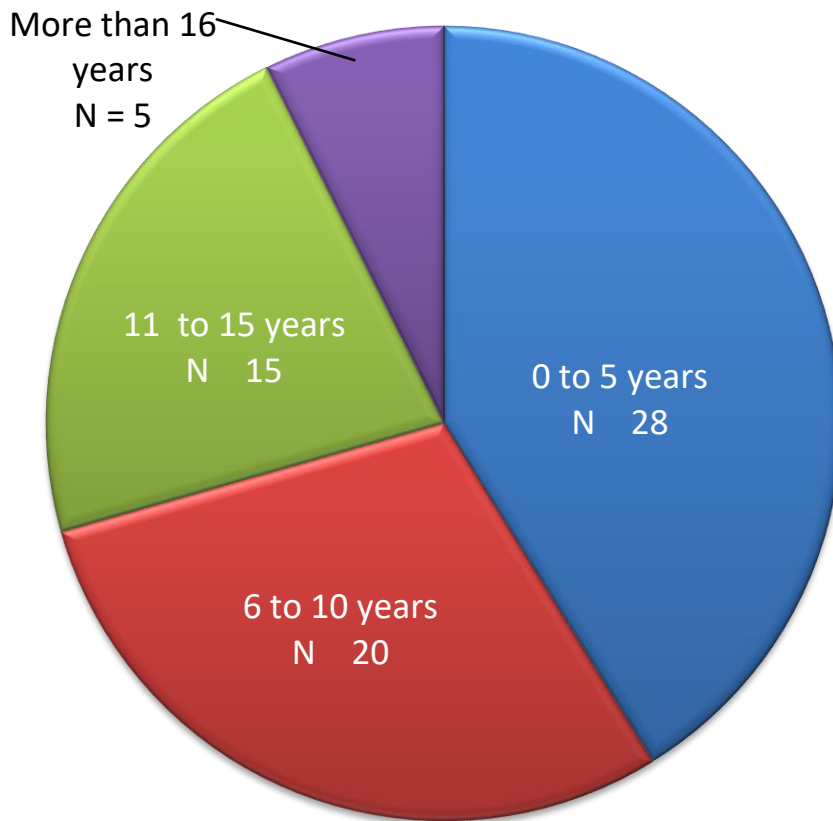


TABLE 2 – HOURS WORKED PER WEEK

HOURS	NUMBER (N)	PERCENT
1 to 10	42	61.8
11 to 20	9	13.2
21 to 30	7	10.3
31 to 40	8	11.8
More than 40 hours	2	2.9
Total	1,456	100

FIGURE 2 – HOURS WORKED PER WEEK

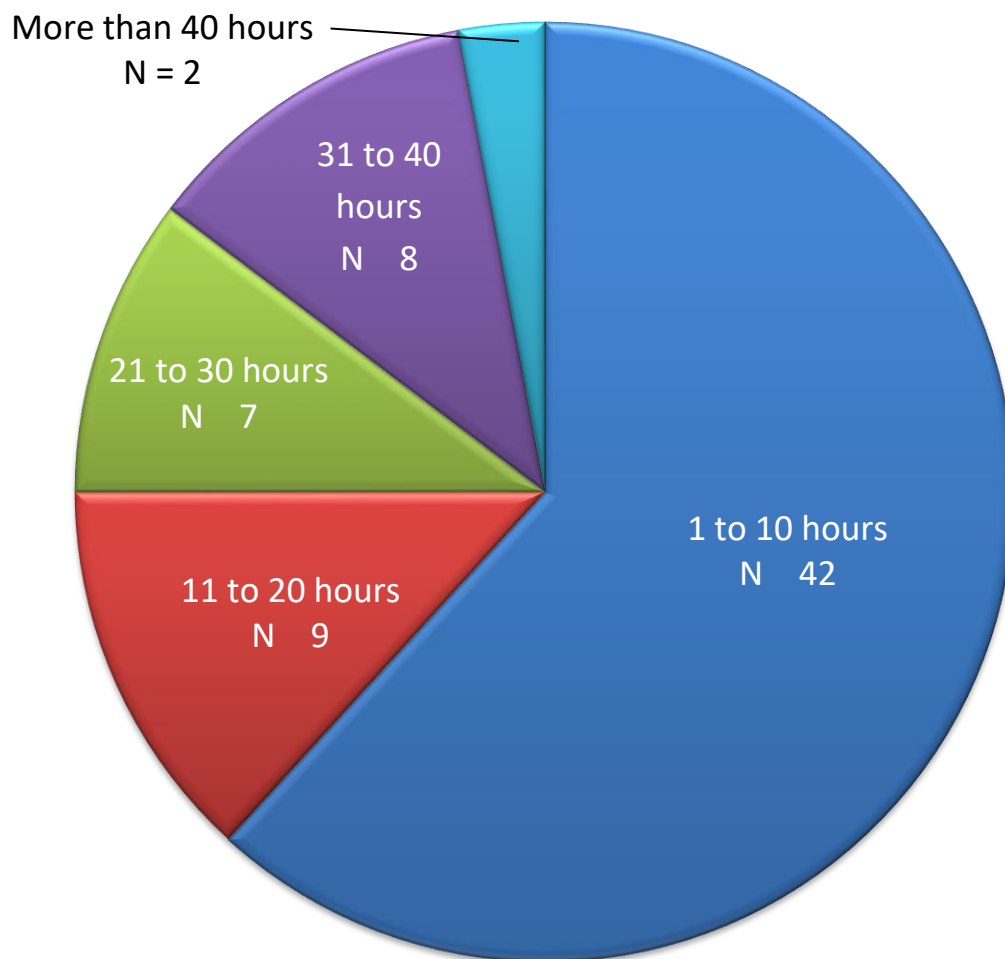


TABLE 3 – LOCATION OF WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (more than 50,000 people)	53	77.9
Rural (fewer than 50,000 people)	15	22.1
Total	68	100

TABLE 4 – NUMBER OF OFFICES IN WHICH RDHAP IS EMPLOYED

YEARS	NUMBER (N)	PERCENT
1	35	51.5
2	6	8.8
3 or more	12	17.6
Mobile site	15	22.1
Total	68	100

FIGURE 3 – NUMBER OF OFFICES IN WHICH RDHAP IS EMPLOYED

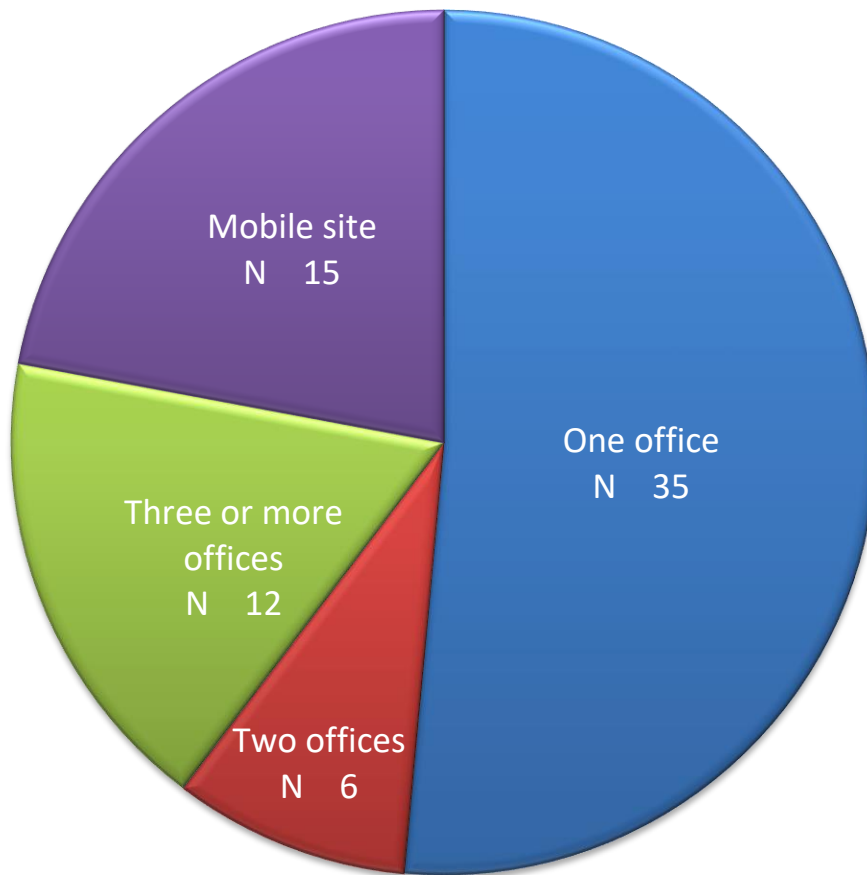


TABLE 5 – PRIMARY PRACTICE SETTING

SETTING	NUMBER (N)	PERCENT
General	31	45.6
Geriatric	11	16.2
Periodontics	4	5.9
Skilled nursing facility	4	5.9
Public health	18	26.5
Total	68	100*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 4 – PRIMARY PRACTICE SETTING

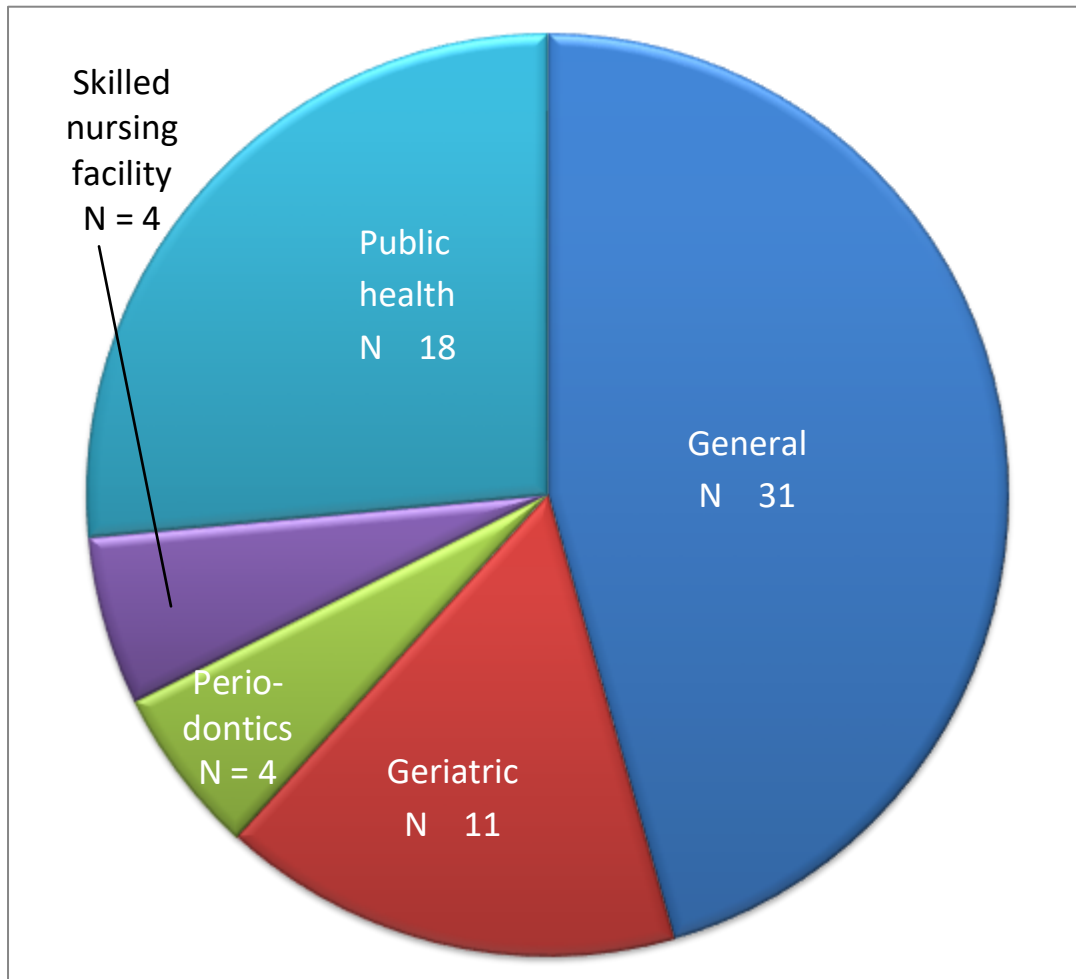
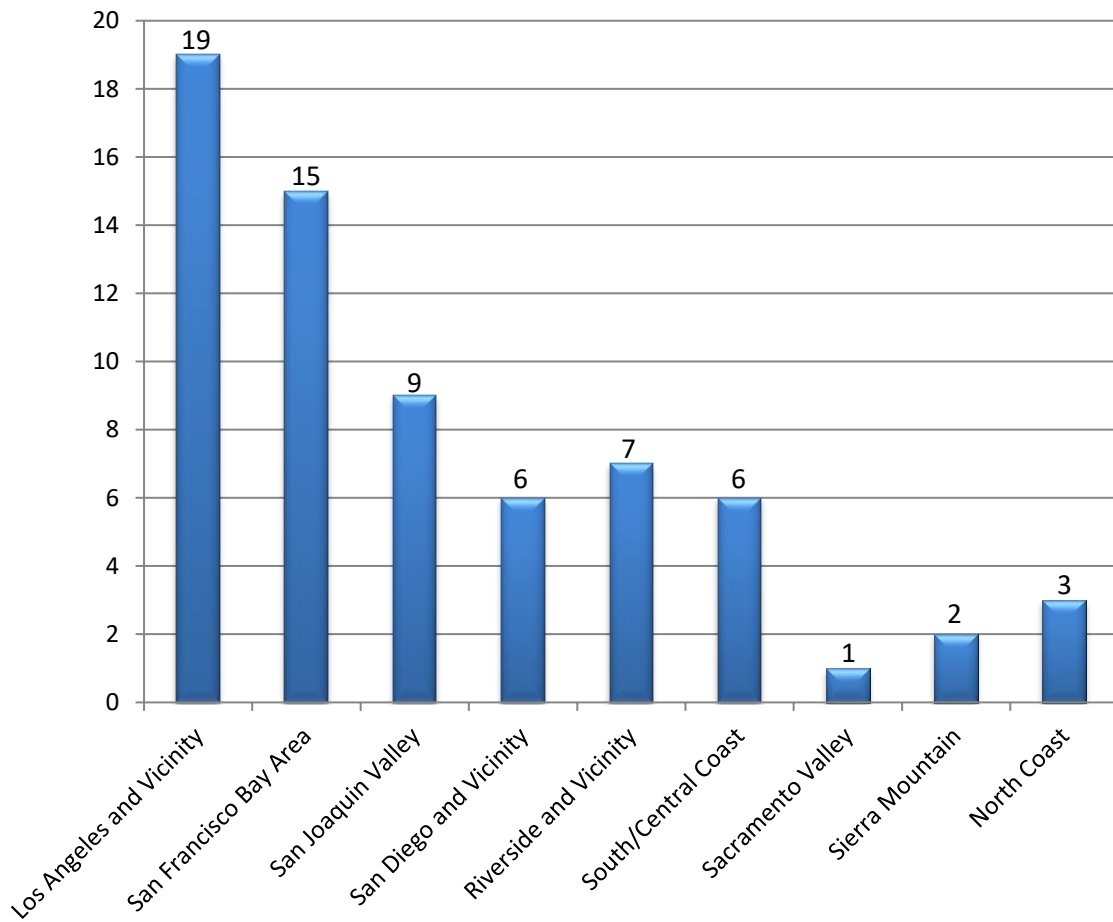


TABLE 6 – RESPONDENTS BY REGION

REGION NAME	NUMBER (N)	PERCENT
Los Angeles County and Vicinity	19	27.9
San Francisco Bay Area	15	22.1
San Joaquin Valley	9	13.2
San Diego County and Vicinity	6	8.8
Riverside and Vicinity	7	10.3
South Coast and Central Coast	6	8.8
Sacramento Valley	1	1.5
Sierra Mountain	2	2.9
North Coast	3	4.4
Total	68	100.0

Appendix A shows a more detailed breakdown of the frequencies by region.

FIGURE 5 – RESPONDENTS BY REGION



CHAPTER 4 | DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

OPES evaluated the task and knowledge statement ratings using a standard index of reliability, coefficient alpha (α), that ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the tasks and knowledge statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 7 displays the reliability coefficients for the task rating scales in each content area. The overall ratings of task frequency and task importance across content areas were highly reliable (frequency $\alpha = .952$; importance $\alpha = .942$). Table 8 displays the reliability coefficients for the knowledge statement rating scale in each content area. The overall ratings of knowledge importance across content areas were also highly reliable ($\alpha = .974$). These results indicate that the responding RDHAPs rated the tasks and knowledge statements consistently throughout the questionnaire.

TABLE 7 – TASK SCALE RELIABILITY

CONTENT AREA	NUMBER OF TASKS	α FREQUENCY	α IMPORTANCE
1. Treatment Preparation	7	.893	.762
2. Dental Hygiene Treatment	17	.879	.912
3. Patient Education	4	.928	.855
4. Infection Control	4	.948	.918
5. Documentation	5	.833	.681
6. Laws, Regulations, and Ethics	16	.869	.829
Total	53	.952*	.942*

**NOTE: The total shown is not the sum of the individual content area rating of task frequency and importance but rather the overall rating of task frequency and task importance.*

TABLE 8 – KNOWLEDGE STATEMENT SCALE RELIABILITY

CONTENT AREA	NUMBER OF KNOWLEDGE STATEMENTS	α IMPORTANCE
1. Treatment Preparation	6	.862
2. Dental Hygiene Treatment	25	.933
3. Patient Education	4	.938
4. Infection Control	6	.837
5. Documentation	6	.925
6. Laws, Regulations, and Ethics	16	.933
Total	63	.974*

*NOTE: The total shown is not the sum of the individual content area rating of task frequency and importance but rather the overall rating of task frequency and task importance.

TASK CRITICALITY INDICES

In July 2019, OPES convened a workshop consisting of five SMEs. The purpose of this workshop was to identify the essential tasks and knowledge required for safe and effective dental hygiene practice at the time of licensure. The SMEs reviewed the mean frequency, mean importance, and criticality index for each task. They also reviewed the mean importance rating for each knowledge statement.

To calculate the criticality indices of the task statements, OPES test specialists used the following formula below. For each respondent, the frequency rating (Fi) and the importance rating (Ii) were multiplied for each task. Next, the multiplication products were averaged across respondents as shown below.

$$\text{Task criticality index} = \text{mean} [(Fi) \times (Ii)]$$

The tasks were sorted in descending order by criticality index and by content area. The tasks, their mean frequency and importance ratings, and their associated criticality indices are presented in Appendix B.

The SMEs who participated in the July 2019 workshop evaluated the task criticality indices derived from the questionnaire results. OPES test specialists instructed the SMEs to identify a cutoff value to determine if any of the tasks did not have a high enough criticality index to be retained. Based on their review, the SMEs determined that two tasks should be deleted from the content outline (T17 and T20). The SMEs determined that task T34 should also be deleted from the content outline because it was very similar to another task. These task statements are identified in Appendix B.

Additionally, the SMEs determined that three tasks (T54, T55, T56) should be added. These tasks were added to provide linkages with three knowledge statements.

KNOWLEDGE IMPORTANCE RATINGS

To determine the criticality of each knowledge statement, the mean importance (K Imp) rating for each knowledge statement was calculated. The knowledge statements and their mean importance ratings, sorted by descending order of mean importance and grouped by content area, are presented in Appendix C.

The SMEs who participated in the July 2019 workshop that evaluated the task criticality indices also reviewed the knowledge statement mean importance ratings. Based on their review, the SMEs determined that two knowledge statements should be deleted from the content outline (K22 and K27). The eliminated knowledge statements are identified in Appendix C. The exclusion of a knowledge statement from the examination outline does not mean that the knowledge is not used in dental hygiene practice; it means that the SMEs determined that the knowledge was not critical for testing relative to other knowledge within the RDHAP scope of practice.

Additionally, SMEs determined that two knowledge statements (K64, and K65) should be added to further clarify knowledge statements that included multiple subjects.

CHAPTER 5 | EXAMINATION OUTLINE

TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the July 2019 workshop reviewed the preliminary assignments of the tasks and knowledge statements to content areas developed in the April 2019 workshop. The SMEs established the final linkage of specific knowledge statements to task statements. The SMEs reviewed the content areas and wrote descriptions for each content area.

CONTENT AREAS AND WEIGHTS

The SMEs in the July 2019 workshop were also asked to finalize the weights for content areas on the RDHAP examination outline. OPES test specialists presented the SMEs with preliminary weights of the content areas that were calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

$$\frac{\text{Sum of Criticality Indices for Tasks in Content Area}}{\text{Sum of Criticality Indices for All Tasks}} = \text{Percent Weight of Content Area}$$

The SMEs evaluated the preliminary weights by reviewing the following elements for each content area: the group of tasks and knowledge statements, the linkage established between the tasks and knowledge statements, and the relative importance of the tasks to the RDHAP profession in California. The SMEs adjusted the preliminary weights based on what they perceived as the relative importance of the tasks' content to the RDHAP profession in California. A summary of the preliminary and final content area weights for the RDHAP examination outline is presented in Table 9.

TABLE 9 – CONTENT AREA WEIGHTS

CONTENT AREA	Percent Preliminary Weights	Percent Final Weights
1. Treatment Preparation	15	15
2. Dental Hygiene Treatment	25	25
3. Patient Education	9	9
4. Infection Control	10	10
5. Documentation	11	11
6. Laws, Regulations, and Ethics	30	30
Total	100	100

The examination outline for the RDHAP profession is presented in Table 10.

TABLE 10 – EXAMINATION OUTLINE: RDHAP

1. Treatment Preparation (15%) - This area assesses the candidate's knowledge of preparing equipment and patients for dental hygiene services in alternative settings, including coordinating treatment with other health care professionals.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T1. Prepare operatory for dental hygiene treatment.	K1. Knowledge of procedures and protocols to prepare and breakdown operatory.
T2. Review patient dental records and medical history.	K2. Knowledge of conditions related to oral-systemic health (e.g., diabetes, cardiovascular disease).
T3. Select instruments, equipment, and materials for dental hygiene treatment.	K4. Knowledge of instruments, equipment, and materials used for dental hygiene treatment.
T6. Coordinate treatment and referral with dentist and other health care professionals.	K21. Knowledge of procedures needed for practicing dental hygiene treatment outside of a dental office.
T7. Take patient vital signs.	K3. Knowledge of techniques for assessing vital signs.

2. Dental Hygiene Treatment (25%) - This area assesses the candidate's knowledge of completing a comprehensive oral health assessment, dental hygiene treatment planning, and dental hygiene treatment in alternative settings.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T8. Perform visual oral health screening.	K7. Knowledge of procedures for assessing the oral cavity. K8. Knowledge of assessing periodontal conditions using clinical and radiographic findings.
T9. Complete a comprehensive periodontal assessment.	K7. Knowledge of procedures for assessing the oral cavity. K8. Knowledge of assessing periodontal conditions using clinical and radiographic findings.
T10. Expose dental radiographs to assist with diagnosis of caries or periodontal conditions.	K9. Knowledge of techniques for exposing and developing dental radiographs.
T11. Develop dental hygiene care plan that correlates with findings from periodontal assessment.	K10. Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment. K11. Knowledge of methods to develop dental hygiene care plans to assess patient needs.
T12. Modify dental hygiene treatment plan based on current information.	K10. Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment. K11. Knowledge of methods to develop dental hygiene care plans to assess patient needs.
T13. Provide dental hygiene services in settings outside of a dental office.	K20. Knowledge of work conditions necessary to provide dental hygiene treatment outside of a dental office.
T14. Perform non-surgical periodontal procedures (e.g., scaling, root planing).	K13. Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using hand instruments. K14. Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using power instruments.
T15. Perform oral prophylaxis to remove hard and soft deposits, and stains.	K15. Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using hand instruments. K16. Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using power instruments.

2. Dental Hygiene Treatment (25%) - This area assesses the candidate's knowledge of completing a comprehensive oral health assessment, dental hygiene treatment planning, and dental hygiene treatment in alternative settings.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T16. Administer topical anesthetic to patients.	K17. Knowledge of procedures to administer topical anesthetic. K18. Knowledge of conditions that require application of topical anesthesia. K19. Knowledge of drug properties, side effects, interactions, and contraindications as they relate to dental hygiene treatment.
T18. Evaluate the presence or absence of biofilm and calculus before and after instrumentation.	K23. Knowledge of techniques for detecting the presence or absence of biofilm and calculus.
T19. Apply fluorides and other caries-preventing agents to patients.	K24. Knowledge of application techniques for fluoride and caries-preventing agents. K26. Knowledge of application of agents used for control of caries (e.g., pit and fissure sealants, interim therapeutic restorations). K64. Knowledge of agents used for control of caries.
T21. Apply topical, therapeutic, and subgingival agents for the management of periodontal disease.	K25. Knowledge of agents used for the management of periodontal disease. K28. Knowledge of application of agents (e.g., antimicrobials) used for the management of periodontal disease.
T22. Place interim therapeutic restoration after diagnosis by dentist.	K29. Knowledge of procedures to place ITRs.
T23. Clean and polish removable appliances.	K30. Knowledge of procedures for cleaning and polishing removable appliances (e.g., dentures).
T24. Recognize oral health conditions resulting from personal habits (e.g., tobacco, substance abuse, eating disorders).	K31. Knowledge of personal habits that affect oral health conditions (e.g., tobacco, substance abuse, eating disorders).
T32. Maintain hand instruments for dental hygiene treatment.	K41. Knowledge of sharpening techniques of hand instruments.
T54. Remove excess cement from fixed restorations, including crowns, bridges, and orthodontic treatment.	K12. Knowledge of procedures to remove excess cement from fixed restorations, including crowns, bridges, and orthodontic treatment.

3. Patient Education (9%) - This area assesses the candidate's knowledge of educating patients regarding oral health and individualized oral hygiene instructions.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T25. Discuss scheduled dental hygiene treatment with patient.	K32. Knowledge of methods for communicating a dental hygiene care plan with patient.
T26. Communicate assessment findings and dental hygiene care plan to patient.	K32. Knowledge of methods for communicating a dental hygiene care plan with patient. K35. Knowledge of individualized oral hygiene instructions to address specific patient needs.
T27. Provide patients with individualized oral hygiene instructions.	K35. Knowledge of individualized oral hygiene instructions to address specific patient needs.
T28. Provide nutritional counseling to improve oral health.	K34. Knowledge of nutritional counseling related to oral health.
T55. Provide postoperative care instructions to patients.	K33. Knowledge of instructions for postoperative care.

4. Infection Control (10%) - This area assesses the candidate's knowledge of maintaining a safe and clean work environment and adhering to infection control protocols and standard precautions.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T4. Provide patient with eyewear and bib to protect patient during dental hygiene treatment.	K5. Knowledge of standard precautions required to protect patients during dental hygiene treatment.
T5. Wear personal protective equipment (PPE) before providing treatment to help prevent spread of disease.	K5. Knowledge of standard precautions required to protect patients during dental hygiene treatment. K6. Knowledge of standard precautions required to protect health care workers during dental hygiene treatment.
T29. Maintain a safe and clean work environment.	K65. Knowledge of Cal/OSHA laws and regulations pertaining to dental settings.
T30. Adhere to infection control policies and protocols for performing dental hygiene treatment.	K36. Knowledge of standards for infection control.
T31. Sterilize instruments in accordance with California infection control guidelines.	K38. Knowledge of techniques for sterilizing dental hygiene instruments.
T56. Disinfect or sterilize equipment in accordance with California infection control guidelines.	K37. Knowledge of techniques for disinfecting and sterilizing dental hygiene equipment.

5.Documentation (11%) - This area assesses the candidate's knowledge of documenting patient oral health status, procedures performed, and updating patient dental and medical records in alternative settings.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T33. Document patient oral health status.	K42. Knowledge of different types of periodontal conditions. K43. Knowledge of basic characteristics of normal and abnormal oral conditions. K44. Knowledge of the characteristics of caries, defective restorations, TMD, and occlusal disorders for referral to dentist.
T35. Document existing and recommended restorative treatment as diagnosed by the dentist.	K44. Knowledge of the characteristics of caries, defective restorations, TMD, and occlusal disorders for referral to dentist. K46. Knowledge of methods and protocol for documenting in patient dental records.
T36. Update patient dental records and medical history, including chief complaints and concerns.	K45. Knowledge of methods and protocol for updating patient medical history. K46. Knowledge of methods and protocol for documenting in patient dental records.
T37. Document in patient records the dental services performed.	K47. Knowledge of protocol for documenting dental hygiene services performed.

6. Laws, Regulations, and Ethics (30%) - This area assesses the candidate's knowledge of operating as an RDHAP, submitting claims for services performed, licensing requirements, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T38. Communicate with other dental professionals using telehealth methods and technology.	K48. Knowledge of methods for communicating with health care providers using telehealth. K50. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality. K51. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.
T39. Obtain written prescription by dental provider for dental hygiene treatment within 18 months of patient care.	K63. Knowledge of laws and regulations regarding written prescriptions from medical and dental providers.
T40. Obtain informed consent from patient in accordance with laws and regulations.	K49. Knowledge of laws and regulations related to informed consent.
T41. Maintain confidentiality of patient records in accordance with laws and regulations.	K50. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.
T42. Maintain confidentiality of patient treatment and conditions with laws and regulations regarding patient confidentiality.	K50. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality. K51. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.
T43. Maintain security of patient records in accordance with laws and regulations.	K50. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality. K51. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.
T44. Adhere to laws and regulations regarding professional conduct.	K52. Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting.
T45. Adhere to laws and regulations regarding excessive treatment.	K52. Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting. K53. Knowledge of laws and regulations regarding excessive treatment.
T46. Report reasonable suspicion of child, elder, or dependent adult abuse or neglect as legally mandated.	K54. Knowledge of laws governing mandated reporting of child, elder, and dependent adult abuse and neglect.
T47. Maintain dental hygiene in alternative practice license according to laws and regulations.	K55. Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California dental hygiene in alternative practice license. K56. Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.

6. Laws, Regulations, and Ethics (30%) - This area assesses the candidate's knowledge of operating as an RDHAP, submitting claims for services performed, licensing requirements, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T48. Maintain required continuing education units for license renewal.	K57. Knowledge of laws and regulations regarding continuing education requirements to maintain dental hygiene license.
T49. Submit claims to third party providers for dental hygiene services performed.	K59. Knowledge of documentation required to submit claims to third party providers for dental hygiene services performed.
T50. Employ an RDHAP or DA to assist in practice.	K62. Knowledge of laws and regulations related to managing dental hygiene in alternative practice businesses.
T51. Operate a mobile dental hygiene clinic registered as a dental hygiene office or facility.	K62. Knowledge of laws and regulations related to managing dental hygiene in alternative practice businesses.
T52. Adhere to regulations regarding billing, billing codes, and documentation.	K60. Knowledge of procedures for receiving insurance reimbursements.
	K61. Knowledge of laws and regulations regarding discounted fees and services.
T53. Own and manage an RDHAP business in accordance with laws and regulations.	K62. Knowledge of laws and regulations related to managing an RDHAP business.

CHAPTER 6 | CALIFORNIA REGISTERED DENTAL HYGIENIST IN ALTERNATIVE PRACTICE LAWS AND ETHICS EXAMINATION OUTLINE

At this time, California licensure as an RDHAP is granted to RDHs who have completed the requisite RDHAP education and experience and passed the California RDHAP Laws and Ethics Examination.

The SMEs who participated in the July 2019 workshop were asked to develop a new examination outline for the California RDHAP Laws and Ethics Examination by identifying the tasks and knowledge that they believed were California-specific. The SMEs determined that all task and knowledge statements within the Laws, Regulations, and Ethics content area should remain in the examination outline for the California RDHAP Laws and Ethics Examination.

CONTENT AREAS AND WEIGHTS

In July 2019, OPES facilitated a workshop with five SMEs. Before the workshop, OPES organized the tasks and knowledge statements from the preliminary California RDHAP Laws and Ethics Examination Outline into a proposed examination outline with five content areas. The SMEs determined the final content area names, descriptions, and content area weights. After the examination outline was finalized, OPES renumbered the tasks and knowledge statements. The final examination outline for the California RDHAP Laws and Ethics Examination consists of five content areas and is presented in Table 11. Tables 12 and 13 provide a conversion chart indicating the new tasks and knowledge statement numbers in the California RDHAP Laws and Ethics Examination Outline and the original tasks and knowledge statement numbers in the California RDHAP Examination Outline.

TABLE 11 – EXAMINATION OUTLINE FOR THE CALIFORNIA RDHAP LAWS AND ETHICS EXAMINATION

1. Licensing Requirements (30%) - This area assesses the candidate's knowledge of the California laws and regulations governing the RDHAP's license maintenance.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T1. Maintain RDHAP license according to laws and regulations.	<p>K1. Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California RDHAP license.</p> <p>K2. Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.</p>
T2. Maintain required continuing education units for license renewal.	K3. Knowledge of laws and regulations regarding continuing education requirements to maintain an RDHAP license.

2. Professional Conduct (16%) - This area assesses the candidate's knowledge of the California laws and regulations governing RDHAP professional conduct.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T3. Adhere to laws and regulations regarding professional conduct.	K4. Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting.
T4. Adhere to laws and regulations regarding excessive treatment.	K4. Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting. K5. Knowledge of laws and regulations regarding excessive treatment.

3. Patient Confidentiality (10%) - This area assesses the candidate's knowledge of the California laws and regulations governing patient confidentiality.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T5. Communicate with other dental professionals using telehealth methods and technology.	K6. Knowledge of methods for communicating with health care providers using telehealth. K7. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality. K8. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.
T6. Obtain informed consent from patient in accordance with laws and regulations.	K9. Knowledge of laws and regulations related to informed consent.
T7. Maintain confidentiality of patient records in accordance with laws and regulations.	K7. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.
T8. Maintain confidentiality of patient treatment and conditions with laws and regulations regarding patient confidentiality.	K7. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality. K8. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.
T9. Maintain security of patient records in accordance with laws and regulations.	K7. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality. K8. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.

4. Mandated Reporting (4%) - This area assesses the candidate's knowledge of the California laws and regulations governing mandated reporting.

<i>Task</i>	<i>Associated Knowledge Statement</i>
T10. Report reasonable suspicion of child, elder, or dependent adult abuse or neglect as legally mandated.	K10. Knowledge of laws governing mandated reporting of child, elder, and dependent adult abuse and neglect.

5. Practice Management (40%) - This area assesses the candidate's knowledge of the California laws and regulations governing the management of an RDHAP business.

<i>Tasks</i>	<i>Associated Knowledge Statements</i>
T11. Obtain written prescription by dental provider for dental hygiene treatment within 18 months of patient care.	K11. Knowledge of laws and regulations regarding written prescriptions from medical and dental providers.
T12. Submit claims to third party providers for dental hygiene services performed.	K12. Knowledge of documentation required to submit claims to third party providers for dental hygiene services performed.
T13. Employ an RDHAP or DA to assist in practice.	K13. Knowledge of laws and regulations related to managing RDHAP businesses.
T14. Operate a mobile dental hygiene clinic registered as a dental hygiene office or facility.	K13. Knowledge of laws and regulations related to managing RDHAP businesses.
T15. Adhere to regulations regarding billing, billing codes, and documentation.	K14. Knowledge of procedures for receiving insurance reimbursements.
	K15. Knowledge of laws and regulations regarding discounted fees and services.
T16. Own and manage an RDHAP business in accordance with laws and regulations.	K13. Knowledge of laws and regulations related to managing RDHAP businesses.

TABLE 12 – RENUMBERING OF TASK STATEMENTS

Original Task Number in California RDHAP Examination Outline	New Task Number in California RDHAP Laws and Ethics Examination Outline
47	1
48	2
44	3
45	4
38	5
40	6
41	7
42	8
43	9
46	10
39	11
49	12
50	13
51	14
52	15
53	16

TABLE 13 – RENUMBERING OF KNOWLEDGE STATEMENTS

Original Knowledge Statement Number in California RDHAP Examination Outline	New Knowledge Statement Number in California RDHAP Laws and Ethics Examination Outline
55	1
56	2
57	3
52	4
53	5
48	6
50	7
51	8
49	9
54	10
63	11
59	12
62	13
60	14
61	15

CHAPTER 7 | CONCLUSION

The OA of the RDHAP profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the OA were based upon a content validation strategy to ensure that the results accurately represent the RDHAP profession. Results of this OA can be used to ensure that national examinations under consideration for acceptance or already accepted by the Dental Hygiene Board (Board) measure critical RDHAP content.

By adopting the RDHAP Laws and Ethics Examination Outline contained in this report, the Board ensures that the RDHAP Laws and Ethics Examination reflects current practice.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

APPENDIX A | RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	15
Orange	4
TOTAL	19

NORTH COAST

County of Practice	Frequency
Mendocino	2
Sonoma	1
TOTAL	3

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	1
San Bernardino	6
TOTAL	7

SACRAMENTO VALLEY

County of Practice	Frequency
Yolo	1
TOTAL	1

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
Imperial	1
San Diego	5
TOTAL	6

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	1
Contra Costa	2
Marin	6
San Francisco	1
Santa Clara	5
TOTAL	15

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	2
Kern	2
Merced	2
San Joaquin	1
Stanislaus	2
TOTAL	9

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Placer	1
Tuolumne	1
TOTAL	2

SOUTH COAST AND CENTRAL COAST

County of Practice	Frequency
San Luis Obispo	3
Ventura	3
TOTAL	6

APPENDIX B | CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA

Content Area 1: Treatment Preparation

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
2	Review patient dental records and medical history.	4.57	4.86	22.21
3	Select instruments, equipment, and materials for dental hygiene treatment.	4.26	4.13	18.46
6	Coordinate treatment and referral with dentist and other health care professionals.	4.09	4.27	18.25
1	Prepare operatory for dental hygiene treatment.	3.88	3.86	17.02
7	Take patient vital signs.	2.97	3.46	12.72

Content Area 2: Dental Hygiene Treatment

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
32	Maintain instruments to ensure efficient functioning for dental hygiene treatment.	4.41	4.38	20.76
8	Perform visual oral health screening.	4.48	4.38	20.08
15	Perform oral prophylaxis to remove hard and soft deposits, and stains.	4.29	4.31	19.10
11	Develop dental hygiene care plan that correlates with findings from periodontal assessment.	4.02	3.88	17.32
24	Recognize oral health conditions resulting from personal habits (e.g., tobacco, substance abuse, eating disorders).	3.93	4.04	17.02
19	Apply fluorides and other caries-preventing agents to patients.	3.97	3.94	16.87
18	Evaluate the presence or absence of biofilm and calculus before and after instrumentation.	3.97	3.77	16.08
12	Modify dental hygiene treatment plan based on current information.	3.88	3.71	15.92
9	Complete a comprehensive periodontal assessment.	3.72	3.75	15.62
14	Perform nonsurgical periodontal procedures (e.g., scaling, root planing).	3.47	3.98	15.23
13	Provide dental hygiene services in settings outside of a dental office.	3.58	3.96	15.19
21	Apply topical, therapeutic, and subgingival agents for the control of caries and periodontal disease.	2.86	3.29	11.55
23	Clean and polish removable appliances.	3.02	3.15	10.71
16	Administer topical anesthetic to patients.	2.66	2.77	9.40
10	Expose dental radiographs to assist with diagnosis of caries or periodontal conditions.	1.97	2.66	7.59
22	Place interim therapeutic restoration after diagnosis by dentist.	0.59	1.63	2.14
17	Perform air polishing to remove supragingival and subgingival biofilm and stain.	0.68	0.94	1.57
20	Take impressions for nondiagnostic cast models.	0.25	0.85	0.42

**Note: Shaded tasks deleted by SMEs. (See Chapter 4).*

Content Area 3: Patient Education

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
27	Provide patients with individualized oral hygiene instructions.	4.14	4.12	18.53
26	Communicate assessment findings and dental hygiene care plan to patient.	4.16	4.25	18.16
25	Discuss scheduled dental hygiene treatment with patient.	3.89	4.12	16.59
28	Provide nutritional counseling to improve oral health.	3.66	3.82	15.52

Content Area 4: Infection Control

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
30	Adhere to infection control policies and protocols for performing dental hygiene treatment.	4.61	4.76	22.66
29	Maintain a safe and clean work environment.	4.63	4.72	22.60
5	Wear personal protective equipment (PPE) before providing treatment to help prevent spread of disease.	4.54	4.73	21.89
31	Sterilize instruments in accordance with California infection control guidelines.	4.36	4.48	21.45
4	Provide patient with eyewear and bib to protect patient during dental hygiene treatment.	4.03	4.32	18.72

Content Area 5: Documentation

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
37	Document in patient record the dental services performed.	4.63	4.62	21.72
33	Document patient oral health status.	4.48	4.48	20.12
34	Report abnormalities of the oral cavity to the dentist.	4.25	4.54	19.82
36	Update patient dental records and medical history, including chief complaints and concerns.	4.07	4.22	18.96
35	Document existing and recommended restorative treatment as diagnosed by the dentist.	2.89	3.02	12.10

**Note: Shaded task deleted by SMEs. (See Chapter 4).*

Content Area 6: Laws, Regulations, and Ethics

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
44	Adhere to laws and regulations regarding professional conduct.	4.73	4.82	22.91
48	Maintain required continuing education units for license renewal.	4.71	4.87	22.78
47	Maintain an RDHAP license according to laws and regulations.	4.69	4.87	22.73
42	Maintain confidentiality of patient treatment and conditions with laws and regulations regarding patient confidentiality.	4.67	4.76	22.31
41	Maintain confidentiality of patient records in accordance with laws and regulations.	4.59	4.77	22.05
43	Maintain security of patient records in accordance with laws and regulations.	4.59	4.69	21.58
40	Obtain informed consent from patient in accordance with laws and regulations.	4.47	4.62	20.82
45	Adhere to laws and regulations regarding excessive treatment.	4.35	4.36	20.62
52	Adhere to laws and regulations regarding billing, billing codes, and documentation.	3.43	3.75	15.57
53	Own and manage an RDHAP business in accordance with laws and regulations.	3.39	3.49	15.57
39	Obtain written prescription by dental provider for dental hygiene treatment within 18 months of patient care.	3.73	3.67	15.13
46	Report reasonable suspicion of child, elder, or dependent adult abuse, or neglect as legally mandated.	2.27	4.69	10.09
49	Submit claims to third party providers for dental hygiene services performed.	1.94	2.27	6.83
51	Operate a mobile dental hygiene clinic registered as a dental hygiene office or facility.	1.49	1.91	6.22
38	Communicate with other dental professionals using telehealth methods and technology.	1.43	1.73	5.11
50	Employ an RDHAP or DA to assist in practice.	0.59	0.82	2.37

APPENDIX C | KNOWLEDGE IMPORTANCE RATINGS

Content Area 1: Treatment Preparation

Number	Knowledge Statement	Mean Importance
2	Knowledge of conditions related to oral-systemic health (e.g., diabetes, cardiovascular disease).	3.73
4	Knowledge of instruments, equipment, and materials used for dental hygiene treatment.	3.56
21	Knowledge of procedures needed for practicing dental hygiene treatment outside of a dental office.	3.56
3	Knowledge of techniques for assessing vital signs.	3.42
1	Knowledge of procedures and protocols to prepare and break down operator.	3.31

Content Area 2: Dental Hygiene Treatment

Number	Knowledge Statement	Mean Importance
7	Knowledge of procedures for assessing the oral cavity.	3.73
15	Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using hand instruments.	3.73
19	Knowledge of drug properties, side effects, interactions, and contraindications as they relate to dental hygiene treatment.	3.69
8	Knowledge of methods to assess periodontal conditions using clinical and radiographic findings.	3.65
13	Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using hand instruments.	3.63
20	Knowledge of work conditions necessary to provide dental hygiene treatment outside of a dental office.	3.52
41	Knowledge of sharpening techniques of hand instruments.	3.47
23	Knowledge of techniques for detecting the presence or absence of biofilm and calculus.	3.40
24	Knowledge of application techniques for fluoride and caries-preventing agents.	3.38
14	Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using power instruments.	3.35
25	Knowledge of agents used for the management of periodontal disease.	3.35
11	Knowledge of methods to develop dental hygiene care plans to assess patient needs.	3.33
31	Knowledge of personal habits that affect oral health conditions (e.g., tobacco, substance abuse, eating disorders).	3.31
16	Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using power instruments.	3.23
10	Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment.	3.19
18	Knowledge of conditions that require application of topical anesthesia.	3.13
26	Knowledge of application of agents used for control of caries (e.g., pit and fissure sealants, ITR).	3.13
17	Knowledge of procedures to administer topical anesthetic.	2.91
28	Knowledge of application of agents (e.g., antimicrobials) used for the management of periodontal disease.	2.90
30	Knowledge of procedures for cleaning and polishing removable appliances (e.g., dentures).	2.77
12	Knowledge of procedures to remove excess cement from fixed restorations, including crowns, bridges, and orthodontic treatment.	2.23
9	Knowledge of techniques for exposing and developing dental radiographs.	2.19
29	Knowledge of procedures to place interim therapeutic restorations.	1.92

Content Area 2: Dental Hygiene Treatment, continued

Number	Knowledge Statement	Mean Importance
22	Knowledge of methods to perform air polishing to remove supragingival and subgingival biofilm and stain.	1.53
27	Knowledge of techniques for taking impressions.	1.11

**Note: Shaded knowledge statements were deleted by SMEs. (See Chapter 4)*

Content Area 3: Patient Education

Number	Knowledge Statement	Mean Importance
35	Knowledge of individualized oral hygiene instructions to address specific patient needs.	3.54
32	Knowledge of methods for communicating a dental hygiene care plan with patient.	3.35
33	Knowledge of instructions for postoperative care.	3.27
34	Knowledge of nutritional counseling related to oral health.	3.19

Content Area 4: Infection Control

Number	Knowledge Statement	Mean Importance
36	Knowledge of standards for infection control.	3.88
37	Knowledge of techniques for disinfecting and sterilizing dental hygiene equipment.	3.88
38	Knowledge of techniques for sterilizing dental hygiene instruments.	3.83
5	Knowledge of standard precautions required to protect patients during dental hygiene treatment.	3.79
6	Knowledge of standard precautions required to protect health care workers during dental hygiene treatment.	3.73

Content Area 5: Documentation

Number	Knowledge Statement	Mean Importance
47	Knowledge of protocol for documenting dental hygiene services performed.	3.70
45	Knowledge of methods and protocol for updating patient medical history.	3.68
43	Knowledge of basic characteristics of normal and abnormal oral conditions.	3.65
42	Knowledge of different types of periodontal conditions.	3.63
46	Knowledge of methods and protocol for documenting in patient dental records.	3.53
44	Knowledge of the characteristics of caries, defective restorations, TMD, and occlusal disorders for referral to dentist.	3.43

Content Area 6: Laws, Regulations, and Ethics

Number	Knowledge Statement	Mean Importance
50	Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.	3.62
55	Knowledge of laws and regulations regarding maintenance, renewal, and restoration of a California RDHAP license.	3.60
52	Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting.	3.55
49	Knowledge of laws and regulations related to informed consent.	3.51
56	Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.	3.51
57	Knowledge of laws and regulations regarding continuing education requirements to maintain RDHAP license.	3.51
54	Knowledge of laws governing mandated reporting of child, elder, and dependent adult abuse and neglect.	3.50
53	Knowledge of laws and regulations regarding excessive treatment.	3.43
51	Knowledge of laws and regulations regarding maintaining physical and electronic patient records.	3.38
62	Knowledge of laws and regulations related to managing an RDHAP business.	3.28
63	Knowledge of laws and regulations regarding written prescriptions from medical and dental providers.	3.23
60	Knowledge of procedures for receiving insurance reimbursements.	2.96
59	Knowledge of documentation required to submit claims to third party providers for dental hygiene services performed.	2.83
61	Knowledge of laws and regulations regarding discounted fees and services.	2.57
50	Knowledge of methods for communicating with health care providers using telehealth.	1.72

APPENDIX D | EMAIL INVITATION TO PRACTITIONERS

2019 Registered Dental Hygienist in Alternative Practice Occupational Analysis Questionnaire

Dear Licensee,

The Dental Hygiene Board of California is requesting your assistance with an important study that will define the entry-level job tasks of the Registered Dental Hygienist in Alternative Practice (RDHAP) in California. The results of the study will serve to inform the content of the RDHAP Licensing Examination in California.

Please complete the questionnaire by July 1, 2019.

Thank you for your participation!

██████████
California Department of Consumer Affairs
Office of Professional Examination Services (OPES)
2420 Del Paso Road, Suite 265, Sacramento, CA 95834
██████████

[Begin Survey](#)

APPENDIX E | QUESTIONNAIRE

Occupational Analysis of the Registered Dental Hygienist in Alternate Practice Profession

Dear Licensed Registered Dental Hygienist in Alternate Practice,

Thank you for participating in this study of the dental hygiene in alternate practice profession in California, a project of the Dental Hygiene Board of California (Board).

The Board is conducting an occupational analysis of the dental hygiene in alternate practice profession. The purpose of the occupational analysis (OA) is to identify the important tasks performed by registered dental hygienists in alternate practice in their current work and the knowledge required to perform those tasks effectively. Results of the OA will be used to ensure that the examinations required for licensure as a registered dental hygienist in alternate practice in California reflect current practice. Your participation in the OA is essential. The Board requires responses from many licensees to achieve representation from different geographic regions of the state and from different work settings.

Please take the time to complete the questionnaire as it relates to your current work. Your responses will be kept confidential and will not be tied to your license or any other personal information. Individual responses will be combined with the responses of other dental hygienists in alternate practice and only group data will be analyzed.

For your convenience, you do not have to complete the questionnaire in a single session. Before you exit, complete the page that you are on. You can resume where you stopped as long as you reopen the questionnaire from the same computer and use the same web browser. The web link is available 24 hours a day, 7 days a week.

To begin the questionnaire, please click Next. Any question marked with an asterisk must be answered before you can progress through the questionnaire. Please submit the completed questionnaire by July 1, 2019.

If you have any questions or need assistance, please contact [REDACTED] at [REDACTED]@dca.ca.gov.

The Board welcomes your feedback and appreciates your time!

Part I - Personal Data

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code, Section 1798 et seq.), and will be used only for the purpose of analyzing the information from this questionnaire.

* 1. Are you currently practicing as a California-licensed dental hygienist in alternate practice?

☐ Yes

☐ No

Part I - Personal Data (Continued)

2. How many years have you been practicing in California as a licensed dental hygienist in alternate practice?

- ☐ 0 to 5 years
- ☐ 6 to 10 years
- ☐ 11 to 15 years
- ☐ 16 or more years

Part I - Personal Data (continued)

3. How many hours per week do you work as a licensed dental hygienist in alternate practice?

- ☐ 0 to 10 hours
- ☐ 11 to 20 hours
- ☐ 21 to 30 hours
- ☐ 31 to 40 hours
- ☐ 41 or more hours

4. What describes the location of your primary work setting?

- ☐ Urban (more than 50,000)
- ☐ Rural (50,000 or fewer)

5. How many different offices employ you as a registered dental hygienist in alternate practice?

- ☐ One
- ☐ Two
- ☐ Three or more

6. How would you describe your primary/current work setting?

- ☐ General
- ☐ Endodontic
- ☐ Orthodontic
- ☐ Periodontic
- ☐ Pedodontic
- ☐ Oral surgery
- ☐ Other (please specify)

7. What other California licenses or certifications do you hold?

- ☐ None
- ☐ RDA
- ☐ RDAEF
- ☐ Periodontal soft tissue curettage
- ☐ Administration of local anesthesia
- ☐ Administration of nitrous oxide and oxygen
- ☐ Other (please specify)

Part I - Personal Data (continued)

8. In what California county do you perform the majority of your work?

- | | | |
|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="radio"/> Alameda | <input type="radio"/> Marin | <input type="radio"/> San Mateo |
| <input type="radio"/> Alpine | <input type="radio"/> Mariposa | <input type="radio"/> Santa Barbara |
| <input type="radio"/> Amador | <input type="radio"/> Mendocino | <input type="radio"/> Santa Clara |
| <input type="radio"/> Butte | <input type="radio"/> Merced | <input type="radio"/> Santa Cruz |
| <input type="radio"/> Calaveras | <input type="radio"/> Modoc | <input type="radio"/> Shasta |
| <input type="radio"/> Colusa | <input type="radio"/> Mono | <input type="radio"/> Sierra |
| <input type="radio"/> Contra Costa | <input type="radio"/> Monterey | <input type="radio"/> Siskiyou |
| <input type="radio"/> Del Norte | <input type="radio"/> Napa | <input type="radio"/> Solano |
| <input type="radio"/> El Dorado | <input type="radio"/> Nevada | <input type="radio"/> Sonoma |
| <input type="radio"/> Fresno | <input type="radio"/> Orange | <input type="radio"/> Stanislaus |
| <input type="radio"/> Glenn | <input type="radio"/> Placer | <input type="radio"/> Sutter |
| <input type="radio"/> Humboldt | <input type="radio"/> Plumas | <input type="radio"/> Tehama |
| <input type="radio"/> Imperial | <input type="radio"/> Riverside | <input type="radio"/> Trinity |
| <input type="radio"/> Inyo | <input type="radio"/> Sacramento | <input type="radio"/> Tulare |
| <input type="radio"/> Kern | <input type="radio"/> San Benito | <input type="radio"/> Tuolumne |
| <input type="radio"/> Kings | <input type="radio"/> San Bernardino | <input type="radio"/> Ventura |
| <input type="radio"/> Lake | <input type="radio"/> San Diego | <input type="radio"/> Yolo |
| <input type="radio"/> Lassen | <input type="radio"/> San Francisco | <input type="radio"/> Yuba |
| <input type="radio"/> Los Angeles | <input type="radio"/> San Joaquin | |
| <input type="radio"/> Madera | <input type="radio"/> San Luis Obispo | |

Part II - Task Rating Instructions

In this part of the questionnaire, you will be presented with 53 tasks reflecting the nature of the dental hygiene in alternate practice profession in California.

Please rate each task as it relates to your current practice.

Your frequency and importance ratings should be separate and independent ratings. Therefore, the ratings that you assign on one rating scale should not influence the ratings that you assign on the other rating scale. For example, you may perform a task frequently, but that task may not be important. Or you may perform a task infrequently, but that task may be very important.

If the task is NOT part of your current practice, rate the task "0" (zero) frequency and "0" (zero) importance. Tasks that you perform frequently should be rated high on the frequency scale and tasks that are important to your work as a dental hygienist in alternate practice should be rated high on the importance scale.

Choose the rating that best fits each task.

Please use the scales below to rate the tasks on the following pages.

FREQUENCY SCALE

HOW OFTEN do you perform this task in your current practice? Consider all of the practice tasks you have performed over the past year and make your judgment relative to all other tasks you perform.

- 0 – DOES NOT APPLY. I do not perform this task in my current practice.
- 1 – RARELY. I perform this task the least often in my current practice relative to other tasks I perform.
- 2 – SELDOM. I perform this task less often than most other tasks I perform in my current practice.
- 3 – REGULARLY. I perform this task as often as other tasks I perform in my current practice.
- 4 – OFTEN. I perform this task more often than most other tasks I perform in my current practice.
- 5 – VERY OFTEN. This task is one of the tasks I perform most often in my current practice relative to other tasks I perform.

IMPORTANCE SCALE

HOW IMPORTANT is performance of this task for effective performance in your current practice? Consider all of the job tasks you have performed over the past year and make your judgment relative to all other tasks you perform.

- 0 – DOES NOT APPLY. I do not perform this task in my current practice.

- 1 – NOT IMPORTANT. This task is not important for effective performance in my current practice.
- 2 – FAIRLY IMPORTANT. This task is somewhat important for effective performance in my current practice.
- 3 – IMPORTANT. This task is important for effective performance in my current practice.
- 4 – VERY IMPORTANT. This task is very important for effective performance in my current practice.
- 5 – CRITICALLY IMPORTANT. This task is extremely important for effective performance in my current practice.

Part II - Treatment Preparation

9. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
1. Prepare operatory for dental hygiene treatment.	<input type="text"/>	<input type="text"/>
2. Review patient dental records and medical history.	<input type="text"/>	<input type="text"/>
3. Select instruments, equipment, and materials for dental hygiene treatment.	<input type="text"/>	<input type="text"/>
4. Provide patient with eyewear and bib to protect patient during dental hygiene treatment.	<input type="text"/>	<input type="text"/>
5. Wear personal protective equipment (PPE) before providing treatment to help prevent spread of disease.	<input type="text"/>	<input type="text"/>
6. Coordinate treatment and referral with dentist and other healthcare professionals.	<input type="text"/>	<input type="text"/>
7. Take patient vital signs.	<input type="text"/>	<input type="text"/>

Part II - Dental Hygiene Treatment

10. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
8. Perform oral health screening.	<input type="text"/>	<input type="text"/>
9. Complete a comprehensive periodontal assessment.	<input type="text"/>	<input type="text"/>
10. Expose dental radiographs to assist with diagnosis of caries or periodontal conditions.	<input type="text"/>	<input type="text"/>
11. Develop dental hygiene care plan that correlates with findings from periodontal assessment.	<input type="text"/>	<input type="text"/>
12. Modify dental hygiene treatment plan based on current information.	<input type="text"/>	<input type="text"/>
13. Provide dental hygiene services in settings outside of a dental office.	<input type="text"/>	<input type="text"/>
14. Perform nonsurgical periodontal procedures (e.g., scaling, root planing).	<input type="text"/>	<input type="text"/>
15. Perform oral prophylaxis to remove hard and soft deposits, and stains.	<input type="text"/>	<input type="text"/>
16. Administer topical anesthetic to patients.	<input type="text"/>	<input type="text"/>
17. Perform air polishing to remove supragingival and subgingival biofilm and stain.	<input type="text"/>	<input type="text"/>
18. Evaluate the presence or absence of biofilm and calculus before and after instrumentation.	<input type="text"/>	<input type="text"/>
19. Apply fluorides and other caries-preventing agents to patients.	<input type="text"/>	<input type="text"/>
20. Take impressions for nondiagnostic cast models.	<input type="text"/>	<input type="text"/>
21. Apply topical, therapeutic, and subgingival agents for the control of caries and periodontal disease.	<input type="text"/>	<input type="text"/>
22. Place interim therapeutic restoration after diagnosis by dentist.	<input type="text"/>	<input type="text"/>
23. Clean and polish removable appliances.	<input type="text"/>	<input type="text"/>
24. Recognize oral health conditions resulting from personal habits (e.g., tobacco, substance abuse, eating disorders).	<input type="text"/>	<input type="text"/>

Part II - Patient Education

11. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
25. Discuss scheduled dental hygiene treatment with patient.	<input type="text"/>	<input type="text"/>
26. Communicate assessment findings and dental hygiene care plan to patient.	<input type="text"/>	<input type="text"/>
27. Provide instructions to patients for oral hygiene and postoperative care.	<input type="text"/>	<input type="text"/>
28. Provide nutritional counseling to improve oral health.	<input type="text"/>	<input type="text"/>

Part II - Infection Control

12. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
29. Maintain a safe and clean work environment.	<input type="text"/>	<input type="text"/>
30. Adhere to infection control policies and protocols for performing dental hygiene treatment.	<input type="text"/>	<input type="text"/>
31. Sterilize instruments in accordance with California infection control guidelines.	<input type="text"/>	<input type="text"/>
32. Maintain instruments to ensure efficient functioning for dental hygiene treatment.	<input type="text"/>	<input type="text"/>

Part II - Documentation and Recordkeeping

13. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
33. Record conditions of the oral cavity.	<input type="text"/>	<input type="text"/>
34. Report abnormalities of the oral cavity to the dentist.	<input type="text"/>	<input type="text"/>
35. Record existing and recommended restorative treatment as diagnosed by the dentist.	<input type="text"/>	<input type="text"/>
36. Update patient dental records and medical history, including chief complaints and concerns.	<input type="text"/>	<input type="text"/>
37. Document in patient record the dental services performed.	<input type="text"/>	<input type="text"/>

Part II - Laws and Regulations

14. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance (Importance).

	Frequency	Importance
38. Communicate with other dental professionals using telehealth methods and technology.	<input type="text"/>	<input type="text"/>
39. Obtain written prescription by dental provider for dental hygiene treatment within 18 months of patient care.	<input type="text"/>	<input type="text"/>
40. Obtain informed consent from patient in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
41. Maintain confidentiality of patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
42. Maintain confidentiality of patient treatment and conditions with laws and regulations regarding patient confidentiality.	<input type="text"/>	<input type="text"/>
43. Maintain security of patient records in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
44. Adhere to laws and regulations regarding professional conduct.	<input type="text"/>	<input type="text"/>
45. Adhere to laws and regulations regarding excessive treatment.	<input type="text"/>	<input type="text"/>
46. Report reasonable suspicion of child, elder, or dependent adult abuse, or neglect as legally mandated.	<input type="text"/>	<input type="text"/>
47. Maintain dental hygiene in alternate practice license according to laws and regulations.	<input type="text"/>	<input type="text"/>
48. Maintain required continuing education units for license renewal.	<input type="text"/>	<input type="text"/>
49. Submit claims to third party providers for dental hygiene services performed.	<input type="text"/>	<input type="text"/>
50. Employ an RDHAP or DA to assist in practice.	<input type="text"/>	<input type="text"/>
51. Operate a mobile dental hygiene clinic registered as a dental hygiene office or facility.	<input type="text"/>	<input type="text"/>
52. Adhere to regulations regarding billing, billing codes, and documentation.	<input type="text"/>	<input type="text"/>
53. Own and manage a dental hygiene in alternate practice business in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>

Part III - Knowledge Rating Instructions

In this part of the questionnaire, you will be presented with 63 knowledge statements. Please rate each knowledge statement based on how important you feel the knowledge is to the effective performance of your tasks.

If a knowledge is NOT a part of your current practice, rate the statement "0" (zero) importance and go on to the next statement.

Use the following scale to rate each knowledge statement's importance.

IMPORTANCE SCALE

HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

0 – DOES NOT APPLY. This knowledge is not required for effective performance of tasks in my current practice.

1 – NOT IMPORTANT. This knowledge is not important for effective performance of tasks in my current practice.

2 – FAIRLY IMPORTANT. This knowledge is somewhat important for effective performance of tasks in my current practice.

3 – IMPORTANT. This knowledge is important for effective performance of tasks in my current practice.

4 – VERY IMPORTANT. This knowledge is very important for effective performance of tasks in my current practice.

5 – CRITICALLY IMPORTANT. This knowledge is extremely important for effective performance of tasks in my current practice.

Part III - Treatment Preparation

15. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
1. Knowledge of procedures and protocols to prepare and break down operatory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Knowledge of conditions related to oral-systemic health (e.g., diabetes, cardiovascular disease).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Knowledge of techniques for assessing vital signs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Knowledge of instruments, equipment, and materials used for dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Knowledge of standard precautions required to protect patients during dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Knowledge of standard precautions required to protect health care workers during dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III - Dental Hygiene Treatment

16. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
7. Knowledge of procedures for assessing the oral cavity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Knowledge of methods to assess periodontal conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Knowledge of techniques for exposing and developing dental radiographs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Knowledge of methods to develop dental hygiene care plans to assess patient needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Knowledge of procedures to remove excess cement from fixed restorations, including crowns, bridges, and orthodontic treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using hand instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Knowledge of methods to perform nonsurgical periodontal procedures to remove hard and soft deposits and stain using power instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using hand instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Knowledge of methods to perform oral prophylaxis to remove hard and soft deposits and stain using power instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Knowledge of procedures to administer topical anesthetic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Knowledge of conditions that require application of topical anesthesia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Knowledge of drug properties, side effects, interactions, and contraindications as they relate to dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
20. Knowledge of work conditions necessary to provide dental hygiene treatment outside of a dental office.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Knowledge of procedures needed for practicing dental hygiene treatment outside of a dental office.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Knowledge of methods to perform air polishing to remove supragingival and subgingival biofilm and stain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Knowledge of techniques for detecting the presence or absence of biofilm and calculus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Knowledge of application techniques for fluoride and other caries-preventing agents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Knowledge of agents used for control of caries and periodontal disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Knowledge of application of agents used for control of caries (e.g., pit and fissure sealants, ITR).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Knowledge of techniques for taking impressions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Knowledge of application of agents used for control of periodontal disease (e.g., antimicrobials).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Knowledge of procedures to place interim therapeutic restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Knowledge of procedures for cleaning and polishing removable appliances (e.g., dentures).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Knowledge of personal habits that affect oral health conditions (e.g., tobacco, substance abuse, eating disorders).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III - Patient Education

17. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
32. Knowledge of methods for communicating a dental hygiene care plan with patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Knowledge of instructions for post-operative care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Knowledge of nutritional counseling related to oral health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Knowledge of individualized oral hygiene instructions to address specific patient needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III - Infection Control

18. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
36. Knowledge of standards for infection control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Knowledge of techniques for disinfecting dental hygiene equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Knowledge of techniques for sterilizing dental hygiene instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Knowledge of methods to maintain the integrity (sharpening or sterilizing) of hand instruments for dental hygiene treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Knowledge of procedures for maintaining (i.e., replacing filter) dental hygiene power instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Knowledge of protocols to maintain dental hygiene equipment in working condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III - Documentation and Recordkeeping

19. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
42. Knowledge of different types of periodontal conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Knowledge of basic characteristics of normal and abnormal oral conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Knowledge of the characteristics of caries, defective restorations, TMD, and occlusal disorders for referral to dentist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Knowledge of methods and protocol for updating patient medical history.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Knowledge of methods and protocol for charting patient dental records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Knowledge of protocol for documenting dental hygiene services performed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2019 Registered Dental Hygienist in Alternate Practice Occupational Analysis Questionnaire

Part III - Laws and Regulations

20. HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
48. Knowledge of methods for communicating with health care providers using telehealth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Knowledge of laws and regulations related to informed consent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. Knowledge of laws and regulations regarding maintaining physical and electronic patient records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Knowledge of laws and regulations of ethical standards for professional conduct in a dental hygiene setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Knowledge of laws and regulations regarding excessive treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Knowledge of laws governing mandated reporting of child, elder, and dependent adult abuse and neglect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Knowledge of laws and regulations regarding maintenance, renewal, and restoration of California dental hygiene in alternate practice license.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. Knowledge of laws and regulations regarding citations, fines, and disciplinary actions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Knowledge of laws and regulations regarding continuing education requirements to maintain dental hygiene in alternate practice license.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Knowledge of laws and regulations regarding locations that a registered dental hygienist in alternate practice can provide treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. Knowledge of documentation required to submit claims to third party providers for dental hygiene services performed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not Important/Does Not Apply	Somewhat Important	Fairly Important	Important	Very Important	Critically Important
60. Knowledge of procedures for receiving insurance reimbursements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. Knowledge of laws and regulations regarding discounted fees and services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. Knowledge of laws and regulations related to managing dental hygiene in alternate practice businesses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. Knowledge of laws and regulations regarding written prescriptions from medical and dental providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

THANK YOU!

You have completed this questionnaire! Thank you for participating!

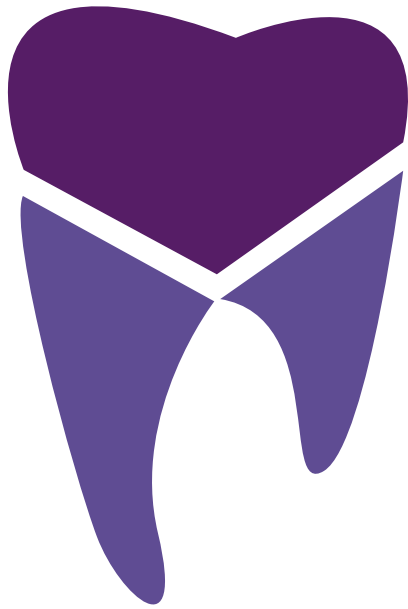
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**Dental Hygiene Board of California
2022/23 Sunset Review Report**

Section 13: Attachment D

Performance Measures for the Last Three Years



DHBC

Dental Hygiene
Board of California

DHBC 2022/23 SUNSET REVIEW REPORT SECTION 13: ATTACHMENTS

PERFORMANCE MEASURE 1: CASE VOLUME



Dental Hygiene Board of California

Enforcement Performance Measure 1

Case Volume for 2019

Quarterly and Monthly Reports

Case Type

Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

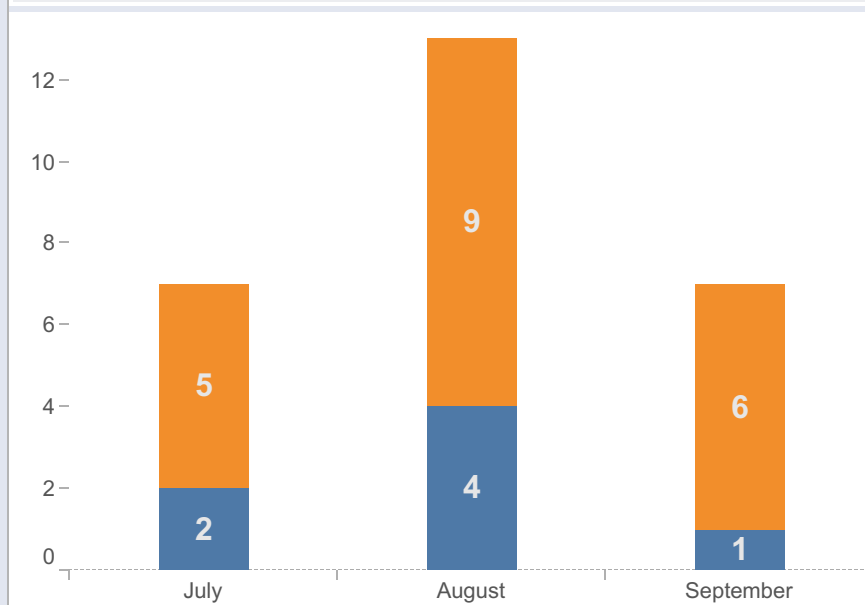
Dental Hygiene Board New Cases Summary

Data last refreshed on 10/26/2022

Complaints	Conviction/Arrest	Total Volume
7	20	27

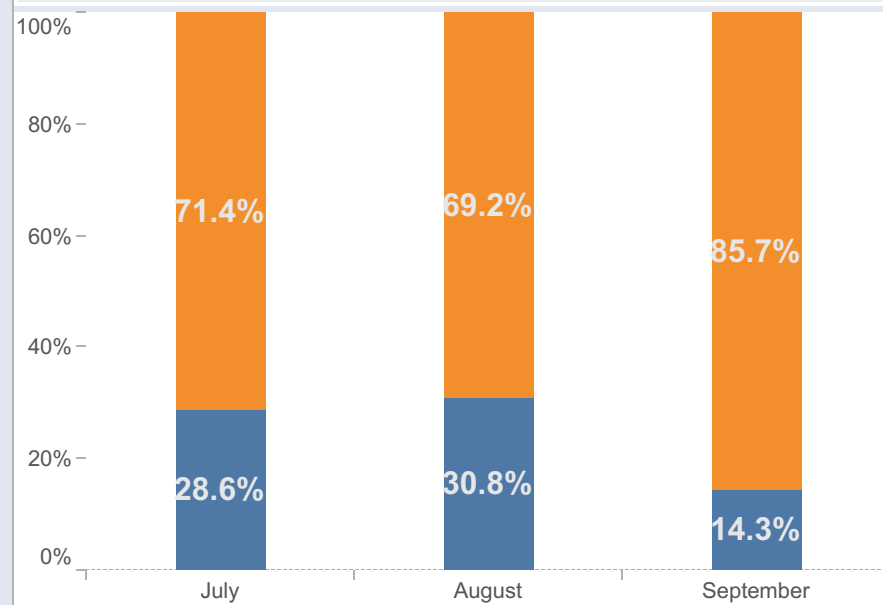
Dental Hygiene Board

SFY 2019:Q1 - Case Volume



Dental Hygiene Board

SFY 2019:Q1 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement sta..

Case Type

Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

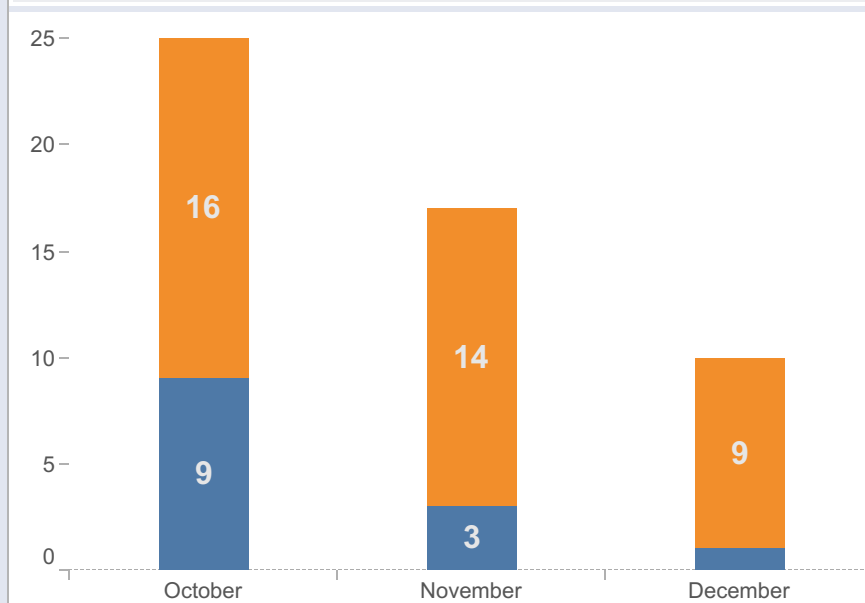
Dental Hygiene Board New Cases Summary

Data last refreshed on 10/26/2022

Complaints	Conviction/Arrest	Total Volume
13	39	52

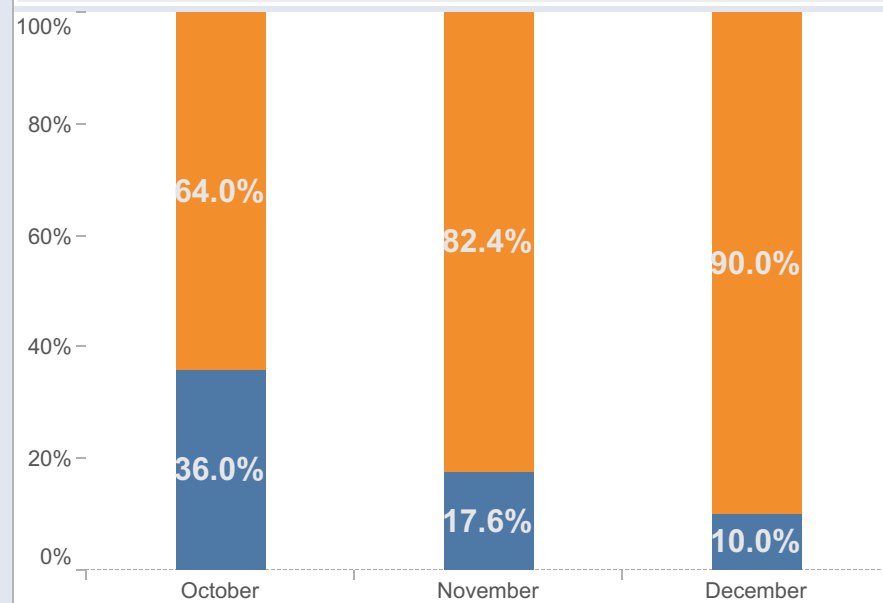
Dental Hygiene Board

SFY 2019:Q2 - Case Volume



Dental Hygiene Board

SFY 2019:Q2 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement sta..

Case Type

Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

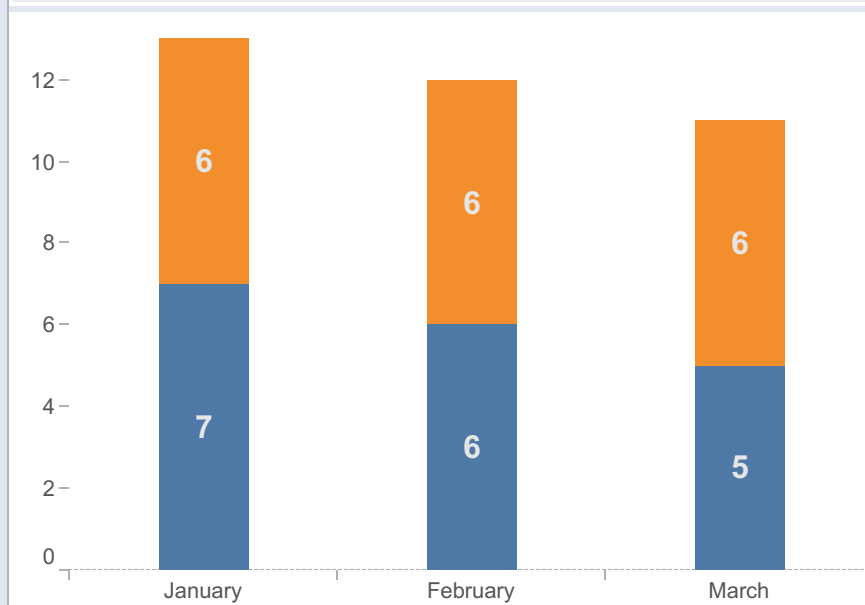
Dental Hygiene Board New Cases Summary

Data last refreshed on 10/26/2022

Complaints	Conviction/Arrest	Total Volume
18	18	36

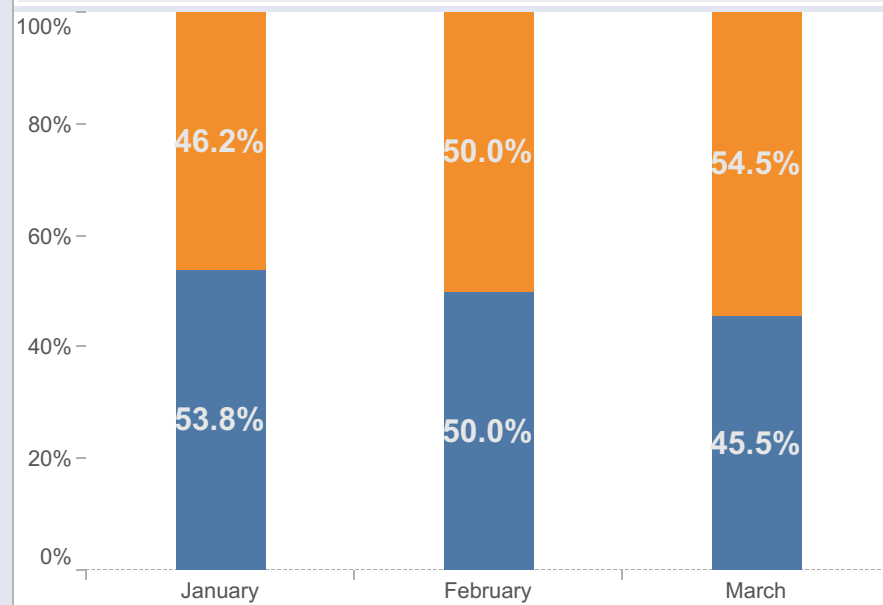
Dental Hygiene Board

SFY 2019:Q3 - Case Volume



Dental Hygiene Board

SFY 2019:Q3 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement sta..

Case Type

Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

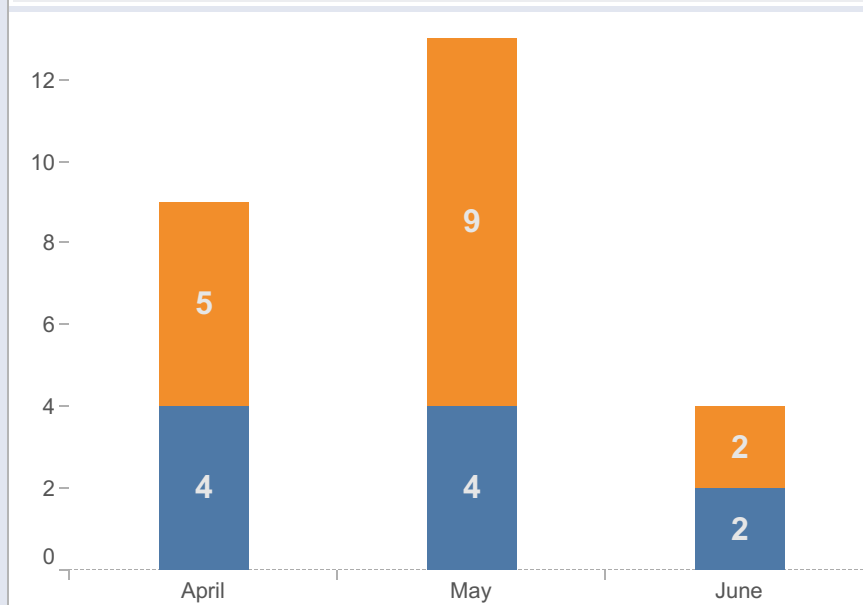
Dental Hygiene Board New Cases Summary

Data last refreshed on 10/26/2022

Complaints	Conviction/Arrest	Total Volume
10	16	26

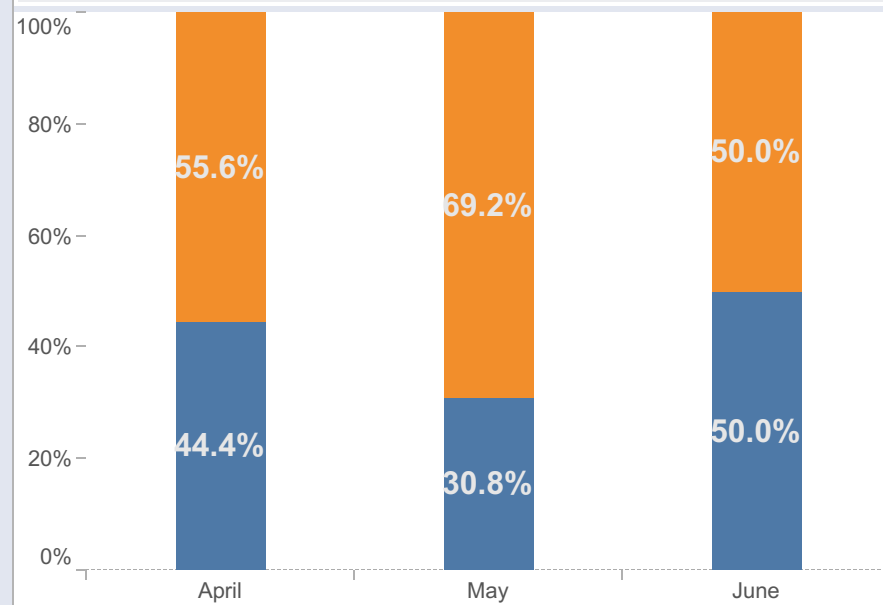
Dental Hygiene Board

SFY 2019:Q4 - Case Volume



Dental Hygiene Board

SFY 2019:Q4 - Case Volume % Distribution

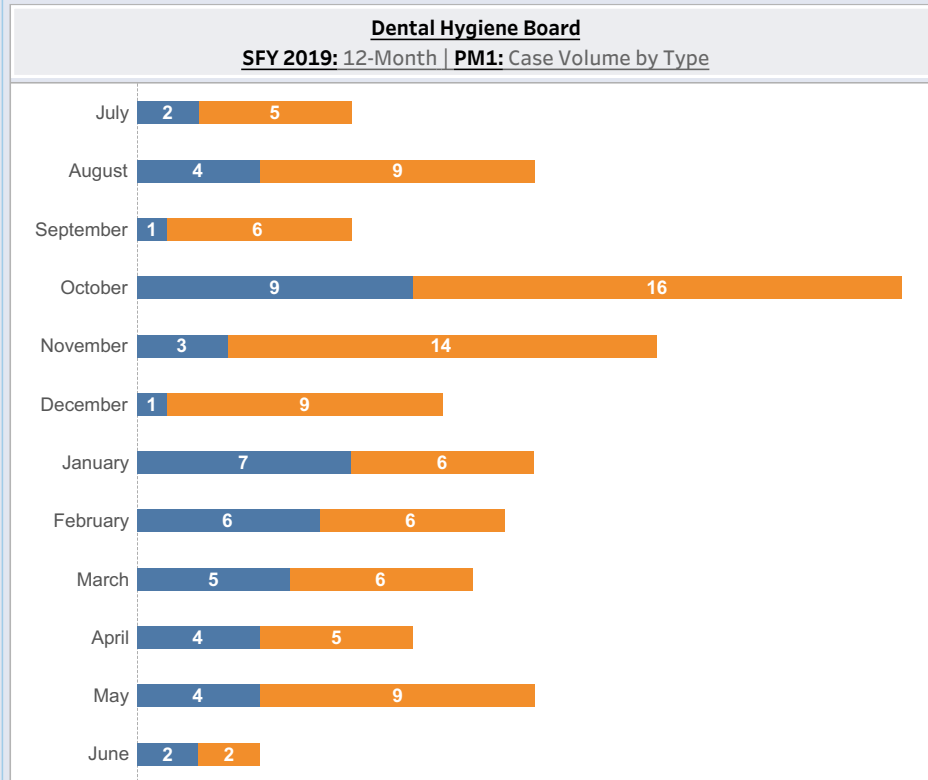


Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement sta..

Board Name
Dental Hygiene Board

State Fiscal Year
SFY 2019

Enforcement Case Type
■ Complaints
 ■ Conviction/Arrest



Dental Hygiene Board
SFY 2019: 12-Month | PM1: Summary

	Complaints	Conviction/Arrest	Total Volume
Grand Total	48	93	141
July	2	5	7
August	4	9	13
September	1	6	7
October	9	16	25
November	3	14	17
December	1	9	10
January	7	6	13
February	6	6	12
March	5	6	11
April	4	5	9
May	4	9	13
June	2	2	4

Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.



Dental Hygiene Board of California

Enforcement Performance Measure 1

Case Volume for 2020

Quarterly and Monthly Reports

Case Type

Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Dental Hygiene Board New Cases Summary

Data last refreshed on 10/26/2022

Complaints

Conviction/Arrest

Total Volume

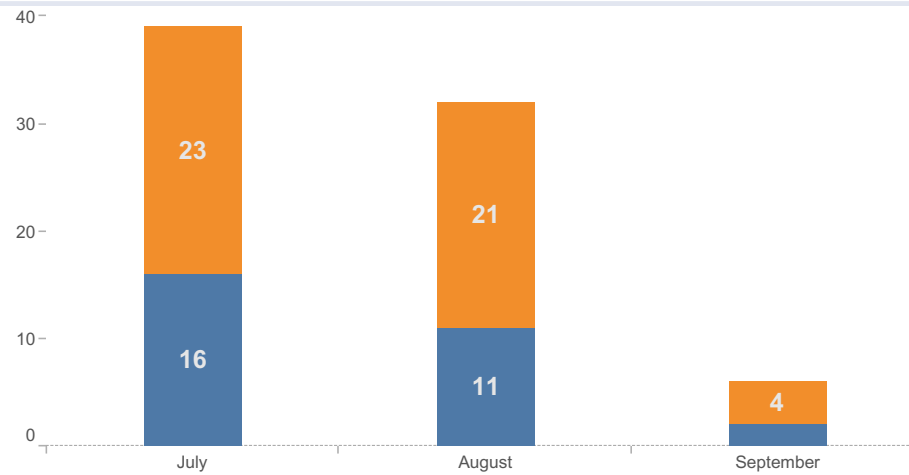
29

48

77

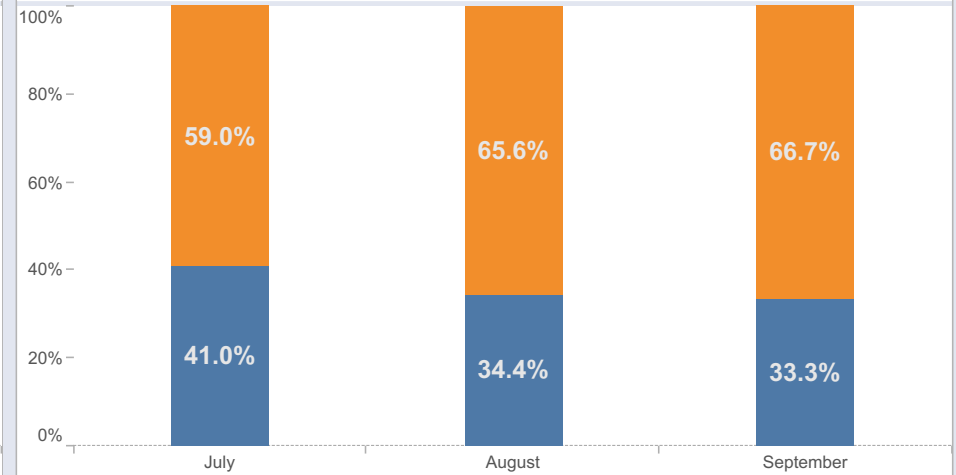
Dental Hygiene Board

SFY 2020:Q1 - Case Volume



Dental Hygiene Board

SFY 2020:Q1 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Case Type

Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

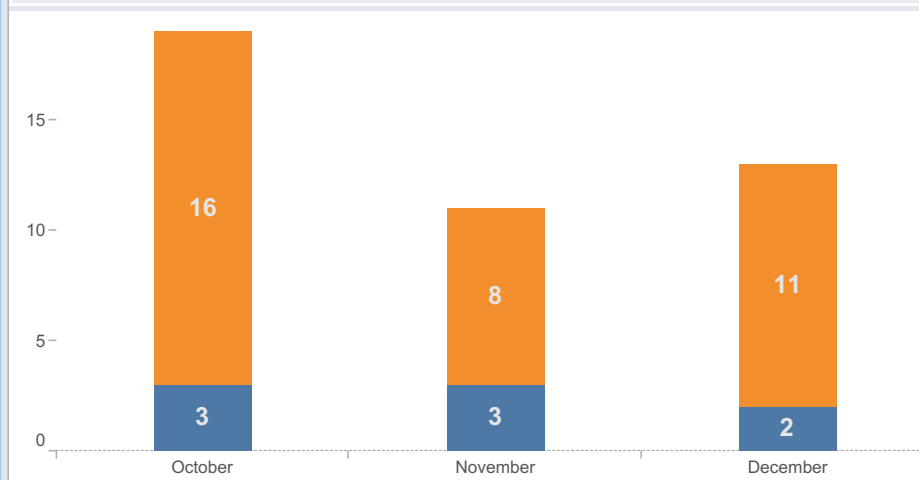
Dental Hygiene Board New Cases Summary

Data last refreshed on 10/26/2022

Complaints	Conviction/Arrest	Total Volume
8	35	43

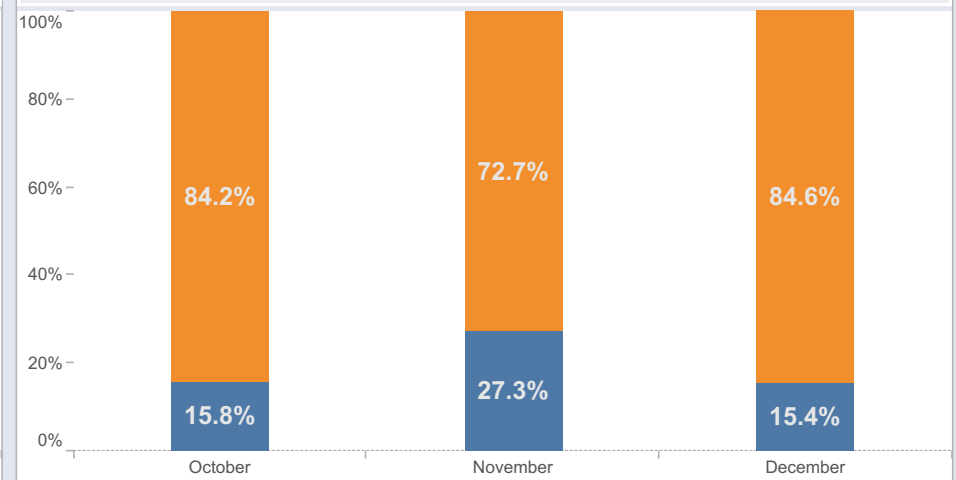
Dental Hygiene Board

SFY 2020:Q2 - Case Volume



Dental Hygiene Board

SFY 2020:Q2 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Case Type

Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Dental Hygiene Board New Cases Summary

Data last refreshed on 10/26/2022

Complaints

Conviction/Arrest

Total Volume

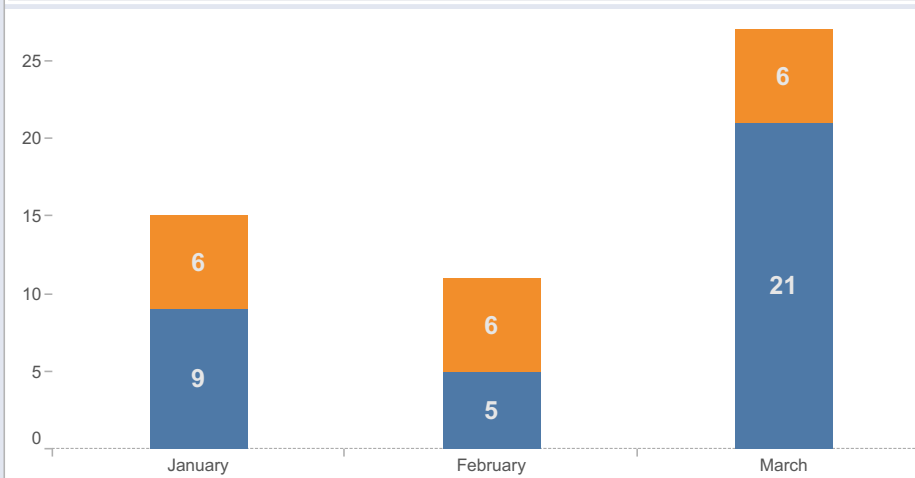
35

18

53

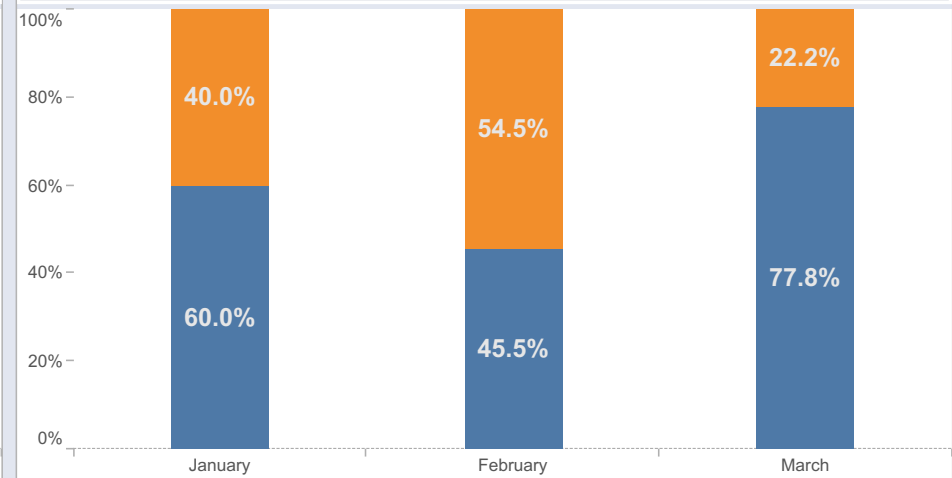
Dental Hygiene Board

SFY 2020:Q3 - Case Volume



Dental Hygiene Board

SFY 2020:Q3 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q4

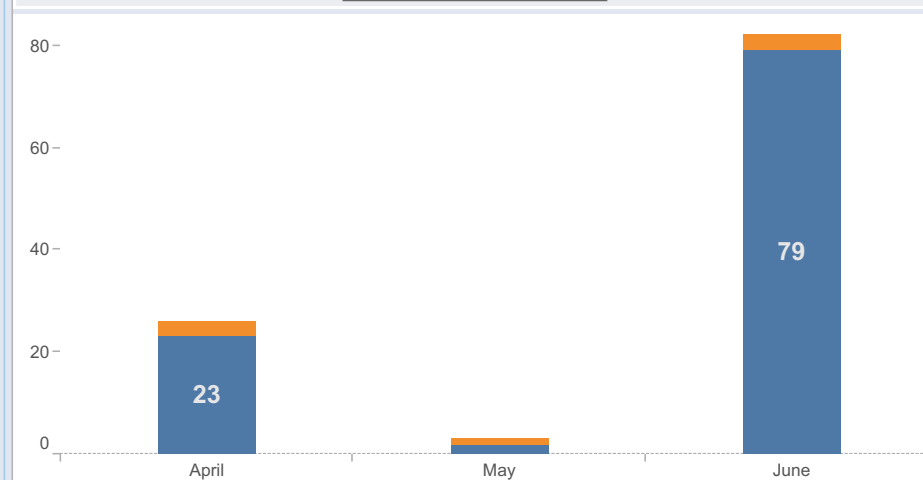
Case Type
☐ Complaints ☐ Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

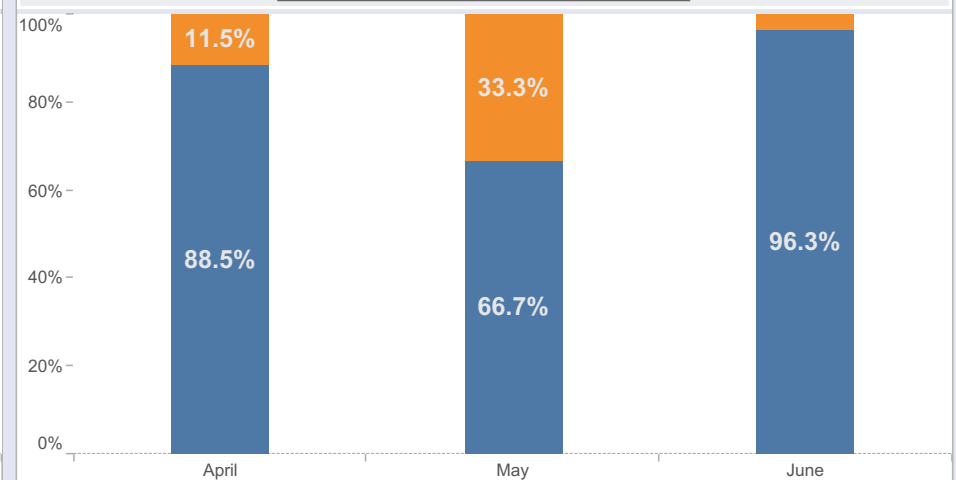
Dental Hygiene Board New Cases Summary
Data last refreshed on 10/26/2022

Complaints	Conviction/Arrest	Total Volume
104	7	111

Dental Hygiene Board
SFY 2020:Q4 - Case Volume



Dental Hygiene Board
SFY 2020:Q4 - Case Volume % Distribution

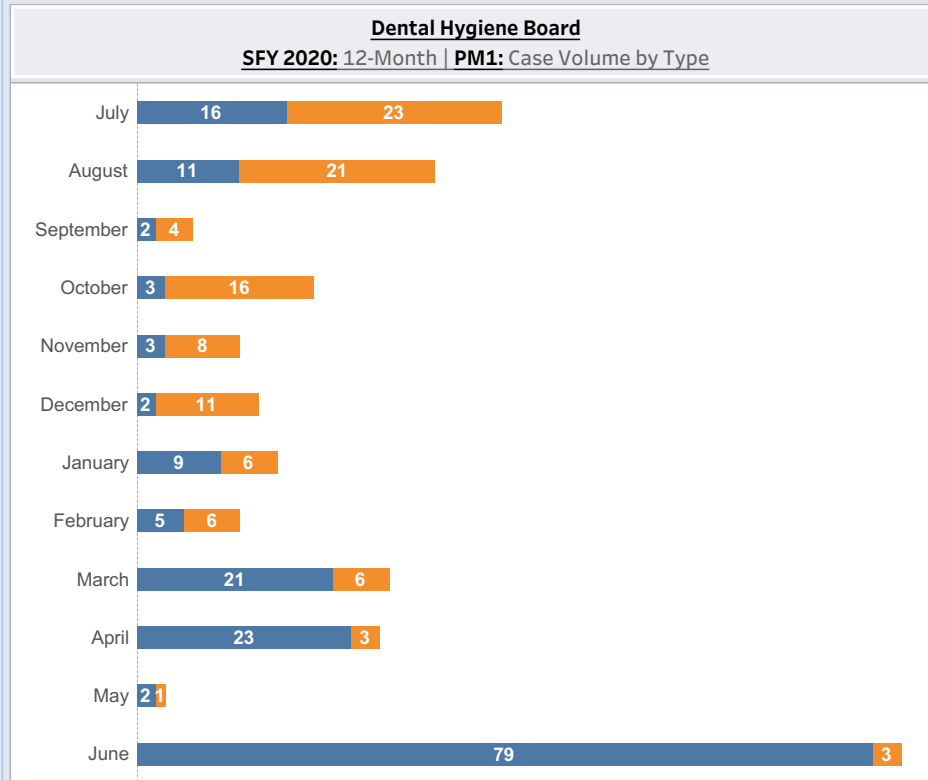


Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Board Name
Dental Hygiene Board

State Fiscal Year
SFY 2020

Enforcement Case Type
■ Complaints
 ■ Conviction/Arrest



Dental Hygiene Board
SFY 2020: 12-Month | PM1: Summary

	Complaints	Conviction/Arrest	Total Volume
Grand Total	176	108	284
July	16	23	39
August	11	21	32
September	2	4	6
October	3	16	19
November	3	8	11
December	2	11	13
January	9	6	15
February	5	6	11
March	21	6	27
April	23	3	26
May	2	1	3
June	79	3	82

Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.



Dental Hygiene Board of California

Enforcement Performance Measure 1

Case Volume for 2021

Quarterly and Monthly Reports

Case Type

Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Dental Hygiene Board New Cases Summary

Data last refreshed on 10/26/2022

Complaints

Conviction/Arrest

Total Volume

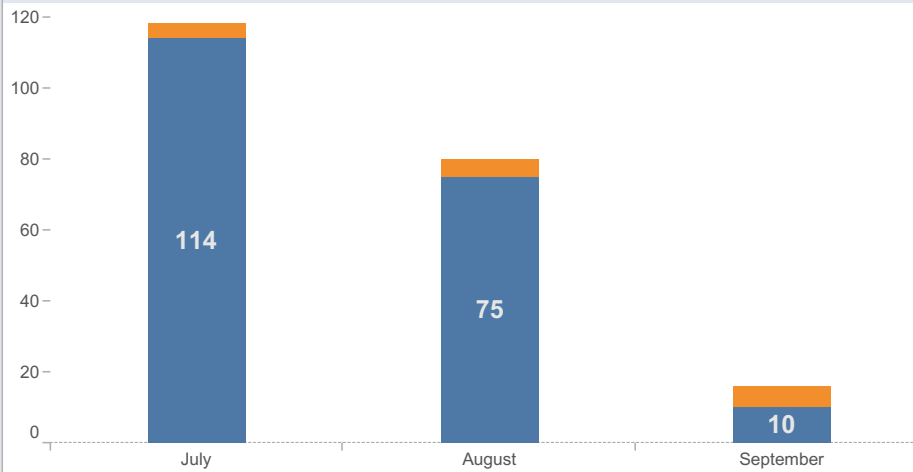
199

15

214

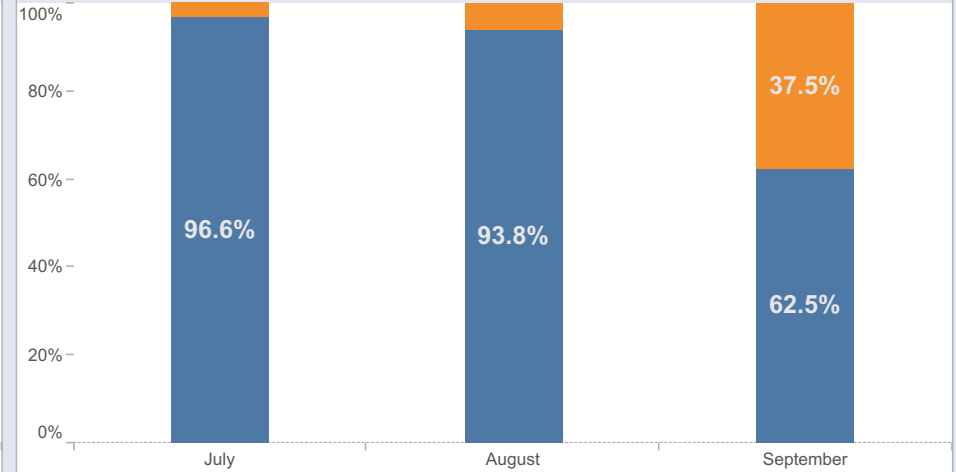
Dental Hygiene Board

SFY 2021:Q1 - Case Volume



Dental Hygiene Board

SFY 2021:Q1 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Case Type

Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Dental Hygiene Board New Cases Summary

Data last refreshed on 10/26/2022

Complaints

Conviction/Arrest

Total Volume

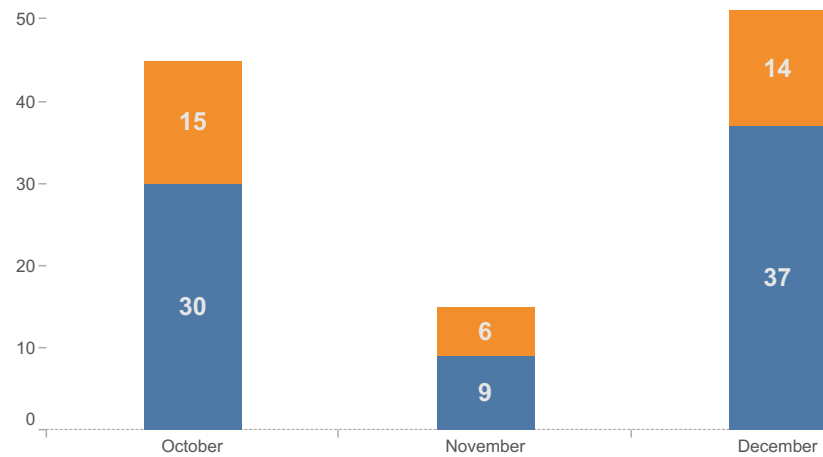
76

35

111

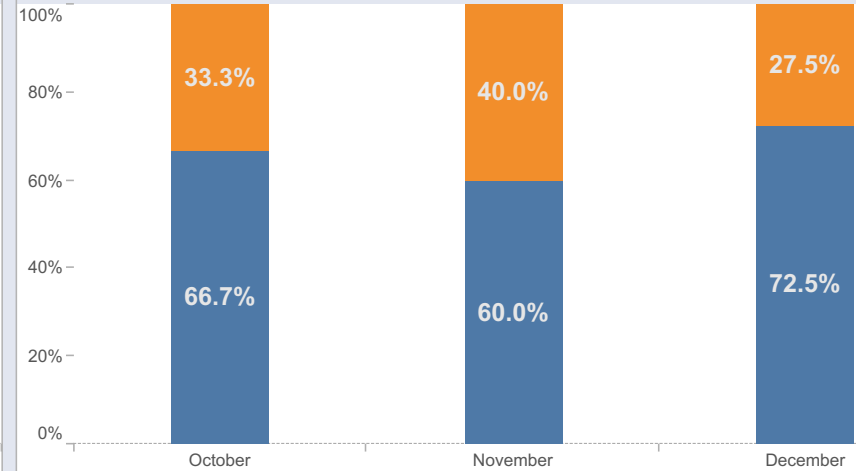
Dental Hygiene Board

SFY 2021:Q2 - Case Volume



Dental Hygiene Board

SFY 2021:Q2 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Case Type

Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Dental Hygiene Board New Cases Summary

Data last refreshed on 10/26/2022

Complaints

Conviction/Arrest

Total Volume

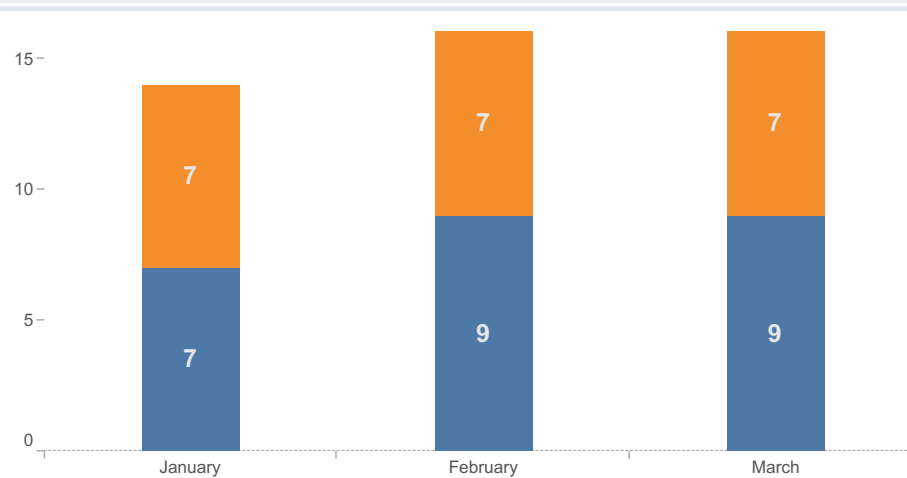
25

21

46

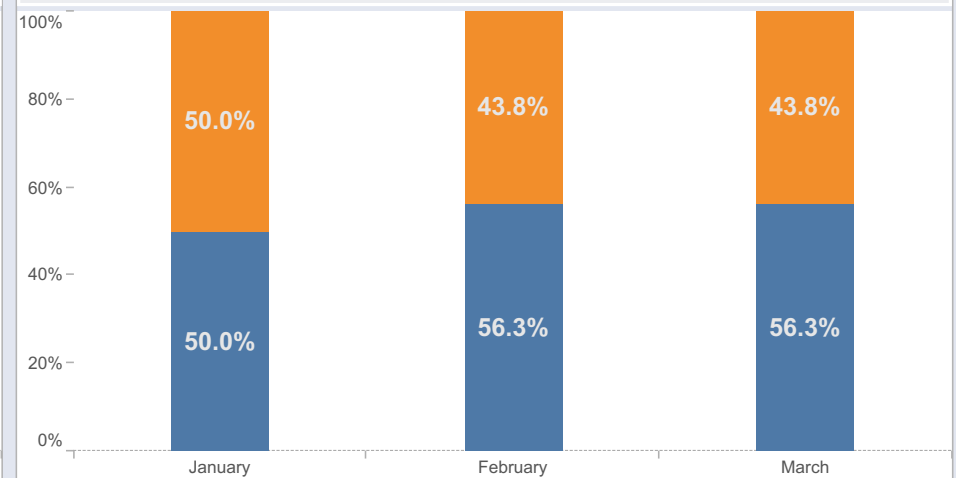
Dental Hygiene Board

SFY 2021:Q3 - Case Volume



Dental Hygiene Board

SFY 2021:Q3 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Case Type

Complaints

Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Dental Hygiene Board New Cases Summary

Data last refreshed on 10/26/2022

Complaints

Conviction/Arrest

Total Volume

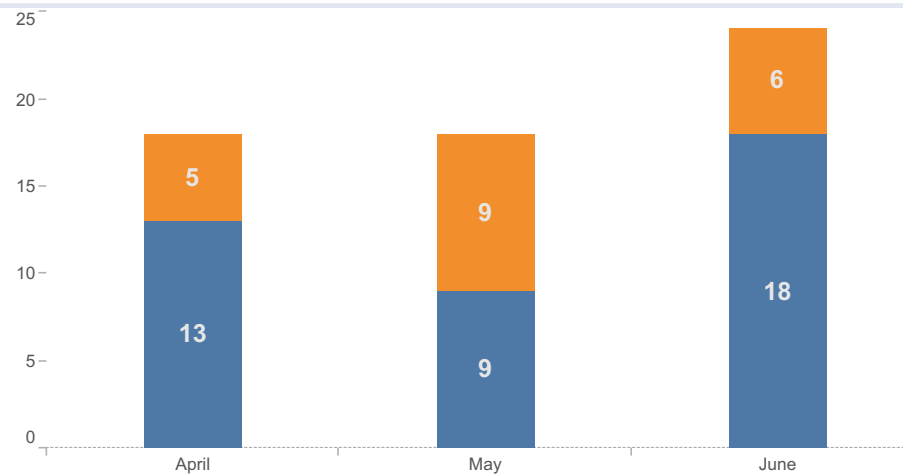
40

20

60

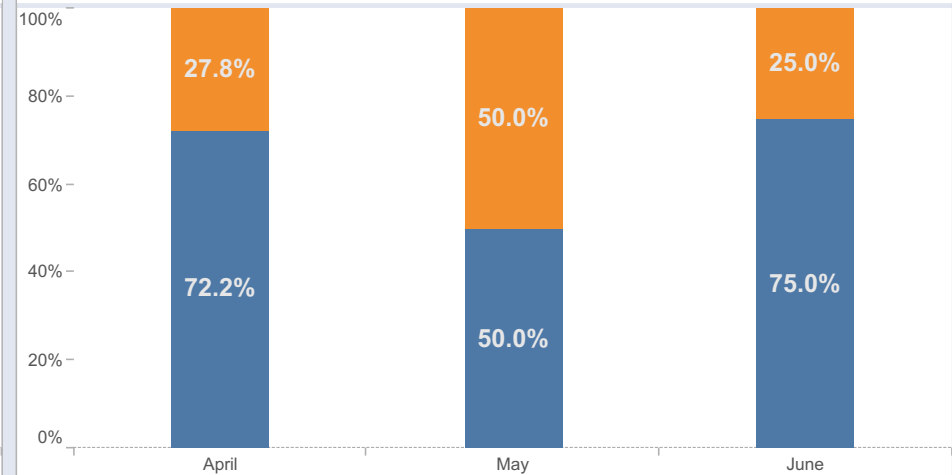
Dental Hygiene Board

SFY 2021:Q4 - Case Volume



Dental Hygiene Board

SFY 2021:Q4 - Case Volume % Distribution



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

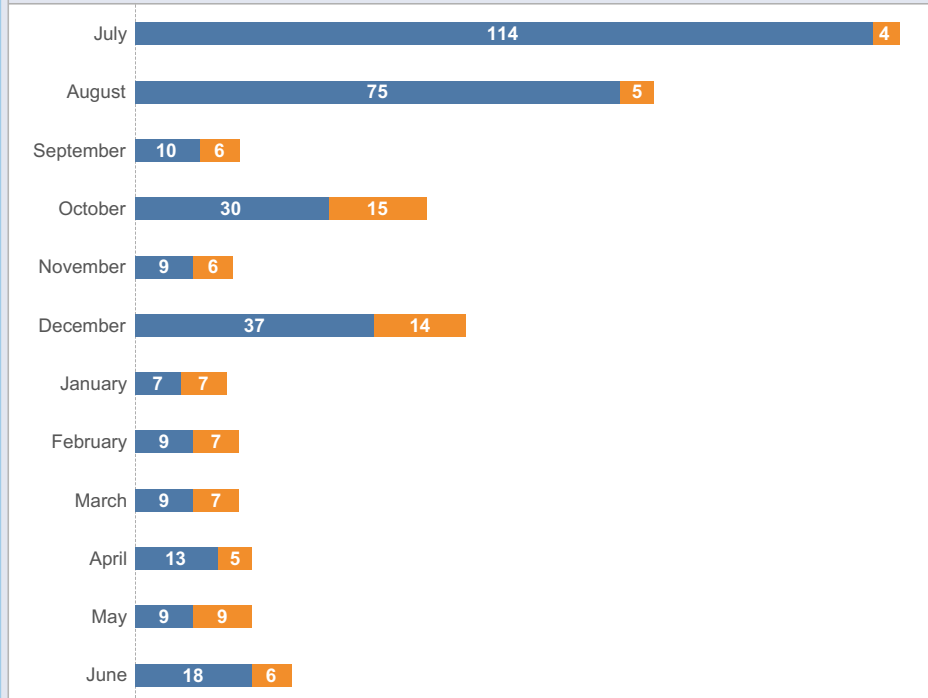
Enforcement Case Type

Complaints

Conviction/Arrest

Dental Hygiene Board

SFY 2021: 12-Month | PM1: Case Volume by Type

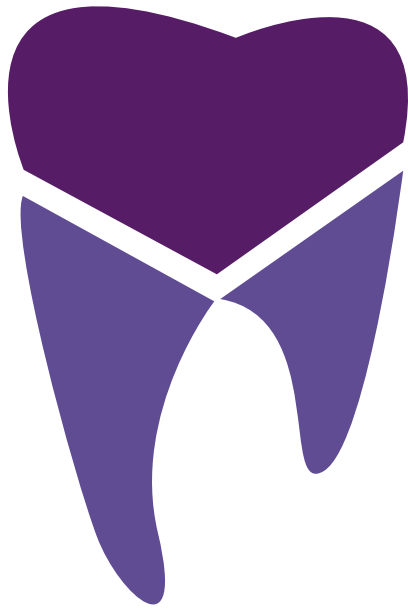


Dental Hygiene Board

SFY 2021: 12-Month | PM1: Summary

	Complaints	Conviction/Arrest	Total Volume
Grand Total	340	91	431
July	114	4	118
August	75	5	80
September	10	6	16
October	30	15	45
November	9	6	15
December	37	14	51
January	7	7	14
February	9	7	16
March	9	7	16
April	13	5	18
May	9	9	18
June	18	6	24

Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.



DHBC

Dental Hygiene
Board of California

DHBC 2022/23 SUNSET REVIEW REPORT SECTION 13: ATTACHMENTS

PERFORMANCE MEASURE 2: INTAKE



Dental Hygiene Board of California

Enforcement Performance Measure 2

Intake for 2019

Quarterly and Monthly Reports

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q1

Cycle Time
☐ Actual ☐ Target

Case Volume by Month
☐ July ☐ August ☐ September

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

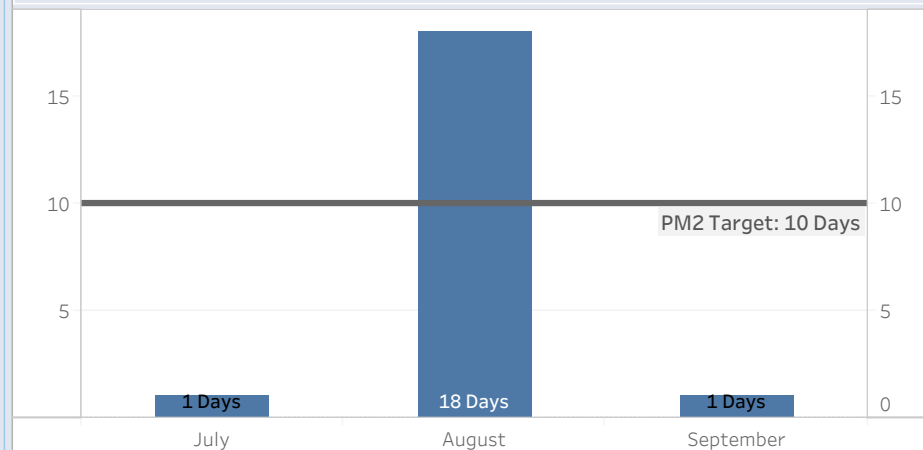
Dental Hygiene Board PM2 Performance Summary

Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
30	10 Days	11 Day(s)	▲ 1 Day(s)

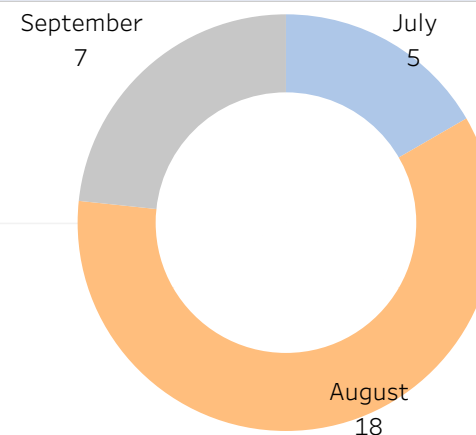
Dental Hygiene Board

SFY 2019: Q1 | PM2 - Intake Cycle Time



Dental Hygiene Board

SFY 2019: Q1 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Cycle Time

Actual Target

Case Volume by Month

October November December

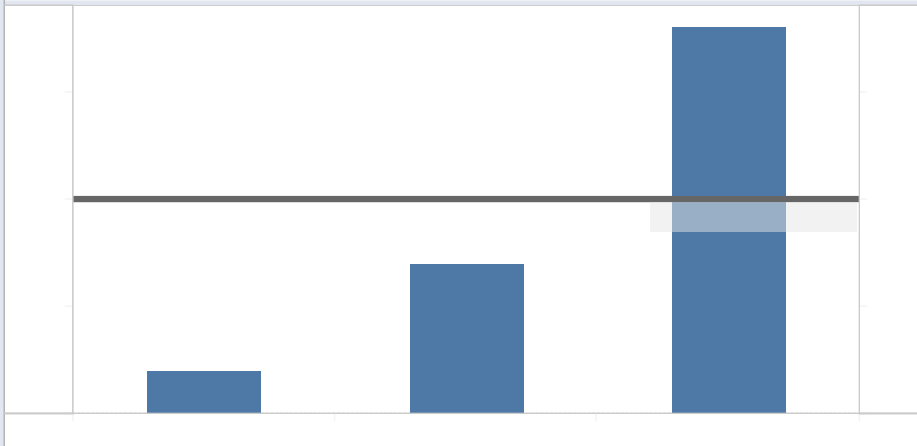
Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

Dental Hygiene Board PM2 Performance Summary

Data last refreshed on 10/26/2022

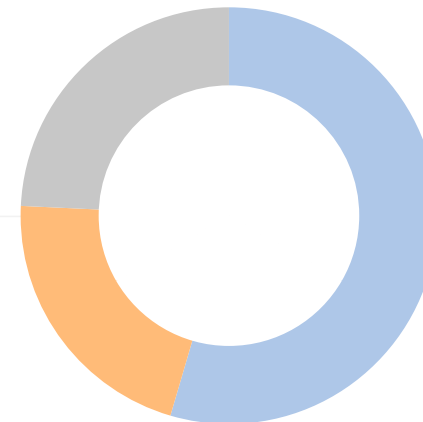
Dental Hygiene Board

SFY 2019: Q2 | PM2 - Intake Cycle Time



Dental Hygiene Board

SFY 2019: Q2 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q3

Cycle Time
Actual Target

Case Volume by Month
January February March

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

Dental Hygiene Board PM2 Performance Summary

Data last refreshed on 10/26/2022

Case Volume

54

Target

10 Days

Actual

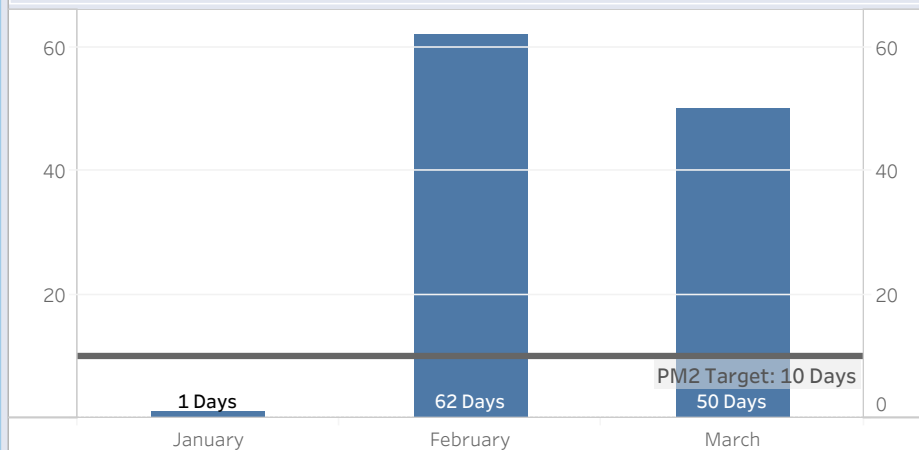
54 Day(s)

Variance

▲ 44 Day(s)

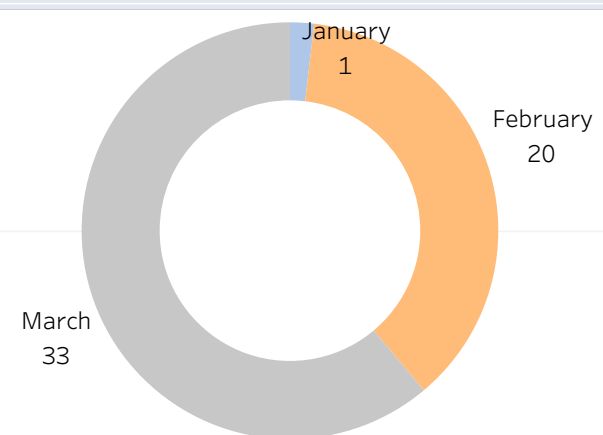
Dental Hygiene Board

SFY 2019: Q3 | PM2 - Intake Cycle Time



Dental Hygiene Board

SFY 2019: Q3 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q4

Cycle Time
☒ Actual ☐ Target

Case Volume by Month
☐ April ☐ May ☒ June

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

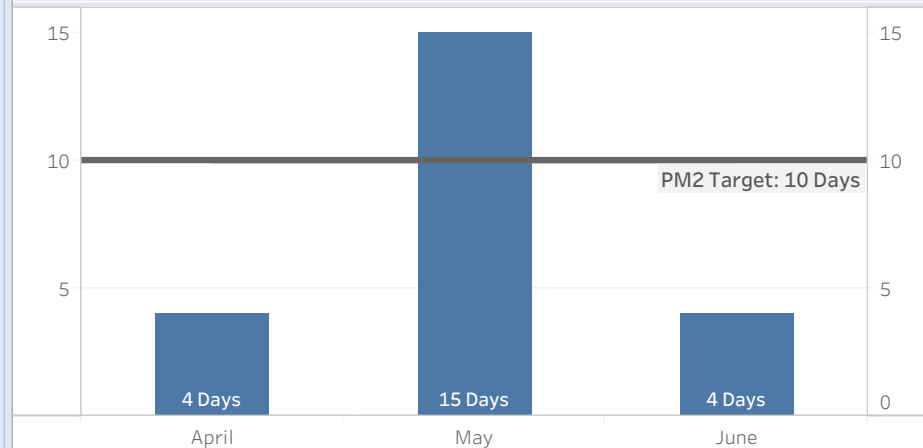
Dental Hygiene Board PM2 Performance Summary

Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
27	10 Days	10 Day(s)	0

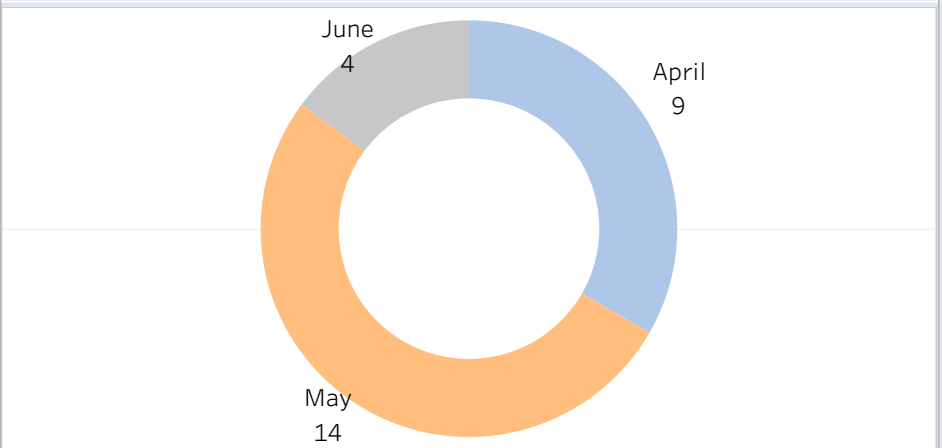
Dental Hygiene Board

SFY 2019: Q4 | PM2 - Intake Cycle Time



Dental Hygiene Board

SFY 2019: Q4 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Cycle Time

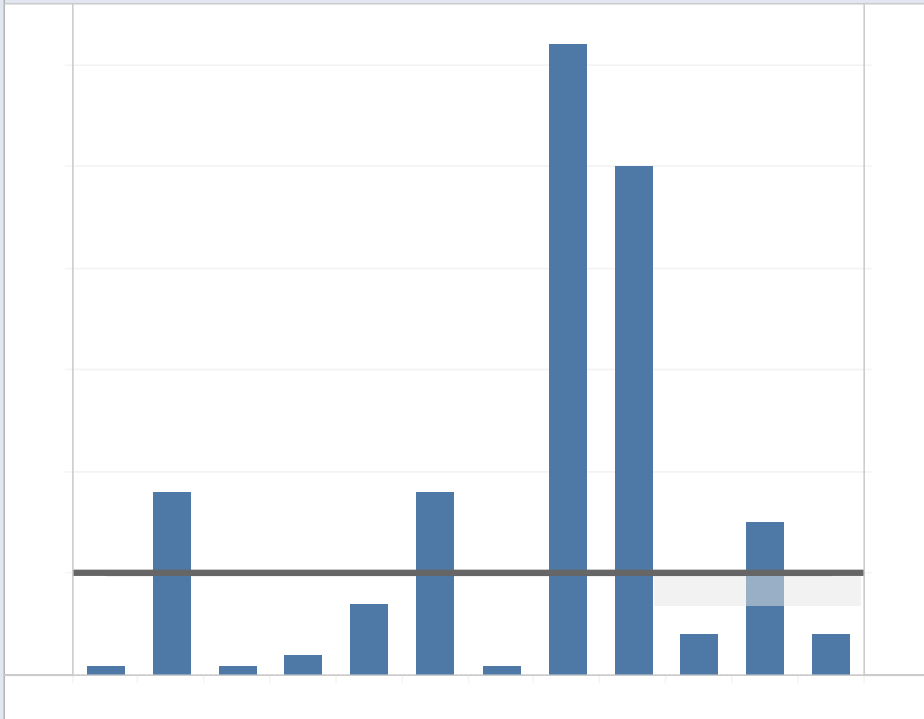
Actual Target

Performance v Target

Above Target Below Target

Dental Hygiene Board

SFY 2019: 12-Month | PM2 - Intake Cycle Time



Dental Hygiene Board

SFY 2019: 12-Month | PM2 - Summary

	Case Volume	Avg. Target	Actual	Variance
Grand Total	144	10 Days	26 Day(s)	▲ 16 Day(s)
July				
August	18	10 Days	18 Day(s)	▲ 8 Day(s)
September				
October	18	10 Days	2 Day(s)	▼ -8 Day(s)
November				
December	8	10 Days	18 Day(s)	▲ 8 Day(s)
January				
February	20	10 Days	62 Day(s)	▲ 52 Day(s)
March				
April	9	10 Days	4 Day(s)	▼ -6 Day(s)
May				
June	4	10 Days	4 Day(s)	▼ -6 Day(s)

Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.



Dental Hygiene Board of California

Enforcement Performance Measure 2

Intake for 2020

Quarterly and Monthly Reports

Cycle Time

☒ Actual ☐ Target

Case Volume by Month

☒ July ☐ August ☐ September

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

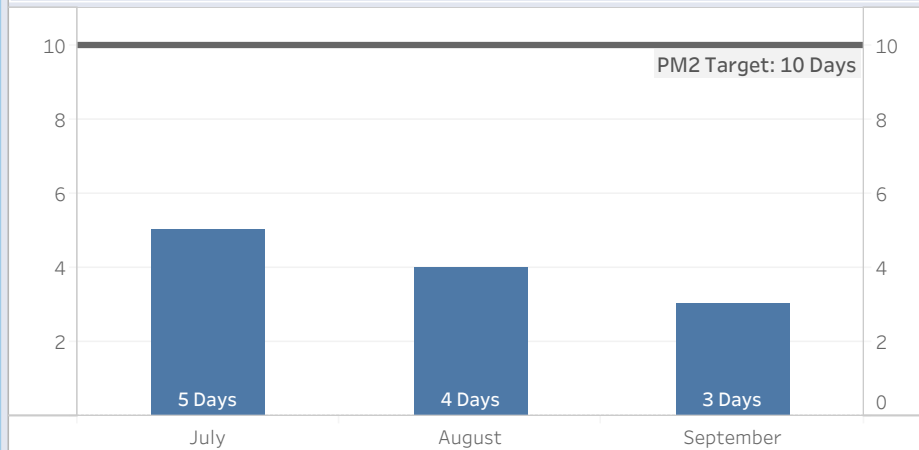
Dental Hygiene Board PM2 Performance Summary

Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
79	10 Days	4 Day(s)	▼ -6 Day(s)

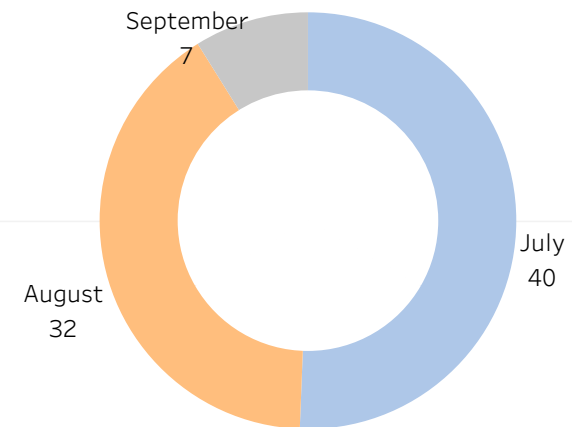
Dental Hygiene Board

SFY 2020: Q1 | PM2 - Intake Cycle Time



Dental Hygiene Board

SFY 2020: Q1 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Cycle Time

Actual Target

Case Volume by Month

October November December

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

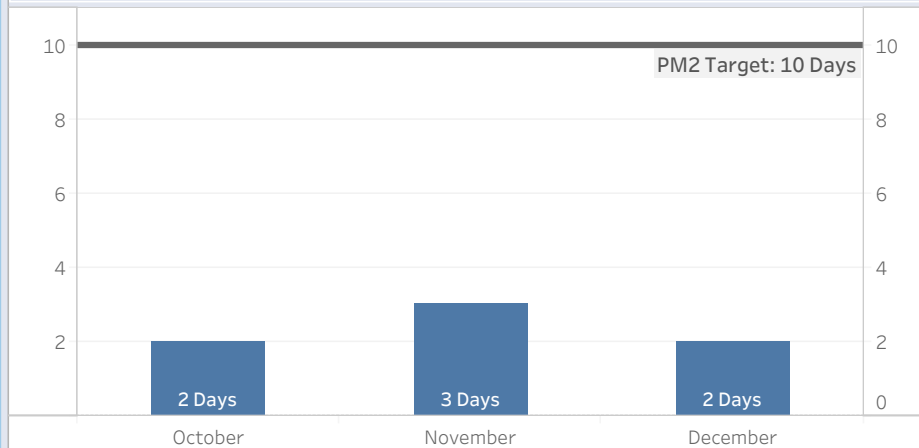
Dental Hygiene Board PM2 Performance Summary

Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
43	10 Days	2 Day(s)	▼ -8 Day(s)

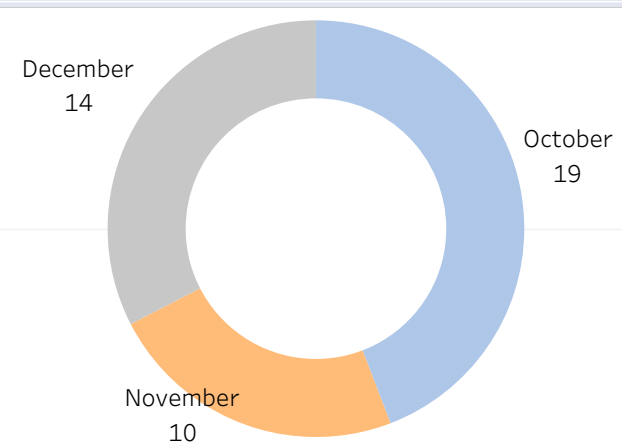
Dental Hygiene Board

SFY 2020: Q2 | PM2 - Intake Cycle Time



Dental Hygiene Board

SFY 2020: Q2 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Cycle Time

Actual Target

Case Volume by Month

January February March

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

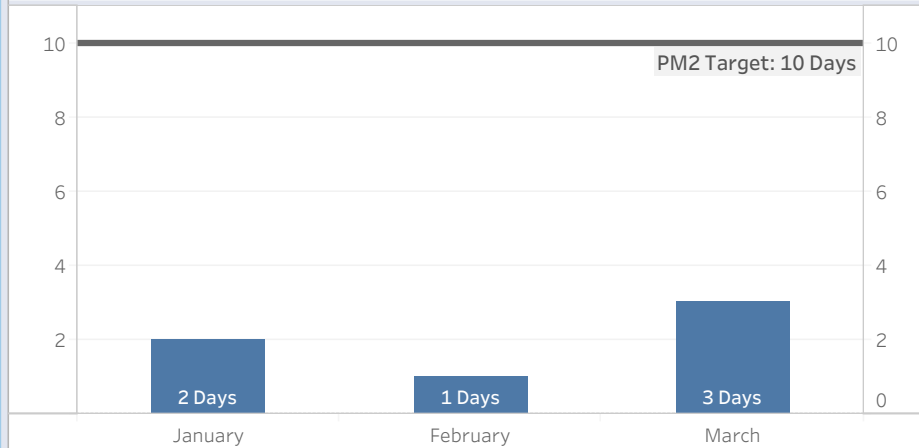
Dental Hygiene Board PM2 Performance Summary

Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
53	10 Days	2 Day(s)	▼ -8 Day(s)

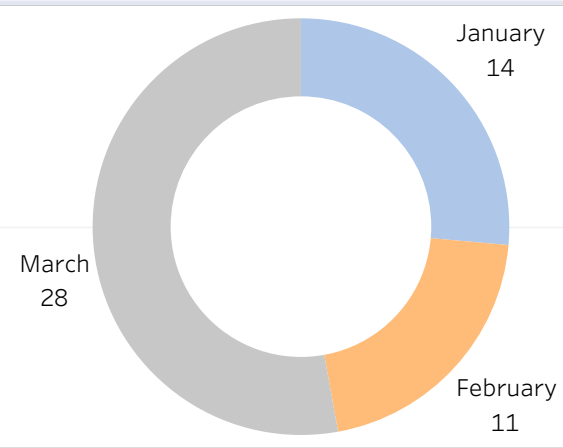
Dental Hygiene Board

SFY 2020: Q3 | PM2 - Intake Cycle Time



Dental Hygiene Board

SFY 2020: Q3 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Cycle Time

Actual Target

Case Volume by Month

April May June

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

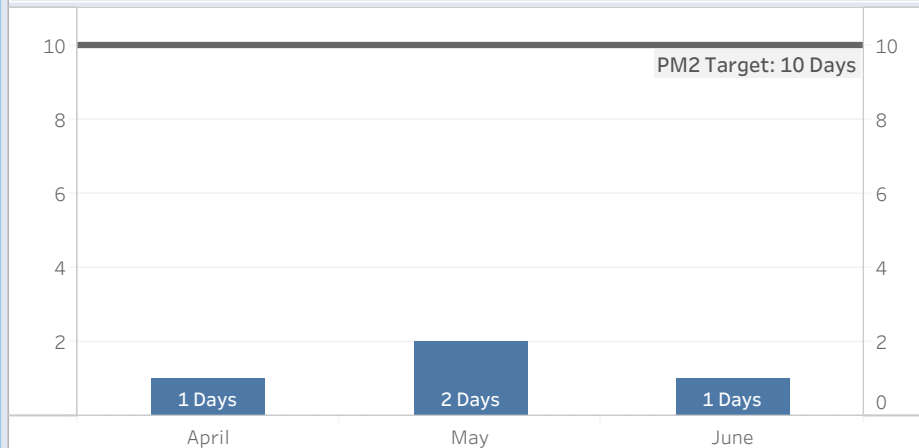
Dental Hygiene Board PM2 Performance Summary

Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
36	10 Days	1 Day(s)	▼ -9 Day(s)

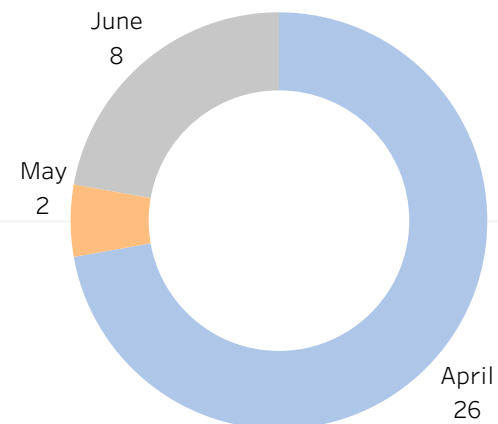
Dental Hygiene Board

SFY 2020: Q4 | PM2 - Intake Cycle Time



Dental Hygiene Board

SFY 2020: Q4 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Dental Hygiene Board

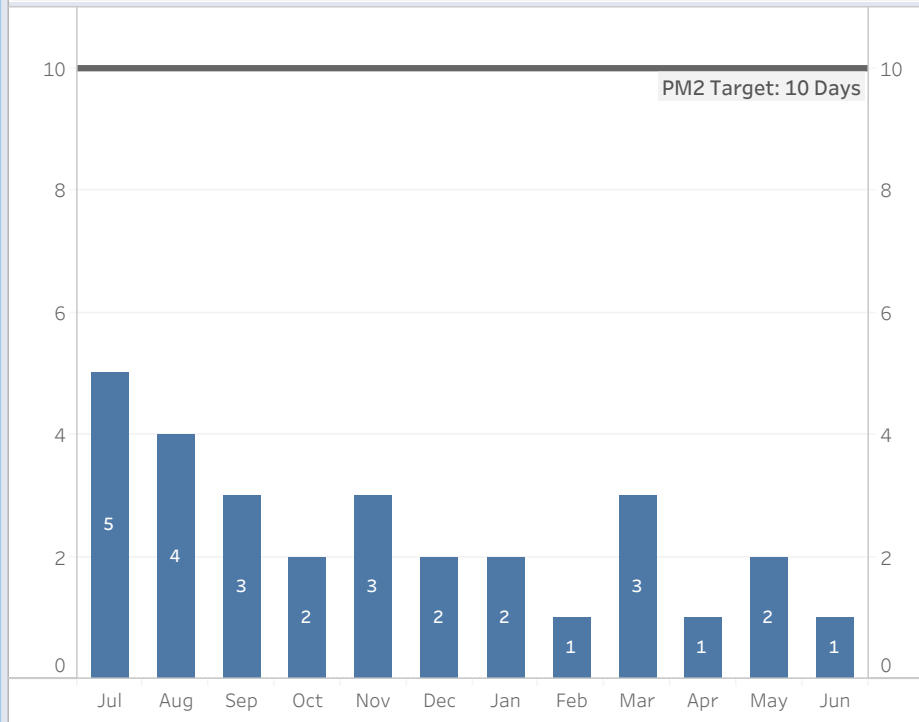
Select a Fiscal Year
SFY 2020

Cycle Time
Actual Target

Performance v Target
Below Target

Dental Hygiene Board

SFY 2020: 12-Month | PM2 - Intake Cycle Time



Dental Hygiene Board

SFY 2020: 12-Month | PM2 - Summary

	Case Volume	Avg. Target	Actual	Variance
Grand Total	211	10 Days	3 Day(s)	▼ -7 Day(s)
July	40	10 Days	5 Day(s)	▼ -5 Day(s)
August	32	10 Days	4 Day(s)	▼ -6 Day(s)
September	7	10 Days	3 Day(s)	▼ -7 Day(s)
October	19	10 Days	2 Day(s)	▼ -8 Day(s)
November	10	10 Days	3 Day(s)	▼ -7 Day(s)
December	14	10 Days	2 Day(s)	▼ -8 Day(s)
January	14	10 Days	2 Day(s)	▼ -8 Day(s)
February	11	10 Days	1 Day(s)	▼ -9 Day(s)
March	28	10 Days	3 Day(s)	▼ -7 Day(s)
April	26	10 Days	1 Day(s)	▼ -9 Day(s)
May	2	10 Days	2 Day(s)	▼ -8 Day(s)
June	8	10 Days	1 Day(s)	▼ -9 Day(s)

Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.



Dental Hygiene Board of California

Enforcement Performance Measure 2

Intake for 2021

Quarterly and Monthly Reports

Cycle Time

☒ Actual ☐ Target

Case Volume by Month

☒ July ☐ August ☐ September

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

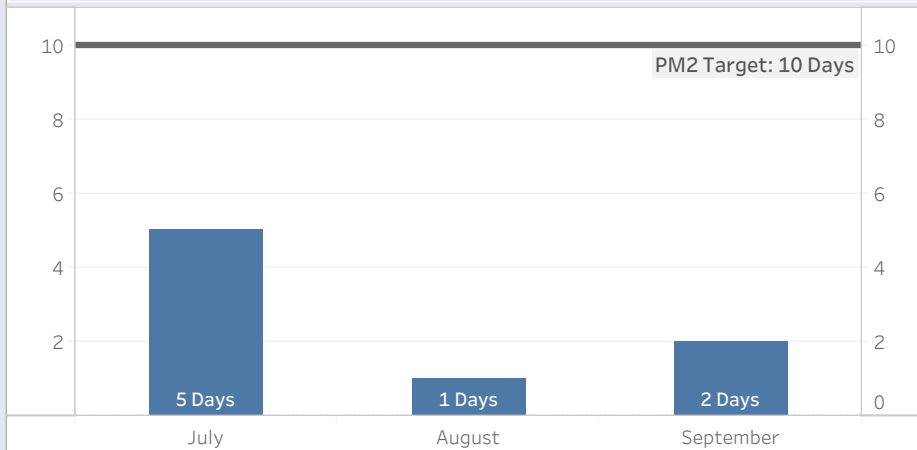
Dental Hygiene Board PM2 Performance Summary

Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
288	10 Days	4 Day(s)	▼ -6 Day(s)

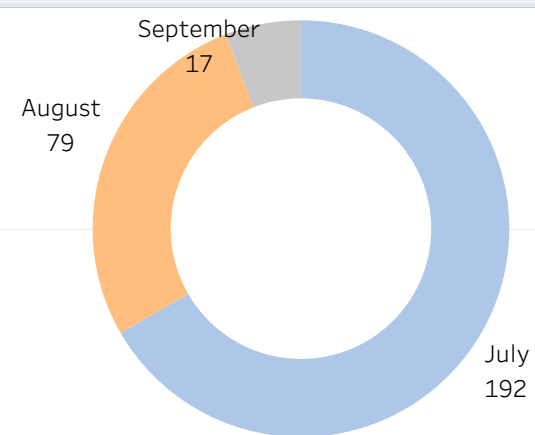
Dental Hygiene Board

SFY 2021: Q1 | PM2 - Intake Cycle Time



Dental Hygiene Board

SFY 2021: Q1 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Cycle Time

Actual Target

Case Volume by Month

October November December

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

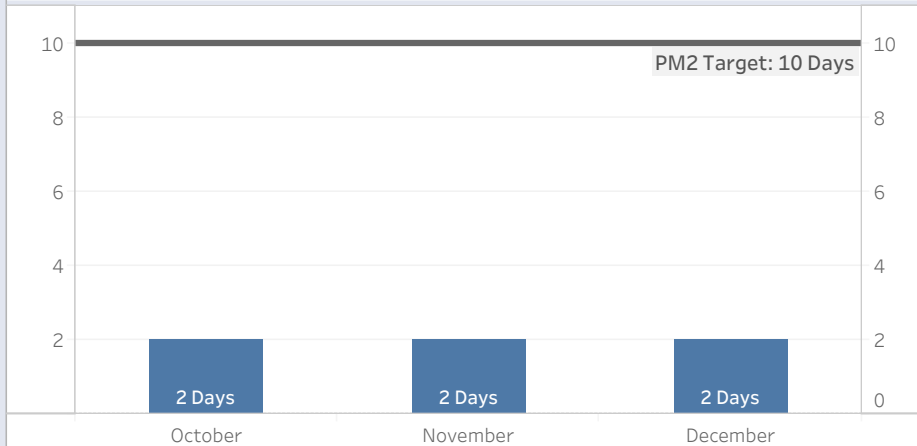
Dental Hygiene Board PM2 Performance Summary

Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
106	10 Days	2 Day(s)	▼ -8 Day(s)

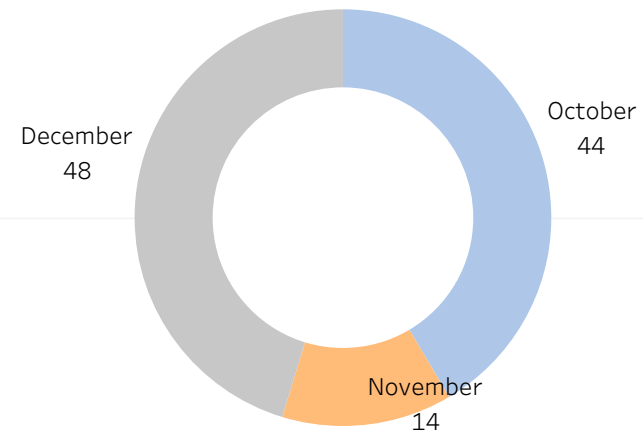
Dental Hygiene Board

SFY 2021: Q2 | PM2 - Intake Cycle Time



Dental Hygiene Board

SFY 2021: Q2 | PM2 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Cycle Time

Actual Target

Case Volume by Month

January February March

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

Dental Hygiene Board PM2 Performance Summary

Data last refreshed on 10/26/2022

Case Volume

46

Target

10 Days

Actual

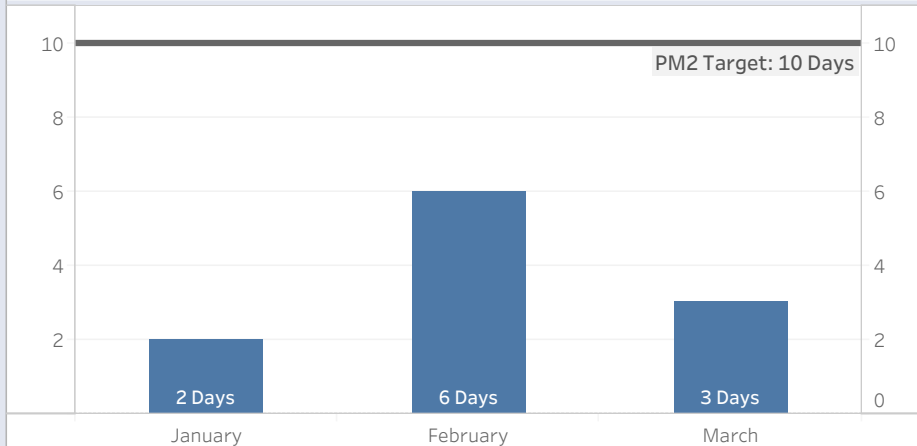
4 Day(s)

Variance

▼ -6 Day(s)

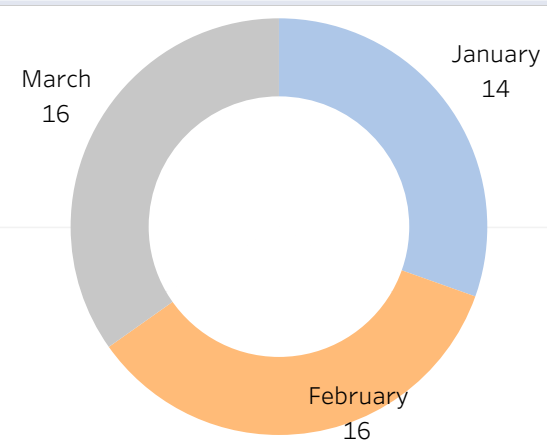
Dental Hygiene Board

SFY 2021: Q3 | PM2 - Intake Cycle Time



Dental Hygiene Board

SFY 2021: Q3 | PM2 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Cycle Time

Actual Target

Case Volume by Month

April May June

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

Dental Hygiene Board PM2 Performance Summary

Data last refreshed on 10/26/2022

Case Volume

58

Target

10 Days

Actual

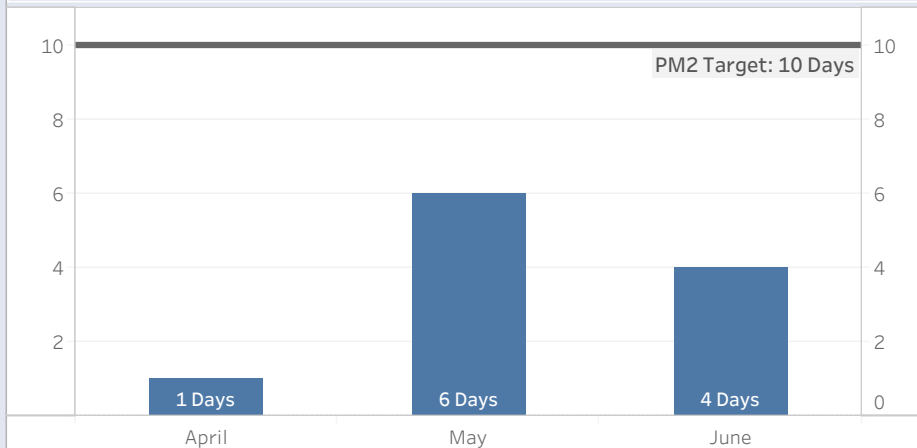
4 Day(s)

Variance

▼ -6 Day(s)

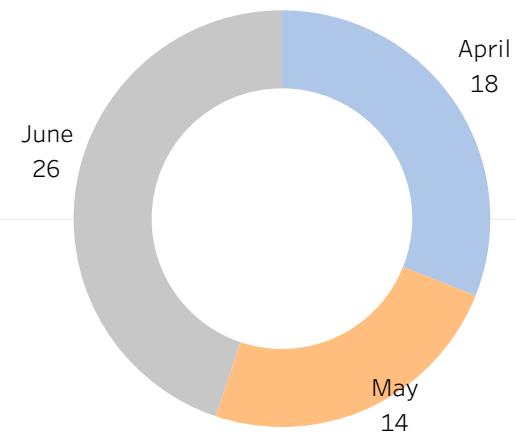
Dental Hygiene Board

SFY 2021: Q4 | PM2 - Intake Cycle Time



Dental Hygiene Board

SFY 2021: Q4 | PM2 - Volume



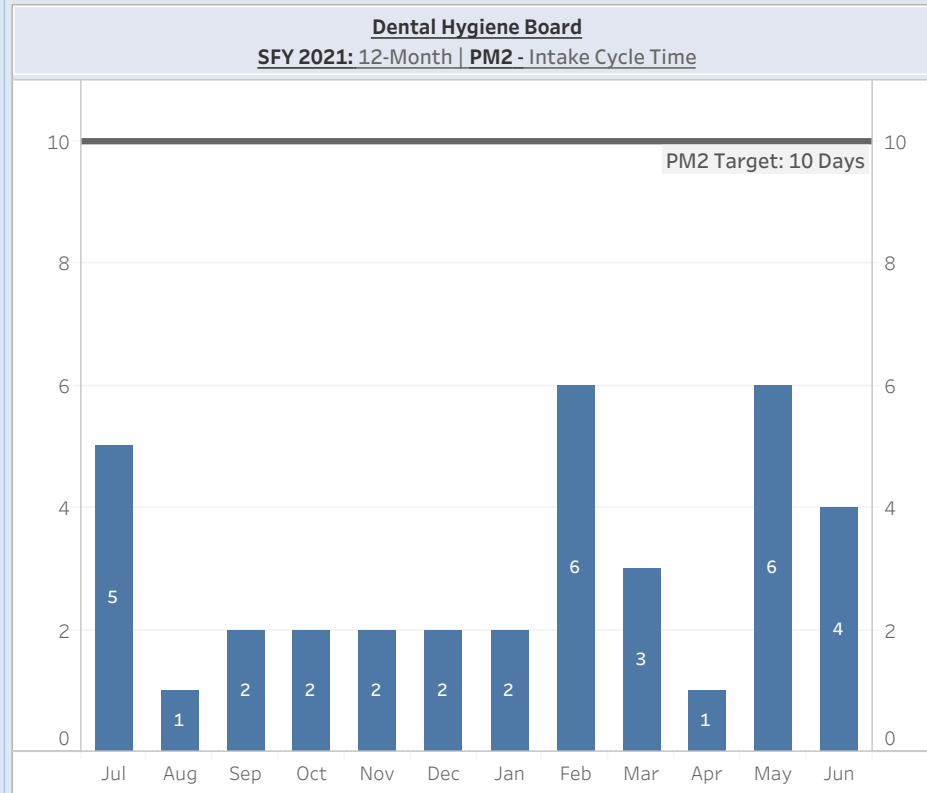
Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2021

Cycle Time
Actual Target

Performance v Target
Below Target



Dental Hygiene Board
SFY 2021: 12-Month | PM2 - Summary

	Case Volume	Avg. Target	Actual	Variance
Grand Total	498	10 Days	3 Day(s)	▼ -7 Day(s)
July	192	10 Days	5 Day(s)	▼ -5 Day(s)
August	79	10 Days	1 Day(s)	▼ -9 Day(s)
September	17	10 Days	2 Day(s)	▼ -8 Day(s)
October	44	10 Days	2 Day(s)	▼ -8 Day(s)
November	14	10 Days	2 Day(s)	▼ -8 Day(s)
December	48	10 Days	2 Day(s)	▼ -8 Day(s)
January	14	10 Days	2 Day(s)	▼ -8 Day(s)
February	16	10 Days	6 Day(s)	▼ -4 Day(s)
March	16	10 Days	3 Day(s)	▼ -7 Day(s)
April	18	10 Days	1 Day(s)	▼ -9 Day(s)
May	14	10 Days	6 Day(s)	▼ -4 Day(s)
June	26	10 Days	4 Day(s)	▼ -6 Day(s)

Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.



DHBC

Dental Hygiene
Board of California

DHBC 2022/23 SUNSET REVIEW REPORT SECTION 13: ATTACHMENTS

PERFORMANCE MEASURE 3: INVESTIGATION



Dental Hygiene Board of California

Enforcement Performance Measure 3

Investigation for 2019

Quarterly and Monthly Reports

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q1

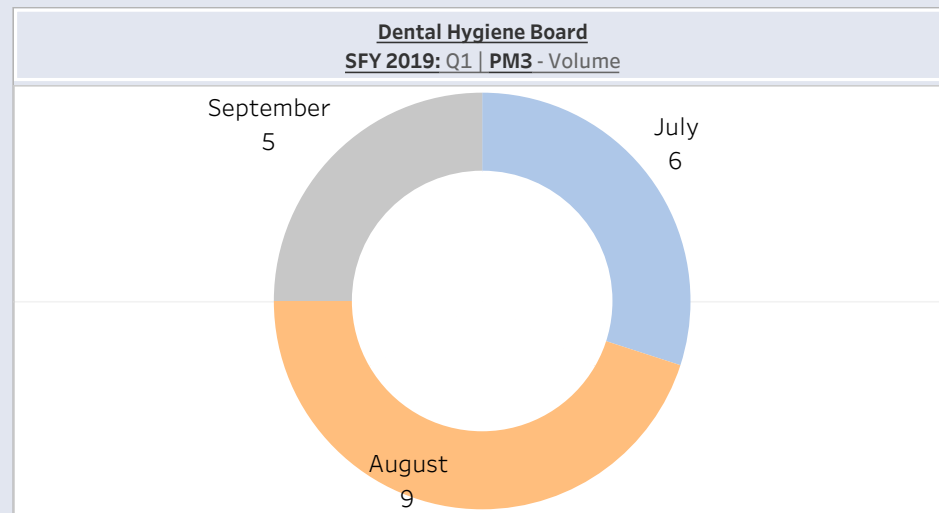
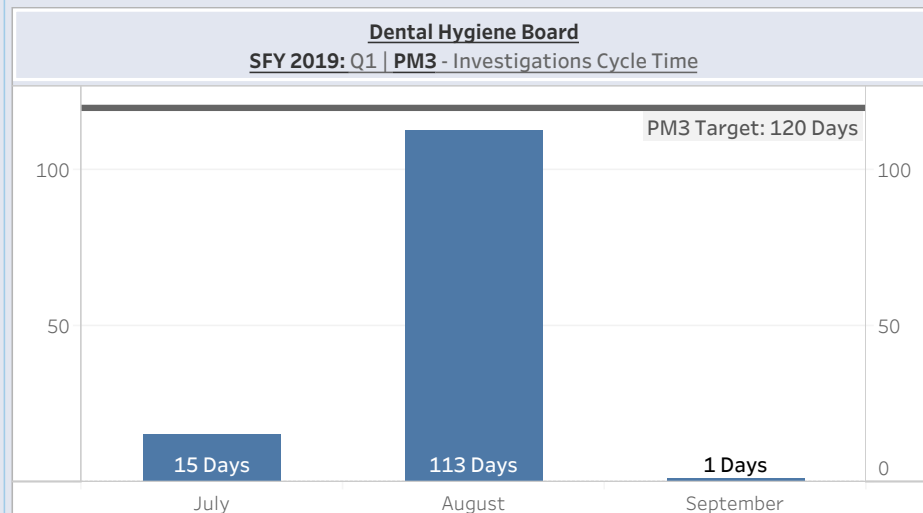
Cycle Time
☐ Actual ☐ Target

Case Volume by Month
☐ July ☐ August ☐ September

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Dental Hygiene Board PM3 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
20	120 Days	56 Day(s)	▼ -64 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q2

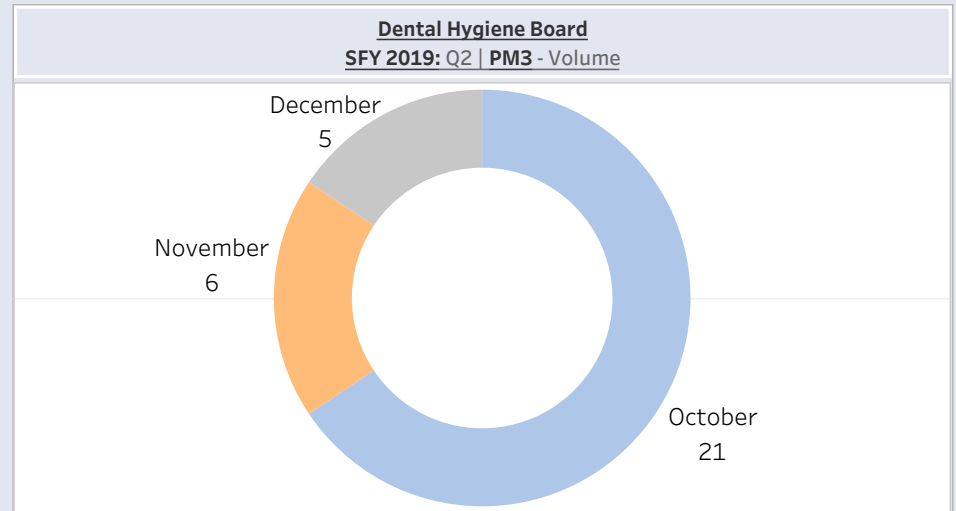
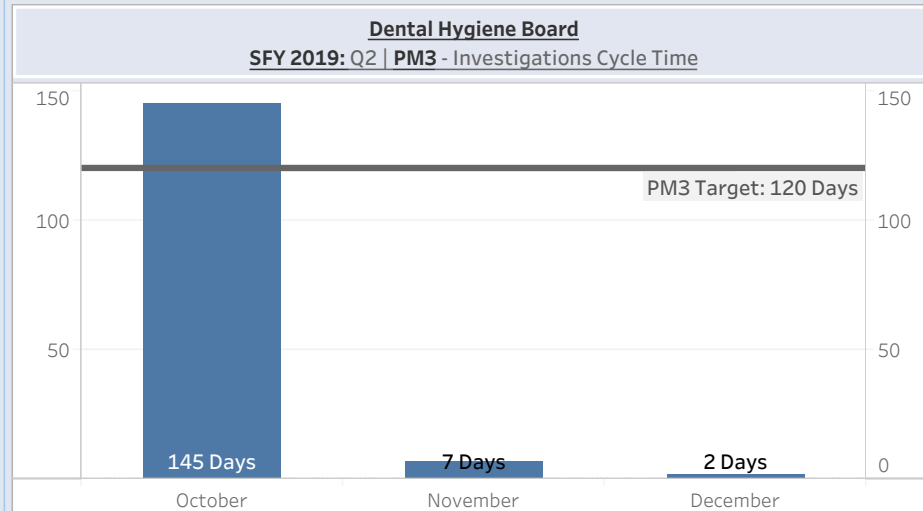
Cycle Time
☐ Actual ☐ Target

Case Volume by Month
☐ October ☐ November ☐ December

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Dental Hygiene Board PM3 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
32	120 Days	97 Day(s)	▼ -23 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Cycle Time

Actual

Target

Case Volume by Month

January

February

March

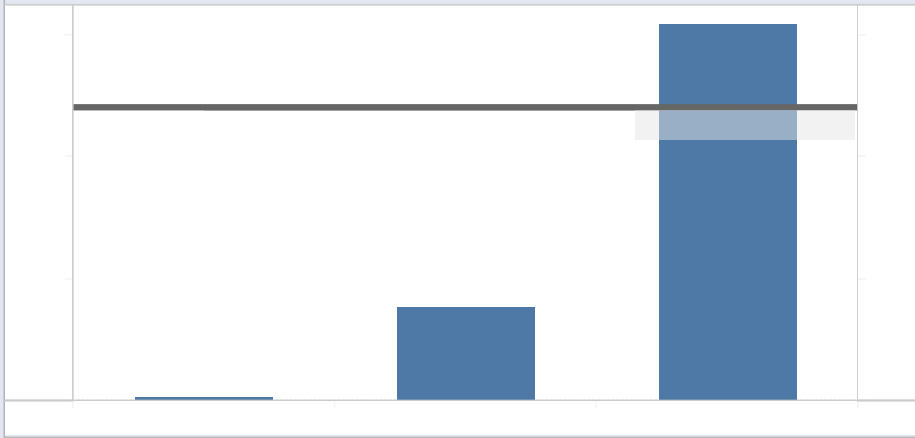
Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Dental Hygiene Board PM3 Performance Summary

Data last refreshed on 10/26/2022

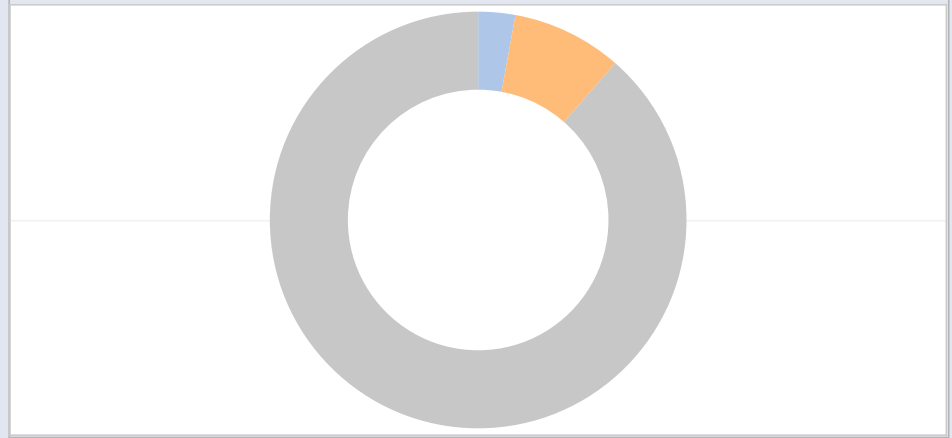
Dental Hygiene Board

SFY 2019: Q3 | PM3 - Investigations Cycle Time



Dental Hygiene Board

SFY 2019: Q3 | PM3 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q4

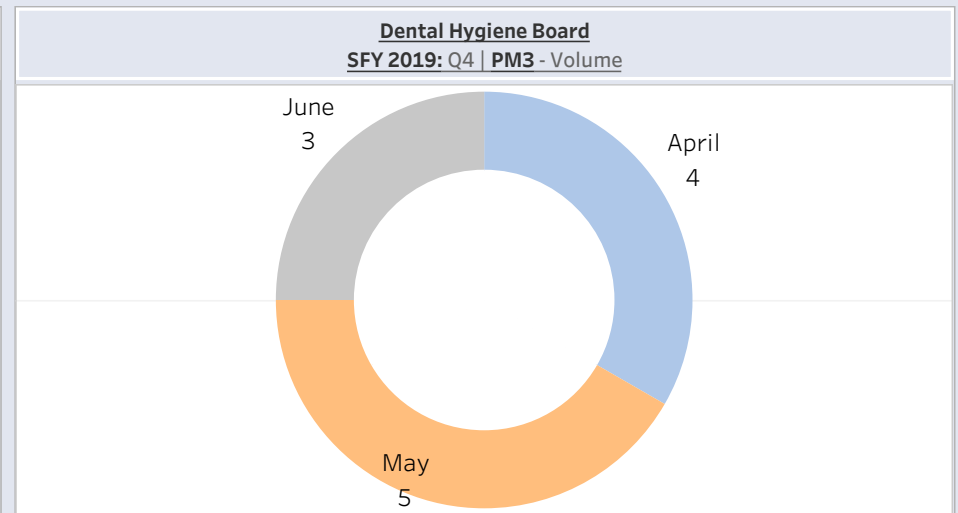
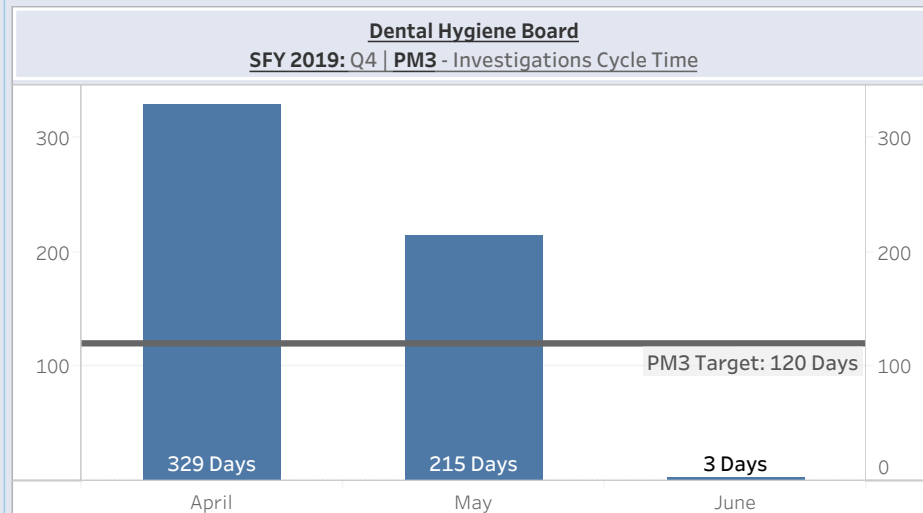
Cycle Time
☐ Actual ☐ Target

Case Volume by Month
☐ April ☐ May ☐ June

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Dental Hygiene Board PM3 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
12	120 Days	200 Day(s)	▲ 80 Day(s)



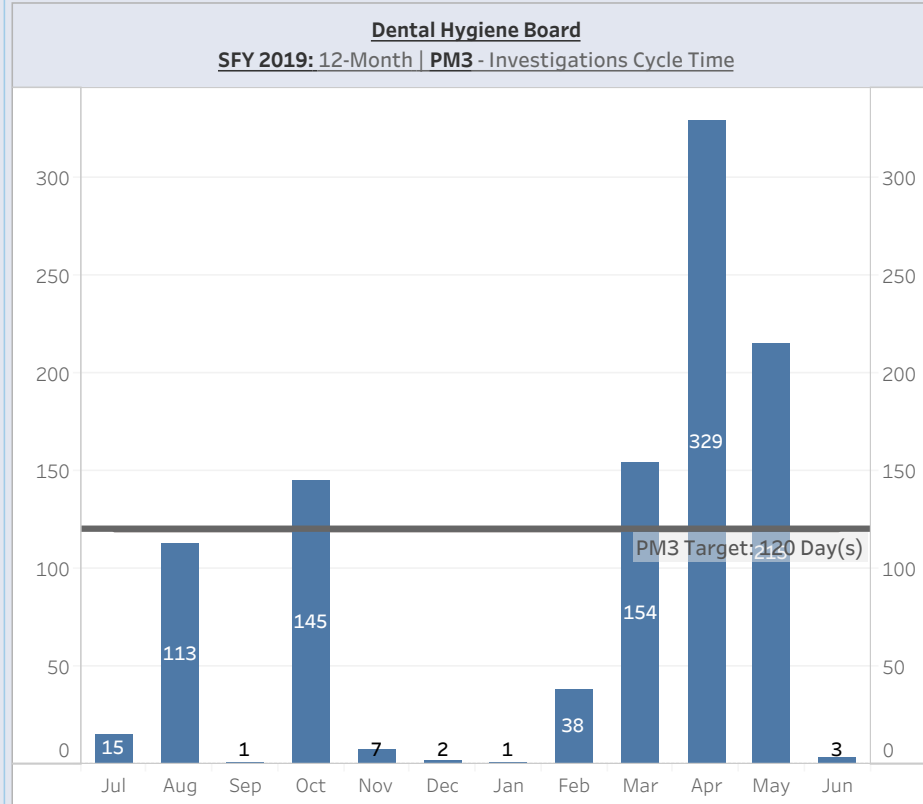
Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2019

Cycle Time
Actual Target

Performance versus Target
Above Target Below Target



Dental Hygiene Board				
SFY 2019: 12-Month PM3 - Summary				
	Case Volume	Avg. Target	Actual	Variance
Grand Total	99	120 Days	116 Day(s)	▼ -4 Day(s)
July	6	120 Days	15 Day(s)	▼ -105 Day(s)
August	9	120 Days	113 Day(s)	▼ -7 Day(s)
September	5	120 Days	1 Day(s)	▼ -119 Day(s)
October	21	120 Days	145 Day(s)	▲ 25 Day(s)
November	6	120 Days	7 Day(s)	▼ -113 Day(s)
December	5	120 Days	2 Day(s)	▼ -118 Day(s)
January	1	120 Days	1 Day(s)	▼ -119 Day(s)
February	3	120 Days	38 Day(s)	▼ -82 Day(s)
March	31	120 Days	154 Day(s)	▲ 34 Day(s)
April	4	120 Days	329 Day(s)	▲ 209 Day(s)
May	5	120 Days	215 Day(s)	▲ 95 Day(s)
June	3	120 Days	3 Day(s)	▼ -117 Day(s)

Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.



Dental Hygiene Board of California

Enforcement Performance Measure 3

Investigation for 2020

Quarterly and Monthly Reports

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q1

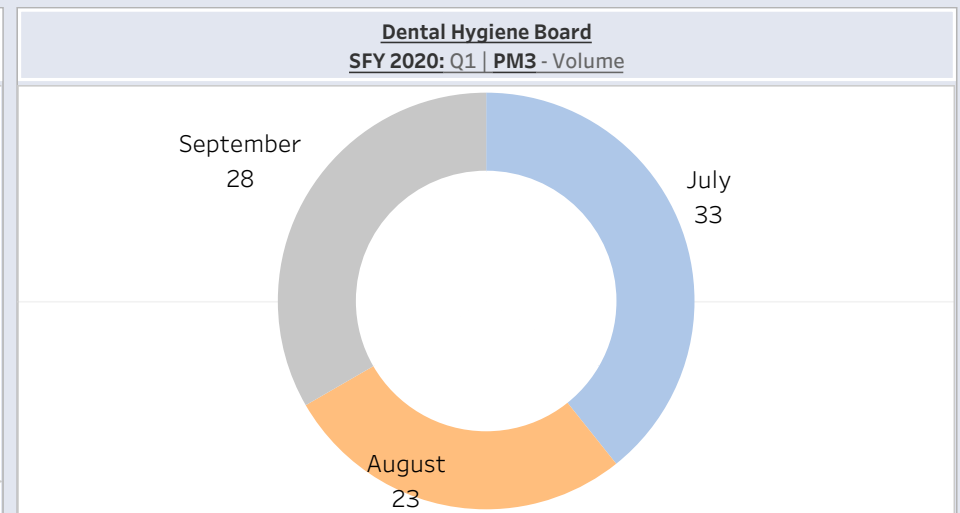
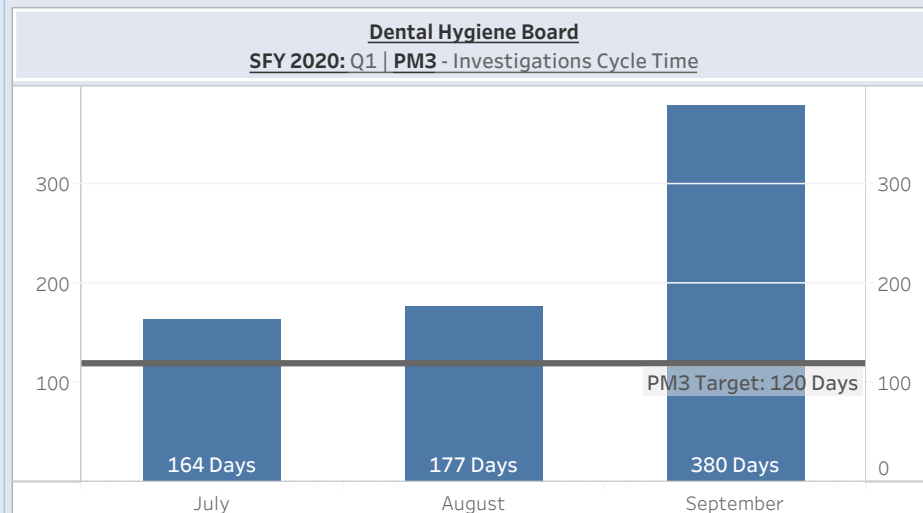
Cycle Time
Actual Target

Case Volume by Month
July August September

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Dental Hygiene Board PM3 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
84	120 Days	240 Day(s)	▲ 120 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q2

Cycle Time
Actual

Target

Case Volume by Month

October

November

December

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Dental Hygiene Board PM3 Performance Summary

Data last refreshed on 10/26/2022

Case Volume

50

Target

120 Days

Actual

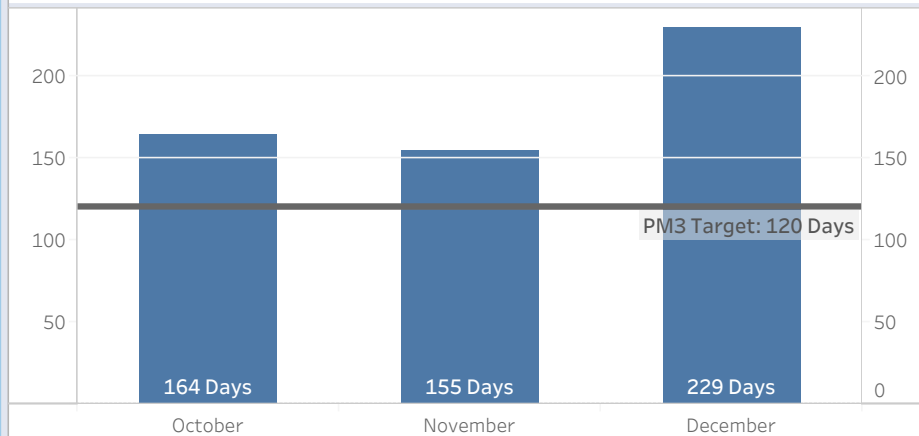
182 Day(s)

Variance

▲ 62 Day(s)

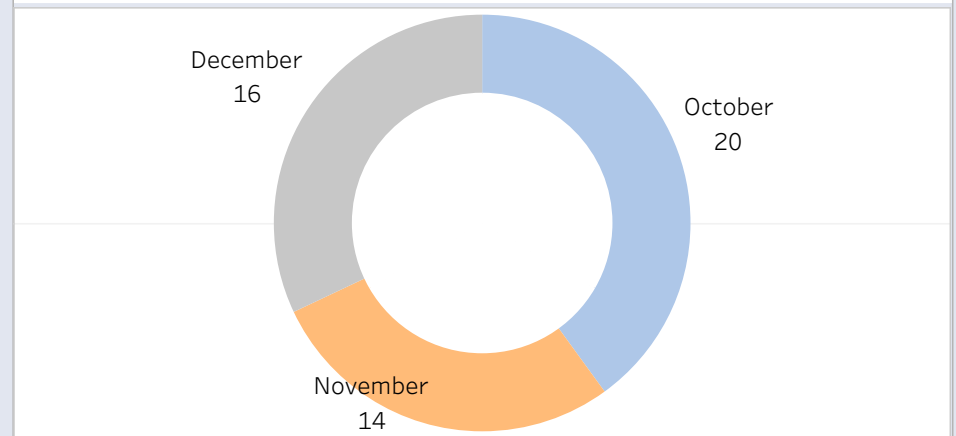
Dental Hygiene Board

SFY 2020: Q2 | PM3 - Investigations Cycle Time



Dental Hygiene Board

SFY 2020: Q2 | PM3 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q3

Cycle Time
Actual

Target

Case Volume by Month

January

February

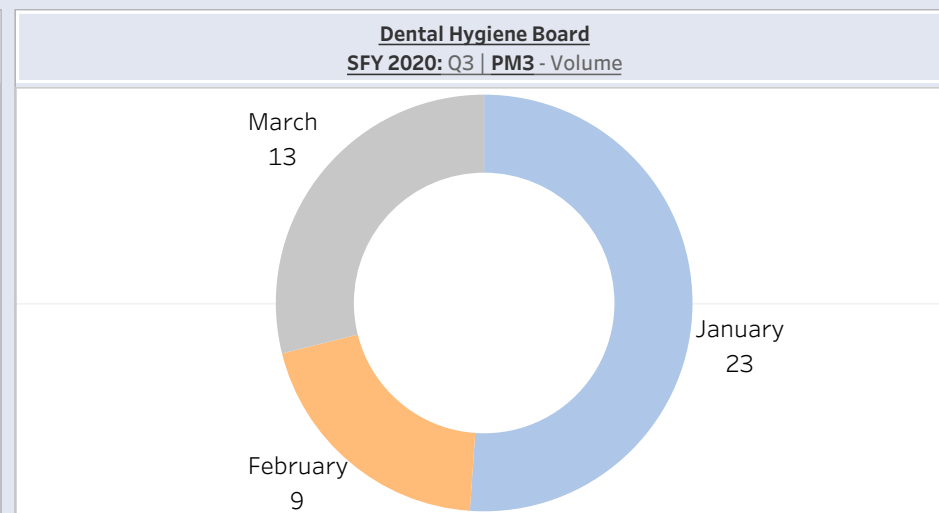
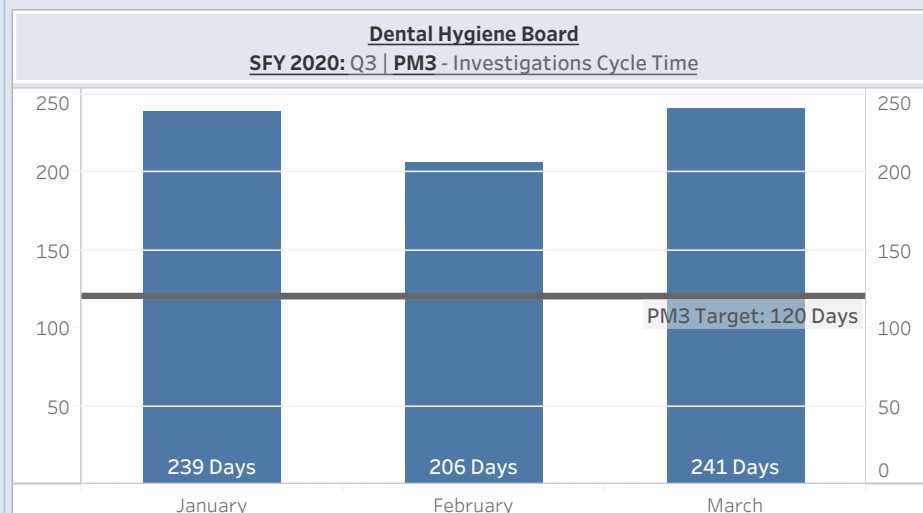
March

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Dental Hygiene Board PM3 Performance Summary

Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
45	120 Days	233 Day(s)	▲ 113 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q4

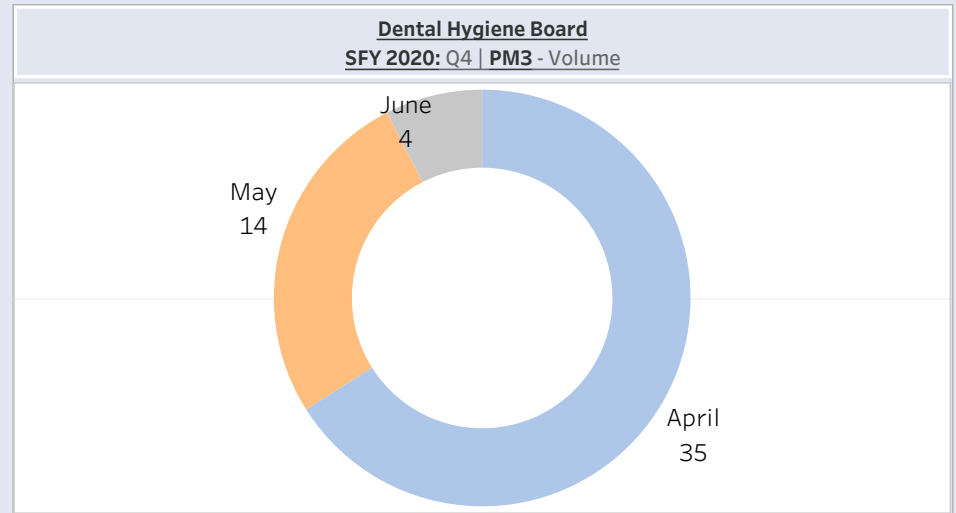
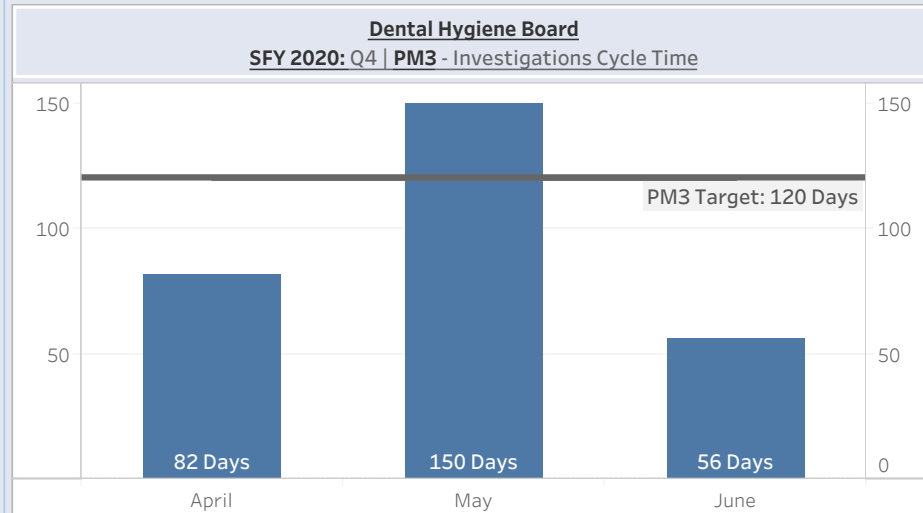
Cycle Time
☒ Actual ☐ Target

Case Volume by Month
☒ April ☐ May ☐ June

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Dental Hygiene Board PM3 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
53	120 Days	98 Day(s)	▼ -22 Day(s)



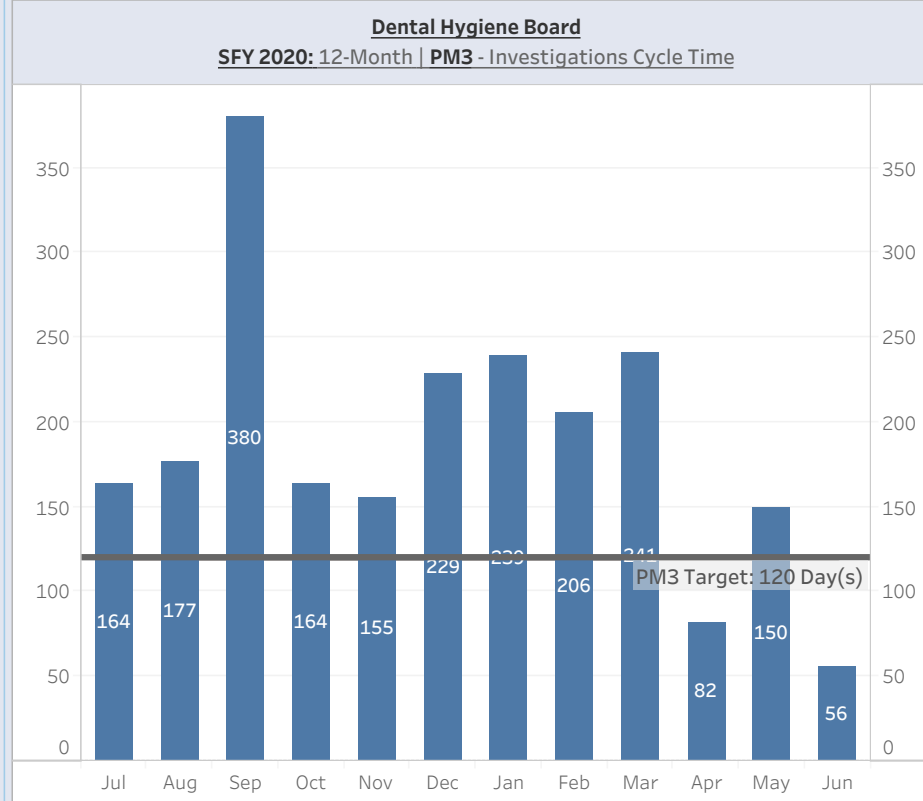
Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2020

Cycle Time
Actual Target

Performance versus Target
Above Target Below Target



Dental Hygiene Board				
SFY 2020: 12-Month PM3 - Summary				
	Case Volume	Avg. Target	Actual	Variance
Grand Total	232	120 Days	194 Day(s)	▲ 74 Day(s)
July	33	120 Days	164 Day(s)	▲ 44 Day(s)
August	23	120 Days	177 Day(s)	▲ 57 Day(s)
September	28	120 Days	380 Day(s)	▲ 260 Day(s)
October	20	120 Days	164 Day(s)	▲ 44 Day(s)
November	14	120 Days	155 Day(s)	▲ 35 Day(s)
December	16	120 Days	229 Day(s)	▲ 109 Day(s)
January	23	120 Days	239 Day(s)	▲ 119 Day(s)
February	9	120 Days	206 Day(s)	▲ 86 Day(s)
March	13	120 Days	241 Day(s)	▲ 121 Day(s)
April	35	120 Days	82 Day(s)	▼ -38 Day(s)
May	14	120 Days	150 Day(s)	▲ 30 Day(s)
June	4	120 Days	56 Day(s)	▼ -64 Day(s)

Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.



Dental Hygiene Board of California

Enforcement Performance Measure 3

Investigation for 2021

Quarterly and Monthly Reports

Cycle Time

Actual

Target

Case Volume by Month

July

August

September

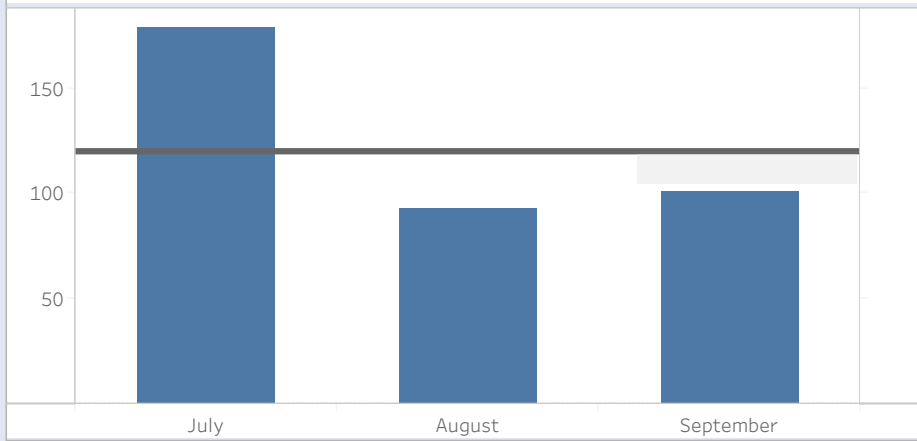
Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Dental Hygiene Board PM3 Performance Summary

Data last refreshed on 10/26/2022

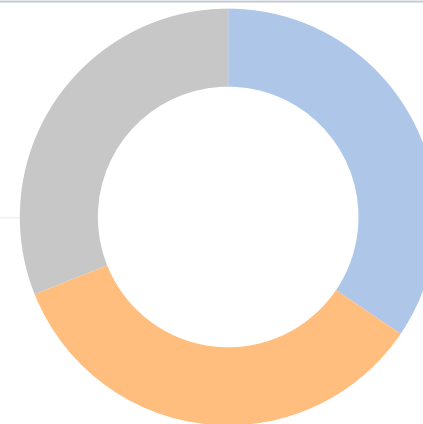
Dental Hygiene Board

SFY 2021: Q1 | PM3 - Investigations Cycle Time



Dental Hygiene Board

SFY 2021: Q1 | PM3 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2021

Select a Quarter
Q2

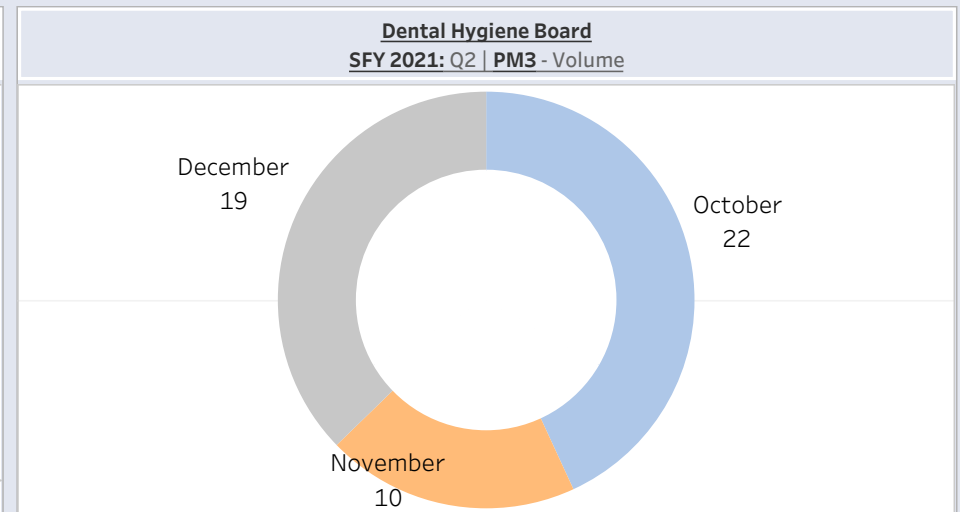
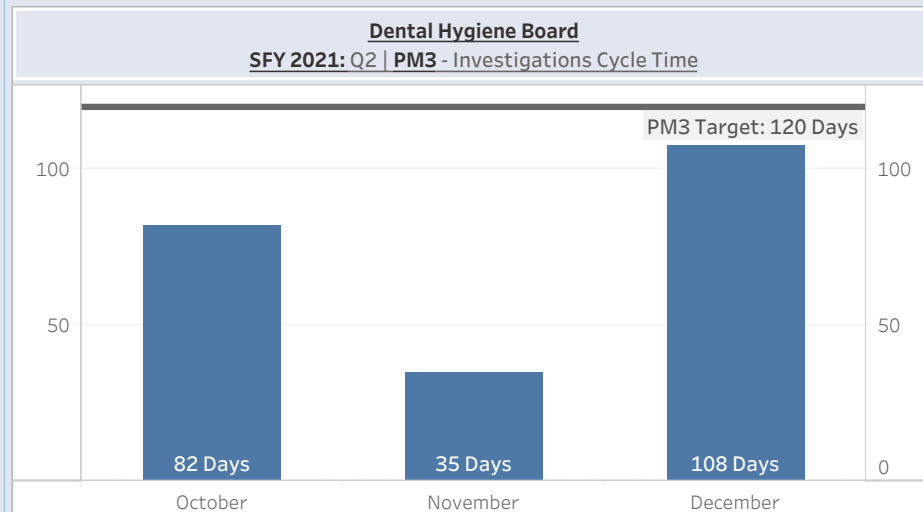
Cycle Time
☒ Actual ☐ Target

Case Volume by Month
☒ October ☐ November ☐ December

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Dental Hygiene Board PM3 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
51	120 Days	82 Day(s)	▼ -38 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2021

Select a Quarter
Q3

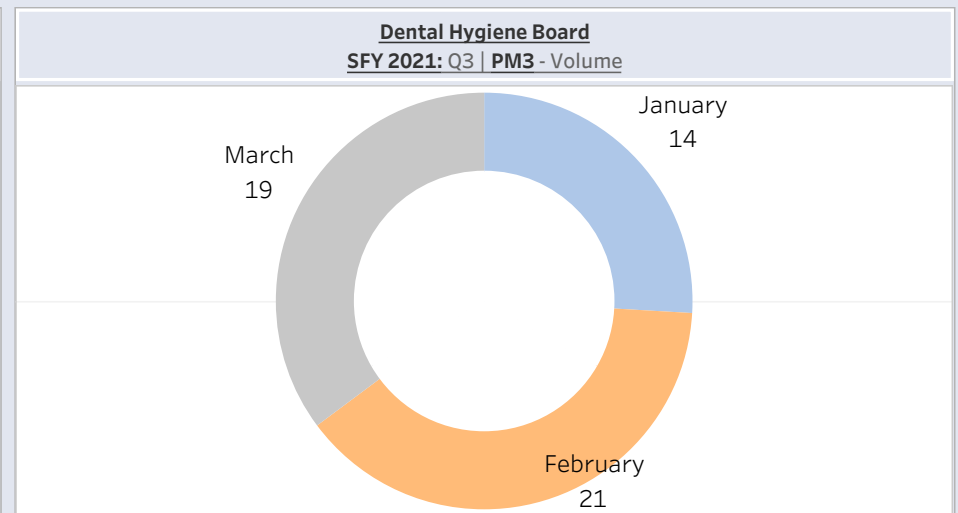
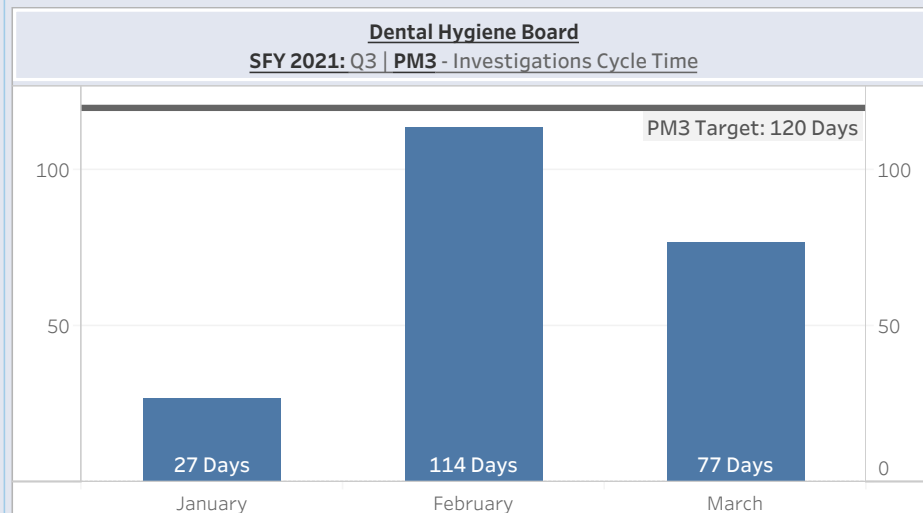
Cycle Time
☐ Actual ☐ Target

Case Volume by Month
☐ January ☐ February ☐ March

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Dental Hygiene Board PM3 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
54	120 Days	78 Day(s)	▼ -42 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2021

Select a Quarter
Q4

Cycle Time
Actual

Target

Case Volume by Month

April

May

June

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

Dental Hygiene Board PM3 Performance Summary

Data last refreshed on 10/26/2022

Case Volume

196

Target

120 Days

Actual

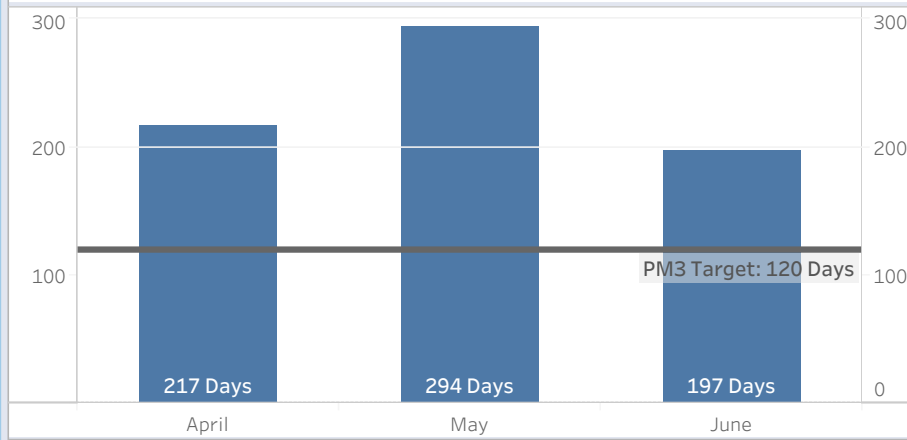
255 Day(s)

Variance

▲ 135 Day(s)

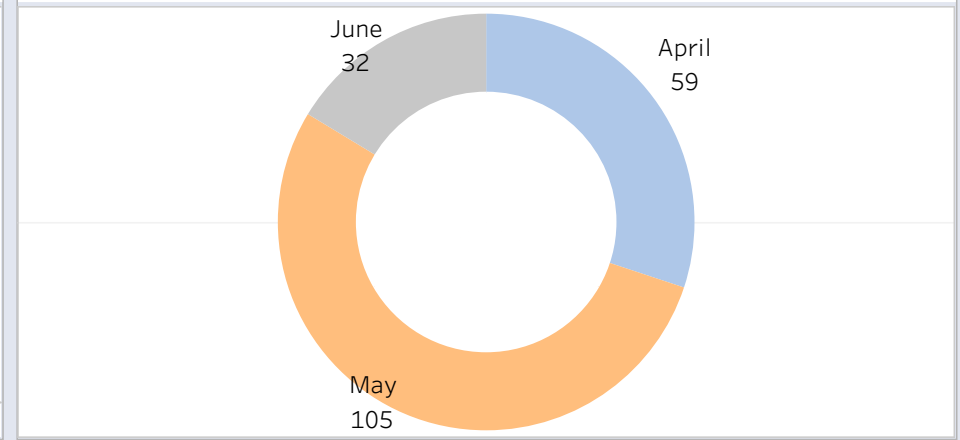
Dental Hygiene Board

SFY 2021: Q4 | PM3 - Investigations Cycle Time



Dental Hygiene Board

SFY 2021: Q4 | PM3 - Volume



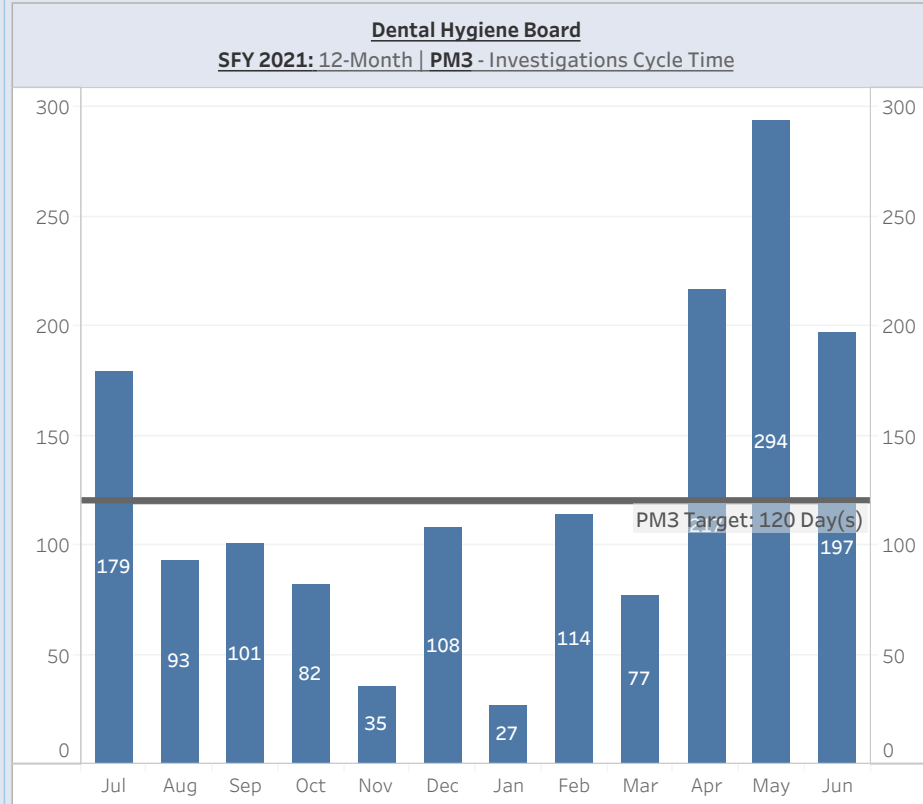
Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2021

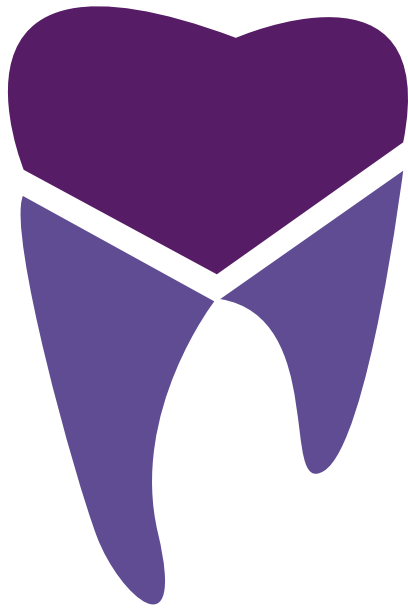
Cycle Time
Actual Target

Performance versus Target
Above Target Below Target



Dental Hygiene Board				
SFY 2021: 12-Month PM3 - Summary				
	Case Volume	Avg. Target	Actual	Variance
Grand Total	359	120 Days	183 Day(s)	▲ 63 Day(s)
July	20	120 Days	179 Day(s)	▲ 59 Day(s)
August	20	120 Days	93 Day(s)	▼ -27 Day(s)
September	18	120 Days	101 Day(s)	▼ -19 Day(s)
October	22	120 Days	82 Day(s)	▼ -38 Day(s)
November	10	120 Days	35 Day(s)	▼ -85 Day(s)
December	19	120 Days	108 Day(s)	▼ -12 Day(s)
January	14	120 Days	27 Day(s)	▼ -93 Day(s)
February	21	120 Days	114 Day(s)	▼ -6 Day(s)
March	19	120 Days	77 Day(s)	▼ -43 Day(s)
April	59	120 Days	217 Day(s)	▲ 97 Day(s)
May	105	120 Days	294 Day(s)	▲ 174 Day(s)
June	32	120 Days	197 Day(s)	▲ 77 Day(s)

Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.



DHBC

Dental Hygiene
Board of California

DHBC 2022/23 SUNSET REVIEW REPORT SECTION 13: ATTACHMENTS

PERFORMANCE MEASURE 4: FORMAL DISCIPLINE



Dental Hygiene Board of California

Enforcement Performance Measure 4

Formal Discipline for 2019

Quarterly and Monthly Reports

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q1

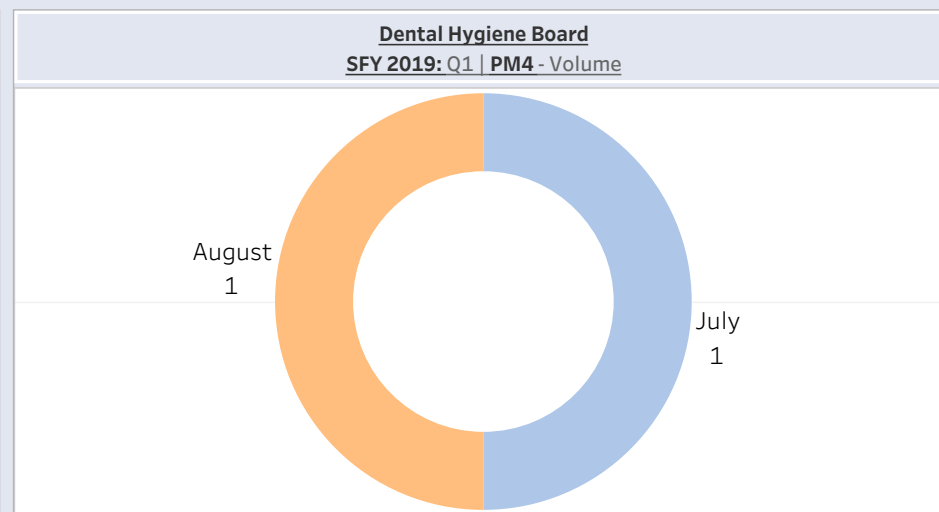
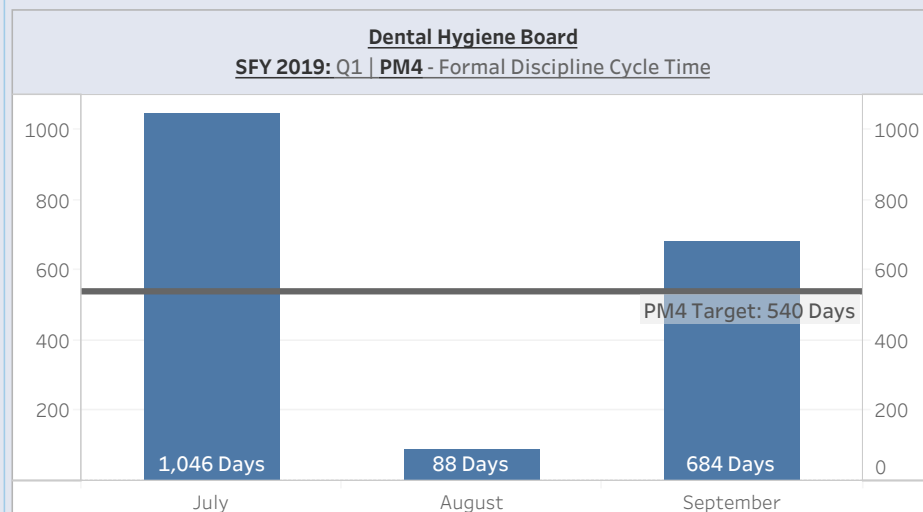
Cycle Time
☒ Actual ☐ Target

Case Volume by Month
☒ July ☐ August

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Dental Hygiene Board PM4 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
2	540 Days	567 Day(s)	▲ 27 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q2

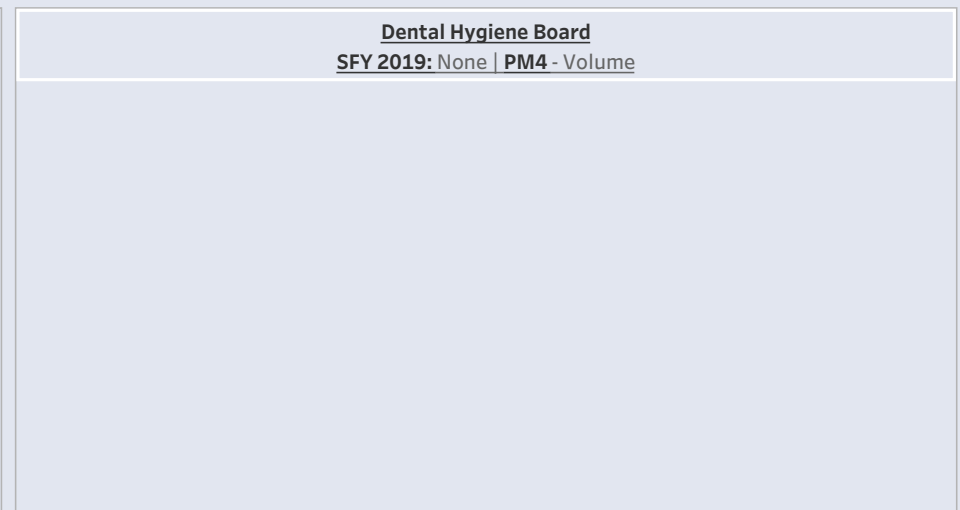
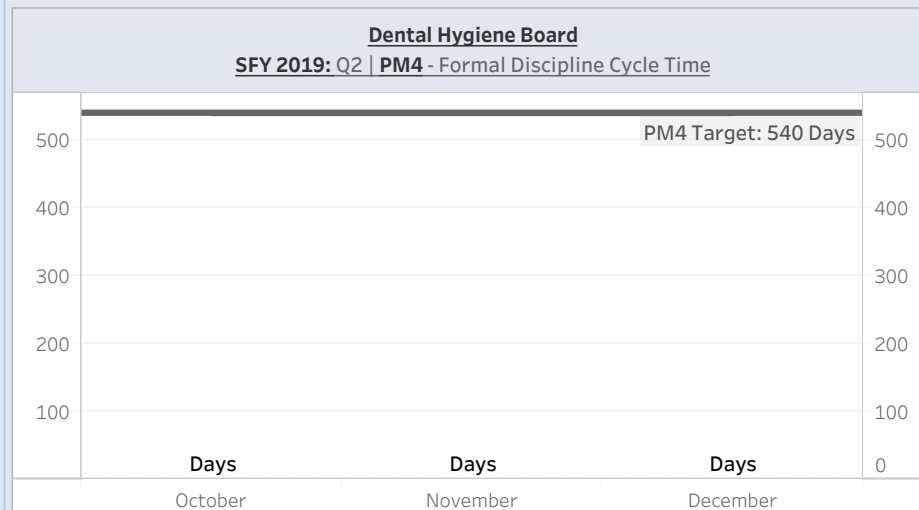
Cycle Time
☐ Actual ☐ Target

Case Volume by Month

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Dental Hygiene Board PM4 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
3	540 Days	Day(s)	▼ -540 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q3

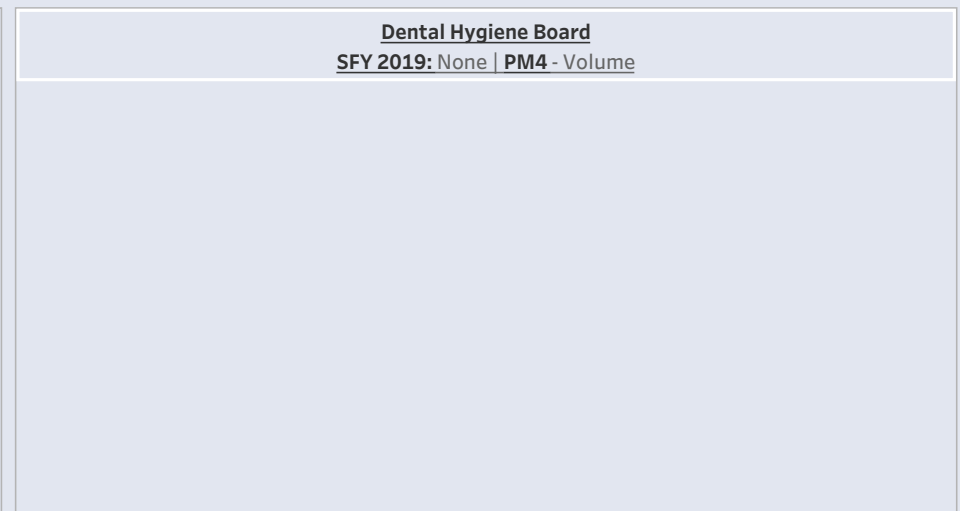
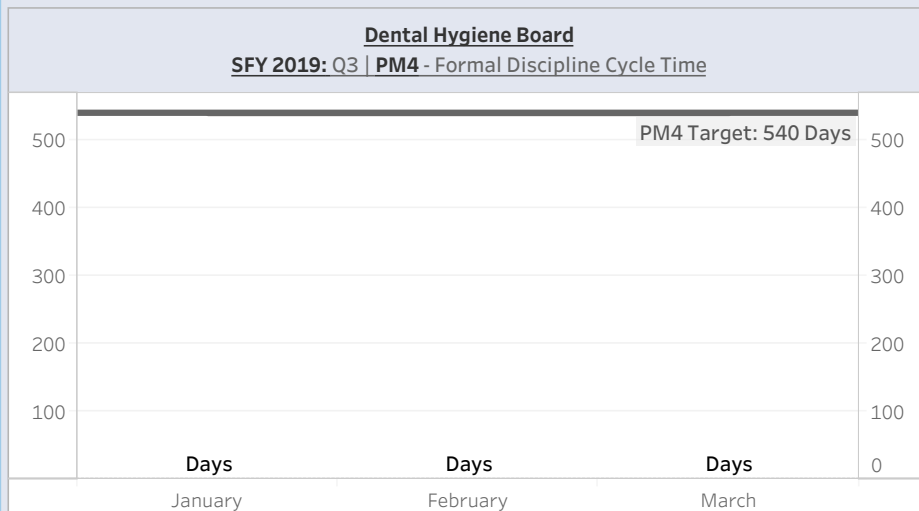
Cycle Time
☐ Actual ☐ Target

Case Volume by Month

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Dental Hygiene Board PM4 Performance Summary
Data not available

Case Volume	Target	Actual	Variance
0	540 Days		



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2019

Select a Quarter
Q4

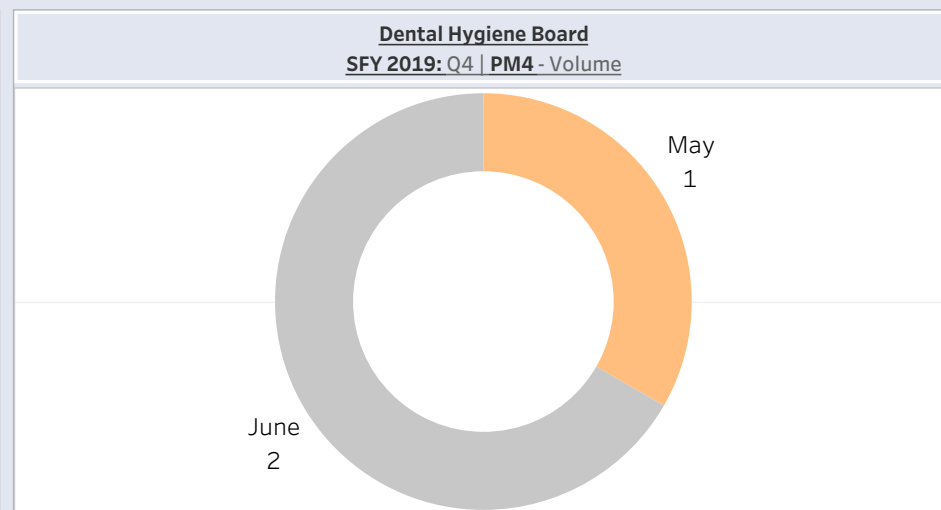
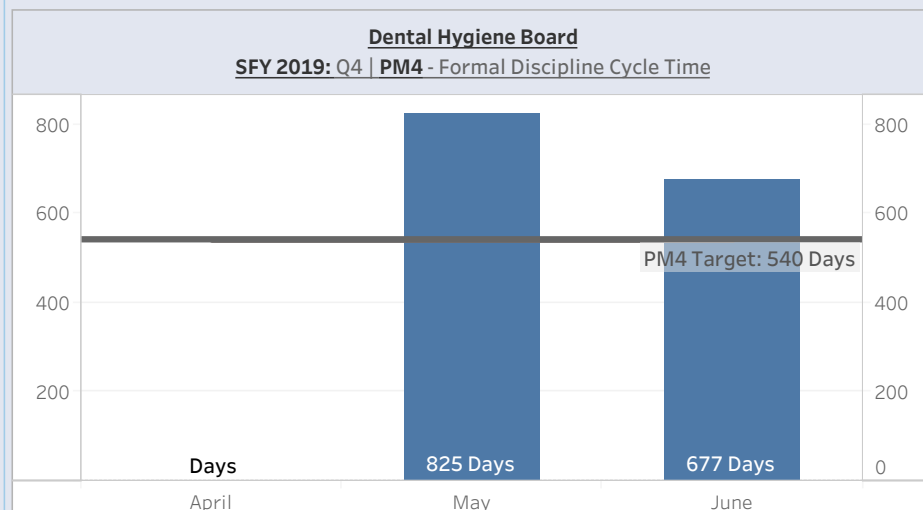
Cycle Time
☒ Actual ☐ Target

Case Volume by Month
☐ May ☐ June

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Dental Hygiene Board PM4 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
3	540 Days	726 Day(s)	▲ 186 Day(s)



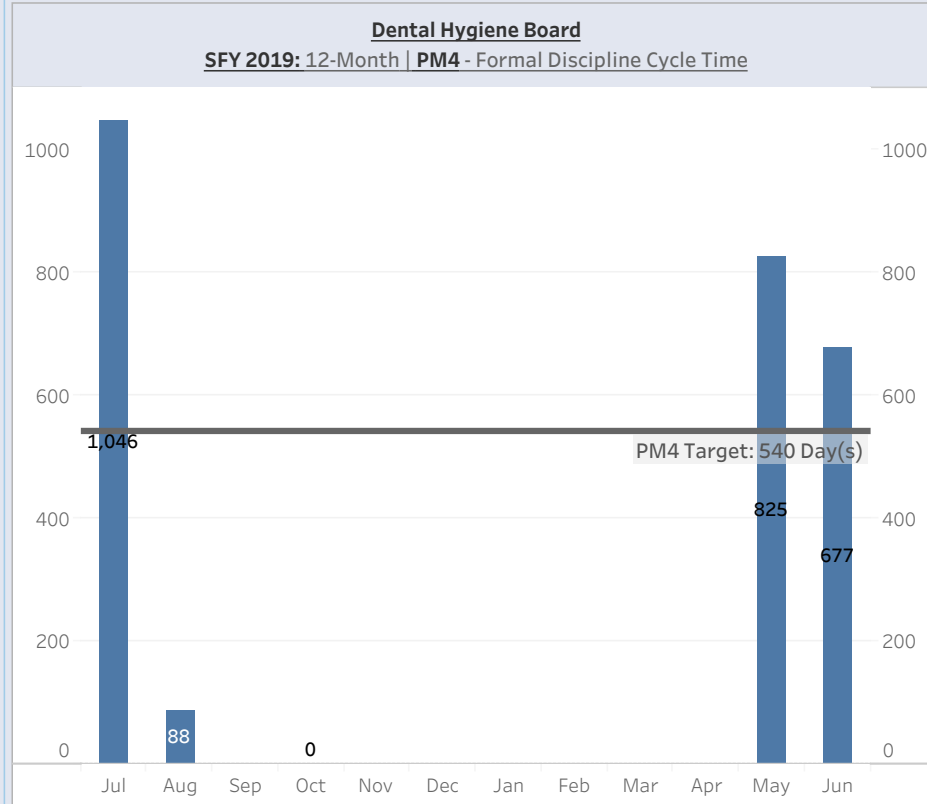
Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2019

Cycle Time
☐ Actual ☐ Target

Performance versus Target
☐ Above Target ☐ Below Target



Dental Hygiene Board				
SFY 2019: 12-Month PM4 - Summary				
	Case Volume	Target	Actual	Variance
Grand Total	8	540 Days	414 Day(s)	▼ -126 Day(s)
July	1	540 Days	1,046 Day(s)	▲ 506 Day(s)
August	1	540 Days	88 Day(s)	▼ -452 Day(s)
October	3	540 Days	Day(s)	▼ -540 Day(s)
May	1	540 Days	825 Day(s)	▲ 285 Day(s)
June	2	540 Days	677 Day(s)	▲ 137 Day(s)

Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.



Dental Hygiene Board of California

Enforcement Performance Measure 4

Formal Discipline for 2020

Quarterly and Monthly Reports

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q1

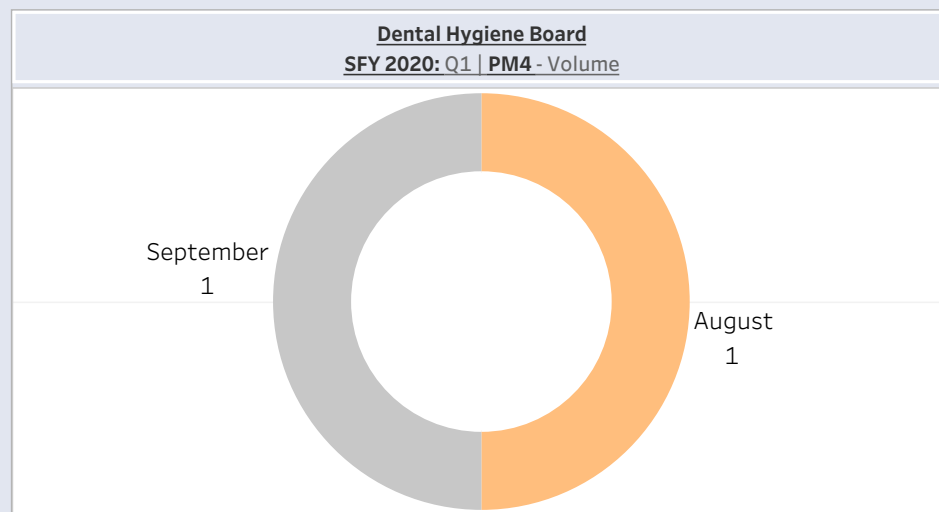
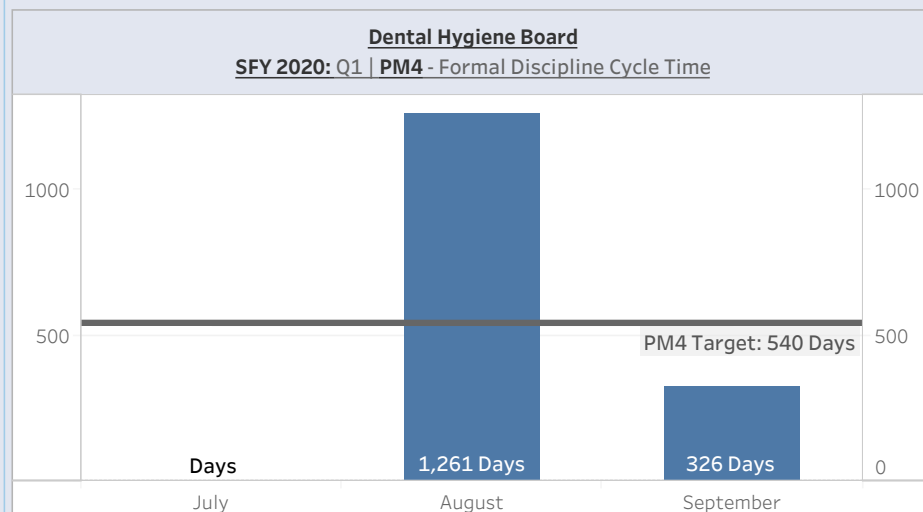
Cycle Time
☒ Actual ☐ Target

Case Volume by Month
☐ August ☐ September

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Dental Hygiene Board PM4 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
2	540 Days	794 Day(s)	▲ 254 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q2

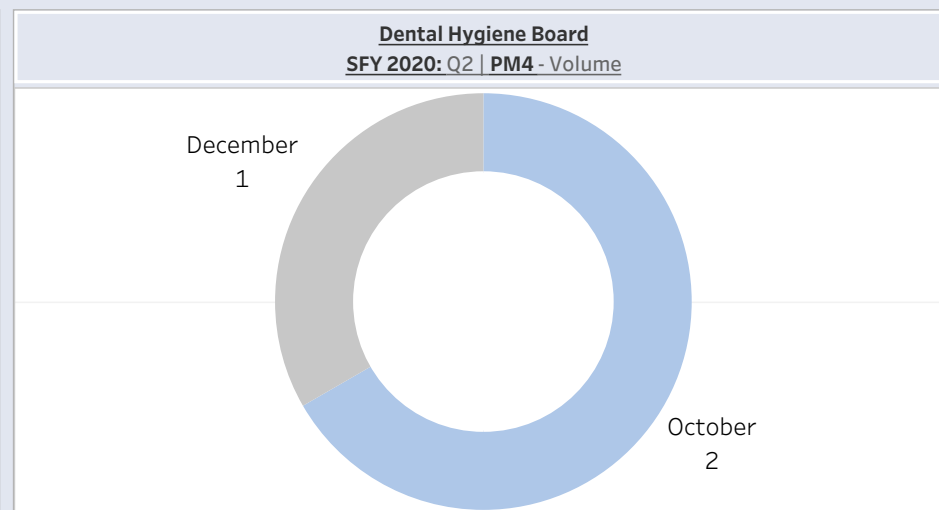
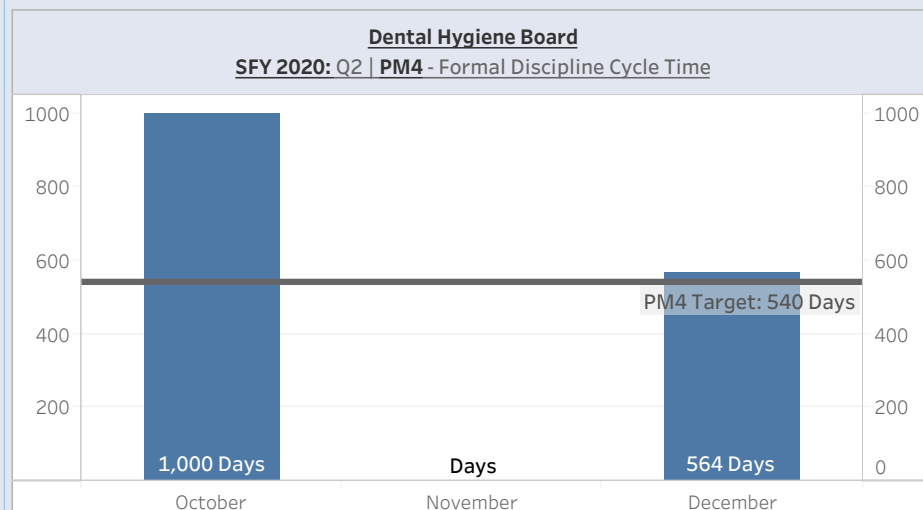
Cycle Time
☒ Actual ☐ Target

Case Volume by Month
☐ October ☐ December

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Dental Hygiene Board PM4 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
3	540 Days	855 Day(s)	▲ 315 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q3

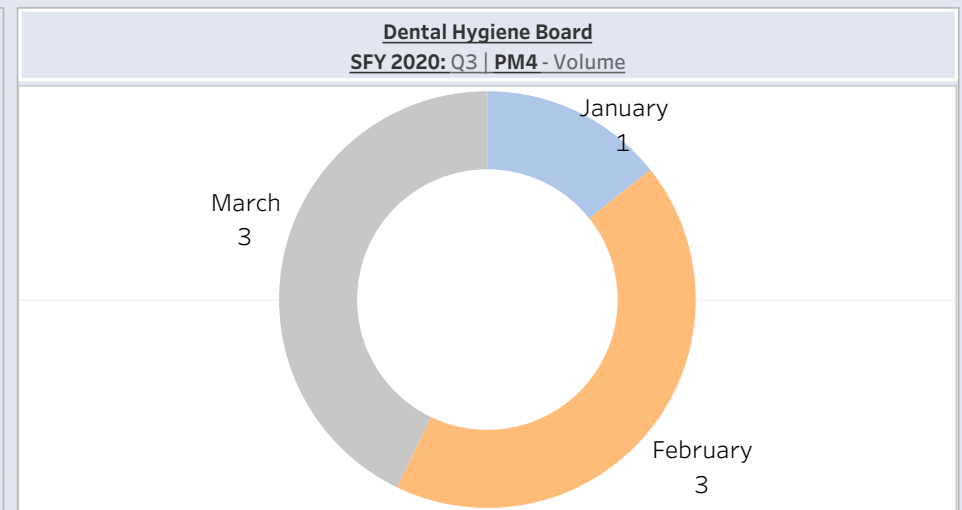
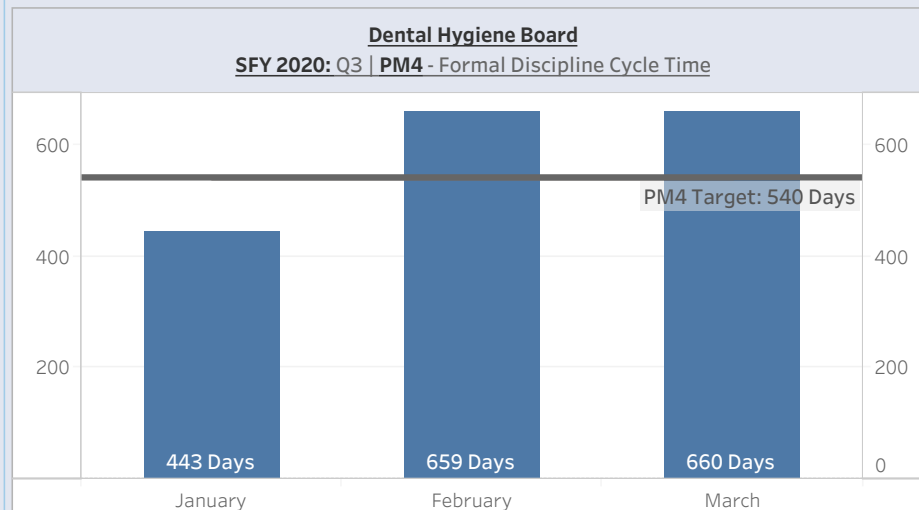
Cycle Time
☒ Actual ☐ Target

Case Volume by Month
☐ January ☐ February ☐ March

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Dental Hygiene Board PM4 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
7	540 Days	629 Day(s)	▲ 89 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2020

Select a Quarter
Q4

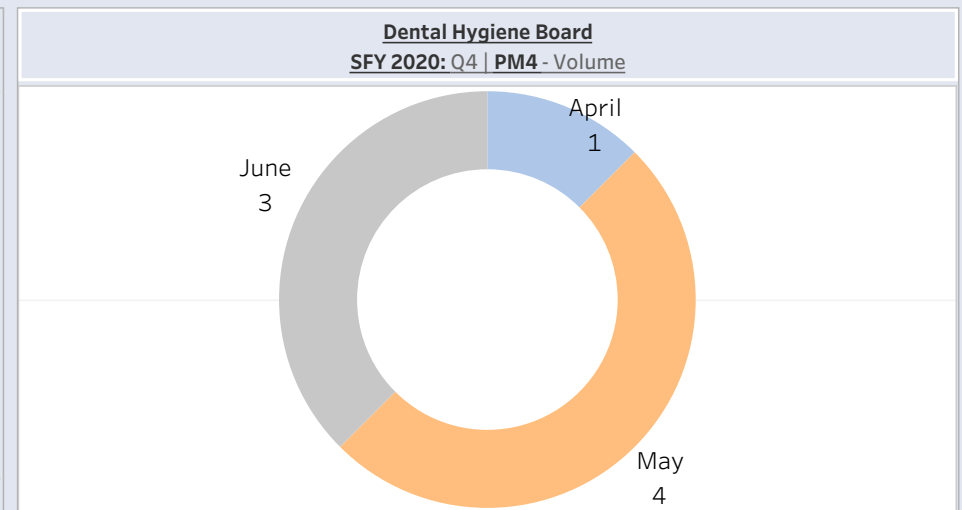
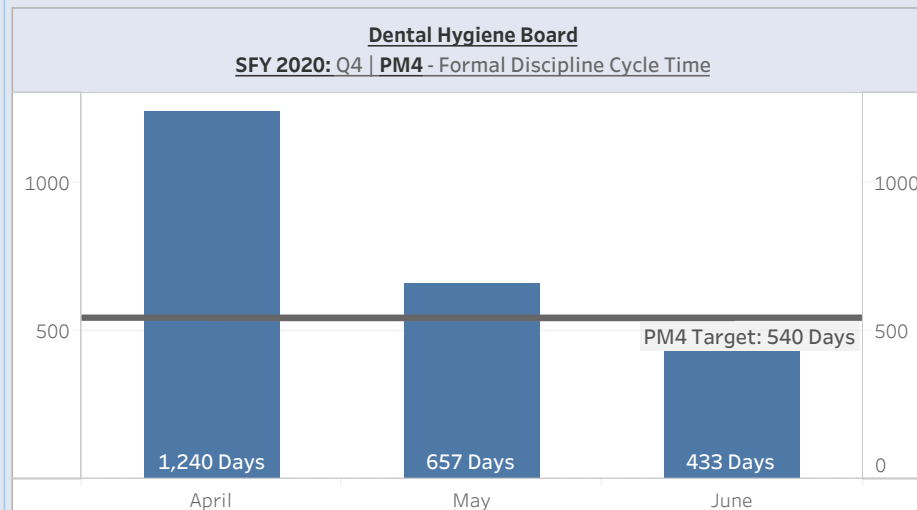
Cycle Time
☒ Actual ☐ Target

Case Volume by Month
☒ April ☐ May ☐ June

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Dental Hygiene Board PM4 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
8	540 Days	646 Day(s)	▲ 106 Day(s)



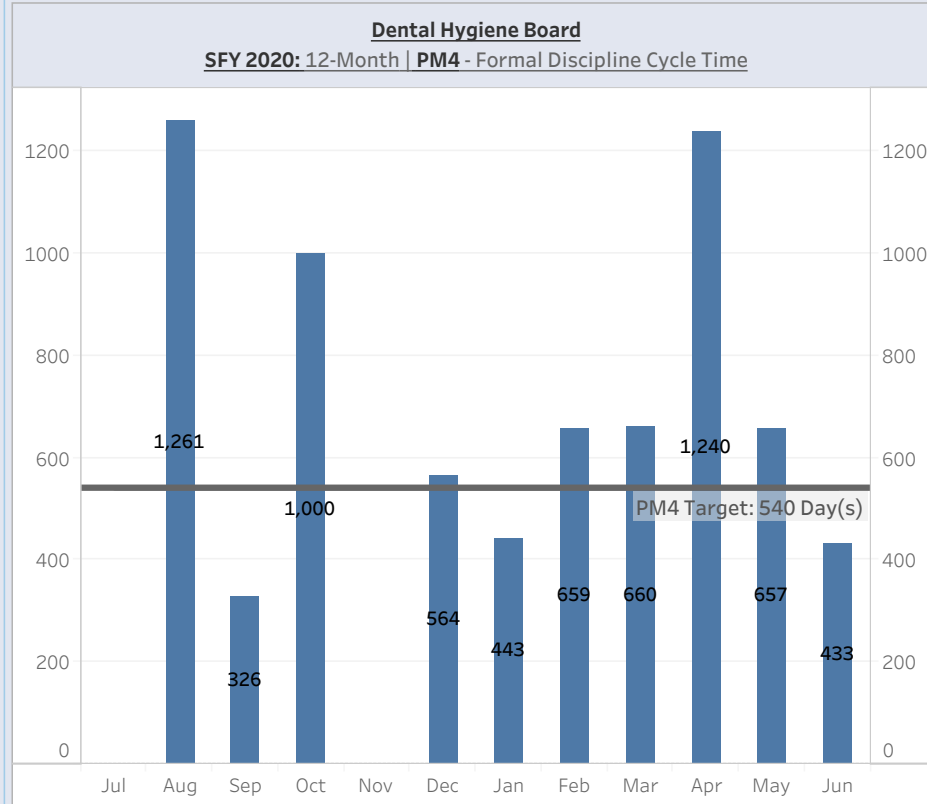
Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2020

Cycle Time
Actual Target

Performance versus Target
Above Target Below Target



Dental Hygiene Board				
SFY 2020: 12-Month PM4 - Summary				
	Case Volume	Target	Actual	Variance
Grand Total	20	540 Days	686 Day(s)	▲ 146 Day(s)
August	1	540 Days	1,261 Day(s)	▲ 721 Day(s)
September	1	540 Days	326 Day(s)	▼ -214 Day(s)
October	2	540 Days	1,000 Day(s)	▲ 460 Day(s)
December	1	540 Days	564 Day(s)	▲ 24 Day(s)
January	1	540 Days	443 Day(s)	▼ -97 Day(s)
February	3	540 Days	659 Day(s)	▲ 119 Day(s)
March	3	540 Days	660 Day(s)	▲ 120 Day(s)
April	1	540 Days	1,240 Day(s)	▲ 700 Day(s)
May	4	540 Days	657 Day(s)	▲ 117 Day(s)
June	3	540 Days	433 Day(s)	▼ -107 Day(s)

Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.



Dental Hygiene Board of California

Enforcement Performance Measure 4

Formal Discipline for 2021

Quarterly and Monthly Reports

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2021

Select a Quarter
Q1

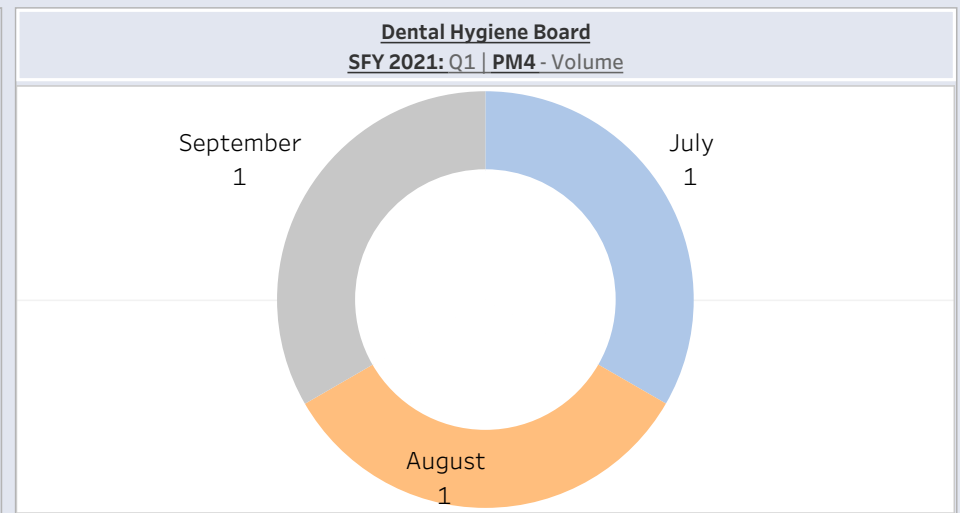
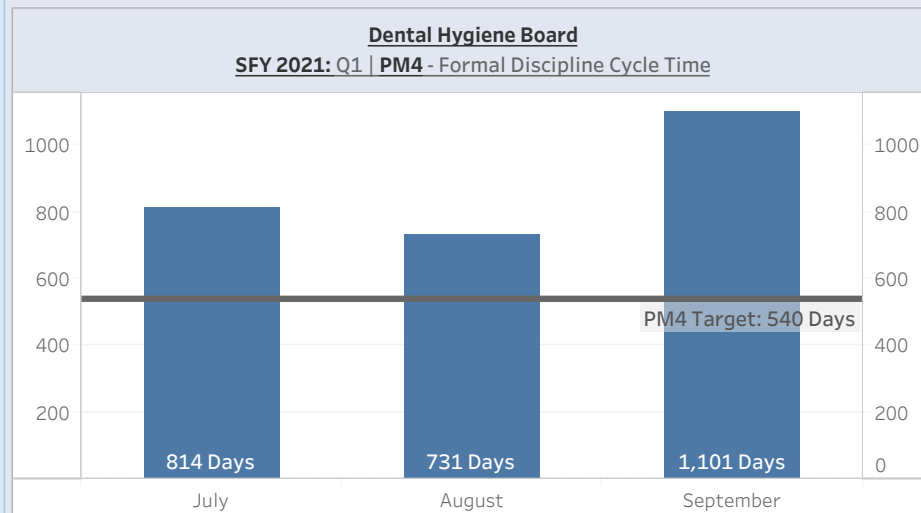
Cycle Time
☒ Actual ☐ Target

Case Volume by Month
☒ July ☐ August ☐ September

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Dental Hygiene Board PM4 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
3	540 Days	882 Day(s)	▲ 342 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Cycle Time

☒ Actual ☐ Target

Case Volume by Month

☒ October ☐ November ☐ December

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

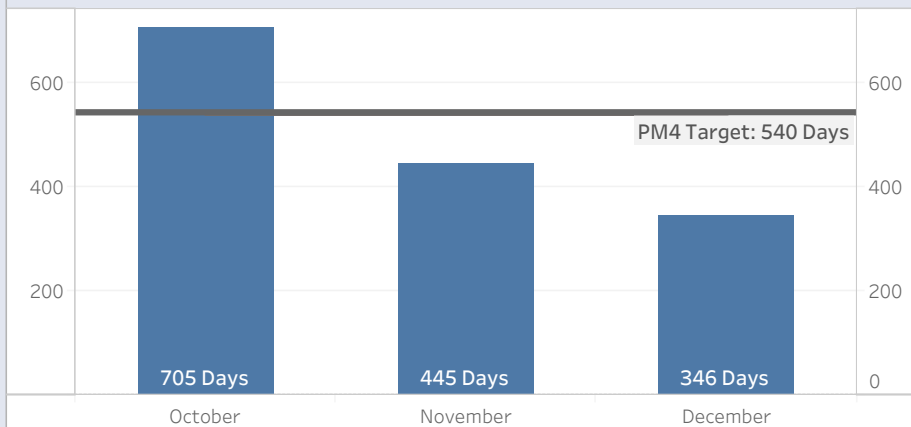
Dental Hygiene Board PM4 Performance Summary

Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
3	540 Days	499 Day(s)	▼ -41 Day(s)

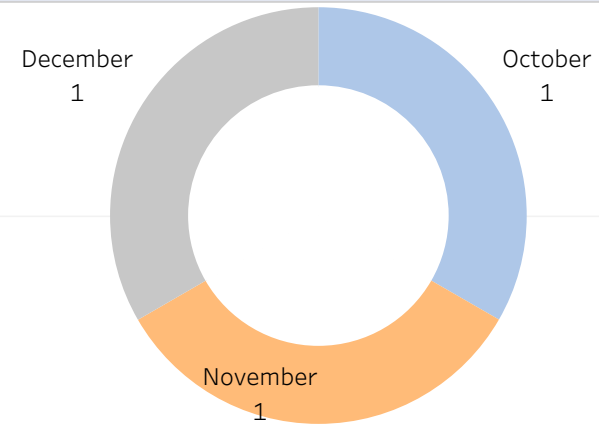
Dental Hygiene Board

SFY 2021: Q2 | PM4 - Formal Discipline Cycle Time



Dental Hygiene Board

SFY 2021: Q2 | PM4 - Volume



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2021

Select a Quarter
Q3

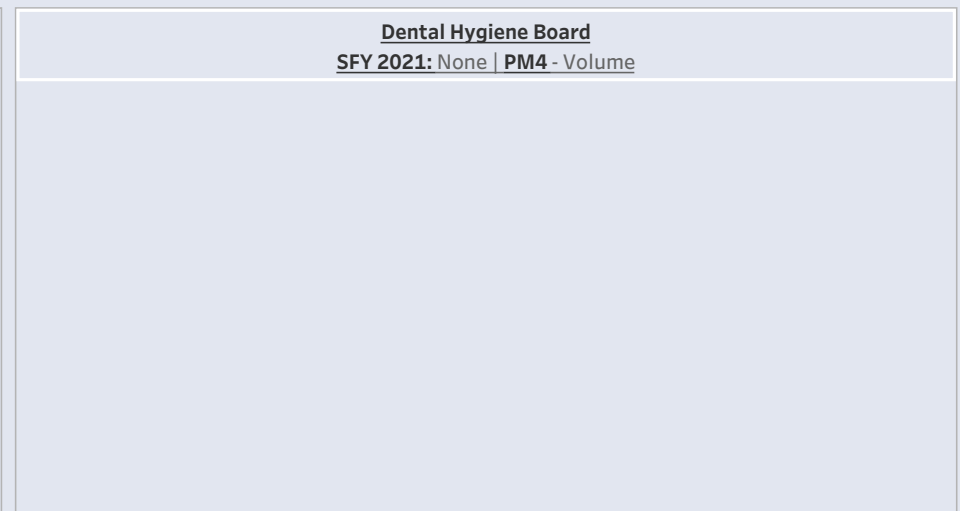
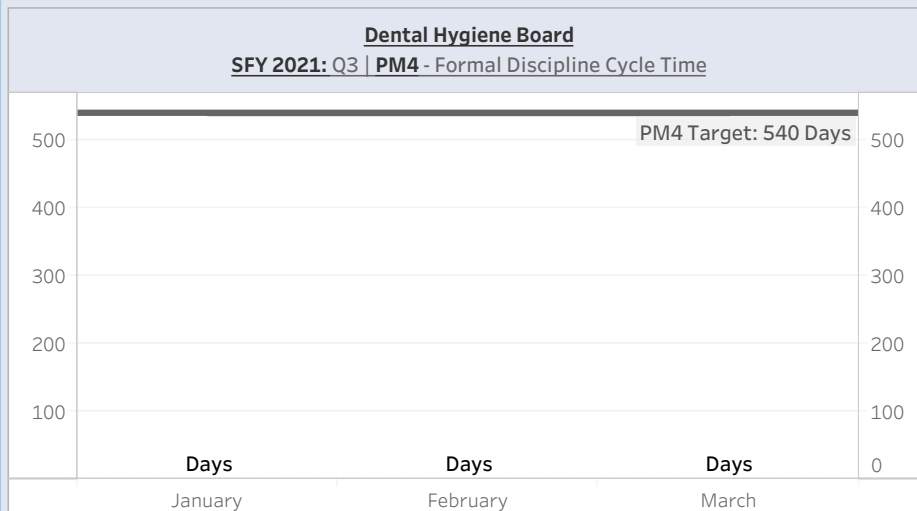
Cycle Time
☐ Actual ☐ Target

Case Volume by Month

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Dental Hygiene Board PM4 Performance Summary
Data not available

Case Volume	Target	Actual	Variance
0	540 Days		



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2021

Select a Quarter
Q4

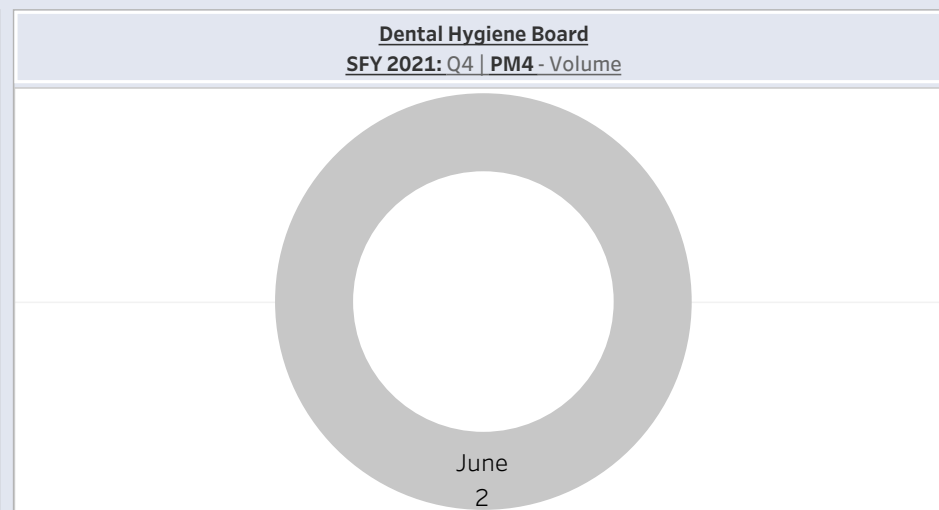
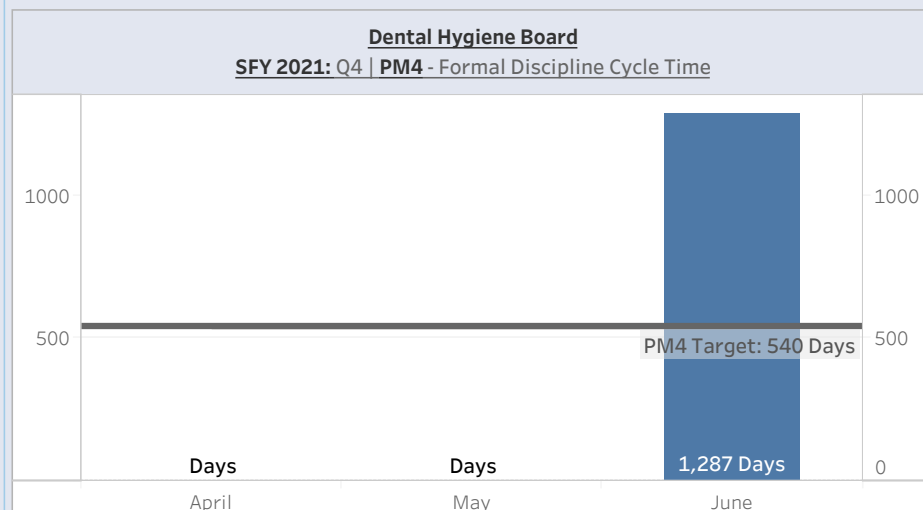
Cycle Time
☐ Actual ☐ Target

Case Volume by Month
☐ June

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Dental Hygiene Board PM4 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
2	540 Days	1,287 Day(s)	▲ 747 Day(s)



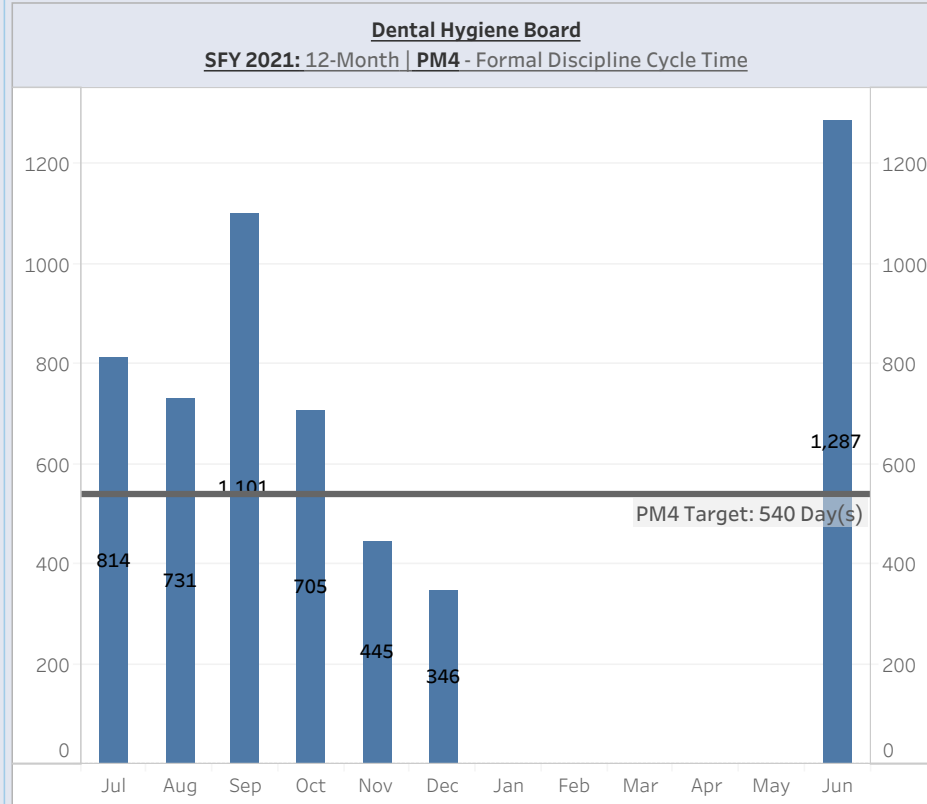
Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2021

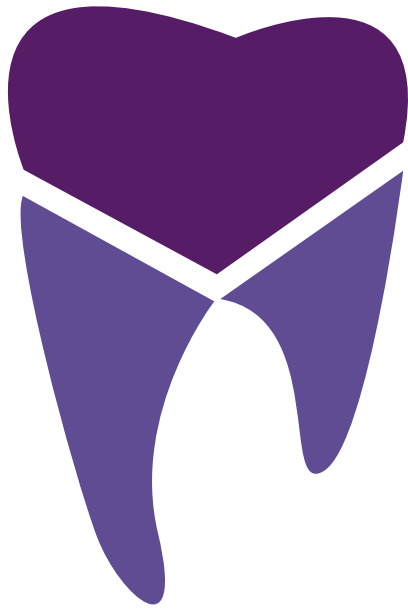
Cycle Time
Actual Target

Performance versus Target
Above Target Below Target



Dental Hygiene Board				
SFY 2021: 12-Month PM4 - Summary				
	Case Volume	Target	Actual	Variance
Grand Total	8	540 Days	840 Day(s)	▲ 300 Day(s)
July	1	540 Days	814 Day(s)	▲ 274 Day(s)
August	1	540 Days	731 Day(s)	▲ 191 Day(s)
September	1	540 Days	1,101 Day(s)	▲ 561 Day(s)
October	1	540 Days	705 Day(s)	▲ 165 Day(s)
November	1	540 Days	445 Day(s)	▼ -95 Day(s)
December	1	540 Days	346 Day(s)	▼ -194 Day(s)
June	2	540 Days	1,287 Day(s)	▲ 747 Day(s)

Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.



DHBC

Dental Hygiene
Board of California

DHBC 2022/23 SUNSET REVIEW REPORT SECTION 13: ATTACHMENTS

PERFORMANCE MEASURE 7: PROBATION



Dental Hygiene Board of California

Enforcement Performance Measure 7

Probation for 2019

Quarterly and Monthly Reports

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2019

Performance Measure
PM7

Select a Quarter
Q1

Cycle Time
☐ Actual ☐ Target

Case Volume by Month
☐ July ☐ August ☐ September

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

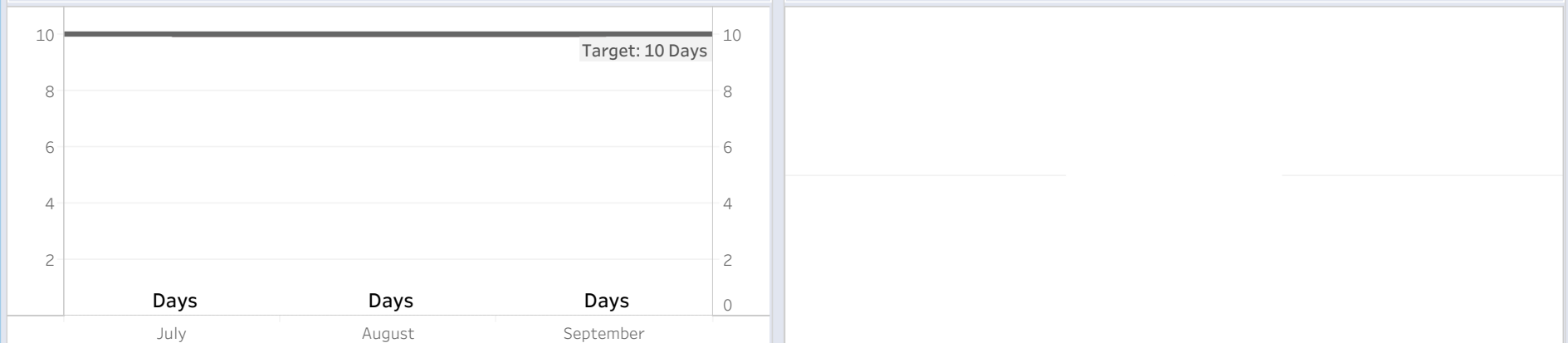
Dental Hygiene Board PM7 Performance Summary
Data not available

Case Volume	Target	Actual	Variance
0	10 Days		

Dental Hygiene Board
SFY 2019: Q1 - PM7: Probation Intake Cycle Time



Dental Hygiene Board
SFY 2019: Q1 -PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2019

Performance Measure
PM7

Select a Quarter
Q2

Cycle Time
☐ Actual ☐ Target

Case Volume by Month
☐ October ☐ November ☐ December

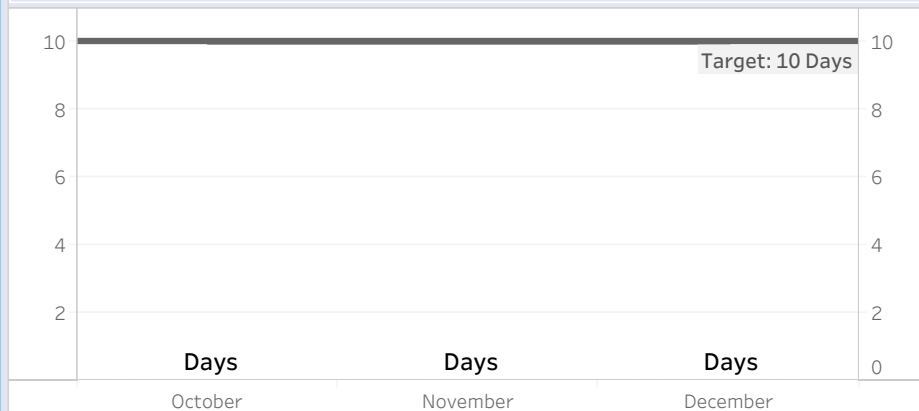
Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

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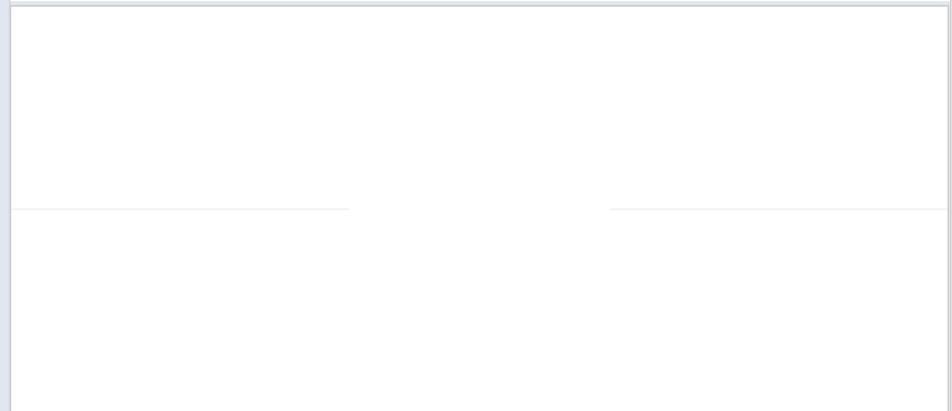
Dental Hygiene Board PM7 Performance Summary
Data not available

Case Volume	Target	Actual	Variance
0	10 Days		

Dental Hygiene Board
SFY 2019: Q2 - PM7: Probation Intake Cycle Time



Dental Hygiene Board
SFY 2019: Q2 -PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2019

Performance Measure
PM7

Select a Quarter
Q3

Cycle Time
☒ Actual ☐ Target

Case Volume by Month
☐ January ☐ February ☐ March

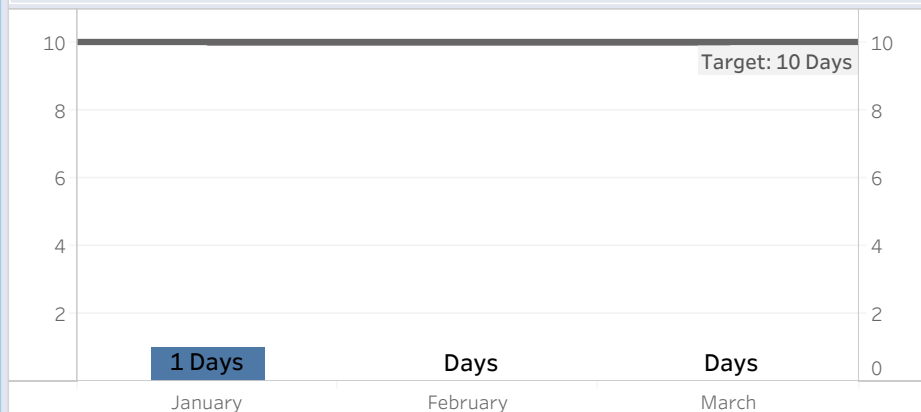
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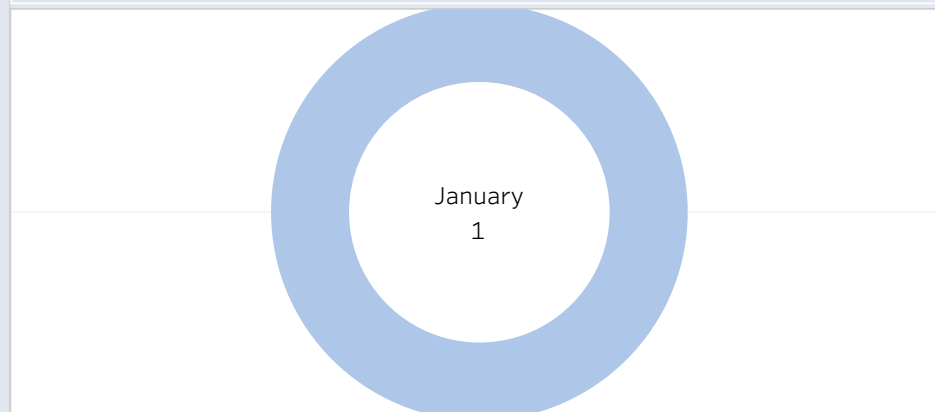
Dental Hygiene Board PM7 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
1	10 Days	1 Day(s)	▼ -9 Day(s)

Dental Hygiene Board
SFY 2019: Q3 - PM7: Probation Intake Cycle Time



Dental Hygiene Board
SFY 2019: Q3 - PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2019

Performance Measure
PM7

Select a Quarter
Q4

Cycle Time
☒ Actual ☐ Target

Case Volume by Month
☐ April ☐ May ☐ June

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

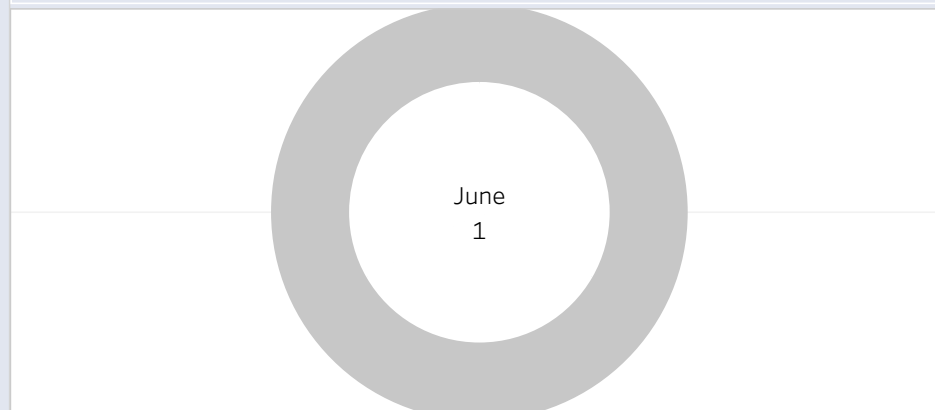
Dental Hygiene Board PM7 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
1	10 Days	1 Day(s)	▼ -9 Day(s)

Dental Hygiene Board
SFY 2019: Q4 - PM7: Probation Intake Cycle Time



Dental Hygiene Board
SFY 2019: Q4 - PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Cycle Time

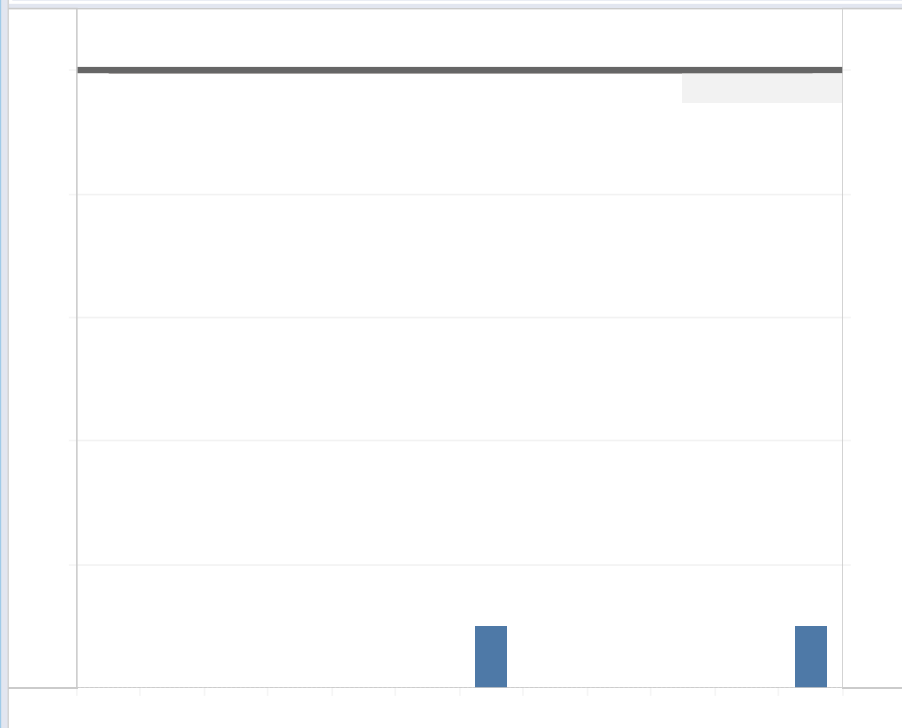
Actual Target

Performance versus Target

Below Target

Dental Hygiene Board

SFY 2019: 12-Month | PM7: Probation Intake Cycle Time



Dental Hygiene Board

SFY 2019: 12-Month | PM7: Summary

Grand Total				
August				
October				
December				
February				
April				
June				

Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.



Dental Hygiene Board of California

Enforcement Performance Measure 7

Probation for 2020

Quarterly and Monthly Reports

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2020

Performance Measure
PM7

Select a Quarter
Q1

Cycle Time
☒ Actual ☐ Target

Case Volume by Month
☐ July ☐ August ☐ September

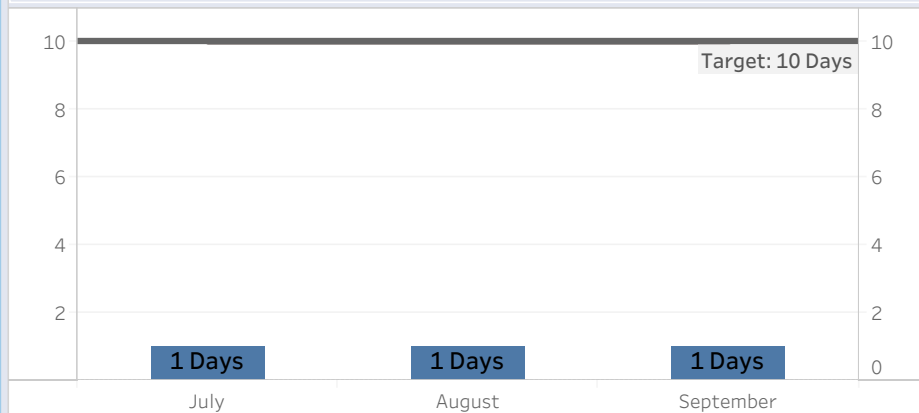
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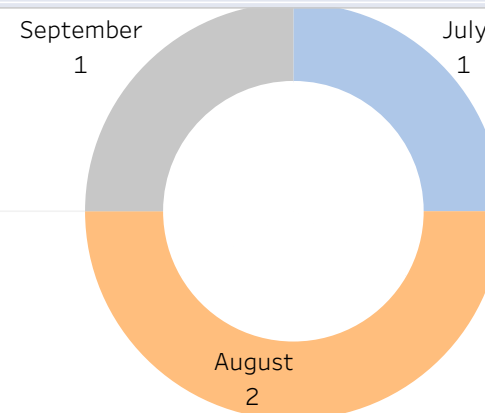
Dental Hygiene Board PM7 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
4	10 Days	1 Day(s)	▼ -9 Day(s)

Dental Hygiene Board
SFY 2020: Q1 - PM7: Probation Intake Cycle Time



Dental Hygiene Board
SFY 2020: Q1 - PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2020

Performance Measure
PM7

Select a Quarter
Q2

Cycle Time
☐ Actual ☐ Target

Case Volume by Month
☐ October ☐ November ☐ December

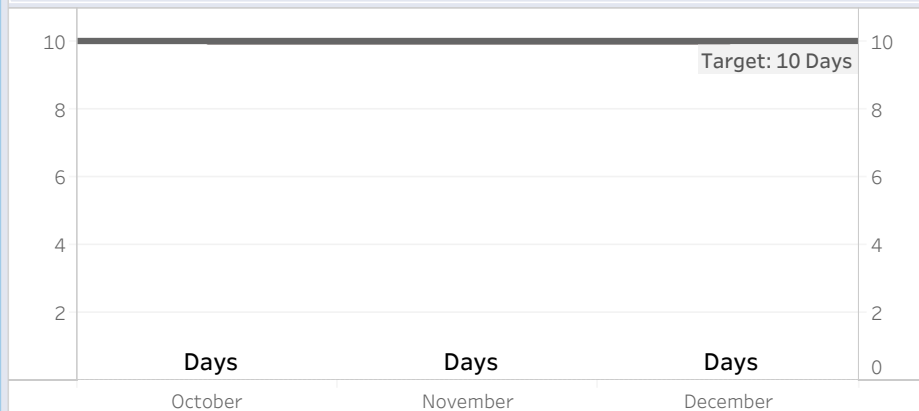
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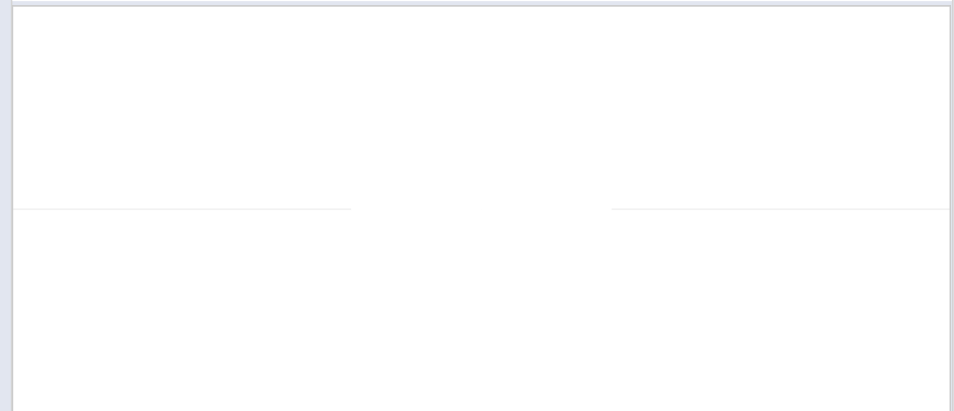
Dental Hygiene Board PM7 Performance Summary
Data not available

Case Volume	Target	Actual	Variance
0	10 Days		

Dental Hygiene Board
SFY 2020: Q2 - PM7: Probation Intake Cycle Time



Dental Hygiene Board
SFY 2020: Q2 - PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2020

Performance Measure
PM7

Select a Quarter
Q3

Cycle Time
☒ Actual ☐ Target

Case Volume by Month
☐ January ☐ February ☐ March

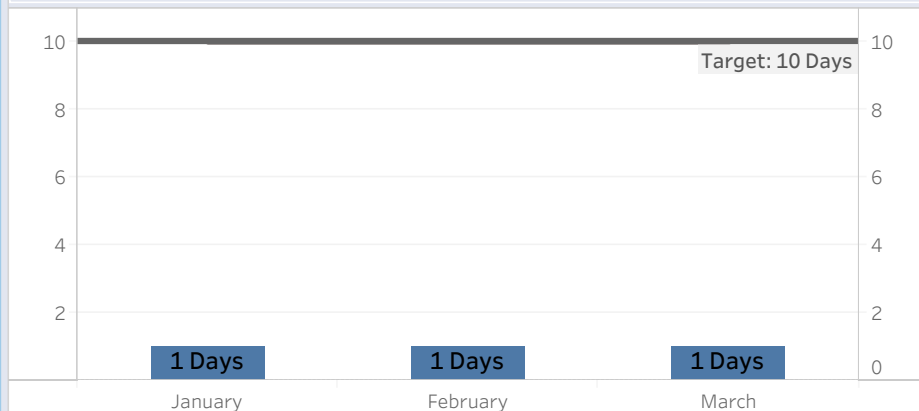
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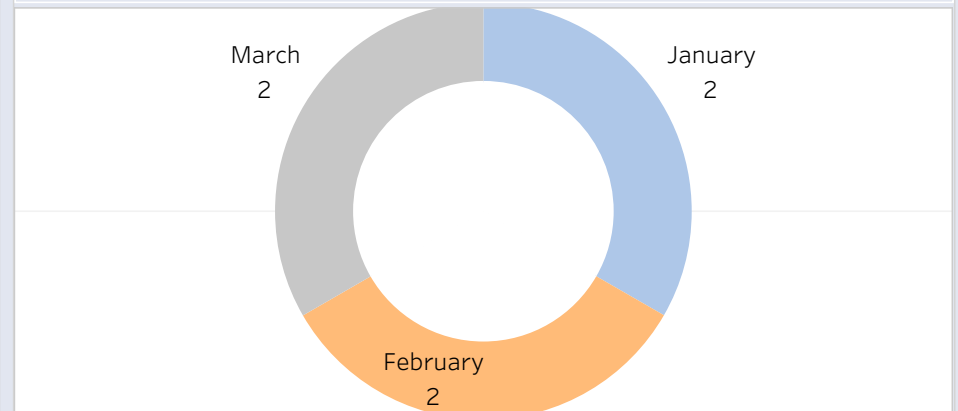
Dental Hygiene Board PM7 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
6	10 Days	1 Day(s)	▼ -9 Day(s)

Dental Hygiene Board
SFY 2020: Q3 - PM7: Probation Intake Cycle Time



Dental Hygiene Board
SFY 2020: Q3 - PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2020

Performance Measure
PM7

Select a Quarter
Q4

Cycle Time
☒ Actual ☐ Target

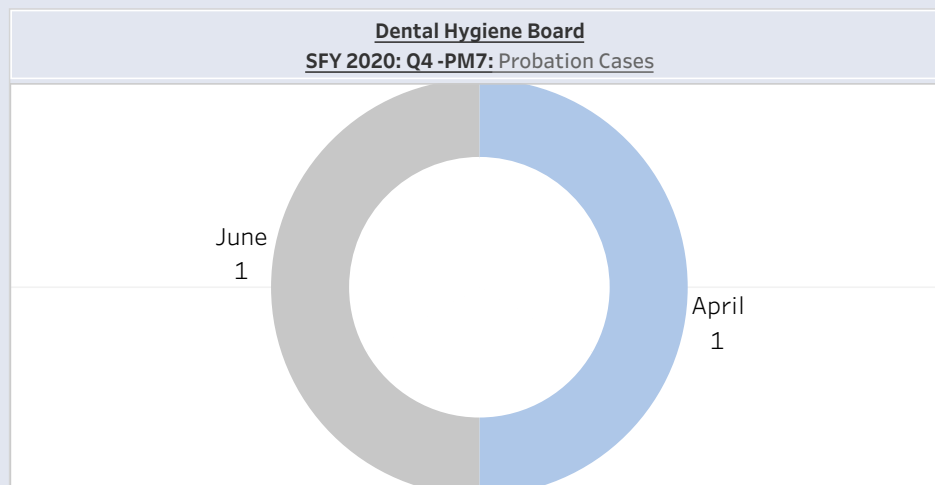
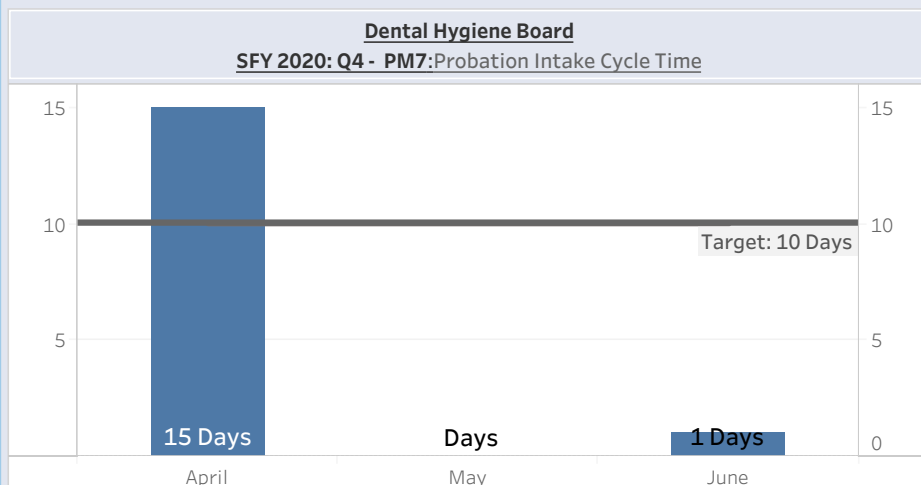
Case Volume by Month
☐ April ☐ May ☐ June

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Dental Hygiene Board PM7 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
2	10 Days	8 Day(s)	▼ -2 Day(s)



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

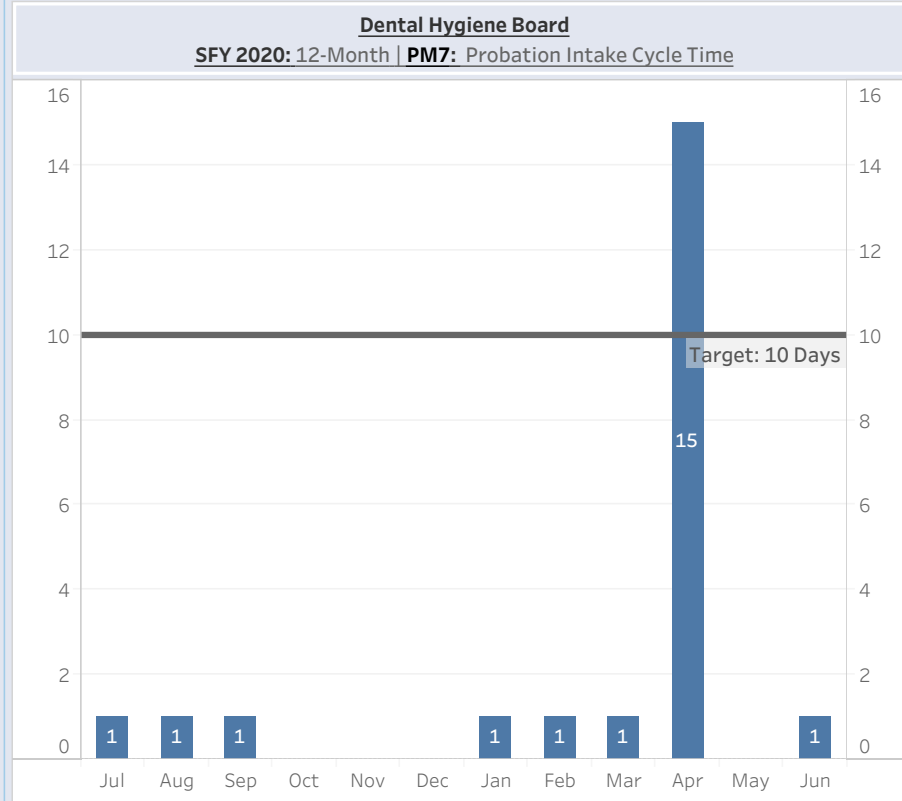
Select a Board/Bureau
Dental Hygiene Board

Select a Fiscal Year
SFY 2020

Performance Measure
PM7

Cycle Time
Actual Target

Performance versus Target
Above Target Below Target



Dental Hygiene Board				
SFY 2020: 12-Month PM7: Summary				
	Case Volume	Avg. Target	Actual	Variance
Grand Total	12	10 Days	2 Day(s)	▼ -8 Day(s)
July	1	10 Days	1 Day(s)	▼ -9 Day(s)
August	2	10 Days	1 Day(s)	▼ -9 Day(s)
September	1	10 Days	1 Day(s)	▼ -9 Day(s)
October				
November				
December				
January	2	10 Days	1 Day(s)	▼ -9 Day(s)
February	2	10 Days	1 Day(s)	▼ -9 Day(s)
March	2	10 Days	1 Day(s)	▼ -9 Day(s)
April	1	10 Days	15 Day(s)	▲ 5 Day(s)
May				
June	1	10 Days	1 Day(s)	▼ -9 Day(s)

Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.



Dental Hygiene Board of California

Enforcement Performance Measure 7

Probation for 2021

Quarterly and Monthly Reports

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2021

Performance Measure
PM7

Select a Quarter
Q1

Cycle Time
☐ Actual ☐ Target

Case Volume by Month
☐ July ☐ August ☐ September

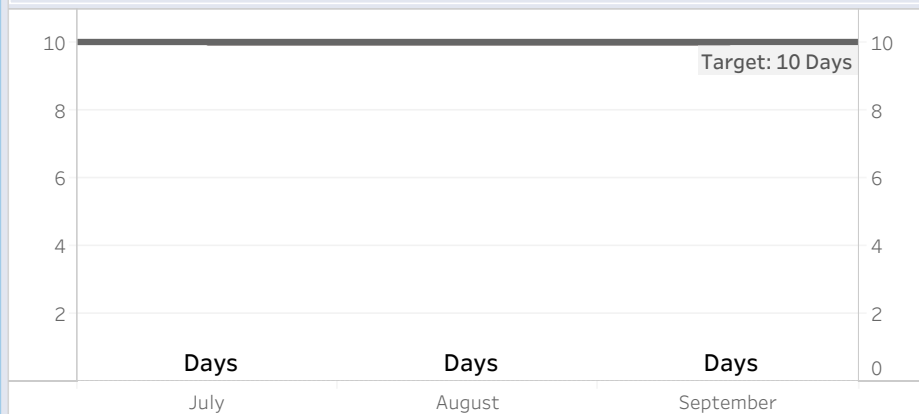
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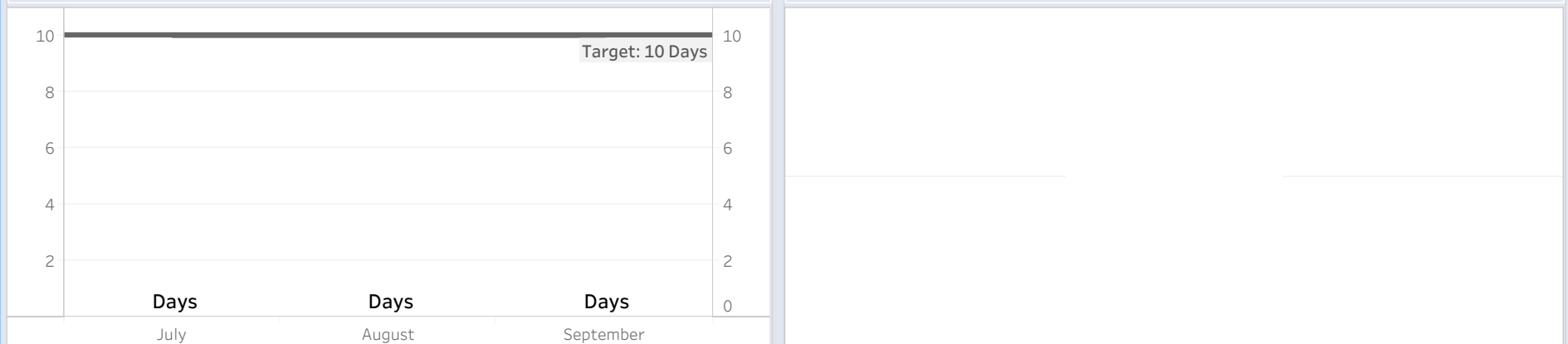
Dental Hygiene Board PM7 Performance Summary
Data not available

Case Volume	Target	Actual	Variance
0	10 Days		

Dental Hygiene Board
SFY 2021: Q1 - PM7: Probation Intake Cycle Time



Dental Hygiene Board
SFY 2021: Q1 - PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2021

Performance Measure
PM7

Select a Quarter
Q2

Cycle Time
☒ Actual ☐ Target

Case Volume by Month
☐ October ☐ November ☐ December

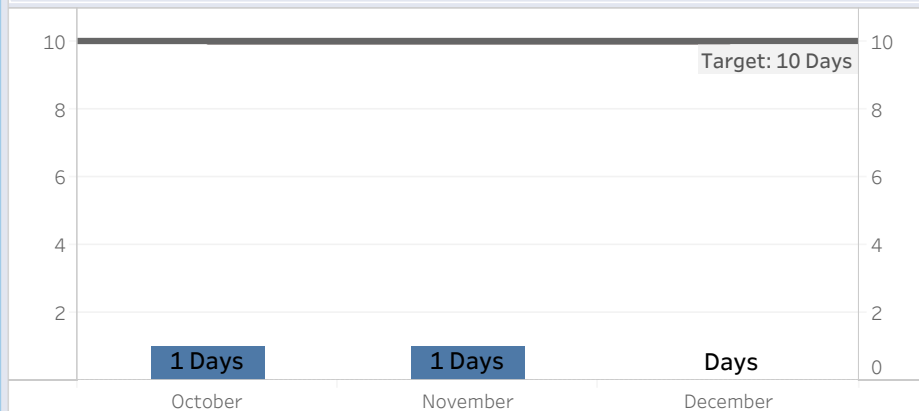
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Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

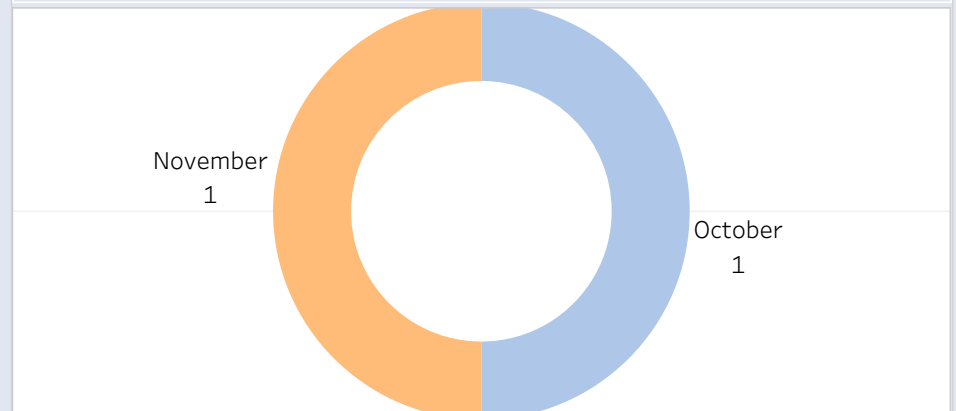
Dental Hygiene Board PM7 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
2	10 Days	1 Day(s)	▼ -9 Day(s)

Dental Hygiene Board
SFY 2021: Q2 - PM7: Probation Intake Cycle Time



Dental Hygiene Board
SFY 2021: Q2 - PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2021

Performance Measure
PM7

Select a Quarter
Q3

Cycle Time
☒ Actual ☐ Target

Case Volume by Month
☐ January ☐ February ☐ March

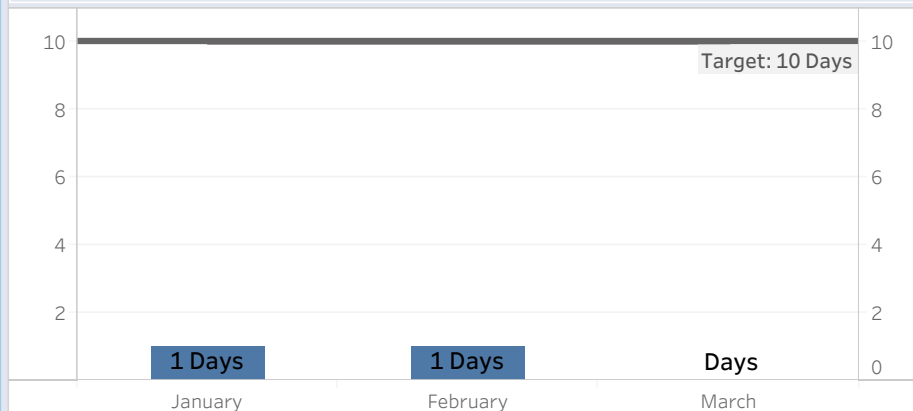
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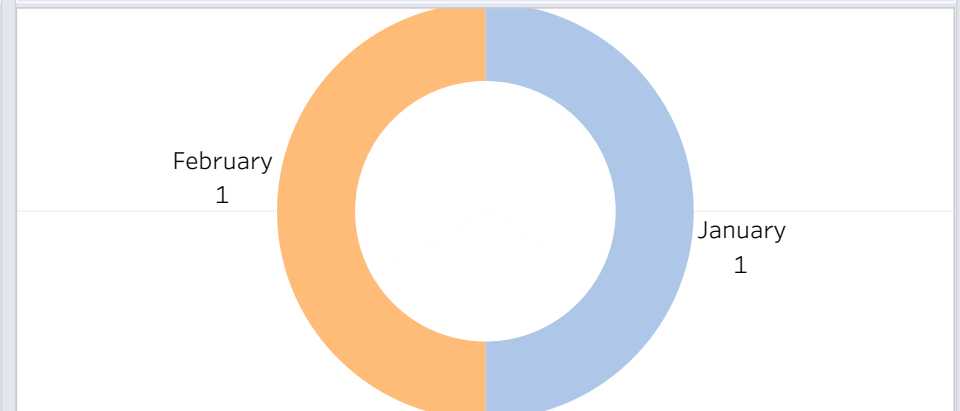
Dental Hygiene Board PM7 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
2	10 Days	1 Day(s)	▼ -9 Day(s)

Dental Hygiene Board
SFY 2021: Q3 - PM7: Probation Intake Cycle Time



Dental Hygiene Board
SFY 2021: Q3 - PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Dental Hygiene Board

Select a Fiscal Year
SFY 2021

Performance Measure
PM7

Select a Quarter
Q4

Cycle Time
☒ Actual ☐ Target

Case Volume by Month
☐ April ☐ May ☐ June

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

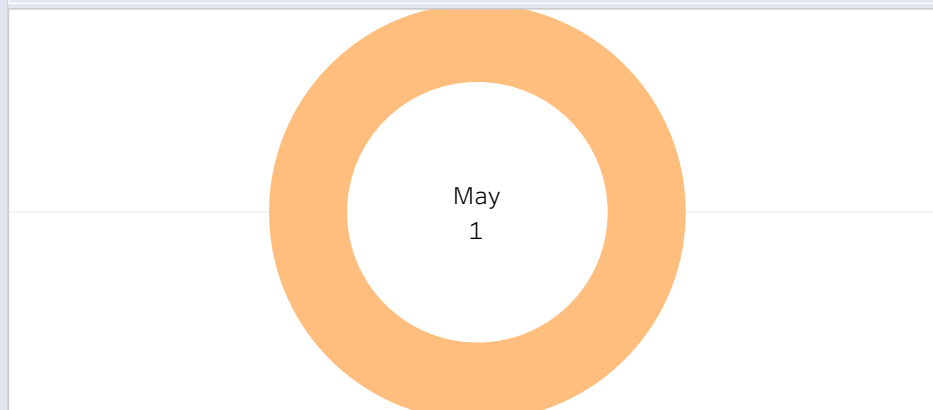
Dental Hygiene Board PM7 Performance Summary
Data last refreshed on 10/26/2022

Case Volume	Target	Actual	Variance
1	10 Days	1 Day(s)	▼ -9 Day(s)

Dental Hygiene Board
SFY 2021: Q4 - PM7: Probation Intake Cycle Time



Dental Hygiene Board
SFY 2021: Q4 - PM7: Probation Cases



Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a Board/Bureau
Dental Hygiene Board

Select a Fiscal Year
SFY 2021

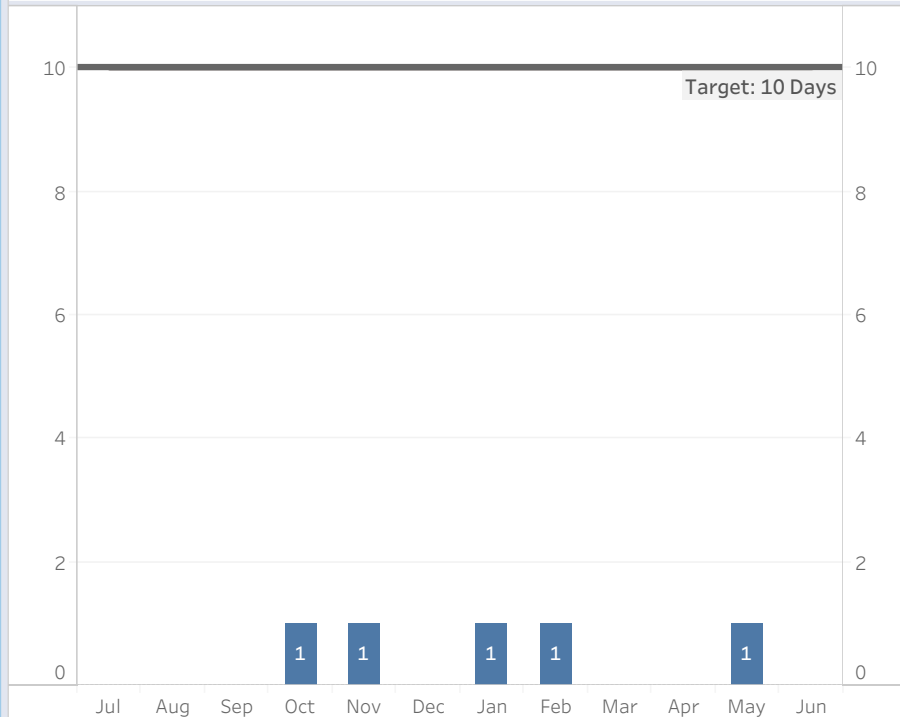
Performance Measure
PM7

Cycle Time
Actual Target

Performance versus Target
Below Target

Dental Hygiene Board

SFY 2021: 12-Month | PM7: Probation Intake Cycle Time



Dental Hygiene Board

SFY 2021: 12-Month | PM7: Summary

	Case Volume	Avg. Target	Actual	Variance
Grand Total	5	10 Days	1 Day(s)	▼ -9 Day(s)
July				
August				
September				
October	1	10 Days	1 Day(s)	▼ -9 Day(s)
November	1	10 Days	1 Day(s)	▼ -9 Day(s)
December				
January	1	10 Days	1 Day(s)	▼ -9 Day(s)
February	1	10 Days	1 Day(s)	▼ -9 Day(s)
March				
April				
May	1	10 Days	1 Day(s)	▼ -9 Day(s)
June				

Data Source: [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.



**Dental Hygiene Board of California
2022/23 Sunset Review Report**

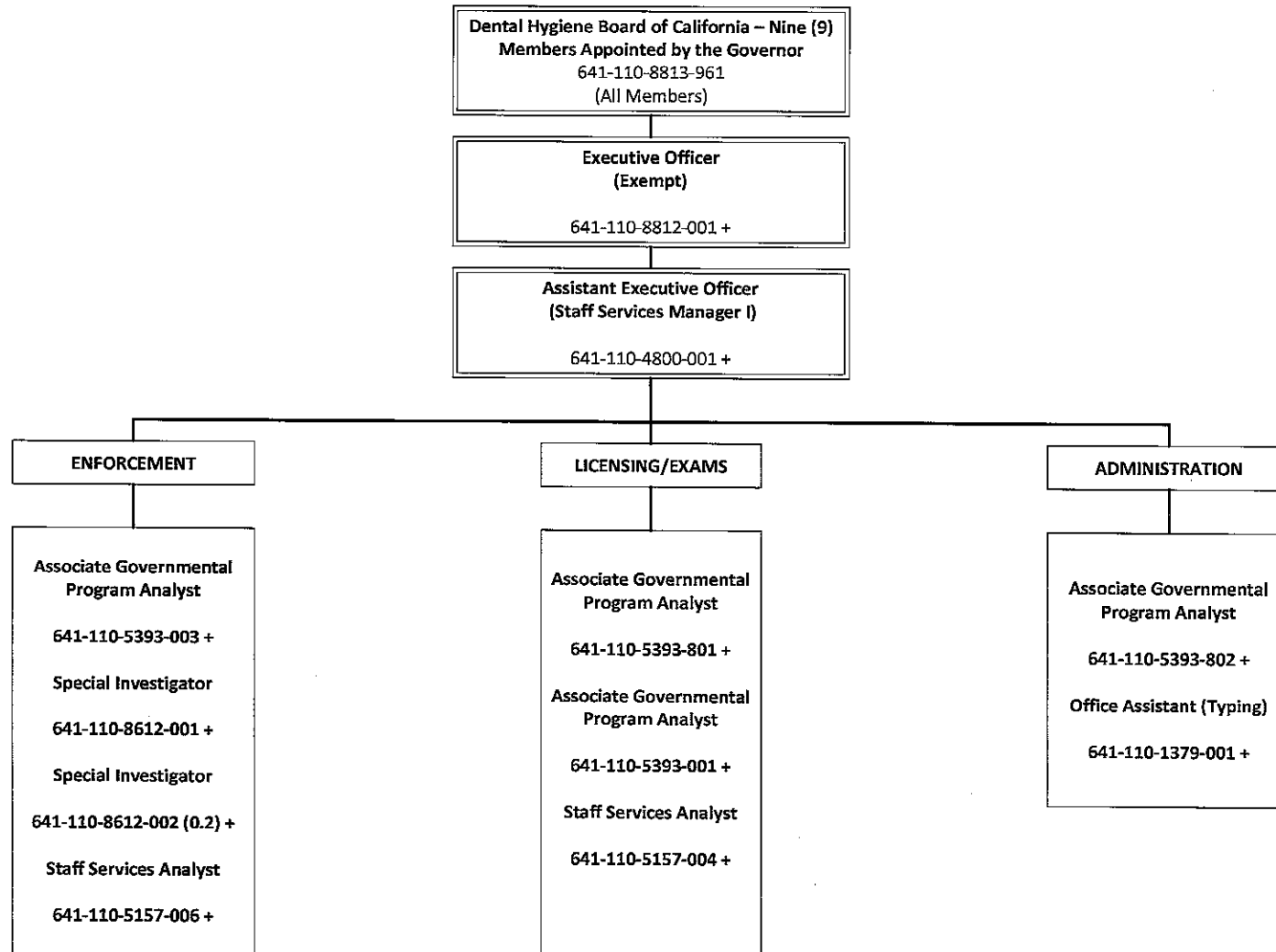
Section 13: Attachment E

**Year-end Organizational Charts for the Last Four Fiscal
Years**

June 1, 2019

DEPARTMENT OF CONSUMER AFFAIRS - DENTAL HYGIENE BOARD OF CALIFORNIA

CURRENT ORG CHART
FY 2018-19
Authorized Positions: 10.2



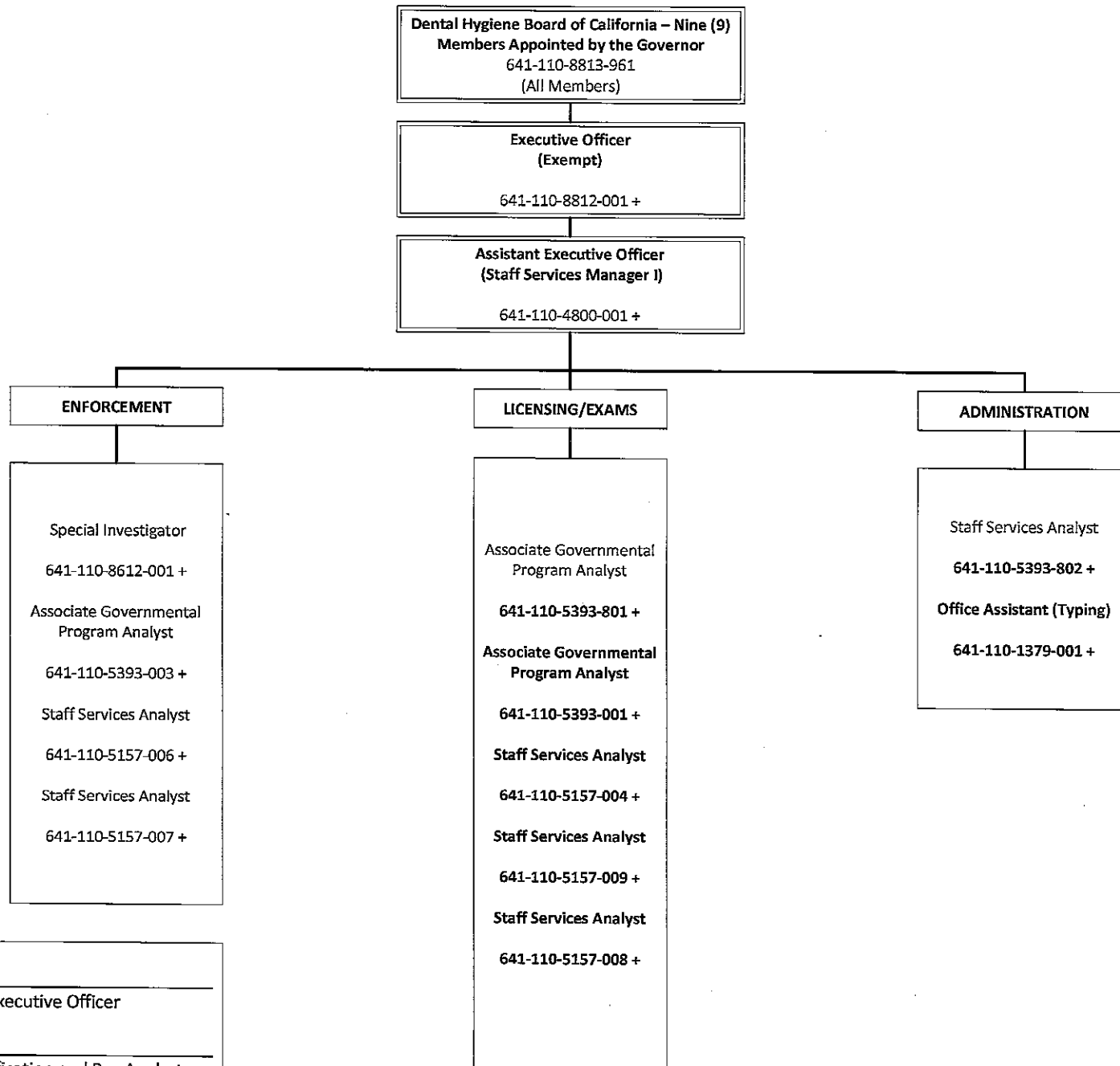
Anthony Lum, Executive Officer

Casey Gates, Classification and Pay Analyst

June 2020
CURRENT

DEPARTMENT OF CONSUMER AFFAIRS - DENTAL HYGIENE BOARD OF CALIFORNIA

CURRENT ORG CHART
FY 2019/20
Authorized Positions: 13



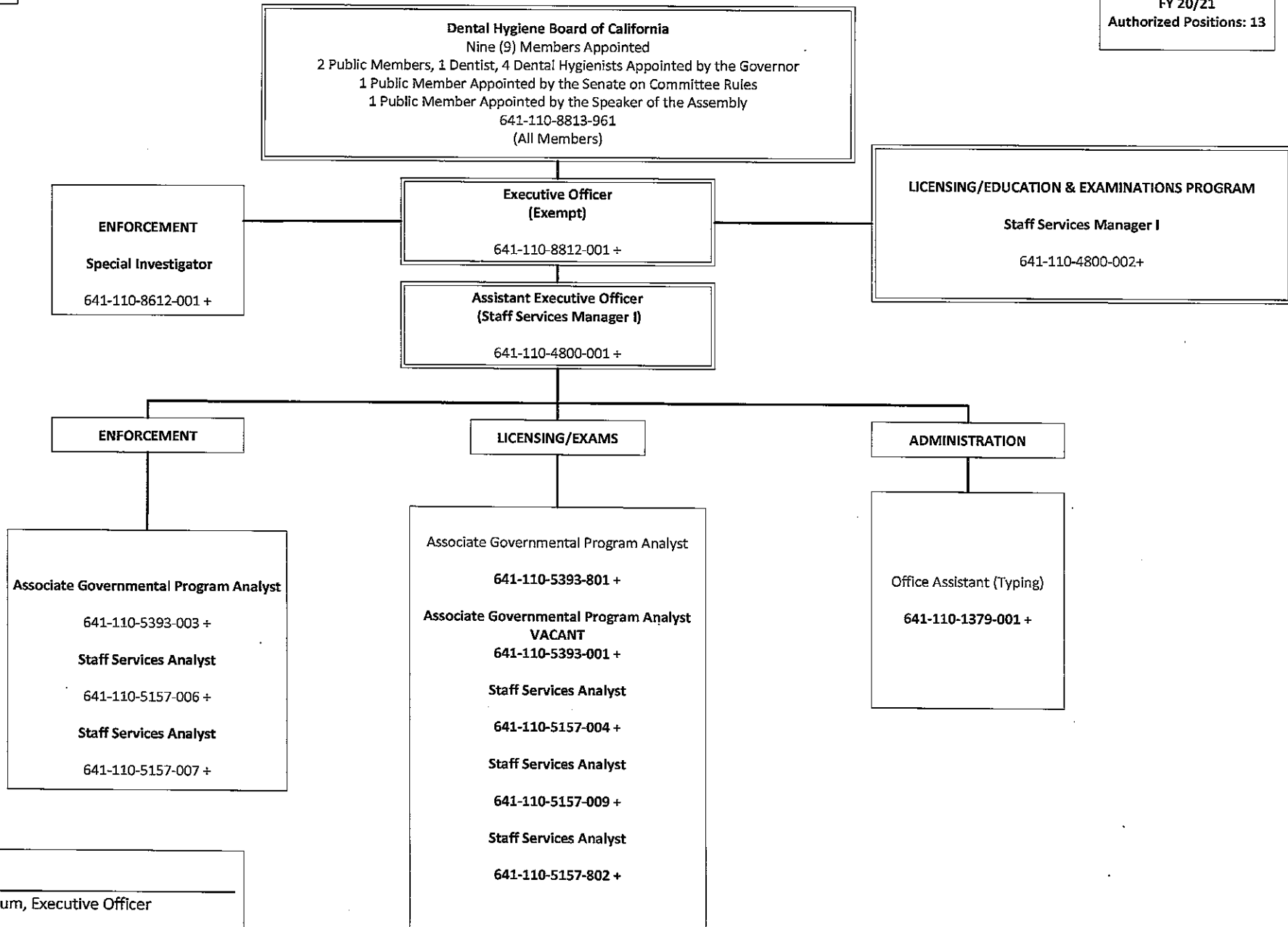
Anthony Lum, Executive Officer

Courtney Sharpe, Classification and Pay Analyst

June 2021

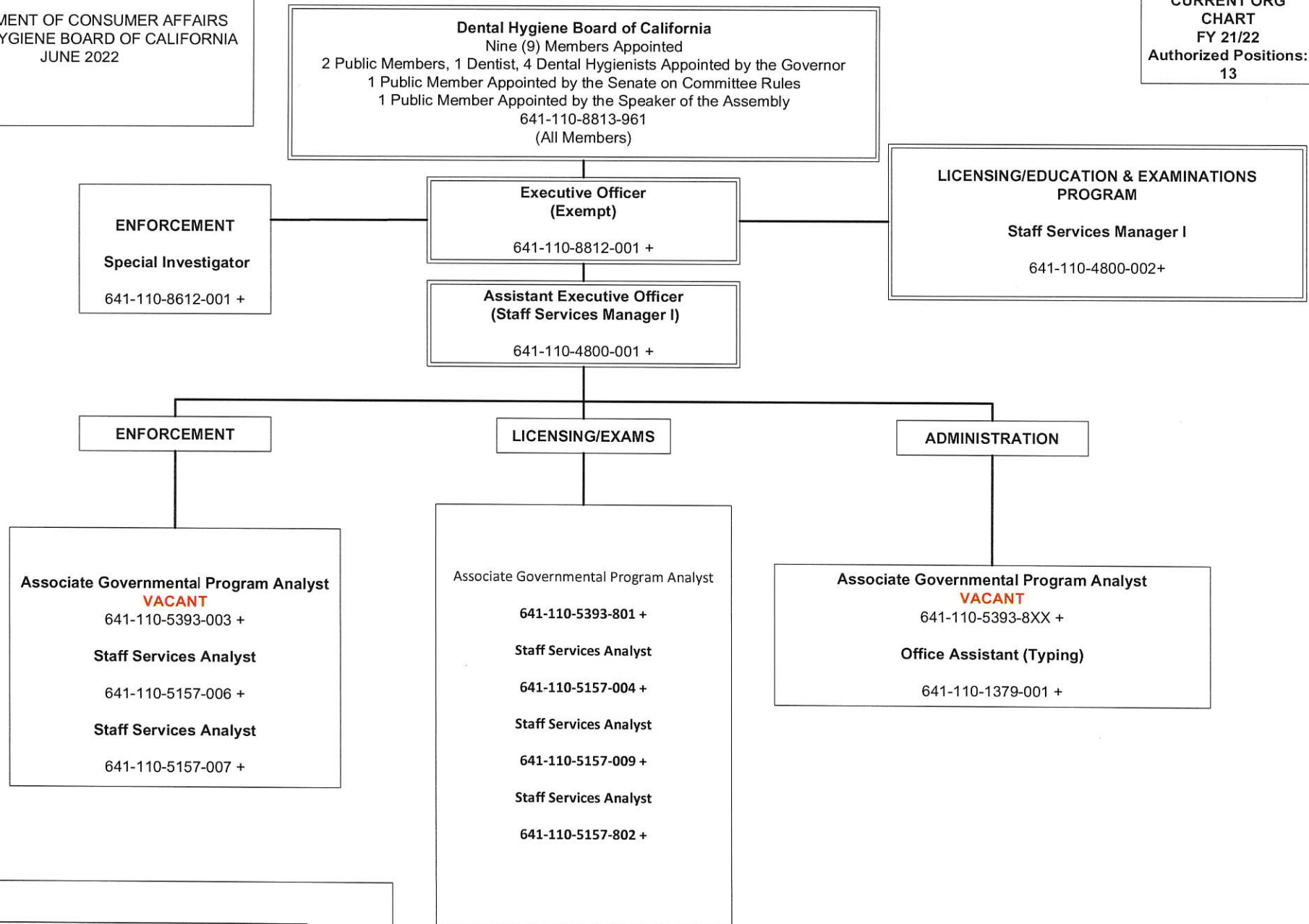
DEPARTMENT OF CONSUMER AFFAIRS - DENTAL HYGIENE BOARD OF CALIFORNIA

CURRENT ORG CHART
FY 20/21
Authorized Positions: 13



Anthony Lum, Executive Officer

Jill Field, Classification and Recruitment Analyst



Anthony Lum, Executive Officer

Jill Field, Classification and Recruitment (C&R) Analyst



**Dental Hygiene Board of California
2022/23 Sunset Review Report**

Section 13: Attachment F

**California Dental Hygienists' Association's Letter of Support
for the Dental Hygiene Board of California**



California Dental Hygienists' Association
The Voice of Dental Hygiene

September 23, 2022

Anthony Lum, Executive Officer
Dental Hygiene Board of CA
2005 Evergreen Street, Suite 1350
Sacramento, CA 95815

RE: Sunset Review Packet

Dear Mr. Lum and Board Members,

The CA Dental Hygienists' Association (CDHA) fully supports the extension of the Dental Hygiene Board of CA (DHBC). The DHBC provides vital consumer protection and management of the dental hygiene licensure categories that is critical to maintaining profession standards and integrity.

CDHA supports sunset review language that would allow APs currently practicing in Dental Health Professional Shortage Areas (DHPSAs) to keep their practices if the DHPSA designation is removed. It makes no sense to take away an AP's practice, when it is their practice that has helped to address the shortage. The recent survey conducted by CDHA (attached) indicated that APs would be more likely to begin practices in these shortage areas if they would not lose their business should the DHPSA designation change. As you are aware, one reason the AP licensure category was created was to reach patients in underserved areas. Removing this barrier to APs practicing in DHPSAs is required to help patients in those areas get connected to the dental team and address the lack of access.

CDHA supports sunset review language that would change RDH supervision for extended functions (Nitrous Oxide, Local Anesthesia, or Soft Tissue Curettage) from direct supervision to general *or* direct supervision at the discretion of the dentist. This allows RDHs confident in these functions to provide the care under standing orders or with more oversight depending on the how the specific dental office chooses to operate. This change in supervision would allow more flexibility for the dental team to meet the needs of patients more efficiently.

CDHA supports a moderate increase in the Executive Officer's higher exempt level and associated salary to accommodate for the Board's future growth, staff retention, and succession planning efforts. The Board is experiencing a compaction in its managerial positions and the state's supervision requirements prohibit any future growth for proper oversight of rank and file staff. As the Board continues to grow to meet its mandated oversight responsibilities, the higher EO exempt level will provide the managerial room in its structure for appropriate supervision that's needed to run the Board's program operations effectively.

Thank you for considering CDHA's positions on the items above. I'm available to discuss this further at your convenience. We look forward to working with the DHBC through the 2023 sunset review.

Sincerely,

KATHY KANE
President, CA Dental Hygienists' Association
Cc: DHBC Board Member



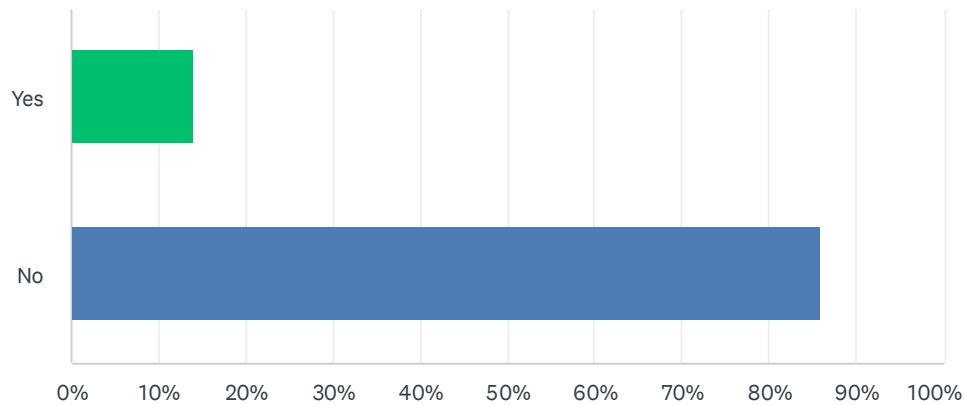
**Dental Hygiene Board of California
2022/23 Sunset Review Report**

Section 13: Attachment G

**California Dental Hygienists' Association's RDHAP Survey of
Licensees (of Opening a Stand-alone Clinic in Designated
Dental Health Professional Shortage Area - DHPA)**

Q4 Do you have a RDHAP practice that occupies a brick and mortar building that is located in a designated Dental Health Professional Shortage Area (DPSA)?

Answered: 64 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	14.06%	9
No	85.94%	55
Total Respondents: 64		

Q5 Where is your practice building located?

Answered: 64 Skipped: 0

ANSWER CHOICES	RESPONSES
City	100.00% 64
County	100.00% 64

#	CITY	DATE
1	Temecula	8/25/2022 9:59 PM
2	None	8/24/2022 10:11 PM
3	none	8/19/2022 11:37 AM
4	Na	8/18/2022 9:32 PM
5	No building	8/18/2022 9:00 PM
6	Sonora	8/17/2022 8:50 AM
7	Downey	8/17/2022 6:59 AM
8	Ventura	8/16/2022 9:53 PM
9	NA	8/16/2022 8:45 PM
10	porter ranch	8/16/2022 8:37 PM
11	Novato	8/16/2022 5:37 PM
12	Rocklin	8/16/2022 4:16 PM
13	No practice building.	8/16/2022 2:52 PM
14	325 11th street, Richmond Ca. 94801	8/16/2022 1:27 PM
15	Camarillo	8/14/2022 1:20 PM
16	N/A	8/14/2022 11:42 AM
17	Pico Rivera	8/14/2022 10:28 AM
18	N/a	8/13/2022 10:29 PM
19	Don't have one	8/13/2022 6:13 PM

RDHAP Survey

20	Costa Mesa	8/13/2022 5:56 PM
21	NA	8/13/2022 4:44 PM
22	Mobile only	8/13/2022 2:12 PM
23	Los angeles	8/13/2022 1:19 PM
24	Los Angeles	8/13/2022 1:01 PM
25	Red Bluff	8/13/2022 12:47 PM
26	Corona	8/13/2022 11:44 AM
27	Rancho Cucamonga and upland	8/13/2022 11:43 AM
28	N/a	8/13/2022 11:38 AM
29	Paso Robles	8/12/2022 7:06 PM
30	Visalia	8/12/2022 5:42 PM
31	Santa Rosa	8/12/2022 4:08 PM
32	Planning for Redlands Ca soon	8/11/2022 7:03 AM
33	N/a	8/11/2022 6:12 AM
34	San Francisco	8/10/2022 11:43 PM
35	Hayward	8/10/2022 10:15 PM
36	Hayward	8/10/2022 9:33 PM
37	NA	8/10/2022 9:12 PM
38	Sherman Oaks	8/10/2022 7:36 PM
39	Richmond	8/10/2022 5:58 PM
40	McKinleyville	8/10/2022 9:26 AM
41	Fresno	8/10/2022 4:08 AM
42	Novato	8/9/2022 7:55 PM
43	Redwood Valley	8/9/2022 7:40 PM
44	La Jolla	8/9/2022 7:07 PM
45	Big Bear City	8/9/2022 6:42 PM
46	Santa Rosa	8/9/2022 6:27 PM
47	Rancho cucamonga	8/9/2022 3:05 PM

RDHAP Survey

48	encino	8/9/2022 2:53 PM
49	San fernando	8/9/2022 2:17 PM
50	I don't have one	8/9/2022 1:25 PM
51	Bakersfield	8/9/2022 12:51 PM
52	N/A	8/9/2022 12:28 PM
53	na	8/9/2022 12:11 PM
54	Durham	8/9/2022 12:03 PM
55	Na	8/9/2022 11:44 AM
56	Murrieta	8/9/2022 11:10 AM
57	Redding	8/9/2022 10:51 AM
58	Ukiah	8/9/2022 10:37 AM
59	N/a	8/9/2022 10:31 AM
60	Chino Hills	8/9/2022 10:01 AM
61	NA	8/9/2022 9:58 AM
62	retired	8/9/2022 8:17 AM
63	San Francisco	8/8/2022 6:02 PM
64	Eureka	8/8/2022 5:23 PM
#	COUNTY	DATE
1	Riverside	8/25/2022 9:59 PM
2	None	8/24/2022 10:11 PM
3	none	8/19/2022 11:37 AM
4	Na	8/18/2022 9:32 PM
5	N/A	8/18/2022 9:00 PM
6	tuolumne	8/17/2022 8:50 AM
7	LA	8/17/2022 6:59 AM
8	CA	8/16/2022 9:53 PM
9	Na	8/16/2022 8:45 PM
10	Los Angeles	8/16/2022 8:37 PM

RDHAP Survey

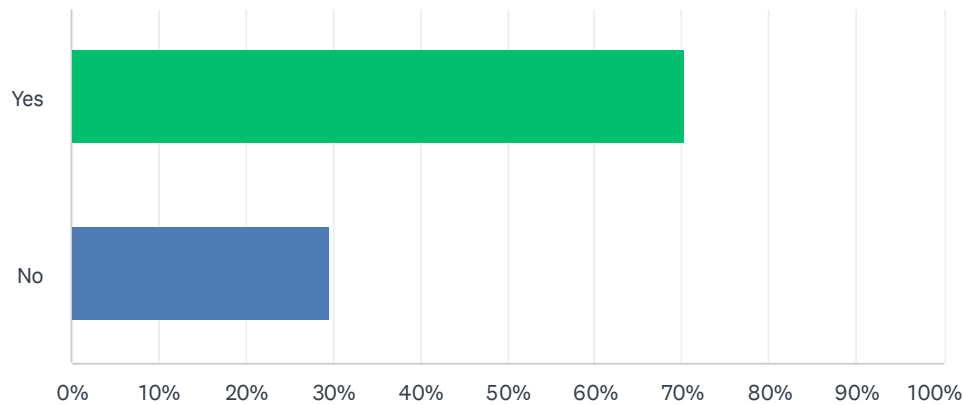
11	Marin	8/16/2022 5:37 PM
12	Placer	8/16/2022 4:16 PM
13	Not applicable.	8/16/2022 2:52 PM
14	Contra Costa	8/16/2022 1:27 PM
15	California	8/14/2022 1:20 PM
16	N/A	8/14/2022 11:42 AM
17	Los Angeles	8/14/2022 10:28 AM
18	N/a	8/13/2022 10:29 PM
19	Don't have one	8/13/2022 6:13 PM
20	Orange	8/13/2022 5:56 PM
21	N/A	8/13/2022 4:44 PM
22	N/A	8/13/2022 2:12 PM
23	La	8/13/2022 1:19 PM
24	Los Angeles	8/13/2022 1:01 PM
25	Tehama	8/13/2022 12:47 PM
26	Riverside	8/13/2022 11:44 AM
27	San Bernardino	8/13/2022 11:43 AM
28	N/a	8/13/2022 11:38 AM
29	San Luis Obispo	8/12/2022 7:06 PM
30	Tulare	8/12/2022 5:42 PM
31	Sonoma	8/12/2022 4:08 PM
32	San Bernardino	8/11/2022 7:03 AM
33	N/a	8/11/2022 6:12 AM
34	San Francisco	8/10/2022 11:43 PM
35	Alameda	8/10/2022 10:15 PM
36	Alameda	8/10/2022 9:33 PM
37	NA	8/10/2022 9:12 PM
38	Los Angeles	8/10/2022 7:36 PM

RDHAP Survey

39	Contra costa	8/10/2022 5:58 PM
40	Humboldt	8/10/2022 9:26 AM
41	San Joaquin	8/10/2022 4:08 AM
42	Marin County	8/9/2022 7:55 PM
43	Mendocino	8/9/2022 7:40 PM
44	CA	8/9/2022 7:07 PM
45	California	8/9/2022 6:42 PM
46	Sonoma	8/9/2022 6:27 PM
47	San Bernardino	8/9/2022 3:05 PM
48	CA	8/9/2022 2:53 PM
49	Los Angeles	8/9/2022 2:17 PM
50	I don't have one	8/9/2022 1:25 PM
51	Kern	8/9/2022 12:51 PM
52	N/A	8/9/2022 12:28 PM
53	na	8/9/2022 12:11 PM
54	Butte	8/9/2022 12:03 PM
55	Na	8/9/2022 11:44 AM
56	Riverside	8/9/2022 11:10 AM
57	Shasta	8/9/2022 10:51 AM
58	Mendocino	8/9/2022 10:37 AM
59	N/a	8/9/2022 10:31 AM
60	California	8/9/2022 10:01 AM
61	NA	8/9/2022 9:58 AM
62	retired was in Tulare and Kings Counties	8/9/2022 8:17 AM
63	San francisco	8/8/2022 6:02 PM
64	Humboldt	8/8/2022 5:23 PM

Q6 If there were not a limit on RDHAP practices in a DHP SA area, would you be interested in opening up a brick and mortar dental hygiene practice?

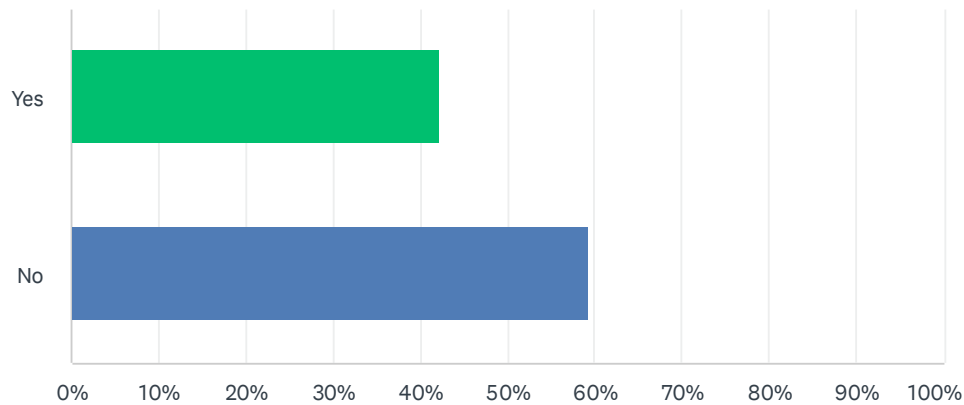
Answered: 64 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	70.31%	45
No	29.69%	19
Total Respondents: 64		

Q7 If you currently live in or near a DHP SA, are you considering establishing a brick and mortar practice?

Answered: 64 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	42.19%	27
No	59.38%	38
Total Respondents: 64		

Q8 Are there any other issues that CDHA should know about and be addressing for the RDHAP profession?

Answered: 42 Skipped: 22

#	RESPONSES	DATE
1	I currently work full time at a dental school. I do work occasional at a local assisted living. It would be nice to work more but I don't live close to underserved areas	8/24/2022 10:11 PM
2	Need for improved data collection. Thank you.	8/18/2022 9:00 PM
3	SDF and ITR training courses	8/16/2022 9:53 PM
4	I closed my practice August 2020. I had a brick and mortar practice and was not in a DHPSA area, because I was in the original #139 and #155 research projects that created data that was presented to the legislature to get the law passed establishing the RDHAP license.	8/16/2022 4:16 PM
5	Remove the exam after 18 mos and the X-ray requirement.	8/16/2022 2:52 PM
6	Having dental insurance companies acknowledge us and allow RDHAP's do X-rays and SCRP	8/16/2022 1:27 PM
7	Communication	8/14/2022 1:20 PM
8	The required medical orders are difficult to obtain. I have several patient's that don't have dentists because lack of mobile Medical-cal dentists in my area that make house calls. The MDs give push back on this. Both dentists and MDs feel this order form gives them liability over my work. It's a big barrier. I know we tried to remove this requirement and didn't have success. Is there any hope that this could ever be brought back to the table for change in the future?	8/14/2022 11:42 AM
9	RDHAP's are one of the main groups that treat patients with special needs especially patients with developmental disabilities. DentiCal has made it very difficult for RDHAP's to get a fair reimbursement for services provided for these patients for a long time. I think CDHA should fight for us and help us get a fair reimbursement for our services treating this population that not many dental providers are willing to treat. I know some RDHAP's have retired early, or are thinking about a different profession because it is very difficult working with this population and then we still have to fight with the insurance companies especially DentiCal to get reimbursement.	8/14/2022 10:28 AM
10	Help with locating DHPSA locations. A little better or clearer communication on updates and changes.	8/13/2022 6:13 PM
11	More atomy, work in hospitals, oncology, cardiology, all assisted living facility (needs to be the standard of care) etc ... stop having to check in with DDS - stop having DDS place restrictions on ITR.	8/13/2022 5:56 PM
12	This issue is the reason I do not open a practice. It's a ridiculous limitation. Either you want to help all underserved communities or you do not. In this case I feel the CDA is limiting trade and CA has been allowing it. I was hopeful with the recent legislation that this limitation would be erased. Alas it isn't :(8/13/2022 4:44 PM
13	Opening a practice wherever we want. Clarify Teeth whitening, because it doesn't belong to dentistry- it's cosmetic per the	8/13/2022 1:19 PM

RDHAP Survey

Supreme Court. Make it easier to compete in the market for patients to have great hygienist. Help the RDH and RDHAP be entrepreneurs.

14	Providing business classes and Information and networking opportunities that don't cost hundreds to be a part of or join. Making ITR certificates accessible and affordable Making it more main steam to incorporate our practices in hospital settings like in Oregon Allowing us to open brick and mortar anywhere like in Colorado	8/13/2022 1:01 PM
15	Administering Botox to head and neck	8/13/2022 11:43 AM
16	We need to be able to perform our duties without red tape oversight from DDS. This includes relationship form. This form means nothing. We also need our duties to be WS (without supervision) for ALL RDH duties allowed in California.	8/13/2022 11:38 AM
17	Getting Denti-cal to be reasonable in their fees especially with periodontally involved patients.	8/12/2022 5:42 PM
18	Would like to remove the supervising dentist and medical order request. These 2 items are restrictive for no reason.	8/12/2022 4:08 PM
19	Help with recognition by dental insurance providers, for billing support, would be amazing. The 2 year "prescription" could possibly use some deeper thought. Just an idea, but it could maybe be revised to something more along the lines of RDHAP's assuring that patients are making a conscious effort to be sure their patients are seen by a dentist and not neglected, using a reasonable time frame. Some patients only dental care comes from and RDHAP and the 2-year prescription can limit/discourage that access. Thank you so much!!!	8/11/2022 7:03 AM
20	Find a way to work with CDA. Help us establish new DHPSAs. I talked to the people who make such designations and they said the city I wanted to classify didn't meet the criteria. Change the criteria so it can exist, and with the changes it sounds like you want, too, the criteria can be changed so it will persist.	8/10/2022 11:43 PM
21	As RDHAP's we loose some skill sets that we've been practicing as RDH's. Such as taking impressions and whitening services. We are beyond skilled and trained for these services. The community would be in safer hands with sterile equipment to seek a whitening service with an RDHAP vrs a pop up shop in the mall with a completion certificate. Also, impressions can be helpful for any community for sports guards and night guards for many preventative reasons yes as RDHAP's we are no longer able to provide these services unless under a dentist supervision.	8/10/2022 10:15 PM
22	Where do I start? The inability to hire an RDA I order to complete coronal polishing and OHI to the patients. Having to fill out a new DDS relationship form every two years. Having to pay for two licenses. Whitening services.	8/10/2022 9:33 PM
23	Workshops on how to fill out provider forms for Medical and private insurances. As well as how to bill.	8/10/2022 9:12 PM
24	What happens if your location changes status? Is there an easier path for insurance to recognize the license?	8/10/2022 7:36 PM
25	I think RDHAP should be allowed to open a practice anywhere. We should also be allowed to learn fillings and extractions.	8/10/2022 5:58 PM
26	I am a RDHAP that does live in a DHPSA. I do not own a brick and mortar practice yet. I certainly would not want to be limited on opening a practice in my area if our DHPSA status ever changed.	8/10/2022 9:26 AM
27	The prescription for oxygen in order to administer local is a barrier as well as prescriptions for CHX. Having to take xrays for pre auth on SRPs is also a huge barrier for anyone working with bed bound developmentally disabled, Parkinson's, or Alzheimer's	8/9/2022 7:07 PM
28	I'm an educator, I am not currently practicing as a RDHAP, but I want to support the RDHAP practice. Thank-you!	8/9/2022 6:27 PM
29	Introduce the RDHAP profession to medical personnel. Integrate dental and medical profession to provide comprehensive care to the community.	8/9/2022 2:17 PM

RDHAP Survey

30	In regards to DPSA, would cdha consider advocating for RDHAP brick and mortar practices for Dential shortage areas? For example there are areas in the city of San Francisco they are Medical Dental shortage areas	8/9/2022 1:25 PM
31	Allow more independence like Ontario,Canada dental hygiene practice to serve the population in need. Practicing in underserved area for 18+ years has taught me the dental hygiene need is unmet and we should be allowed to continue hygiene treatment without the prescription every 2year. We as hygienist are not taking the dentist s patients, but are assisting them with periodontal care so they have teeth to restore.Lol	8/9/2022 12:51 PM
32	Patients have reduced access to care because of the MD or DDS prescription requirement for dental hygiene treatments. Sometimes there is a long wait to obtain these prescriptions	8/9/2022 12:28 PM
33	I am not a practicing RDHAP currently	8/9/2022 12:11 PM
34	Dentist refusing to sign standing orders on mutual patients so patients can continue to see RDHAP at their brick and mortar office for cleanings. Also, insurances refusing to reimburse dental cleanings by RDHAPs.	8/9/2022 12:03 PM
35	Allow us to purchase restricted products and allow us to cancel the relationship with a dentist renewal requirement.	8/9/2022 11:44 AM
36	There are a lot of restrictions that are on us that are against the Fair Trade Act. The Supreme Court ruled that a Dental Board that's majority members being DDS making rules for what non-DDS in a anti competitive way (meaning blocking us from doing things that are already proven to be safe in our capacity) is illegal. Ie: selling and placing whitening products, having us jump threw a lot of hoops to try and see patients, to make it difficult on us so that we can't see patients or just give up IE: having to have a prescription every 24 months from a dentist on an actual prescription pad, while we already also have to have a form filled out stating that we have a dentist that we have a relationship with. We can do 1910 a, and b but not c or d. we can only have an office in a certain zone because it competes with new DDS to have it anywhere. All of these things are illegal. I think we need to file a complaint with the FTC honestly. I could go on and on. I have a lot to say. I feel like it falls on deaf ear a lot of the time because everyone is so afraid of the board. Honestly we need to hold the government responsible for letting the board do this to us. We need a letter written campaign to the governor as well.	8/9/2022 11:10 AM
37	I would like to discuss CDT Vs. Procedure codes and what it would mean for an RDHAP if that changes the way we will insurance. Many RDHAP would like to take impressions and perform in office whitening with an Rx from the DDS	8/9/2022 10:51 AM
38	We should be allowed to submit more than one DDS we work with. We work together in the community with different DDS for different reasons. The requirement should be "One active DDS on file" but you should be able to list more than one. Your last two questions are N/A for those that already have a practice, but that is not an option so I put yes because it requires me to answer it but I am not interested in opening another practice.	8/9/2022 10:37 AM
39	There are so many restrictions. Please alleviate them so we can help the poor and underserved in the area	8/9/2022 10:31 AM
40	Medi-cal employees need to be aware of the rdhap. I frequently get conflicting answers regarding who and what is covered for rdhal care	8/9/2022 10:01 AM
41	I have not been able to establish my business yet because lack guidance on the business side. Dilemmas like this one mentioned is very discouraging. We definitely need to organize and protect established RdhAPs livelihood!	8/9/2022 9:58 AM
42	CDHA needs to seriously work to ensure best practices and reimbursements from Medi-Cal Dental.	8/9/2022 8:17 AM



**Dental Hygiene Board of California
2022/23 Sunset Review Report**

Section 13: Attachment H

**California Dental Association's (CDA) Letter of Support for
Sunset Review.**

October 27, 2022

Anthony Lum, Executive Officer
Dental Hygiene Board of California
2005 Evergreen Street, Suite 1350
Sacramento, CA 95815

RE: Draft 2023 Sunset Review Report Comments

Dear Mr. Lum:

The California Dental Association (CDA) thanks the Dental Hygiene Board of California (DHBC) for the opportunity to comment on the draft sunset review report being submitted to the legislature at the end of this year. CDA supports the continuation of DHBC and the role it maintains in protecting the public. Additionally, CDA respectfully opposes items A and E as included in the Oct. 8, 2022, DHBC Meeting Materials, regarding the amendment to California Business and Professions Code Section 1909 and the continuation of brick-and-mortar RDHAP practices in previously designated DHPSA sites, respectively. There is unclear information about the current problems these amendments aim to solve and why the proposed amendments should be implemented.

Item A of Draft 2023 Sunset Review Report

The ultimate responsibility of dentists, hygienists and other health care providers should always be patient protection. While it is true that local anesthesia can be administered safely in most situations, should problems arise, the consequences can be life-threatening. Patient safety is optimized when the most highly trained members of the dental team are available to respond to emergencies. This is evidenced in the Dental Board of California's [2016 pediatric dental anesthesia report](#) where nine out of the total 45 examined cases involving hospitalizations were using only local anesthesia.

The perceived benefit to this expansion of duties for hygienists is asserted to be efficiency of the office, as patients in need of these specific services could be treated while a dentist is ill, on vacation or away from the office for another reason. There has been no data produced that demonstrates how many patients are being turned away from services or have faced a significant delay in treatment due to the inability of the hygienist to provide local anesthesia without a dentist present. In the unanticipated, yet possible, event that delivery of local anesthesia includes unanticipated complications, necessary training and skill to respond should be available to the patient.

Item E of Draft 2023 Sunset Review Report

CDA continues to oppose the provision that allows an RDHAP to continue their independent practice even after the region in which they are serving loses its designation as a Dental Health Professional Shortage Area (DHPSA). Thus far, no data has been provided that sheds light on the problem this provision purports to address. CDA has not seen any evidence of an existing or imminent problem with DHPSAs that have lost or are in danger of losing their designation and putting a community's access or an RDHAP's practice at risk. DHPSA applications are initially filed with OSHPD, and it is

not within dental hygienist training to complete follow-up procedures that could be initiated by RDHAPs or other health care professionals regarding renewals.

The originating purpose of the RDHAP licensure category is to provide care to individuals who are physically unable to get to a dental office (e.g., residents of skilled nursing facilities) or to individuals living in dental deserts where there are no or not enough dental offices available (e.g., DHPSAs). Absent an RDHAP operating in a DHPSA, there are no other requirements to ensure the RDHAP is continuing to provide care to those unable to receive care in a traditional setting or to Medi-Cal beneficiaries.

CDA supports the important access points that RDHAPs provide in their communities and believes that access targeted to the underserved should continue to be supported. Previous legislative discussions around this proposal have included the addition of minimum requirements to be placed on RDHAPs (e.g., serving a minimum threshold of Medi-Cal or uninsured beneficiaries) in locations no longer recognized as DHPSAs. Exploration of alternatives could help establish a path forward, although DHBC would then have to determine the data-collection mechanisms, appropriate forms, frequency of collection, number of staff or amount of staff time needed to implement these regulations and ensure the statutory minimum requirement for underserved patients in an RDHAP practice is being met, as well as all other administrative and enforcement functions associated with program oversight.

Absent data-driven answers to the above implementation and oversight questions, CDA believes it is preliminary to address this issue in statute. We remain opposed to this provision moving forward until the legislation is fully vetted and the fiscal questions can be addressed more thoroughly.

Please let us know if you have any questions or need any additional information on our position. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Mary McCune". The signature is written in a cursive, flowing style.

Mary McCune
Policy Director



**Dental Hygiene Board of California
2022/23 Sunset Review Report**

Section 13: Attachment I

**California Dental Hygiene Educator Association's (CDHEA)
Letter of Support for Sunset Review.**



DHBC

Dental Hygiene
Board of California

SUNSET REVIEW REPORT 2022

PRESENTED TO THE SENATE COMMITTEE ON BUSINESS, PROFESSIONS AND ECONOMIC
DEVELOPMENT, AND THE ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS



GAVIN NEWSOM
GOVERNOR

LOURDES M. CASTRO RAMÍREZ
SECRETARY, BUSINESS, CONSUMER
SERVICES AND HOUSING AGENCY

KIMBERLY KIRCHMEYER
DIRECTOR, DEPARTMENT OF CONSUMER AFFAIRS

ANTHONY LUM
EXECUTIVE OFFICER, DENTAL HYGIENE BOARD OF CALIFORNIA

MEMORANDUM

DATE	November 19, 2022
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	FULL 12: Discussion and Possible Action on Change of Ownership of the Concorde Career College Dental Hygiene Educational Programs

BACKGROUND

On July 6, 2022, The Dental Hygiene Board of California (Board) notified the dental hygiene educational programs of Concorde Career College (CCC) Garden Grove (CCCGG), San Bernardino (CCCSB) and San Diego (CCCSD) that the DHBC was made aware of the potential sale of CCC. The Board informed the CCCGG, CCCSB, and CCCSD of California Code of Regulations, Title 16, section 1105.3(b)(1) which states:

(b) An approved dental hygiene program shall not make a substantive change without prior Dental Hygiene Board approval. These changes include:

(1) Change in location, ownership or educational program expansion through an additional campus or distance education.

The Board further informed CCCGG, CCCSB, and CCCSD that CCC must request Board approval prior to the sale of CCC, to include the CCCGG, CCCSB, and CCCSD dental hygiene educational programs.

In a letter dated September 13, 2022, CCC informed the DHBC that CCC currently is majority-owned by Liberty Investment IIC, LLC, (Liberty), and that on May 3, 2022, CCC and Liberty entered into a Stock Purchase Agreement by which Universal Technical Institute, Inc. (UTI) will acquire 100% ownership of CCC. The letter further stated the anticipated change in CCC's stock ownership will not affect the direct ownership of the Schools and Board-approved programs by CCC or its subsidiaries. The letter further requested the DHBC to either (A) the Board's written confirmation that the pending sale transaction as described above and reflected by the attached diagrams does not constitute a substantive change requiring the Board's approval under California Code of Regulations, Title 16, section 1105.3(b)(1), or, in the alternative, (B) the Board's instructions regarding additional information or submissions, if any, that are necessary to receive the Board's approval of the pending sale transaction.

In a letter dated October 11, 2022, CCC stated this transaction is expected to be completed on or about December 1, 2022, and requested placement on the Board's agenda for its November 19, 2022, meeting and included the following documentation:

- A July 14, 2022, letter to the Commission on Dental Accreditation (CODA) of an "Anticipated Change of Ownership" for the three campuses (Garden Grove, San

Bernardino, and San Diego) informing of the proposed change of ownership and control of CCC to the proposed new parent entity, UTI.

- An August 10, 2022, letter from the Accrediting Commission of Career Schools and Colleges (ACCSC) notified CCC of their completed review of CCC's "Application for a Change in Control – Part I." Based on ACCSC's review of the application and supplemental information in support of the application, ACCSC voted to approve the application and corresponding transfer of accreditation to UTI.
- A diagram of Pre-Transaction and Post-Transaction Ownership of CCC.

ACTION REQUESTED

Consider and possibly approve the major change request of the sale of CCC to UTI.

STAFF RECOMMENDATION

Staff recommendation is to approve the change submitted by CCC.

Pros: The only change will be in the parent company. UTI is committed to maintaining CCC's record of positive student outcomes, and intends to maintain CCC's mission, academic excellence, and student services. This anticipated change in CCC's stock ownership will not result in a merger of the schools with any of UTI's existing institutions. There also are not anticipated to be any changes at the campus level as a result of the transaction. Specifically, there are no anticipated changes to the institutional or program leadership, faculty, or curriculum.

Cons: None known.



October 11, 2022

Anthony Lum
Executive Officer
Dental Hygiene Board of California
2005 Evergreen Street, Ste 1350
Sacramento, CA 95815

Via email to: Anthony.Lum@dca.ca.gov

RE: Anticipated Change of Ownership

Dear Mr. Lum:

I am writing to follow up on our September 13, 2022 letter to the Dental Hygiene Board of California (the “Board”) regarding the prospective sale of Concorde Career Colleges, Inc. (“Concorde”), as well as related communications between Mr. Ed Cramp of Duane Morris LLP and you regarding that prospective transaction. As you are aware, the Dental Hygiene programs at Concorde’s schools in Garden Grove, San Diego, and San Bernardino (the “Schools”) are currently approved by the Board.

As described in our prior letter and accompanying diagram, enclosed as Attachment A, the prospective transaction involves the stock ownership of Concorde as the parent company of the Schools. Concorde currently is majority-owned by Liberty Investment IIC, LLC, a Delaware limited liability company (“Liberty”). On May 3, 2022, Concorde and Liberty entered into a Stock Purchase Agreement (the “Agreement”) by which Universal Technical Institute, Inc. (“UTI”), a publicly-traded Delaware corporation, will acquire 100% ownership of Concorde. The transaction will not affect the direct ownership of the Schools and Board-approved programs by Concorde or its subsidiaries. This anticipated change in Concorde’s stock ownership will not result in a merger of the schools with any of UTI’s existing institutions. There also are not anticipated to be any changes at the campus level as a result of the transaction. Specifically, there are no anticipated changes to the institutional or program leadership, faculty, or curriculum.

This transaction is now expected to be completed on or about December 1, 2022. The U.S. Department of Education has completed its pre-acquisition review, and the Schools’ institutional accreditor, the Accrediting Commission of Career Schools and Colleges (“ACCSC”), issued its Part I approval of the prospective transaction on August 10, 2022. A copy of that ACCSC approval is enclosed for reference as Attachment B. In addition, the Schools’ July 14, 2022 notification to the Commission on Dental Accreditation (“CODA”) is enclosed as Attachment C. Concorde will provide the Board with any subsequent response from CODA, which has not occurred to date.

Concorde hereby requests placement on the Board’s agenda for its November 19, 2022 meeting. Please let us know if any additional information is required by the Board in connection



with its consideration of the transaction at that meeting, in order to maintain Concorde's existing approvals following the anticipated closing date for the transaction.

If you have questions or need additional information, please do not hesitate to contact me at JCarreon@concorde.edu or 913-745-2221, or to contact the Program Directors, Amber Davis (Garden Grove) at AMoDavis@Concorde.edu or 714-703-1900; Kimberly Pennington (San Diego) at KPennington@Concorde.edu or 619-695-5776; or Sabrina Santucho (San Bernardino) at SSantucho@Concorde.edu or 909-915-1131.

Sincerely,

John Carreon

John Carreon,
General Counsel and Chief Compliance Officer

Enclosures

Cc: Jami Frazier, Chief Executive Officer, Concorde Career Colleges, Inc.
Jennifer Huey, Regulatory Operations Manager, Concorde Career Colleges, Inc.
John Carreon, General Counsel & Chief Compliance Officer, Concorde Career Colleges, Inc.
Lisa Rhodes, Garden Grove Campus President, Concorde Career Colleges, Inc.
Rachel Saffel, San Diego Campus President, Concorde Career Colleges, Inc.
Tracy West, San Bernardino Campus President, Concorde Career Colleges, Inc.



September 13, 2022

Anthony Lum
Executive Officer
Dental Hygiene Board of California
2005 Evergreen Street, Ste 1350
Sacramento, CA 95815

Via email to: Anthony.Lum@dca.ca.gov

RE: Anticipated Change of Ownership

Dear Mr. Lum:

I am writing in response to the letter dated July 6, 2022 from Ms. Adina Petty of the Dental Hygiene Board of California (the "Board") regarding the prospective sale of Concorde Career Colleges, Inc. ("Concorde"), and as follow up to subsequent conversations between Mr. Ed Cramp of Duane Morris LLP and you regarding that prospective transaction. As you are aware, the Dental Hygiene programs at Concorde's schools in Garden Grove, San Diego, and San Bernardino (the "Schools") are currently approved by the Board.

The prospective transaction involves the stock ownership of Concorde as the parent company of the Schools. Specifically, Concorde currently is majority-owned by Liberty Investment IIC, LLC, a Delaware limited liability company ("Liberty"). On May 3, 2022, Concorde and Liberty entered into a Stock Purchase Agreement (the "Agreement") by which Universal Technical Institute, Inc. ("UTI"), a publicly-traded Delaware corporation, will acquire 100% ownership of Concorde. This anticipated change in Concorde's stock ownership is reflected by the accompanying diagram. As reflected by the diagram, the transaction will not affect the direct ownership of the Schools and Board-approved programs by Concorde or its subsidiaries.

This transaction is expected to be completed in late 2022 or early 2023, following receipt of all required state and accrediting agency approvals, and a completed U.S. Department of Education pre-acquisition review, for all of Concorde's campus locations and programs. The Schools' institutional accreditor, the Accrediting Commission of Career Schools and Colleges ("ACCSC"), issued its Part I approval of the prospective transaction on August 10, 2022. A copy of that ACCSC approval is enclosed for reference.

UTI is committed to maintaining Concorde's record of positive student outcomes, and intends to maintain Concorde's mission, academic excellence, and student services. This anticipated change in Concorde's stock ownership will not result in a merger of the schools with any of UTI's existing institutions. There also are not anticipated to be any changes at the campus level as a result of the transaction. Specifically, there are no anticipated changes to the institutional or program leadership, faculty, or curriculum.



We acknowledge that California Code of Regulations, Title 16, section 1105.3(b)(1) requires that the Board grant its prior approval of any “substantive change” to an “approved dental hygiene program.” We also respectfully do not believe this transaction involving the upper-level stock ownership of Concorde – but not changing Concorde’s ownership or operation of either the Schools or the approved programs – constitutes such a substantive change.

We therefore would appreciate, as soon as possible, either (A) the Board’s written confirmation that the pending sale transaction as described above and reflected by the attached diagrams does not constitute a substantive change requiring the Board’s approval under California Code of Regulations, Title 16, section 1105.3(b)(1), or, in the alternative, (B) the Board’s instructions regarding additional information or submissions, if any, that are necessary to receive the Board’s approval of the pending sale transaction.

If you have questions or need additional information, please do not hesitate to contact me at JCarreon@concorde.edu or 913-745-2221, or to contact the Program Directors, Amber Davis (Garden Grove) at AMoDavis@Concorde.edu or 714-703-1900; Kimberly Pennington (San Diego) at KPennington@Concorde.edu or 619-695-5776; or Sabrina Santucho (San Bernardino) at SSantucho@Concorde.edu or 909-915-1131.

Sincerely,

John Carreon

John Carreon
General Counsel and Chief Compliance Officer

Enclosures

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Jennifer Huey, Regulatory Operations Manager, Concorde Career Colleges, Inc.
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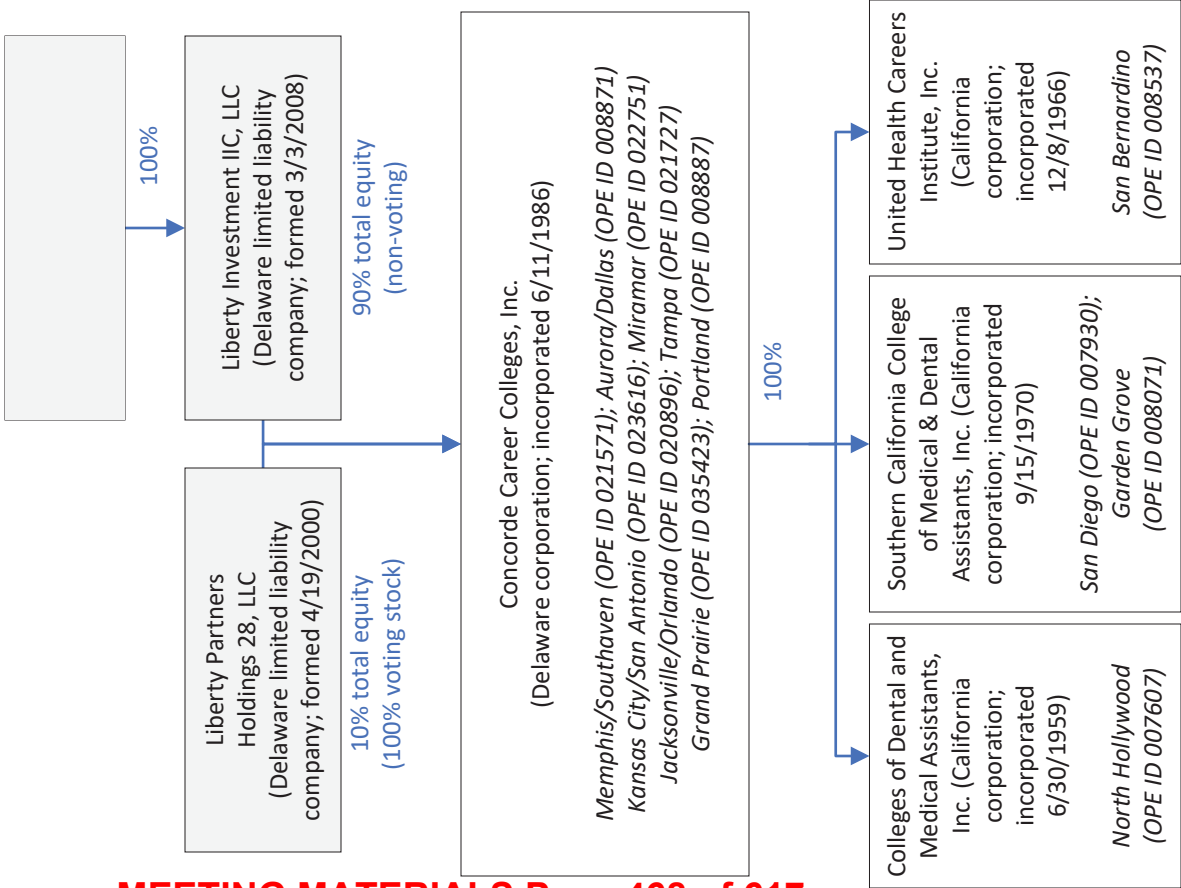
Concorde Career Colleges, Inc. and Subsidiaries

Pre-Transaction and Post-Transaction Ownership

(entities holding 10% or more voting or non-voting interests)

Pre-Transaction

Post-Transaction



August 10, 2022
(Corrected copy sent August 25, 2022¹)
John Carreon
Chief Compliance Officer
Concorde Career Colleges, Inc.
5800 Foxridge Drive, Suite 500
Mission, Kansas 66202

ELECTRONIC DELIVERY
jcarreon@concorde.edu

RE: **Concorde Career College, Aurora, Colorado (SCHOOL #M000068)**
 Concorde Career College, Dallas, Texas (SCHOOL #B072247)
 Concorde Career College, Garden Grove, California (SCHOOL #M000273)
 Concorde Career College, Grand Prairie, Texas (SCHOOL #M072379)
 Concorde Career Institute, Jacksonville, Florida (SCHOOL #M000394)
 Concorde Career Institute, Orlando, Florida (SCHOOL #B072246)
 Concorde Career College, Kansas City, Missouri (SCHOOL #M143700)
 Concorde Career College, San Antonio, Texas (SCHOOL #B072290)
 Concorde Career Institute, Miramar, Florida (SCHOOL #M054977)
 Concorde Career College, North Hollywood, California (SCHOOL #M000474)
 Concorde Career College, Portland, Oregon (SCHOOL #M000240)
 Concorde Career College, San Bernardino, California (SCHOOL #M000267)
 Concorde Career College, San Diego, California (SCHOOL #M000241)
 Concorde Career Institute, Tampa, Florida (SCHOOL #M001558)

Dear Mr. Carreon:

At the August 2022 meeting, the Accrediting Commission of Career Schools and Colleges (“ACCSC” or “the Commission”) completed the review of the Application for a Change of Control – Part I that proposes a new ownership structure for the above referenced schools. Based upon the information provided in the Application for a Change in Control–Part I and all supplemental information submitted in support of the application, the Commission voted to approve the application and the corresponding transfer of accreditation that would result from this change of ownership and control.

The Commission understands that on or about December 1, 2022, in accordance with the attached ownership structure, the proposed owners, upon consummation of the change of ownership and in accordance with the corporate structure identified below, will acquire all stock necessary to operate the above referenced schools. The Commission understands the new ownership structure to be as follows:²

All schools except Concorde Career College, San Bernardino, CA (School #M000267), Concorde Career College, North Hollywood, CA (School #M000474), Concorde Career College, San Diego, CA (School #M000241), and Concorde Career College, Garden Grove, CA (School #M000273) :

Level 1: Concorde Career Colleges, Inc. (100% owner of the schools)
Level 2: Universal Technical Institute, Inc. (100% owner of Level 1)

Concorde Career College, San Bernardino, CA (School #M000267):

¹ Corrected copy sent to reflect the proper ownership structure of the Concorde Career Colleges in California

² Please see the enclosed diagram of the proposed post-transaction ownership structure.

Level 1: United Health Careers Institute, Inc. (100% owner of the school)
Level 2: Concorde Career Colleges, Inc. (100% owner of Level 1)
Level 3: Universal Technical Institute, Inc. (100% owner of Level 2)

Concorde Career College, San Diego, CA (School #M000241) and Garden Grove, CA (School #M000273):

Level 1: Southern California College of Medical and Dental Assistants, Inc. (100% owner of the schools)
Level 2: Concorde Career Colleges, Inc. (100% owner of Level 1)
Level 3: Universal Technical Institute, Inc. (100% owner of Level 2)

Concorde Career College, North Hollywood, CA (School #M000474):

Level 1: Colleges of Dental and Medical Assistants, Inc. (100% owner of the school)
Level 2: Concorde Career Colleges, Inc. (100% owner of Level 1)
Level 3: Universal Technical Institute, Inc. (100% owner of Level 2)

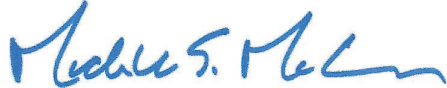
If the terms of the transaction or the ownership structure changes materially from that which the above referenced schools presented in the application and supplemental materials, then the Commission will review this matter again and may revoke this approval. Any material changes to the transaction or the ownership may require the filing of a new change of control application.

The Commission will monitor the above referenced schools post transaction through a review of the Application for a Change of Control-Part II, the required associated on-site evaluation to each of the effected campuses, and a review of each of the institutions' Annual Report and audited financial statement. The transition and transfer of accreditation to the proposed new ownership/control structure as described in the Application for a Change of Control-Part I and herein will be evaluated within the context of the Commission's requirements and the institution's ongoing compliance, and likelihood of continued compliance, with accreditation standards. Failure to maintain compliance with accrediting standards will result in the withdrawal of accreditation.

The next step in ACCSC's change of control process requires the submission of the Application for a Change of Control-Part II to the Commission office within 45 days after the consummation of the change of ownership and control. Please also submit an audited balance sheet as of the date of sale, prepared in accordance with the *ACCSC Instructions for the Submission of Financial Information, Standards of Accreditation*. The above referenced schools are reminded that this approval of the change of control expires if the transaction is not completed within 90 days from the date disclosed in the Application for a Change of Control-Part I. If the application expires, the school must submit a new Application for a Change of Control-Part I, to include the application processing fee.

Should you have any questions, please contact Zachary Hansen at 703.247.4517 or via email at zhansen@accsc.org.

Sincerely,

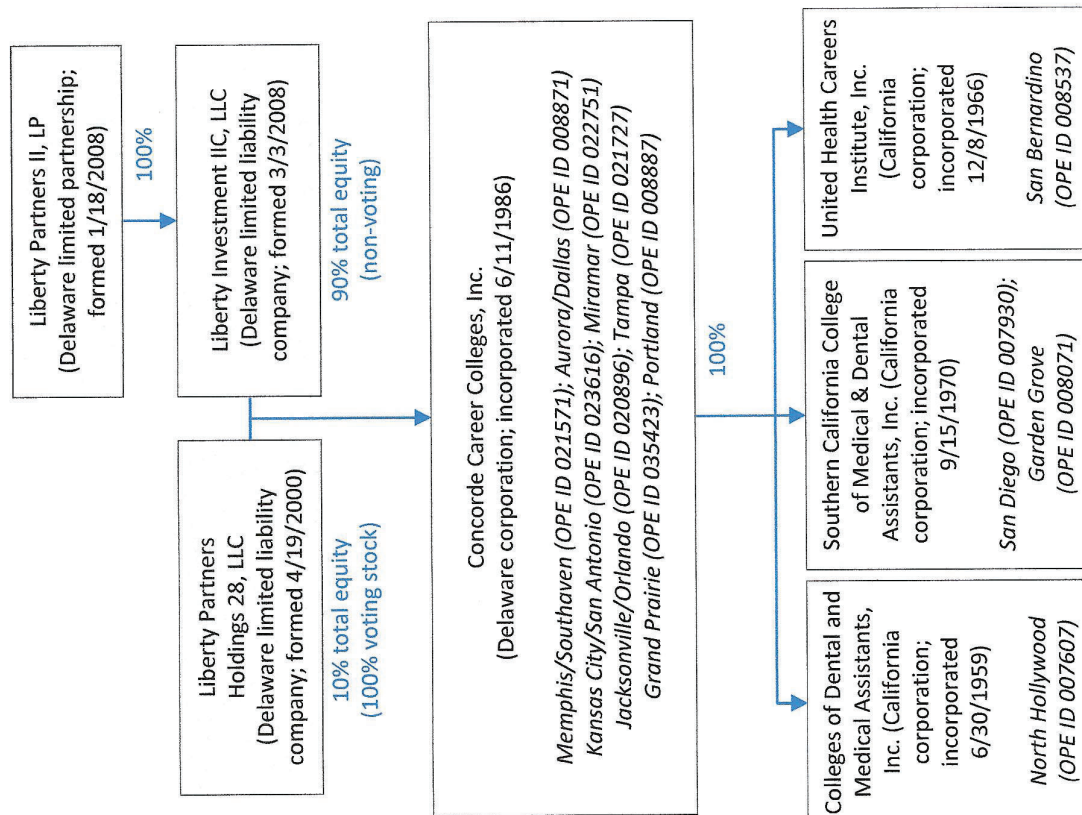


Michale S. McComis, Ed.D.
Executive Director

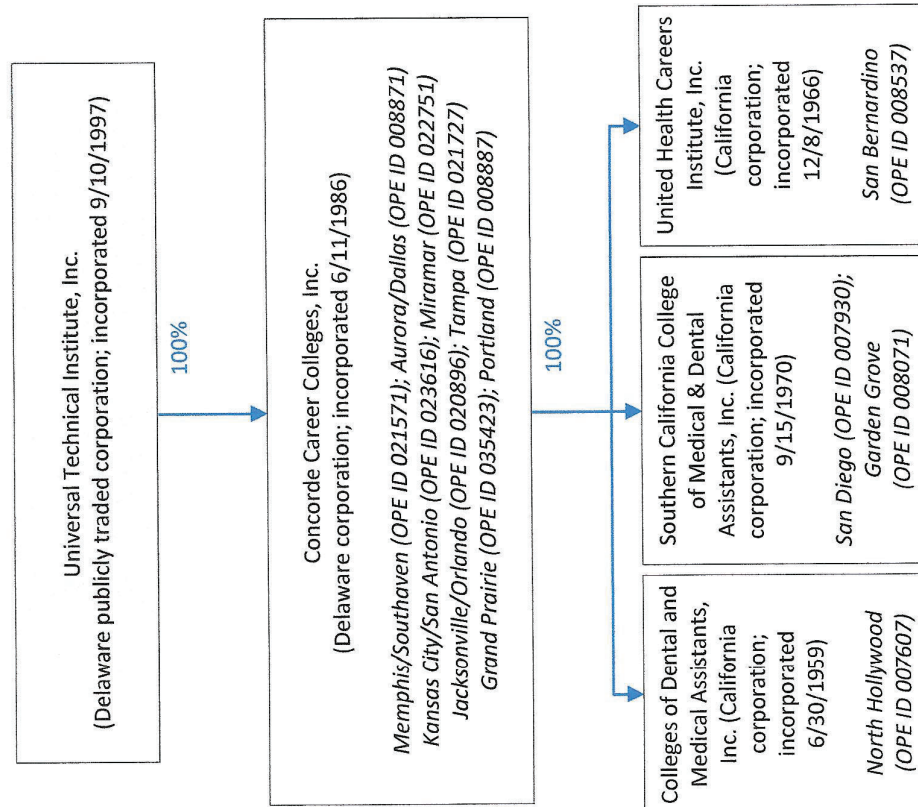
Concorde Career Colleges, Inc. and Subsidiaries **Pre-Transaction and Post-Transaction Ownership**

(entities holding 10% or more voting or non-voting interests)

Pre-Transaction



Post-Transaction





July 14, 2022

Dr. Sherin Tookss
Director
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

Via email to: tookss@ada.org

RE: Anticipated Change of Ownership

Dear Dr. Tookss:

I am writing to notify you regarding an anticipated change of ownership for Concorde Career College at the Garden Grove, CA, San Bernardino, CA, San Diego, CA, Aurora, CO, Kansas City, MO, Dallas, TX, Grand Prairie, TX, and San Antonio, TX schools. As you are aware, the Schools' Dental Hygiene programs are currently accredited by the Commission on Dental Accreditation (CODA).

At present, the Schools are wholly owned by Concorde Career Colleges, Inc., a Delaware corporation ("Concorde"), which in turn is majority owned by Liberty Investment IIC, LLC, a Delaware limited liability company ("Liberty"). On May 3, 2022, Concorde and Liberty entered into a Stock Purchase Agreement (the "Agreement") by which Universal Technical Institute, Inc. ("UTI"), a publicly-traded Delaware corporation, will acquire 100% ownership of Concorde. This anticipated change in Concorde's stock ownership is reflected by the accompanying diagram.

This anticipated change in Concorde's stock ownership will not result in a merger of the Schools with any of UTI's existing institutions. This transaction is expected to be completed in late 2022 or early 2023, subject to receipt of regulatory approvals including pre-acquisition review by the U.S. Department of Education and approval by the Schools' institutional accreditor, the Accrediting Commission of Career Schools and Colleges.

UTI is committed to maintaining Concorde's record of positive student outcomes, and intends to maintain Concorde's mission, academic excellence, and student services. There are not anticipated to be any changes at the campus level as a result of the transaction. Specifically, there are no anticipated changes to the program leadership, faculty, or curriculum.

It is our understanding that CODA does not require additional notice or an application prior to the occurrence of this change of ownership in order to maintain our existing accreditation. We would appreciate, as soon as possible, your written confirmation of that understanding and your provision of any requirements or deadlines that will apply once the change of ownership takes place, if any.



If you have questions or need additional information, please do not hesitate to contact me directly at 913-745-2205 or JHuey@Concorde.edu

Sincerely,

Jennifer Huey

Jennifer Huey, MBA
Regulatory Operations Manager – Programmatic Accreditation

Enclosure

Cc: Jami Frazier, Chief Executive Officer, Concorde Career Colleges, Inc.
John Carreon, General Counsel & Chief Compliance Officer, Concorde Career Colleges, Inc.
Lisa Rhodes, Campus President – Garden Grove, Concorde Career Colleges, Inc.
Amber Davis, Program Director – Garden Grove, Concorde Career Colleges, Inc.
Tracy West, Campus President – San Bernardino, Concorde Career Colleges, Inc.
Sabrina Santucho, Program Director – San Bernardino, Concorde Career Colleges, Inc.
Rachel Saffel, Campus President – San Diego, Concorde Career Colleges, Inc.
Kimberly Pennington, Program Director – San Diego, Concorde Career Colleges, Inc.
Thomas Wicke, Campus President – Aurora, Concorde Career Colleges, Inc.
Berween Mourady, Program Director – Aurora, Concorde Career Colleges, Inc.
Kate Packard, Campus President – Kansas City, Concorde Career Colleges, Inc.
Alissa Beckerle, Program Director – Kansas City, Concorde Career Colleges, Inc.
Erin Henry, Campus President – Dallas, Concorde Career Colleges, Inc.
Donna Sutton, Program Director – Dallas, Concorde Career Colleges, Inc.
Jahmil Jones, Campus President – Grand Prairie, Concorde Career Colleges, Inc.
Erin Delashmit, Program Director – Grand Prairie, Concorde Career Colleges, Inc.
Eddie Kreiner, Campus President – San Antonio, Concorde Career Colleges, Inc.
Caroline Bunce, Program Director – San Antonio, Concorde Career Colleges, Inc.

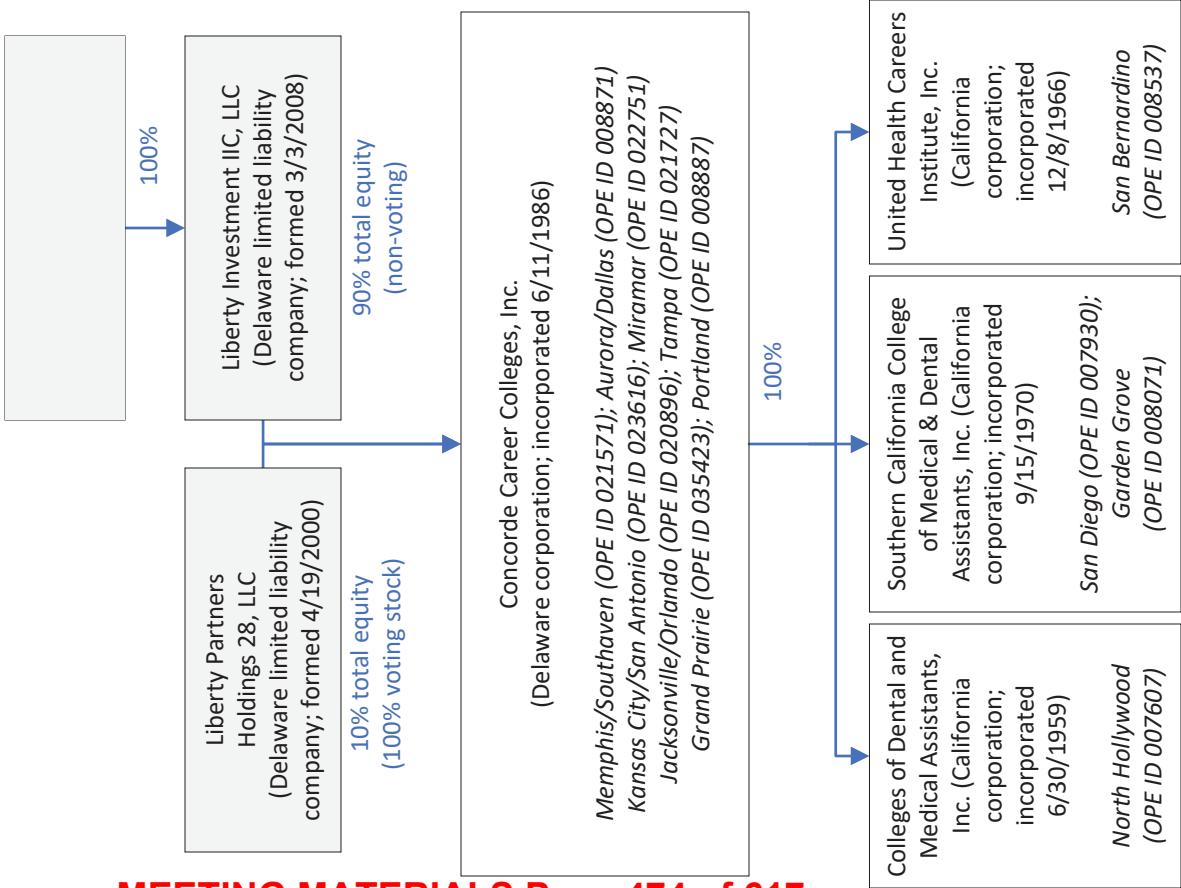
Concorde Career Colleges, Inc. and Subsidiaries

Pre-Transaction and Post-Transaction Ownership

(entities holding 10% or more voting or non-voting interests)

Pre-Transaction

Post-Transaction





October 11, 2022

Anthony Lum
Executive Officer
Dental Hygiene Board of California
2005 Evergreen Street, Ste 1350
Sacramento, CA 95815

Via email to: Anthony.Lum@dca.ca.gov

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As described in our prior letter and accompanying diagram, enclosed as Attachment A, the prospective transaction involves the stock ownership of Concorde as the parent company of the Schools. Concorde currently is majority-owned by Liberty Investment IIC, LLC, a Delaware limited liability company ("Liberty"). On May 3, 2022, Concorde and Liberty entered into a Stock Purchase Agreement (the "Agreement") by which Universal Technical Institute, Inc. ("UTI"), a publicly-traded Delaware corporation, will acquire 100% ownership of Concorde. The transaction will not affect the direct ownership of the Schools and Board-approved programs by Concorde or its subsidiaries. This anticipated change in Concorde's stock ownership will not result in a merger of the schools with any of UTI's existing institutions. There also are not anticipated to be any changes at the campus level as a result of the transaction. Specifically, there are no anticipated changes to the institutional or program leadership, faculty, or curriculum.

This transaction is now expected to be completed on or about December 1, 2022. The U.S. Department of Education has completed its pre-acquisition review, and the Schools' institutional accreditor, the Accrediting Commission of Career Schools and Colleges ("ACCSC"), issued its Part I approval of the prospective transaction on August 10, 2022. A copy of that ACCSC approval is enclosed for reference as Attachment B. In addition, the Schools' July 14, 2022 notification to the Commission on Dental Accreditation ("CODA") is enclosed as Attachment C. Concorde will provide the Board with any subsequent response from CODA, which has not occurred to date.

Concorde hereby requests placement on the Board's agenda for its November 19, 2022 meeting. Please let us know if any additional information is required by the Board in connection



with its consideration of the transaction at that meeting, in order to maintain Concorde's existing approvals following the anticipated closing date for the transaction.

If you have questions or need additional information, please do not hesitate to contact me at JCarreon@concorde.edu or 913-745-2221, or to contact the Program Directors, Amber Davis (Garden Grove) at AMoDavis@Concorde.edu or 714-703-1900; Kimberly Pennington (San Diego) at KPennington@Concorde.edu or 619-695-5776; or Sabrina Santucho (San Bernardino) at SSantucho@Concorde.edu or 909-915-1131.

Sincerely,

John Carreon

John Carreon,
General Counsel and Chief Compliance Officer

Enclosures

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September 13, 2022

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Executive Officer
Dental Hygiene Board of California
2005 Evergreen Street, Ste 1350
Sacramento, CA 95815

Via email to: Anthony.Lum@dca.ca.gov

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We acknowledge that California Code of Regulations, Title 16, section 1105.3(b)(1) requires that the Board grant its prior approval of any “substantive change” to an “approved dental hygiene program.” We also respectfully do not believe this transaction involving the upper-level stock ownership of Concorde – but not changing Concorde’s ownership or operation of either the Schools or the approved programs – constitutes such a substantive change.

We therefore would appreciate, as soon as possible, either (A) the Board’s written confirmation that the pending sale transaction as described above and reflected by the attached diagrams does not constitute a substantive change requiring the Board’s approval under California Code of Regulations, Title 16, section 1105.3(b)(1), or, in the alternative, (B) the Board’s instructions regarding additional information or submissions, if any, that are necessary to receive the Board’s approval of the pending sale transaction.

If you have questions or need additional information, please do not hesitate to contact me at JCarreon@concorde.edu or 913-745-2221, or to contact the Program Directors, Amber Davis (Garden Grove) at AMoDavis@Concorde.edu or 714-703-1900; Kimberly Pennington (San Diego) at KPennington@Concorde.edu or 619-695-5776; or Sabrina Santucho (San Bernardino) at SSantucho@Concorde.edu or 909-915-1131.

Sincerely,

John Carreon

John Carreon
General Counsel and Chief Compliance Officer

Enclosures

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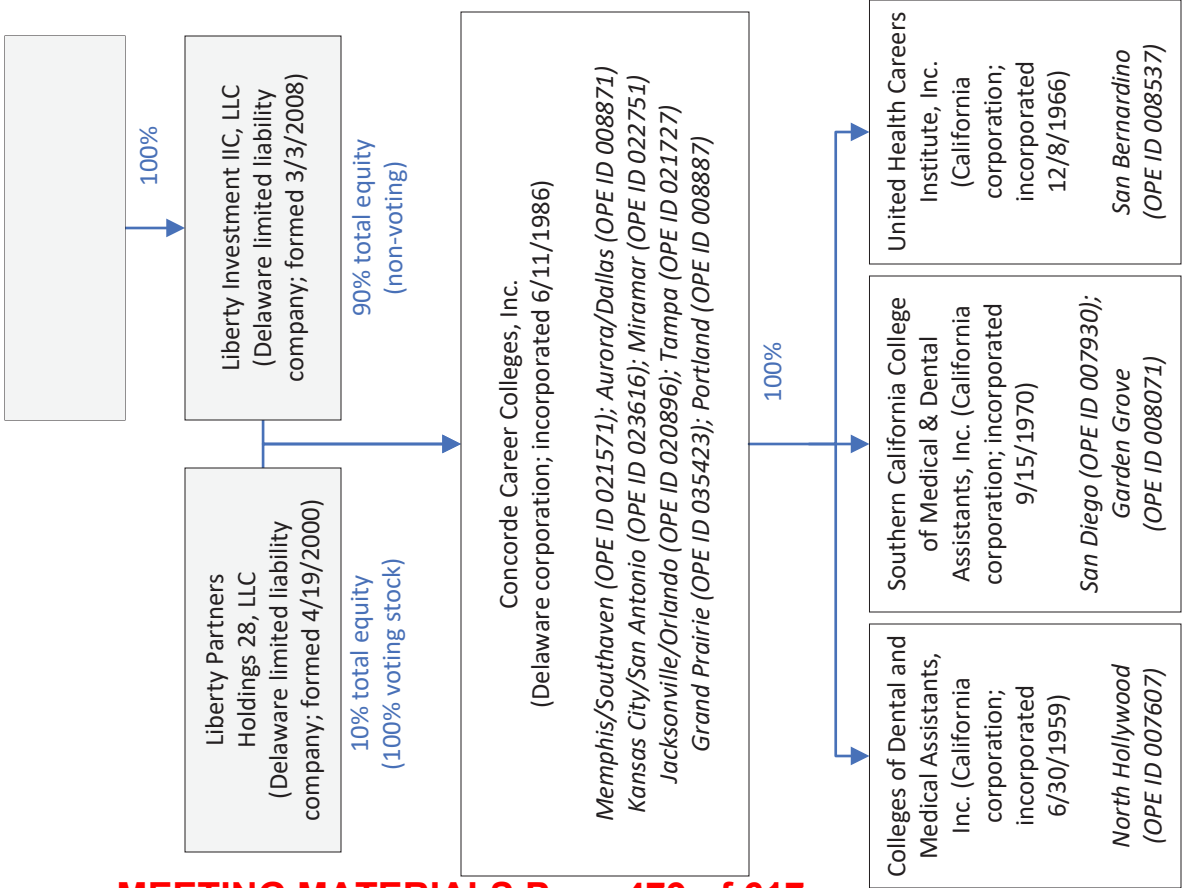
Concorde Career Colleges, Inc. and Subsidiaries

Pre-Transaction and Post-Transaction Ownership

(entities holding 10% or more voting or non-voting interests)

Pre-Transaction

Post-Transaction



August 10, 2022
(Corrected copy sent August 25, 2022¹)
John Carreon
Chief Compliance Officer
Concorde Career Colleges, Inc.
5800 Foxridge Drive, Suite 500
Mission, Kansas 66202

ELECTRONIC DELIVERY
jcarreon@concorde.edu

RE: Concorde Career College, Aurora, Colorado (SCHOOL #M000068)
 Concorde Career College, Dallas, Texas (SCHOOL #B072247)
 Concorde Career College, Garden Grove, California (SCHOOL #M000273)
 Concorde Career College, Grand Prairie, Texas (SCHOOL #M072379)
 Concorde Career Institute, Jacksonville, Florida (SCHOOL #M000394)
 Concorde Career Institute, Orlando, Florida (SCHOOL #B072246)
 Concorde Career College, Kansas City, Missouri (SCHOOL #M143700)
 Concorde Career College, San Antonio, Texas (SCHOOL #B072290)
 Concorde Career Institute, Miramar, Florida (SCHOOL #M054977)
 Concorde Career College, North Hollywood, California (SCHOOL #M000474)
 Concorde Career College, Portland, Oregon (SCHOOL #M000240)
 Concorde Career College, San Bernardino, California (SCHOOL #M000267)
 Concorde Career College, San Diego, California (SCHOOL #M000241)
 Concorde Career Institute, Tampa, Florida (SCHOOL #M001558)

Dear Mr. Carreon:

At the August 2022 meeting, the Accrediting Commission of Career Schools and Colleges (“ACCSC” or “the Commission”) completed the review of the Application for a Change of Control – Part I that proposes a new ownership structure for the above referenced schools. Based upon the information provided in the Application for a Change in Control–Part I and all supplemental information submitted in support of the application, the Commission voted to approve the application and the corresponding transfer of accreditation that would result from this change of ownership and control.

The Commission understands that on or about December 1, 2022, in accordance with the attached ownership structure, the proposed owners, upon consummation of the change of ownership and in accordance with the corporate structure identified below, will acquire all stock necessary to operate the above referenced schools. The Commission understands the new ownership structure to be as follows:²

All schools except Concorde Career College, San Bernardino, CA (School #M000267), Concorde Career College, North Hollywood, CA (School #M000474), Concorde Career College, San Diego, CA (School #M000241), and Concorde Career College, Garden Grove, CA (School #M000273) :

Level 1: Concorde Career Colleges, Inc. (100% owner of the schools)
Level 2: Universal Technical Institute, Inc. (100% owner of Level 1)

Concorde Career College, San Bernardino, CA (School #M000267):

¹ Corrected copy sent to reflect the proper ownership structure of the Concorde Career Colleges in California

² Please see the enclosed diagram of the proposed post-transaction ownership structure.

Level 1: United Health Careers Institute, Inc. (100% owner of the school)
Level 2: Concorde Career Colleges, Inc. (100% owner of Level 1)
Level 3: Universal Technical Institute, Inc. (100% owner of Level 2)

Concorde Career College, San Diego, CA (School #M000241) and Garden Grove, CA (School #M000273):

Level 1: Southern California College of Medical and Dental Assistants, Inc. (100% owner of the schools)
Level 2: Concorde Career Colleges, Inc. (100% owner of Level 1)
Level 3: Universal Technical Institute, Inc. (100% owner of Level 2)

Concorde Career College, North Hollywood, CA (School #M000474):

Level 1: Colleges of Dental and Medical Assistants, Inc. (100% owner of the school)
Level 2: Concorde Career Colleges, Inc. (100% owner of Level 1)
Level 3: Universal Technical Institute, Inc. (100% owner of Level 2)

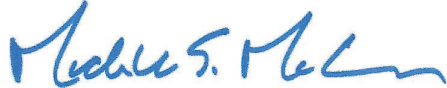
If the terms of the transaction or the ownership structure changes materially from that which the above referenced schools presented in the application and supplemental materials, then the Commission will review this matter again and may revoke this approval. Any material changes to the transaction or the ownership may require the filing of a new change of control application.

The Commission will monitor the above referenced schools post transaction through a review of the Application for a Change of Control-Part II, the required associated on-site evaluation to each of the effected campuses, and a review of each of the institutions' Annual Report and audited financial statement. The transition and transfer of accreditation to the proposed new ownership/control structure as described in the Application for a Change of Control-Part I and herein will be evaluated within the context of the Commission's requirements and the institution's ongoing compliance, and likelihood of continued compliance, with accreditation standards. Failure to maintain compliance with accrediting standards will result in the withdrawal of accreditation.

The next step in ACCSC's change of control process requires the submission of the Application for a Change of Control-Part II to the Commission office within 45 days after the consummation of the change of ownership and control. Please also submit an audited balance sheet as of the date of sale, prepared in accordance with the *ACCSC Instructions for the Submission of Financial Information, Standards of Accreditation*. The above referenced schools are reminded that this approval of the change of control expires if the transaction is not completed within 90 days from the date disclosed in the Application for a Change of Control-Part I. If the application expires, the school must submit a new Application for a Change of Control-Part I, to include the application processing fee.

Should you have any questions, please contact Zachary Hansen at 703.247.4517 or via email at zhansen@accsc.org.

Sincerely,

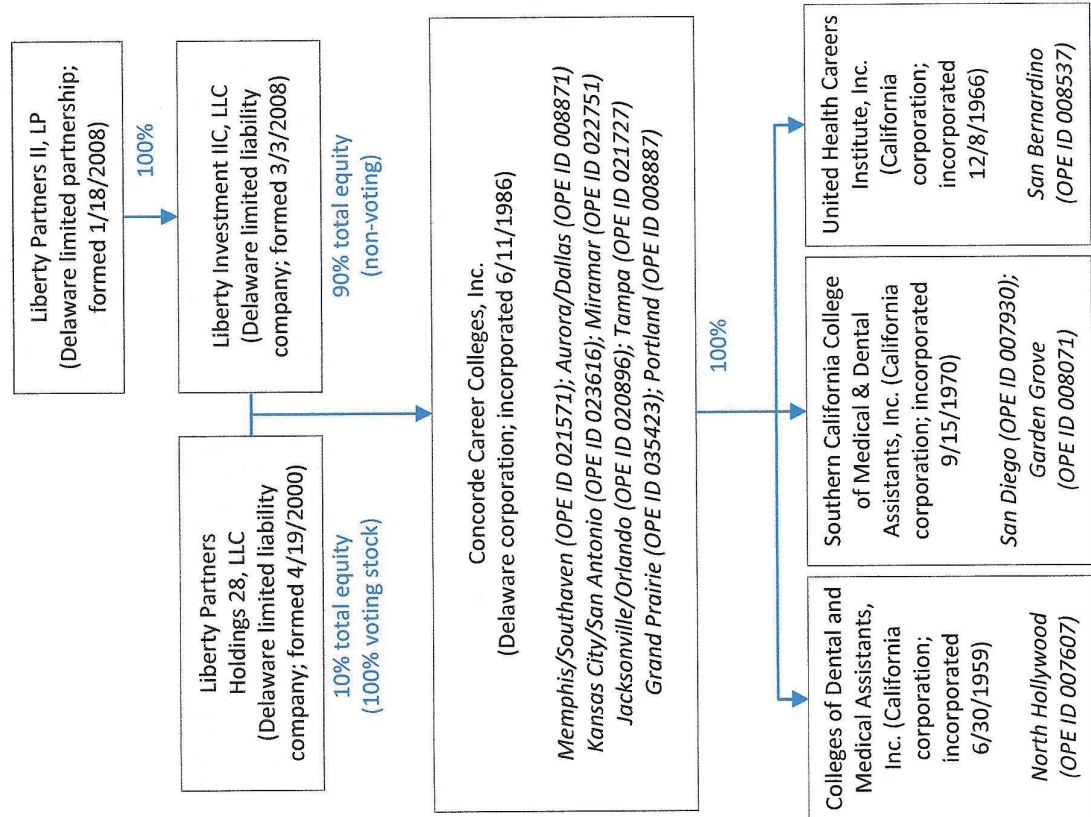


Michale S. McComis, Ed.D.
Executive Director

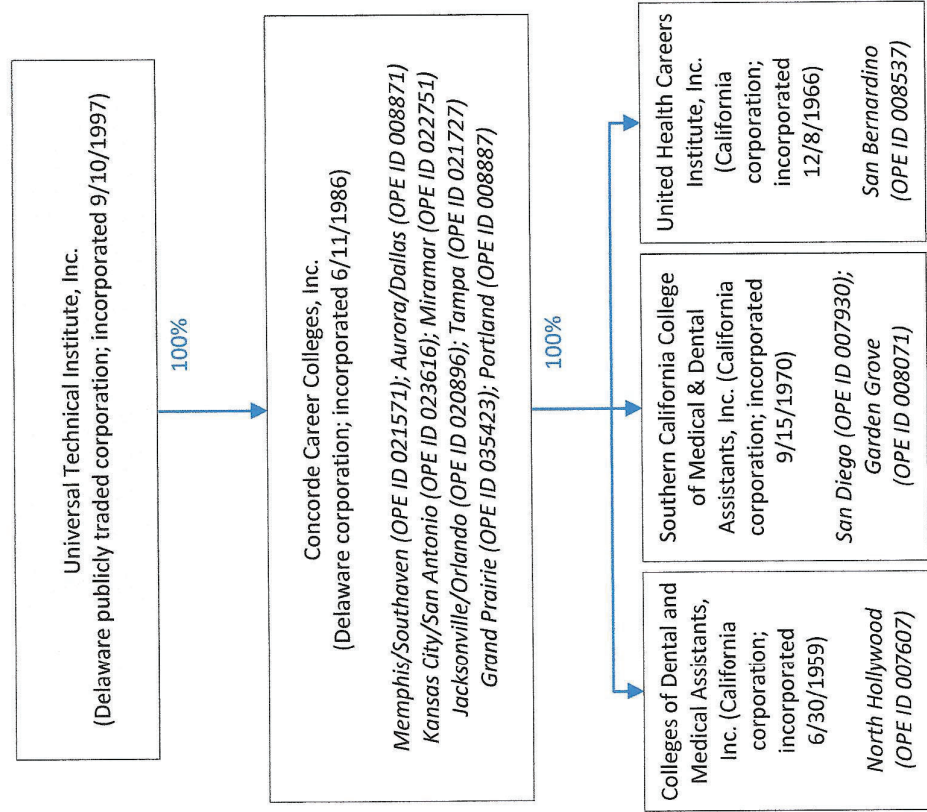
Concorde Career Colleges, Inc. and Subsidiaries **Pre-Transaction and Post-Transaction Ownership**

(entities holding 10% or more voting or non-voting interests)

Pre-Transaction



Post-Transaction





July 14, 2022

Dr. Sherin Tookss
Director
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

Via email to: tookss@ada.org

RE: Anticipated Change of Ownership

Dear Dr. Tookss:

I am writing to notify you regarding an anticipated change of ownership for Concorde Career College at the Garden Grove, CA, San Bernardino, CA, San Diego, CA, Aurora, CO, Kansas City, MO, Dallas, TX, Grand Prairie, TX, and San Antonio, TX schools. As you are aware, the Schools' Dental Hygiene programs are currently accredited by the Commission on Dental Accreditation (CODA).

At present, the Schools are wholly owned by Concorde Career Colleges, Inc., a Delaware corporation ("Concorde"), which in turn is majority owned by Liberty Investment IIC, LLC, a Delaware limited liability company ("Liberty"). On May 3, 2022, Concorde and Liberty entered into a Stock Purchase Agreement (the "Agreement") by which Universal Technical Institute, Inc. ("UTI"), a publicly-traded Delaware corporation, will acquire 100% ownership of Concorde. This anticipated change in Concorde's stock ownership is reflected by the accompanying diagram.

This anticipated change in Concorde's stock ownership will not result in a merger of the Schools with any of UTI's existing institutions. This transaction is expected to be completed in late 2022 or early 2023, subject to receipt of regulatory approvals including pre-acquisition review by the U.S. Department of Education and approval by the Schools' institutional accreditor, the Accrediting Commission of Career Schools and Colleges.

UTI is committed to maintaining Concorde's record of positive student outcomes, and intends to maintain Concorde's mission, academic excellence, and student services. There are not anticipated to be any changes at the campus level as a result of the transaction. Specifically, there are no anticipated changes to the program leadership, faculty, or curriculum.

It is our understanding that CODA does not require additional notice or an application prior to the occurrence of this change of ownership in order to maintain our existing accreditation. We would appreciate, as soon as possible, your written confirmation of that understanding and your provision of any requirements or deadlines that will apply once the change of ownership takes place, if any.



If you have questions or need additional information, please do not hesitate to contact me directly at 913-745-2205 or JHuey@Concorde.edu

Sincerely,

Jennifer Huey

Jennifer Huey, MBA
Regulatory Operations Manager – Programmatic Accreditation

Enclosure

Cc: Jami Frazier, Chief Executive Officer, Concorde Career Colleges, Inc.
John Carreon, General Counsel & Chief Compliance Officer, Concorde Career Colleges, Inc.
Lisa Rhodes, Campus President – Garden Grove, Concorde Career Colleges, Inc.
Amber Davis, Program Director – Garden Grove, Concorde Career Colleges, Inc.
Tracy West, Campus President – San Bernardino, Concorde Career Colleges, Inc.
Sabrina Santucho, Program Director – San Bernardino, Concorde Career Colleges, Inc.
Rachel Saffel, Campus President – San Diego, Concorde Career Colleges, Inc.
Kimberly Pennington, Program Director – San Diego, Concorde Career Colleges, Inc.
Thomas Wicke, Campus President – Aurora, Concorde Career Colleges, Inc.
Berween Mourady, Program Director – Aurora, Concorde Career Colleges, Inc.
Kate Packard, Campus President – Kansas City, Concorde Career Colleges, Inc.
Alissa Beckerle, Program Director – Kansas City, Concorde Career Colleges, Inc.
Erin Henry, Campus President – Dallas, Concorde Career Colleges, Inc.
Donna Sutton, Program Director – Dallas, Concorde Career Colleges, Inc.
Jahmil Jones, Campus President – Grand Prairie, Concorde Career Colleges, Inc.
Erin Delashmit, Program Director – Grand Prairie, Concorde Career Colleges, Inc.
Eddie Kreiner, Campus President – San Antonio, Concorde Career Colleges, Inc.
Caroline Bunce, Program Director – San Antonio, Concorde Career Colleges, Inc.

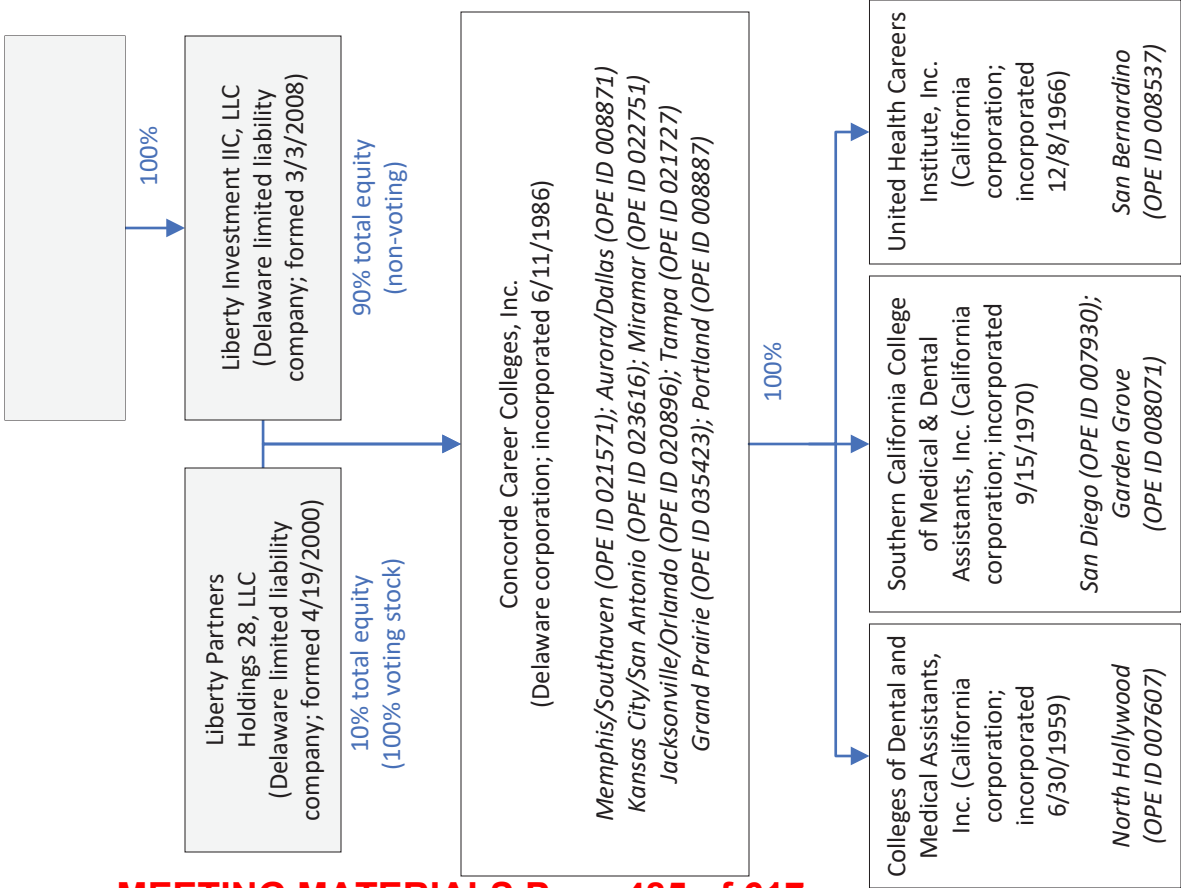
Concorde Career Colleges, Inc. and Subsidiaries

Pre-Transaction and Post-Transaction Ownership

(entities holding 10% or more voting or non-voting interests)

Pre-Transaction

Post-Transaction





October 11, 2022

Anthony Lum
Executive Officer
Dental Hygiene Board of California
2005 Evergreen Street, Ste 1350
Sacramento, CA 95815

Via email to: Anthony.Lum@dca.ca.gov

RE: Anticipated Change of Ownership

Dear Mr. Lum:

I am writing to follow up on our September 13, 2022 letter to the Dental Hygiene Board of California (the "Board") regarding the prospective sale of Concorde Career Colleges, Inc. ("Concorde"), as well as related communications between Mr. Ed Cramp of Duane Morris LLP and you regarding that prospective transaction. As you are aware, the Dental Hygiene programs at Concorde's schools in Garden Grove, San Diego, and San Bernardino (the "Schools") are currently approved by the Board.

As described in our prior letter and accompanying diagram, enclosed as Attachment A, the prospective transaction involves the stock ownership of Concorde as the parent company of the Schools. Concorde currently is majority-owned by Liberty Investment IIC, LLC, a Delaware limited liability company ("Liberty"). On May 3, 2022, Concorde and Liberty entered into a Stock Purchase Agreement (the "Agreement") by which Universal Technical Institute, Inc. ("UTI"), a publicly-traded Delaware corporation, will acquire 100% ownership of Concorde. The transaction will not affect the direct ownership of the Schools and Board-approved programs by Concorde or its subsidiaries. This anticipated change in Concorde's stock ownership will not result in a merger of the schools with any of UTI's existing institutions. There also are not anticipated to be any changes at the campus level as a result of the transaction. Specifically, there are no anticipated changes to the institutional or program leadership, faculty, or curriculum.

This transaction is now expected to be completed on or about December 1, 2022. The U.S. Department of Education has completed its pre-acquisition review, and the Schools' institutional accreditor, the Accrediting Commission of Career Schools and Colleges ("ACCSC"), issued its Part I approval of the prospective transaction on August 10, 2022. A copy of that ACCSC approval is enclosed for reference as Attachment B. In addition, the Schools' July 14, 2022 notification to the Commission on Dental Accreditation ("CODA") is enclosed as Attachment C. Concorde will provide the Board with any subsequent response from CODA, which has not occurred to date.

Concorde hereby requests placement on the Board's agenda for its November 19, 2022 meeting. Please let us know if any additional information is required by the Board in connection



with its consideration of the transaction at that meeting, in order to maintain Concorde's existing approvals following the anticipated closing date for the transaction.

If you have questions or need additional information, please do not hesitate to contact me at JCarreon@concorde.edu or 913-745-2221, or to contact the Program Directors, Amber Davis (Garden Grove) at AMoDavis@Concorde.edu or 714-703-1900; Kimberly Pennington (San Diego) at KPennington@Concorde.edu or 619-695-5776; or Sabrina Santucho (San Bernardino) at SSantucho@Concorde.edu or 909-915-1131.

Sincerely,

John Carreon

John Carreon,
General Counsel and Chief Compliance Officer

Enclosures

Cc: Jami Frazier, Chief Executive Officer, Concorde Career Colleges, Inc.
Jennifer Huey, Regulatory Operations Manager, Concorde Career Colleges, Inc.
John Carreon, General Counsel & Chief Compliance Officer, Concorde Career Colleges, Inc.
Lisa Rhodes, Garden Grove Campus President, Concorde Career Colleges, Inc.
Rachel Saffel, San Diego Campus President, Concorde Career Colleges, Inc.
Tracy West, San Bernardino Campus President, Concorde Career Colleges, Inc.



September 13, 2022

Anthony Lum
Executive Officer
Dental Hygiene Board of California
2005 Evergreen Street, Ste 1350
Sacramento, CA 95815

Via email to: Anthony.Lum@dca.ca.gov

RE: Anticipated Change of Ownership

Dear Mr. Lum:

I am writing in response to the letter dated July 6, 2022 from Ms. Adina Petty of the Dental Hygiene Board of California (the "Board") regarding the prospective sale of Concorde Career Colleges, Inc. ("Concorde"), and as follow up to subsequent conversations between Mr. Ed Cramp of Duane Morris LLP and you regarding that prospective transaction. As you are aware, the Dental Hygiene programs at Concorde's schools in Garden Grove, San Diego, and San Bernardino (the "Schools") are currently approved by the Board.

The prospective transaction involves the stock ownership of Concorde as the parent company of the Schools. Specifically, Concorde currently is majority-owned by Liberty Investment IIC, LLC, a Delaware limited liability company ("Liberty"). On May 3, 2022, Concorde and Liberty entered into a Stock Purchase Agreement (the "Agreement") by which Universal Technical Institute, Inc. ("UTI"), a publicly-traded Delaware corporation, will acquire 100% ownership of Concorde. This anticipated change in Concorde's stock ownership is reflected by the accompanying diagram. As reflected by the diagram, the transaction will not affect the direct ownership of the Schools and Board-approved programs by Concorde or its subsidiaries.

This transaction is expected to be completed in late 2022 or early 2023, following receipt of all required state and accrediting agency approvals, and a completed U.S. Department of Education pre-acquisition review, for all of Concorde's campus locations and programs. The Schools' institutional accreditor, the Accrediting Commission of Career Schools and Colleges ("ACCSC"), issued its Part I approval of the prospective transaction on August 10, 2022. A copy of that ACCSC approval is enclosed for reference.

UTI is committed to maintaining Concorde's record of positive student outcomes, and intends to maintain Concorde's mission, academic excellence, and student services. This anticipated change in Concorde's stock ownership will not result in a merger of the schools with any of UTI's existing institutions. There also are not anticipated to be any changes at the campus level as a result of the transaction. Specifically, there are no anticipated changes to the institutional or program leadership, faculty, or curriculum.



We acknowledge that California Code of Regulations, Title 16, section 1105.3(b)(1) requires that the Board grant its prior approval of any “substantive change” to an “approved dental hygiene program.” We also respectfully do not believe this transaction involving the upper-level stock ownership of Concorde – but not changing Concorde’s ownership or operation of either the Schools or the approved programs – constitutes such a substantive change.

We therefore would appreciate, as soon as possible, either (A) the Board’s written confirmation that the pending sale transaction as described above and reflected by the attached diagrams does not constitute a substantive change requiring the Board’s approval under California Code of Regulations, Title 16, section 1105.3(b)(1), or, in the alternative, (B) the Board’s instructions regarding additional information or submissions, if any, that are necessary to receive the Board’s approval of the pending sale transaction.

If you have questions or need additional information, please do not hesitate to contact me at JCarreon@concorde.edu or 913-745-2221, or to contact the Program Directors, Amber Davis (Garden Grove) at AMoDavis@Concorde.edu or 714-703-1900; Kimberly Pennington (San Diego) at KPennington@Concorde.edu or 619-695-5776; or Sabrina Santucho (San Bernardino) at SSantucho@Concorde.edu or 909-915-1131.

Sincerely,

John Carreon

John Carreon
General Counsel and Chief Compliance Officer

Enclosures

Cc: Jami Frazier, Chief Executive Officer, Concorde Career Colleges, Inc.
Jennifer Huey, Regulatory Operations Manager, Concorde Career Colleges, Inc.
John Carreon, General Counsel & Chief Compliance Officer, Concorde Career Colleges, Inc.
Lisa Rhodes, Garden Grove Campus President, Concorde Career Colleges, Inc.
Rachel Saffel, San Diego Campus President, Concorde Career Colleges, Inc.
Tracy West, San Bernardino Campus President, Concorde Career Colleges, Inc.

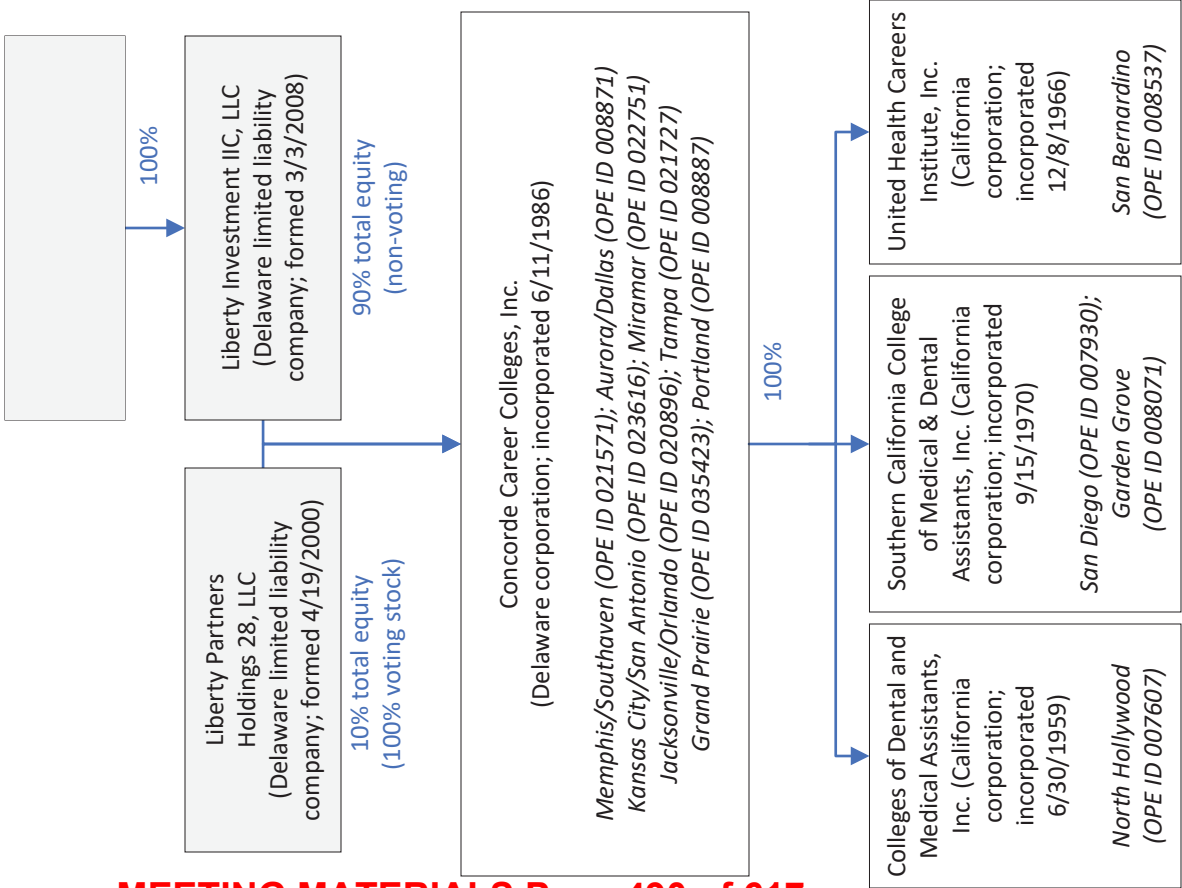
Concorde Career Colleges, Inc. and Subsidiaries

Pre-Transaction and Post-Transaction Ownership

(entities holding 10% or more voting or non-voting interests)

Pre-Transaction

Post-Transaction



August 10, 2022
(Corrected copy sent August 25, 2022¹)
John Carreon
Chief Compliance Officer
Concorde Career Colleges, Inc.
5800 Foxridge Drive, Suite 500
Mission, Kansas 66202

ELECTRONIC DELIVERY
jcarreon@concorde.edu

RE: **Concorde Career College, Aurora, Colorado (SCHOOL #M000068)**
 Concorde Career College, Dallas, Texas (SCHOOL #B072247)
 Concorde Career College, Garden Grove, California (SCHOOL #M000273)
 Concorde Career College, Grand Prairie, Texas (SCHOOL #M072379)
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 Concorde Career College, San Antonio, Texas (SCHOOL #B072290)
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 Concorde Career College, North Hollywood, California (SCHOOL #M000474)
 Concorde Career College, Portland, Oregon (SCHOOL #M000240)
 Concorde Career College, San Bernardino, California (SCHOOL #M000267)
 Concorde Career College, San Diego, California (SCHOOL #M000241)
 Concorde Career Institute, Tampa, Florida (SCHOOL #M001558)

Dear Mr. Carreon:

At the August 2022 meeting, the Accrediting Commission of Career Schools and Colleges (“ACCSC” or “the Commission”) completed the review of the Application for a Change of Control – Part I that proposes a new ownership structure for the above referenced schools. Based upon the information provided in the Application for a Change in Control–Part I and all supplemental information submitted in support of the application, the Commission voted to approve the application and the corresponding transfer of accreditation that would result from this change of ownership and control.

The Commission understands that on or about December 1, 2022, in accordance with the attached ownership structure, the proposed owners, upon consummation of the change of ownership and in accordance with the corporate structure identified below, will acquire all stock necessary to operate the above referenced schools. The Commission understands the new ownership structure to be as follows:²

All schools except Concorde Career College, San Bernardino, CA (School #M000267), Concorde Career College, North Hollywood, CA (School #M000474), Concorde Career College, San Diego, CA (School #M000241), and Concorde Career College, Garden Grove, CA (School #M000273) :

Level 1: Concorde Career Colleges, Inc. (100% owner of the schools)
Level 2: Universal Technical Institute, Inc. (100% owner of Level 1)

Concorde Career College, San Bernardino, CA (School #M000267):

¹ Corrected copy sent to reflect the proper ownership structure of the Concorde Career Colleges in California

² Please see the enclosed diagram of the proposed post-transaction ownership structure.

Level 1: United Health Careers Institute, Inc. (100% owner of the school)
Level 2: Concorde Career Colleges, Inc. (100% owner of Level 1)
Level 3: Universal Technical Institute, Inc. (100% owner of Level 2)

Concorde Career College, San Diego, CA (School #M000241) and Garden Grove, CA (School #M000273):

Level 1: Southern California College of Medical and Dental Assistants, Inc. (100% owner of the schools)
Level 2: Concorde Career Colleges, Inc. (100% owner of Level 1)
Level 3: Universal Technical Institute, Inc. (100% owner of Level 2)

Concorde Career College, North Hollywood, CA (School #M000474):

Level 1: Colleges of Dental and Medical Assistants, Inc. (100% owner of the school)
Level 2: Concorde Career Colleges, Inc. (100% owner of Level 1)
Level 3: Universal Technical Institute, Inc. (100% owner of Level 2)

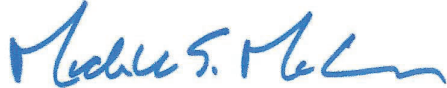
If the terms of the transaction or the ownership structure changes materially from that which the above referenced schools presented in the application and supplemental materials, then the Commission will review this matter again and may revoke this approval. Any material changes to the transaction or the ownership may require the filing of a new change of control application.

The Commission will monitor the above referenced schools post transaction through a review of the Application for a Change of Control-Part II, the required associated on-site evaluation to each of the effected campuses, and a review of each of the institutions' Annual Report and audited financial statement. The transition and transfer of accreditation to the proposed new ownership/control structure as described in the Application for a Change of Control-Part I and herein will be evaluated within the context of the Commission's requirements and the institution's ongoing compliance, and likelihood of continued compliance, with accreditation standards. Failure to maintain compliance with accrediting standards will result in the withdrawal of accreditation.

The next step in ACCSC's change of control process requires the submission of the Application for a Change of Control-Part II to the Commission office within 45 days after the consummation of the change of ownership and control. Please also submit an audited balance sheet as of the date of sale, prepared in accordance with the *ACCSC Instructions for the Submission of Financial Information, Standards of Accreditation*. The above referenced schools are reminded that this approval of the change of control expires if the transaction is not completed within 90 days from the date disclosed in the Application for a Change of Control-Part I. If the application expires, the school must submit a new Application for a Change of Control-Part I, to include the application processing fee.

Should you have any questions, please contact Zachary Hansen at 703.247.4517 or via email at zhansen@accsc.org.

Sincerely,

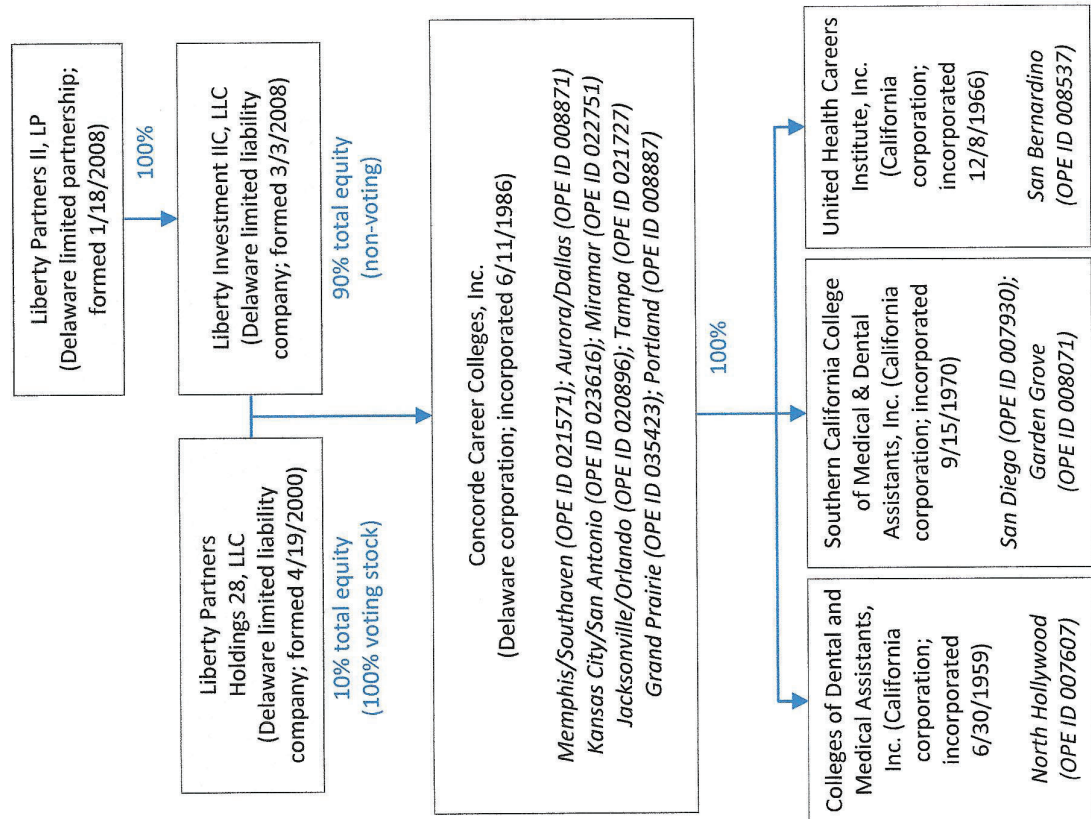


Michale S. McComis, Ed.D.
Executive Director

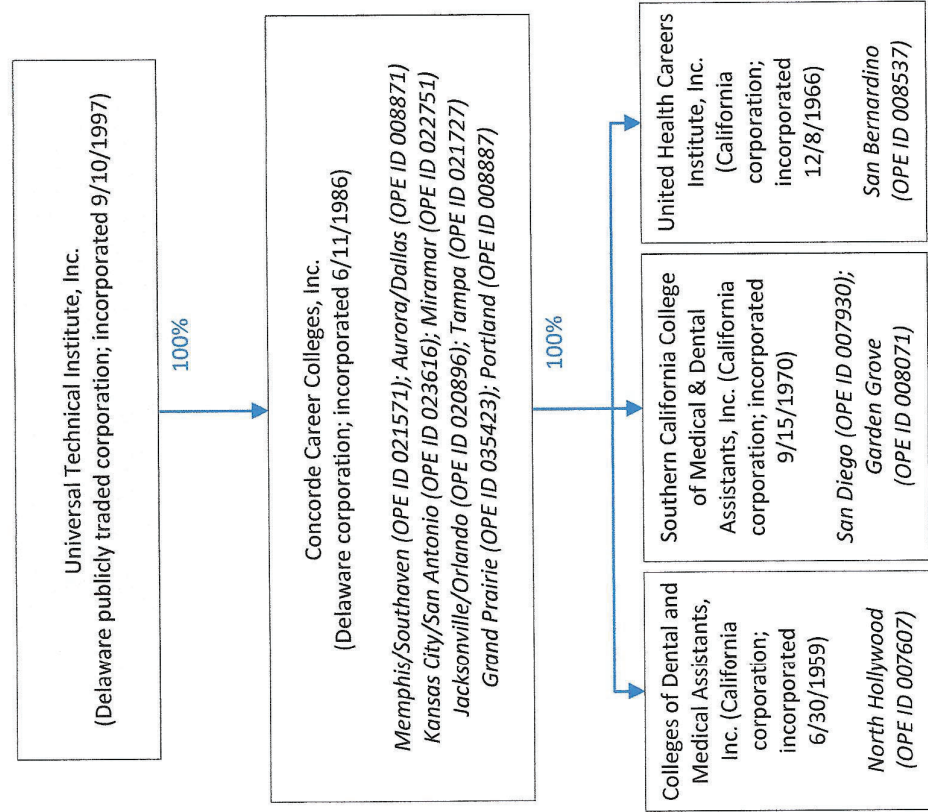
Concorde Career Colleges, Inc. and Subsidiaries **Pre-Transaction and Post-Transaction Ownership**

(entities holding 10% or more voting or non-voting interests)

Pre-Transaction



Post-Transaction





July 14, 2022

Dr. Sherin Tookss
Director
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

Via email to: tookss@ada.org

RE: Anticipated Change of Ownership

Dear Dr. Tookss:

I am writing to notify you regarding an anticipated change of ownership for Concorde Career College at the Garden Grove, CA, San Bernardino, CA, San Diego, CA, Aurora, CO, Kansas City, MO, Dallas, TX, Grand Prairie, TX, and San Antonio, TX schools. As you are aware, the Schools' Dental Hygiene programs are currently accredited by the Commission on Dental Accreditation (CODA).

At present, the Schools are wholly owned by Concorde Career Colleges, Inc., a Delaware corporation ("Concorde"), which in turn is majority owned by Liberty Investment IIC, LLC, a Delaware limited liability company ("Liberty"). On May 3, 2022, Concorde and Liberty entered into a Stock Purchase Agreement (the "Agreement") by which Universal Technical Institute, Inc. ("UTI"), a publicly-traded Delaware corporation, will acquire 100% ownership of Concorde. This anticipated change in Concorde's stock ownership is reflected by the accompanying diagram.

This anticipated change in Concorde's stock ownership will not result in a merger of the Schools with any of UTI's existing institutions. This transaction is expected to be completed in late 2022 or early 2023, subject to receipt of regulatory approvals including pre-acquisition review by the U.S. Department of Education and approval by the Schools' institutional accreditor, the Accrediting Commission of Career Schools and Colleges.

UTI is committed to maintaining Concorde's record of positive student outcomes, and intends to maintain Concorde's mission, academic excellence, and student services. There are not anticipated to be any changes at the campus level as a result of the transaction. Specifically, there are no anticipated changes to the program leadership, faculty, or curriculum.

It is our understanding that CODA does not require additional notice or an application prior to the occurrence of this change of ownership in order to maintain our existing accreditation. We would appreciate, as soon as possible, your written confirmation of that understanding and your provision of any requirements or deadlines that will apply once the change of ownership takes place, if any.



If you have questions or need additional information, please do not hesitate to contact me directly at 913-745-2205 or JHuey@Concorde.edu

Sincerely,

Jennifer Huey

Jennifer Huey, MBA
Regulatory Operations Manager – Programmatic Accreditation

Enclosure

Cc: Jami Frazier, Chief Executive Officer, Concorde Career Colleges, Inc.
John Carreon, General Counsel & Chief Compliance Officer, Concorde Career Colleges, Inc.
Lisa Rhodes, Campus President – Garden Grove, Concorde Career Colleges, Inc.
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Donna Sutton, Program Director – Dallas, Concorde Career Colleges, Inc.
Jahmil Jones, Campus President – Grand Prairie, Concorde Career Colleges, Inc.
Erin Delashmit, Program Director – Grand Prairie, Concorde Career Colleges, Inc.
Eddie Kreiner, Campus President – San Antonio, Concorde Career Colleges, Inc.
Caroline Bunce, Program Director – San Antonio, Concorde Career Colleges, Inc.

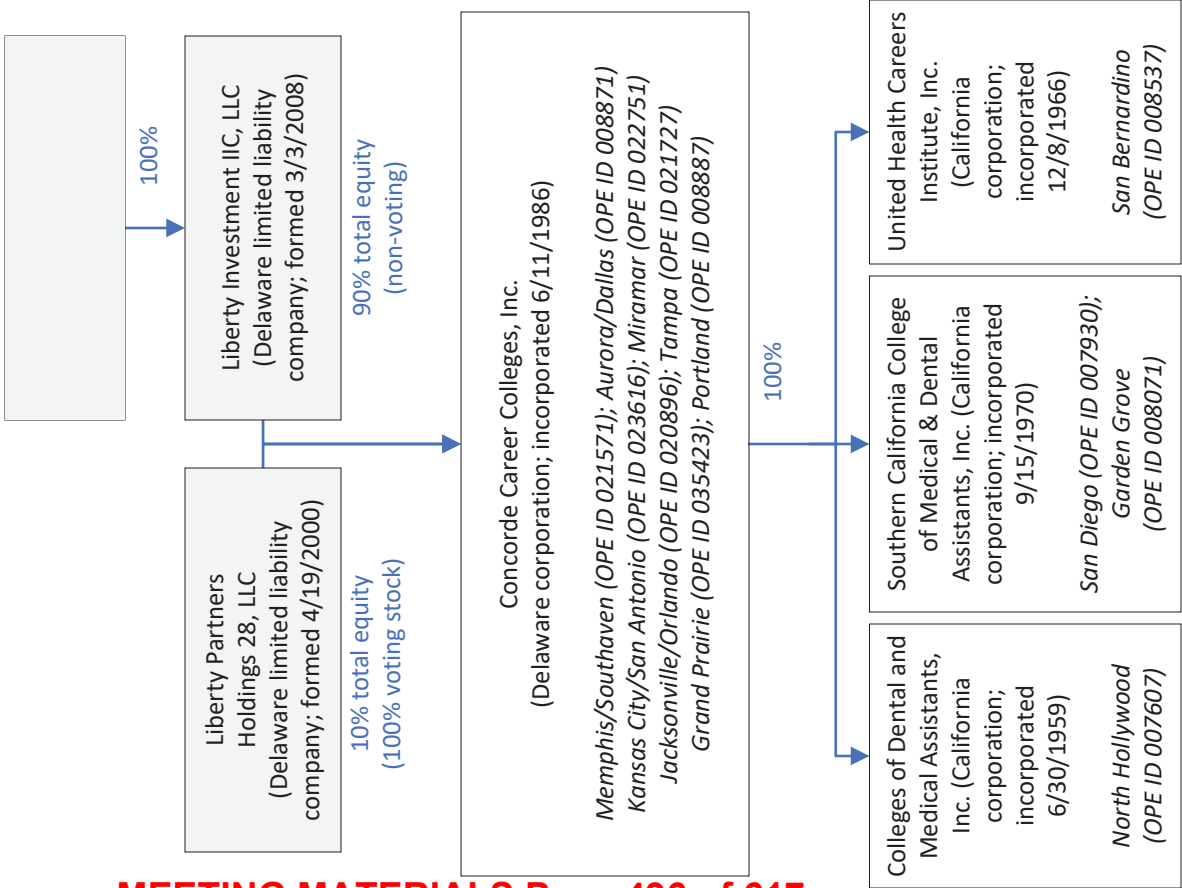
Concorde Career Colleges, Inc. and Subsidiaries

Pre-Transaction and Post-Transaction Ownership

(entities holding 10% or more voting or non-voting interests)

Pre-Transaction

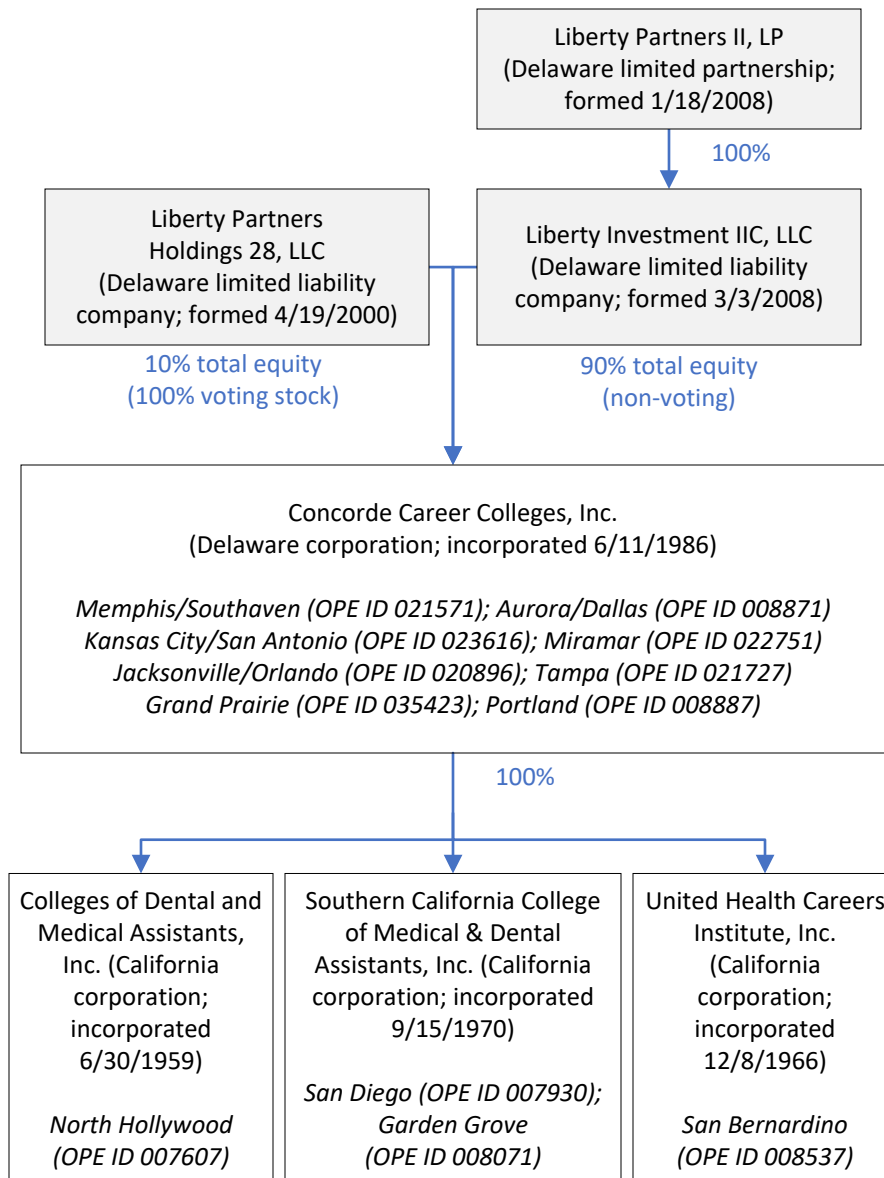
Post-Transaction



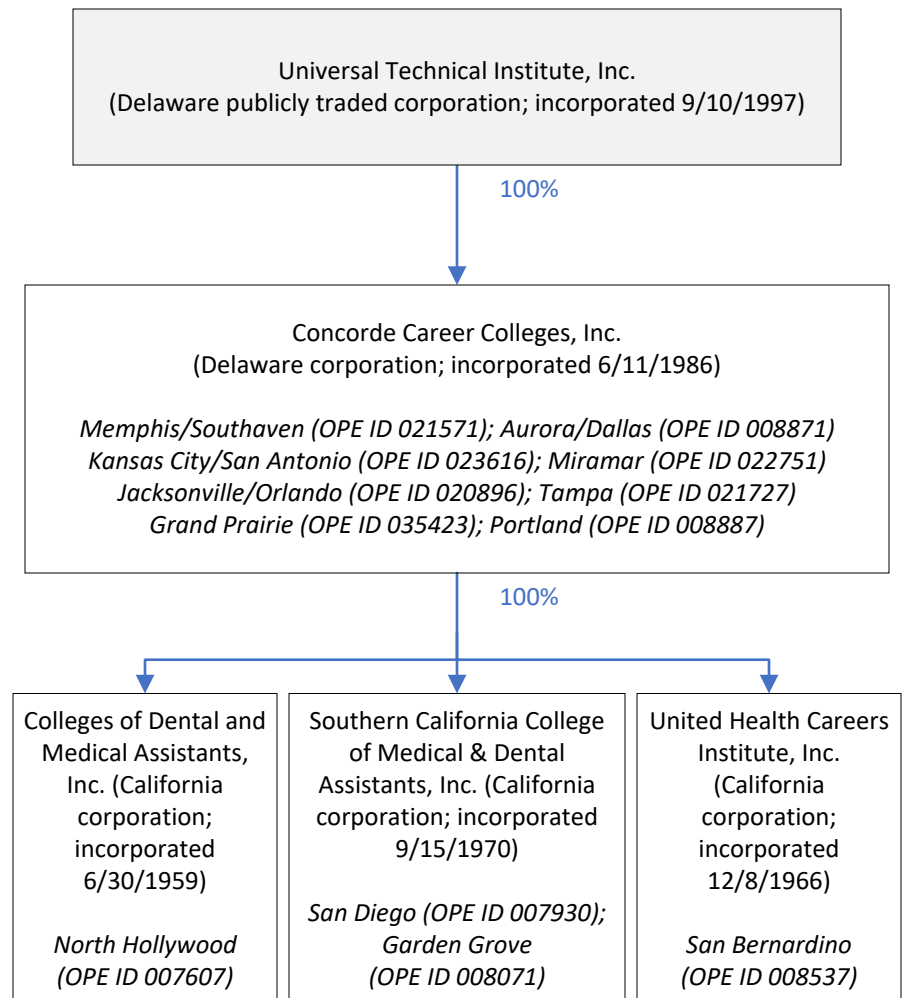
Concorde Career Colleges, Inc. and Subsidiaries Pre-Transaction and Post-Transaction Ownership

(entities holding 10% or more voting or non-voting interests)

Pre-Transaction



Post-Transaction





MEMORANDUM

DATE	November 19, 2022
TO	Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	FULL 13: Status of Dental Hygiene Board of California (DHBC) Regulatory Packages

Rulemaking File	Board Approved Language	Package Assembly Progress	Formal DCA Review	DCA Director Review	Agency Review	OAL Notice Filed/ Published	OAL Final Filed	Submitted to Secretary of State/ Effective Date
1135-1137 AB 2138	4.13.19	X	X	X	X	1.07.20/ 1.17.20	8.25.20	2.5.21/ 2.5.21
1119 (Formerly 1115) Retired License	1.29.19	X	X	X	X	5.28.21/ 6.11.21	4.11.22	
1109 RDM/ITR	1.29.19	X	X	X	X	7.21.20/ 7.31.20	4.16.21	9.27.21/ 1.1.22
1107 SLN	11.17.18	X	X	X	X	7.21.20/ 8.14.20	1.4.21	4.20.21/ 7.1.21
1103 Definitions	5.29.20	X	X	X	X	3.26.21/ 4.9.21	8.2.21	11.1.21/ 1.1.22
1104 Approval/ Continuation of Approval of New RDH Programs	5.29.20	X	X	X	X	1.4.21/ 1.15.21	6.10.21	8.18.21/ 10.1.21
1105 Requirements for DHEPs	11.23.19	X	X	X	X	7.27.21/ 8.6.21	12.13.21	1.25.22/ 4.1.22
1104.3 Inspections, Cite, Fine, and Probation for DHEPs	5.29.20	X	X	X	X	9.6.22/ 9.16.22 Comment period ends 11.1.22		

Rulemaking File	Board Approved Language	Package Assembly Progress	Formal DCA Review	DCA Director Review	Agency Review	OAL Notice Filed/ Published	OAL Final Filed	Submitted to Secretary of State/ Effective Date
1105.2 DHEP Required Curriculum	5.29.20	X	X	X	X	11.2.21/ 11.12.21	2.16.22	3.30.22/ 7.1.22
1138.1 Unprofessional Conduct	11.21.20/ Modified text 3.19.22	X	X	X	X	9.14.21/ 9.24.21	12.16.21	5.16.22/ 7.1.22
1117 RDHAP/ Dentist Relationship	8.29.20	X	X	X	X	10.18.21/ 10.29.21	2.16.22	4.1.22/ 7.1.22
1118 RDHAP STC & LA	7.17.21	X	X	X	X	11.2.21/ 11.12.21	12.30.21	2.10.22/ 4.1.22
1104.1 Process for Approval of New RDH Program	7.23.22	X	X	X	X	10.10.22 10.21.22 Comment period ends 12.5.22		
1114 Licensure: Veterans and Military Spouses	In process Board to consider text 11.19.22 Due to AB 107							
1116 Mobile Dental Hygiene Clinics	In process Board to consider modified text 11.19.22 Due to SB 534							
1116.5 RDHAP Practice Registration	In process Board to consider text 11.19.22 Due to SB 534							

Section 100	Submitted to Legal	OAL Submission	OAL Approved/ SoS Effective Date
Board Reference from DHCC to DHBC Division 11 Title and Sections 1100, 1101, 1104.2, 1105.1, 1105.3, 1105.4, 1106, 1108, 1122, 1124, 1126, 1127, 1131, 1138, 1139, 1142, 1143	3.25.22	3.30.22	5.10.22
1104.1 Process for Approval of New RDH Program Non-substantive changes	3.25.22	4.28.22	6.6.22

Processing Times

- A rulemaking file must be completed within one year of the publication date of the Notice of Proposed Action. The Office of Administrative Law (OAL) issues the Notice File Number upon filing the Notice of Proposed Action.
- The DCA is allowed thirty calendar days to review the rulemaking file prior to submission to the Department of Finance (DOF).
- The DOF is allowed thirty days to review the rulemaking file prior to submission to the OAL.
- The OAL is allowed thirty working days to review the file and determine whether to approve or disapprove it. The OAL issues the Regulatory Action Number upon submission of the rulemaking file for final review.
- Pursuant to Government Code section 11343.4, as amended by Section 2 of Chapter 295 of the Statutes of 2012 (SB 1099, Wright), regulation effective dates are as follows:

Date Filed with the Secretary of State	Effective Date
September 1st – November 30th	January 1st
December 1st – February 29th	April 1st
March 1st – May 31st	July 1st
June 1st – August 31st	October 1st

MEMORANDUM

DATE	November 19, 2022
TO	Dental Hygiene Board of California
FROM	Adina Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	FULL 14: Discussion and Possible Action to Initiate a Rulemaking and Adopt Title 16, California Code of Regulations (CCR) Section 1114: Temporary Licensure.

BACKGROUND

Assembly Bill (AB) 107 (Salas, Chapter 693, Statutes of 2021) enacted Business and Professions Code (BPC) section 115.6 which requires the Board, on and after January 1, 2023, and after appropriate investigation, to issue temporary licenses to military spouse applicants if the applicant meets specified requirements. Applicants must provide evidence satisfactory to the Board the applicant is married to, or in a domestic partnership or other legal union with, an active-duty member of the United States (U.S.) Armed Forces who is assigned to a duty station in this state under official active-duty military orders.

To apply for a temporary license, the applicant shall submit an application to the Board including a signed affidavit attesting to the fact the applicant meets all of the requirements for a temporary license, and the information submitted in the application is accurate, to the best of the applicant's knowledge. The temporary license will be nonrenewable and shall expire 12 months after issuance, upon issuance or denial of a standard license, upon issuance or denial of a license by endorsement, or upon issuance or denial of an expedited license pursuant to BPC section 115.5, whichever occurs first.

STAFF RECOMMENDATION

Staff recommends the Board to review the proposed language and associated attached form, determine whether additional information or language is required, complete the draft of the proposed regulatory language and associated form, and direct staff to submit the language to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review, and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at Section 1114 as noticed.

PROPOSED MOTION LANGUAGE

Approve the proposed language and associated form for section 1114, and direct staff to submit the language to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review, and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at Section 1114 as noticed.

Pros: Establish the regulation related to temporary licensure to be in compliance with the requirements established by AB 107.

Cons: If the proposed language and form are not approved for section 1114, the proposal will not move forward in the regulatory process, deny U.S. Armed Forces members and their family(ies) expedited licensure, and be out of compliance with the statutory requirements of AB 107.

Documents Included for Reference for Section 1114:

1. Proposed Regulatory Language for 1114.
2. Associated Form (DHBC TEMP-01 New 07.2022).
3. AB 107 Workload Costs.
4. AB 107.

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

Temporary Licensure: Military Spouses

Legend: Added text is indicated with an <u>underline</u> . Deleted text is indicated by strikeout .
--

Adopt section 1114 of Article 4 of Division 11 of Title 16 of the California Code of Regulations to read as follows:

Article 4. Licensing

§1114. Temporary Licensure (Military Spouses or Partners).

- (a) To eligible for a temporary license from the Dental Hygiene Board to practice as a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions pursuant to section 115.6 of the Business and Professions Code ("Code"), an applicant shall meet all of the requirements of this section and section 115.6 of the Code.
- (b) An applicant seeking a temporary license to practice as a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions pursuant to 115.6 of the Code shall:
- (1) Submit a completed application to the Dental Hygiene Board on Form DHBC TEMP-01 (New 11/2022) "Application for Temporary Licensure to Practice Dental Hygiene (Military Spouses/Partners)," which is hereby incorporated by reference,
 - (2) Furnish a full set of fingerprints, upon request by the Dental Hygiene Board for use by and accessible to the Dental Hygiene Board, in conducting criminal history information record checks through the California Department of Justice, and,
 - (3) Successfully take and complete the supplemental written examination in California Law and Ethics as set forth in section 1121 of this Division.
- (c) This section shall become operative on July 1, 2023.

Authority: Sections 115.6, 1905 and 1906, Business and Professions Code.

Reference: Sections 115.6, 141, 480, 490, 1902.3, 1905, 1906, 1916, 1926.3, 1927, 1931, 1949, 1950, 1950.5, 1952, 1954, 1955, 1956, 1958.1 and 1962, Business and Professions Code.



APPLICATION FOR TEMPORARY LICENSURE TO PRACTICE DENTAL HYGIENE **(MILITARY SPOUSES/PARTNERS)**

Business & Professions Code (BPC) sections 115.6, 1905 and 1906, and California Code of Regulations, Title 16, Division 11 section 1114.

NOTICE

A temporary license issued by the Board is nonrenewable and shall expire 12 months after issuance, upon issuance or denial of a standard license, upon issuance or denial of a license by endorsement, or upon issuance or denial of an expedited license pursuant to BPC section 115.5.

Definitions: For the purposes of this application, the following definitions shall apply:

- (1) "Disciplined" means that the applicant's license was placed on probation, revoked, suspended, reprobated, censured, reprimanded, restricted, limited, or conditioned.
- (2) "Jurisdiction" shall mean a California or another state's licensing board or agency, any agency of the federal government, or another country.
- (3) "Disciplinary proceeding" shall mean any proceeding or investigation under the authority of the licensing jurisdiction pursuant to which a licensee may be disciplined.

<u>PERSONAL INFORMATION (REQUIRED)</u>		<u>Date:</u>	
<u>1. Name: Last</u>	<u>First</u>	<u>Middle</u>	<u>Suffix</u>
<u>2. Other Names/Aliases</u>		<u>3. Licensure Application Type</u> <input type="checkbox"/> RDH <input type="checkbox"/> RDHAP <input type="checkbox"/> RDHEF	
<u>4. Social Security or Individual Taxpayer Identification Number</u>		<u>5. Birthdate (MM/DD/YYYY)</u>	
<u>6. Physical Address</u>			
<u>Number and Street (including apartment number, if applicable)</u>			
<u>City</u>	<u>State</u>	<u>Zip Code</u>	
<u>7. Mailing Address (If different from Physical Address)</u>			
<u>Number and Street (including apartment number, if applicable) or P.O. Box Number</u>			
<u>City</u>	<u>State</u>	<u>Zip</u>	
<u>8. Email Address(es), if any</u>			
<u>9. Telephone Numbers</u>			
<u>Home</u>	<u>Mobile</u>	<u>Work</u>	

U.S. MILITARY REQUIREMENT
(FOR SPOUSES/DOMESTIC PARTNERS OF U.S. MILITARY MEMBERS)

10. Are you married to, or in a domestic partnership or other legal union, with an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders?

*YES ☐

NO ☒

*If YES, please provide with this application the following documentation required to process your request for a temporary license. Failure to do so shall result in the application being deemed incomplete and the application will not be processed:

- Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active duty member of the Armed Forces.
- A copy of the military orders establishing the applicant's spouse's or partner's duty station in California.

PROFESSIONAL LICENSE OR CERTIFICATION HISTORY

11. Do you hold a current, active, and unrestricted license, or comparable authority to practice as a dental hygienist, a dental hygienist in alternative practice, or a dental hygienist in extended functions in another state, district, or territory of the United States?

*YES ☐

NO ☐

*If YES, please submit the following with this application to the Dental Hygiene Board of California (DHBC):

- A copy of the applicant's current license type, registration, or other comparable authority to practice dental hygiene in another state, district, or territory of the United States, including the number issued to the applicant by the original licensing jurisdiction, and relevant law(s) and regulation(s) under which the license was issued.
- Written verification from the applicant's original licensing jurisdiction that the applicant's license, registration, or other comparable authority ("license") is in good standing in that jurisdiction. The verification shall include all of the following:
 - The full legal name of the applicant and any other name(s) the applicant has used or has been known by.
 - The license number issued to the applicant by the original licensing jurisdiction.
 - The name and location of the licensing agency.
 - The issuance and expiration date of the license.
 - Information showing that the applicant's license is currently in good standing. For the purposes of this section, "good standing" shall mean:
 - The applicant has not been disciplined.
 - The applicant is not the subject of an unresolved complaint or review procedure.
 - The applicant is not the subject of any unresolved disciplinary proceeding.

APPLICANT'S BACKGROUND AND HISTORY

*With the exception of acts that would have constituted grounds for denial, suspension or revocation due to criminal history (BPC sections 480, 490, 1950), if you answer YES to any of the questions in this section, you must attach a written narrative that includes the incident date, location, and outcome. If disciplined by another regulatory body, ALL certified documents must be attached with a letter of explanation. Include any disciplinary actions by another state licensing board (in or outside of California), any agency of the federal government (U.S.), the U.S. Military or another country. Pursuant to Section 480 of the Business and Professions Code, the DHBC is not authorized to require an applicant to disclose any information or documentation regarding the applicant's criminal history.

12. Have you ever committed an act or acts in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license pursuant to Sections 141, 480, or 490 of the California Business and Professions Code (BPC), or Sections 1926.3, 1927, 1931, 1949, 1950, 1950.5, 1952, 1954, 1955, 1956, 1958.1, 1962, of the BPC?

*YES ☐

NO ☐

13. Have you ever been disciplined by a licensing entity in another jurisdiction?

*YES ☐

NO ☐

14. Are you the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction?

*YES ☐

NO ☐

<u>Type of Licensure</u>	<u>State or Country</u>	<u>License Number</u>	<u>Dates of Licensure</u>		<u>Current Status of License (active, inactive, suspended, revoked, probation, other, explain).</u>
			<u>FROM</u>	<u>TO</u>	

California RDH Law and Ethics Examination Administered by the DHBC:

Prior to issuance of a license, an applicant for licensure as a Registered Dental Hygienist (RDH), Registered Dental Hygienist in Alternative Practice (RDHAP), or Registered Dental Hygienist in Extended Functions (RDHEF) must successfully take and complete a supplemental written examination in California Law and Ethics. (Cal. Code Regs., tit. 16, § 1121.)

- Once the Board verifies your application is complete, the Board will send you an approval letter with details to schedule your exam with the California RDH Law and Ethics exam provider (PSI).

15. In order for the DHBC to assist you with scheduling this examination, please answer the following:

*YES ☐

NO ☐

Do you have a disability as defined in Civil Code section 51 or condition that requires reasonable accommodations for testing?

*If YES, please provide documentation of disability in an original letter on letterhead from a health care provider, which includes the date(s), nature of the disability, any testing accommodations requested, and the health care provider's signature.

ADDITIONAL EXPLANATIONS

16. If you need space for additional answers to any of the application questions, list the question number and provide additional information as needed.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

APPLICATION CERTIFICATION

I hereby certify that I meets all the requirements for the temporary license, and that the information submitted in this application is accurate, to the best of my knowledge.

NOTICE: FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS GROUNDS FOR DENYING THE APPLICATION. IN ADDITION, ANY TEMPORARY LICENSE ISSUED AFTER THE APPLICATION IS PROCESSED WILL BE IMMEDIATELY TERMINATED UPON A FINDING THAT THE LICENSE HOLDER PROVIDED SUBSTANTIVELY INACCURATE INFORMATION THAT WOULD AFFECT THE PERSON'S ELIGIBILITY FOR TEMPORARY LICENSURE (BPC SECTION 115.6).

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____

NOTICES

The Dental Hygiene Board of California of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 1905 and 1917, and Title 16, California Code of Regulations Section 1114. The Dental Hygiene Board of California uses this information principally to identify and evaluate applicants for temporary licensure and enforce licensing standards set by law and regulation.

MANDATORY SUBMISSION

Submission of the requested information is mandatory. The Dental Hygiene Board of California cannot consider your application for temporary licensure unless you provide all the requested information.

ACCESS TO PERSONAL INFORMATION.

You may review the records maintained by the Dental Hygiene Board of California that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

POSSIBLE DISCLOSURE OF PERSONAL INFORMATION.

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

MANDATORY DISCLOSURE OF SOCIAL SECURITY NUMBERS

Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory. Sections 30 and 31 of the Business and Professions Code authorize collection of your SSN or ITIN, which will be used exclusively for tax enforcement purposes, for investigation of tax evasion and violations of cash-pay reporting laws as set forth in Section 329 of the Unemployment Insurance Code, for purposes of compliance with any judgement or order for family support in accordance with Section 17520 of the Family Code, for measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges, or for verification of license or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, your application for initial licensure will not be processed AND you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

STATE TAX OBLIGATION NOTICE

The California State Board of Equalization (BOE) and the California Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation and your license may be suspended, or your application denied if the state tax obligation is not paid and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies (Sections 31 and 494.5 of the California Business and Professions Code).

CONTACT INFORMATION.

For questions about this notice or access to your records, you may contact:

Dental Hygiene Board of California, 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815
(916) 263-1978

INTERNAL OFFICE USE ONLY

RDH School:	Receipt #	\$ Amount:
Graduation Date:	File No.	
Clearances: Photo <input type="checkbox"/> DOJ <input type="checkbox"/> FBI <input type="checkbox"/>	Exams: NB <input type="checkbox"/> ADEX <input type="checkbox"/> CRDTS <input type="checkbox"/> WREB <input type="checkbox"/>	Coursework: XRAY <input type="checkbox"/> SLN <input type="checkbox"/>
Out of State License: RDH <input type="checkbox"/> RDHAP <input type="checkbox"/> RDHEF <input type="checkbox"/> DDS <input type="checkbox"/> RDA/RDAEF <input type="checkbox"/>		Discipline <input type="checkbox"/>

Dental Hygiene Board of California 1114 TEMPORARY LICENSE (AB 107) Licensing Workload (Costs)			
Workload Tasks	Per Application	Minutes per Application	SSA
Receive and Process Application	1	15	15
Respond to Inquiries	1	20	20
Review and Approve Application	1	60	60
Cashiering and Data Entry	1	20	20
Issuing License	1	20	20
Minutes per Classification:			135
Hours per Classification:			2.25
Costs per Classification:			\$171
Total Costs:			\$171

*SSA – Staff Services Analyst (\$76 per hour including pro rata)

An act to amend Sections 2946 and 5132 of, to amend, repeal, and add Section 115.6 of, and to add Sections 115.8, 115.9, and 10151.3 to, the Business and Professions Code, relating to licensure, and making an appropriation therefor.

[Approved by Governor October 8, 2021. Filed with Secretary
of State October 8, 2021.]

legislative counsel's digest

AB 107, Salas. Licensure: veterans and military spouses.

Under existing law, the Department of Consumer Affairs (department), under the control of the Director of Consumer Affairs, is comprised of various boards that license and regulate various professions and vocations. Existing law requires an applicant seeking a license from a board within the department to meet specified requirements and to pay certain licensing fees. Existing law requires a board within the department to issue, after appropriate investigation, certain types of temporary licenses to an applicant if the applicant meets specified requirements, including that the applicant supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders and the applicant submits an application to the board that includes a signed affidavit attesting to the fact that the applicant meets all of the requirements for a temporary license and that the information submitted in the application is accurate, to the best of the applicant's knowledge. Under existing law, some of the funds within the jurisdiction of a board consist of revenue from fees that are continuously appropriated. Existing law authorizes a board to adopt regulations necessary to administer these provisions.

This bill, on and after January 1, 2023, would expand the requirement to issue temporary licenses to practice a profession or vocation to include licenses issued by any board within the department, except as provided. The bill would require an applicant for a temporary license to provide to the board documentation that the applicant has passed a California law and ethics examination if otherwise required by the board for the profession or vocation for which the applicant seeks licensure. The bill would require a board to issue a temporary license within 30 days of receiving the required documentation if the results of a criminal background check do not show grounds for denial and would require a board to request the Department of Justice to conduct the criminal background check and to furnish the criminal background information in accordance with specified requirements. The

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bill would specifically direct revenues from fees for temporary licenses issued by the California Board of Accountancy to be credited to the Accountancy Fund, a continuously appropriated fund. The bill would require, if necessary to implement the bill's provisions, a board to submit to the department for approval draft regulations necessary to administer these provisions. The bill would exempt from these provisions a board that has a process in place by which an out-of-state licensed applicant in good standing who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States is able to receive expedited, temporary authorization to practice while meeting state-specific requirements for a period of at least one year or is able to receive an expedited license by endorsement with no additional requirements superseding those for a temporary license, as described above. The bill would make conforming changes. By expanding the scope

of the crime of perjury, the bill would impose a state-mandated local program. The bill's expansion of the requirement to issue temporary licenses would result in revenues from fees for certain licenses being deposited into continuously appropriated funds. By establishing a new source of revenue for those continuously appropriated funds, the bill would make an appropriation.

Existing law provides that these temporary licenses shall expire 12 months after issuance, upon issuance of an expedited license, or upon denial of the application for expedited licensure by the board, whichever occurs first. Existing law authorizes the immediate termination of a temporary license upon a finding that the temporary licenseholder failed to meet the requirements for temporary licensure or provided substantively inaccurate information that would affect the person's eligibility for temporary licensure. This bill, on and after July 1, 2023, would instead provide that these temporary licenses are nonrenewable and shall expire 12 months after issuance, upon issuance or denial of a standard license, upon issuance or denial of a license by endorsement, or upon issuance or denial of an expedited license, whichever occurs first. The bill, on and after July 1, 2023, would also require the board to revoke a temporary license if the board finds that the temporary licenseholder engaged in unprofessional conduct or any other act that is cause for discipline by the board.

This bill would require the Department of Consumer Affairs to compile an annual report to the Legislature containing specified information relating to the professional licensure of veterans, servicemembers, and their spouses. The bill would also require the Department of Consumer Affairs and each board within the department to post specified information on their internet websites relating to licensure for military spouses, the availability of temporary licenses, and permanent licensure by endorsement or credential for out-of-state applicants. The bill would also require the Department of Real Estate to compile specified information on military, veteran, and spouse licensure into an annual report for the Legislature.

Existing law, the Psychology Licensing Law, provides for the licensure and regulation of psychologists by the Board of Psychology. Existing law authorizes a psychologist certified or licensed in another state or Canadian

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province who has applied to the board for licensure to provide activities and services of a psychological nature without a valid license for a period not to exceed 180 days from the time of submitting their application or from the commencement of residency in the state, whichever occurs first, subject to specified conditions and requirements.

This bill would also authorize a psychologist certified or licensed in another state or Canadian province who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States and who has applied to the board for licensure to perform activities and services of a psychological nature without a valid license for a period not to exceed 12 months.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

This bill would incorporate additional changes to Section 2946 of the Business and Professions Code proposed by SB 801 to be operative only if this bill and SB 801 are enacted and this bill is enacted last.

Appropriation: yes.

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

SECTION 1. Section 115.6 of the Business and Professions Code is amended to read:

115.6. (a) A board within the department shall, after appropriate investigation, issue the following eligible temporary licenses to an applicant if the applicant meets the requirements set forth in subdivision (c):

- (1) Registered nurse license by the Board of Registered Nursing.
 - (2) Vocational nurse license issued by the Board of Vocational Nursing and Psychiatric Technicians of the State of California.
 - (3) Psychiatric technician license issued by the Board of Vocational Nursing and Psychiatric Technicians of the State of California.
 - (4) Speech-language pathologist license issued by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.
 - (5) Audiologist license issued by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.
 - (6) Veterinarian license issued by the Veterinary Medical Board.
 - (7) All licenses issued by the Board for Professional Engineers, Land Surveyors, and Geologists.
 - (8) All licenses issued by the Medical Board of California.
 - (9) All licenses issued by the Podiatric Medical Board of California.
- (b) The board may conduct an investigation of an applicant for purposes of denying or revoking a temporary license issued pursuant to this section. This investigation may include a criminal background check.

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(c) An applicant seeking a temporary license pursuant to this section shall meet the following requirements:

- (1) The applicant shall supply evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.
 - (2) The applicant shall hold a current, active, and unrestricted license that confers upon the applicant the authority to practice, in another state, district, or territory of the United States, the profession or vocation for which the applicant seeks a temporary license from the board.
 - (3) The applicant shall submit an application to the board that shall include a signed affidavit attesting to the fact that the applicant meets all of the requirements for the temporary license and that the information submitted in the application is accurate, to the best of the applicant's knowledge. The application shall also include written verification from the applicant's original licensing jurisdiction stating that the applicant's license is in good standing in that jurisdiction.
 - (4) The applicant shall not have committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license under this code at the time the act was committed. A violation of this paragraph may be grounds for the denial or revocation of a temporary license issued by the board.
 - (5) The applicant shall not have been disciplined by a licensing entity in another jurisdiction and shall not be the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction.
 - (6) The applicant shall, upon request by a board, furnish a full set of fingerprints for purposes of conducting a criminal background check.
- (d) A board may adopt regulations necessary to administer this section.
- (e) A temporary license issued pursuant to this section may be immediately terminated upon a finding that the temporary licenseholder failed to meet any of the requirements described in subdivision (c) or provided substantively inaccurate information that would affect the person's eligibility for temporary licensure.

license, the board shall issue a notice of termination that shall require the temporary licenseholder to immediately cease the practice of the licensed profession upon receipt.

(f) An applicant seeking a temporary license as a civil engineer, geotechnical engineer, structural engineer, land surveyor, professional geologist, professional geophysicist, certified engineering geologist, or certified hydrogeologist pursuant to this section shall successfully pass the appropriate California-specific examination or examinations required for licensure in those respective professions by the Board for Professional Engineers, Land Surveyors, and Geologists.

(g) A temporary license issued pursuant to this section shall expire 12 months after issuance, upon issuance of an expedited license pursuant to

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Section 115.5, or upon denial of the application for expedited licensure by the board, whichever occurs first.

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

SEC. 2. Section 115.6 is added to the Business and Professions Code, to read:

115.6. (a) (1) Except as provided in subdivision (j), a board within the department shall, after appropriate investigation, issue a temporary license to practice a profession or vocation to an applicant who meets the requirements set forth in subdivisions (c) and (d).

(2) Revenues from fees for temporary licenses issued by the California Board of Accountancy shall be credited to the Accountancy Fund in accordance with Section 5132.

(b) The board may conduct an investigation of an applicant for purposes of denying or revoking a temporary license issued pursuant to this section. This investigation may include a criminal background check.

(c) An applicant seeking a temporary license pursuant to this section shall meet the following requirements:

(1) The applicant shall supply evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.

(2) The applicant shall hold a current, active, and unrestricted license that confers upon the applicant the authority to practice, in another state, district, or territory of the United States, the profession or vocation within the same scope for which the applicant seeks a temporary license from the board.

(3) The applicant shall submit an application to the board that shall include a signed affidavit attesting to the fact that the applicant meets all of the requirements for the temporary license, and that the information submitted in the application is accurate, to the best of the applicant's knowledge. The application shall also include written verification from the applicant's original licensing jurisdiction stating that the applicant's license is in good standing in that jurisdiction.

(4) The applicant shall not have committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license under this code at the time the act was committed. A violation of this paragraph may be grounds for the denial or revocation of a temporary license issued by the board.

(5) The applicant shall not have been disciplined by a licensing entity in another jurisdiction and shall not be the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction.

(6) (A) The applicant shall, upon request by a board, furnish a full set of fingerprints for purposes of conducting a criminal background check.

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(B) The board shall request a fingerprint-based criminal history information check from the Department of Justice in accordance with subdivision (u) of Section 11105 of the Penal Code and the Department of Justice shall furnish state or federal criminal history information in accordance with subdivision (p) of Section 11105 of the Penal Code.

(d) The applicant shall pass a California law and ethics examination if otherwise required by the board for the profession or vocation for which the applicant seeks licensure.

(e) Except as specified in subdivision (g), a board shall issue a temporary license pursuant to this section within 30 days of receiving documentation that the applicant has met the requirements specified in subdivisions (c) and (d) if the results of the criminal background check do not show grounds for denial.

(f) (1) A temporary license issued pursuant to this section may be immediately terminated upon a finding that the temporary licenseholder failed to meet any of the requirements described in subdivision (c) or (d) or provided substantively inaccurate information that would affect the person's eligibility for temporary licensure. Upon termination of the temporary license, the board shall issue a notice of termination that shall require the temporary licenseholder to immediately cease the practice of the licensed profession upon receipt.

(2) Notwithstanding any other law, if, after notice and an opportunity to be heard, a board finds that a temporary licenseholder engaged in unprofessional conduct or any other act that is a cause for discipline by the board, the board shall revoke the temporary license.

(g) An applicant seeking a temporary license as a civil engineer, geotechnical engineer, structural engineer, land surveyor, professional geologist, professional geophysicist, certified engineering geologist, or certified hydrogeologist pursuant to this section shall successfully pass the appropriate California-specific examination or examinations required for licensure in those respective professions by the Board for Professional Engineers, Land Surveyors, and Geologists. The board shall issue a temporary license pursuant to this subdivision within 30 days of receiving documentation that the applicant has met the requirements specified in this subdivision and subdivisions (c) and (d) if the results of the criminal background check do not show grounds for denial.

(h) A temporary license issued pursuant to this section is nonrenewable and shall expire 12 months after issuance, upon issuance or denial of a standard license, upon issuance or denial of a license by endorsement, or upon issuance or denial of an expedited license pursuant to Section 115.5, whichever occurs first.

(i) A board shall submit to the department for approval, if necessary to implement this section, draft regulations necessary to administer this section. These regulations shall be adopted pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

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(j) (1) This section shall not apply to a board that has a process in place by which an out-of-state licensed applicant in good standing who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States is able to receive expedited, temporary authorization to practice while meeting state-specific requirements for a period of at least one year or is able to receive an expedited license by endorsement with no additional requirements superseding those described in subdivisions (c) and (d).

(2) This section shall apply only to the extent that it does not amend an initiative or violate constitutional requirements.

(k) This section shall become operative on July 1, 2023.

SEC. 3. Section 115.8 is added to the Business and Professions Code, to read:

115.8. The Department of Consumer Affairs shall compile information on military, veteran, and spouse licensure into an annual report for the Legislature, which shall be submitted in conformance with Section 9795 of the Government Code. The report shall include all of the following:

(a) The number of applications for a temporary license submitted by active duty servicemembers, veterans, or military spouses per calendar year, pursuant to Section 115.6.

(b) The number of applications for expedited licenses submitted by veterans and active duty spouses pursuant to Sections 115.4 and 115.5.

(c) The number of licenses issued and denied per calendar year pursuant to Sections 115.4, 115.5, and 115.6.

(d) The number of licenses issued pursuant to Section 115.6 that were suspended or revoked per calendar year.

(e) The number of applications for waived renewal fees received and granted pursuant to Section 114.3 per calendar year.

(f) The average length of time between application and issuance of licenses pursuant to Sections 115.4, 115.5, and 115.6 per board and occupation.

SEC. 4. Section 115.9 is added to the Business and Professions Code, to read:

115.9. The department and each board within the department shall publish information pertinent to all licensing options available to military spouses on the home page of the internet website of the department or board, as applicable, including, but not limited to, the following:

(a) The process for expediting applications for military spouses.

(b) The availability of temporary licensure, the requirements for obtaining a temporary license, and length of time a temporary license is active.

(c) The requirements for full, permanent licensure by endorsement or credential for out-of-state applicants.

SEC. 5. Section 2946 of the Business and Professions Code is amended to read:

2946. (a) The board shall grant a license to any person who passes the board's supplemental licensing examination and, at the time of application, has been licensed for at least five years by a psychology licensing authority

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in another state or Canadian province if the requirements for obtaining a certificate or license in that state or province were substantially equivalent to the requirements of this chapter.

(b) A psychologist certified or licensed in another state or province and who has made application to the board for a license in this state may perform activities and services of a psychological nature without a valid license for a period not to exceed 180 calendar days from the time of submitting their application or from the commencement of residency in this state, whichever first occurs.

(c) A psychologist certified or licensed in another state or province who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States and who has made application to the board for a license in this state may perform activities and services of a psychological nature without a valid license for a period not to exceed twelve months from the time of submitting their application or from the commencement of residency in this state, whichever first occurs.

(d) The board at its discretion may waive the examinations when in the judgment of the board the applicant has already demonstrated competence in areas covered by the examinations. The board at its discretion may waive

the examinations for diplomates of the American Board of Professional Psychology.

SEC. 5.5. Section 2946 of the Business and Professions Code is amended to read:

2946. (a) The board shall grant a license to any person who passes the board's supplemental licensing examination and, at the time of application, has been licensed for at least two years by a psychology licensing authority in another state or territory of the United States or Canadian province if the requirements for obtaining a certificate or license to practice psychology in that state, territory, or province were substantially equivalent to the requirements of this chapter.

(b) A psychologist certified or licensed in another state, territory, or province who has applied to the board for a license in this state may perform activities and services of a psychological nature without a valid California license for a period not to exceed 180 calendar days from the time of submitting their application or from the commencement of residency in this state, whichever first occurs.

(c) A psychologist certified or licensed in another state or province who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States and who has made application to the board for a license in this state may perform activities and services of a psychological nature without a valid license for a period not to exceed twelve months from the time of submitting their application or from the commencement of residency in this state, whichever first occurs.

(d) The board at its discretion may waive the examinations when in the judgment of the board the applicant has already demonstrated competence in areas covered by the examinations. The board at its discretion may waive the examinations for diplomates of the American Board of Professional

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Psychology. An applicant shall take and pass the required examinations unless waived by the board pursuant to this section.

SEC. 6. Section 5132 of the Business and Professions Code is amended to read:

5132. (a) All moneys received by the board under this chapter from any source and for any purpose and from a temporary license issued under Section 115.6 shall be accounted for and reported monthly by the board to the Controller and at the same time the moneys shall be remitted to the State Treasury to the credit of the Accountancy Fund.

(b) The secretary-treasurer of the board shall, from time to time, but not less than once each fiscal year, prepare or have prepared on their behalf, a financial report of the Accountancy Fund that contains information that the board determines is necessary for the purposes for which the board was established.

(c) The report of the Accountancy Fund, which shall be published pursuant to Section 5008, shall include the revenues and the related costs from examination, initial licensing, license renewal, citation and fine authority, and cost recovery from enforcement actions and case settlements.

SEC. 7. Section 10151.3 is added to the Business and Professions Code,

to read:

10151.3. (a) The Department of Real Estate shall compile information on military, veteran, and spouse licensure into an annual report for the Legislature, which shall be submitted in conformance with Section 9795 of the Government Code. The report shall include all of the following:

(1) The number of applications for expedited licenses submitted by veterans and active duty spouses pursuant to paragraphs (c) and (d) of Section 10151.2.

(2) The number of licenses issued and denied per calendar year pursuant to paragraphs (c) and (d) of Section 10151.2.

(3) The average length of time between application and issuance of licenses pursuant to paragraphs (c) and (d) of Section 10151.2 per license type.

(b) This section shall become operative only if Section 10151.2, as proposed to be added by Senate Bill 800 of the 2021–22 Regular Session, is enacted and takes effect.

SEC. 8. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

SEC. 9. Section 5.5 of this bill incorporates amendments to Section 2946 of the Business and Professions Code proposed by both this bill and Senate Bill 801. That section shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2022, (2) each bill

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amends Section 294 of the Business and Professions Code, and (3) this bill is enacted after Senate Bill 801, in which case Section 5 of this bill shall not become operative.

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MEMORANDUM

DATE	November 19, 2022
TO	Dental Hygiene Board of California
FROM	Adina Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	FULL 15: Discussion and Possible Action to Initiate a Rulemaking and Adopt Title 16, California Code of Regulations (CCR) Section 1116: Mobile Dental Hygiene Clinics; Issuance of Approval.

BACKGROUND

Senate Bill (SB) 1202 (Leno, Chapter 331, Statutes of 2012) created Business and Professions Code (BPC) sections 1926.1 and 1926.2. Among other provisions, SB 1202 authorizes Registered Dental Hygienists in Alternative Practice (RDHAP) to operate mobile dental hygiene clinics (MDHC). In addition, SB 1202 created BPC sections 1944(g) and (h) which state: “(g) The fee for registration of a mobile dental hygiene unit shall not exceed one hundred fifty dollars (\$150);” and “(h) The biennial renewal fee for a mobile dental hygiene unit shall not exceed two hundred and fifty dollars (\$250).”

The Board initiated the proposed rulemaking package for MDHCs as proposed California Code of Regulations (CCR) Title 16 (16), section 1116 in November of 2018. However, in October of 2019, DHBC’s legal counsel advised the Board of the lack of statutory authority for inspections of MDHCs, an integral component of the regulations to provide oversight of MDHCs to ensure patient safety.

To address the lack of MDHC oversight, SB 534 (Jones, Chapter 491, Statutes of 2021) granted statutory authority to the Board to conduct announced and unannounced reviews and inspections of MDHCs to ensure continued compliance with all laws and regulations applicable to MDHCs.

STAFF RECOMMENDATION

Staff recommends the Board review the proposed language and associated form in the attached document, determine whether additional information or language is required, complete the draft of the proposed regulatory language and associated form, re-establish by resolution the fee for the initial MDHC permit at \$100, as well as the fee for MDHC biennial permit renewal at \$160 to cover application processing and permit issuance, and direct staff to submit the language to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review. Staff recommends the Board authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are

received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at Section 1116 as noticed.

PROPOSED MOTION LANGUAGE

Approve the proposed language and associated form for section 1116, re-establish by resolution the fee for the initial MDHC permit at \$100, as well as the fee for MDHC biennial permit renewal at \$160, and direct staff to submit the language to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review. Authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at Section 1116 as noticed.

Pros: Establish the ability to regulate and enforce federal, state, and local safety and infection control statutes and regulations related to MDHCs to ensure the public health and safety.

Cons: If the proposed language, form, and fee resolution are not approved for section 1116, the proposal will not move forward in the regulatory process.

Documents Included for Reference for Section 1116:

1. Proposed Regulatory Language for 1116.
2. Associated Form (DHBC MDHC-01 New 03.2022).
3. Proposed Fee Resolution.
4. SB 1202 (Chapter 331, Statutes of 2012).
5. SB 534 (Chapter 491, Statutes of 2021).

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

PROPOSED LANGUAGE

Adopt Section 1116 in Article 4 of Division 11 of Title 16 of the California Code of Regulations (CCR) to read as follows:

Article 4. Licensing

§ 1116. Mobile Dental Hygiene Clinics; Issuance of Approval.

(a) Definitions. For the purposes of this section, unless otherwise specified, the following definitions shall apply:

- (1) A “mobile dental hygiene clinic (MDHC)” means any self-contained facility in which dental hygiene services are rendered that may be moved, towed, or transported from one location to another. This term shall not include equipment used and transported by licensed registered dental hygienists in alternative practice (RDHAPs) in discharging their duties in locations or settings authorized by Business and Professions Code section (BPC) section 1926.
- (2) “Dental hygiene services” means the professional practices of an RDHAP as set forth in BPC section 1925.
- (3) “Equipment” means any tool, instrument, or device used by an RDHAP to provide dental hygiene services.
- (4) “Owner” means an individual who applies for registration or operates a MDHC, is responsible for the MDHC’s registration, and is licensed to practice dental hygiene in alternative practice pursuant to BPC section 1922.
- (5) “Provider” means an individual licensed to practice dental hygiene in alternative practice or dentist who provides dental hygiene treatment and/or services in an MDHC, but who is not necessarily the owner registering the MDHC.
- (6) “Protected Health Information (PHI)” means the patient’s “individually identifiable health information” as defined in section 1320d of Title 42 of the United States Code. PHI includes a patient’s medical history, or dental history, which is a written record of the patient’s personal health history that provides information about allergies, illnesses, surgeries, immunizations, and results of physical exams and tests.

- (7) "Necessary parties" means emergency responders, medical/dental/dental hygiene clinics, care facility or school staff, guardians, and designated family members.
- (8) "Patient of record" refers to a patient who has had a medical and dental history completed and evaluated, had oral conditions assessed and documented, and had a written plan developed by the RDHAP.
- (9) "Active patient" refers to a patient of record whom the owner or provider has examined, treated, or cared for within the two (2) year period prior to discontinuation of practice, or the owner or provider moving from or leaving the city in which services were provided to the patient.
- (10) "Patient treatment records" shall include the patient's dental history maintained by the MDHC related to medical history, dental hygiene evaluation(s), dental hygiene diagnosis(es), dental hygiene procedures and treatment, response to dental hygiene treatment, documented consultations with other dental care and healthcare providers, and referrals for dental care and healthcare follow-up treatment.
- (11) "Communication capability" means an owner has telephone service they can access twenty-four (24) hours per day.
- (b) Application for Registration. An RDHAP who wishes to operate an MDHC in any setting authorized by BPC section 1926 shall apply to the Board for registration of an MDHC with the Board by submitting a completed application to the Board. A completed application shall include the following:
- (1) A completed "Application for Registration of a Mobile Dental Hygiene Clinic (MDHC)" (MDHC-01 (New 11/2022)), which is hereby incorporated by reference;
- (2) All documents required by form DHBC MDHC-01 (New 11/2022); and,
- (3) Payment of an initial registration fee of \$100.
- (c) Abandonment; Grounds for Denial, Withdrawal, Citation or Issuance of Registration.
- (1) An applicant for a license who fails to complete registration application requirements set forth in subdivision (b) within one year after being notified by the Board of deficiencies in their application, shall be deemed to have abandoned the application and shall be required to file a new application and meet all of the requirements in effect at the time of reapplication.
- (2) The Board may deny, place on probation, issue a citation, or withdraw a registration as provided in BPC section 1926.1 for failure to meet the requirements of this section. For the purposes of this section and BPC section

1926.1, a registration may be withdrawn if compliance with this section is not demonstrated within 60 days from the date of written notice of the areas of noncompliance found by the Board and/or upon a final decision upholding the withdrawal in accordance with the notice and hearing procedures contained in the Administrative Procedure Act (commencing with Section 11500 of the Government Code).

(3) Upon meeting the requirements of subdivision (b), an MDHC shall be registered with the Board and the RDHAP operator shall be issued an MDHC registration.

(d) Minimum Operating Requirements.

(1) The MDHC applicant or owner shall meet all of the following requirements to obtain or maintain registration of the MDHC as required by BPC sections 1926.1 and 1926.2 and this section:

(A) The owner has a written procedure that specifies the means of obtaining emergency follow-up care for patients treated in the MDHC. The procedure shall include arrangements an RDHAP must make for treatment by a licensed dentist or physician whose place of practice is established within the city or county in which the MDHC provides or intends to provide dental hygiene services. A copy of these written procedures shall be given to each provider at the MDHC prior to any dental hygiene services being performed on a patient.

(B) An owner shall maintain a relationship with at least one licensed dentist located in California for referral, consultation, and emergency services pursuant to section 1117.

(C) The owner has communication capability that enables the owner to contact necessary parties in the event of a medical or dental emergency.

(D) The owner shall maintain a telephone number where patients are able to contact the MDHC owner or provider with questions, concerns, or emergency needs, and have their calls returned within four (4) calendar days. If a live person is not available to answer calls, the telephone line shall include a recorded message with information about whom to contact in case of a dental emergency after receiving dental hygiene services.

(E) The owner shall comply with all state and local laws and ordinances regarding business licensing and operations, and shall obtain and maintain all state and local licenses and permits necessary to provide the dental hygiene services being rendered by the applicant or provider at the MDHC, including a local or county business license, a fictitious name permit as provided in BPC section 1962 if applicable, and/or a seller's permit if a permit is required under the

Sales and Use Tax Law (Part 1 commencing with section 6001) of Division 2 of the Revenue and Taxation Code.

(F) If the owner or any provider performs radiographs, a radiographic operatory must be used that complies with California Radiation Control Regulations (Cal. Code Regs., tit. 17, Div. 1, Subchapter 4, Ch. 5, §§ 30100 and following).)

(G) The driver of the MDHC shall possess a current, active, and unrestricted California driver's license.

(2) Official Place of Business and Maintenance of Records.

(A) The owner shall maintain a physical address of record for the MDHC registered with the Board and shall notify the Board in writing of any change in that address within thirty (30) days of the change.

(B) An owner shall include the name of the MDHC (including any fictitious name authorized by BPC section 1962), physical address of record and MDHC registration number for all forms of advertisement, solicitation, or other presentments made to the public in connection with the rendition of dental hygiene services, including any advertisement, card, letterhead, telephone listing, Internet Web site, written solicitation or communications to a prospective patient or patients, or contract proposal.

(C) All dental hygiene patient treatment records and communications relating to the care and treatment of the patient following the discharge of a patient shall be maintained by the owner for a minimum of seven (7) years.

(3) In addition to the other minimum operating requirements of this section, each MDHC shall:

(A) Use infection control equipment and follow infection control procedures according to the requirements of California Code of Regulations (CCR), Title 16, section 1005.

(B) Comply with HIPAA's security standards in Subpart C of Part 164, 45 C.F.R. §164.302 et seq, with respect to the patient's PHI. For the purposes of this section "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. §§ 1320d - 1320d-8) as amended by subsequent legislation and the implementation of Privacy, Security, and Enforcement Rules under 45 C.F.R. Part 160 and Subparts A, C, D, and E of Part 164.

(C) Be readily accessible to and useable by individuals with disabilities pursuant to the federal Americans with Disabilities Act of 1990 (ADA)(42 U.S.C. Sec. 12101, et seq.), in accordance with the ADA's implementing rules under 28

C.F.R Part 36 and Subparts A-D of Part 36. For the purposes of this section, "disability" has the meaning set forth in Section 51 of the Civil Code.

(D) Have access to a sufficient water supply to meet patients' health and safety needs at all times, including hot water. Water quality shall meet guidelines set forth in the "Guidelines for Infection Control in Dental Health-Care Settings – 2003" from the Centers for Disease Control and Prevention (CDC), in addition to the "Safe Drinking Water Act." (42 U.S.C. Sec. 300f et seq.)

(E) Have toilet facilities available to staff and patients of the MDHC.

(F) Have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials.

(G) Have a working Automated External Defibrillator (AED).

(H) Have a self-contained, portable emergency oxygen unit with administration equipment (wheeled cart with oxygen cylinder, variable regulator, demand valve system, supplemental adult and child oxygen masks, hoses, and nasal cannulas) to assist with administration of basic life support.

(4) Each MDHC owner shall notify the Board in writing within thirty (30) days of any change in operational status or ownership of the MDHC.

(5) An RDHAP operator shall provide access during business hours to the RDHAP's records and facility to the Board, or its authorized representative(s), to review the MDHC for compliance with all laws, regulations, and standards applicable to MDHCs including, but not limited to, the BPC, CCR, CDC, and HIPAA.

(e) Transferability. An MDHC registration is not transferable.

(f) Renewal. An MDHC registration shall expire at the same time as the registration holder's RDHAP license.

(1) To renew the MDHC, an owner shall submit a completed renewal application that includes the following:

(A) Form DHBC MDHC-01 (New 11/2022);

(B) A biennial renewal fee in the amount of \$160; and

(C) All supporting documentation required by form DHBC MDHC-01 (New 11/2022).

(2) Renewal of each MDHC registration shall be accomplished by submission of the form DHBC MDHC-01 (New 11/2022), fee, and documentation required in subdivision (f)(1) by either:

(A) Electronic submission through a web link to the Department of Consumer Affairs' online licensing system entitled "BreEZe" located on the Board's website at: <https://www.dhbc.ca.gov/> using the "BREEZE" tab or the "BreEZe Online System" portal tabs or at: <https://www.breeze.ca.gov/datamart/loginCADCA.do>; or

(i) The owner and operator shall first register for a user account by creating a username and password.

(ii) The owner and operator shall provide all required documentation referenced in (f)(1) through the link referenced in subdivision (f)(2)(A) of this section.

(iii) Electronic Signature: When a signature is required by the particular instructions of any filing to be made through the online portal, including any attestation under penalty of perjury, the owner shall affix their electronic signature to the filing by typing their name in the appropriate field and submitting the filing via the Board's online portal. Submission of a filing in this manner shall constitute evidence of legal signature by any individual whose name is typed on the filing.

(B) Submission of all required documentation referenced in subdivision (f)(1) by mail to the Board's physical address.

(g) Exemptions. MDHCs that fall within the definition of BPC section 1926.2(b) are exempt from the requirements of this section.

(h) Identification of Personnel, Notification of Changes in Written Procedures, and Display of Licenses.

(1) The owner shall advise the Board in writing within thirty (30) days of any change to any of the information provided to the Board in application form DHBC MDHC-01 (New 11/2022), whether for initial or renewal.

(2) Each RDHAP or any other provider licensed by the Board to provide dental hygiene services in the MDHC shall prominently display evidence of their California RDHAP or other Board license in a conspicuous location accessible to public view on the premises where the RDHAP or other Board licensee provides the licensed services pursuant to BPC section 680.

(3) A licensed RDHAP engaged in the practice of dental hygiene shall provide notice to each patient of the fact the RDHAP is licensed and regulated by the Board.

(A) The notice shall include the following statement and information:

NOTICE:

Dental Hygienists in Alternative Practice are licensed and regulated
by the Dental Hygiene Board of California
(916) 263-1978
www.dhbc.ca.gov

(B) The notice required by this section shall be provided by prominently posting the notice in a conspicuous location accessible to public view on the premises where the RDHAP provides the licensed services, and the notice shall be in at least 48-point type font.

(i) Identification of Location of Services.

(1) Each owner of an MDHC shall maintain a confidential written or electronic record detailing the following information for each patient to whom services are provided:

(A) Name of patient served;

(B) Closest street address near the service location of the MDHC where service was provided;

(C) Date of each treatment session; and

(D) Types of dental hygiene services provided to each patient.

(2) The confidential written or electronic record shall be made available to a representative of the Board within ten (15) days of the date of the Board's written request pursuant to BPC section 1955.

(j) Cessation of Operation.

(1) Upon cessation of operation of an MDHC, the owner shall notify the Board in writing within thirty (30) days after the last day of operation and inform the Board of the final disposition of patient treatment records, including the physical mailing address or location where the treatment records are maintained and the name, telephone number and address for the custodian of records or other person whom the owner designates as responsible for maintaining those records.

(2) If an MDHC is sold to another RDHAP, that RDHAP ("succeeding MDHC owner") must register with the Board by filing a new Form DHBC MDHC-01 (New 11/2022) and comply with this section prior to operating the MDHC.

- (3) Upon cessation of operation of an MDHC, the previous owner shall preserve all records for a minimum of seven (7) years.
- (4) Within thirty (30) days before the last day of operation, the owner shall provide written notice via first class mail to all active patients of record of the date of closure or cessation of the MDHC, including the last date the MDHC will remain open, and the name, telephone number and address of an individual the patient may contact to request transfer of copies of their patient treatment records to a succeeding MDHC owner or to the patient. The owner shall maintain proof the notice was provided to all active patients in accordance with this section and upon request to the Board in accordance with BPC section 1955. Within fifteen (15) days of receipt of a written request by the patient, the owner shall also provide for the transfer of copies of the patient's treatment records, including radiographs, to the succeeding MDHC owner or to the patient as specified by the patient. In addition, the owner shall provide written acknowledgement of receipt of the patient's request to the patient within five (5) business days of receipt of the written request, and also notify the patient of the method and date of expected delivery of the patient's treatment records.
- (5) "Proof the notice was provided" shall mean proof of service of any notice required by this section to patients by mail by completion of a document showing the document's name and the person served, the person making service, and the date and manner of service (e.g., by first class mail, regular mail, or in person). Proof of service shall be in writing, but need not be signed, signed under oath, or in any particular format.

Note: Authority cited: Sections 1905, 1906, 1926.1, 1926.2, and 1944, Business and Professions Code. Reference: Sections 125.6, 137, 138, 142, 680, 1922, 1925, 1926, 1926.1, and 1926.2, 1955, and 1962, Business and Professions Code, Chapter 1, Part 1, Division 2 of the Revenue and Taxation Code, Chapter 5, Part 1, Division 3 of the Government Code, Section 51, Civil Code, 42 U.S.C. Sections 1320d, 1320d-1, 1320d-2, 1320d-3, 1320d-4, 1320d-5, 1320d-6, 1320d-7, 1320d-8, Chapter 126, Title 42 of the United States Code, Part A, Subchapter XII, Chapter 6A of the United States Code, 28 C.F.R Part 36 and Subparts A, B, C, D of Part 36, 45 C.F.R., Sections 160, Subparts A, C, D, and E of Part 164 & 160.103, Subpart C, Part 164, Subchapter C, Subtitle A, Title 45, Code of Federal Regulations.



APPLICATION FOR REGISTRATION OF A MOBILE DENTAL HYGIENE CLINIC (MDHC)

Business & Professions Code (BPC) sections 1926.1, 1926.2, and 1944 and
 California Code of Regulations (CCR) Title 16, Division 11 section 1116.

NOTE: ALL questions on this registration/renewal application must be answered, and all information requested in this registration/renewal must be supplied by the applicant. If something does not apply to you, please check the "N/A" box. Failure to do so will cause a delay in processing your registration/renewal. Please type or print legibly; illegible registrations will be returned.

APPLICATION FEES

ALL FEES ARE NON-REFUNDABLE AND MUST ACCOMPANY THIS APPLICATION.

REGISTRATION FEE FOR INITIAL APPLICANTS: \$100
BIENNIAL RENEWAL FEE FOR MDHC REGISTRATION: \$160

Payment must be made by personal check, cashier's check, business check, or
 money order and must be made payable to "DHBC".

MDHC OWNER INFORMATION

*Note: The registration information provided in questions 1 and 2 will be used to establish the
 expiration date of the registration and will be the point-of-contact for this application.

<u>1a. Last Name</u>		<u>1b. First Name</u>		<u>1c. Middle Name</u>	
<u>2a. RDHAP License Number:</u>		<u>2b. RDH License Number:</u>		<u>2c. Social Security Number/Individual Taxpayer Number:</u>	
<u>3a. Registered Fictitious Name:</u> <input type="checkbox"/> N/A				<u>3b. Fictitious Name Permit Number:</u> <input type="checkbox"/> N/A	
<u>4. Type of Registration:</u> <input type="checkbox"/> New Registration <input type="checkbox"/> Registration Renewal					
<u>MDHC Registration Number, if renewal:</u>					

ADDRESS OF RECORD/MAILING ADDRESS FOR RDHAP*(REQUIRED)

*The address of record will be posted on the internet and be disclosed to the public upon request (see BPC section 1902.2 and Government Code section 7922.530(a)).

The Board shall be notified within thirty (30) days of any change in the RDHAP owner's address of record.

5. Physical Address of Record (Number and Street) (including apartment number, if applicable)

<u>City</u>	<u>State</u>	<u>Zip Code</u>
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6. Email Address

7. RDHAP's Contact Number

ADDRESS OF RECORD/MAILING ADDRESS FOR MDHC* (REQUIRED)

*The address of record will be posted on the internet and be disclosed to the public upon request (see BPC section 1902.2 and Government Code section 7922.530(a)).

The owner shall maintain a physical address of record for the MDHC registered with the Board and shall notify the Board in writing of any change in that address within thirty (30) days of the change.

8. Physical Address of Record (Number and Street) (including apartment number, if applicable)

<u>City</u>	<u>State</u>	<u>Zip Code</u>
-------------	--------------	-----------------

9. MDHC's Email Address

10. MDHC's Contact Number

MDHC REQUIREMENTS

11. Does the MDHC's owner have a written procedure** that specifies the means of obtaining emergency follow-up care for patients treated in the MDHC as required by CCR section 1116?

☐ YES*

☐ NO

*If YES, provide a copy (labeled as Exhibit 1). For renewals, attach a copy if the written procedure has changed from initial registration. If no changes have been made check this box: ☐ N/A

**The procedure shall include arrangements for treatment by a licensed dentist or physician whose place of practice is established within the city or county in which the MDHC provides or intends to provide dental hygiene services.

MDHC REQUIREMENTS

<p><u>12. Does the MDHC's owner have a relationship with at least one licensed dentist located in California for referral, consultation, and emergency services pursuant to section 1117?</u></p> <p><u>*If YES, provide a copy (labeled as Exhibit 2) of your completed "Documentation of Registered Dental Hygienist In Alternative Practice (RDHAP) Relationship with Dentist" (form RDHAP-01 (07-2021) with this application as set forth in CCR section 1117. For renewals, attach a copy if this information has changed from initial registration. If no changes have been made check this box: <input type="checkbox"/> N/A</u></p>	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<p><u>13. Does the MDHC owner have telephone service for the MDHC that it can access twenty-four (24) hours per day that enables the owner or any provider of dental hygiene services to contact emergency responders, medical/dental/dental hygiene clinics, care facility or school staff, guardians, and designated family members, in the event of a medical or dental emergency?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>14. Is there a telephone number where patients are able to contact the MDHC's owner or provider with questions, concerns, or emergency needs, and have their calls returned within four (4) calendar days?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>15. If a live person is not available to answer calls, does the telephone line include a recorded message with information about whom to contact in case of a dental emergency?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>16. Will the owner comply with all state and local laws and ordinances regarding business licensing and operations?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>17. Will the MDHC owner obtain and maintain all state and local licenses and permits necessary to provide the dental hygiene services being rendered by the applicant or provider at the MDHC, including a local or county business license, a fictitious name permit as provided in BPC section 1962 if applicable, and/or a seller's permit if a permit is required under the Sales and Use Tax Law (Part 1 commencing with section 6001) of Division 2 of the Revenue and Taxation Code?</u></p> <p><u>*A copy of each current license and permit shall be submitted with the application to include a local or county business license, a fictitious name permit as provided in BPC section 1962 if applicable, and/or a seller's permit if a permit is required under the Sales and Use Tax Law (Part 1 commencing with section 6001) of Division 2 of the Revenue and Taxation Code. If yes, provide copies and label as Exhibit 3.</u></p>	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<p><u>18. Does the MDHC's radiographic operatory comply with California Radiation Control Regulations (Cal. Code Regs., tit. 17, Div. 1, Subchapter 4, Ch. 5, §§ 30100 and following)?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

MDHC REQUIREMENTS

<p><u>19. Does the driver of the MDHC possesses a current, active and unrestricted California driver's license?</u></p> <p><u>*If YES, please provide the Name of the Driver, Driver's License Number and Date of Expiration here:</u></p> <p>Name of Driver: _____</p> <p>Driver License #: _____ Expiration Date: _____</p>	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<p><u>20. The MDHC owner acknowledges receiving notice that the MDHC must maintain all dental hygiene patient treatment records and communications relating to the care and treatment of the patient following the discharge of a patient for a minimum of seven years (see CCR section 1116 for the minimum MDHC operating standards).</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>21. Does the MDHC's owner use infection control equipment and follow infection control procedures according to the requirements of CCR section 1005?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>22. Does the MDHC comply with HIPAA's security standards in Subpart C of Part 164, 45 C.F.R. §164.302 et seq, with respect to the patient's "Protected Health Information"?</u></p> <p><u>For the purposes of this question, PHI, as defined in section 1320d of Title 42 of the United States Code, includes a patient's medical history, or dental history, which is a written record of the patient's personal health history that provides information about allergies, illnesses, surgeries, immunizations, and results of physical exams and tests.</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>23. Is the MDHC readily accessible to and useable by individuals with disabilities pursuant to the federal Americans with Disabilities Act of 1990 (ADA)(42 U.S.C. Sec. 12101, et seq.), in accordance with the ADA's implementing rules under 28 C.F.R Part 36 and Subparts A-D of Part 36.?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>24. Does the MDHC have access to a sufficient water supply to meet patients' health and safety needs* at all times, including hot water?</u></p> <p><u>*Water quality shall meet guidelines set forth in the "Guidelines for Infection Control in Dental Health-Care Settings – 2003" from the Centers for Disease Control and Prevention, in addition to the "Safe Drinking Water Act." (42 U.S.C. Sec. 300f et seq.)</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>25. Does the MDHC have access to toilet facilities available to staff and the patients of the MDHC?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>26. Does the MDHC have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>27. Does the MDHC have a working Automated External Defibrillator (AED)?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

MDHC REQUIREMENTS

28. Does the MDHC have a self-contained, portable emergency oxygen unit with administration equipment (wheeled cart with oxygen cylinder, variable regulator, demand valve system, supplemental adult and child oxygen masks, hoses, and nasal cannulas) to assist with administration of basic life support?

☐ YES

☐ NO

ACKNOWLEDGEMENT

29. Have you reviewed BPC sections 1926.1, 1926.2, and 1944, and CCR sections 1116 and 1117? Please be advised that failure to comply with these provisions is grounds for denial or revocation of the registration.

☐ YES

☐ NO

REGISTRATION CERTIFICATION

I hereby certify under penalty of perjury under the laws of the State of California that I have read the foregoing registration application and that all information, statements, attachments, and representations provided by me in this application are true and correct. By submitting the application and signing below, I am granting permission to the Board or its assignees and agents to verify the information provided and to perform any investigation pertaining to the information I have provided as the Board deems necessary.

NOTICE: FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS REGISTRATION OR ANY ATTACHMENT HERETO IS GROUNDS FOR DENYING OR REVOKING THE REGISTRATION.

APPLICANT'S SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

NOTICES

The Dental Hygiene Board of California of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 1926.1 and 1926.2, and Title 16, California Code of Regulations Section 1116. The Dental Hygiene Board of California uses this information principally to identify and evaluate applicants for registration and to enforce licensing standards set by law and regulation.

MANDATORY SUBMISSION:

Submission of the requested information is mandatory. The Dental Hygiene Board of California cannot consider your registration unless you provide all the requested information.

ACCESS TO PERSONAL INFORMATION:

You may review the records maintained by the Dental Hygiene Board of California that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

POSSIBLE DISCLOSURE OF PERSONAL INFORMATION:

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 7921.000 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

MANDATORY DISCLOSURE OF SOCIAL SECURITY NUMBERS:

Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory. Sections 30 and 31 of the Business and Professions Code authorize collection of your SSN or ITIN, which will be used exclusively for tax enforcement purposes, for investigation of tax evasion and violations of cash-pay reporting laws as set forth in Section 329 of the Unemployment Insurance Code, for purposes of compliance with any judgement or order for family support in accordance with Section 17520 of the Family Code, for measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges, or for verification of license or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, your application for initial licensure will not be processed AND you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

STATE TAX OBLIGATION NOTICE:

The California State Board of Equalization (BOE) and the California Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation and your registration may be suspended, or your renewal application denied if the state tax obligation is not paid, and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies (Sections 31 and 494.5 of the California Business and Professions Code).

CONTACT INFORMATION:

For questions about this notice or access to your records, you may contact the Executive Officer as follows:

Dental Hygiene Board of California
2005 Evergreen Street, Suite 1350
Sacramento, CA 95815
(916) 263-1978

INTERNAL OFFICE USE ONLY

<u>Date Received:</u>	<u>Receipt #:</u>	<input type="checkbox"/> <u>Initial</u>	<input type="checkbox"/> <u>Renewal</u>	<u>\$ Amount:</u>
<u>File #:</u>	<u>Registration #:</u>	<u>RDHAP Lic. Exp. Date:</u>		
<u>Date Issued:</u>	<u>Analyst:</u>			

DENTAL HYGIENE BOARD OF CALIFORNIA RESOLUTION TO ADOPT PROPOSED FEES

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

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

- The fee for registration of a mobile dental hygiene clinic shall be one hundred dollars (\$100).
- The biennial renewal fee for a mobile dental hygiene clinic shall be one hundred and sixty dollars (\$160).

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

Adopted this 19th day of November 2022, by:

Dr. Carmen Dones

cc: Anthony Lum, DHBC Executive Officer

Senate Bill No. 1202
CHAPTER 331

An act to amend Sections 1905, 1917, 1917.1, 1931, 1941, and 1944 of, and to add Sections 1902.3, 1917.3, 1926.1, 1926.2, 1926.3, 1926.4, and 1942 to, the Business and Professions Code, relating to dentistry.

[Approved by Governor September 14, 2012. Filed with Secretary of
State September 14, 2012.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1202, Leno. Dental hygienists.

Existing law, the Dental Practice Act, provides for the licensure and regulation of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions by the Dental Hygiene Committee of California (committee) within the Dental Board of California. Existing law authorizes the committee to appoint an executive officer to perform duties delegated by the committee.

(1) The committee performs various functions, including, but not limited to, the evaluation of all registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions educational programs that apply for approval. Under existing law, any dental hygiene program accredited by and in good standing with the Commission on Dental Accreditation (commission) is required to be approved by the committee. Existing law authorizes the committee to withdraw or revoke a dental hygiene educational program approval if the program has been placed on probation by the commission.

This bill would eliminate the good standing requirement and would instead authorize any dental hygiene program accredited by the commission to be approved by the committee. The bill would authorize the committee to withdraw or revoke program approval if the commission intends to withdraw or has withdrawn approval.

(2) Under existing law, the committee is required to grant a registered dental hygienist license to any person meeting certain requirements, including the completion of a specified educational program, satisfactory performance on various related examinations, and the submission of a completed application and the payment of required fees.

This bill would additionally require an applicant for licensure as a registered dental hygienist to satisfactorily complete committee-approved instruction in gingival soft tissue curettage, nitrous oxide-oxygen analgesia, and local anesthesia. The bill would authorize the committee to issue a special permit to a registered dental hygienist licensed in another state authorizing him or her to teach in a dental hygiene college without being licensed by this state if certain requirements are met, including, but not limited to, the completion of educational requirements and the payment of an application fee, subject to a biennial renewal fee.

(3) Existing law authorizes the committee to grant a license as a registered dental hygienist to an applicant who has not taken the specified clinical examination, if the applicant submits certain information to the committee, including, but not limited to, proof that the applicant has been in clinical practice as a registered dental hygienist or has been a full-time faculty member in a specified program for at least 5 years preceding the date of the application and proof that the applicant has not been subject to disciplinary action by another state where he or she is or was previously licensed as a registered dental hygienist or dental hygienist.

This bill would require that proof of prior experience to have been obtained at least 5 years immediately preceding the applicant's date of application and would expand that proof relating to disciplinary action to include any other state where the applicant was previously issued any professional or vocational license.

(4) Except as specified, existing law prohibits an agency in the department, including the committee, on the basis of an applicant's failure to successfully complete prior examinations, from imposing any additional limitations or requirements on any applicant who wishes to participate in subsequent examinations.

This bill would prohibit an examinee for a registered dental hygiene license who either fails to pass the clinical examination after 3 attempts or fails to pass the clinical examination because he or she imposed gross trauma on a patient from being eligible for further reexamination until the examinee completes specified remedial education.

(5) Existing law requires the committee to grant a registered dental hygienist in alternative practice license to any person meeting certain requirements, including satisfactory performance on a specified examination, the submission of an application, and the payment of application fees. Under existing law, a registered dental hygienist in alternative practice may perform specified functions and procedures in residences of the homebound, schools, residential facilities, and dental health professional shortage areas.

This bill would require a registered dental hygienist in alternative practice to register his or her place or places of practice, within a specified timeframe, with the executive officer. The bill would require a registered dental hygienist in alternative practice to receive permission from the committee, subject to a biennial renewal fee, to have an additional place of practice. The bill would authorize a registered dental hygienist in alternative practice to operate a mobile dental hygiene clinic under certain circumstances if various requirements are met, including the payment of a fee not to exceed \$250, pursuant to regulations adopted by the committee.

(6) Under existing law, if a registered dental hygienist in alternative practice provides dental hygiene services to a patient 18 months or more after the first date that he or she provided services to the patient, he or she is required to obtain written verification, including a written prescription for dental hygiene services, issued by a dentist or physician and surgeon licensed to practice in this state. Existing law provides that a registered dental hygienist in alternative practice who provides those services in violation of these provisions has engaged in unprofessional conduct and that requires the committee to seek an injunction against him or her. Existing law provides circumstances under which the committee may revoke or suspend a license to practice dental hygiene.

This bill would instead authorize the committee to seek an injunction under those circumstances and specify that a violation by a registered dental hygienist in alternative practice of the requirement to obtain a prescription, as specified above, before providing those services is reason for the committee to revoke or suspend his or her license.

(7) Under existing law, the committee is required to establish by resolution the amount of the fees, subject to respective maximum fee amounts established by existing law, that relate to the licensing of a registered dental hygienist, a registered dental hygienist in alternative practice, and a registered dental hygienist in extended functions subject to certain limitations.

This bill would increase the respective maximum fee amounts within which the committee shall establish fee amounts for an original license and the biennial renewal fee for such a license, and would also increase the maximum fee amount for curriculum review and site evaluation for specified educational programs, as specified. The bill would define the term "extramural dental facility" and also establish a fee for certification of licensure and registration of an extramural dental facility.

(8) Existing law declares it is the intent of the Legislature that the committee grant or renew approval of only those educational programs for, among others, a registered dental hygienist that continuously maintain a high quality standard of instruction.

This bill would instead require the committee to grant or renew approval of only those educational programs that meet the standard described above and, where appropriate, meet the minimum standards set by the commission or an equivalent body, as determined by the committee. The bill would require a new educational program for registered dental hygienists, as defined, to also submit a feasibility study demonstrating a need for a new educational program and would require a new educational program to apply to the committee for specified approval prior to seeking initial accreditation from the commission or an equivalent body, as determined by the committee.

(9) This bill would make various technical, nonsubstantive, and conforming changes.

DIGEST KEY

Vote: MAJORITY Appropriation: NO Fiscal Committee: YES Local Program: NO

BILL TEXT

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.

Section 1902.3 is added to the Business and Professions Code, to read:

1902.3.

A registered dental hygienist licensed in another state may teach in a dental hygiene college without being licensed in this state if he or she has a special permit. The committee may issue a special permit to practice dental hygiene in a discipline at a dental hygiene college in this state to any person who submits an application and satisfies all of the following eligibility requirements:

- (a) Furnishing satisfactory evidence of having a pending contract with a California dental hygiene college approved by the committee as a full-time or part-time professor, associate professor, assistant professor, faculty member, or instructor.
- (b) Furnishing satisfactory evidence of having graduated from a dental hygiene college approved by the committee.
- (c) Furnishing satisfactory evidence of having been certified as a diplomate of a specialty committee or, in lieu thereof, establishing his or her qualifications to take a specialty committee examination or furnishing satisfactory evidence of having completed an advanced educational program in a discipline from a dental hygiene college approved by the committee.
- (d) Furnishing satisfactory evidence of having successfully completed an examination in California law and ethics developed and administered by the committee.
- (e) Paying an application fee, subject to a biennial renewal fee, as provided by Section 1944.

SEC. 2.

Section 1905 of the Business and Professions Code is amended to read:

1905.

(a) The committee shall perform the following functions:

- (1) Evaluate all registered dental hygienist, registered dental hygienist in alternative practice, and registered dental hygienist in extended functions educational programs that apply for approval and grant or deny approval of those applications in accordance with regulations adopted by the committee. Any such educational programs approved by the dental board on or before June 30, 2009, shall be deemed approved by the committee. Any dental hygiene program accredited by the Commission on Dental Accreditation may be approved.
 - (2) Withdraw or revoke its prior approval of a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions educational program in accordance with regulations adopted by the committee. The committee may withdraw or revoke a dental hygiene program approval if the Commission on Dental Accreditation has indicated an intent to withdraw approval or has withdrawn approval.
 - (3) Review and evaluate all registered dental hygienist, registered dental hygienist in alternative practice, and registered dental hygienist in extended functions applications for licensure to ascertain whether the applicant meets the appropriate licensing requirements specified by statute and regulations, maintain application records, cashier application fees, issue and renew licenses, and perform any other tasks that are incidental to the application and licensure processes.
 - (4) Determine the appropriate type of license examination consistent with the provisions of this article, and develop or cause to be developed and administer examinations in accordance with regulations adopted by the committee.
 - (5) Determine the amount of fees assessed under this article, not to exceed the actual cost.
 - (6) Determine and enforce the continuing education requirements specified in Section 1936.1.
 - (7) Deny, suspend, or revoke a license under this article, or otherwise enforce the provisions of this article. Any such proceedings shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the committee shall have all of the powers granted therein.
 - (8) Make recommendations to the dental board regarding dental hygiene scope of practice issues.
 - (9) Adopt, amend, and revoke rules and regulations to implement the provisions of this article, including the amount of required supervision by a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions of a registered dental assistant.
- (b) The committee may employ employees and examiners that it deems necessary to carry out its functions and responsibilities under this article.

SEC. 3.

Section 1917 of the Business and Professions Code is amended to read:

1917.

The committee shall grant initial licensure as a registered dental hygienist to a person who satisfies all of the following requirements:

- (a) Completion of an educational program for registered dental hygienists, approved by the committee, accredited by the Commission on Dental Accreditation, and conducted by a degree-granting, postsecondary institution.
- (b) Satisfactory performance on the state clinical examination, or satisfactory completion of the dental hygiene examination given by the Western Regional Examining Board or any other clinical dental hygiene examination approved by the committee.
- (c) Satisfactory completion of the National Dental Hygiene Board Examination.
- (d) Satisfactory completion of the examination in California law and ethics as prescribed by the committee.
- (e) Submission of a completed application form and all fees required by the committee.
- (f) Satisfactory completion of committee-approved instruction in gingival soft tissue curettage, nitrous oxide-oxygen analgesia, and local anesthesia.

SEC. 4.

Section 1917.1 of the Business and Professions Code is amended to read:

1917.1.

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

- (1) A completed application form and all fees required by the committee.
- (2) Proof of a current license as a registered dental hygienist issued by another state that is not revoked, suspended, or otherwise restricted.
- (3) Proof that the applicant has been in clinical practice as a registered dental hygienist or has been a full-time faculty member in an accredited dental hygiene education program for a minimum of 750 hours per year for at least five years immediately preceding the date of his or her application under this section. The clinical practice requirement shall be deemed met if the applicant provides proof of at least three years of clinical practice and commits to completing the remaining two years of clinical practice by filing with the committee a copy of a pending contract to practice dental hygiene in any of the following facilities:
 - (A) A primary care clinic licensed under subdivision (a) of Section 1204 of the Health and Safety Code.
 - (B) A primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code.
 - (C) A clinic owned or operated by a public hospital or health system.
 - (D) A clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code.
- (4) Satisfactory performance on a California law and ethics examination and any examination that may be required by the committee.
- (5) Proof that the applicant has not been subject to disciplinary action by any state in which he or she is or has been previously issued any professional or vocational license. If the applicant has been subject to disciplinary action, the committee shall review that action to determine if it warrants refusal to issue a license to the applicant.
- (6) Proof of graduation from a school of dental hygiene accredited by the Commission on Dental Accreditation.
- (7) Proof of satisfactory completion of the National Dental Hygiene Board Examination and of a state clinical examination, regional clinical licensure examination, or any other clinical dental hygiene examination approved by the committee.
- (8) Proof that the applicant has not failed the state clinical examination, the examination given by the Western Regional Examining Board, or any other clinical dental hygiene examination approved by the committee for licensure to practice dental hygiene under this chapter more than once or once within five years prior to the date of his or her application for a license under this section.

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

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

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

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

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

(2) Any not-for-profit clinics, public hospitals, and accredited dental hygiene education programs seeking to contract with licensees for dental hygiene service delivery or training purposes.

(d) The committee shall review the impact of this section on the availability of actively practicing registered dental hygienists in California and report to the appropriate policy and fiscal committees of the Legislature by January 1, 2012. The report shall include a separate section providing data specific to registered dental hygienists who intend to fulfill the alternative clinical practice requirements of subdivision (a). The report shall include, but shall not be limited to, the following:

(1) The number of applicants from other states who have sought licensure.

(2) The number of registered dental hygienists from other states licensed pursuant to this section, the number of licenses not granted, and the reason why the license was not granted.

(3) The practice location of registered dental hygienists licensed pursuant to this section. In identifying a registered dental hygienist's location of practice, the committee shall use medical service study areas or other appropriate geographic descriptions for regions of the state.

(4) The number of registered dental hygienists licensed pursuant to this section who establish a practice in a rural area or in an area designated as having a shortage of practicing registered dental hygienists or no registered dental hygienists or in a safety net facility identified in paragraph (3) of subdivision (a).

(5) The length of time registered dental hygienists licensed pursuant to this section practiced in the reported location.

SEC. 5.

Section 1917.3 is added to the Business and Professions Code, to read:

1917.3.

Notwithstanding Section 135, an examinee for a registered dental hygienist license who either fails to pass the clinical examination required by Section 1917 after three attempts or fails to pass the clinical examination as a result of a single incidence of imposing gross trauma on a patient shall not be eligible for further reexamination until the examinee has successfully completed remedial education at an approved dental hygiene program or a comparable organization approved by the committee.

SEC. 6.

Section 1926.1 is added to the Business and Professions Code, to read:

1926.1.

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

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

(b) The licensee's insurer registers the mobile dental hygiene clinic with the committee in compliance with Section 1926.3.

SEC. 7.

Section 1926.2 is added to the Business and Professions Code, to read:

1926.2.

(a) Notwithstanding any other provision of law, a registered dental hygienist in alternative practice may operate one mobile dental hygiene clinic registered as a dental hygiene office or facility. The owner or operator of the mobile dental hygiene clinic or unit shall be registered and operated in accordance with regulations established by the committee, which regulations shall not be designed to prevent or lessen competition in service areas, and shall pay the fees described in Section 1944.

(b) A mobile service unit, as defined in subdivision (b) of Section 1765.105 of the Health and Safety Code, and a mobile unit operated by an entity that is exempt from licensure pursuant to subdivision (b), (c), or (h) of Section 1206 of the Health and Safety Code, are exempt from this article and Article 3.5 (commencing with Section 1658). Notwithstanding this exemption, the owner or operator of the mobile unit shall notify the committee within 60 days of the date on which dental hygiene services are first delivered in the mobile unit, or the date on which the mobile unit's application pursuant to Section 1765.130 of the Health and Safety Code is approved, whichever is earlier.

(c) A licensee practicing in a mobile unit described in subdivision (b) is not subject to subdivision (a) as to that mobile unit.

SEC. 8.

Section 1926.3 is added to the Business and Professions Code, to read:

1926.3.

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

SEC. 9.

Section 1926.4 is added to the Business and Professions Code, to read:

1926.4.

When a registered dental hygienist in alternative practice desires to have more than one place of practice, he or she shall, prior to the opening of the additional office, apply to the committee, pay the fee required by Section 1944, and obtain permission in writing from the committee to have the additional place of practice, subject to a biennial renewal fee described in Section 1944.

SEC. 10.

Section 1931 of the Business and Professions Code is amended to read:

1931.

(a) (1) A dental hygienist in alternative practice may provide services to a patient without obtaining written verification that the patient has been examined by a dentist or physician and surgeon licensed to practice in this state.

(2) If the dental hygienist in alternative practice provides services to a patient 18 months or more after the first date that he or she provides services to a patient, he or she shall obtain written verification that the patient has been examined by a dentist or physician and surgeon licensed to practice in this state. The verification shall include a prescription for dental hygiene services as described in subdivision (b).

(b) A registered dental hygienist in alternative practice may provide dental hygiene services for a patient who presents to the registered dental hygienist in alternative practice a written prescription for dental hygiene services issued by a dentist or physician and surgeon licensed to practice in this state. The prescription shall be valid for a time period based on the dentist's or physician and surgeon's professional judgment, but not to exceed two years from the date it was issued.

(c) (1) The committee may seek to obtain an injunction against any registered dental hygienist in alternative practice who provides services pursuant to this section, if the committee has reasonable cause to believe that the services are being provided to a patient who has not received a prescription for those services from a dentist or physician and surgeon licensed to practice in this state.

(2) Providing services pursuant to this section without obtaining a prescription in accordance with subdivision (b) shall constitute unprofessional conduct on the part of the registered dental hygienist in alternative practice, and reason for the committee to revoke or suspend the license of the registered dental hygienist in alternative practice pursuant to Section 1947.

SEC. 11.

Section 1941 of the Business and Professions Code is amended to read:

1941.

(a) The committee shall grant or renew approval of only those educational programs for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions that continuously maintain a high quality standard of instruction and, where appropriate, meet the minimum standards set by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the committee.

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

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

SEC. 12.

Section 1942 is added to the Business and Professions Code, to read:

1942.

(a) As used in this article "extramural dental facility" means any clinical facility that has contracted with an approved dental hygiene educational program for instruction in dental hygiene, that exists outside or beyond the walls, boundaries, or precincts of the primary campus of the approved program, and in which dental hygiene services are rendered.

(b) An approved dental hygiene educational program shall register an extramural dental facility with the committee. That registration shall be accompanied by information supplied by the dental hygiene program pertaining to faculty supervision, scope of treatment to be rendered, name and location of the facility, date on which the operation will commence, discipline of which the instruction is a part, and a brief description of the equipment and facilities available. The foregoing information shall be supplemented by a copy of the agreement between the approved dental hygiene educational program or parent university, and the affiliated institution establishing the contractual relationship. Any change in the information initially provided to the committee shall be communicated to the committee.

SEC. 13.

Section 1944 of the Business and Professions Code is amended to read:

1944.

(a) The committee shall establish by resolution the amount of the fees that relate to the licensing of a registered dental hygienist, a registered dental hygienist in alternative practice, and a registered dental hygienist in extended functions. The fees established by board resolution in effect on June 30, 2009, as they relate to the licensure of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions, shall remain in effect until modified by the committee. The fees are subject to the following limitations:

(1) The application fee for an original license and the fee for issuance of an original license shall not exceed two hundred fifty dollars (\$250).

(2) The fee for examination for licensure as a registered dental hygienist shall not exceed the actual cost of the examination.

(3) For third- and fourth-year dental students, the fee for examination for licensure as a registered dental hygienist shall not exceed the actual cost of the examination.

- (4) The fee for examination for licensure as a registered dental hygienist in extended functions shall not exceed the actual cost of the examination.
- (5) The fee for examination for licensure as a registered dental hygienist in alternative practice shall not exceed the actual cost of administering the examination.
- (6) The biennial renewal fee shall not exceed one hundred sixty dollars (\$160).
- (7) The delinquency fee shall not exceed one-half of the renewal fee. Any delinquent license may be restored only upon payment of all fees, including the delinquency fee, and compliance with all other applicable requirements of this article.
- (8) The fee for issuance of a duplicate license to replace one that is lost or destroyed, or in the event of a name change, shall not exceed twenty-five dollars (\$25) or one-half of the renewal fee, whichever is greater.
- (9) The fee for certification of licensure shall not exceed one-half of the renewal fee.
- (10) The fee for each curriculum review and site evaluation for educational programs for dental hygienists who are not accredited by a committee-approved agency shall not exceed two thousand one hundred dollars (\$2,100).
- (11) The fee for each review of courses required for licensure that are not accredited by a committee-approved agency, the Council for Private Postsecondary and Vocational Education, or the Chancellor's Office of the California Community Colleges shall not exceed three hundred dollars (\$300).
- (12) The initial application and biennial fee for a provider of continuing education shall not exceed five hundred dollars (\$500).
- (13) The amount of fees payable in connection with permits issued under Section 1962 is as follows:
- (A) The initial permit fee is an amount equal to the renewal fee for the applicant's license to practice dental hygiene in effect on the last regular renewal date before the date on which the permit is issued.
- (B) If the permit will expire less than one year after its issuance, then the initial permit fee is an amount equal to 50 percent of the renewal fee in effect on the last regular renewal date before the date on which the permit is issued.
- (b) The renewal and delinquency fees shall be fixed by the committee by resolution at not more than the current amount of the renewal fee for a license to practice under this article nor less than five dollars (\$5).
- (c) Fees fixed by the committee by resolution pursuant to this section shall not be subject to the approval of the Office of Administrative Law.
- (d) Fees collected pursuant to this section shall be collected by the committee and deposited into the State Dental Hygiene Fund, which is hereby created. All money in this fund shall, upon appropriation by the Legislature in the annual Budget Act, be used to implement the provisions of this article.
- (e) No fees or charges other than those listed in this section shall be levied by the committee in connection with the licensure of registered dental hygienists, registered dental hygienists in alternative practice, or registered dental hygienists in extended functions.
- (f) The fee for registration of an extramural dental facility shall not exceed two hundred fifty dollars (\$250).
- (g) The fee for registration of a mobile dental hygiene unit shall not exceed one hundred fifty dollars (\$150).
- (h) The biennial renewal fee for a mobile dental hygiene unit shall not exceed two hundred fifty dollars (\$250).
- (i) The fee for an additional office permit shall not exceed two hundred fifty dollars (\$250).
- (j) The biennial renewal fee for an additional office as described in Section 1926.4 shall not exceed two hundred fifty dollars (\$250).
- (k) The initial application and biennial special permit fee is an amount equal to the biennial renewal fee specified in paragraph (6) of subdivision (a).
- (l) The fees in this section shall not exceed an amount sufficient to cover the reasonable regulatory cost of carrying out the provisions of this article.

Senate Bill No. 534
CHAPTER 491

An act to amend Sections 1902.3, 1917.1, 1926.1, 1926.3, 1941, 1950.5, and 1951 of the Business and Professions Code, relating to healing arts.

[Approved by Governor October 04, 2021. Filed with Secretary of State October 04, 2021.
]

LEGISLATIVE COUNSEL'S DIGEST

SB 534, Jones. Dental hygienists.

(1) Existing law, the Dental Practice Act, provides for the licensure and regulation of the practice of dental hygienists by the Dental Hygiene Board of California within the Department of Consumer Affairs. Existing law requires applicants for licensure to provide fingerprint images for submission to governmental agencies, in order to, among other things, establish the identity of the applicant.

Existing law permits a registered dental hygienist licensed in another state to teach in a dental hygiene college without being licensed in this state if the dental hygienist satisfies various eligibility requirements, including furnishing satisfactory evidence of having graduated from a dental hygiene college approved by the board, and is issued a special permit. Existing law requires an applicant for a special permit to pay an application fee, subject to a biennial renewal fee, as provided.

This bill would require a special permit to remain valid for 4 years and would thereafter prohibit the board from renewing it. The bill would specify that an applicant for a special permit is required to comply with the fingerprint submission requirements described above and would require an applicant, if teaching during clinical practice sessions, to furnish satisfactory evidence of having successfully completed a course in periodontal soft-tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia approved by the board.

(2) Existing law requires the board to grant initial licensure as a registered dental hygienist to a person who satisfies specified requirements and authorizes the board to grant a license as a registered dental hygienist to an applicant who has not taken a clinical examination before the board if the applicant submits specified documentation, including proof of graduation from a school of dental hygiene accredited by the Commission on Dental Accreditation of the American Dental Association.

This bill would require an applicant for licensure who has not taken a clinical examination before the board to additionally submit satisfactory evidence of having successfully completed a course or education and training in local anesthesia, nitrous oxide-oxygen analgesia, and periodontal soft-tissue curettage approved by the board.

(3) Existing law requires a new educational program for registered dental hygienists, as defined, to submit a feasibility study demonstrating a need for a new educational program and to apply for approval from the board before seeking approval for initial accreditation from the Commission on Dental Accreditation or an equivalent body, as determined by the board.

This bill would also require a new educational program for registered dental hygienists in alternative practice or registered dental hygienists in extended functions to comply with the above-described requirements.

(4) Existing law authorizes the board to discipline, as specified, a licensee for unprofessional conduct and provides a nonexhaustive list of acts that constitute unprofessional conduct, including the willful misrepresentation of facts relating to a disciplinary action to the patients of a disciplined licensee.

This bill would make it unprofessional conduct for a licensee to knowingly make a statement or sign a certificate or other document that falsely represents the existence or nonexistence of a fact directly or indirectly related to the practice of dental hygiene.

(5) Existing law authorizes the board to discipline a licensee by placing the licensee on probation under various terms and conditions, including, but not limited to, requiring the licensee to obtain additional training or pass an examination upon completion of training, or both.

This bill would require the training to be in a remedial education course approved by the board.

(6) Existing law provides for the licensure and regulation of registered dental hygienists in alternative practice by the board. Existing law authorizes a registered dental hygienist in alternative practice to perform any of the duties or functions authorized to be performed by a registered dental hygienist as an employee of a dentist or of another registered dental hygienist in alternative practice, as an independent contractor, as a sole proprietor of an alternative dental hygiene practice, in specified clinics, or in a professional corporation. Existing law further authorizes a registered dental hygienist in alternative practice to perform certain additional duties and functions in residences of the homebound, schools, residential facilities, dental health professional shortage areas, and dental offices.

Existing law authorizes a registered dental hygienist in alternative practice to operate a mobile dental hygiene clinic provided by the licensee's property and casualty insurer as a temporary substitute site if the registered place of practice has been rendered and remains unusable due to loss or calamity and the licensee's insurer registers the mobile dental hygiene clinic with the board, as specified.

This bill would authorize a registered dental hygienist in alternative practice to operate a mobile dental hygiene clinic in specified settings, if the registered dental hygienist in alternative practice registers mobile dental hygiene clinic with the board, as specified. In this regard, the bill would remove the requirement that a mobile dental hygiene clinic be provided by the property and casualty insurer as a temporary substitute site because the registered place of practice has been rendered and remains unusable due to loss or calamity. The bill would authorize the board to conduct announced and unannounced reviews and inspections of a mobile dental hygiene clinic, as specified. The bill would make it unprofessional conduct for a registered dental hygienist in alternative practice to operate a mobile dental hygiene clinic in a manner that does not comply with these provisions. The bill would authorize the board to issue citations that contain fines and orders of abatement to a registered dental hygienist in alternative practice for a violation of these provisions and related provisions, as specified.

(7) Existing law requires a registered dental hygienist in alternative practice to register with the executive officer of the dental hygiene board the person's place of practice, as specified. Existing law requires a person licensed by the dental hygiene board to register with the executive officer within 30 days after the date of the issuance of the person's license as a registered dental hygienist in alternative practice.

This bill would instead impose these registration requirements on the physical facilities of the registered dental hygienist in alternative practice. The bill would require a registered dental hygienist in alternative practice who utilizes portable equipment to practice dental hygiene to register the physical facility where the portable equipment is maintained with the executive officer of the dental hygiene board. The bill would authorize the board to conduct announced and unannounced reviews and inspections of the physical facilities and equipment of a registered dental hygienist in alternative practice, as specified. The bill would make it unprofessional conduct for a registered dental hygienist in alternative practice to maintain a physical facility or equipment in a manner that does not comply with these provisions. The bill would authorize the board to issue citations that contain fines and orders of abatement to a registered dental hygienist in alternative practice for a violation of these provisions and related provisions, as specified.

DIGEST KEY

Vote: MAJORITY Appropriation: NO Fiscal Committee: YES Local Program: NO

BILL TEXT

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.

Section 1902.3 of the Business and Professions Code is amended to read:

1902.3.

A registered dental hygienist licensed in another state may teach in a dental hygiene college without being licensed in this state if the person has a special permit. A special permit shall remain valid for a period of four years, subject to subdivision (g), after which time the permit shall not be renewed. The dental hygiene board may issue a special permit to practice dental hygiene in a discipline at a dental hygiene college in this state to any person who submits an application and satisfies all of the following eligibility requirements:

(a) Furnishing satisfactory evidence of having a pending contract with a California dental hygiene college approved by the dental hygiene board as a full-time or part-time professor, associate professor, assistant professor, faculty member, or instructor.

(b) Furnishing satisfactory evidence of having graduated from a dental hygiene college approved by the dental hygiene board.

(c) Furnishing satisfactory evidence of having been certified as a diplomate of a specialty committee or, in lieu thereof, establishing qualifications to take a specialty committee examination or furnishing satisfactory evidence of having completed an advanced educational program in a discipline from a dental hygiene college approved by the dental hygiene board.

(d) Furnishing satisfactory evidence of having successfully completed an examination in California law and ethics developed and administered by the dental hygiene board.

(e) If teaching during clinical practice sessions, furnishing satisfactory evidence of having successfully completed a course in periodontal soft-tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia approved by the dental hygiene board.

(f) Complying with the fingerprint submission requirements as provided by Section 1916.

(g) Paying an application fee, subject to a biennial renewal fee, as provided by subdivision (k) of Section 1944.

SEC. 2.

Section 1917.1 of the Business and Professions Code is amended to read:

1917.1.

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

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

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

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

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

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

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

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

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

(5) Proof that the applicant has not been subject to disciplinary action by any state in which the applicant is or has been previously issued any professional or vocational license. If the applicant has been subject to disciplinary action, the dental hygiene board shall review that action to determine if it warrants refusal to issue a license to the applicant.

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

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

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

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

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

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

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

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

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

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

SEC. 3.

Section 1926.1 of the Business and Professions Code is amended to read:

1926.1.

(a) Notwithstanding any other provision of law, a registered dental hygienist in alternative practice may operate a mobile dental hygiene clinic in the settings listed in Section 1926.

(b) The registered dental hygienist in alternative practice shall register the mobile dental hygiene clinic with the dental hygiene board in compliance with Sections 1926.2 and 1926.3.

(c) The dental hygiene board may conduct announced and unannounced reviews and inspections of a mobile dental hygiene clinic to ensure continued compliance with the requirements for continued approval under this article.

(d) It shall constitute unprofessional conduct if the mobile dental hygiene clinic is found to be noncompliant with any requirements necessary for licensure, and the registered dental hygienist in alternative practice may be placed on probation with terms, issued a citation and fine, or have the mobile dental hygiene clinic registration withdrawn if compliance is not demonstrated within reasonable timelines, as established by the dental hygiene board.

(e) The dental hygiene board, by itself or through an authorized representative, may issue a citation containing fines and orders of abatement to the registered dental hygienist in alternative practice for any violation of this section, Section 1926.2, Section 1926.3, or any regulations adopted thereunder. Any fine collected pursuant to this section shall be deposited into the State Dental Hygiene Fund established pursuant to Section 1944.

SEC. 4.

Section 1926.3 of the Business and Professions Code is amended to read:

1926.3.

(a) Every person who is now or hereafter licensed as a registered dental hygienist in alternative practice in this state shall register with the executive officer, on forms prescribed by the dental hygiene board, the physical facility of registered dental hygienist in alternative practice or, if the registered dental hygienist in alternative practice has more than one physical facility pursuant to Section 1926.4, all of the physical facilities. If the registered dental hygienist in alternative practice does not have a physical facility, the registered dental hygienist in alternative practice shall notify the executive officer. A person licensed by the dental hygiene board shall register with the executive officer within 30 days after the date of the issuance of the person's license as a registered dental hygienist in alternative practice.

(b) (1) A registered dental hygienist in alternative practice who utilizes portable equipment to practice dental hygiene shall register with the executive officer, on forms prescribed by the dental hygiene board, the registered dental hygienist in alternative practice's physical facility where the portable equipment is maintained.

(2) The dental hygiene board may conduct announced and unannounced reviews and inspections of a registered dental hygienist in alternative practice's physical facilities and equipment described in paragraph (1) to ensure continued compliance with the requirements for continued approval under this article.

(c) It shall constitute unprofessional conduct if the registered dental hygienist in alternative practice's physical facility or equipment is found to be noncompliant with any requirements necessary for licensure and a registered dental hygienist in alternative practice may be placed on probation with terms, issued a citation and fine, or have the owned physical facility registration withdrawn if compliance is not demonstrated within reasonable timelines, as established by the dental hygiene board.

(d) The dental hygiene board, by itself or through an authorized representative, may issue a citation containing fines and orders of abatement to the registered dental hygienist in alternative practice for any violation of this section, Section 1925, Section 1926.4, or any regulations adopted thereunder. Any fine collected pursuant to this section shall be deposited into the State Dental Hygiene Fund established pursuant to Section 1944.

SEC. 5.

Section 1941 of the Business and Professions Code is amended to read:

1941.

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

(b) A new educational program for RDHs shall submit a feasibility study demonstrating a need for a new educational program and shall apply for approval from the dental hygiene board before seeking any required approval for initial accreditation from the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board. The dental hygiene board may approve, provisionally approve, or deny approval of a new educational program for RDHs.

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

(d) For purposes of this section, "RDHs" means registered dental hygienists, registered dental hygienists in alternative practice, or registered dental hygienists in extended functions.

SEC. 6.

Section 1950.5 of the Business and Professions Code is amended to read:

1950.5.

Unprofessional conduct by a person licensed under this article is defined as, but is not limited to, any one of the following:

(a) The obtaining of any fee by fraud or misrepresentation.

(b) The aiding or abetting of any unlicensed person to practice dentistry or dental hygiene.

(c) The aiding or abetting of a licensed person to practice dentistry or dental hygiene unlawfully.

(d) The committing of any act or acts of sexual abuse, misconduct, or relations with a patient that are substantially related to the practice of dental hygiene.

(e) The use of any false, assumed, or fictitious name, either as an individual, firm, corporation, or otherwise, or any name other than the name under which the person is licensed to practice, in advertising or in any other manner indicating that the person is practicing or will practice dentistry, except the name specified in a valid permit issued pursuant to Section 1962.

(f) The practice of accepting or receiving any commission or the rebating in any form or manner of fees for professional services, radiographs, prescriptions, or other services or articles supplied to patients.

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

(h) The advertising of either professional superiority or the advertising of performance of professional services in a superior manner. This subdivision shall not prohibit advertising permitted by subdivision (h) of Section 651.

(i) The employing or the making use of solicitors.

(j) Advertising in violation of Section 651.

(k) Advertising to guarantee any dental hygiene service, or to perform any dental hygiene procedure painlessly. This subdivision shall not prohibit advertising permitted by Section 651.

(l) The violation of any of the provisions of this division.

(m) The permitting of any person to operate dental radiographic equipment who has not met the requirements to do so, as determined by the dental hygiene board.

(n) The clearly excessive administering of drugs or treatment, or the clearly excessive use of treatment procedures, or the clearly excessive use of treatment facilities, as determined by the customary practice and standards of the dental hygiene profession.

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

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

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

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

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

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

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

(u) Use of fraud in the procurement of any license issued pursuant to this article.

(v) Any action or conduct that would have warranted the denial of the license.

(w) The aiding or abetting of a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions to practice dental hygiene in a negligent or incompetent manner.

(x) The failure to report to the dental hygiene board in writing within seven days any of the following: (1) the death of the licensee's patient during the performance of any dental hygiene procedure; (2) the discovery of the death of a patient whose death is related to a dental hygiene procedure performed by the licensee; or (3) except for a scheduled hospitalization, the removal to a hospital or emergency center for medical treatment for a period exceeding 24 hours of any patient as a result of dental or dental hygiene treatment. Upon receipt of a report pursuant to this subdivision, the dental hygiene board may conduct an inspection of the dental hygiene practice office if the dental hygiene board finds that it is necessary.

(y) A registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions shall report to the dental hygiene board all deaths occurring in their practice with a copy sent to the dental board if the death occurred while working as an employee in a dental office. A dentist shall report to the dental

board all deaths occurring in their practice with a copy sent to the dental hygiene board if the death was the result of treatment by a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions.

(z) Knowingly making a statement or signing a certificate or other document that falsely represents the existence or nonexistence of a fact directly or indirectly related to the practice of dental hygiene.

SEC. 7.

Section 1951 of the Business and Professions Code is amended to read:

1951.

The dental hygiene board may discipline a licensee by placing the licensee on probation under various terms and conditions that may include, but are not limited to, the following:

(a) Requiring the licensee to obtain additional training in a remedial education course approved by the dental hygiene board or pass an examination upon completion of training in a remedial education course approved by the dental hygiene board, or both. The examination may be a written or oral examination, or both, and may be a practical or clinical examination, or both, at the option of the dental hygiene board.

(b) Requiring the licensee to submit to a complete diagnostic examination by one or more physicians appointed by the dental hygiene board, if warranted by the physical or mental condition of the licensee. If the dental hygiene board requires the licensee to submit to an examination, the dental hygiene board shall receive and consider any other report of a complete diagnostic examination given by one or more physicians of the licensee's choice.

(c) Restricting or limiting the extent, scope, or type of practice of the licensee.

(d) Requiring restitution of fees to the licensee's patients or payers of services, unless restitution has already been made.

(e) Providing the option of alternative community service in lieu of all or part of a period of suspension in cases other than violations relating to quality of care.

MEMORANDUM

DATE	November 19, 2022
TO	Dental Hygiene Board of California
FROM	Adina Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	FULL 16: Discussion and Possible Action to Initiate a Rulemaking and Adopt 16 CCR Section 1116.5: Registered Dental Hygienist in Alternative Practice, Physical Facility Registration.

BACKGROUND

Senate Bill (SB) 1202 (Leno, Chapter 331, Statutes of 2012) created Business and Professions Code (BPC) sections 1926.3 and 1926.4. Among other provisions, SB 1202 required Registered Dental Hygienists in Alternative Practice (RDHAP) to register their place or places of practice with the executive officer and to receive permission from the Board, subject to a biennial renewal fee, to have an additional place of practice. In addition, SB 1202 created BPC sections 1944(i) and (j) which state: “(i) The fee for an additional office permit shall not exceed two hundred fifty dollars (\$250);” and “(j) The biennial renewal fee for an additional office as described in Section 1926.4 shall not exceed two hundred fifty dollars (\$250).”

Additionally, SB 534 (Jones, Chapter 491, Statutes of 2021) granted statutory authority to the Board to conduct announced and unannounced reviews and inspections of a physical facilities registered to an RDHAP to ensure continued compliance with all laws and regulations applicable to physical facilities.

STAFF RECOMMENDATION

Staff recommends the Board review the proposed language and associated form in the attached document, determine whether additional information or language is required, complete the draft of the proposed regulatory language and associated form, establish by resolution the fee for the initial additional physical facility permit at \$100, as well as the fee for additional physical facility permit renewal at \$160 to cover application processing and permit issuance, and direct staff to submit the language to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review. Staff recommends the Board authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at Section 1116.5 as noticed.

PROPOSED MOTION LANGUAGE

Approve the proposed language and associated form for section 1116.5, establish by resolution the fee for an additional physical facility permit at \$100, as well as the fee for additional physical facility biennial permit renewal at \$160, and direct staff to submit the language to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review. Authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at Section 1116.5 as noticed.

Pros: Establish the ability to regulate and enforce federal, state, and local safety and infection control statutes and regulations related to physical facilities to ensure the public health and safety.

Cons: If the proposed language, form, and fee resolution are not approved for section 1116.5, the proposal will not move forward in the regulatory process.

Documents Included for Reference for Section 1116.5:

1. Proposed Regulatory Language for 1116.5.
2. Proposed Associated Form (DHBC HAPR-01 New 03.2022).
3. Proposed Fee Resolution.
4. SB 1202 (Chapter 331, Statutes of 2012) (as included with 1116 materials.)
5. SB 534 (Chapter 491, Statutes of 2021) (as included with 1116 materials.)

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

PROPOSED LANGUAGE

Adopt § 1116.5 in Article 4 of Title 16 of the California Code of Regulations (CCR) to read as follows:

Article 4. Licensing

§ 1116.5. Registered Dental Hygienist in Alternative Practice, Physical Facility Registration.

(a) Definitions. For the purposes of this section, unless otherwise specified, the following definitions shall apply:

- (1) “Physical facility” means a fixed structure in which dental hygiene services are rendered or where portable equipment is maintained.
- (2) “Dental hygiene services” means the professional practices of a registered dental hygienist in alternative practice (RDHAP) as set forth in Business and Professions Code (BPC) section 1925.
- (3) “Equipment” means any tool, instrument, or device used by an RDHAP to provide dental hygiene services.
- (4) “Portable equipment” means any tool, instrument, or device used by an RDHAP to provide dental hygiene services designed for and capable of being carried or moved from one location to another.
- (5) “Owner” means an individual licensed to practice dental hygiene in alternative practice pursuant to BPC section 1922 in the State of California who applies for registration or has registered a physical facility or portable equipment with the Board pursuant to the registration requirements of this section.
- (6) “Provider” means an individual licensed to practice dental hygiene in alternative practice or dentist who provides dental hygiene treatment and/or services in a dental hygiene physical facility but who is not the owner registering the physical facilities.
- (7) “Protected Health Information (PHI)” means the patient’s “individually identifiable health information” as defined in section 1320d of Title 42 of the United States Code. PHI includes a patient’s medical history, or dental history, which is a written record of the patient’s personal health history that provides information

about allergies, illnesses, surgeries, immunizations, and results of physical exams and tests.

(8) "Necessary parties" means emergency responders, medical/dental/dental hygiene clinics, care facility or school staff, guardians, and designated family members.

(9) "Patient of record" refers to a patient who has had a medical and dental history completed and evaluated, had oral conditions assessed and documented, and had a written plan developed by the RDHAP.

(10) "Active patient" refers to a patient of record whom the RDHAP owner or provider has examined, treated, or cared for within the two (2) year period prior to discontinuation of practice, or the RDHAP owner or provider moving from or leaving the city in which services were provided to the patient.

(11) "Patient treatment records" shall include the patient's dental history maintained by the facility related to medical history, dental hygiene evaluation(s), dental hygiene diagnosis(es), dental hygiene procedures and treatment, response to dental hygiene treatment, documented consultations with other dental care and healthcare providers, and referrals for dental care and healthcare follow-up treatment.

(b) Application for Registration.

(1) Within 30 days after the date of the issuance of their initial license, an RDHAP shall do the following:

(A) If the RDHAP owns a physical facility or utilizes portable equipment, the RDHAP shall register the physical facility where the dental hygiene services are rendered, or where the portable equipment is maintained according to the requirements of this section. The RDHAP shall register with the Executive Officer by submitting to the Board a completed "Registered Dental Hygienists in Alternative Practice: Registration of Physical Facilities" (form DHBC HAPR-01 New (11/2022)), which is hereby incorporated by reference, and meet all of the applicable requirements of this section; or,

(B) If the RDHAP does not own a physical facility, the RDHAP shall notify the Executive Officer by providing a written statement, signed and dated by the RDHAP, stating that they do not own a physical facility where dental hygiene services are rendered.

- (2) An RDHAP owner who desires to have more than one place of practice shall, before opening the additional physical facility or facilities, apply to and obtain permission from the Board to have the additional place of practice as provided in this section. The RDHAP owner shall submit a completed "Registered Dental Hygienists in Alternative Practice: Registration of Physical Facilities." (form DHBC HAPR-01 (New 11/2022)), pay an additional office permit fee of \$160, and meet all of the requirements of this section before the additional facility or facilities will be registered with the Board.
- (3) The Board shall inform an RDHAP owner in writing whether the registration application (DHBC HAPR-01 (New 11/2022)) is complete and accepted for filing or is deficient and what further specific information is required. An applicant for a license who fails to complete registration application requirements within one year after being notified by the Board of deficiencies in their application, shall be deemed to have abandoned the application and shall be required to file a new application and meet all of the requirements in effect at the time of reapplication.
- (4) The Board may deny or withdraw a registration or issue a citation as provided in BPC section 1926.3 for failure to meet the requirements of this section.
- (5) Upon meeting the requirements of this section, the physical facility or facilities shall be registered with the Board and the RDHAP owner shall be issued an office permit for the initial facility, and, if applicable, an additional office permit if additional facilities are registered.

(c) Minimum Operating Requirements.

- (1) An RDHAP applicant or owner shall meet all of the following requirements to obtain or maintain registration of their facility or facilities as required by BPC sections 1926.3 and 1926.4 and this section:
 - (A) There is a written procedure that specifies the means of obtaining emergency follow-up care for patients treated at the physical facility or after use of portable equipment. The procedure shall include arrangements an RDHAP must make for treatment in by a licensed dentist or physician whose place of practice is established within the city or county in which the RDHAP owner or provider provides dental hygiene services. A copy of these written procedures shall be given to each provider at the physical facility prior to any dental hygiene services being performed on a patient.
 - (B) An RDHAP shall maintain a relationship with at least one licensed dentist located in California for referral, consultation, and emergency services pursuant to section 1117.

(C) An RDHAP shall maintain a telephone number where patients are able to contact the RDHAP owner or provider with questions, concerns, or emergency needs, and have their calls returned within four (4) calendar days. If a live person is not available to answer calls, the telephone line shall include a recorded message with information about whom to contact in case of a dental emergency after receiving dental hygiene services.

(D) The applicant or RDHAP owner shall comply with all state and local laws and ordinances regarding business licensing and operations, and shall obtain and maintain all state and local licenses and permits necessary to provide the dental hygiene services being rendered by the applicant or provider at the physical facility, including, a local or county business license, a county building permit, a fictitious name permit as provided in BPC section 1962, and/or a seller's permit if a permit is required under the Sales and Use Tax Law (Part 1 commencing with section 6001) of Division 2 of the Revenue and Taxation Code.

(E) If the RDHAP owner or any provider performs radiographs, a radiographic operatory must be used that complies with California Radiation Control Regulations (Cal. Code Regs., tit. 17, Div. 1, Subchapter 4, Ch. 5, §§ 30100 and following.)

(2) Official Place of Business and Maintenance of Records.

(A) The RDHAP owner shall maintain a physical address of record for the physical facility or facilities registered with the Board and shall notify the Board in writing of any change in that address within thirty (30) days of the change.

(B) An RDHAP owner shall include the name of the facility (including any fictitious name authorized by BPC section 1962), physical address of record and office registration number of their physical facility for all forms of advertisement, solicitation, or other presentments made to the public in connection with the rendition of dental hygiene services, including any advertisement, card, letterhead, telephone listing, Internet Web site, written solicitation or communications to a prospective patient or patients, or contract proposal.

(C) All dental hygiene patient treatment records and communications following the discharge of a patient shall be maintained by the RDHAP owner for a minimum of seven (7) years.

(3) In addition to the other minimum operating requirements of this section, each physical facility shall:

- (A) Use infection control equipment and follow infection control procedures according to the requirements of California Code of Regulations, title 16, section 1005.
- (B) Comply with HIPAA's security standards in Subpart C of Part 164, 45 C.F.R. §164.302 et seq, with respect to the patient's PHI. For the purposes of this section "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. §§ 1320d - 1320d-8) as amended by subsequent legislation and the implementation of Privacy, Security, and Enforcement Rules under 45 C.F.R. Part 160 and Subparts A, C, D, and E of Part 164.
- (C) Be readily accessible to and useable by individuals with disabilities pursuant to the federal Americans with Disabilities Act of 1990 (ADA)(42 U.S.C. Sec. 12101, et seq.), in accordance with the ADA's implementing rules under 28 C.F.R Part 36 and Subparts A-D of Part 36. For the purposes of this section, "disability" has the meaning set forth in Section 51 of the Civil Code.
- (D) Have access to a sufficient water supply to meet patients' health and safety needs at all times, including hot water. Water quality shall meet guidelines set forth in the "Guidelines for Infection Control in Dental Health-Care Settings – 2003" from the Centers for Disease Control and Prevention, in addition to the "Safe Drinking Water Act." (42 U.S.C. Sec. 300f et seq.)
- (E) Have toilet facilities within the dental hygiene facility available to staff and the public.
- (F) Have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials.
- (G) Have a working Automated External Defibrillator (AED).
- (H) Have a self-contained, portable emergency oxygen unit with administration equipment (wheeled cart with oxygen cylinder, variable regulator, demand valve system, supplemental adult and child oxygen masks, hoses, and nasal cannulas) to assist with administration of basic life support.
- (4) Each RDHAP owner shall notify the Board in writing within thirty (30) days of any change in operational status or ownership of all registered physical facilities.

An RDHAP operator shall provide access during business hours to the RDHAP's records and facility to the Board, or its authorized representative(s), to review the MDHC for compliance with all laws, regulations, and standards applicable to MDHCs including, but not limited to, the BPC, CCR, CDC, and HIPAA.

(d) Transferability. A physical facility registration is not transferable.

(e) Renewal of Physical Facility Registration. The physical facility registration shall expire at the same time as the permit holder's RDHAP license.

(1) To renew the registration of a physical facility, an RDHAP shall submit:

(A) Form DHBC HAPR-01 (New 11/2022) for each physical facility;

(B) A biennial renewal fee in the amount of \$250 for each additional physical facility if the RDHAP has more than one registered with the Board; and

(C) All supporting documentation required by form DHBC HAPR-01 (New 11/2022).

(2) Renewal of each physical facility registration shall be accomplished by submission of form DHBC HAPR-01 (New 11/2022), fees, and documentation required in subdivision (e)(1) by either:

(A) Electronic submission through a web link to the Department of Consumer Affairs' online licensing system entitled "BreEZe" that is located on the Board's website at: <https://www.dhbc.ca.gov/> using the "BREEZE" tab or the "BreEZe Online System" portal at <https://www.breeze.ca.gov/datamart/loginCADCA.do>; or

(i) The owner and operator shall first register for a user account by creating a username and password.

(ii) The owner and operator shall provide all required documentation referenced in subdivision (e)(1) through the link referenced in subdivision (e)(2)(A) of this section.

(iii) Electronic Signature: When a signature is required by the particular instructions of any filing to be made through the online portal, including any attestation under penalty of perjury, the owner shall affix their electronic signature to the filing by typing their name in the appropriate field and submitting the filing via the Board's online portal. Submission of a filing in this manner shall constitute evidence of legal signature by any individual whose name is typed on the filing.

(B) Submission of all required documentation referenced in (e)(1) by mail to the Board's physical address.

(f) Identification of Personnel, Notification of Changes in Written Procedures, and Display of Licenses.

- (1) The RDHAP owner shall advise the Board in writing within thirty (30) days of any change to any of the information provided in application form DHBC HAPR-01 (New 11/2022), whether for initial or renewal.
- (2) Each RDHAP, or any other provider licensed by the Board to provide dental hygiene services in the physical facility, shall prominently display evidence of their California RDHAP or other Board license in a conspicuous location accessible to public view on the premises where the RDHAP or other Board licensee provides the licensed services of patients pursuant to BPC section 680.
- (3) A licensed RDHAP engaged in the practice of dental hygiene shall provide notice to each patient of the fact that the RDHAP is licensed and regulated by the Board.

(A) The notice shall include the following statement and information:

NOTICE:

Dental Hygienists in Alternative Practice are licensed and regulated
by the Dental Hygiene Board of California

(916) 263-1978

www.dhbc.ca.gov

(B) The notice required by this section shall be provided by prominently posting the notice in a conspicuous location accessible to public view on the premises where the RDHAP provides the licensed services, and the notice shall be in at least 48-point type font.

(g) Cessation of Operation.

- (1) Upon cessation of operation of a physical facility, the owner shall notify the Board in writing within thirty (30) days after the last day of operation and inform the Board of the final disposition of patient treatment records, including the physical mailing address or location where the treatment records are maintained and the name, telephone number and address for the custodian of records or other person whom the owner designates as responsible for maintaining those records.
- (2) If a physical facility is sold to another RDHAP, that RDHAP ("succeeding RDHAP provider") must register with the Board by filing a new form DHBC HAPR-01 (New 11/2022) and comply with this section.

- (3) Upon cessation of operation of a physical facility, the previous RDHAP owner of the physical facility shall preserve all records for a minimum of seven (7) years.
- (4) Within thirty (30) days before the last day of operation, the RDHAP owner shall provide written notice via first class mail to all active patients of record of the date of closure or cessation of the physical facility, including the last date the physical facility will remain open, and the name, telephone number and address of an individual the patient may contact to request transfer of copies of their patient treatment records to a succeeding provider or to the patient. The RDHAP owner shall maintain proof the notice was provided to all active patients in accordance with this section and upon request to the Board in accordance with BPC section 1955. Within fifteen (15) days of receipt of a written request by the patient, the RDHAP owner shall also provide for the transfer of copies of the patient's treatment records, including radiographs, to the succeeding provider or to the patient as specified by the patient. In addition, the RDHAP shall provide written acknowledgement of receipt of the patient's request to the patient within five (5) business days of receipt of the request, and also notify the patient of the method and date of expected delivery of the patient's treatment records.
- (5) "Proof the notice was provided" shall mean proof of service of any notice required by this section to patients by mail by completion of a document showing the document's name and the person served, the person making service, and the date and manner of service (e.g., by first class mail, regular mail, or in person). Proof of service shall be in writing, but need not be signed, under oath, or in any particular format.

Note: Authority cited: Sections 1905, 1906, 1926.3, 1926.4, and 1944, Business and Professions Code. Reference: Sections 125.6, 137, 138, 142, 680, 1922, 1925, 1926.3, 1926.4, 1955, and 1962 Business and Professions Code, Chapter 1, Part 1, Division 2 of the Revenue and Taxation Code, Chapter 5, Part 1, Division 3 of the Government Code, Section 51, Civil Code, 42 U.S.C. Sections 1320d, 1320d-1, 1320d-2, 1320d-3, 1320d-4, 1320d-5, 1320d-6, 1320d-7, 1320d-8, Chapter 126, Title 42 of the United States Code, Part A, Subchapter XII, Chapter 6A of the United States Code, 28 C.F.R Part 36 and Subparts A, B, C, D of Part 36, 45 C.F.R., Sections 160, Subparts A, C, D, and E of Part 164 & 160.103, Subpart C, Part 164, Subchapter C, Subtitle A, Title 45, Code of Federal Regulations.



PHYSICAL FACILITY REGISTRATION/RENEWAL FOR REGISTERED DENTAL HYGIENISTS IN ALTERNATIVE PRACTICE (RDHAPs)

Business & Professions Code (BPC) sections 1905, 1906, 1926.3, 1926.4, and 1944, and
California Code of Regulations (CCR) Title 16, Division 11 section 1116.5.

NOTE: ALL questions on this registration/renewal application must be answered, and all information requested in this registration/renewal must be supplied by the applicant. If something does not apply to you, please check the "N/A" box. Failure to do so may cause a delay in processing your registration/renewal. Please type or print neatly; illegible registrations will be returned.

APPLICATION FEES

ALL FEES ARE NON-REFUNDABLE AND MUST ACCOMPANY APPLICATION

NO FEE FOR PRIMARY PHYSICAL FACILITY OR PORTABLE EQUIPMENT REGISTRATION

REGISTRATION FEE FOR EACH ADDITIONAL PHYSICAL FACILITY: \$160

RENEWAL FEE FOR EACH ADDITIONAL PHYSICAL FACILITY: \$250

Payment must be made by personal check, cashier's check, business check, or
money order and must be made payable to "DHBC".

RDHAP INFORMATION

*Note: The registration information provided in questions 1 and 2 will be used to establish the
expiration date of the registration and will be the point-of-contact for this application.

<u>1a. Last Name</u>		<u>1b. First Name</u>		<u>1c. Middle Name</u>	
<u>2a. RDHAP License Number</u>		<u>2b. RDH License Number</u>		<u>2c. Social Security Number/Individual Taxpayer Number:</u>	
<u>3a. Registered Fictitious Name: <input type="checkbox"/> N/A</u>				<u>3b. Fictitious Name Permit Number:</u> <u><input type="checkbox"/> N/A</u>	
<u>4. Type of Registration (check all that apply):</u> <div style="display: flex; justify-content: space-between; padding: 5px;"> <input type="checkbox"/> <u>New Registration</u> <input type="checkbox"/> <u>Renewal - Facility #</u> </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <input type="checkbox"/> <u>Portable Equipment</u> <input type="checkbox"/> <u>Primary Office Facility</u> <input type="checkbox"/> <u>Additional Office Facility</u> </div>					

ADDRESS OF RECORD/MAILING ADDRESS FOR RDHAP* (REQUIRED)

*The address of record will be posted on the internet and be disclosed to the public upon request (see BPC 1902.2 and Government Code section 7922.530(a)).

The Board shall be notified within thirty (30) days of any change in the RDHAP owner's address of record.

5. Number and Street (including apartment number, if applicable):

<u>City</u>	<u>State</u>	<u>Zip Code</u>
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6. Email Address

7. RDHAP Contact Number

ADDRESS OF PHYSICAL FACILITY* (REQUIRED)

*The RDHAP owner shall maintain a physical address of record for the physical facility or facilities registered with the Board and shall notify the Board in writing of any change in that address within thirty (30) days of the change.

8. Number and Street (including suite number, if applicable)

<u>City</u>	<u>State</u>	<u>Zip Code</u>
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9. Physical Facility's Email Address

10. Physical Facility's Contact Number

PHYSICAL FACILITY REQUIREMENTS

11. Does the physical facility's owner have a written procedure** that specifies the means of obtaining emergency follow-up care for patients treated at the physical facility or during use of portable equipment as required by CCR section 1116?

☐ YES*

☐ NO

*Provide a copy (labeled as Exhibit 1) if initial registration or written procedure has changed from initial registration. If no changes have been made check this box: ☐ N/A

**The procedure shall include arrangements for treatment in a dental facility which is established within the city or county in which the RDHAP owner or provider provides dental hygiene services.

PHYSICAL FACILITY REQUIREMENTS

<p><u>12. Does the physical facility's owner have a relationship with at least one licensed dentist located in California for referral, consultation, and emergency services pursuant to section 1117?</u></p> <p><u>*If yes, provide a copy (labeled as Exhibit 2) of your completed "Documentation of Registered Dental Hygienist in Alternative Practice (RDHAP) Relationship with Dentist" (form RDHAP-01 (07-2021) with this application as set forth in CCR section 1117. For renewals, attach a copy if this information has changed from initial registration. If no changes have been made check this box: <input type="checkbox"/> N/A</u></p>	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<p><u>13. Is there a telephone number where patients are able to contact the physical facility's owner or provider with questions, concerns, or emergency needs, and have their calls returned within four (4) calendar days?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>14. If a live person is not available to answer calls, does the telephone line include a recorded message with information about whom to contact in case of a dental emergency after receiving dental hygiene services?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>15. Will the owner comply with all state and local laws and ordinances regarding business licensing and operations?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>16. Will the physical facility owner obtain and maintain all state and local licenses and permits necessary to provide the dental hygiene services being rendered by the applicant or provider at the MDHC, including a local or county business license, a fictitious name permit as provided in BPC section 1962 if applicable, and/or a seller's permit if a permit is required under the Sales and Use Tax Law (Part 1 commencing with section 6001) of Division 2 of the Revenue and Taxation Code.</u></p> <p><u>*A copy of each current license and permit shall be submitted with the application to include a local or county business license, a county building permit, a fictitious name permit as provided in Section 1962 of the BPC, and/or a seller's permit if a permit is required under the Sales and Use Tax Law (Part 1 commencing with section 6001) of Division 2 of the Revenue and Taxation Code. Provide copies and label as Exhibit 3.</u></p>	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<p><u>17. Does the physical facility's radiographic operatory comply with California Radiation Control Regulations (Cal. Code Regs., tit. 17, Div. 1, Subchapter 4, Ch. 5, §§ 30100 and following)?</u></p> <p><u>*Not applicable to Portable Equipment Registration. If registering portable equipment check this box: <input type="checkbox"/> N/A</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>18. The RDHAP owner acknowledges receiving notice that the MDHC must maintain all dental hygiene patient treatment records and communications relating to the care and treatment of the patient following the discharge of a patient a minimum of seven years (see CCR section 1116 for the minimum MDHC operating standards).</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PHYSICAL FACILITY REQUIREMENTS

<u>19. Does the physical facility's owner use infection control equipment and follow infection control procedures according to the requirements of 16 CCR section 1005?</u>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<u>20. Does the physical facility comply with HIPAA's security standards in Subpart C of Part 164, 45 C.F.R. §164.302 et seq, with respect to the patient's "Protected Health Information"?</u>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<u>21. Is the physical facility readily accessible to and usable by individuals with disabilities pursuant to the federal Americans with Disabilities Act of 1990 (ADA)(42 U.S.C. Sec. 12101, et seq.), in accordance with the ADA's implementing rules under 28 C.F.R Part 36 and Subparts A-D of Part 36?</u> <u>*Not applicable to Portable Equipment Registration. If registering portable equipment check this box: <input type="checkbox"/> N/A</u>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<u>22. Does the physical facility have access to a sufficient water supply to meet patients' health and safety needs at all times, including hot water?</u> <u>*Water quality shall meet guidelines set forth in the "Guidelines for Infection Control in Dental Health-Care Settings – 2003" from the Centers for Disease Control and Prevention, in addition to the "Safe Drinking Water Act." (42 U.S.C. Sec. 300f et seq.)?</u>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<u>23. Does the physical facility have toilet facilities within the dental hygiene facility available to staff and the public?</u>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<u>24. Does the physical facility have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials?</u>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<u>25. Does the physical facility have a working Automated External Defibrillator (AED)?</u> <u>*Not applicable to Portable Equipment Registration. If registering portable equipment check this box: <input type="checkbox"/> N/A</u>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<u>26. Does the physical facility have a self-contained, portable emergency oxygen unit with administration equipment (wheeled cart with oxygen cylinder, variable regulator, demand valve system, supplemental adult and child oxygen masks, hoses, and nasal cannulas) to assist with administration of basic life supports?</u>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

ACKNOWLEDGEMENT

<u>27. Have you reviewed BPC sections 1926.3, 1926.4, and 1944, and 16 CCR sections 1116.5 and 1117? Please be advised that failure to comply with these provisions is grounds for denial or revocation of the registration.</u>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

REGISTRATION CERTIFICATION

I hereby certify under penalty of perjury under the laws of the State of California that all licensed persons practicing at the location designated in the registration hold valid licenses and no charges of unprofessional conduct are pending against any person practicing at that location [BPC section 1962(b)(4)].

I hereby certify under penalty of perjury under the laws of the State of California that I have read the questions in the foregoing registration and that all information, statements, attachments, and representations provided by me in this registration are true and correct. By submitting the registration and signing below, I am granting permission to the Board or its assignees and agents to verify the information provided and to perform any investigation pertaining to the information I have provided as the Board deems necessary.

NOTICE: FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS REGISTRATION OR ANY ATTACHMENT HERETO IS GROUNDS FOR DENYING OR REVOKING THE REGISTRATION.

REGISTRANT SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

NOTICES

The Dental Hygiene Board of California of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 1905, 1926.3, and 1926.4, and California Code of Regulations Section 1116.5. The Dental Hygiene Board of California uses this information principally to identify and evaluate applicants for registration and to enforce licensing standards set by law and regulation.

MANDATORY SUBMISSION:

Submission of the requested information is mandatory. The Dental Hygiene Board of California cannot consider your registration unless you provide all the requested information.

ACCESS TO PERSONAL INFORMATION:

You may review the records maintained by the Dental Hygiene Board of California that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

POSSIBLE DISCLOSURE OF PERSONAL INFORMATION:

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

MANDATORY DISCLOSURE OF SOCIAL SECURITY NUMBERS:

Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory. Sections 30 and 31 of the Business and Professions Code authorize collection of your SSN or ITIN, which will be used exclusively for tax enforcement purposes, for investigation of tax evasion and violations of cash-pay reporting laws as set forth in Section 329 of the Unemployment Insurance Code, for purposes of compliance with any judgement or order for family support in accordance with Section 17520 of the Family Code, for measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges, or for verification of license or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, your application for initial licensure will not be processed AND you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

STATE TAX OBLIGATION NOTICE:

The California State Board of Equalization (BOE) and the California Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation and your license may be suspended, or your renewal application denied if the state tax obligation is not paid, and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies (Sections 31 and 494.5 of the California Business and Professions Code).

CONTACT INFORMATION:

For questions about this notice or access to your records, you may contact:

Dental Hygiene Board of California
2005 Evergreen Street, Suite 1350
Sacramento, CA 95815
(916) 263-1978

INTERNAL OFFICE USE ONLY

<u>Date Received:</u>	<u>Receipt #:</u>	<input type="checkbox"/> <u>Initial</u>	<input type="checkbox"/> <u>Renewal</u>	<u>\$ Amount:</u>
<u>File #:</u>	<u>Registration #:</u>	<u>RDHAP Lic. Exp. Date:</u>		
<u>Date Issued:</u>		<u>Analyst:</u>		

DENTAL HYGIENE BOARD OF CALIFORNIA RESOLUTION TO ADOPT PROPOSED FEES

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

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

- The fee for registration of an additional RDHAP physical facility shall be one hundred dollars (\$160).
- The biennial renewal fee for an additional RDHAP physical facility shall be one hundred and sixty dollars (\$250).

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

Adopted this 19th day of November 2022, by:

Dr. Carmen Dones

cc: Anthony Lum, DHBC Executive Officer

MEMORANDUM

DATE	November 19, 2022
TO	Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	FULL 17: Update on Current Legislation as of October 24, 2022

Legislation	Topic	Status	DHBC Position as of 7.23.22
AB 646 Low	Department of Consumer Affairs: boards: expunged convictions. This bill would require a board within the Department of Consumer Affairs, within 90 days of receiving an expungement order for the underlying offense from a person licensed by a board, to post notification of the expungement order and the date thereof on its online license search system if the person reapplies for licensure or is relicensed.	Failed passage and Dead.	Watch
AB 858 Jones-Sawyer	Employment: health information technology: clinical practice guidelines: worker rights. This bill would provide that the use of technology shall not limit a worker who is providing direct patient care from exercising independent clinical judgment in the assessment, evaluation, planning, and implementation of care, nor from acting as a patient advocate. The bill would define “technology” for these purposes to mean scientific hardware or software including algorithms derived from the use of health care related data, used to achieve a medical or nursing care objective at a general acute care hospital. Governor Newsom’s Veto Message: I am returning Assembly Bill 858 without my signature. This bill allows healthcare workers to exert their professional judgment, with approval from a primary physician, for purposes of overriding hospital technology or guidelines if it is in the best interest of the patient to do so. This bill also expands labor law protections to prohibit	9.23.22 Vetoed by Governor	Watch

Legislation	Topic	Status	DHBC Position as of 7.23.22
	<p>employer retaliation or discrimination against any healthcare worker who requests to override health information technology and clinical practice guidelines or discusses these issues with other employees or supervisors.</p> <p>Per the request of the author and sponsor, I am vetoing this bill.</p>		
AB 1604 Holden	<p>The Upward Mobility Act of 2022: boards and commissions: civil service: examinations: classifications.</p> <p>This bill would, except as specified, require that, on or after January 1, 2023, all state boards and commissions consisting of one or more volunteer members have at least one board member or commissioner from an underrepresented community.</p> <p>The bill would define the term “board member or commissioner from an underrepresented community” as an individual who self-identifies as Black, African American, Hispanic, Latino, Asian, Pacific Islander, Native American, Native Hawaiian, or Alaska Native; who self-identifies as gay, lesbian, bisexual, or transgender; who is a veteran, as defined; or who has a disability, as defined. The bill would apply these requirements only as vacancies on state boards and commissions occur.</p> <p>This bill would require any state agency, board, or commission that directly or by contract collects demographic data as to the ancestry or ethnic origin of Californians to use separate collection categories and tabulations for specified African American groups.</p> <p>The bill would distinguish between African Americans who are descendants of persons enslaved in the United States and African Americans who are not descendants of persons enslaved in the United States, as defined.</p>	Chapter 313 Statutes of 2022	Watch
AB 1636 Akilah Weber	<p>Physician’s and surgeon’s certificate: registered sex offenders.</p>	Chapter 453 Statutes of 2022	Watch. .

Legislation	Topic	Status	DHBC Position as of 7.23.22
	<p>Existing law establishes various boards, as defined, within the Department of Consumer Affairs for the licensure and regulation of various professions and vocations. Existing law authorizes a board to deny a license on the grounds that the applicant has been convicted of a crime or was subject to formal discipline within the preceding 7 years from the date of application based on professional misconduct that is substantially related to the qualifications, functions, or duties of the business or profession for which the present application is made, as specified and subject to certain exceptions.</p> <p>This bill would authorize a board to deny a license based on formal discipline that occurred earlier than 7 years preceding the date of application if the formal discipline was based on conduct that, if committed in this state by a licensed physician and surgeon, would have constituted an act of sexual abuse, misconduct, or relations with a patient or sexual exploitation, as specified.</p>		
AB 1662 Gipson	<p>Licensing boards: disqualification from licensure: criminal conviction.</p> <p>Current law authorizes a board within the Department of Consumer Affairs to deny, suspend, or revoke a license on the grounds that the applicant or licensee has been subject to formal discipline, as specified, or convicted of a crime substantially related to the qualifications, functions, or duties of the business or profession for which the application is made, as specified.</p> <p>This bill would require a board to establish a process by which prospective applicants may request a preapplication determination as to whether their criminal history could be cause for denial of a completed application for licensure by the board. The bill would provide that the preapplication determination, among other things, may be requested by the prospective applicant at any time prior to the submission of an application and would require the board to include specified written information regarding the criteria used to evaluate criminal history and how the prospective applicant may challenge a denial by the board. The bill would provide that a preapplication determination does</p>	Failed passage and Dead.	Oppose

Legislation	Topic	Status	DHBC Position as of 7.23.22
	not constitute a denial or disqualification of an application and would prohibit requiring a preapplication determination for licensure or for participation in any education or training program. The bill would require a board to publish information regarding its process for requesting a preapplication determination on its internet website and authorize a board to charge a fee, as specified, to be deposited by the board into the appropriate fund and available only upon appropriation by the Legislature.		
AB 1733 Quirk	<p>State bodies: Open meetings.</p> <p>This bill would specify that a “meeting” under the Bagley-Keene Open Meeting Act, includes a meeting held entirely by teleconference. The bill would require all open meetings to be held by teleconference for the benefit of the public and state, would allow for use of teleconference in closed sessions, and would remove existing provisions of the act that require each teleconference location to be identified in the notice and agenda and accessible to the public.</p> <p>The bill would require the state body to provide a means by which the public may remotely hear, or hear and observe, the meeting and may remotely address the state body via two-way audio-visual platform or two-way telephonic service, as specified, and would require information to be provided in any notice to the public indicating how the public can access the meeting remotely.</p>	Failed passage and Dead.	Support
AB 1982 Santiago	<p>Telehealth: dental care.</p> <p>Current law provides for the regulation of health insurers by the Department of Insurance. Current law requires contract between a health care service plan or health insurer and a health care provider to require the plan or insurer to reimburse the provider for the diagnosis, consultation, or treatment of an enrollee, subscriber, insured, or policyholder appropriately delivered through telehealth services on the same basis and to the same</p>	Chapter 525 Statutes of 2022	Watch

Legislation	Topic	Status	DHBC Position as of 7.23.22
	<p>extent as the same service through in-person diagnosis, consultation, or treatment.</p> <p>This bill would require a health care service plan or health insurer covering dental services that offers a service via telehealth through a third-party corporate telehealth provider to disclose to the enrollee or insured the impact of third-party telehealth visits on the patient's benefit limitations, including frequency limitations and the patient's annual maximum. The bill would also require those plans and insurers to submit specified information for each product type.</p>		
AB 2104 Flora	<p>Professions and vocations.</p> <p>Existing law generally requires the department and each board in the department to charge a fee of \$2 for the certification of a copy of any record, document, or paper in its custody. Existing law generally requires that the delinquency, penalty, or late fee for any licensee within the department to be 50% of the renewal fee for that license, but not less than \$25 nor more than \$150.</p> <p>This bill would instead authorize the department and each board in the department to charge a fee not to exceed \$2 for the certification of a copy of any record, document, or paper in its custody. The bill would also require the delinquency, penalty, or late fee for any licensee within the department to be 50% of the renewal fee for that license, but not to exceed \$150.</p>	Failed passage and Dead.	Oppose
AB 2145 Davies	<p>Dental services: skilled nursing facilities and intermediate care facilities/developmentally disabled.</p> <p>The Dental Practice Act provides for the licensing, regulation, and discipline of, among others, registered dental hygienists in alternative practice.</p> <p>This bill would provide that a registered dental hygienist in alternative practice may render dental services to a patient in a skilled nursing facility or an intermediate care facility/developmentally disabled. The bill would also authorize a registered dental hygienist in alternative practice to provide oral health inservice training to staff in</p>	Chapter 157 Statutes of 2022	Support

Legislation	Topic	Status	DHBC Position as of 7.23.22
	a skilled nursing facility or an intermediate care facility/developmentally disabled.		
AB 2276 Carrillo	<p>Dental assistants.</p> <p>This bill would authorize dental assistants to polish the coronal surfaces of teeth or apply pit and fissure sealants under the direct supervision of a licensed dentist when the dental assistant has completed specified training and provided evidence of the completion of that training to the board.</p> <p>The bill would require the supervising dentist and dental practice where the procedure is performed to be responsible for determining the competency of the dental assistant. The bill would also require the dentist practice to maintain a record of compliance with the training requirements for a minimum of 2 years after the dental assistant leaves the dental practice.</p>	Failed passage and Dead.	<p>N/A</p> <p>Recommend: Oppose if similar language is brought back in the future.</p>
AB 2600 Megan Dahle	<p>State agencies: letters and notices: requirements.</p> <p>This bill would require that every state agency, when sending any communication to any recipient, state, in bolded font at the beginning of the communication, whether it requires action on the part of the recipient or serves as notice requiring no action.</p>	Failed passage and Dead.	Watch
SB 189 Committee on Budget and Fiscal Review	<p>State Government</p> <p>Among other changes, this bill, until July 1, 2023, would authorize, subject to specified notice and accessibility requirements, a state body to hold public meetings through teleconferencing and to make public meetings accessible telephonically, or otherwise electronically, to all members of the public seeking to observe and to address the state body. With respect to a state body holding a public meeting pursuant to these provisions, the bill would suspend certain requirements of existing law, including the requirements that each teleconference location be accessible to the public and that members of the public be able to address the state body at each teleconference location. Under the bill, a state body that holds a meeting through teleconferencing and allows members of the public to observe and address the meeting telephonically</p>	Chapter 48 Statutes of 2022	N/A

Legislation	Topic	Status	DHBC Position as of 7.23.22
	or otherwise electronically would satisfy any requirement that the state body allow members of the public to attend the meeting and offer public comment. The bill would require that each state body that holds a meeting through teleconferencing provide notice of the meeting, and post the agenda, as provided. The bill would urge state bodies utilizing these teleconferencing procedures to use sound discretion and to make reasonable efforts to adhere as closely as reasonably possible to otherwise applicable provisions, as provided.		
SB 652 Bates	<p>Dentistry: use of sedation: training.</p> <p>Current law specifies requirements for a dentist treating a patient, if the patient is under 13 years of age, including that the operating dentist and at least 2 additional personnel be present throughout the procedure and that the dentist and one additional personnel maintain current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training, as specified.</p> <p>Current law authorizes the Dental Board of California to approve training standards for general anesthesia and deep sedation, in lieu of PALS certification, if the training standard is an equivalent or higher level of training for dental anesthesia-related emergencies as compared to PALS.</p> <p>This bill, beginning on July 1, 2023, would require, if the patient is 13 years of age or older, that the operating dentist and at least 2 additional personnel be present throughout the procedure and that the dentist and one additional personnel maintain current certification in Advanced Cardiac Life Support (ACLS).</p>	Failed passage and Dead.	Watch
SB 889 Ochoa Bogh	<p>Nurse anesthetists.</p> <p>This bill would allow a nurse anesthetist to administer general anesthesia or deep sedation to dental patients if the nurse anesthetist receives a permit from the Dental Board of California.</p>	Failed passage and Dead.	Watch

Legislation	Topic	Status	DHBC Position as of 7.23.22
	<p>This bill would require that a nurse anesthetist, in order to administer deep sedation or general anesthesia, apply to the board and provide, among other things, evidence that the nurse anesthetist has met specified educational requirements. This bill would authorize the board to require an onsite inspection and evaluation prior to the issuance or renewal of a permit, and would require that a nurse anesthetist who fails that inspection and evaluation have their permit suspended, as specified. This bill would authorize a nurse anesthetist to apply to the board for an endorsement to perform general anesthesia or deep sedation on a child under 7 years of age.</p>		
SB 1031 Ochoa Bogh	<p>Healing arts boards: inactive license fees.</p> <p>Existing law requires each healing arts board to issue inactive licenses to holders of active licenses whose license is not punitively restricted by that board. Existing law prohibits the holder of an inactive license from engaging in any activity for which an active license is required. Existing law requires the renewal fee for an active license to apply to an inactive license, unless the board establishes a lower fee.</p> <p>This bill would instead require the renewal fee for an inactive license to be 1/2 of the amount of the fee for a renewal of an active license, unless the board establishes a lower fee. The bill would make conforming and other nonsubstantive changes.</p>	Failed passage and Dead.	Oppose
SB 1237 Newman	<p>Licenses: military service.</p> <p>This bill would define the phrase “called to active duty” to include active duty in the United States Armed Forces and on duty in the California National Guard, as specified. This bill would also make nonsubstantive changes to those provisions.</p>	Chapter 386 Statutes of 2022.	Watch
SB 1365 Jones	<p>Licensing boards: procedures.</p> <p>This bill would require each board within the department to publicly post on its internet website a list of criteria used</p>	Failed passage and Dead.	Oppose

Legislation	Topic	Status	DHBC Position as of 7.23.22
	<p>to evaluate applicants with criminal convictions so that potential applicants for licensure may be better informed about their possibilities of gaining licensure before investing time and resources into education, training, and application fees. The bill would require the department to establish a process to assist each board in developing its internet website, as specified.</p> <p>The bill would also require the department to develop a process for each board to use in verifying applicant information and performing background checks of applicants, and would require that process to require applicants with convictions to provide certified court documents instead of listing convictions on application documents. The bill would further require the board to develop a procedure to provide for an informal appeals process that would occur between an initial license denial and an administrative law hearing.</p>		
SB 1443 Roth	<p>The Department of Consumer Affairs.</p> <p>The Department of Consumer Affairs is comprised of various boards, bureaus, commissions, committees, and similarly constituted agencies that license and regulate the practice of various professions and vocations.</p> <p>This bill would continue in existence several of these boards, bureaus, and commissions, including the Dental Board of California, the California Board of Accountancy, and the California Architects Board, among others, until January 1, 2025 (extends Sunset date), and make related conforming changes. This bill contains other related provisions and other existing laws.</p>	Chapter 625 Statutes of 2022.	Watch
SB 1471 Archuleta	<p>Dentistry: foreign dental schools.</p> <p>This bill would require previously approved foreign dental schools to complete the CODA process or comparable accreditation by January 1, 2024, to remain approved, unless the foreign dental school was renewed by the board prior to January 1, 2020, through June 30, 2026, in which case the foreign dental school's approval would be maintained through that date. The bill would repeal the</p>	Failed passage and Dead.	Watch

Legislation	Topic	Status	DHBC Position as of 7.23.22
	provision providing that a graduate of a foreign dental school whose program was approved by the board prior to January 1, 2020, through any date before January 1, 2024, and who enrolled in the program prior to January 1, 2020, is eligible for licensure.		

Upcoming Legislative Calendar Highlights:

- **June 15** – Budget Bill must be passed by midnight.
- **July 1** – Last day for policy committees to meet and report bills. Beginning of summer recess.
- **August 1** – Legislature reconvenes from summer recess.
- **August 12** – Last day for fiscal committees to meet and report bills to the Floor.
- **August 25** – Last day to amend bills on the Floor.
- **August 31** – Last day for each house to pass bills. Final recess.
- **September 30** – Last day for Governor to sign or veto bills.

MEMORANDUM

DATE	November 19, 2022
TO	Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	FULL 18: Dental Hygiene Educational Program Site Visit Update and Schedule.

1. Carrington College - Sacramento Dental Hygiene Education Program (Carrington-Sacramento)
 - a. On June 30, 2022, the Dental Hygiene Board of California (DHBC) was notified by Carrington-Sacramento of a change in administration for the Dental Hygiene Educational Program (DHEP).
 - b. Current Status:
 - i. In compliance.
2. Chabot College DHEP (Chabot)
 - a. On July 6, 2022, the DHBC was notified of a change in Program Director for Chabot.
 - b. Current Status:
 - i. In compliance.
3. Diablo Valley College DHEP (DVC)
 - a. On September 6, 2022, the DHBC was notified of a change in clinical staffing and infection control oversight for DVC.
 - b. Current Status
 - i. In temporary compliance.
 - ii. See DVC report.
4. West Coast University DHEP (WCU)
 - a. Site visit generated due as a part of the DHBC oversight goals to review all DHEPs in California.
 - b. On September 15, 2022, a site visit was conducted at the WCU campus.

- c. Current Status:
 - i. In compliance.
 - ii. See WCU report.

5. Pasadena City College (PCC)

- a. Site visit generated due to a change in in administration for PCC as well as a part of the DHBC oversight goals to review all DHEPs in California.
- b. On October 12, 2022, a site visit was conducted at the PCC campus.
- c. Current Status:
 - i. Not in compliance.
 - ii. See PCC report.

6. Loma Linda University (LLU)

- a. Site visit generated due to a change in in administration for LLU as well as a part of the DHBC oversight goals to review all DHEPs in California.
- b. On October 13, 2022, a site visit was conducted at the LLU campus.
- c. Current Status:
 - i. Review in progress.

RDH Educational Program	CODA Visit Previous/Next Scheduled	DHBC Visit(s) Previous/Next Scheduled
Cabrillo College	2019 / 2027	November 7, 2019 TBD / New Program Director
Carrington - Sacramento	2013 / September 22-23, 2021	February 10, 2021
Carrington - San Jose	2013 / June 22-23, 2021	October 25, 2017 November 16, 2020 TBD / New Program Director
Cerritos College	2016 / 2024	February 15, 2017 TBD / New Program Director
Chabot College	2015 / 2023	September 8, 2021 TBD / New Program Director
Concorde Career College-Garden Grove	2019 / 2027	June 28, 2016 August 10, 2016 December 7, 2016 January 18, 2018 June 29, 2022 TBD / New Program Director
Concorde Career College-San Bernardino	2018 / 2026	December 20, 2016 January 19, 2018 June 28, 2022

RDH Educational Program	CODA Visit Previous/Next Scheduled	DHBC Visit(s) Previous/Next Scheduled
Concorde Career College-San Diego	2013 / May 18-19, 2021	December 19, 2016 May 27, 2021 TBD / New Program Director and follow-up due to remodel
Cypress College	2015 / 2023	March 3, 2020 TBD / New Program Director
Diablo Valley College	2017 / 2025	February 26, 2019
Foothill College	2018 / 2026	October 18, 2018
Fresno City College	2013 / September 30-October 1, 2021	October 27, 2021
Loma Linda University	2016 / 2024	October 13, 2022
Moreno Valley College	2019 / 2027	May 30, 2017 TBD / New Program Director
Oxnard College	2013 / October 26-27, 2021	November 4, 2021
Pasadena City College	2016 / 2024	October 12, 2022
Sacramento City College	2018 / 2026	December 7, 2018
San Joaquin Valley College - Ontario	2014 / 2022	June 24, 2021
San Joaquin Valley College - Visalia	2019 / 2026	November 14, 2019
Santa Rosa Junior College	2015 / 2023	September 16, 2021
Shasta College	2015 / 2023	March 23, 2021
Southwestern College	2015 / 2023	September 22, 2021
Taft College	2016 / 2024	May 8, 2017 May 15, 2017 June 9, 2017 July 24, 2017
University of the Pacific	2019 / 2022	February 13, 2020
West Coast University	2017 / 2025	September 15, 2022
West Los Angeles College	2017 / 2025	October 30, 2018

July 19, 2022

Jonathan Sherman
Senior Dean of Regulatory Affairs and Compliance/Liaison Officer
Carrington College – Sacramento
8909 Folsom Blvd
Sacramento, CA 95826

Dear Mr. Sherman,

On June 30, 2022, the Dental Hygiene Board of California (DHBC) was notified by the Carrington College – Sacramento Dental Hygiene Educational Program (Carrington-Sacramento) of a change in administration for the Dental Hygiene Educational Program (DHEP).

On July 5, 2022, the DHBC notified Carrington-Sacramento that evidence of program compliance with minimum DHEP standards set by the California Code of Regulations (CCR), and the Commission on Dental Accreditation (CODA) was deficient.

On July 12, 2022, Carrington-Sacramento provided a response to the DHBC regarding the violations as outlined in the DHBC's July 5, 2022, notification. Upon receipt, the DHBC requested additional documentation from Carrington-Sacramento.

On July 18, 2022, Carrington-Sacramento provided the additional documentation as requested by the DHBC. The results of the review are as follows:

Violation 1: Major Change Notification - Staffing Change

1. Documentation:

- a. On June 30, 2022, the DHBC received notification from Carrington-Sacramento experienced a change in administration. Per the notification:
 - i. Program director Marie Miranda departed her position on June 3, 2022.
 - ii. Rosette Bravo-Nguyen assumed the interim program director position as of June 21, 2022.

2. Response:

- a. On July 12, 2022, Carrington-Sacramento stated:

"In regard to the violation of 16 CCR section 1105.3(a)(2)(B), the program will notify the DHBC within 10 days of any change in the organizational structure, administrative responsibility, or accountability in the Dental Hygiene program. Along with the notification of change, the program will also provide a detailed action plan on coverage and replacement for any vacant positions. Leadership at the campus and institutional levels will work collaboratively with the program director to confirm all changes are submitted by the specified timeline.

The following process has been put into place to ensure the notification plan is successful. Upon any change in the organizational structure, administrative responsibility, or accountability in the Dental Hygiene (DH) program, the College's human resource department will send an alert to leadership at the campus and institutional levels as changes occur. The alert will provide the name and position of the colleague as well as the termination date of their employment. This alert will trigger the program director to initiate the completion of the notification message with support from campus and institutional leadership. Subsequently, a copy of the submission will be sent to leadership at the campus and institutional levels, closing the loop."

3. Determination:

- a. In Compliance.
- b. Carrington-Sacramento shall notify the DHBC of any changes pursuant to 16 CCR section 1105.3 within ten (10) days.

Violation 2: Major Change Notification – Program Director Assignment

1. Documentation:

- a. On June 30, 2022, Carrington-Sacramento stated:
 - i. "Program Director should devote the majority of time to the administration of the program but will also be required to teach as needed and have additional supplemental responsibilities. Administrative responsibilities should comprise of approximately 55% of total time. Teaching and supplemental responsibilities should comprise the remaining approximately 45%."
- b. Weekly Assignment Schedule provided the following:
 - i. Teaching contact hours: 19 hours
 - ii. Administration (meetings/trainings): 4 hours
 - iii. Class Preparation: 5 hours
 - iv. Clinic Coordinator Duties: 2 hours
 - v. Student Tutoring/Advising: 7 hours
 - vi. Committee Work (L&L): 1 hour
 - vii. Other (Professional Development): 1 hour

2. Response:

- a. On July 12, 2022, Carrington-Sacramento stated:
 - i. "Changes to the schedule of workload activities for Rosette Bravo-Nguyen, interim Program Director, have been made so approximately 55% of total time is designated to administrative responsibilities and approximately 45% of total time is designated to teaching and supplemental responsibilities. For the term beginning on 7/28/2022, Ms. Bravo-Nguyen will have approximately 64% of total time designated to administrative responsibilities and approximately 36% of total time designated to teaching and supplemental responsibilities. Please see Exhibit A on page 3 of this document for the updated weekly schedule reflecting these changes. Meanwhile, the College will

continue its nationwide search for a qualified and permanent DH Program Director (PD). Once a permanent PD has been hired, the DHBC will be notified within 10 days.”

ii. Weekly Assignment Schedules provided the following:

1. Current until July 27, 2022 (50 hours/week):
 - a. Administration: 27 hours (54%)
 - b. Class Preparation: 2 hours
 - c. Student Counseling: 2 hours
 - d. Total Teaching Contact Hours: 19 hours
 - i. DH 20.1 Clinical DH: 2 hours
 - ii. DH 23 Periodontology: 3 hours
 - iii. DH 44 Dental Hygiene Review: 2 hours
 - iv. DH 200 Clinical DH Care: 8 hours
 - v. DH 400 Adv. Clinical DH Care: 4 hours
2. Effective July 28, 2022 (46 hours/week):
 - a. Administration: 28 hours (61%)
 - b. Class Preparation: 2 hours
 - c. Student Counseling: 2 hours
 - d. Total Teaching Contact Hours: 14 hours
 - i. DH 10 Intro to Clinical DH: 2 hours
 - ii. DH 100.1 Intro to Clinical Care: 8 hours
 - iii. DH 300 Advanced Clinical DH: 4 hours

b. On July 18, 2022, Carrington-Sacramento provided:

- i. Stated: “Carrington College has a Faculty Workload Policy that specifies the total percent of workload and the areas included within by position whether teaching, program director, administration and service oriented. Additionally, this policy also demonstrates part-time and full-time workload credits. Please see Exhibit B-Faculty Workload Policy. Regarding the number of hours per week considered to be full-time for faculty please refer to Exhibit C-Full-time and Part-Time Employee Classifications.”

ii. Exhibits:

1. Exhibit A - Faculty Minimum Requirements for the Dental Hygiene Program.
2. Exhibit B - Faculty Workload Policy.
3. Exhibit C - Full-time and Part-Time Employee Classifications.
4. Exhibit D - Rosette Bravo-Nguyen: Weekly Assignment Schedule.

3. Determination:

a. Assignment until July 27, 2022:

- i. **Not in Compliance.**
- ii. Schedule lacks sufficient class preparation hours pursuant to Exhibit B - Faculty Workload Policy.

1. Ms. Bravo-Nguyen should be afforded five (5) hours of class preparation time per 19 hours. As such, administrative hours are reduced to 24 hours and teaching/class preparation/student counseling at 26 hours.
 - iii. The schedule provided for Ms. Bravo-Nguyen does not demonstrate her primary responsibility for the operation, supervision, evaluation and revision of the program pursuant to 16 CCR section 1105(j), 16 CCR section 1105.1(a), and CODA Standards 3-2 and 3-4.
- b. Assignment after July 28, 2022:
- i. **In compliance.**
- c. Carrington-Sacramento shall continue to provide evidence of a program director pursuant to 16 CCR section 1105(j), 16 CCR section 1105.1(a), in addition to CODA Standards 3-2 and 3-4.

Any future schedules provided for Interim Program Director Ms. Bravo-Nguyen, or for any permanent Program Director, shall demonstrate the primary responsibility of the Program Director is for the operation, supervision, evaluation and revision of the program pursuant to 16 CCR section 1105(j), 16 CCR section 1105.1(a), and CODA Standards 3-2 and 3-4.

If Carrington-Sacramento does not continue to provide evidence a Program Director in compliance with 16 CCR section 1105(j), 16 CCR section 1105.1(a), and CODA Standards 3-2 and 3-4, Carrington-Sacramento may be subject to fines, placed on probation, or have their approval withdrawn by the DHBC, thereby risking the ability for Carrington-Sacramento Dental Hygiene Educational Program graduates to obtain a California license in Dental Hygiene.

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

Sincerely,

Adina A. Pineschi-Petty DDS

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Mitch Charles, President, Carrington College
Ravinder Dayal, Provost, Carrington College
Amber Mather, MHRM, Assistant Dean of Accreditation, Carrington College
Rosette Bravo-Nguyen, RDH, MSED, Interim Program Director, Department of Dental Hygiene, Carrington-Sacramento

September 7, 2022

Tonette Steeb CDA, RDH, MSED
Director of Dental Programs
Diablo Valley College
321 Golf Club Road
Pleasant Hill, CA 94523

Dear Ms. Steeb,

The Dental Hygiene Board of California (DHBC) received a "Report of Program Change" on September 6, 2022, for the Diablo Valley College Dental Hygiene Educational Program (DVC). Based on the review of the report, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) was deficient.

The following deficiencies of minimum DHEP standards are as follows:

1. Deficiency – Clinical Staffing and Infection Control Oversight

a. Documentation provided on September 6, 2022:

i. DVC stated:

1. "I am sending this letter to report that our fulltime Senior Lab Coordinator has resigned just prior to the beginning of our Fall semester on August 22, 2022. The job posting to fill this position has been sent to our district human resources office for posting."
2. "In the interim our part time office assistant will be extending her hours from 25 to 30 per week. We also have an intern scheduled at 20 hours per week who will be helping with clerical work and monitoring inventory."
3. "We have been actively seeking a qualified candidate to fill in on a part time temporary basis at 12 to 20 hours per week to oversee our infection control and purchasing procedures. Today we offered the position Lauren Card, RDA. Her information has been forwarded to our human resources office to process. We are hoping Lauren will be able to begin work next week. Lauren earned her AS Degree in Dental Assisting from Diablo Valley College which includes a Dental Board of California approved course in Infection Control, and her Basic Life Support certification is current."

b. DHBC Review:

- i. Reduction in staff for the DVC of 50% since August 22, 2022.

1. DHBC notified on September 6, 2022, five days post mandatory reporting requirements pursuant to 16 CCR section 1105.3(a)(2)(D).
 - ii. No assigned staff overseeing the management of sterilization, infection control, and hazardous waste in violation of 16 CCR section 1105, subdivisions (i) and (k), in addition to CODA Standard 3-11.
- c. Refer to:
- i. 16 CCR Section 1105(i)
The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.
 - ii. 16 CCR Section 1105(k)
The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.
 - iii. 16 CCR Section 1105.3(a)(2)(D)
(a) Each dental hygiene program holding a certificate of approval shall:
(2) Notify the Committee within ten (10) days of any:
(D) Programmatic reduction in program faculty or support staff of more than 10%.
 - iv. CODA Standard 3-11
Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.
- d. Determination:
- i. **Not in compliance.**
 - ii. DVC shall provide evidence of adequate staff oversight of sterilization, infection control processes, and hazardous waste management pursuant to 16 CCR section 1105(i), 16 CCR section 1105(k), 16 CCR section 1105.3(a)(2)(D), in addition to CODA Standard 3-11.
 - iii. Evidence of immediate temporary compliance to include:
 1. Name(s) of qualified staff or Registered Dental Hygienist faculty assigned to provide oversight of sterilization, infection control processes, and hazardous waste management.
 - a. If the staff member is a Registered Dental Assistant (RDA) please provide an RDA license number.

- b. If the staff member is not an RDA, please provide evidence of:
 - i. A Dental Board of California (DBC)-approved two-hour course in the Dental Practice Act.
 - ii. A DBC-approved eight-hour course in infection control.
 - 2. A schedule for providing oversight of sterilization, infection control processes, and hazardous waste management.
- iv. Evidence of permanent compliance to include:
 - 1. Name of qualified staff assigned to provide oversight of sterilization, infection control processes, and hazardous waste management.
 - 2. Curriculum Vitae or resume.
 - 3. Copy of Basic Life Support certification.
 - 4. If the hire is an RDA please provide an RDA license number.
 - 5. If the hire is not an RDA, please provide evidence of:
 - a. A Dental Board of California (DBC)-approved two-hour course in the Dental Practice Act.
 - b. A DBC-approved eight-hour course in infection control.

DVC shall provide evidence of immediate temporary compliance to the above deficiency no later than **September 14, 2022**, as your dental hygiene program is operating outside the structured parameters of the law and CODA Standards with these deficiencies which are putting students, faculty, and the public at risk.

Additionally, DVC shall provide evidence of permanent compliance to the above deficiency no later than **November 14, 2022**.

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a responsibility to ensure that all dental hygiene programs meet the same educational standards in preparing their graduates for the profession. If DVC does not correct the above deficiencies by the above dates, DVC risks the DHBC's approval of the DVC Dental Hygiene Educational Program and for DVC graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at adina.petty@dca.ca.gov.

Sincerely,

Adina A. Pineschi-Petty DDS

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Susan Lamb, President, Diablo Valley College
Joseph Gorga, Vice President of Equity and Instruction, Diablo Valley College
Charles Ramos, Dean of Physical and Biological Sciences, Diablo Valley College

September 21, 2022

Michelle Hurlbutt, RDH, MSDH, DHSc
Dean & Program Director, Dental Hygiene
West Coast University
1477 S. Manchester Ave.
Anaheim, CA 92802

Dear Dr. Hurlbutt,

The Dental Hygiene Board of California (DHBC) conducted a site visit on September 15, 2022, of the West Coast University Dental Hygiene Educational Program (WCU). This site visit was generated due to DHBC's oversight goals to review all dental hygiene educational programs in California. Based on the results of the site visit and a review of the documentation provided by WCU, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation of the American Dental Association (CODA) was satisfactory.

Due to the DHBC site visit, the following recommendation is as follows:

Recommendation – Facilities

1. Site Visit Observation:

- a. Students and faculty expressed concerns that as the cohorts are at maximum capacity, there is a lack of space to accomplish tasks.
- b. The lack of space has been managed satisfactorily, but has led to scheduling constraints such as requiring early morning labs and utilizing twelve-hour days.

2. Refer to:

- a. 16 CCR section 1105(i)
The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.
- b. CODA Standard 2-5
The number of students enrolled in the program must be proportionate to the resources available
- c. CODA Standard 4-1
The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable local, state and federal regulations.

3. Recommendation:

WCU to investigate increasing space in the facility to accommodate pre-clinics and laboratories.

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

Sincerely,

Adina A. Pineschi-Petty DDS

Education, Legislative and Regulatory Specialist
Dental Hygiene Board of California

Cc: Anthony Lum, Executive Officer, DHBC
Kirstie DeBiase, University Provost, WCU
Johnny Arellano, OC Campus Executive Director, WCU
Lisa Schaffer, University Director, Accreditation and Licensing, WCU
Jeremy Morales, Assistant Director of Accreditation, WCU
Maggan Burchett, OC Director of Admissions, WCU

October 25, 2022

Erika Endrijonas, Ph.D.
President
Pasadena City College
1570 E. Colorado Blvd.
Pasadena, CA 91106

Dear Dr. Endrijonas,

The Dental Hygiene Board of California (DHBC) conducted a site visit on October 12, 2022, of the Pasadena City College (PCC) Dental Hygiene Educational Program (DHEP). This site visit was generated due to DHBC's oversight goals to review all dental hygiene educational programs (DHEPs) in California. Based on the results of the site visit, it was noted that evidence of program compliance with the minimum DHEP standards set by the California Code of Regulations (CCR) and the Commission on Dental Accreditation (CODA) was deficient.

During the DHBC site visit, the following deficiencies of minimum DHEP standards were discovered:

1. Deficiency 1 - Clinical Facilities

a. Site Visit Observation:

Insufficient clinic space provided to the DHEP to safely provide patient care:

i. Operatory chairs:

1. Less than three feet head-to-head between chairs.
 - a. Space insufficient impeding access to operatory chairs and egress from the clinic.
 - i. Cause of special concern if an emergency evacuation of the clinic is necessary.
 - b. Limits access to patients with special needs (e.g., wheelchair access, walkers, etc.)
 - c. Impedes patient privacy to prevent disclosure of Protected Health Information (PHI).
 - d. Prevents students from having 180-degree access to head of patient.
 - i. Impedes proper student ergonomics.
2. One chair inoperable for two weeks.
 - a. Limits student access to working facilities.
 - b. Undetermined as to repair timeline.
 - c. PCC lacks an equipment maintenance and replacement plan.

ii. Mobile Barriers:

1. Unstable.
 - a. Pose a tripping and/or falling hazard.
 - b. History of barriers causing patients, students, and faculty to trip, as well as an incident of a barrier falling on a faculty member causing injury (verbal history provided by faculty and students during faculty interview.)
2. Impede general access to operator chairs and egress from the clinic.
 - a. Cause of special concern if an emergency evacuation of the clinic is necessary.
3. Limit access to sink for proper handwashing.
4. Limit access to patients with special needs (e.g., wheelchair access, walkers, etc.)
5. Fail to provide patient privacy to prevent disclosure of PHI.
6. Prevent 180-degree access to head of patient for patient dental hygiene care.
 - a. Impedes correct student ergonomics for student instrumentation.

iii. Central Sterilization Facilities:

1. No barriers and open to the clinic and radiology.
 - a. Exposes patients, students, faculty, and staff to aerosols from the processing of instruments and equipment.
 - b. Exposes patients to potentially infectious materials as there is no separation of the central sterilization area from the entrance to the clinic.
2. Insufficient safe and contained storage of contaminated and sterilized instruments and equipment.

iv. Radiology Facilities:

1. Panoramic radiology unit lacking required radiation safety barriers.
 - a. Patients, students, staff, and faculty exposed to errant radiation causing a safety concern.
2. Radiology equipment inoperable for five weeks.
 - a. Students unable to process necessary radiographs to ensure proper patient treatment standards.
 - b. Students unable to complete necessary radiographic requirements to ensure competency in radiology education.
 - c. PCC lacks an equipment maintenance and replacement plan.

- v. Emergency supplies:
 - 1. Emergency supplies not centrally located to allow for ease of access by clinic personnel during an emergency.
- b. Refer to:
 - i. 16 CCR Section 1105(i)
The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.
 - ii. 16 CCR Section 1105.2(d)(3)(A)(i)
(A) An educational program shall: (i) Provide infection control equipment according to the requirements of California Code of Regulations (CCR), Title 16, Division 10, Chapter 1, Article 1, Section 1005.
 - iii. 16 CCR Section 1105.2(d)(3)(C)
An educational program shall comply with local, state, and federal health and safety laws and regulations.
 - iv. 16 CCR Section 1005
 - v. CODA Standard 4-1
The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable local, state and federal regulations.

Clinical Facilities

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

vi. CODA Standard 4-2

Radiography facilities must be sufficient for student practice and the development of clinical competence. The radiography facilities must contain the following:

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

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

vii. CODA Standard 6-5

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

viii. Health and Safety Code (HSC) Division 109 Section 130203

(a) Every provider of health care shall establish and implement appropriate administrative, technical, and physical safeguards to protect the privacy of a patient's medical information. Every provider of health care shall reasonably safeguard confidential medical information from any unauthorized access or unlawful access, use, or disclosure.

ix. Patient Privacy and Health Insurance Portability and Accountability Act (HIPAA) of 1996 Public Law 104-191.

x. 45 Code of Federal Regulations (CFR) Sections 160, 162, and 164.

xi. 8 CCR Section 5193. Bloodborne Pathogens.

xii. CDC Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings – 2007

xiii. CDC Guidelines for Infection Control in Dental Health-Care Settings — 2003

c. Determination:

i. **Not in compliance.**

ii. PCC shall provide clinical facilities pursuant to 16 CCR Sections 1105(i), 1105.2(d)(3)(A)(i), 1105.2(d)(3)(C), and 1005; CODA Standards 4-1, 4-2, and 6-5; HSC Division 109 Section 130203; in addition to HIPAA of 1996 Public Law 104-191 and 45 CFR Sections 160, 162, and 164; 8 CCR section 5193. Bloodborne Pathogens; CDC Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings – 2007; and CDC Guidelines for Infection Control in Dental Health-Care Settings — 2003.

iii. PCC shall provide the following:

1. A narrative and equipment maintenance and replacement plan by **November 10, 2022**.
2. A narrative and plan for **temporary compliance** by **November 10, 2022**.
 - a. Evidence shall include, but not limited to:
 - i. Schematic of clinic and plan for adaptive use of clinic to ensure safe usage of the clinic and patient privacy.
 1. Plan shall include all areas of the clinic, including radiology and central sterilization facilities.
 - ii. Student clinic assignment schedule demonstrating:
 1. First-year students: Each student should be scheduled for at least eight to twelve hours of direct patient care per week in the dental hygiene clinic.
 2. Second-year students: Each student should be scheduled for at least twelve to sixteen hours of direct patient care per week in the dental hygiene clinic.
3. A narrative and plan for **permanent compliance** by **December 15, 2022**.

2. Deficiency 2 - Program Director Assignment

a. Site Visit Observation:

- i. Program director (PD) does not have the primary responsibility for all aspects of the program.
 1. Insufficient time devoted to DHEP administration.
 - a. PD schedule only provides approximately 24.6% (Fall schedule), 29.4% (Summer schedule), and 24.8% (Spring schedule) devoted to program administration.
 2. No evidence of PD providing input into the admissions process.
 3. No evidence of PD providing input into clinic maintenance decisions.

b. Refer to:

- i. 16 CCR Section 1105(j)
The educational program director shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

- ii. 16 CCR Section 1105.1(a)
 “Program Director” or “Interim Program Director” means a registered dental hygienist or dentist who has the authority and responsibility to administer the educational program in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article. The educational program may have an Interim Program Director for a maximum of twelve (12) months. The director shall have a full-time appointment as defined by the institution, whose primary responsibility is for the operation, supervision, evaluation and revision of the program. The program director shall meet the following minimum qualifications: (1) Possess an active, current dental or dental hygiene license issued by the Committee or the Dental Board of California (DBC), with no disciplinary actions; (2) Possess a master's or higher degree from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; (3) Documentation of two (2) years' experience teaching in pre- or post-licensure registered dental hygiene or dental programs. This requirement may be waived for an Interim Program Director; and (4) Documentation of a minimum of 2,000 hours in direct patient care as a registered dental hygienist, or working with a registered dental hygienist.
 - iii. CODA Standard 3-2
 The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.
 - iv. CODA Standard 3-4
 The program administrator must have the authority and responsibility necessary to fulfill program goals including: a) curriculum development, evaluation and revision; b) faculty recruitment, assignments and supervision; c) input into faculty evaluation; d) initiation of program or department in-service and faculty development; e) assessing, planning and operating program facilities; f) input into budget preparation and fiscal administration; g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.
- c. Determination:
 - i. **Not in compliance.**
 - ii. The PCC DHEP director must have the authority and responsibility to administer the DHEP pursuant to 16 CCR Section 1105(j), 16 CCR Section 1105.1(a), in addition to meeting CODA Standards 3-2 and 3-4.
 - iii. PCC shall provide a narrative and evidence of a PD assignment in compliance with 16 CCR Section 1105(j), 16 CCR Section 1105.1(a), in addition to meeting CODA Standards 3-2 and 3-4 by **November 10, 2022.**

3. Deficiency 3 - Clinic Infection Control Staffing

a. Site Visit Observation:

- i. No staff dedicated to clinical oversight of infection control and sterilization processes for the DHEP.
 - 1. Students observed in sterilization area unsupervised.
 - a. Poses a health and safety risk for novice, unlicensed students.

b. Refer to:

- i. 16 CCR Section 1105(i)
The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.
- ii. 16 CCR Section 1105(k)
The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.
- iii. CODA Standard 3-11
Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.

c. Determination:

- i. **Not in compliance.**
- ii. PCC shall provide a narrative and evidence of qualified institutional support personnel pursuant to 16 CCR Section 1105(i), 16 CCR Section 1105(k), in addition to CODA Standard 3-11 by **November 10, 2022**.

4. Deficiency 4 - Policies and Procedures

a. Program Review:

- i. Lack of formal Curriculum Management Plan
- ii. Lack of formal Patient Care Quality Assurance Plan

b. Refer to:

i. 16 CCR section 1105(d)

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

ii. CODA Standard 2-24

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

iii. CODA Standard 6-2

The program must have a formal written patient care quality assurance plan that allows for a continuous systematic review of patient care standards. The quality assurance plan must be applied at least annually and include: a) standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria; b) an ongoing audit of a representative sample of patient records to assess the appropriateness, necessity and quality of the care provided; c) mechanisms to determine the cause of treatment deficiencies; d) patient review policies, procedure, outcomes and corrective measures.

c. Determination:

i. **Not in compliance**

ii. PCC shall provide a formal Curriculum Management Plan and a formal Patient Care Quality Assurance Plan pursuant to 16 CCR section 1105(d), in addition to CODA Standards 2-24 and 6-2 by **December 15, 2022**.

5. Deficiency 5 - Admissions and DHBC Prerequisites

a. Program Review:

i. Missing DHBC prerequisites.

1. Admissions Policy (Appendix 0-A),

a. Page 1 States:

i. "CHEM 001AB or CHEM 002"

ii. Missing either Inorganic Chemistry or Biochemistry/Organic Chemistry with Biochemistry in policy.

ii. Admissions Policy.

1. Admissions files not filled out uniformly, nor all the same documentation present in each student's file.
 - a. Lack of evidence ensuring accepted students meet all DHBC requirements.
2. "DH Application Information Sheet" has a spot for recording if a "HS Diploma" was submitted and on some files "NO" is checked.
 - a. Lack of evidence ensuring accepted students meet all DHBC requirements.
3. No evidence of an "Admissions Committee", in addition to lack of evidence of PD providing admissions input ensuring accepted students meet all DHBC requirements.

b. Refer to:

i. 16 CCR Section 1105(f)

Admission. (1) The minimum basis for admission into an educational program shall be the successful completion of all of the following: (A) A high school diploma or the recognized equivalent, which will permit entrance to a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; and, (B) College-level general education courses in the topic areas of: (i) Oral and Written Communication (ii) Psychology (iii) Sociology (iv) Mathematics (v) Cultural Diversity* (vi) Nutrition* *This course is required prior to graduation, and may be waived as an admission requirement if included within the dental hygiene program curriculum. (C) College-level biomedical science courses, each of which must include a wet laboratory component, in: (i) Anatomy (ii) Physiology (iii) Chemistry (iv) Biochemistry (v) Microbiology.

ii. CODA Standard 2-3

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

c. Determination:

i. **Not in compliance**

- ii. PCC shall require prerequisites for the DHEP program pursuant to 16 CCR Section 1105(f) in addition to CODA Standard 2-3.
- iii. PCC shall provide a narrative and evidence of DHBC prerequisites pursuant to 16 CCR Section 1105(f) and CODA Standard 2-3 by **November 10, 2022**.

6. Deficiency 6 - Required Program Curriculum

a. Program Review:

- i. Radiology curriculum out of sequence.
 - 1. Placed in the Spring semester, not affording students to become competent in Radiology prior to exposure to clinical patients.
- ii. Special Needs Competency.
 - 1. PCC lacks a competency for "Special Needs" patients.
- iii. Patient Requirements.
 - 1. PCC does not demonstrate a minimum number of patient requirements ensuring:
 - a. Breadth of experience and student competency in patient experiences in all classifications of periodontal disease including mild, moderate, and severe involvement.
 - b. Breadth of experience and student competency in providing patient experiences in dental hygiene care for the child, adolescent, adult, geriatric, and special needs patients.
 - 2. PCC PD stated in an email on October 6, 2022: "We do not have a minimum number of patient requirements for categories listed in #15. The tracking is accomplished through the Clinical Evaluation grade sheet (please see attached)."

b. Refer to:

- i. 16 CCR Section 1105(c)

Each educational program shall establish and maintain standards of competency. Such standards shall be available to each student, and shall be used to measure periodic progress or achievement in the curriculum.
- ii. 16 CCR Section 1105.2(b)

The curriculum shall include education in the dental hygiene process of care and shall define the competencies graduates are to possess at graduation, describing (1) the desired combination of foundational knowledge, psychomotor skills, communication skills, and professional behaviors and values required, (2) the standards used to measure the students' independent performance in each area, and (3) the evaluation mechanisms by which competence is determined.
- iii. 16 CCR Section 1105.2(c)

The organization of the curriculum shall create opportunities for adjustments to and research of, advances in the practice of dental hygiene to ensure that graduates will have the knowledge, skills, and abilities to function within the dental hygiene scope of practice.

- iv. 16 CCR Section 1105.2(e)
An educational program shall provide for breadth of experience and student competency in patient experiences in all classifications of periodontal disease including mild, moderate, and severe involvement
 - v. 16 CCR Section 1105.2(f)
An educational program shall provide for breadth of experience and student competency in providing patient experiences in dental hygiene care for the child, adolescent, adult, geriatric, and special needs patients.
 - vi. CODA Standard 2-9
The basic clinical education aspect of the curriculum must include a formal course sequence in scientific principles of dental hygiene practice, which extends throughout the curriculum and is coordinated and integrated with clinical experience in providing dental hygiene services.
 - vii. CODA Standard 2-12
Graduates must be competent in providing dental hygiene care for all patient populations including: 1) child 2) adolescent 3) adult 4) geriatric 5) special needs.
 - viii. CODA Standard 2-14
Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.
- c. Determination:
- i. **Not in compliance.**
 - ii. PCC shall provide a narrative and evidence of compliance with required program curriculum pursuant to 16 CCR sections 1105(c), 1105.2(b), 1105.2(c), 1105.2(e), and 1105.2(f), in addition to CODA Standards 2-9, 2-12, and 2-14 by **December 15, 2022**.
 - iii. PCC's evidence shall include, but not limited to:
 - 1. Curriculum sequence.
 - 2. A master list of all competencies required for graduation.
 - 3. A master list of patient completion requirements for graduation.
 - 4. Tracking list for student completion requirements,

7. Deficiency 7 – Faculty

- a. Program Review:
 - i. Missing several current faculty biosketches.
 - ii. Several faculty missing current mandatory California Dental Practice Act and Infection Control Courses.
 - iii. Several faculty missing current Basic Life Support (BLS) certification.

b. Refer to:

i. 16 CCR Section 1105.1(b)

"Program faculty" means an individual having a full-time or part-time agreement with the institution to instruct one or more of the courses in the educational program's curriculum. The individual shall hold a baccalaureate degree or higher from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation, and possess the following: an active California dental or dental hygiene license or special permit with no disciplinary actions; or a postsecondary credential generally recognized in the field of instruction; or a degree in the subject being taught or evaluated. All program faculty shall have documented background in educational methodology every two years, consistent with teaching assignments.

ii. 16 CCR Section 1016(b)(1)(A-C)

(1) Mandatory courses required by the Board for license renewal shall include a Board-approved course in Infection Control, a Board-approved course in the California Dental Practice Act, completion of certification in Basic Life Support, and a Board-approved course on the responsibilities and requirements of prescribing Schedule II opioids.

(A) At a minimum, course content for a Board-approved course in Infection Control shall include all content of Section 1005 and the application of the regulations in the dental environment.

(B) At a minimum, course content for the Dental Practice Act [Division 2, Chapter 4 of the Code (beginning with § 1600)] shall instruct on acts in violation of the Dental Practice Act and attending regulations, and other statutory mandates relating to the dental practice. This includes utilization and scope of practice for auxiliaries and dentists; laws governing the prescribing of drugs; professional ethics, citations, fines, revocation and suspension of a license, and license renewal; and the mandatory reporter obligations set forth in the Child Abuse and Neglect Reporting Act (Penal Code Section 11164 et seq.) and the Elder Abuse and Dependent Adult Civil Protection Act (Welfare and Institutions Code Section 15600 et seq.) and the clinical signs to look for in identifying abuse.

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

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

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

(iii) A BLS course taught by a provider approved by the American Safety and Health Institute (ASHI).

For the purposes of this section, a Basic Life Support course shall include all of the following:

1. Instruction in both adult and pediatric CPR, including 2-rescuer scenarios;
2. Instruction in foreign-body airway obstruction;
3. Instruction in relief of choking for adults, child and infant;
4. Instruction in the use of automated external defibrillation with CPR; and;
5. A live, in-person skills practice session, a skills test and a written examination;

The course provider shall ensure that the course meets the required criteria.

c. Determination:

- i. **Not in compliance.**
- ii. PCC shall provide a narrative and evidence of compliance with required program curriculum pursuant to 16 CCR sections 1105.1(b) and 1016(b)(1)(A-C) by **December 15, 2022.**
- iii. PCC's evidence shall include, but not limited to:
 1. List of current faculty.
 2. Current DHBC Biosketches for all faculty.
 3. Copies of current BLS certification for all faculty.

You will be required to provide evidence of compliance to the above deficiencies **no later than the aforementioned dates**. As PCC's DHEP is operating outside the structured parameters of California law and CODA Standards with these deficiencies, PCC is therefore putting students, faculty, and the public at risk.

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a responsibility to ensure that all dental hygiene programs within the state meet the same educational standards in preparing their graduates for the profession. If PCC does not correct the above deficiencies **no later than the aforementioned dates**, PCC risks the DHBC's approval of the PCC DHEP and for PCC's graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at adina.petty@dca.ca.gov.

Sincerely,

Adina A. Pineschi-Petty DDS

Education, Legislative and Regulatory Specialist
Dental Hygiene Board of California

Cc: Anthony Lum, Executive Officer, DHBC
Micah Young, M.D., Dean, PCC
Adrine Reganian, RDHAP, BSDH, MSHS, Program Director, Department of Dental Hygiene, PCC

Dental Hygiene Board of California Enforcement Statistics

FY 22/23

Report data as of 9/30/2022

As Of	7/31	8/31	9/30	10/31	11/30	12/31	1/31	2/28	3/31	4/30	5/31	6/30	Total
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Complaints Received

Consumer Complaints	4	10	5										19
Board Initiated Complaints	0	1	1										2
Arrests/Convictions	3	0	7										10
Applicants	4	8	2										14
Totals	11	19	15	0	0	0	0	0	0	0	0	0	45

Complaint Case Type Received

Criminal Charges/Convictions	7	7	9										23
Incompetence/Negligence	0	1	1										2
Non-Jurisdictional	2	4	3										9
Sexual Misconduct	0	0	0										0
Substance Abuse - No criminal charges	0	0	1										1
Unprofessional Conduct	2	1	0										3
Unlicensed	0	3	0										3
Unsafe/Unsanitary Conditions	0	0	0										0
Other	0	3	1										4

Complaint Closures w/no additional Disciplinary or Administrative Action

As Of	7/31	8/31	9/30	10/31	11/30	12/31	1/31	2/28	3/31	4/30	5/31	6/30	Total
Application Approved	6	6	3										15
Insufficient Evidence	0	1	0										1
No Violation	0	6	1										7
No Jurisdiction	7	4	4										15
Other (includes, but not limited to redundant complaints and those awaiting criminal disposition)	0	0	4										4
Totals	13	17	12	0	0	0	0	0	0	0	0	0	42

Investigations

Open Investigations

Desk Investigations	83	77	71									
Field Investigations	28	32	30									
Totals	111	109	101	0	0	0	0	0	0	0	0	0

Closed Investigations

Desk Investigations	16	30	25									
Field Investigations	2	4	4									
Totals	18	34	29	0	0	0	0	0	0	0	0	0

Case Aging for Investigations (Open Cases)

Desk Investigations

0-6 months	55	43	39									
7-12 months	15	19	16									
>1 yr - 1.5 years	10	9	8									
>1.5 years - 2 years	3	5	6									
>2 years	1	2	2									

Field Investigations

As Of	7/31	8/31	9/30	10/31	11/30	12/31	1/31	2/28	3/31	4/30	5/31	6/30	Total
<i>0-6 months</i>	14	17	17										
<i>7-12 months</i>	13	12	10										
<i>>1 yr - 1.5 years</i>	1	3	3										
<i>>1.5 years - 2 years</i>	0	0	0										
<i>>2 years</i>	0	0	0										

Attorney General's Office (AG)

Discipline

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

Probation Subsequent

Discipline

Subsequent Case Transmitted to AG	0	0	0										
Petition to Revoke Probation Filed	0	0	1										
Accusation/Petition to Revoked Probation Filed	0	2	0										
Revoked	0	0	1										
Surrendered	0	0	0										
Probation Extended	0	0	0										

All AG Cases Pending Disciplinary Action

Totals	20	19	18										
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As Of	7/31	8/31	9/30	10/31	11/30	12/31	1/31	2/28	3/31	4/30	5/31	6/30	Total
-------	------	------	------	-------	-------	-------	------	------	------	------	------	------	-------

Case Aging for Pending AG Cases From Time of Transmittal

0-6 months	13	12	12										
7-12 months	6	6	5										
>1 yr - 1.5 years	0	0	0										
>1.5 years - 2 years	1	1	1										
>2 years	0	0	0										

Citation/Fine

Citations Issued	18	4	20										
Citations Modified	1	0	0										
Citation Affirmed	2	1	0										
Citations Dismissed	2	0	0										
Total Amount Ordered FY 22/23	\$29,700.00												

Probation

Active Probationers	20	18	17										
Tolled Probationers	3	3	3										
Biological Testing Probationers	14	13	13										
Positive Drug Screen for Banned Substances	0	0	0										
Violations of Probation Addressed	0	2	0										

APPLICATIONS RECEIVED: FY 2022/23															
Type of Application	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar	Apr	May	June	Total YTD		
Initial Licensure Applications															
RDH Application by Exam	149	128	40	32	0	0	0	0	0	0	0	0	349		
RDH Application by Credential	1	9	2	4	0	0	0	0	0	0	0	0	16		
RDHAP Application	8	11	4	4	0	0	0	0	0	0	0	0	27		
Fictitious Name Permit Application	0	5	4	2	0	0	0	0	0	0	0	0	11		
License Renewal Applications															
Type of Application	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar	Apr	May	June	Total YTD		
RDH Renewal Application	1,270	1,461	1,506	1,653	0	0	0	0	0	0	0	0	5,890		
RDHAP Renewal Application	54	51	59	50	0	0	0	0	0	0	0	0	214		
RDHEF Renewal Application	1	0	2	0	0	0	0	0	0	0	0	0	3		
Fictitious Name Permit Renewal Application	7	8	6	11	0	0	0	0	0	0	0	0	32		
LICENSES AND PERMITS ISSUED															
Type of License	Prior Years		Current Year FY 2022/23												
	FY 2019/20	FY 2020/21	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar	Apr	May	June	Total YTD
RDH License	659	802	55	112	129	126	0	0	0	0	0	0	0	0	422
RDHAP License	31	71	2	14	10	2	0	0	0	0	0	0	0	0	28
Fictitious Name Permit	13	14	1	4	2	1	0	0	0	0	0	0	0	0	8

Attachment 3: Licensing Population

Dental Hygiene License Population as of October 31 2022		
License Type	License Status	Total
Registered Dental Hygienist	Active (4 licenses have been reactivated due to *COVID-19)	18,065
	Inactive	1,868
	*Delinquent	3,949
	*Cancelled	10,392
	*Revoked	43
	*Surrendered	32
	*Other (Deceased, retired, etc.)	267
Registered Dental Hygienist in Alternative Practice	Active	714
	Inactive	48
	*Delinquent	111
	*Cancelled	64
	*Revoked	1
	*Surrendered	3
	*Other (Deceased, retired, etc.)	3
Registered Dental Hygienist in Extended Functions	Active	21
	Inactive	2
	*Delinquent	4
	*Cancelled	5
	*Revoked	0
	*Surrendered	0
	*Other (Deceased, retired, etc.)	0
Fictitious Name Permit	Active	134
	Inactive	0
	*Delinquent	71
	*Cancelled	87
	*Revoked	0
	*Surrendered	0
	*Other (Deceased, retired, etc.)	0
Licensed Subtotal (Active, Inactive)		20,852
*Non-Licensed Subtotal (Delinquent, Cancelled, Revoked, Surrendered, Other)		15,032
Total		35,884
Status Definitions		
Active	Current license and can practice.	
Inactive	Current license but may not practice in CA. Continuing education is not required for renewal.	
Delinquent	Renewal fee not paid within one month after expiration date. May not practice in CA.	
Cancelled	Renewal fee not paid 5 years after its expiration and may not be renewed. May not practice in CA.	
Revoked	Disciplinary action taken; may not practice in CA.	
Surrendered	Disciplinary action taken; may not practice in CA.	

*Non-Licensed includes -Delinquent, Cancelled, Revoked, Surrendered and other.



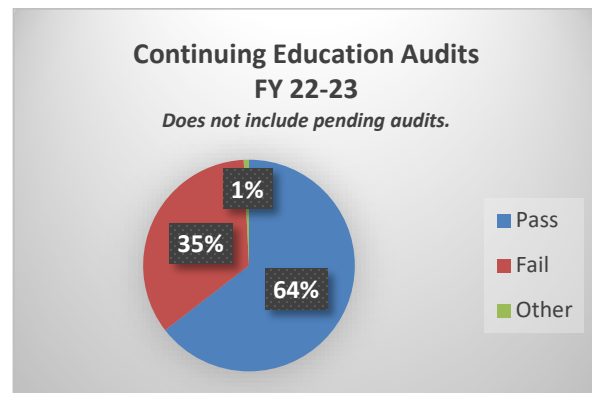
MEMORANDUM

DATE	November 19, 2022
TO	Dental Hygiene Board of California
FROM	Sabra D'Ambrosio Continuing Education Audit Analyst
SUBJECT	FULL 20: Continuing Education Update Attachment 4

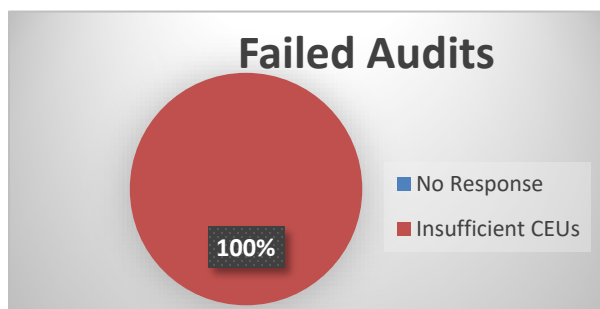
Continuing Education Update

Prior to conducting a CE audit, the Board is reminded that licensees chosen at random for an audit have indicated under the penalty of perjury, that they have completed the required number of CE hours to renew their licenses on the License Renewal Application. In FY 2022/23 the Board initiated 272 Continuing Education (CE) audits through 10/31/2022. From the audits, there continues to be similar trends in the pass and fail rate of audited licensees.

Continuing Education Audits			
	FY 20/21	FY 21/22	FY 22/23
Pass	296	399	162
Fail	191	258	87
Other (Waived per 16 CCR 1017(m))	8	10	2
Pending	0	3	21
Total	495	670	272



The Board has received many reasons for failure to comply with the CE Audit. Frequently, licensees have expressed they have misplaced, destroyed, or lost their records. Pursuant to [Title 16 CCR 1017\(m\)](#), licensees shall retain for a period of three renewal cycles (6 years) the certificates of CE course completion issued to licensees and shall forward to the Board only upon request for an audit. A licensee who fails to retain the certification shall contact the CE provider to obtain a duplicate certification for submission to the Board and the licensee's record.



Failed audits are broken into two categories, no response and insufficient CEUs. Of those with insufficient CEUs, 55% failed to complete at least one mandatory CE course and 5% submitted a certificate with an invalid provider. The invalid provider may have had an expired permit, may not have been approved to teach a mandatory course or may have had an invalid provider number.

The Board's Enforcement Unit is working through the failed audits and issuing citation and fines with or without an order of abatement to address the CE deficiency. Pursuant to [Title 16 CCR 1139](#), the Board's Executive Officer or designee has the authority to issue a citation containing an order to pay a fine not to exceed \$5,000, and an order of abatement against a licensee for violation of the laws that govern the practice of dental hygiene. For failed CE audits, the Board has issued citation and fines in varying amounts ranging from \$250 - \$1,500 depending on the egregiousness of the failed audit. When issuing a citation, the Board considers many factors including but not limited to 1) The number of CEUs the licensee is deficient; 2) The licensee's reason for failing the audit; and 3) Whether the licensee completed mandatory CEUs in the areas of Infection Control, the Dental Practice Act, and Basic Life Support. Additionally, as with any citation that is issued, the Board references [Title 16 CCR 1140 Criteria to be Considered](#) when issuing a citation.

Lastly, the CE section of the Board's website (www.dhbc.ca.gov) under the Licensee tab has been revised, contains important CE information to inform licensees, and is available to the public.

MEMORANDUM

DATE	November 19, 2022
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	FULL 21: Discussion and Possible Action on 2023 Senate Committee on Business, Professions, and Economic Development Omnibus Bill Recommendations.

BACKGROUND

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

STAFF RECOMMENDATION:

Staff recommends for the Board to review and accept the attached non-substantive statutory changes for the Omnibus Bill (**highlighted**) and delegate authority to the Executive Officer to recommend any non-substantive changes in existing statute to be forwarded to the Committee for review.

Legend: Added text is indicated with an <u>underline</u> . Deleted text is indicated by strikeout .
--

Business and Professions Code (BPC) Section 1917.

The dental hygiene board shall grant initial licensure as a registered dental hygienist to a person who satisfies all of the following requirements:

- (a) Completion of an educational program for registered dental hygienists, approved by the dental hygiene board, accredited by the Commission on Dental Accreditation, and conducted by a degree-granting, postsecondary institution.
- (b) Within the preceding three years, satisfactory completion of the dental hygiene examination given by the Western Regional Examining Board or any other clinical or dental hygiene examination approved by the dental hygiene board.
- (c) Satisfactory completion of the National Board Dental Hygiene Examination.
- (d) Satisfactory completion of the examination in California law and ethics as prescribed by the dental hygiene board.
- (e) Submission of a completed application form and all fees required by the dental hygiene board.
- (f) Satisfactory completion of dental hygiene board-approved instruction in gingival soft-tissue curettage, nitrous oxide-oxygen analgesia, and local anesthesia.

(g) Satisfactory evidence of having successfully completed a course and training in in Basic Life Support (BLS) and Cardiopulmonary Resuscitation (CPR) from the American Heart Association (AHA), or the American Red Cross (ARC), or a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE).

BPC Section 1917.1.

- (a) The dental hygiene board may grant a license as a registered dental hygienist to an applicant who has not taken a clinical examination before the dental hygiene board, if the applicant submits all of the following to the dental hygiene board:
 - (1) A completed application form and all fees required by the dental hygiene board.
 - (2) Proof of a current license as a registered dental hygienist issued by another state that is not revoked, suspended, or otherwise restricted.
 - (3) Proof that the applicant has been in clinical practice as a registered dental hygienist or has been a full-time faculty member in an accredited dental hygiene

education program for a minimum of 750 hours per year for at least five years immediately preceding the date of application under this section. The clinical practice requirement shall be deemed met if the applicant provides proof of at least three years of clinical practice and commits to completing the remaining two years of clinical practice by filing with the dental hygiene board a copy of a pending contract to practice dental hygiene in any of the following facilities:

- (A) A primary care clinic licensed under subdivision (a) of Section 1204 of the Health and Safety Code.
 - (B) A primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code.
 - (C) A clinic owned or operated by a public hospital or health system.
 - (D) A clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code.
- (4) Satisfactory performance on a California law and ethics examination and any examination that may be required by the dental hygiene board.
 - (5) Proof that the applicant has not been subject to disciplinary action by any state in which the applicant is or has been previously issued any professional or vocational license. If the applicant has been subject to disciplinary action, the dental hygiene board shall review that action to determine if it warrants refusal to issue a license to the applicant.
 - (6) Proof of graduation from a school of dental hygiene accredited by the Commission on Dental Accreditation.
 - (7) Proof of satisfactory completion of the National Board Dental Hygiene Examination and of a state clinical examination, regional clinical licensure examination, or any other clinical dental hygiene examination approved by the dental hygiene board.
 - (8) Proof that the applicant has not failed the state clinical examination, the examination given by the Western Regional Examining Board, or any other clinical dental hygiene examination approved by the dental hygiene board for licensure to practice dental hygiene under this chapter more than once or once within five years prior to the date of application for a license under this section.
 - (9) Documentation of completion of a minimum of 25 units of continuing education earned in the two years preceding application, including completion of any continuing education requirements imposed by the dental hygiene board on registered dental hygienists licensed in this state at the time of application.

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

(11) Satisfactory evidence of having successfully completed a course and training in in Basic Life Support (BLS) and Cardiopulmonary Resuscitation (CPR) from the American Heart Association (AHA), or the American Red Cross (ARC), or a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE).

~~(11)~~(12) Any other information as specified by the dental hygiene board to the extent that it is required of applicants for licensure by examination under this article.

- (b) The dental hygiene board may periodically request verification of compliance with the requirements of paragraph (3) of subdivision (a) and may revoke the license upon a finding that the employment requirement or any other requirement of paragraph (3) of subdivision (a) has not been met.
- (c) The dental hygiene board shall provide in the application packet to each out-of-state dental hygienist pursuant to this section the following information:
 - (1) The location of dental manpower shortage areas in the state.
 - (2) Any nonprofit clinics, public hospitals, and accredited dental hygiene education programs seeking to contract with licensees for dental hygiene service delivery or training purposes.

BPC Section 1936.1.

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

hours in specific areas adopted in regulations by the dental hygiene board. The dental hygiene board may prescribe this mandatory coursework within the general areas of patient care, health and safety, and law and ethics. The mandatory coursework prescribed by the dental hygiene board shall not exceed ~~seven and one-half~~ **ten** hours per renewal period. Any mandatory coursework required by the dental hygiene board shall be credited toward the continuing education requirements established by the dental hygiene board pursuant to subdivision (a).

- (c) The providers of courses referred to in this section shall be approved by the dental hygiene board. Providers approved by the dental board shall be deemed approved by the dental hygiene board.



Saturday, November 19, 2022

Dental Hygiene Board of California

Agenda Item 22

Future Agenda Items



Saturday, November 19, 2022

Dental Hygiene Board of California

Agenda Item 23

Closed Session – Full Board

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



Saturday, November 19, 2022

Dental Hygiene Board of California

Agenda Item 24

Adjournment.