

DHBC

Dental Hygiene
Board of California

**Friday, November 15, 2024
DHBC Board Meeting Materials**





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

DHBC MEETING AGENDA

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

Meeting Date and Time

Friday, November 15, 2024
9:00 am until Adjournment

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

Instructions for WebEx Meeting Participation

The preferred audio connection is via telephone conference and not the microphone and speakers on your computer. The phone number and access code will be provided as part of your connection to the meeting. Please see the instructions attached here to observe and participate in the meeting using WebEx from a Microsoft Windows-based PC. Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. When signing into the WebEx platform, participants may be asked for their name and email address. Participants who choose not to provide their names will be required to provide a unique identifier, such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make a public comment. Participants who choose not to provide their email address may utilize a fictitious email address in the following sample format:

XXXXX@mailinator.com.

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

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m555b5709d70b7a8464bbef185d83cf28>

If joining using the link above:

Webinar number: 2484 002 8238
Webinar password: DHBC1115

If joining by phone:

+1-415-655-0001 US Toll
Access code: 2484 002 8238
Passcode: 34221115

Members of the Board

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

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

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

Agenda

1. Roll Call & Establishment of Quorum.
2. Public Comment for Items Not on the Agenda.
[The DHBC may not discuss or act on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting [Government Code sections 11125 & 11125.7(a).]
3. Discussion and Possible Action for Finalization of the DHBC 2024-2028 Strategic Plan.
4. Adjournment to Committee Meetings.
5. Education Committee Meeting.
6. Legislation and Regulatory Committee Meeting.
7. Roll Call & Re-Establishment of a Quorum.

8. Future Agenda Items.

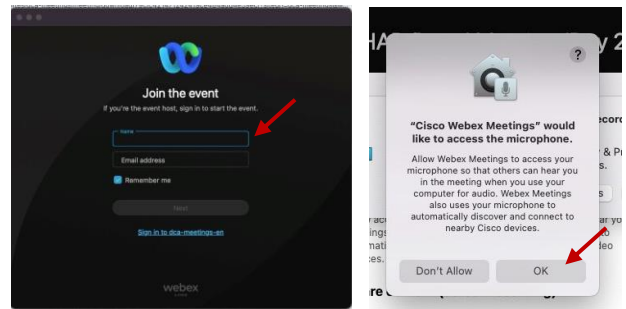
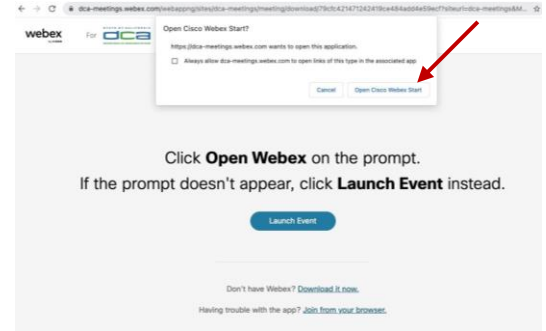
9. Adjournment.

Public comments will be taken on the agenda items at the time the specified item is raised. Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President may, at their 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.

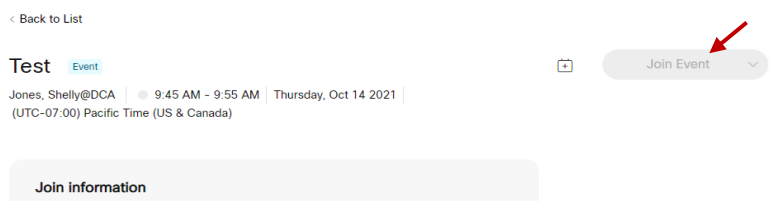
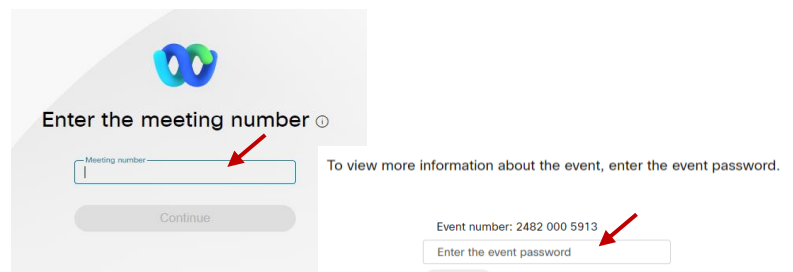
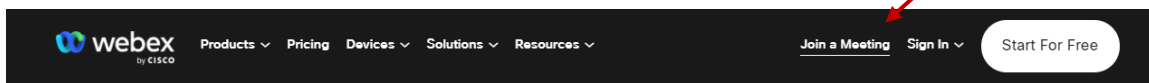


* Members of the public are not obligated to provide their name or personal information and may provide a unique identifier such as their initials or another alternative, and a fictitious email address like in the following sample format: XXXXX@mailinator.com.

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".



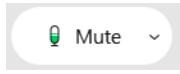
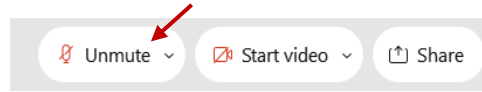
OR

Connect via telephone*:

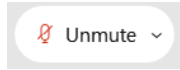
You may also join the meeting by calling in using the phone number, access code, and passcode provided in the meeting notice.

Microphone

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

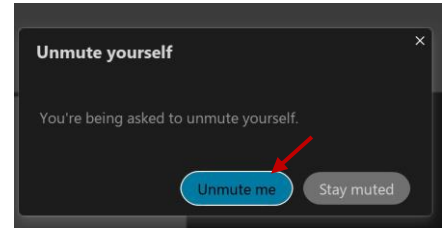


Green microphone = Unmuted: People in the meeting can hear you.



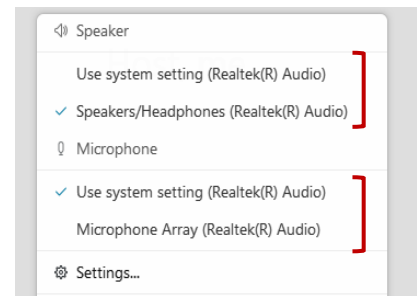
Red microphone = Muted: No one in the meeting can hear you.

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".



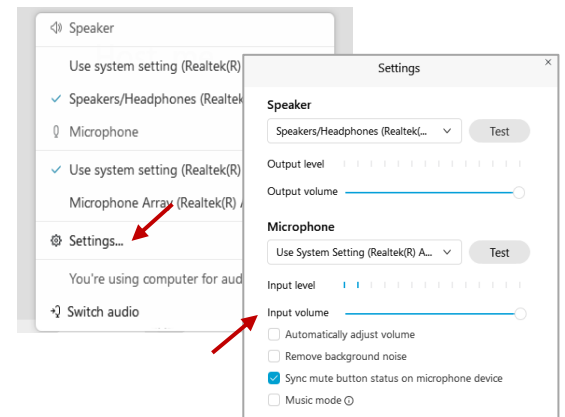
If you cannot hear or be heard

- 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

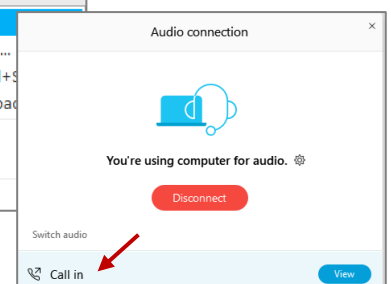
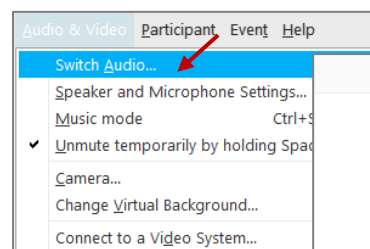
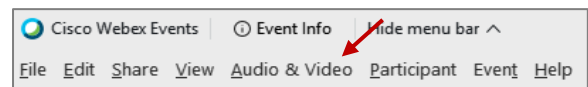
- 1 Locate the command row – click on the bottom facing arrow located on the Mute/Unmute button.
- 2 From the pop-up window:
 - Click on "Settings...":
 - Drag the "Input Volume" located under microphone settings to adjust your volume.



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.



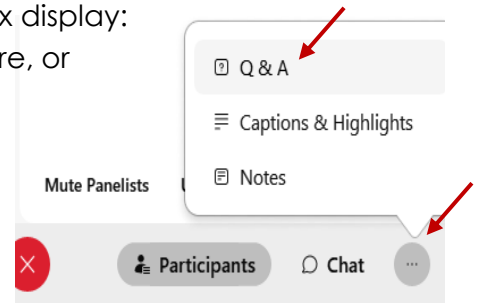
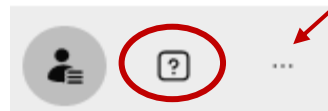
The question-and-answer (Q&A) and hand raise features are utilized for public comments.

NOTE: This feature is not accessible to those joining the meeting via telephone.

Q&A Feature

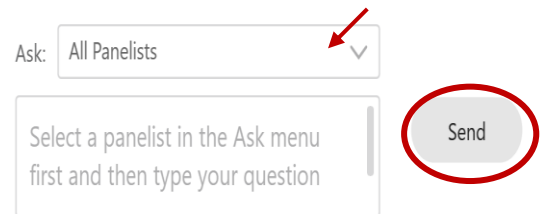
1 Access the Q&A panel at the bottom right of the Webex display:

- 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

Hand Raise Feature

- 1
- Hovering over your own name.
 - Clicking the hand icon that appears next to your name.
 - Repeat this process to lower your hand.

If connected via telephone:

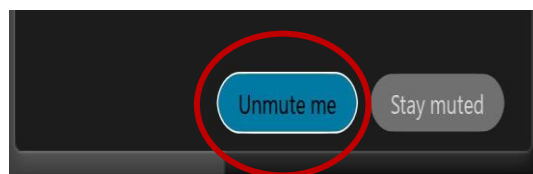
- Utilize the raise hand feature by pressing *3 to raise your hand.
- Repeat this process to lower your hand.

Unmuting Your Microphone



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.

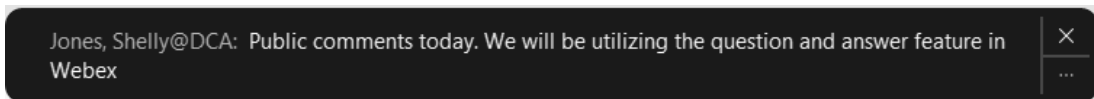


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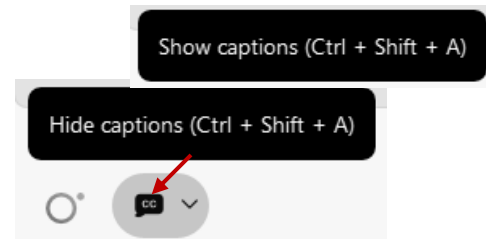
If connected via telephone:

- Press *3 to unmute your microphone.

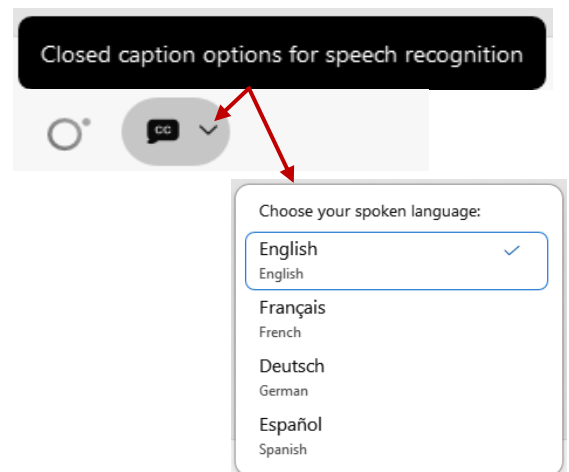
Webex provides real-time closed captioning displayed in a dialog box on your screen. The captioning box can be moved by clicking on the box and dragging it to another location on your screen.



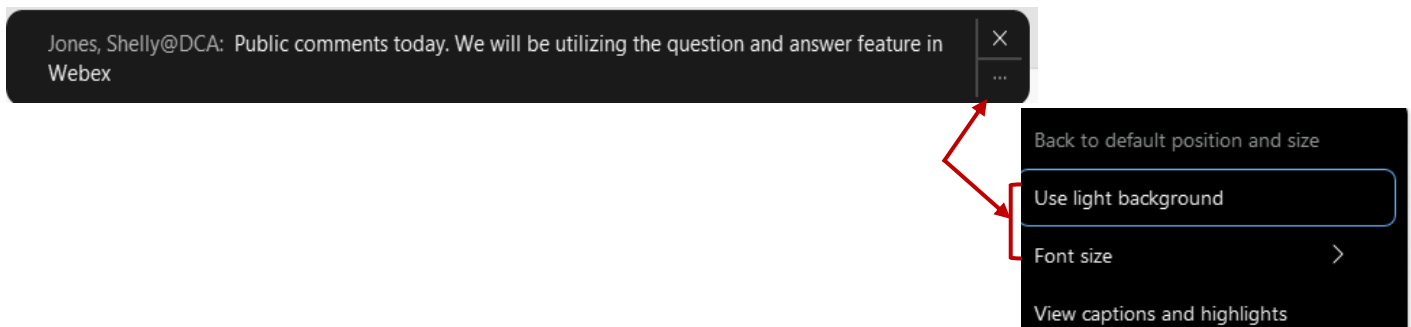
The closed captioning can be hidden from view by clicking on the closed captioning icon. You can repeat this action to unhide the dialog box.



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
Carmen Dones		
Sonia "Pat" Hansen		
Sherman King		
Michael Long		
Justin Matthews		
Sridevi Ponnala		
Naleni "Lolly" Tribble-Agarwal		

Friday, November 15, 2024

Dental Hygiene Board of California

Agenda Item 1.

Roll Call & Establishment of Quorum.

Board Secretary to call the Roll.



Friday, November 15, 2024

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).]



Friday, November 15, 2024

Dental Hygiene Board of California

Agenda Item 3.

**Discussion and Possible Action for Finalization of the
DHBC 2024-2028 Strategic Plan.**



MEMORANDUM

DATE	November 15, 2024
TO	Dental Hygiene Board of California
FROM	Anthony Lum, Executive Officer
SUBJECT	FULL 3: Discussion and Possible Action for Finalization of the DHBC 2024-2028 Strategic Plan.

BACKGROUND:

On December 31, 2023, the Board’s previous strategic plan expired, and a new plan needed to be created and implemented for future projects and goals. With the assistance of the Department of Consumer Affairs’ SOLID Planning Unit, the steps completed over the past year for a new plan are as follows:

- 1) In preparation of the prior strategic plan expiring, staff met with the DCA SOLID Planning Unit on May 9, 2023, to discuss and initiate the steps of conducting and completing a new strategic plan.
- 2) On June 17, 2023, the Board met with the assistance of the SOLID team to establish objectives and goals for the new plan.
- 3) After the June 2023 planning session, the SOLID Planning Unit conducted an environmental scan of the Board’s internal and external environments by collecting information through the following methods:
 - Phone/online interviews with board members and executive leadership during July through September of 2023.
 - Online surveys distributed to board management and staff, as well as external stakeholders, during the months of July and August of 2023.
- 4) On March 22, 2024, the SOLID team conducted a second strategic planning session where the most significant themes and trends identified from the environmental scan were discussed by board members, board leadership and staff, and members of the public.
- 5) The SOLID team drafted a final draft of the 2024-2028 Strategic Plan and submitted it for review and final approval at the July 19, 2024, Board meeting. Unfortunately, a quorum of board members was not established so the strategic plan approval agenda item was tabled until the Board’s next meeting.
- 6) The DHBC’s 2024-2028 Strategic Plan is presented to the Board for approval at today’s meeting (November 15, 2024).

ACTION REQUESTED:

As a result of the strategic plan work that's been completed over the past year and a half, staff recommends for the Board to review the final draft of the 2024-2028 Strategic Plan and approve it for implementation.

RECOMMENDED PROPOSED MOTION LANGUAGE:

I move for the Board to approve the final draft version of the Board's 2024-2028 Strategic Plan for immediate implementation.

PROS:

The Board will have new objectives and goals to address issues over multiple years to continue its mission and improve program efficiencies.

CONS:

The Board will incur additional costs as part of its business practices to implement new programs, expand existing programs, and add additional staff to improve program oversight.



Dental Hygiene Board of California

2024-2028 Strategic Plan

Adopted: [Month Day, Year]

Prepared by:

SOLID Planning Solutions

Department of Consumer Affairs

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For Approval

Board Members

Dr. Carmen Dones, President, RDH Educator Member

Sonia "Pat" Hansen, Vice President, RDH Member

Naleni "Lolly" Tribble-Agarwal, Secretary, RDH Member

Sherman King, Public Member

Michael Long, RDHAP Member

Dr. Justin Matthews, Public Member

Dr. Sridevi Ponnala, Dentist Member

Gavin Newsom, Governor

Tomiquia Moss, Secretary, Business, Consumer Services and Housing Agency

Kimberly Kirchmeyer, Director, Department of Consumer Affairs

Anthony Lum, Executive Officer, Dental Hygiene Board of California

About the Board

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 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 the interest of consumer protection. Additionally, 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. 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).

For Approval

Message from the Board President

On behalf of the Dental Hygiene Board of California, I am pleased to present the Board's Strategic Plan for 2024–2028.

Although intended to serve as a guide for coming years, the plan is reviewed annually to ensure the Board addresses current issues consistently with its stated goals and objectives. The 2024–2028 Strategic Plan evolved from a process that included a survey of stakeholders and Board staff, interviews with Board members, and a planning session facilitated by the Department of Consumer Affairs' Office of Strategic Organization, Leadership, and Individual Development (SOLID).

The Board historically carries out its mission of consumer protection through policies and initiatives that originate within its four standing committees of Education, Enforcement, Legislation and Regulation, and Licensing. The committees discuss respective strategic goals, objectives, and policies based on current and anticipated needs and demands of consumers and the dental hygiene profession. The Board is continually working to meet its regulatory, legislative, licensing, and enforcement obligations in protecting the consumer.

The Board's strategic goals and objectives reflect an ongoing commitment to continue improving its policies and performance to better serve consumers, licensees, and the public. In addition, specific objectives are updated annually to keep up with evolving trends in the practice of dental hygiene, such as the removal of the clinical examination requirement after January 1, 2024, for California dental hygiene graduates who apply for the license within 3 years of the graduation date. Because all Board-approved California dental hygiene educational programs teach a competency-based curriculum and provide dental hygiene services to patients for most of the program, the clinical examination was deemed excessive to obtain the license. We're also working to expand access to dental hygiene care with a focus to promote the Registered Dental Hygienist in Alternative Practice who provide these services in underserved areas, the homebound, and facility settings in the state.

We invite stakeholders to review this Strategic Plan and to monitor and support the Board's progress toward its goals and objectives by participating in Board meetings, rulemakings, and other activities. Information can be found on the Board's website, <http://www.dhbc.ca.gov>, and by signing up to receive email notification and information from the Board.

Dr. Carmen Dones

Board Mission, Vision, and Values

Mission

To protect the public and consumers by meeting the oral health needs of all Californians through equitable regulation, enforcement, and dental hygiene educational oversight.

Vision

Access to high quality oral health care for all Californians.

Values

- Accessibility
- Collaboration
- Communication
- Diversity, Equity, and Inclusion
- Integrity
- Public Service
- Transparency

Goal 1: Licensing

The Board establishes and maintains licensure and regulatory standards for access to licensure in the profession.

- 1.1 Simplify renewal application language in BreZE.
- 1.2 Streamline the continuing education process to promote compliance.
- 1.3 Explore a Spanish language version of the California Law and Ethics exam to increase access.
- 1.4 Improve information provided to schools to better prepare students for the California Law and Ethics examination.

Goal 2: Enforcement

The Board protects the health and safety of California consumers through the enforcement of laws and regulations governing the practice of dental hygiene.

- 2.1 Increase the percentage of continuing education audits performed to improve compliance.
- 2.2 Identify efficiencies in the enforcement process to reduce processing times.
- 2.3 Develop a stronger onboarding and cross training process to support transition of new staff.
- 2.4 Educate board members on their role in the enforcement process to communicate expectations.
- 2.5 Increase licensee awareness about the enforcement process.
- 2.6 Develop accessible resources that assist consumers in filing complaints.
- 2.7 Review and amend disciplinary guidelines to ensure clarity and understanding.

Goal 3: Legislation and Regulation

The Board advocates for statutes and adopts regulations, policies, and procedures that strengthen and support its mandates, mission, and vision.

- 3.1 Review current anesthesia supervision requirements and make recommendations for possible amendment to increase access to patient care.
- 3.2 Perform a comprehensive review of current scope of practice requirements and make recommendations for possible statutory changes to increase access to patient care.
- 3.3 Pursue regulations to transfer CCR Title 16 authority applicable to dental hygiene (Division 11) from existing dental board regulations (Division 10).

Note: Any scope of practice issues will be a collaborative effort between the Board and stakeholders which suits the best interest for consumer protection.

Goal 4: Educational Oversight

The Board regulates and enforces dental hygiene educational standards to improve both consistency and quality of the programs.

- 4.1 Evaluate workload and seek additional staff resources if needed to increase site visits and improve oversight.
- 4.2 Propose new laws to further define acceptable non-hygiene dental courses that fulfill continuing education requirements.
- 4.3 Update regulations to allow credit for initial coursework from accredited programs.
- 4.4 Encourage expanded use of satellite campuses and distance education settings to provide access to care in rural settings.
- 4.5 Encourage schools to include student work in health care environments as curriculum related community service hours to increase access to public health care.

Goal 5: Administration

The Board builds and maintains an organization with effective governance, strong leadership, and qualified management.

- 5.1 Evaluate workload and reorganize, or seek additional, management level staff resources if needed to improve oversight and increase effectiveness.
- 5.2 Improve methods of organizing and distributing meeting materials to board members.
- 5.3 Update the Board Member Procedural Manual to ensure board members are well-informed.
- 5.4 Collaborate with the Department of Consumer Affairs to update the board website to improve ease of use and accessibility.

Goal 6: Outreach and Communication

The Board provides communication, education, and information to stakeholders regarding the practice and regulation of the dental hygiene profession.

- 6.1 Provide more information to students about the licensing process.
- 6.2 Increase outreach to consumers, applicants, and licensees through social media, newsletter, and website.
- 6.3 Improve communication with stakeholders.
- 6.4 Evaluate workload and seek additional staff resources if needed to perform more diverse outreach.

Strategic Planning Process

To understand the environment in which the Board operates as well as identify factors that could impact the Board's success in carrying out its regulatory duties, the Department of Consumer Affairs' SOLID Planning Unit (SOLID) conducted an environmental scan of the Board's internal and external environments by collecting information through the following methods:

- Phone/online interviews with board members and executive leadership during July through September of 2023.
- Online surveys distributed to board management and staff, as well as external stakeholders, during the months of July and August of 2023.

The most significant themes and trends identified from the environmental scan were discussed by board members, board leadership and staff, and members of the public during a strategic planning session facilitated by SOLID on March 22, 2024. This information guided the Board in the development of its strategic objectives outlined in this 2024-2028 strategic plan.

Dental Hygiene Board of California

2005 Evergreen Street, Suite 1350
Sacramento, CA 95815
Phone: (916) 263-1978
<https://www.dhbc.ca.gov>

Strategic plan adopted on [type date here].

This strategic plan is based on stakeholder information and discussions facilitated by SOLID for the Dental Hygiene Board of California on March 22, 2024. Subsequent amendments may have been made after the adoption of this plan.



Prepared by:
SOLID Planning Solutions
1747 N. Market Blvd., Ste. 270
Sacramento, CA 95834



Friday, November 15, 2024

Dental Hygiene Board of California

Agenda Item 4.

**Adjournment of the Full Board
to Commence with Committee Meetings.**

**Full Board Meeting will reconvene on Saturday,
November 16, 2024, at 9:00 am.**

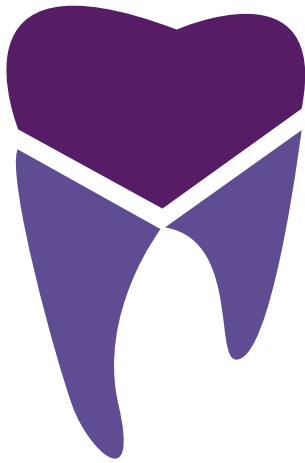


Friday, November 15, 2024

Dental Hygiene Board of California

Agenda Item 5.

Education Committee Meeting.



DHBC

Dental Hygiene
Board of California

**Friday, November 15, 2024
Education Committee
Meeting Materials**





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

EDUCATION COMMITTEE MEETING AGENDA

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

Meeting Date and Time

Friday, November 15, 2024

Upon adjournment of FULL Agenda Item 3 until Adjournment

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

Instructions for WebEx Meeting Participation

The preferred audio connection is via telephone conference and not the microphone and speakers on your computer. The phone number and access code will be provided as part of your connection to the meeting. Please see the instructions attached here to observe and participate in the meeting using WebEx from a Microsoft Windows-based PC. Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. When signing into the WebEx platform, participants may be asked for their name and email address. Participants who choose not to provide their names will be required to provide a unique identifier, such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make a public comment. Participants who choose not to provide their email address may utilize a fictitious email address in the following sample format:

XXXXX@mailinator.com.

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

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m555b5709d70b7a8464bbef185d83cf28>

If joining using the link above:

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Passcode: 34221115

Members of the Education Committee

Carmen Dones, Chair
Sherman King
Michael Long
Justin Matthews
Naleni "Lolly" Tribble-Agarwal

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

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

Agenda

1. Roll Call & Establishment of Quorum.
2. Public Comment for Items Not on the Agenda.
[The DHBC may not discuss or act on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting [Government Code sections 11125 & 11125.7(a).]
3. Discussion and Possible Action on Proposed Statutory Language Amendments to Business and Professions Code Section 1941.
4. Discussion and Possible Action on Proposed Regulatory Language Amendments to California Code of Regulations, Title 16, Section 1105.2(e) Regarding Student Competency in Providing Dental Hygiene Care for All Classifications of Periodontal Disease.
5. Discussion and Possible Action on the Status of the Concorde Career College-San Diego Dental Hygiene Educational Program.
6. Dental Hygiene Educational Program Site Visit Update.
 - (a) Pasadena City College
 - (b) Carrington College-Sacramento
 - (c) Cypress College

- (d) Taft College
- (e) Cabrillo College
- (f) Concorde Career College-San Diego
- (g) Dental Hygiene Educational Program Site Visit Schedule.

7. Discussion and Possible Action to Establish a Task Force for Dental Hygiene Educational Program Penalty Rubric.
8. Future Agenda Items.
9. Adjournment of the Education Committee.

Public comments will be taken on the agenda items at the time the specified item is raised. Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Committee Members prior to the Committee taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Committee, but the Committee Chair may, at their discretion, apportion available time among those who wish to speak. Individuals may appear before the Committee to discuss items not on the agenda; however, the Committee can neither discuss nor take official action on these items at the time of the same meeting [Government Code sections 11125, 11125.7(a).]

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



Member	Present	Absent
Carmen Dones, Chair		
Sherman King		
Michael Long		
Justin Matthews		
Naleni "Lolly" Tribble-Agarwal		

Friday, November 15, 2024

Dental Hygiene Board of California

Education Committee Agenda Item 1.

Roll Call & Establishment of Quorum.



Friday, November 15, 2024

Dental Hygiene Board of California

Education Committee Agenda Item 2.

Public Comment for Items Not on the Agenda.

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



Friday, November 15, 2024

Dental Hygiene Board of California

Education Committee Agenda Item 3.

**Discussion and Possible Action on Proposed Statutory
Language Amendments to Business and Professions Code
Section 1941.**



MEMORANDUM

DATE	November 15, 2024
TO	Education Committee Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	EDU 3 - Discussion and Possible Action on Proposed Statutory Language Amendments to Business and Professions Code Section 1941.

BACKGROUND:

The Dental Hygiene Board of California (Board) licenses and regulates California dental hygienists pursuant to sections 1900 through 1967.4 of the Business and Professions Code (BPC). Since inception of the statutes, the Board continually analyzes and reviews them for any possible revisions that would help clarify the language for staff, licensees and interested stakeholders; improve procedures; and enhance program efficiencies for the betterment of the Board. This ongoing task is to improve the Board's oversight requirements of Registered Dental Hygienists, Registered Dental Hygienists in Alternative Practice, Registered Dental Hygienists in Extended Functions, and dental hygiene educational programs to uphold the law.

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

At the Board's July 19, 2024, Education Committee meeting, the members engaged in a robust discussion regarding amending BPC section 1941 to align with USDE accreditation agency terminology. The Committee tabled the discussion and requested staff to research the feasibility and implications in changing BPC section 1941, and to bring the research back to the Board at a future scheduled meeting for consideration.

ACTION REQUESTED:

As a result, of the change in accreditation designations by the USDE, staff recommends for the Education Committee to review the existing statutory language to determine whether a change is warranted. If the Committee determines a change is warranted, staff recommends the Committee review the proposed statutory amendment in the attached starting point document, determine whether additional information or language

is required, complete the draft of proposed statutory language, and direct staff to seek sponsored legislation for 2025.

Pros:

- Updates the statutory language in this section to align with the changes in federal law adopted by the U.S. Dept. of Education regarding educational program accreditation agencies.
- Would allow the Board to consider and review new dental hygiene educational program requests for approval from accredited schools that weren't previously accepted, but approved by the USDE (i.e., health professional focused accrediting agencies).

Cons:

- Would amend existing law that could create backlash from agencies and individuals who believe the regional accreditation is a higher standard of accreditation and should remain. Completed education hours may not be transferable.
- Inhibits expansion and Board approval of new dental hygiene educational programs when new programs are needed in underserved areas of the state and a possible workforce shortage faces the dental hygiene profession.

PROPOSED MOTION LANGUAGE:

I move for the Education Committee to review the current language to determine if an amendment to BPC section 1941 is warranted. If the Committee determines this change is warranted, I move for the Committee to complete the draft of proposed statutory language and recommend to the Full Board to consider, complete, and approve the final draft of proposed statutory language amendment for BPC section 1941, and direct staff to seek sponsored legislation for 2025.

Attachments:

1. Proposed amendments to BPC section 1941 to be reviewed/considered.
2. Commission on Dental Accreditation of the American Dental Association Standard 1-6.
3. February 26, 2020, USDE letter regarding final accreditation and state authorization regulations.
4. 84 Federal Registry (FR) 58834 regarding amendments to Title 34, Code of Federal Regulations (CFR), sections 600, 602, 603, 654, 668, and 674.
5. What definitions apply to this part?, 34 CFR section 602.3. Westlaw 2024.
6. Geographic area of accrediting activities., 34 CFR section 602.11. Westlaw 2024.
7. United States Code (USC) Title 20, section 1099b.



Legend:

Proposed amendments to be reviewed/considered/approved:

Proposed Amendments to Business and Professions Code Section

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

(a) The dental hygiene board shall grant or renew approval of only those educational programs for 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, or a national agency whose mission includes the accreditation of institutions offering allied health education programs, 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.



Institutional Accreditation

CODA Standard 1-6

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

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

Intent:

Dental schools, four-year colleges and universities, community colleges, technical institutes, vocational schools, and private schools, which offer appropriate fiscal, facility, faculty and curriculum resources are considered appropriate settings for the program. The institution should offer appropriate fiscal, facility, faculty and curriculum resources to sponsor the dental hygiene educational program.

Examples of evidence to demonstrate compliance may include:

- Accreditation (or candidate status) from a recognized institutional (regional or national) accrediting agency, for example:
Commission on Higher Education, Middle States Association of Colleges and Schools; Commission on Institutions of Higher Education, New England Association of Schools and Colleges; Commission on Technical and Career Institutions, New England Association of Schools and Colleges; Commission on Institutions of Higher Education, North Central Association of Colleges and Schools; Commission on Colleges, Northwest Association of Schools and Colleges; Commission on Colleges, Southern Association of Colleges and Schools; Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges; Accrediting Commission for Senior Colleges and Universities, Western Association of Schools and Colleges; Accrediting Bureau of Health Education Schools; Accrediting Commission of Career Schools and Colleges of Technology; Accrediting Commission of the Distance Education and Training Council; The Council on Occupational Education; Accrediting Council for Independent Colleges and Schools.



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF THE UNDER SECRETARY

February 26, 2020

Re: FINAL ACCREDITATION AND STATE AUTHORIZATION REGULATIONS

Dear State Leaders:

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

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

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

Regional versus National Accreditation

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

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

¹ 84 FR 58834

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

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

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

State Authorization

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

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

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

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

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

Sincerely,



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

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

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

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

⁷ See 34 C.F.R. § 600.9(c)(1)(ii).

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

DEPARTMENT OF EDUCATION

34 CFR Parts 600, 602, 603, 654, 668, and 674

RIN 1840-AD36, 1840-AD37

[Docket ID ED-2018-OPE-0076]

Student Assistance General Provisions, The Secretary's Recognition of Accrediting Agencies, The Secretary's Recognition Procedures for State Agencies

AGENCY: Office of Postsecondary Education, Department of Education.

ACTION: Final regulations.

SUMMARY: The Secretary amends the regulations governing the recognition of accrediting agencies, certain student assistance general provisions, and institutional eligibility, as well as makes various technical corrections.

DATES: These regulations are effective July 1, 2020.

Implementation date: For the implementation dates of the included regulatory provisions, see the *Implementation Date of These Regulations* section of this document.

FOR FURTHER INFORMATION CONTACT: For further information related to recognition of accrediting agencies, Herman Bounds at herman.bounds@ed.gov or (202) 453-7615 or Elizabeth Daggett at elizabeth.daggett@ed.gov or (202) 453-6190. For further information related to State authorization, Scott Filter at scott.filter@ed.gov or (202) 453-7249 or Sophia McArdle at sophia.mcardle@ed.gov or (202) 453-6318. For all other information related to this document, Barbara Hoblitzell at barbara.hoblitzell@ed.gov or (202) 453-7583 or Annmarie Weisman at annmarie.weisman@ed.gov or (202) 453-6712. If you use a telecommunications device for the deaf (TDD) or a text telephone (TTY), call the Federal Relay Service (FRS), toll-free, at (800) 877-8339.

SUPPLEMENTARY INFORMATION:

Executive Summary

Purpose of This Regulatory Action: Through this regulatory action, the Department of Education (Department or we): (1) Strengthens the regulatory triad by more clearly defining the roles and responsibilities of accrediting agencies, States, and the Department in oversight of institutions participating in the Federal Student Aid programs authorized under title IV of the Higher Education Act of 1965, as amended (title IV, HEA programs); (2) establishes “substantial compliance” with regard to recognition criteria as the standard for

agency recognition; (3) increases academic and career mobility for students by eliminating artificial regulatory barriers to work in a profession; (4) provides greater flexibility for institutions to engage in innovative educational practices more expeditiously and meet local and national workforce needs; (5) protects institutional autonomy, honors individual campus missions, and affords institutions the opportunity to build campus communities based upon shared values; (6) modifies “substantive change” requirements to provide greater flexibility to institutions to innovate and respond to the needs of students and employers, while maintaining strict agency oversight in instances of more complicated or higher risk changes in institutional mission, program mix, or level of credential offered; (7) clarifies the Department’s accrediting agency recognition process, including accurate recognition of the geographic area within which an agency conducts business; (8) encourages and enables accrediting agencies to support innovative practices, and provides support to accrediting agencies when they take adverse actions; and (9) modifies the requirements for State authorization to clarify the responsibilities of institutions and States regarding students enrolled in distance education programs and students enrolled in programs that lead to licensure and certification.

Summary of the Major Provisions of This Regulatory Action

These regulations—

- Revise the requirements for accrediting agencies in their oversight of member institutions and programs to be less prescriptive and provide greater autonomy and flexibility to facilitate agility and responsiveness and promote innovation;
- Revise the criteria used by the Secretary to recognize accrediting agencies to focus on education quality and allow competition;
- Revise the Department’s process for recognition and review of accrediting agencies;
- Clarify the core oversight responsibilities among each entity in the regulatory triad—accrediting agencies, States, and the Department—to hold institutions accountable;
- Establish the roles and responsibilities of institutions and accrediting agencies in the teach-out process;
- Establish that the Department recognizes an institution’s legal authorization to operate postsecondary educational programs when it is exempt

from State authorization under the State constitution or by State law as a religious institution with a religious mission;

- Revise the State authorization requirements for institutions offering distance education or correspondence courses; and
- Remove the regulations related to the Robert C. Byrd Honors Scholarship Program, which has not received funding in many years.

Authority for this Regulatory Action: Section 410 of the General Education Provisions Act provides the Secretary with authority to make, promulgate, issue, rescind, and amend rules and regulations governing the manner of operations of, and governing the applicable programs administered by, the Department. 20 U.S.C. 1221e-3. Furthermore, under section 414 of the Department of Education Organization Act, the Secretary is authorized to prescribe such rules and regulations as the Secretary determines necessary or appropriate to administer and manage the functions of the Secretary or the Department. 20 U.S.C. 3474. These authorities, together with the provisions in the HEA, permit the Secretary to disclose information about title IV, HEA programs to students, prospective students, and their families, the public, taxpayers, the Government, and institutions. Further, section 431 of the Department of Education Organization Act provides authority to the Secretary, in relevant part, to inform the public about federally supported education programs and collect data and information on applicable programs for the purpose of obtaining objective measurements of the effectiveness of such programs in achieving their intended purposes. 20 U.S.C. 1231a.

Costs and Benefits: As further detailed in the Regulatory Impact Analysis, the benefits of these regulations include increasing transparency and improving institutional access for students, honoring the autonomy and independence of agencies and institutions, restoring focus and clarity to the Department’s agency recognition process, integrating risk-based review into the recognition process, improving teach-outs for students at closed or closing institutions, allowing accrediting agencies to focus greater attention on student learning and the student experience, and restoring public trust in the rigor of the accreditation process and the value of postsecondary education. These regulations reduce regulatory burden on institutions that wish to develop and implement innovative programs and on accrediting agencies because of greater flexibility to

institutions that offer a single program or closely related programs that align with the programmatic accrediting agency's mission. We are confident that these regulations provide that autonomy.

Changes: None.

Comments: Several commenters requested additional time to come into compliance with the change from national and regional accreditation to institutional accreditation. The commenters did not object to this change but noted that entities that distinguish between national and regional accreditation in some of their policies will need to amend those policies. They cited, for example, some State laws and regulations that distinguish between national and regional accreditation and reported that those State regulators would need time to amend those laws and adjust the procedures in implementing those laws. Some commenters noted that the legislature in their State is not slated to meet again until 2021.

Discussion: We appreciate the commenters' support and believe the State policies referenced provide further evidence for the need to eliminate the artificial distinction between regional and national accreditation because some of those policies deny opportunities for successful students to enter certain fields, it is incumbent upon State regulators to ensure the laws pertaining to an academic institution's required accreditation to qualify graduates for licensure and the procedures used to implement those laws do not disadvantage students who enroll in and complete programs at institutionally accredited institutions. While we cannot compel a State to act, we hope that States will recognize the Department's revised accrediting agency designations and make the necessary changes in their own laws or regulations.

Changes: None.

Severability (§ 602.4)

Comments: None.

Discussion: We have added § 602.4 to clarify that if a court holds any part of the regulations for part 602, subpart A, invalid, whether an individual section or language within a section, the remainder would still be in effect. We believe that each of the provisions discussed in this preamble serve one or more important, related, but distinct, purposes. Each provision provides a distinct value to the Department, the public, taxpayers, the Federal government, and institutions separate from, and in addition to, the value provided by the other provisions.

Changes: We have added § 602.4 to clarify that we designed the regulations to operate independently of each other and to convey the Department's intent that the potential invalidity of one provision should not affect the remainder of the provisions.

Link to Federal Programs (§ 602.10)

Comments: One commenter objected to the change in this section, stating that the Department proposes to remove a requirement that accrediting agencies demonstrate their worth as gatekeepers to Federal aid and fails to explain or justify why it believes that simply sharing an institution with an accrediting agency recognized as a gatekeeper to Federal aid qualifies a brand-new accrediting agency to immediately gain access to full gatekeeping authority.

Discussion: Section 602.10 does not eliminate any requirements. Rather, it provides that if an agency accredits one or more institutions that participate in HEA programs and that could designate the agency as its link to HEA programs, the agency satisfies the Federal link requirement, even if the institution currently designates another institutional accrediting agency as its Federal link.

The significance of a Federal link is that it provides the basis for the Department's recognition of an accrediting agency. A Federal link, in and of itself, does not ensure recognition, nor does it ensure participation in title IV programs. A Federal link simply affirms that the agency's accreditation is a required element in enabling at least one of the institutions or programs it accredits to establish eligibility to participate in some other Federal program.

Changes: None.

Geographic Area of Accrediting Activities (§ 602.11)

Comments: Several commenters wrote in support of the Department's proposal, stating that it will ultimately relieve students of the burden to advocate for the quality of their education if their institution of record is nationally accredited. Another commenter agreed that it is problematic when students are treated disparately based on accrediting agency, especially since all agencies adhere to the same Department requirements. One commenter thanked the Department for clarifying that an agency must conduct its activities within a region or group of States, and for emphasizing that we would not require any institution or program to change to a different accrediting agency as a result of these regulatory changes.

Discussion: We appreciate the commenters' support. The Department continues to require accrediting agencies to clarify the geographic area in which they operate, including all branch campuses and additional locations.

Changes: None.

Comments: One commenter objected to the elimination of the distinction between national and regional accrediting agencies based on a belief that there are differences in their standards for general education and faculty quality.

Discussion: The change in nomenclature is intended specifically to counter this prevalent misconception. In fact, the Department applies the same standards for recognition to both national and regional accrediting agencies. Accrediting agencies, both regional and national, are often termed "nationally recognized," including in the HEA and Department materials, which can also lead to confusion.⁹ Accrediting agencies do establish their own standards for general education and faculty quality and there is some variation in the standards they have set. For example, many agencies already allow for instructors in applied or vocational programs to substitute years of experience for academic credentials, which may not exist in some fields. However, those standards do not differ based on the agency's geographic scope or prior classification as a national or regional accrediting agency.

Changes: None.

Comments: One commenter expressed concern that the Department's actions may interfere with academic freedom, while providing little or no relief to students whose academic credits are not accepted for transfer to another institution. The commenter asserted that State and Federal regulations create a floor in which an institution can operate, and an institution may choose to have a higher ceiling. The commenter remarked that institutions will still conduct their own evaluation of transfer credits, and the Department should not have a role in setting policy on academic determinations such as transfer credits. Other commenters echoed the position that the decision whether to accept credits for transfer falls on the institution based on its independent assessment of the quality of the prior learning.

Discussion: The Department agrees that the determination of whether to accept credits for transfer falls on the institution based on its independent assessment of the quality of the prior

⁹ 20 U.S.C. 1001.

learning. The change to this regulation is designed not to interfere with academic freedom, but rather, to counter a detrimental myth that institutions that are regionally accredited are of higher academic quality than institutions that are nationally accredited. A recent review of regional accrediting standards points to a pervasive lack of focus on student learning and student outcomes among those agencies, although the same is not true among national accrediting agencies.¹⁰ Therefore, it is hard to make the case that regional accrediting agencies do more to ensure academic quality or place higher demands upon the institutions they accredit than national accrediting agencies. That said, because many of the most selective institutions in the United States are accredited by regional accrediting agencies, these agencies benefit from the reputations of a small number of their member institutions that are highly competitive and serve only the most well-qualified applicants.

The Department believes that, regardless of the historical role that accrediting agencies have played, or the institutions that comprise the membership of a given accrediting agency, each student is entitled to an unbiased review of his or her academic record and learning accomplishments when applying for transfer, employment, or graduate school, and that no student should be disadvantaged because of the geographic scope of an institution's accrediting agency.

Changes: None.

Comments: One commenter asserted that the proposed regulatory change represents an unreasonable interpretation of HEA section 496(a)(1) and is, therefore, not in accordance with the APA, which prohibits arbitrary and capricious changes to regulations, and is in excess of statutory jurisdiction under 5 U.S.C. 706(2)(C). Another commenter agreed that the proposed change does not adhere to the statutory language and suggested that, if regional accrediting agencies are not truly regional because of the manner in which they operate, and are instead national, the Department should classify them as such.

Discussion: HEA section 496(a)(1) states that "the accrediting agency or association shall be a State, regional, or national agency or association and shall demonstrate the ability and experience to operate as an accrediting agency or association within the State, region, or nationally, as appropriate." Section

602.11 specifies that the agency must demonstrate that it conducts accrediting activities within a State, if the agency is part of a State government; a region or group of States chosen by the agency in which an agency provides accreditation to a main campus, a branch campus, or an additional location of an institution; or the United States (*i.e.*, the agency has accrediting activities in every State). However, the HEA does not require the Department to consider the agency's historic footprint to be part of its scope, which the Department has previously done through regulation. Rather, the HEA refers to all accrediting agencies recognized by the Secretary as "nationally recognized" without reference to the number and location of States in which an agency accredits institutions. See HEA section 101(a)(5).

We disagree that this change is arbitrary and capricious. To the contrary, the Department believes this change is critically important given the expansion of distance learning, which allows students to attend an institution accredited by an agency whose geographic scope does not include the student's home State. This can often lead to confusion from students looking to contact their institution's accrediting agency, only to find out that the accrediting agency claims to not do business in their State. In addition, given the growth of institutions that have additional locations and branch campuses across the country, most accrediting agencies that originally accredited institutions only in a well-defined and geographically proximate group of States are now accrediting institutions in multiple States that are outside of their historic footprint. The Department recognizes that accrediting agencies previously described as "regional" are, in fact, conducting business across much of the country. Therefore, the Department seeks to realign its regulatory definitions with the statute to distinguish among agencies that have activities in one State, some or most States, and every State. As always, the Department uses the definition of "State" in § 600.2 for these purposes.

One non-Federal negotiator illustrated the need for this change with a map showing all of the States in which her agency has activities. The map (see Chart 2) revealed that the agency operates across most of the country, with activities in 48 States including the District of Columbia, as well as 163 "international activities," even though the agency was historically classified as a regional agency with activities supposedly confined to 19 States. The Department's prior classifications

inaccurately describe where that agency performs its work. To reduce confusion and to recognize that, in any given State, there may be schools accredited by more than one accrediting agency, the Department will require every accrediting agency to list the States in which it performs accrediting activities. This list could include one, some, most, or all States. However, the Department will align its nomenclature more closely with the HEA by referring to all of the agencies it recognizes as "nationally recognized" accrediting agencies.

Although the historic distinction between regional and national accrediting agencies is irrelevant given the expansion of many accrediting agencies' work to States outside of their historical footprint, there is a meaningful and clear distinction between institutional agencies and programmatic agencies. The Department will continue to recognize that distinction, including that a programmatic accrediting agency could also be considered an institutional accrediting agency if it accredits single-program institutions. We also disagree that this change is outside of the Department's statutory authority and believe instead that it is required of the Department to more accurately describe the changing nature of accrediting agencies' work. The Department will continue fulfilling its statutory responsibility under 20 U.S.C. 1099b to recognize accrediting agencies or associations and it will continue to require accrediting agencies to publish a list of the States in which they perform their work.

The negotiating committee considered reclassifying some regional accrediting agencies with broad geographic scope as national accrediting agencies but did not achieve consensus on this approach. Instead, consensus was achieved on relying upon statutory language that refers to all accrediting agencies recognized by the Secretary as nationally recognized agencies, and adhering to § 602.11 by requiring each accrediting agency to list the States in which it performs accrediting activities.

Changes: None.

Accrediting Experience (§ 602.12)

Comments: One commenter was generally supportive of the proposed changes in this section that provide additional flexibility to accrediting agencies to accredit main campuses in States in which they currently or may plan to accredit branch campuses or additional locations. However, this commenter requested the Department require an agency seeking an expansion of scope into an area where it does not

¹⁰ www.americanprogress.org/issues/education-postsecondary/reports/2018/04/25/449937/college-accreditors-miss-mark-student-outcomes/.

Showing differences between versions effective July 1, 2010 to June 30, 2020 and July 1, 2020 [current]

Key: ~~deleted text~~ **added text**

33 deletions · 33 additions

34 C.F.R. § 602.3

§ 602.3 What definitions apply to this part?

<Text of section effective until July 1, 2021.>

(a) The following definitions are contained in the regulations for Institutional Eligibility under the Higher Education Act of 1965, as amended, 34 CFR part 600:

(1) Accredited.

(2) Additional location.

(3) Branch campus.

(4) Correspondence course.

(5) Direct assessment program.

(6) Distance education.

(7) Institution of higher education.

(8) Nationally recognized accrediting agency.

(9) Preaccreditation.

(10) Religious mission.

(11) Secretary.

(12) State.

(13) Teach-out.

(14) Teach-out agreement.

(15) Teach-out plan.

(b) The following definitions apply to this part:

Accreditation means the status of public recognition that an accrediting agency grants to an educational institution or program that meets the agency's standards and requirements.

Accrediting agency or agency means a legal entity, or that part of a legal entity, that conducts accrediting activities through voluntary, non-Federal peer review and makes decisions concerning the accreditation or preaccreditation status of institutions, programs, or both.

Act means the Higher Education Act of 1965, as amended.

Adverse accrediting action or adverse action means the denial, withdrawal, suspension, revocation, or termination of accreditation or preaccreditation, or any comparable accrediting action an agency may take against an institution or program.

Advisory Committee means the National Advisory Committee on Institutional Quality and Integrity.

~~Branch campus means a location of an institution that meets the definition of branch campus in 34 CFR 600.2.~~

Compliance report means a written report that the Department requires an agency to file **when the agency is found to be out of compliance to** demonstrate that the agency has **addressed corrected** deficiencies specified in a **the** decision letter from the senior Department official or the Secretary. **Compliance reports must be reviewed by Department staff and the Advisory Committee and approved by the senior Department official or, in the event of an appeal, by the Secretary.**

~~Correspondence education means:~~

~~(1) Education provided through one or more courses by an institution under which the institution provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructor.~~

~~(2) Interaction between the instructor and the student is limited, is not regular and substantive, and is primarily initiated by the student.~~

~~(3) Correspondence courses are typically self-paced.~~

~~(4) Correspondence education is not distance education.~~

Designated Federal Official means the Federal officer designated under section 10(f) of the Federal Advisory Committee Act, 5 U.S.C. Appdx. 1.

~~Direct assessment program means an instructional program that, in lieu of credit hours or clock hours as a measure of student learning, utilizes direct assessment of student learning, or recognizes the direct assessment of student learning by others, and meets the conditions of 34 CFR 668.10. For title IV, HEA purposes, the institution must obtain approval for the direct assessment program from the Secretary under 34 CFR 668.10(g) or (h) as applicable. As part of that approval, the accrediting agency must-~~

~~(1) Evaluate the program(s) and include them in the institution's grant of accreditation or preaccreditation; and~~

~~(2) Review and approve the institution's claim of each direct assessment program's equivalency in terms of credit or clock hours.~~

~~Distance education means education that uses one or more of the technologies listed in paragraphs (1) through (4) of this definition to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include-~~

~~(1) The internet;~~

~~(2) One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;~~

~~(3) Audio conferencing; or~~

~~(4) Video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in paragraphs (1) through (3) of this definition.~~

-
Final accrediting action means a final determination by an accrediting agency regarding the accreditation or preaccreditation status of an institution or program. A final accrediting action is ~~not appealable within~~ **a decision made by** the agency, **at the conclusion of any appeals process available to the institution or program under the agency's due process policies and procedures**.

~~Institution of higher education or institution means an educational institution that qualifies, or may qualify, as an eligible institution under 34 CFR part 600.~~

-
Institutional accrediting agency means an agency that accredits institutions of higher education.

~~Nationally recognized accrediting agency, nationally recognized agency, or recognized agency means an accrediting agency that the Secretary recognizes under this part~~ **Monitoring report means a report that an** agency ~~means an accrediting agency that the Secretary recognizes under this part~~ **is required to submit to Department staff when it is found to be substantially compliant**. **The report contains documentation to demonstrate that-**

~~Preaccreditation means the status of public recognition that an accrediting agency grants to an institution or program for a limited period of time that signifies the agency has determined that the institution or program is progressing towards accreditation and is likely to attain accreditation before the expiration of that limited period of time.~~

(ii) The agency, which is compliant in practice, has updated its policies to align with those compliant practices.

Program means a postsecondary educational program offered by an institution of higher education that leads to an academic or professional degree, certificate, or other recognized educational credential.

Programmatic accrediting agency means an agency that accredits specific educational programs, **including those** that prepare students **in specific academic disciplines or** for entry into a profession, occupation, or vocation.

Recognition means an unappealed determination by the senior Department official under § 602.36, or a determination by the Secretary on appeal under § 602.37, that an accrediting agency complies with the criteria for recognition listed in subpart B of this part and that the agency is effective in its application of those criteria. A grant of recognition to an agency as a reliable authority regarding the quality of education or training offered by institutions or programs it accredits remains in effect for the term granted except upon a determination made in accordance with subpart C of this part that the agency no longer complies with the subpart B criteria or that it has become ineffective in its application of those criteria.

Representative of the public means a person who is not-

(1) An employee, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that either is accredited or preaccredited by the agency or has applied for accreditation or preaccreditation;

(2) A member of any trade association or membership organization related to, affiliated with, or associated with the agency; or

(3) A spouse, parent, child, or sibling of an individual identified in paragraph (1) or (2) of this definition.

Scope of recognition or scope means the range of accrediting activities for which the Secretary recognizes an agency. The Secretary may place a limitation on the scope of an agency's recognition for Title **title** IV, HEA purposes. The Secretary's designation of scope defines the recognition granted according to-

~~(1) Geographic area of accrediting activities;~~

-

~~(2) **i**) Types of degrees and certificates covered;~~

~~(3) **ii**) Types of institutions and programs covered;~~

~~(4) **iii**) Types of preaccreditation status covered, if any; and~~

~~(5) **iv**) Coverage of accrediting activities related to distance education or correspondence **education** **courses** .~~

~~Secretary means the Secretary of the U.S. Department of Education or any official or employee of the Department acting for the Secretary under a delegation of authority.~~

-

~~Senior Department official means the **senior** official in the U.S. Department of Education **designated by the Secretary** who **reports directly to** **has, in the judgment of** the Secretary **regarding** **, appropriate seniority and relevant subject matter knowledge to make independent decisions on** accrediting agency recognition.~~

~~State **Substantial compliance** means a State of the Union, American Samoa, the Commonwealth of Puerto Rico, **agency demonstrated to the Department that it has** the District of Columbia, Guam **necessary policies, practices** , the United States Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Republic of **and standards in place and generally adheres with fidelity to those policies, practices, and standards; or** the Marshall Islands, the Federated States of Micronesia **agency has policies, practices** , and the Republic of Palau. The latter three are also known as the Freely Associated States **standards in place that need minor modifications to reflect its generally compliant practice** .~~

~~Teach-out agreement means a written agreement between institutions that provides for the equitable treatment of students and a reasonable opportunity for students to complete their program of study if an institution, or an institutional location that provides one hundred percent of at least one program offered, ceases to operate before all enrolled students have completed their program of study.~~

~~Teach-out plan means a written plan developed by an institution that provides for the equitable treatment of students if an institution, or an institutional location that provides one hundred percent of at least one program, ceases to operate before all students have completed their program of study, and may include, if required by the institution's accrediting agency, a teach-out agreement between institutions.~~

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~~(Authority: 20 U.S.C. 1099b)~~

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Credits

[74 FR 55426, Oct. 27, 2009] ; **84 FR 58917, Nov. 1, 2019; 85 FR 54812, Sept. 2, 2020**

AUTHORITY: 20 U.S.C. 1099b, unless otherwise noted.

End of Document

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Showing differences between versions effective [See Federal Register] to June 30, 2020 and July 1, 2020 [current]

Key: ~~deleted text~~ **added text**

6 deletions · 7 additions

34 C.F.R. § 602.11

§ 602.11 Geographic ~~scope~~ **area** of accrediting activities.

The agency must demonstrate that ~~its~~ **it conducts** accrediting activities ~~cover~~ **within** -

(a) A State, if the agency is part of a State government;

(b) A region ~~of the United~~ **or group of** States ~~that includes at least three States that are reasonably close to one another~~ **chosen by the agency in which an agency provides accreditation to a main campus, a branch campus, or an additional location of an institution. An agency whose geographic area includes a State in which a branch campus or additional location is located is not required to also accredit a main campus in that State. An agency whose geographic area includes a State in which only a branch campus or additional location is located is not required to accept an application for accreditation from other institutions in such State** ; or

(c) The United States.

~~(Authority: 20 U.S.C. 1099b)~~

(Authority: 20 U.S.C. 1099b)

Credits

[84 FR 58918, Nov. 1, 2019]

AUTHORITY: 20 U.S.C. 1099b, unless otherwise noted.

20 USC 1099b: Recognition of accrediting agency or association Text contains those laws in effect on October 22, 2024

From Title 20-EDUCATIONCHAPTER 28-HIGHER EDUCATION RESOURCES AND STUDENT ASSISTANCESUBCHAPTER IV-STUDENT ASSISTANCEPart H-Program Integritysubpart 2-accrediting agency recognition

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§1099b. Recognition of accrediting agency or association

(a) Criteria required

No accrediting agency or association may be determined by the Secretary to be a reliable authority as to the quality of education or training offered for the purposes of this chapter or for other Federal purposes, unless the agency or association meets criteria established by the Secretary pursuant to this section. The Secretary shall, after notice and opportunity for a hearing, establish criteria for such determinations. Such criteria shall include an appropriate measure or measures of student achievement. Such criteria shall require that-

(1) the accrediting agency or association shall be a State, regional, or national agency or association and shall demonstrate the ability and the experience to operate as an accrediting agency or association within the State, region, or nationally, as appropriate;

(2) such agency or association-

(A)(i) for the purpose of participation in programs under this chapter, has a voluntary membership of institutions of higher education and has as a principal purpose the accrediting of institutions of higher education; or

(ii) for the purpose of participation in other programs administered by the Department of Education or other Federal agencies, has a voluntary membership and has as its principal purpose the accrediting of institutions of higher education or programs;

(B) is a State agency approved by the Secretary for the purpose described in subparagraph (A); or

(C) is an agency or association that, for the purpose of determining eligibility for student assistance under this subchapter, conducts accreditation through (i) a voluntary membership organization of individuals participating in a profession, or (ii) an agency or association which has as its principal purpose the accreditation of programs within institutions, which institutions are accredited by another agency or association recognized by the Secretary;

(3) if such agency or association is an agency or association described in-

(A) subparagraph (A)(i) of paragraph (2), then such agency or association is separate and independent, both administratively and financially of any related, associated, or affiliated trade association or membership organization;

(B) subparagraph (B) of paragraph (2), then such agency or association has been recognized by the Secretary on or before October 1, 1991; or

(C) subparagraph (C) of paragraph (2) and such agency or association has been recognized by the Secretary on or before October 1, 1991, then the Secretary may waive the requirement that such agency or association is separate and independent, both administratively and financially of any related, associated, or affiliated trade association or membership organization upon a demonstration that the existing relationship has not served to compromise the independence of its accreditation process;

(4)(A) such agency or association consistently applies and enforces standards that respect the stated mission of the institution of higher education, including religious missions, and that ensure that the courses or programs of instruction, training, or study offered by the institution of higher education, including distance education or correspondence courses or programs, are of sufficient quality to achieve, for the duration of the accreditation period, the stated objective for which the courses or the programs are offered; and

(B) if such agency or association has or seeks to include within its scope of recognition the evaluation of the quality of institutions or programs offering distance education or correspondence education, such agency or association shall, in addition to meeting the other requirements of this subpart, demonstrate to the Secretary that-

(i) the agency or association's standards effectively address the quality of an institution's distance education or correspondence education in the areas identified in paragraph (5), except that-

(I) the agency or association shall not be required to have separate standards, procedures, or policies for the evaluation of distance education or correspondence education institutions or programs in order to meet the requirements of this subparagraph; and

(II) in the case that the agency or association is recognized by the Secretary, the agency or association shall not be required to obtain the approval of the Secretary to expand its scope of accreditation to include distance education or correspondence education, provided that the agency or association notifies the Secretary in writing of the change in scope; and

(ii) the agency or association requires an institution that offers distance education or correspondence education to have processes through which the institution establishes that the student who registers in a distance education or correspondence education course or program is the same student who participates in and completes the program and receives the academic credit;

(5) the standards for accreditation of the agency or association assess the institution's-

(A) success with respect to student achievement in relation to the institution's mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of State licensing examinations, consideration of course completion, and job placement rates;

(B) curricula;

- (C) faculty;
- (D) facilities, equipment, and supplies;
- (E) fiscal and administrative capacity as appropriate to the specified scale of operations;
- (F) student support services;
- (G) recruiting and admissions practices, academic calendars, catalogs, publications, grading and advertising;
- (H) measures of program length and the objectives of the degrees or credentials offered;
- (I) record of student complaints received by, or available to, the agency or association; and
- (J) record of compliance with its program responsibilities under this subchapter based on the most recent student loan default rate data provided by the Secretary, the results of financial or compliance audits, program reviews, and such other information as the Secretary may provide to the agency or association;

except that subparagraphs (A), (H), and (J) shall not apply to agencies or associations described in paragraph (2)(A)(ii) of this subsection;

(6) such an agency or association shall establish and apply review procedures throughout the accrediting process, including evaluation and withdrawal proceedings, which comply with due process procedures that provide-

(A) for adequate written specification of-

- (i) requirements, including clear standards for an institution of higher education or program to be accredited; and
- (ii) identified deficiencies at the institution or program examined;

(B) for sufficient opportunity for a written response, by an institution or program, regarding any deficiencies identified by the agency or association to be considered by the agency or association-

- (i) within a timeframe determined by the agency or association; and
- (ii) prior to final action in the evaluation and withdrawal proceedings;

(C) upon the written request of an institution or program, for an opportunity for the institution or program to appeal any adverse action under this section, including denial, withdrawal, suspension, or termination of accreditation, taken against the institution or program, prior to such action becoming final at a hearing before an appeals panel that-

(i) shall not include current members of the agency's or association's underlying decisionmaking body that made the adverse decision; and

(ii) is subject to a conflict of interest policy;

(D) for the right to representation and participation by counsel for an institution or program during an appeal of the adverse action;

(E) for a process, in accordance with written procedures developed by the agency or association, through which an institution or program, before a final adverse action based solely upon a failure to meet a standard or criterion pertaining to finances, may on one occasion seek review of significant financial information that was unavailable to the institution or program prior to the determination of the adverse action, and that bears materially on the financial deficiencies identified by the agency or association;

(F) in the case that the agency or association determines that the new financial information submitted by the institution or program under subparagraph (E) meets the criteria of significance and materiality described in such subparagraph, for consideration by the agency or association of the new financial information prior to the adverse action described in such subparagraph becoming final; and

(G) that any determination by the agency or association made with respect to the new financial information described in subparagraph (E) shall not be separately appealable by the institution or program;

(7) such agency or association shall notify the Secretary and the appropriate State licensing or authorizing agency within 30 days of the accreditation of an institution or any final denial, withdrawal, suspension, or termination of accreditation or placement on probation of an institution, together with any other adverse action taken with respect to an institution; and

(8) such agency or association shall make available to the public, upon request, and to the Secretary, and the State licensing or authorizing agency a summary of any review resulting in a final accrediting decision involving denial, termination, or suspension of accreditation, together with the comments of the affected institution.

(b) "Separate and independent" defined

For the purpose of subsection (a)(3), the term "separate and independent" means that-

(1) the members of the postsecondary education governing body of the accrediting agency or association are not elected or selected by the board or chief executive officer of any related, associated, or affiliated trade association or membership organization;

(2) among the membership of the board of the accrediting agency or association there shall be one public member (who is not a member of any related trade or membership organization) for each six members of the board, with a minimum of one such public member, and guidelines are established for such members to avoid conflicts of interest;

(3) dues to the accrediting agency or association are paid separately from any dues paid to any related, associated, or affiliated trade association or membership organization; and

(4) the budget of the accrediting agency or association is developed and determined by the accrediting agency or association without review or resort to consultation with any other entity or organization.

(c) Operating procedures required

No accrediting agency or association may be recognized by the Secretary as a reliable authority as to the quality of education or training offered by an institution seeking to participate in the programs authorized under this subchapter, unless the agency or association-

(1) performs, at regularly established intervals, on-site inspections and reviews of institutions of higher education (which may include unannounced site visits) with particular focus on educational quality and program effectiveness, and ensures that accreditation team members are well-trained and knowledgeable with respect to their responsibilities, including those regarding distance education;

(2) monitors the growth of programs at institutions that are experiencing significant enrollment growth;

(3) requires an institution to submit for approval to the accrediting agency a teach-out plan upon the occurrence of any of the following events:

(A) the Department notifies the accrediting agency of an action against the institution pursuant to section 1094(f) of this title;

(B) the accrediting agency acts to withdraw, terminate, or suspend the accreditation of the institution; or

(C) the institution notifies the accrediting agency that the institution intends to cease operations;

(4) requires that any institution of higher education subject to its jurisdiction which plans to establish a branch campus submit a business plan, including projected revenues and expenditures, prior to opening the branch campus;

(5) agrees to conduct, as soon as practicable, but within a period of not more than 6 months of the establishment of a new branch campus or a change of ownership of an institution of higher education, an on-site visit of that branch campus or of the institution after a change of ownership;

(6) requires that teach-out agreements among institutions are subject to approval by the accrediting agency or association consistent with standards promulgated by such agency or association;

(7) makes available to the public and the State licensing or authorizing agency, and submits to the Secretary, a summary of agency or association actions, including-

(A) the award of accreditation or reaccreditation of an institution;

(B) final denial, withdrawal, suspension, or termination of accreditation of an institution, and any findings made in connection with the action taken, together with the official comments of the affected institution; and

(C) any other adverse action taken with respect to an institution or placement on probation of an institution;

(8) discloses publicly whenever an institution of higher education subject to its jurisdiction is being considered for accreditation or reaccreditation; and

(9) confirms, as a part of the agency's or association's review for accreditation or reaccreditation, that the institution has transfer of credit policies-

(A) that are publicly disclosed; and

(B) that include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education.

(d) Length of recognition

No accrediting agency or association may be recognized by the Secretary for the purpose of this chapter for a period of more than 5 years.

(e) Initial arbitration rule

The Secretary may not recognize the accreditation of any institution of higher education unless the institution of higher education agrees to submit any dispute involving the final denial, withdrawal, or termination of accreditation to initial arbitration prior to any other legal action.

(f) Jurisdiction

Notwithstanding any other provision of law, any civil action brought by an institution of higher education seeking accreditation from, or accredited by, an accrediting agency or association recognized by the Secretary for the purpose of this subchapter and involving the denial, withdrawal, or termination of accreditation of the institution of higher education, shall be brought in the appropriate United States district court.

(g) Limitation on scope of criteria

Nothing in this chapter shall be construed to permit the Secretary to establish criteria for accrediting agencies or associations that are not required by this section. Nothing in this chapter shall be construed to prohibit or limit any accrediting agency or association from adopting additional standards not provided for in this section. Nothing in this section shall be construed to permit the Secretary to establish any criteria that specifies, defines, or prescribes the standards that accrediting agencies or associations shall use to assess any institution's success with respect to student achievement.

(h) Change of accrediting agency

The Secretary shall not recognize the accreditation of any otherwise eligible institution of higher education if the institution of higher education is in the process of changing its accrediting agency or association, unless the eligible institution submits to the Secretary all materials relating to the prior accreditation, including materials demonstrating reasonable cause for changing the accrediting agency or association.

(i) Dual accreditation rule

The Secretary shall not recognize the accreditation of any otherwise eligible institution of higher education if the institution of higher education is accredited, as an institution, by more than one accrediting agency or association, unless the institution submits to each such agency and association and to the Secretary the reasons for accreditation by more than one such agency or association and demonstrates to the Secretary reasonable cause for its accreditation by more than one agency or association. If the institution is accredited, as an institution, by more than one accrediting agency or association, the institution shall designate which agency's accreditation shall be utilized in determining the institution's eligibility for programs under this chapter.

(j) Impact of loss of accreditation

An institution may not be certified or recertified as an institution of higher education under section 1002 of this title and subpart 3 of this part or participate in any of the other programs authorized by this chapter if such institution-

- (1) is not currently accredited by any agency or association recognized by the Secretary;
- (2) has had its accreditation withdrawn, revoked, or otherwise terminated for cause during the preceding 24 months, unless such withdrawal, revocation, or termination has been rescinded by the same accrediting agency; or
- (3) has withdrawn from accreditation voluntarily under a show cause or suspension order during the preceding 24 months, unless such order has been rescinded by the same accrediting agency.

(k) Religious institution rule

Notwithstanding subsection (j), the Secretary shall allow an institution that has had its accreditation withdrawn, revoked, or otherwise terminated, or has voluntarily withdrawn from an accreditation agency, to remain certified as an institution of higher education under section 1002 of this title and subpart 3 of this part for a period sufficient to allow such institution to obtain alternative accreditation, if the Secretary determines that the reason for the withdrawal, revocation, or termination-

- (1) is related to the religious mission or affiliation of the institution; and
- (2) is not related to the accreditation criteria provided for in this section.

(l) Limitation, suspension, or termination of recognition

(1) If the Secretary determines that an accrediting agency or association has failed to apply effectively the criteria in this section, or is otherwise not in compliance with the requirements of this section, the Secretary shall-

(A) after notice and opportunity for a hearing, limit, suspend, or terminate the recognition of the agency or association; or

(B) require the agency or association to take appropriate action to bring the agency or association into compliance with such requirements within a timeframe specified by the Secretary, except that-

(i) such timeframe shall not exceed 12 months unless the Secretary extends such period for good cause; and

(ii) if the agency or association fails to bring the agency or association into compliance within such timeframe, the Secretary shall, after notice and opportunity for a hearing, limit, suspend, or terminate the recognition of the agency or association.

(2) The Secretary may determine that an accrediting agency or association has failed to apply effectively the standards provided in this section if an institution of higher education seeks and receives accreditation from the accrediting agency or association during any period in which the institution is the subject of any interim action by another accrediting agency or association, described in paragraph (2)(A)(i), (2)(B), or (2)(C) of subsection (a) of this section, leading to the suspension, revocation, or termination of accreditation or the institution has been notified of the threatened loss of accreditation, and the due process procedures required by such suspension, revocation, termination, or threatened loss have not been completed.

(m) Limitation on Secretary's authority

The Secretary may only recognize accrediting agencies or associations which accredit institutions of higher education for the purpose of enabling such institutions to establish eligibility to participate in the programs under this chapter or which accredit institutions of higher education or higher education programs for the purpose of enabling them to establish eligibility to participate in other programs administered by the Department of Education or other Federal agencies.

(n) Independent evaluation

(1) The Secretary shall conduct a comprehensive review and evaluation of the performance of all accrediting agencies or associations which seek recognition by the Secretary in order to determine whether such accrediting agencies or associations meet the criteria established by this section. The Secretary shall conduct an independent evaluation of the information provided by such agency or association. Such evaluation shall include-

(A) the solicitation of third-party information concerning the performance of the accrediting agency or association; and

(B) site visits, including unannounced site visits as appropriate, at accrediting agencies and associations, and, at the Secretary's discretion, at representative member institutions.

(2) The Secretary shall place a priority for review of accrediting agencies or associations on those agencies or associations that accredit institutions of higher education that participate most extensively in the programs authorized by this subchapter and on those agencies or associations which have been the subject of the most complaints or legal actions.

(3) The Secretary shall consider all available relevant information concerning the compliance of the accrediting agency or association with the criteria provided for in this section, including any complaints or legal actions against such agency or association. In cases where deficiencies in the performance of an accreditation agency or association with respect to the requirements of this section are noted, the Secretary shall take these deficiencies into account in the recognition process. The Secretary shall not, under any circumstances, base decisions on the recognition or denial of recognition of accreditation agencies or associations on criteria other than those contained in this section. When the Secretary decides to recognize an accrediting agency or association, the Secretary shall determine the agency or association's scope of recognition. If the agency or association reviews institutions offering distance education courses or programs and the Secretary determines that the agency or association meets the requirements of this section, then the agency shall be recognized and the scope of recognition shall include accreditation of institutions offering distance education courses or programs.

(4) The Secretary shall maintain sufficient documentation to support the conclusions reached in the recognition process, and, if the Secretary does not recognize any accreditation agency or association, shall make publicly available the reason for denying recognition, including reference to the specific criteria under this section which have not been fulfilled.

(o) Regulations

The Secretary shall by regulation provide procedures for the recognition of accrediting agencies or associations and for the appeal of the Secretary's decisions. Notwithstanding any other provision of law, the Secretary shall not promulgate any regulation with respect to the standards of an accreditation agency or association described in subsection (a)(5).

(p) Rule of construction

Nothing in subsection (a)(5) shall be construed to restrict the ability of-

(1) an accrediting agency or association to set, with the involvement of its members, and to apply, accreditation standards for or to institutions or programs that seek review by the agency or association; or

(2) an institution to develop and use institutional standards to show its success with respect to student achievement, which achievement may be considered as part of any accreditation review.

(q) Review of scope changes

The Secretary shall require a review, at the next available meeting of the National Advisory Committee on Institutional Quality and Integrity, of any change in scope undertaken by an agency or association under subsection (a)(4)(B)(i)(II) if the enrollment of an institution that offers distance education or correspondence education that is accredited by such agency or association increases by 50 percent or more within any one institutional fiscal year.

(Pub. L. 89–329, title IV, §496, as added Pub. L. 102–325, title IV, §499, July 23, 1992, 106 Stat. 641 ; amended Pub. L. 103–208, §2(i)(3)–(8), Dec. 20, 1993, 107 Stat. 2478 , 2479; Pub. L. 105–244, title I, §102(b)(5), title IV, §492(a)(2)–(d), Oct. 7, 1998, 112 Stat. 1622 , 1759, 1760; Pub. L. 110–315, title IV, §495, Aug. 14, 2008, 122 Stat. 3324 ; Pub. L. 111–39, title IV, §408(1), July 1, 2009, 123 Stat. 1953 .)

Editorial Notes

Amendments

2009-Subsec. (a)(6)(G). Pub. L. 111–39 substituted semicolon for period at end.

2008-Subsec. (a)(4). Pub. L. 110–315, §495(1)(A), added par. (4) and struck out former par. (4) which read as follows: "such agency or association consistently applies and enforces standards that ensure that the courses or programs of instruction, training, or study offered by the institution of higher education, including distance education courses or programs, are of sufficient quality to achieve, for the duration of the accreditation period, the stated objective for which the courses or the programs are offered;".

Subsec. (a)(5)(A). Pub. L. 110–315, §495(1)(B), amended subpar. (A) generally. Prior to amendment, subpar. (A) read as follows: "success with respect to student achievement in relation to the institution's mission, including, as appropriate, consideration of course completion, State licensing examinations, and job placement rates;".

Subsec. (a)(6). Pub. L. 110–315, §495(1)(C), added par. (6) and struck out former par. (6) which read as follows: "such agency or association shall apply procedures throughout the accrediting process, including evaluation and withdrawal proceedings, that comply with due process, including-

"(A) adequate specification of requirements and deficiencies at the institution of higher education or program being examined;

"(B) notice of an opportunity for a hearing by any such institution;

"(C) the right to appeal any adverse action against any such institution; and

"(D) the right to representation by counsel for any such institution;".

Subsec. (c)(1). Pub. L. 110–315, §495(2)(A), inserted ", including those regarding distance education" after "their responsibilities".

Subsec. (c)(2) to (8). Pub. L. 110–315, §495(2)(B)–(D), added pars. (2), (3), and (7), redesignated former pars. (2) to (6) as (4) to (8), respectively, and struck out former par. (7) which read as follows: "maintains and makes publicly available written materials regarding standards and procedures for accreditation, appeal procedures, and the accreditation status of each institution subject to its jurisdiction; and".

Subsec. (c)(9). Pub. L. 110–315, §495(2)(E), (F), added par. (9).

Subsec. (g). Pub. L. 110–315, §495(3), inserted at end "Nothing in this section shall be construed to permit the Secretary to establish any criteria that specifies, defines, or prescribes the standards that accrediting agencies or associations shall use to assess any institution's success with respect to student achievement."

Subsec. (o). Pub. L. 110–315, §495(4), inserted at end "Notwithstanding any other provision of law, the Secretary shall not promulgate any regulation with respect to the standards of an accreditation agency or association described in subsection (a)(5)."

Subsecs. (p), (q). Pub. L. 110–315, §495(5), added subsecs. (p) and (q).

1998-Pub. L. 105–244, §492(a)(2), substituted "Recognition" for "Approval" in section catchline.

Subsec. (a). Pub. L. 105–244, §492(b)(1), (2), substituted "Criteria" for "Standards" in heading and "criteria" for "standards" wherever appearing in introductory provisions.

Subsec. (a)(4). Pub. L. 105–244, §492(b)(3), substituted "offered by the institution" for "at the institution" and inserted ", including distance education courses or programs," after "higher education".

Subsec. (a)(5). Pub. L. 105–244, §492(b)(4)(A), (H), substituted "for accreditation" for "of accreditation" in introductory provisions and "(A), (H), and (J)" for "(G), (H), (I), (J), and (L)" in concluding provisions.

Subsec. (a)(5)(A) to (G). Pub. L. 105–244, §492(b)(4)(C), (E), added subpar. (A) and redesignated former subpars. (A) to (F) as (B) to (G), respectively. Former subpar. (G) redesignated (H).

Subsec. (a)(5)(H). Pub. L. 105–244, §492(b)(4)(F), substituted "measures of program length" for "program length and tuition and fees in relation to the subject matters taught".

Pub. L. 105–244, §492(b)(4)(C), redesignated subpar. (G) as (H).

Pub. L. 105–244, §492(b)(4)(B), struck out subpar. (H) which read as follows: "measures of program length in clock hours or credit hours;"

Subsec. (a)(5)(I). Pub. L. 105–244, §492(b)(4)(B), (D), redesignated subpar. (K) as (I) and struck out former subpar. (I) which read as follows: "success with respect to student achievement in relation to its mission, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates;"

Subsec. (a)(5)(J). Pub. L. 105–244, §492(b)(4)(G), inserted "record of" before "compliance", substituted "based on the most recent student loan default rate data provided by the Secretary, the" for ", including any", and inserted "any" after "reviews, and".

Pub. L. 105–244, §492(b)(4)(B), (D), redesignated subpar. (L) as (J) and struck out former subpar. (J) which read as follows: "default rates in the student loan programs under this subchapter, based on the most recent data provided by the Secretary;"

Subsec. (a)(5)(K), (L). Pub. L. 105–244, §492(b)(4)(D), redesignated subpars. (K) and (L) as (I) and (J), respectively.

Subsec. (a)(7). Pub. L. 105–244, §492(b)(5), substituted "State licensing or authorizing agency" for "State postsecondary review entity".

Subsec. (a)(8). Pub. L. 105–244, §492(b)(6), substituted "State licensing or authorizing agency" for "State postsecondary review entity of the State in which the institution of higher education is located".

Subsec. (c). Pub. L. 105–244, §492(c)(1), substituted "recognized by the Secretary" for "approved by the Secretary" in introductory provisions.

Subsec. (c)(1). Pub. L. 105–244, §492(c)(2), substituted "(which may include unannounced site visits)" for "(at least one of which inspections at each institution that provides vocational education and training shall be unannounced)".

Subsec. (d). Pub. L. 105–244, §492(d)(1), substituted "recognition" for "approval" in heading and "recognized" for "approved" in text.

Subsec. (f). Pub. L. 105–244, §492(d)(2), substituted "recognized" for "approved".

Subsec. (g). Pub. L. 105–244, §492(d)(3), substituted "criteria" for "standards" in heading and "establish criteria" for "establish standards" in text.

Subsec. (j). Pub. L. 105–244, §102(b)(5), substituted "section 1002" for "section 1088" in introductory provisions.

Subsec. (k). Pub. L. 105–244, §§102(b)(5), 492(d)(4)(A), amended subsec. (k) identically, substituting "section 1002" for "section 1088" in introductory provisions.

Subsec. (k)(2). Pub. L. 105–244, §492(d)(4)(B), substituted "criteria" for "standards".

Subsec. (l). Pub. L. 105–244, §492(d)(5), substituted "recognition" for "approval" in heading, added par. (1), and struck out former par. (1) which read as follows: "The Secretary shall limit, suspend, or terminate the approval of an accrediting agency or association if the Secretary determines, after notice and opportunity for a hearing, that the accrediting agency or association has failed to apply effectively the standards or operate according to the procedures provided in this section."

Subsec. (n)(1). Pub. L. 105–244, §492(d)(6)(A), substituted "criteria" for "standards" in introductory provisions.

Subsec. (n)(3). Pub. L. 105–244, §492(d)(6)(A), (B), substituted "criteria" for "standards" in two places, "recognition process" for "approval process", and "recognition or denial of recognition" for "approval or disapproval", and inserted at end "When the Secretary decides to recognize an accrediting agency or association, the Secretary shall determine the agency or association's scope of recognition. If the agency or association reviews institutions offering distance education courses or programs and the Secretary determines that the agency or association meets the requirements of this section, then the agency shall be recognized and the scope of recognition shall include accreditation of institutions offering distance education courses or programs."

Subsec. (n)(4). Pub. L. 105–244, §492(d)(6)(C), added par. (4) and struck out former par. (4) which read as follows: "The Secretary shall maintain sufficient documentation to support the conclusions reached in the approval process, and, upon disapproval of any accreditation agency or association, shall make publicly available the reason for such disapproval, including reference to the specific standards under this section which have not been fulfilled."

1993-Subsec. (a)(2)(A)(i). Pub. L. 103–208, §2(i)(3), inserted "of institutions of higher education" after "membership".

Subsec. (a)(3)(A). Pub. L. 103–208, §2(i)(4), substituted "subparagraph (A)(i)" for "subparagraph (A)".

Subsec. (a)(5). Pub. L. 103–208, §2(i)(5), substituted a semicolon for the period at end of subpar. (L) and inserted after subpar. (L) the following: "except that subparagraphs (G), (H), (I), (J), and (L) shall not apply to agencies or associations described in paragraph (2)(A)(ii) of this subsection;".

Subsec. (c). Pub. L. 103–208, §2(i)(6), substituted "as a reliable authority as to the quality of education or training offered by an institution seeking to participate in the programs authorized under this subchapter" for "for the purpose of this subchapter".

Subsec. (l)(2). Pub. L. 103–208, §2(i)(7), substituted "institution" for "instititution" and "association, described in paragraph (2)(A)(i), (2)(B), or (2)(C) of subsection (a) of this section, leading to the suspension" for "association leading to the suspension".

Subsec. (n)(1)(B). Pub. L. 103–208, §2(i)(8), amended subpar. (B) generally. Prior to amendment, subpar. (B) read as follows: "site visits at both the accrediting agency or association and member institutions, including unannounced visits where appropriate."

Statutory Notes and Related Subsidiaries

Effective Date of 2009 Amendment

Amendment by Pub. L. 111–39 effective as if enacted on the date of enactment of Pub. L. 110–315 (Aug. 14, 2008), see section 3 of Pub. L. 111–39, set out as a note under section 1001 of this title.

Effective Date of 1998 Amendment

Amendment by Pub. L. 105–244 effective Oct. 1, 1998, except as otherwise provided in Pub. L. 105–244, see section 3 of Pub. L. 105–244, set out as a note under section 1001 of this title.

Effective Date of 1993 Amendment

Amendment by Pub. L. 103–208 effective as if included in the Higher Education Amendments of 1992, Pub. L. 102–325, except as otherwise provided, see section 5(a) of Pub. L. 103–208, set out as a note under section 1051 of this title.

Effective Date

Section effective Oct. 1, 1992, see section 2 of Pub. L. 102–325, set out as an Effective Date of 1992 Amendment note under section 1001 of this title.

Study of Transfer of Credits

Pub. L. 105–244, title VIII, §804, Oct. 7, 1998, 112 Stat. 1806 , which directed the Secretary of Education to conduct a study regarding the treatment of the transfer of credits from one institution of higher education to another and to report to Congress, not later than one year after Oct. 7, 1998, was repealed by Pub. L. 110–315, title IX, §931(1), Aug. 14, 2008, 122 Stat. 3456 .



Friday, November 15, 2024

Dental Hygiene Board of California

Education Committee Agenda Item 4.

Discussion and Possible Action on Proposed Regulatory Language Amendments to California Code of Regulations, Title 16, Section 1105.2(e). Regarding Student Competency in Providing Dental Hygiene Care for All Classifications of Periodontal Disease.



MEMORANDUM

DATE	November 15, 2024
TO	Education Committee Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	EDU 4: Discussion and Possible Action on Proposed Regulatory Language Amendments to California Code of Regulations, Title 16, Section 1105.2(e) Regarding Student Competency in Providing Dental Hygiene Care for All Classifications of Periodontal Disease.

BACKGROUND:

During the review of several dental hygiene educational programs (DHEPs), staff discovered some programs are not requiring students to treat Stage III (Severe) and Stage IV (Very Severe) periodontal disease patients (as further described below), in violation of DHBC and CODA requirements of “breadth of experience and student competency in patient experiences in all classifications of periodontal disease.” Therefore, President Dones asked staff to research establishing guidelines for California Code of Regulations, Title 16, Section 1105.2(e) and Commission on Dental Accreditation of the American Dental Association (CODA) Standard 2-14 regarding competency in providing dental hygiene care for all types of classification of periodontal disease.

16 CCR section 1105.2(e) states:

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.

CODA Standard 2-14 states:

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

Intent:

The total number and type of patients for whom each student provides dental hygiene care should be sufficient to ensure competency in all components of dental hygiene practice. A patient pool should be available to provide patient experiences in all classifications of periodontal patients, including both

maintenance and those newly diagnosed. These experiences should be monitored to ensure equal opportunity for each enrolled student.

The American Academy of Periodontology (AAP), in their 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions, established a new classification of periodontitis characterized by a multidimensional staging and grading system. There are now four (4) stages of Periodontal disease (Stages I – IV) and three grades (A – C), which may be found in the attachments.

Due to transitioning from the 1999 AAP Classification (old system) to the 2017 AAP Classification (current system), there has been some confusion as student requirements of “breadth of experience and student competency in patient experiences in all classifications of periodontal disease” as found in DHBC regulations and CODA Standards.

Additionally, as the California Legislature removed the requirement for graduates of California dental hygiene educational programs to provide evidence of satisfactory performance of a clinical dental hygiene examination given by the Western Regional Examining Board or any other clinical or dental hygiene examination approved by the Board (Assembly Bill 1257, Chapter 677, Statutes of 2023), the Board shall ensure all graduates are competent in patient experiences in all classifications of periodontal disease.

ACTION REQUESTED:

As a result of the research, staff recommends for the Education Committee to review the current language to determine if this change is warranted. If the Committee determines this change is warranted, staff recommends to the Committee to review the language in the attached starting point document, determine whether additional information or language is required, complete the draft of proposed regulatory language, and recommend to the full Board for consideration and approval.

PROPOSED MOTION LANGUAGE:

As a result of the research, staff recommends for the Education Committee to review the current language to determine if this change is warranted. If the Committee determines this change is warranted, staff recommends to the Committee I move for the Education Committee to review the language in the attached starting point document, determine whether additional information or language is required, complete the draft of proposed regulatory language, and recommend to the full Board for consideration and approval. If the full Board approves the language, 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 1105.2(e) as noticed.

PROPOSED LANGUAGE:

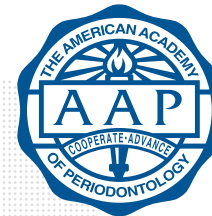
Amend 16 CCR section 1105.2(e) to state:

An educational program shall provide for breadth of experience and student competency in patient experiences in all classifications of periodontal disease including mild, moderate, severe, and very severe involvement as defined by the American Academy of Periodontology.

Attachments:

1. "Staging and Grading Periodontitis" American Academy of Periodontology. Retrieved on 10.11.24: <https://www.perio.org/wp-content/uploads/2019/08/Staging-and-Grading-Periodontitis.pdf>
2. "A new classification scheme for periodontal and peri-implant diseases and conditions – Introduction and key changes from the 1999 classification" Jack G. Caton et al., Journal of Clinical Periodontology/ Volume 45, Issue S20/ p. S1-S8. Retrieved on 10.11.24: <https://onlinelibrary.wiley.com/toc/1600051x/2018/45/S20>
3. "Development of a Classification System for Periodontal Diseases and Conditions" Gary C. Armitage, University of California, San Francisco, California Annals of Periodontology, Volume 4, Number 1, December 1999. Retrieved on 10.11.24: <https://aap.onlinelibrary.wiley.com/doi/epdf/10.1902/annals.1999.4.1.1>

Staging and Grading Periodontitis



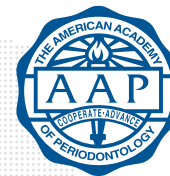
The 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions resulted in a new classification of periodontitis characterized by a multidimensional staging and grading system. The charts below provide an overview. Please visit perio.org/2017wwdc for the complete suite of reviews, case definition papers, and consensus reports.

PERIODONTITIS: STAGING

Staging intends to classify the severity and extent of a patient's disease based on the measurable amount of destroyed and/or damaged tissue as a result of periodontitis and to assess the specific factors that may attribute to the complexity of long-term case management.

Initial stage should be determined using clinical attachment loss (CAL). If CAL is not available, radiographic bone loss (RBL) should be used. Tooth loss due to periodontitis may modify stage definition. One or more complexity factors may shift the stage to a higher level. See perio.org/2017wwdc for additional information.

	Periodontitis	Stage I	Stage II	Stage III	Stage IV
Severity	Interdental CAL <i>(at site of greatest loss)</i>	1 – 2 mm	3 – 4 mm	≥5 mm	≥5 mm
	RBL	Coronal third (<15%)	Coronal third (15% - 33%)	Extending to middle third of root and beyond	Extending to middle third of root and beyond
	Tooth loss <i>(due to periodontitis)</i>	No tooth loss		≤4 teeth	≥5 teeth
Complexity	Local	<ul style="list-style-type: none"> Max. probing depth ≤4 mm Mostly horizontal bone loss 	<ul style="list-style-type: none"> Max. probing depth ≤5 mm Mostly horizontal bone loss 	In addition to Stage II complexity: <ul style="list-style-type: none"> Probing depths ≥6 mm Vertical bone loss ≥3 mm Furcation involvement Class II or III Moderate ridge defects 	In addition to Stage III complexity: <ul style="list-style-type: none"> Need for complex rehabilitation due to: <ul style="list-style-type: none"> Masticatory dysfunction Secondary occlusal trauma (tooth mobility degree ≥2) Severe ridge defects Bite collapse, drifting, flaring < 20 remaining teeth (10 opposing pairs)
Extent and distribution	Add to stage as descriptor	For each stage, describe extent as: <ul style="list-style-type: none"> Localized (<30% of teeth involved); Generalized; or Molar/incisor pattern 			



PERIODONTITIS: GRADING

Grading aims to indicate the rate of periodontitis progression, responsiveness to standard therapy, and potential impact on systemic health.

Clinicians should initially assume grade B disease and seek specific evidence to shift to grade A or C.

See perio.org/2017wwdc for additional information.

	Progression		Grade A: Slow rate	Grade B: Moderate rate	Grade C: Rapid rate
Primary criteria <i>Whenever available, direct evidence should be used.</i>	Direct evidence of progression	Radiographic bone loss or CAL	No loss over 5 years	<2 mm over 5 years	≥2 mm over 5 years
	Indirect evidence of progression	% bone loss / age	<0.25	0.25 to 1.0	>1.0
Case phenotype		Heavy biofilm deposits with low levels of destruction	Destruction commensurate with biofilm deposits	Destruction exceeds expectations given biofilm deposits; specific clinical patterns suggestive of periods of rapid progression and/or early onset disease	
Grade modifiers	Risk factors	Smoking	Non-smoker	<10 cigarettes/day	≥10 cigarettes/day
		Diabetes	Normoglycemic/no diagnosis of diabetes	HbA1c <7.0% in patients with diabetes	HbA1c ≥7.0% in patients with diabetes

The 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions was co-presented by the American Academy of Periodontology (AAP) and the European Federation of Periodontology (EFP).

Burden of Severe Periodontitis and Edentulism in 2021, with projections up to 2050

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Journal of Clinical Periodontology / Volume 45, Issue S20 / p. S1-S8

2017 WORLD WORKSHOP



Free Access

A new classification scheme for periodontal and peri-implant diseases and conditions – Introduction and key changes from the 1999 classification

Jack G. Caton , Gary Armitage, Tord Berglundh, Iain L.C. Chapple, Søren Jepsen, Kenneth S. Kornman, Brian L. Mealey, Panos N. Papapanou, Mariano Sanz, Maurizio S. Tonetti

First published: 20 June 2018

<https://doi.org/10.1111/jcpe.12935>

Citations: 702

Sources of Funding: The workshop was planned and conducted jointly by the American Academy of Periodontology and the European Federation of Periodontology with financial support from the American Academy of Periodontology Foundation, Colgate, Johnson & Johnson Consumer Inc., Geistlich Biomaterials, SUNSTAR, and Procter & Gamble Professional Oral Health.

The proceedings of the workshop were jointly and simultaneously published in the *Journal of Periodontology* and *Journal of Clinical Periodontology*.

About Sections



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Abstract

A classification scheme for periodontal and peri-implant diseases and conditions is necessary for clinicians to properly diagnose and treat patients as well as for scientists to investigate etiology, pathogenesis, natural history, and treatment of the diseases and conditions. This paper summarizes the proceedings of the World Workshop on the Classification of Periodontal and Peri-implant Diseases and Conditions. The workshop was co-sponsored by the American

Academy of Periodontology (AAP) and the European Federation of Periodontology (EFP) and included expert participants from all over the world. Planning for the conference, which was held in Chicago on November 9 to 11, 2017, began in early 2015.

An organizing committee from the AAP and EFP commissioned 19 review papers and four consensus reports covering relevant areas in periodontology and implant dentistry. The authors were charged with updating the 1999 classification of periodontal diseases and conditions¹ and developing a similar scheme for peri-implant diseases and conditions. Reviewers and workgroups were also asked to establish pertinent case definitions and to provide diagnostic criteria to aid clinicians in the use of the new classification. All findings and recommendations of the workshop were agreed to by consensus.

This introductory paper presents an overview for the new classification of periodontal and peri-implant diseases and conditions, along with a condensed scheme for each of four workgroup sections, but readers are directed to the pertinent consensus reports and review papers for a thorough discussion of the rationale, criteria, and interpretation of the proposed classification. Changes to the 1999 classification are highlighted and discussed. Although the intent of the workshop was to base classification on the strongest available scientific evidence, lower level evidence and expert opinion were inevitably used whenever sufficient research data were unavailable.

The scope of this workshop was to align and update the classification scheme to the current understanding of periodontal and peri-implant diseases and conditions. This introductory overview presents the schematic tables for the new classification of periodontal and peri-implant diseases and conditions and briefly highlights changes made to the 1999 classification.¹ It cannot present the wealth of information included in the reviews, case definition papers, and consensus reports that has guided the development of the new classification, and reference to the consensus and case definition papers is necessary to provide a thorough understanding of its use for either case management or scientific investigation. Therefore, it is strongly recommended that the reader use this overview as an introduction to these subjects. Accessing this publication online will allow the reader to use the links in this overview and the tables to view the source papers (Table 1).

PERIODONTAL HEALTH, GINGIVITIS, AND GINGIVAL CONDITIONS²⁻⁶

The workshop addressed unresolved issues with the previous classification by identifying the difference between presence of gingival inflammation at one or more sites and the definition of a gingivitis case. It agreed that bleeding on probing should be the primary parameter to set thresholds for gingivitis.^{2, 5} The workshop also characterized periodontal health and gingival inflammation in a reduced periodontium after completion of successful treatment of a patient with periodontitis.

Specific definitions were agreed to with regard to cases of gingival health or inflammation after completion of periodontitis treatment based on bleeding on probing and depth of the residual sulcus/pocket. This distinction was made to emphasize the need for a more comprehensive maintenance and surveillance of the successfully treated patient with periodontitis. It was accepted that a patient with gingivitis can revert to a state of health, but a periodontitis patient remains a periodontitis patient for life, even following successful therapy, and requires life-long supportive care to prevent recurrence of disease.⁶ The workshop also reorganized the broad spectrum of non-plaque induced gingival diseases and conditions based on primary etiology (Table 2).⁴

Table 1.

CLASSIFICATION OF PERIODONTAL AND PERI-IMPLANT DISEASES AND CONDITIONS 2017

Periodontal Diseases and Conditions										
Periodontal Health, Gingival Diseases and Conditions Chapple, Mealey, et al. 2018 Consensus Rept link Trombelli et al. 2018 Case Definitions link			Periodontitis Papapanou, Sanz et al. 2018 Consensus Rept link Jepsen, Caton et al. 2018 Consensus Rept link Tonetti, Greenwell, Kornman. 2018 Case Definitions link			Other Conditions Affecting the Periodontium Jepsen, Caton et al. 2018 Consensus Rept link Papapanou, Sanz et al. 2018 Consensus Rept link				
Periodontal Health and Gingival Health	Gingivitis: Dental Biofilm-Induced	Gingival Diseases: Non-Dental Biofilm-Induced	Necrotizing Periodontal Diseases	Periodontitis	Periodontitis as a Manifestation of Systemic Disease	Systemic diseases or conditions affecting the periodontal supporting tissues	Periodontal Abscesses and Endodontic-Periodontal Lesions	Mucogingival Deformities and Conditions	Traumatic Occlusal Forces	Tooth and Prosthesis Related Factors
Peri-Implant Diseases and Conditions										
Berglundh, Armitage et al. 2018 Consensus Rept link										
Peri-Implant Health			Peri-Implant Mucositis			Peri-Implantitis			Peri-Implant Soft and Hard Tissue Deficiencies	

Table 2.

**Periodontal Health and Gingivitis:
Consensus Report**

Chapple, Mealey, et al. 2018
Active link to consensus report

**Gingival Diseases: Case Definitions and
Diagnostic Considerations**

Trombelli, Tatakis, et al. 2018
Active link to case definitions

PERIODONTAL HEALTH, GINGIVAL DISEASES/CONDITIONS

1. Periodontal health and gingival health

Lang & Bartold 2018 [link](#)

- a. Clinical gingival health on an intact periodontium
- b. Clinical gingival health on a reduced periodontium
 - i. Stable periodontitis patient
 - ii. Non-periodontitis patient

2. Gingivitis – dental biofilm-induced

Murakami et al. 2018 [link](#)

- a. Associated with dental biofilm alone
- b. Mediated by systemic or local risk factors
- c. Drug-influenced gingival enlargement

3. Gingival diseases – non-dental biofilm induced

Holmstrup et al. 2018 [link](#)

- a. Genetic/developmental disorders
- b. Specific infections
- c. Inflammatory and immune conditions
- d. Reactive processes
- e. Neoplasms
- f. Endocrine, nutritional & metabolic diseases
- g. Traumatic lesions
- h. Gingival pigmentation

A NEW CLASSIFICATION OF PERIODONTITIS

The 1989 workshop recognized that periodontitis had several distinct clinical presentations, different ages of onset and rates of progression.^{7, 8} Based on these variables the workshop categorized periodontitis as prepubertal, juvenile (localized and generalized), adult, and rapidly progressive. The 1993 European Workshop determined that the classification should be simplified and proposed grouping of periodontitis into two major headings: adult and early onset periodontitis.⁹ The 1996 workshop participants determined that there was insufficient new evidence to change the classification.¹⁰ Major changes were made in the 1999 classification of periodontitis,¹¹⁻¹³ which has been in use for the last 19 years. Periodontitis was reclassified as chronic, aggressive (localized and generalized), necrotizing and as a manifestation of systemic

disease.

Since the 1999 workshop, substantial new information has emerged from population studies, basic science investigations, and the evidence from prospective studies evaluating environmental and systemic risk factors. The analysis of this evidence has prompted the 2017 workshop to develop a new classification framework for periodontitis.¹⁴

In the last 30 years, the classification of periodontitis has been repeatedly modified in an attempt to align it with emerging scientific evidence. The workshop agreed that, consistent with current knowledge on pathophysiology, three forms of periodontitis can be identified: *necrotizing periodontitis*,¹⁵ *periodontitis as a manifestation of systemic disease*,¹⁶ and the forms of the disease previously recognized as “chronic” or “aggressive”, now grouped under a single category, “periodontitis”.^{14, 17-20} In revising the classification, the workshop agreed on a classification framework for periodontitis further characterized based on a multidimensional staging and grading system that could be adapted over time as new evidence emerges.²⁰

Staging is largely dependent upon the severity of disease at presentation as well as on the complexity of disease management, while grading provides supplemental information about biological features of the disease, including a history based analysis of the rate of disease progression, assessment of the risk for further progression, anticipated poor outcomes of treatment, and assessment of the risk that the disease or its treatment may negatively affect the general health of the patient.^{14, 20} Staging involves four categories (stages 1 through 4) and is determined after considering several variables including clinical attachment loss, amount and percentage of bone loss, probing depth, presence and extent of angular bony defects and furcation involvement, tooth mobility, and tooth loss due to periodontitis. Grading includes three levels (grade A – low risk, grade B – moderate risk, grade C – high risk for progression) and encompasses, in addition to aspects related to periodontitis progression, general health status, and other exposures such as smoking or level of metabolic control in diabetes. Thus, grading allows the clinician to incorporate individual patient factors into the diagnosis, which are crucial to comprehensive case management (Table 3). For a complete description of the new classification scheme for periodontitis, the reader is directed to the consensus report on periodontitis¹⁴ and the case definition paper on periodontitis.²⁰

Table 3.

Periodontitis Consensus Report

Papapanou, Sanz et al. 2018
Active link to consensus report

Staging and Grading of Periodontitis:

Framework and Proposal of a New
Classification and Case Definition
Tonetti, Greenwell, Kornman 2018
Active link to case definitions

FORMS OF PERIODONTITIS

1. Necrotizing Periodontal Diseases

Herrera et al. 2018 [link](#)

- a. Necrotizing Gingivitis
- b. Necrotizing Periodontitis
- c. Necrotizing Stomatitis

2. Periodontitis as Manifestation of Systemic Diseases

Jepsen, Caton et al. 2018 Consensus Rept [link](#)

Albandar et al. 2018 [link](#)

Classification of these conditions should be based on the primary systemic disease according to the International Statistical Classification of Diseases and Related Health Problems (ICD) codes

3. Periodontitis

Fine et al. 2018 [link](#)

Needleman et al. 2018 [link](#)

Billings et al. 2018 [link](#)

- a. **Stages:** Based on Severity¹ and Complexity of Management²
 - Stage I: Initial Periodontitis
 - Stage II: Moderate Periodontitis
 - Stage III: Severe Periodontitis with potential for additional tooth loss
 - Stage IV: Severe Periodontitis with potential for loss of the dentition
- b. Extent and distribution³: localized; generalized; molar-incisor distribution
- c. **Grades:** Evidence or risk of rapid progression⁴, anticipated treatment response⁵
 - i. Grade A: Slow rate of progression
 - ii. Grade B: Moderate rate of progression
 - iii. Grade C: Rapid rate of progression

¹ Severity: Interdental clinical attachment level (CAL) at site with greatest loss; Radiographic bone loss & tooth loss

² Complexity of management: Probing depths, pattern of bone loss, furcation lesions, number of remaining teeth, tooth mobility, ridge defects, masticatory dysfunction

³ Add to Stage as descriptor: localized <30% teeth, generalized ≥ 30% teeth

⁴ Risk of progression: direct evidence by PA radiographs or CAL loss, or indirect (bone loss/age ratio)

⁵ Anticipated treatment response: case phenotype, smoking, hyperglycemia

SYSTEMIC DISEASES ASSOCIATED WITH LOSS OF PERIODONTAL SUPPORTING TISSUES^{16, 21}

The new classification of periodontal diseases and conditions also includes systemic diseases and conditions that affect the periodontal supporting tissues.¹⁶ It is recognized that there are rare systemic disorders, such as Papillon Lefèvre Syndrome, that generally result in the early presentation of severe periodontitis. Such conditions are grouped as “Periodontitis as a Manifestation of Systemic Disease”, and classification should be based on the primary systemic disease.¹⁶ Other systemic conditions, such as neoplastic diseases, may affect the periodontal apparatus independent of dental plaque biofilm-induced periodontitis,²¹ and such clinical findings should also be classified based on the primary systemic disease and be grouped as “Systemic Diseases or Conditions Affecting the Periodontal Supporting Tissues”. There are, however, common systemic diseases, such as uncontrolled diabetes mellitus, with variable effects that modify the course of periodontitis. These appear to be part of the multifactorial nature of complex diseases such as periodontitis and are included in the new clinical classification of periodontitis as a descriptor in the staging and grading process.²⁰ Although common modifiers of periodontitis may substantially alter disease occurrence, severity, and response to treatment, current evidence does not support a unique pathophysiology in patients with diabetes and periodontitis.²²

CHANGES IN THE CLASSIFICATION OF PERIODONTAL DEVELOPMENTAL AND ACQUIRED DEFORMITIES AND CONDITIONS^{21, 23-25}

Mucogingival conditions

The new case definitions related to treatment of gingival recession are based on interproximal loss of clinical attachment and also incorporate the assessment of the exposed root and cemento-enamel junction.²³ The consensus report presents a new classification of gingival recession that combines clinical parameters including the *gingival phenotype* as well as characteristics of the exposed root surface.²¹ In the consensus report the term *periodontal biotype* was replaced by *periodontal phenotype* (Table 4).²¹

Table 4.

<p>Periodontal Manifestations of Systemic Diseases and Developmental and Acquired Conditions: Consensus Report Jepsen, Caton et al. 2018 <i>Active link to consensus report</i></p>
--

PERIODONTAL MANIFESTATIONS OF SYSTEMIC DISEASES AND DEVELOPMENTAL AND ACQUIRED CONDITIONS

1. Systemic diseases or conditions affecting the periodontal supporting tissues

Albandar et al. 2018 [link](#)

2. Other Periodontal Conditions

Papapanou, Sanz et al. 2018 [link](#)

Herrera et al. 2018 [link](#)

- a. Periodontal Abscesses
- b. Endodontic-Periodontal Lesions

3. Mucogingival deformities and conditions around teeth

Cortellini & Bissada 2018 [link](#)

- a. Gingival phenotype
- b. Gingival/soft tissue recession
- c. Lack of gingiva
- d. Decreased vestibular depth
- e. Aberrant frenum/muscle position
- f. Gingival excess
- g. Abnormal color
- h. Condition of the exposed root surface

4. Traumatic occlusal forces

Fan & Caton 2018 [link](#)

- a. Primary occlusal trauma
- b. Secondary occlusal trauma
- c. Orthodontic forces

5. Prostheses and tooth-related factors that modify or predispose to plaque-induced gingival diseases/periodontitis

Ercoli & Caton 2018 [link](#)

- a. Localized tooth-related factors
- b. Localized dental prostheses-related factors

Occlusal trauma and traumatic occlusal forces

Traumatic occlusal force, replacing the term *excessive occlusal force*, is the force that exceeds the adaptive capacity of the periodontium and/or the teeth. Traumatic occlusal forces can result in occlusal trauma (the lesion) and excessive wear or fracture of the teeth.²¹ There is lack of evidence from human studies implicating occlusal trauma in the progression of attachment loss in periodontitis (Table 4).²⁴

Prosthesis- and tooth-related factors

The section on prostheses-related factors was expanded in the new classification. The term *biologic width* was replaced by *supracrestal attached tissues*.²¹ Clinical procedures involved in the fabrication of indirect restorations was added because of new data indicating that these procedures may cause recession and loss of clinical attachment (Table 4).²⁵

A NEW CLASSIFICATION FOR PERI-IMPLANT DISEASES AND CONDITIONS²⁶

A new classification for peri-implant health,²⁷ peri-implant mucositis²⁸ and peri-implantitis²⁹ was developed by the workshop (Table 5). An effort was made to review all aspects of peri-implant health, diseases, and relevant aspects of implant site conditions and deformities to achieve a consensus for this classification that could be accepted worldwide. Case definitions were developed for use by clinicians for individual case management and also for population studies.^{26, 30}

Table 5.

Peri-implant Diseases and Conditions Consensus Report

Berglundh, Armitage et al. 2018

Active link to consensus report

PERI-IMPLANT DISEASES AND CONDITIONS

1. Peri-implant health

Araujo & Lindhe 2018 [link](#)

2. Peri-implant mucositis

Heitz-Mayfield & Salvi 2018 [link](#)

3. Peri-implantitis

Schwarz et al. 2018 [link](#)

4. Peri-implant soft and hard tissue deficiencies

Hammerle & Tarnow 2018 [link](#)

Renvert et al. 2018 Case Definitions [link](#)

Peri-implant health

Peri-implant health was defined both clinically and histologically.²⁷ Clinically, peri-implant health is characterized by an absence of visual signs of inflammation and bleeding on probing. Peri-implant health can exist around implants with normal or reduced bone support. It is not possible to define a range of probing depths compatible with peri-implant health.^{26, 30}

Peri-implant mucositis

Peri-implant mucositis is characterized by bleeding on probing and visual signs of inflammation.²⁸ While there is strong evidence that peri-implant mucositis is caused by plaque, there is very limited evidence for non-plaque induced peri-implant mucositis. Peri-implant mucositis can be reversed with measures aimed at eliminating the plaque.

Peri-implantitis

Peri-implantitis was defined as a plaque-associated pathologic condition occurring in the tissue around dental implants, characterized by inflammation in the peri-implant mucosa and subsequent progressive loss of supporting bone.²⁹ Peri-implant mucositis is assumed to precede peri-implantitis. Peri-implantitis is associated with poor plaque control and with patients with a history of severe periodontitis. The onset of peri-implantitis may occur early following implant placement as indicated by radiographic data. Peri-implantitis, in the absence of treatment, seems to progress in a non-linear and accelerating pattern.²⁹

Hard and soft tissue implant site deficiencies

Normal healing following tooth loss leads to diminished dimensions of the alveolar process/ridge that result in both hard and soft tissue deficiencies. Larger ridge deficiencies can occur at sites associated with severe loss of periodontal support, extraction trauma, endodontic infections, root fractures, thin buccal bone plates, poor tooth position, injury and pneumatization of the maxillary sinuses. Other factors affecting the ridge can be associated with medications and systemic diseases reducing the amount of naturally formed bone, tooth agenesis, and pressure from prostheses.³¹

CONCLUSIONS

This overview introduces an updated classification of periodontal diseases and conditions and a new classification of peri-implant diseases and conditions. The publication represents the work of the worldwide community of scholars and clinicians in periodontology and implant dentistry. This paper presents an abbreviated overview of the outcome of the consensus workshop, and the reader is encouraged to review the entire publication to receive comprehensive information about the rationale, criteria and implementation of the new classifications.

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The authors filed detailed disclosure of potential conflicts of interest relevant to the workshop topics, and these are kept on file. Additional disclosures can be found in each of the four consensus reports published in these proceedings.

REFERENCES

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Development of a Classification System for Periodontal Diseases and Conditions

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Classification systems are necessary in order to provide a framework in which to scientifically study the etiology, pathogenesis, and treatment of diseases in an orderly fashion. In addition, such systems give clinicians a way to organize the health care needs of their patients. The last time scientists and clinicians in the field of periodontology and related areas agreed upon a classification system for periodontal diseases was in 1989 at the World Workshop in Clinical Periodontics.¹ Subsequently, a simpler classification was agreed upon at the 1st European Workshop in Periodontology.² These classification systems have been widely used by clinicians and research scientists throughout the world. Unfortunately, the 1989 classification had many shortcomings including: 1) considerable overlap in disease categories, 2) absence of a gingival disease component, 3) inappropriate emphasis on age of onset of disease and rates of progression, and 4) inadequate or unclear classification criteria. The 1993 European classification lacked the detail necessary for adequate characterization of the broad spectrum of periodontal diseases encountered in clinical practice. The need for a revised classification system for periodontal diseases was emphasized during the 1996 World Workshop in Periodontics.³ In 1997 the American Academy of Periodontology responded to this need and formed a committee to plan and organize an international workshop to revise the classification system for periodontal diseases. The proceedings in this volume are the result of this reclassification effort. The process involved development by the Organizing Committee of an outline for a new classification and identification of individuals to write state-of-the-science reviews for each of the items on the outline. The reviewers were encouraged to depart from the preliminary outline if there were data to support any modifications. On October 30–November 2, 1999, the International Workshop for a Classification of Periodontal Diseases and Conditions was held and a new classification was agreed upon (Fig. 1). This paper summarizes how the new classification for periodontal diseases and conditions presented in this volume differs from the classification system developed at the 1989 World Workshop in Clinical Periodontics.¹ In addition, an analysis of the rationale is provided for each of the modifications and changes. *Ann Periodontol* 1999;4:1-6.

KEY WORDS

Periodontal diseases/classification; gingival diseases/classification.

CHANGES IN THE CLASSIFICATION SYSTEM FOR PERIODONTAL DISEASES

Addition of a Section on “Gingival Diseases”

As mentioned above, the 1989 classification did not include a section on gingival diseases. This has been remedied by the development of a detailed classification of gingival diseases and lesions that are either dental plaque-induced (pages 18-19) or not primarily associated with dental plaque (pages 30-31). An important feature of the section on dental plaque-induced diseases is acknowledgment that the clinical expression of gingivitis can be substantially modified by: 1) systemic factors such as perturbations in the endocrine system, 2) medications, and 3) malnutrition. The section on non-plaque induced gingival lesions includes a wide range of disorders that affect the gingiva. Many of these disorders are frequently encountered in clinical practice.

Replacement of “Adult Periodontitis” With “Chronic Periodontitis”

From the outset, the term “Adult Periodontitis” created a diagnostic dilemma for clinicians. Epidemiologic data and clinical experience suggest that the form of periodontitis commonly found in adults can also be seen in adolescents.⁴ If this is true, how can non-adults (e.g., adolescents) with this type of periodontitis be said to have “adult periodontitis?” Clearly, the age-dependent nature of the adult periodontitis designation created problems. Therefore, workshop participants concluded that it would be more

- | | |
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| <p>I. Gingival Diseases</p> <p>A. Dental plaque-induced gingival diseases*</p> <ol style="list-style-type: none"> 1. Gingivitis associated with dental plaque only <ol style="list-style-type: none"> a. without other local contributing factors b. with local contributing factors (See VIII A) 2. Gingival diseases modified by systemic factors <ol style="list-style-type: none"> a. associated with the endocrine system <ol style="list-style-type: none"> 1) puberty-associated gingivitis 2) menstrual cycle-associated gingivitis 3) pregnancy-associated <ol style="list-style-type: none"> a) gingivitis b) pyogenic granuloma 4) diabetes mellitus-associated gingivitis b. associated with blood dyscrasias <ol style="list-style-type: none"> 1) leukemia-associated gingivitis 2) other 3. Gingival diseases modified by medications <ol style="list-style-type: none"> a. drug-influenced gingival diseases <ol style="list-style-type: none"> 1) drug-influenced gingival enlargements 2) drug-influenced gingivitis <ol style="list-style-type: none"> a) oral contraceptive-associated gingivitis b) other 4. Gingival diseases modified by malnutrition <ol style="list-style-type: none"> a. ascorbic acid-deficiency gingivitis b. other <p>B. Non-plaque-induced gingival lesions</p> <ol style="list-style-type: none"> 1. Gingival diseases of specific bacterial origin <ol style="list-style-type: none"> a. <i>Neisseria gonorrhoea</i>-associated lesions b. <i>Treponema pallidum</i>-associated lesions c. streptococcal species-associated lesions d. other 2. Gingival diseases of viral origin <ol style="list-style-type: none"> a. herpesvirus infections <ol style="list-style-type: none"> 1) primary herpetic gingivostomatitis 2) recurrent oral herpes 3) varicella-zoster infections b. other | <ol style="list-style-type: none"> 3. Gingival diseases of fungal origin <ol style="list-style-type: none"> a. <i>Candida</i>-species infections <ol style="list-style-type: none"> 1) generalized gingival candidosis b. linear gingival erythema c. histoplasmosis d. other 4. Gingival lesions of genetic origin <ol style="list-style-type: none"> a. hereditary gingival fibromatosis b. other 5. Gingival manifestations of systemic conditions <ol style="list-style-type: none"> a. mucocutaneous disorders <ol style="list-style-type: none"> 1) lichen planus 2) pemphigoid 3) pemphigus vulgaris 4) erythema multiforme 5) lupus erythematosus 6) drug-induced 7) other b. allergic reactions <ol style="list-style-type: none"> 1) dental restorative materials <ol style="list-style-type: none"> a) mercury b) nickel c) acrylic d) other 2) reactions attributable to <ol style="list-style-type: none"> a) toothpastes/dentifrices b) mouthrinses/mouthwashes c) chewing gum additives d) foods and additives 3) other 6. Traumatic lesions (factitious, iatrogenic, accidental) <ol style="list-style-type: none"> a. chemical injury b. physical injury c. thermal injury 7. Foreign body reactions 8. Not otherwise specified (NOS) |
|--|---|

Figure 1.

Classification of periodontal diseases and conditions.

* Can occur on a periodontium with no attachment loss or on a periodontium with attachment loss that is not progressing.

accurate to adopt a nonspecific term such as “Chronic Periodontitis” to characterize this constellation of destructive periodontal diseases.

A great deal of discussion centered around what words should be used to replace the Adult Periodontitis term. Substitute terminology such as “Periodontitis—Common Form” and “Type II Periodontitis” were considered and eventually rejected by the majority of the group. The term “Chronic Periodontitis” was criticized by some participants, since “chronic” might be interpreted as “noncurable” by some people. Nevertheless, “Chronic Periodontitis” was eventually agreed upon as long as it was understood that it did not imply that this disease was nonresponsive to treatment.

Traditionally, this form of periodontitis has been characterized as a slowly progressive disease.⁵ Indeed,

data from many sources confirm that patients with this form of periodontitis usually exhibit slow rates of progression.^{6,7} However, there are also data indicating that some patients may experience short periods of rapid progression.^{8,9} Therefore, workshop participants concluded that rates of progression should not be used to exclude people from receiving the diagnosis of Chronic Periodontitis.

Replacement of “Early-Onset Periodontitis” With “Aggressive Periodontitis”

The term “Early-Onset Periodontitis” (EOP) was used in the 1989 AAP and 1993 European classifications as a collective designation for a group of dissimilar destructive periodontal diseases that affected young patients (i.e., prepubertal, juvenile, and rapidly pro-

<ul style="list-style-type: none"> II. Chronic Periodontitis[†] <ul style="list-style-type: none"> A. Localized B. Generalized III. Aggressive Periodontitis[†] <ul style="list-style-type: none"> A. Localized B. Generalized IV. Periodontitis as a Manifestation of Systemic Diseases <ul style="list-style-type: none"> A. Associated with hematological disorders <ul style="list-style-type: none"> 1. Acquired neutropenia 2. Leukemias 3. Other B. Associated with genetic disorders <ul style="list-style-type: none"> 1. Familial and cyclic neutropenia 2. Down syndrome 3. Leukocyte adhesion deficiency syndromes 4. Papillon-Lefèvre syndrome 5. Chediak-Higashi syndrome 6. Histiocytosis syndromes 7. Glycogen storage disease 8. Infantile genetic agranulocytosis 9. Cohen syndrome 10. Ehlers-Danlos syndrome (Types IV and VIII) <ul style="list-style-type: none"> 11. Hypophosphatasia 12. Other C. Not otherwise specified (NOS) V. Necrotizing Periodontal Diseases <ul style="list-style-type: none"> A. Necrotizing ulcerative gingivitis (NUG) B. Necrotizing ulcerative periodontitis (NUP) VI. Abscesses of the Periodontium <ul style="list-style-type: none"> A. Gingival abscess B. Periodontal abscess C. Pericoronal abscess 	<ul style="list-style-type: none"> VII. Periodontitis Associated With Endodontic Lesions <ul style="list-style-type: none"> A. Combined periodontic-endodontic lesions VIII. Developmental or Acquired Deformities and Conditions <ul style="list-style-type: none"> A. Localized tooth-related factors that modify or predispose to plaque-induced gingival diseases/periodontitis <ul style="list-style-type: none"> 1. Tooth anatomic factors 2. Dental restorations/appliances 3. Root fractures 4. Cervical root resorption and cemental tears B. Mucogingival deformities and conditions around teeth <ul style="list-style-type: none"> 1. Gingival/soft tissue recession <ul style="list-style-type: none"> a. facial or lingual surfaces b. interproximal (papillary) 2. Lack of keratinized gingiva 3. Decreased vestibular depth 4. Aberrant frenum/muscle position 5. Gingival excess <ul style="list-style-type: none"> a. pseudopocket b. inconsistent gingival margin c. excessive gingival display d. gingival enlargement (See I.A.3. and I.B.4.) 6. Abnormal color C. Mucogingival deformities and conditions on edentulous ridges <ul style="list-style-type: none"> 1. Vertical and/or horizontal ridge deficiency 2. Lack of gingiva/keratinized tissue 3. Gingival/soft tissue enlargement 4. Aberrant frenum/muscle position 5. Decreased vestibular depth 6. Abnormal color D. Occlusal trauma <ul style="list-style-type: none"> 1. Primary occlusal trauma 2. Secondary occlusal trauma
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Figure 1. (Continued)

[†] Can be further classified on the basis of extent and severity. As a general guide, extent can be characterized as Localized = $\leq 30\%$ of sites involved and Generalized = $>30\%$ of sites involved. Severity can be characterized on the basis of the amount of clinical attachment loss (CAL) as follows: Slight = 1 or 2 mm CAL, Moderate = 3 or 4 mm CAL, and Severe = ≥ 5 mm CAL.

gressive periodontitis). It was logically assumed that these diseases all had an early onset because they affected young people. Unfortunately, the “early onset” designation implies that one has temporal knowledge of when the disease started. However, in clinical practice and most other situations this is rarely the case. In addition, there is considerable uncertainty about arbitrarily setting an upper age limit for patients with so-called early-onset periodontitis. For example, how does one classify the type of periodontal disease in a 21-year-old patient with the classical incisor-first molar pattern of Localized Juvenile Periodontitis (LJP)? Since the patient is not a juvenile, should the age of the patient be ignored and the disease classified as LJP anyway? This type of problem stems from the age-dependent nature of the 1989 classification system. A similar problem arises when the 1989 classification is applied to a 21-year-old patient with generalized peri-

odontal destruction. Does such a patient have “Rapidly Progressing Periodontitis” (RPP) or “Generalized Juvenile Periodontitis” (GJP)? It can be argued that neither designation is acceptable. The diagnosis of RPP may not be appropriate since the rate of progression is not known, and the GJP designation is unacceptable because the patient is no longer a juvenile.

Because of these problems, workshop participants decided that it was wise to discard classification terminologies that were age-dependent or required knowledge of rates of progression. Accordingly, highly destructive forms of periodontitis formerly considered under the umbrella of “Early-Onset Periodontitis” were renamed using the term “Aggressive Periodontitis.” In general, patients who meet the clinical criteria for LJP or GJP are now said to have “Localized Aggressive Periodontitis” or “Generalized Aggressive Periodontitis,” respectively. In the consensus report for “Aggres-

sive Periodontitis” (page 53), workshop participants have listed some characteristics that should be helpful in distinguishing between localized and generalized forms of this group of periodontal diseases. Since these features have not been universally used in the older literature to place patients in the LJP or GJP categories, it would be inappropriate to assume that there will be a consistent one-to-one relationship in transferring information from the old classification system to the new. For example, some patients formerly classified as having GJP in the older literature might appropriately be placed in either the Chronic Periodontitis or Generalized Aggressive Periodontitis categories in the new classification system, depending on a variety of primary and secondary characteristics.

The Rapidly Progressive Periodontitis (RPP) designation has been discarded. Patients who were formerly classified as having RPP will, depending on a variety of other clinical criteria, be assigned to either the “Generalized Aggressive Periodontitis” or “Chronic Periodontitis” categories. It should be emphasized that patients with rapidly progressive forms of periodontitis exist. They do not, however, represent a homogeneous group.

The 1989 classification contained a category termed “Prepubertal Periodontitis” which had localized and generalized forms. The category was originally developed to accommodate those rare situations in which children with primary teeth had severe periodontal destruction. It is now known that most of the patients who have been given the diagnosis of generalized prepubertal periodontitis actually had one of a variety of systemic conditions that interfere with resistance to bacterial infections. Such conditions include leukocyte adherence deficiency,^{10,11} congenital primary immunodeficiency,¹² hypophosphatasia,¹³ chronic neutrophil defects,^{14,15} or cyclic neutropenia.¹⁶ Under the new classification system, such patients would be placed under the heading of “Periodontitis as a Manifestation of Systemic Diseases” (page 64).

Workshop participants agreed that prepubescent children who have periodontal destruction without any modifying systemic conditions would, depending on a variety of secondary features, fit under the categories of “Chronic Periodontitis” or “Aggressive Periodontitis” in the new classification. The idea that periodontitis has its beginnings in childhood is supported by retrospective epidemiologic data suggesting that localized radiographic bone loss can be detected around the primary dentition of some children.¹⁷⁻¹⁹ In addition, generalized periodontitis has also been reported in young children without any detectable underlying systemic disease.²⁰ The concept that periodontitis develops at an early age is strengthened by data from many epidemiologic studies demonstrating that periodontal attachment loss can be found around the permanent teeth of adolescents.²¹⁻³¹

Elimination of a Separate Disease Category for “Refractory Periodontitis”

In the 1989 classification, a separate disease category was devoted to Refractory Periodontitis. This heterogeneous group of periodontal diseases refers to instances in which there is a continuing progression of periodontitis in spite of excellent patient compliance and the provision of periodontal therapy that succeeds in most patients. Because of the diversity of clinical conditions and treatments under which periodontal therapy fails to arrest the progression of periodontitis, workshop participants were of the opinion that “Refractory Periodontitis” is not a single disease entity. Indeed, it was considered possible that a small percentage of cases of all forms of periodontitis might be nonresponsive to treatment. Therefore the group concluded that, rather than a single disease category, the “refractory” designation could be applied to all forms of periodontitis in the new classification system (e.g., refractory chronic periodontitis, refractory aggressive periodontitis, etc.). It is recommended that future studies of these patients describe as fully as possible the population under investigation to minimize heterogeneity of the study sample.

Clarification of the Designation “Periodontitis as a Manifestation of Systemic Diseases”

In the 1989 classification, one of the disease categories was “Periodontitis Associated With Systemic Disease.” In general, this category has been retained in the new classification since it is clear that destructive periodontal disease can be a manifestation of certain systemic diseases. The Consensus Report for this portion of the workshop (page 64) contains a list of systemic diseases in which periodontitis is a frequent manifestation. It should be noted that diabetes mellitus is not on this list. In the collective view of workshop participants, diabetes can be a significant modifier of all forms of periodontitis but there are insufficient data to conclude that there is a specific diabetes mellitus-associated form of periodontitis. For example, the presence of uncontrolled diabetes mellitus can alter the clinical course and expression of chronic and aggressive forms of periodontitis. Similarly, the new classification does not contain a separate disease category for the effects of cigarette smoking on periodontitis. Smoking was considered to be a significant modifier of multiple forms of periodontitis.

One of the apparent inconsistencies in the new system is inclusion in the “Dental Plaque-Induced Gingival Diseases” (pages 18-19) portion of the classification a list of gingival diseases that can be modified by systemic factors. On this list is “diabetes mellitus-associated gingivitis.” How can one justify inclusion of a diabetes mellitus-associated gingivitis category and purposefully exclude a parallel periodontitis category?

The reason for this decision was that plaque-induced gingivitis was considered a single entity by the workshop participants. This is not the case for periodontitis, where there are clearly different clinical forms. It would have been possible to include in the new classification additional subcategories such as “diabetes mellitus-associated chronic periodontitis” and “diabetes mellitus-associated aggressive periodontitis.” However, the group decided that this would be unnecessarily complicated and not yet justified by supporting data.

Replacement of “Necrotizing Ulcerative Periodontitis” With “Necrotizing Periodontal Diseases”

Workshop participants acknowledged that necrotizing ulcerative gingivitis (NUG) and necrotizing ulcerative periodontitis (NUP) are clinically identifiable conditions. However, the group was less certain about the relationship between NUG and NUP. Are these clinical conditions part of a single disease process or are they truly separate diseases? Since there are insufficient data to resolve these issues, the group decided to place both clinical conditions under the single category of “Necrotizing Periodontal Diseases.” If future studies show that NUG and NUP are fundamentally different diseases, then they can be separated in subsequent revisions of the classification.

One of the potential problems with inclusion of “Necrotizing Periodontal Diseases” as a separate category is that both NUG and NUP might be manifestations of underlying systemic problems such as HIV infection. If this is true, then it might be more appropriate to place these conditions under manifestations of systemic diseases. The reason that this was not done is that there are many factors, other than systemic diseases, that appear to predispose to the development of NUG or NUP such as emotional stress and cigarette smoking. Since our understanding of these clinical conditions is far from complete, it was concluded that for the time being they should be included under a single and separate category in the new classification.

Addition of a Category on “Periodontal Abscess”

The 1989 classification did not include a section on periodontal abscesses. This has been remedied by the addition of a simple classification (page 83) primarily based on location (i.e., gingival, periodontal, pericoronal) of these commonly encountered lesions. It could be argued that periodontal abscesses are part of the clinical course of many forms of periodontitis and formation of a separate disease category is not justified. However, in the view of workshop participants, since periodontal abscesses present special diagnostic and treatment challenges they deserve to be classified apart from other periodontal diseases.

Addition of a Category on “Periodontic-Endodontic Lesions”

The 1989 classification did not include a section on the connection between periodontitis and endodontic lesions. Therefore a simple classification dealing with this area has been added (page 90).

Addition of a Category on “Developmental or Acquired Deformities and Conditions”

Although the deformities and conditions listed in this section of the classification are not separate diseases, they are important modifiers of the susceptibility to periodontal diseases or can dramatically influence outcomes of treatment. In addition, since periodontists are routinely called upon to treat many of these conditions they have been given a place in the new classification (page 101).

FUTURE REVISIONS TO THE CLASSIFICATION

The classification of periodontal diseases and conditions in this volume should provide a workable framework upon which to study and develop effective treatments for this complex group of infections. It is anticipated that as we learn more about the etiology and pathogenesis of periodontal diseases, future revisions to the classification will be needed. All classification systems have inconsistencies or inaccuracies. The present effort is no exception. Nevertheless, the current classification represents the consensus of an international group of experts and it is hoped that the system will be useful to the profession and public we serve.

REFERENCES

1. The American Academy of Periodontology. *Proceedings of the World Workshop in Clinical Periodontics*. Chicago: The American Academy of Periodontology; 1989:1/23-1/24.
2. Attström R, van der Velden U. Consensus report (epidemiology). In: Lang NP, Karring T, eds. *Proceedings of the 1st European Workshop on Periodontics, 1993*. London: Quintessence; 1994:120-126.
3. Armitage GC. Periodontal diseases: Diagnosis. *Ann Periodontol* 1996;1:37-215.
4. Papapanou PN. Periodontal diseases: Epidemiology. *Ann Periodontol* 1996;1:1-36.
5. Brown LJ, Löe H. Prevalence, extent, severity and progression of periodontal disease. *Periodontol 2000* 1993; 2:57-71.
6. Löe H, Anerud A, Boysen H, Morrison E. Natural history of periodontal disease in man. Rapid, moderate and no loss of attachment in Sri Lankan laborers 14 to 46 years of age. *J Clin Periodontol* 1986;13:431-440.
7. Papapanou PN, Wennström JL, Gröndahl K. A 10-year retrospective study of periodontal disease progression. *J Clin Periodontol* 1989;16:403-411.
8. Socransky SS, Haffajee AD, Goodson JM, Lindhe J. New concepts of destructive periodontal disease. *J Clin Periodontol* 1984;11:21-32.
9. Jeffcoat MK, Reddy MS. Progression of probing attachment loss in adult periodontitis. *J Periodontol* 1991;

- 62:185-189.
10. Waldrop TC, Anderson DC, Hallmon WW, Schmalstieg FC, Jacobs RL. Periodontal manifestations of the heritable Mac-1, LFA-1, deficiency syndrome. *J Periodontol* 1987;58:400-416.
 11. Meyle J. Leukocyte adhesion deficiency and prepubertal periodontitis. *Periodontol 2000* 1994;6:26-36.
 12. Batista EL Jr, Novaes AB Jr, Calvano LM, et al. Necrotizing ulcerative periodontitis associated with severe congenital immunodeficiency in a prepubescent subject: clinical findings and response to intravenous immunoglobulin treatment. *J Clin Periodontol* 1999;26:499-504.
 13. Plagmann H-C, Kocher T, Kuhrau N, Caliebe A. Periodontal manifestation of hypophosphatasia. A family case report. *J Clin Periodontol* 1994;21:710-716.
 14. Dougherty N, Gataletto MA. Oral sequelae of chronic neutrophil defects: case report of a child with glycogen storage disease type 1b. *Pediatric Dent* 1995;17:224-229.
 15. Kamma JJ, Lygidakis NA, Nakou M. Subgingival microflora and treatment in prepubertal periodontitis associated with chronic idiopathic neutropenia. *J Clin Periodontol* 1998;25:759-765.
 16. Prichard JF, Ferguson DM, Windmiller J, Hurt WC. Prepubertal periodontitis affecting the deciduous dentition and permanent dentition in a patient with cyclic neutropenia. A case report and discussion. *J Periodontol* 1984;55:114-122.
 17. Sweeney EA, Alcoforado GAP, Nyman S, Slots J. Prevalence and microbiology of localized prepubertal periodontitis. *Oral Microbiol Immunol* 1987;2:65-70.
 18. Bimstein E, Delaney JE, Sweeney EA. Radiographic assessment of the alveolar bone in children and adolescents. *Pediatric Dent* 1988;10:199-204.
 19. Sjödin B, Matsson L. Marginal bone loss in the primary dentition. A survey of 7-9-year-old children in Sweden. *J Clin Periodontol* 1994;21:313-319.
 20. Bimstein E, Sela MN, Shapira L. Clinical and microbial considerations for the treatment of an extended kindred with seven cases of prepubertal periodontitis: a 2-year follow-up. *Pediatric Dent* 1997;19:396-403.
 21. Lennon MA, Davies RM. Prevalence and distribution of alveolar bone loss in a population of 15-year-old schoolchildren. *J Clin Periodontol* 1974;1:175-182.
 22. Aass AM, Albandar J, Aasenden R, Tollefsen T, Gjermo P. Variation in prevalence of radiographic alveolar bone loss in subgroups of 14-year-old schoolchildren in Oslo. *J Clin Periodontol* 1988;15:130-133.
 23. van der Velden U, Abbas F, van Steenberghe TJM, et al. Prevalence of periodontal breakdown in adolescents and presence of *Actinobacillus actinomycetemcomitans* in subjects with attachment loss. *J Periodontol* 1989;60:604-610.
 24. Källestål C, Matsson L, Holm A-K. Periodontal conditions in a group of Swedish adolescents. (I). A descriptive epidemiologic study. *J Clin Periodontol* 1990;17:601-608.
 25. Källestål C, Matsson L. Marginal bone loss in 16-year-old Swedish adolescents in 1975 and 1988. *J Clin Periodontol* 1991;18:740-743.
 26. Bhat M. Periodontal health of 14-17-year-old US schoolchildren. *J Public Health Dent* 1991;51:5-11.
 27. Cappelli DP, Ebersole JL, Kornman KS. Early-onset periodontitis in Hispanic-American adolescents associated with *A. actinomycetemcomitans*. *Community Dent Oral Epidemiol* 1994;22:116-121.
 28. Aass AM, Tollefsen T, Gjermo P. A cohort study of radiographic alveolar bone loss during adolescence. *J Clin Periodontol* 1994;21:133-138.
 29. Clerehugh V, Worthington HV, Lennon MA, Chandler R. Site progression of loss of attachment over 5 years in 14- to 19-year-old adolescents. *J Clin Periodontol* 1995;22:15-21.
 30. Albandar JM, Brown LJ, Brunelle JA, Löe H. Gingival state and dental calculus in early-onset periodontitis. *J Periodontol* 1996;67:953-959.
 31. Timmerman MF, van der Weijden GA, Armand S, et al. Untreated periodontal disease in Indonesian adolescents. Clinical and microbiological baseline data. *J Clin Periodontol* 1998;25:215-224.

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Friday, November 15, 2024

Dental Hygiene Board of California

Education Committee Agenda Item 5.

**Discussion and Possible Action on the Status of the
Concorde Career College-San Diego Dental Hygiene
Educational Program.**



MEMORANDUM

DATE	November 15, 2024
TO	Education Committee Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	EDU 5: Discussion and Possible Action on the Status of the Concorde Career College-San Diego Dental Hygiene Educational Program.

BACKGROUND:

Dental Hygiene Board of California (DHBC, Board) staff conducted a site visit at the Concorde Career College-San Diego Dental Hygiene Educational Program (CCC-SD) on October 15, 2024. This site visit was generated due to the appointment of a new program director, as well as to the Board's oversight goals to review all Dental Hygiene Educational Programs (DHEPs) in California. Evidence of program compliance with the minimum DHEP standards set by the Business and Professions Code (BPC), the California Code of Regulations (CCR), and the Commission on Dental Accreditation (CODA) was deficient.

CCC-SD was determined to have six (6) violations (see "CCC-SD Site Visit Report," attached.) The most egregious of the violations is that CCC-SD failed to ensure dental hygiene students completed all requirements for competency established by the Board and CODA. Therefore, several of Cohort 16 and Cohort 17 graduates did not meet all DHBC and CODA requirements to receive licensure as verified through reviewed documentation.

As reported:

1. Violation 1 - Issue 1: CCC-SD does not require students to see patients with all classifications of periodontal diseases.
 - a. Student Experiences:
 1. Cohort 16: There were 24 students in this cohort.
 - i. Ten (10) students failed to see patients with all classifications of periodontal diseases pursuant to 16 CCR Section 1105.2(e) and CODA Standard 2-14.

2. Cohort 17: There were 24 students in this cohort.
 - i. Eight (8) students failed to see patients with all classifications of periodontal diseases pursuant to 16 CCR Section 1105.2(e) and CODA Standard 2-14.
 - b. Effect: Students are required by DHBC law and CODA Standards to provide care for all classifications of periodontal diseases and therefore, students do not meet the minimum requirements for competency established by the Board and CODA.
2. Violation 1 - Issue 2: Students not required to complete competencies in all classifications of periodontal disease.
 - a. CCC-SD only requires three competencies:
 1. Term VII requires one competency in either Gingivitis or Stage I.
 2. Term VIII requires one competency in either Stage I or II.
 3. Term IX requires one competency in either Stage II or III.
 - b. Effect:
 1. Students are required by DHBC law and CODA Standards to provide for student competency in all classifications of periodontal diseases and therefore, students do not meet the minimum requirements for competency established by the Board and CODA.

Additionally, three of the violations were cited as violations in previous site visits:

1. Violation 4 - Student Support: Students reported (and confirmed by the administration) they did not receive their books for the term until four (4) weeks into the ten (10) week term due to a “backorder” issue.
 - a. Effect: Students were not provided necessary resources to support teaching and student learning needs, thereby hindering student success.
2. Violation 5 - Technology Infrastructure.
 - a. Issue 1: Radiology computers and software outages occur often, causing a disruption to patient care.
 - i. Effect: Poses a barrier to efficient usage of clinic time and student learning, thereby hindering student success.
 - b. Issue 2: Clinic computers and software outages occur often, causing a disruption to patient care.

- i. Effect: Poses a barrier to efficient usage of clinic time and student learning, thereby hindering student success.
 - c. Issue 3: Internet access outages occur often, interrupting the students' ability to complete classwork, exams, assignments, and research.
 - i. Effect: Poses a barrier to efficient usage of time and student learning, thereby hindering student success.
- 3. Violation 6 - Clinical Facilities.
 - a. Issue: Students reported specific clinical units are in disrepair (swaying chairs causing difficulty for patients to enter and exit the chairs, swaying overhead lights, chairs not fully able to recline or raise causing student ergonomic concerns, leaking air-water syringes, etc.).
 - i. Effect: Prevents effective utilization of the clinical operatories and causes a barrier to student learning and patient care, thereby hindering student success.

STAFF RECOMMENDATION:

As CCC-SD demonstrates repeated violations of the law and CODA Standards by graduating students lacking CODA and California state mandated requirements for licensure, staff recommends the Board to issue a citation and the fine of \$2,000 (\$1,000 for each year of graduating unqualified students pursuant to the law), and placing CCC-SD on a three-year probation period with quarterly reporting requirements identifying corrective measures where the program will be reassessed. Additionally, during the probation period, CCC-SD may experience announced and unannounced site visits from Board staff to check on the progression toward compliance or further Board action.

PROPOSED MOTION LANGUAGE:

I move for the Education Committee to recommend to the Full Board to issue a citation and fine of \$2,000 (\$1,000 for each year of graduating unqualified students pursuant to the law), and placing CCC-SD on a three-year probation period with quarterly reporting requirements identifying corrective measures where the program will be reassessed. Additionally, during the probation period, CCC-SD may experience announced and unannounced site visits from Board staff to check on the progression toward compliance or further Board action.



October 21, 2024

Rachel Saffel, MSM
Campus President
Concorde Career College – San Diego
4393 Imperial Avenue
San Diego, CA 92128

Dear President Saffel,

The Dental Hygiene Board of California (DHBC, Board) conducted a site visit at the Concorde Career College – San Diego Dental Hygiene Educational Program (CCC-SD) on October 15, 2024. This site visit was generated due to the appointment of a new program director, as well as to the Board's oversight goals to review all Dental Hygiene Educational Programs (DHEPs) in California. Evidence of program compliance with the minimum DHEP standards set by the Business and Professions Code (BPC), the California Code of Regulations (CCR), and the Commission on Dental Accreditation (CODA) was deficient.

The results of the site visit are as follows:

I. Violation 1: DHBC and CODA DHEP Requirements.

[BPC Section 1941(a), 16 CCR Section 1105.2(e), and CODA Standard 2-14.]

A. Site Visit:

1. Issue 1: CCC-SD does not require students to see patients with all classifications of periodontal diseases.

a. Student Experiences:

1. Cohort 16: There were 24 students in this cohort.
 - i. Ten (10) students failed to see patients with all classifications of periodontal diseases pursuant to 16 CCR Section 1105.2(e) and CODA Standard 2-14.

2. Cohort 17: There were 24 students in this cohort.

i. Eight (8) students failed to see patients with all classifications of periodontal diseases pursuant to 16 CCR Section 1105.2(e) and CODA Standard 2-14.

b. Effect: Students are required by DHBC law and CODA Standards to provide care for all classifications of periodontal diseases and therefore, students do not meet the minimum requirements for competency established by the Board and CODA.

2. Issue 2: Students not required to complete competencies in all classifications of periodontal disease.

a. CCC-SD only requires three competencies:

1. Term VII requires one competency in either Gingivitis or Stage I.
2. Term VIII requires one competency in either Stage I or II.
3. Term IX requires one competency in either Stage II or III.

b. Effect:

1. Students are required by DHBC law and CODA Standards to provide for student competency in all classifications of periodontal diseases and therefore, students do not meet the minimum requirements for competency established by the Board and CODA.

B. Refer to:

1. 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.

2. 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.

3. 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:

1. **Not in compliance.** This severe violation alone warrants further action by the Board due to students graduating without meeting the minimum requirements for competency established by the Board and CODA.
2. CCC-SD is in violation of BPC Section 1941(a), 16 CCR Section 1105.2(e), and CODA Standard 2-14.
3. CCC-SD shall require and provide evidence of students meeting DHBC and CODA DHEP requirements pursuant to BPC Section 1941(a), 16 CCR Section 1105.2(e), and CODA Standard 2-14.

II. Violation 2: Program Terms.

[BPC 1941(a), 16 CCR Section 1105(b)(3), 16 CCR Section 1103(a), 16 CCR Section 1103(z), 16 CCR section 1103(aa), 16 CCR section 1103(d), 16 CCR section 1103(l), 16 CCR section 1103(r), and CODA Standard 2-1.]

A. Site Visit:

1. Issue: Term schedules are comprised of only nine (9) weeks of instruction and one half (1/2) week of exams.
 - a. Effect: Students are not receiving the appropriate amount of instruction time to obtain competency in the practice of dental hygiene.

B. Refer to:

1. 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.

2. 16 CCR Section 1105(b)(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.

3. 16 CCR Section 1103(a)

“Academic year” means a period of education consisting of a minimum of forty-five (45) quarter units or thirty (30) semester units within a twelve-month period or three quarters or two semesters within a 12-month period, or a duration deemed equivalent thereto by the Dental Hygiene Board.

4. 16 CCR Section 1103(z)

“Quarter” means at least ten (10) weeks of instruction.

5. 16 CCR section 1103(aa)

“Quarter unit” means at least ten (10) hours of college or university level instruction during a quarter. Additional time outside of instruction may be required for a student to devote to preparation for planned learning experiences, such as preparation for instruction, study of course material, or completion of educational projects.

6. 16 CCR section 1103(d)

“Clinical instruction” means instruction in which students receive supervised patient care experiences in performing procedures in a clinical setting to achieve safe and effective clinical outcomes. The instructor to student ratio shall meet approved accreditation standards.

7. 16 CCR section 1103(l)

“Didactic instruction” means instruction through lectures, seminars or demonstrations, as distinguished from clinical or laboratory instruction.

8. 16 CCR section 1103(r)

“Laboratory instruction” means instruction designed to perform procedures using instructional materials in which students receive supervised experience performing procedures. The instructor to student ratio shall meet approved accreditation standards.

9. CODA Standard 2-1

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

C. Determination:

1. **Not in compliance.**
2. CCC-SD is in violation of BPC Section 1941(a), 16 CCR Section 1105(b)(3), 16 CCR Section 1103(a), 16 CCR Section 1103(z), 16 CCR section 1103(aa), 16 CCR section 1103(d), 16 CCR section 1103(l), 16 CCR section 1103(r), and CODA Standard 2-1.
3. CCC-SD shall require and provide evidence of program terms meeting DHBC and CODA DHEP requirements pursuant to BPC Section 1941(a), 16 CCR Section 1105(b)(3), 16 CCR Section 1103(a), 16 CCR Section 1103(z), 16 CCR section 1103(aa), 16 CCR section 1103(d), 16 CCR section 1103(l), 16 CCR section 1103(r), and CODA Standard 2-1.

III. Violation 3: Schedule Changes

[BPC Section 1941(a), 16 CCR Section 1105(a) and (d), and 16 CCR Section 1105.3(b)(3)]

A. Site Visit:

1. Issue 1: Term ends mid-week and new term begins on the following Monday; and Issue 2: Students report back-to-back 13-hour days due to scheduling issues.
 - a. Effect: Students not provided sufficient time to devote to rest, studying, holidays, religious observations, or outside commitments, thereby hindering student success.
 - b. Effect: Faculty not provided sufficient time to devote to preparing for the next term.

2. Issue 3: Schedule changes began in 2022 and not reported to the DHBC nor to CODA.

B. Refer to:

1. 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.

2. 16 CCR Section 1105(a) and (d)

(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.

(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.

3. 16 CCR Section 1105.3(b)(3)

(b) An approved dental hygiene program shall not make a substantive change without prior Dental Hygiene Board approval. These changes include:

(3) Any changes that require a report to the Commission on Dental Accreditation or equivalent accrediting body shall require approval from the Dental Hygiene Board.

C. Determination:

1. **Not in compliance.**
2. CCC-SD is in violation of BPC Section 1941(a), 16 CCR Section 1105(a) and (d), and 16 CCR Section 1105.3(b)(3).

3. CCC-SD shall require and provide evidence of program scheduling and DHEP change reporting meeting DHBC and CODA DHEP requirements pursuant to BPC Section 1941(a), 16 CCR Section 1105(a) and (d), and 16 CCR Section 1105.3(b)(3).

IV. Violation 4: Student Clinical Hours

[BPC Section 1941(a), CODA Standard 2-10]

A. Site Visit:

1. Issue 1: Student clinical rotation schedules do not provide all students with required clinical hours pursuant to DHBC law and CODA Standards.

a. Clinical Hours:

1. First year cohort is scheduled for eight (8) hours in clinic per week.
 - i. Clinical adjunct rotations as sterilization assistant results in removing four (4) hours of direct patient care from students scheduled in those duties.
2. Second year cohort is scheduled for 15 hours in clinic per week.
 - i. Clinical adjunct rotations as sterilization assistant results in removing four (4) to five and one half (5.5) hours of direct patient care from students scheduled in those duties.

- b. Effect: Sufficient practice time and learning experiences are not being provided during the clinical courses to ensure that students attain clinical competence.

B. Refer to:

1. 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.

2. CODA Standard 2-10

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

Intent:

Sufficient practice time and learning experiences should be provided during preclinical and clinical courses to ensure that students attain clinical competence. The number of hours devoted to clinical practice time should increase as the students progress toward the attainment of clinical competence.

The preclinical course should have at least six hours of clinical practice per week. As the first-year students begin providing dental hygiene services for patients, each student should be scheduled for at least eight to twelve hours of direct patient care per week. In the final prelicensure year of the curriculum, each student should be scheduled for at least twelve to sixteen hours of direct patient care per week in the dental hygiene clinic.

C. Determination:

1. **Not in compliance.**
2. CCC-SD is in violation of BPC Section 1941 (a) and CODA Standard 2-10.
3. CCC-SD shall require and provide evidence of student clinical hours meeting DHBC and CODA DHEP requirements pursuant to BPC Section 1941 (a) and CODA Standard 2-10.

V. Violation 4: Student Support

[BPC Section 1941 (a), 16 CCR Section 1105(i), and CODA Standard 4-7]

A. Site Visit:

1. Issue: Students reported (and confirmed by the administration) they did not receive their books for the term until four (4) weeks into the ten (10) week term due to a "backorder" issue.
 - a. Effect: Students were not provided necessary resources to support teaching and student learning needs, thereby hindering student success.

B. Previous Site Visit Deficiency:

1. In the June 1, 2021 DHBC Site Visit report, a similar deficiency was discovered:
 - a. Books not provided to students in advance of courses.
 1. Business manager responsible for distribution out on leave, no substitute overseeing book distribution.

C. Refer to:

1. 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.

2. 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.

3. CODA Standard 4-7

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

D. Determination:

1. **Not in compliance.**
2. CCC-SD is in violation of BPC Section 1941(a), 16 CCR Section 1105(i), and CODA Standard 4-7.

3. CCC-SD shall require and provide evidence of student support pursuant to BPC Section 1941(a), 16 CCR Section 1105(i), and CODA Standard 4-7.

VI. Violation 5: Technology Infrastructure.

[BPC Section 1941(a), 16 CCR Section 1105(i), CODA Standard 2-5, CODA Standard 4-1, CODA Standard 4-2]

A. Site Visit:

1. Issue 1: Radiology computers and software outages occur often, causing a disruption to patient care.
 - a. Effect: Poses a barrier to efficient usage of clinic time and student learning, thereby hindering student success.
2. Issue 2: Clinic computers and software outages occur often, causing a disruption to patient care.
 - a. Effect: Poses a barrier to efficient usage of clinic time and student learning, thereby hindering student success.
3. Issue 3: Internet access outages occur often, interrupting the students' ability to complete classwork, exams, assignments, and research.
 - a. Effect: Poses a barrier to efficient usage of time and student learning, thereby hindering student success.
4. Issue 4: No Internet Technology support during evening courses and clinics.
 - a. Effect: Poses a barrier to student learning, thereby hindering student success.

B. Previous Site Visit Deficiency:

1. In the June 1, 2021 DHBC Site Visit report, similar deficiencies were discovered:
 - a. Clinic and Radiology Computers
 1. Slow and not conducive to learning (e.g., computers fail to recognize clinic software programs).
 2. Computers fail to recognize radiology sensors.

- i. Poses a barrier to efficient usage of clinic time and student learning.

b. Student Internet Access

- 1. Slow, not conducive to utilization for exams or student assignments (e.g., visual aids accompanying exam questions not loading).
 - i. Poses a barrier to efficient usage of time and student learning.

C. Refer to:

1. 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.

2. 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.

3. CODA Standard 2-5

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

4. 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.

5. 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.

D. Determination:

1. **Not in compliance.**
2. CCC-SD is in violation of BPC Section 1941 (a), 16 CCR Section 1105(i), CODA Standard 2-5, CODA Standard 4-1, CODA Standard 4-2.
3. CCC-SD shall provide and provide evidence of sufficient DHEP technology infrastructure pursuant to BPC Section 1941 (a), 16 CCR Section 1105(i), CODA Standard 2-5, CODA Standard 4-1, CODA Standard 4-2.

VII. Violation 6: Clinical Facilities.

[BPC Section 1941 (a), 16 CCR Section 1105(i), CODA Standard 2-5, and CODA Standard 4-1.]

A. Site Visit:

1. Issue: Students reported specific clinical units are in disrepair (swaying chairs causing difficulty for patients to enter and exit the chairs, swaying overhead lights, chairs not fully able to recline or raise causing student ergonomic concerns, leaking air-water syringes, etc.).
 - a. Effect: Prevents effective utilization of the clinical operatories and causes a barrier to student learning and patient care, thereby hindering student success.

B. Previous Site Visit Deficiency:

1. In the June 1, 2021 DHBC Site Visit report, a similar deficiency was discovered:
 - a. Site Visit:
 1. Clinical Chairs
 - i. Breaks down regularly requiring repair preventing student utilization.
 - Poses a barrier to efficient usage of clinic time and student learning.

C. Refer to:

1. 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.

2. 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.

3. CODA Standard 2-5

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

4. 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.

D. Determination:

1. **Not in compliance.**
2. CCC-SD is in violation of 16 CCR Section 1105(i), and CODA Standards 2-5 and 4-1.
3. CCC-SD shall provide and provide evidence of sufficient clinical facilities pursuant to 16 CCR Section 1105(i), and CODA Standards 2-5 and 4-1.

CCC-SD shall provide evidence of compliance to the above violations **by November 14, 2024.**

Pursuant to 16 CCR section 1104(b)(5), continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in Title 16, Division 11, Article 3 of the CCR. As CCC-SD is operating outside the structured parameters of California law and CODA Standards with these violations, CCC-SD is therefore putting students, faculty, and the public at risk.

This matter will be brought before the Board and Education Committee for further action at the Board's meeting on November 15 - 16, 2024. The meeting will be held online on November 15, 2024 using the following link:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m555b5709d70b7a8464bbef185d83cf28>

If joining using the link above

Webinar number: 2484 002 8238

Webinar password: DHBC1115

If joining by phone

+1-415-655-0001 US Toll

Access code: 2484 002 8238

Passcode: 34221115

On November 16, 2024, the meeting will be held in person at:

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

The meeting will also be held online on November 16, 2024 using the following link:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=me36f838bcab6bfd39becedb7101f1ed3>

If joining using the link above

Webinar number: 2483 107 1143

Webinar password: DHBC1116

If joining by phone

+1-415-655-0001 US Toll

Access code: 2483 107 1143

Passcode: 34221116

It would be highly recommended to have CCC-SD representatives present at the meeting to answer any questions the Board and Education Committee may have.

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

Sincerely,

Adina A. Pineschi-Petty DDS

Education, Legislative and Regulatory Specialist
Dental Hygiene Board of California

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California

Destry Lievanos, MBA, Academic Dean, CCC-SD

Kimberly Pennington RDH, M.Ed., Dental Hygiene Program Director, CCC-SD



Friday, November 15, 2024

Dental Hygiene Board of California

Education Committee Agenda Item 6.

**Dental Hygiene Educational Program
Site Visit Update and Schedule.**

MEMORANDUM

DATE	November 15, 2024
TO	Education Committee Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	EDU 6: Dental Hygiene Educational Program Site Visit Update and Schedule.

1. Pasadena City College (PCC)

- a. Site visit generated due to a change in administration for PCC as well as a part of the Dental Hygiene Board of California's (DHBC, Board) oversight goals to review all dental hygiene educational programs (DHEPs) in California.
- b. On October 12, 2022, a site visit was conducted at the PCC campus.
- c. At the July 20, 2024, Full Board meeting, the Board voted to issue a citation and placed PCC on two (2) years' probation with quarterly reporting requirements.
- d. PCC requested an Informal Conference with the DHBC's Executive Officer (EO) pursuant to California Code of Regulations (CCR), Title 16, section 1104.3(b)(5)(B) regarding their citation and probationary status.
- e. On September 17, 2024, EO Lum held PCC's Informal Conference where he dismissed the citation but maintained the Board's action of placing PCC on probation for two (2) years with reporting requirements from the date of notification (August 16, 2024).
- f. Current Status:
 - i. In temporary compliance.
 - ii. See Informal Conference decision.

2. Carrington College-Sacramento (Carrington-Sacramento)

- a. On February 12, 2024, a limited site visit was conducted due to several complaints.
- b. On May 29, 2024, additional complaints were filed against the Carrington-Sacramento DHEP.

- c. On September 30, 2024, an additional site visit was conducted due to assignment of a new program director.
- d. Current Status:
 - i. In compliance.
 - ii. See Carrington-Sacramento report.

3. Cypress College (Cypress)

- a. Site visit generated due to CODA Self Study review, as well as a change in in administration for Cypress.
- b. On October 12, 2023, a site visit was conducted at the Cypress campus.
- c. Current Status:
 - i. In temporary compliance.
 - ii. Full compliance due by June 2, 2025.
 - iii. See Cypress report.

4. Taft College (Taft)

- a. Site Visit was generated due to CODA Self Study review.
- b. On February 20-21, 2024, a site visit was conducted at the Taft campus.
- c. At the July 20, 2024, Full Board meeting, the Board voted to issue a citation and fine of \$2,000 (\$1,000 each for 2022 & 2023 students who graduated without fulfilling Taft's established requirements to graduate from the Taft dental hygiene program) and placed Taft on probation for three (3) years with quarterly reporting requirements.
- d. Taft requested an Informal Conference with the DHBC's Executive Officer and on pursuant to 16 CCR section 1104.3(b)(5)(B) regarding their citation, fine, and probationary status.
- e. On September 19, 2024, EO Lum held Taft's Informal Conference where he affirmed the Board's decision (as detailed above) where the Board issued Taft a citation and fine and placed Taft on probation for three (3) years from the date of notification (August 15, 2024). Taft College has paid the fine and is currently on probation for the next three (3) years.
- f. Current Status:
 - i. In compliance.
 - ii. See Taft report and Informal Conference Decision.

5. Cabrillo College (Cabrillo)

- a. Site visit generated due to a change in administration for Cabrillo as well as a part of the DHBC oversight goals to review all DHEPs in California.
- b. On April 9, 2024, a site visit was conducted at the Cabrillo campus.
- c. On August 8, 2024, an additional site visit was conducted to review veracity of reports provided to the Board.
- d. On October 8, 2024, an unannounced site visit was conducted due to student, faculty, and staff complaints.
- e. Not in compliance
 - i. See Cabrillo report.

6. Concorde Career College-San Diego (CCC-SD)

- a. Site visit generated due to a change in in administration for CCC-SD, as well as a follow-up due to remodel and enrollment increase request.
- b. On October 15, 2024, a site visit was conducted at the CCC-SD campus.
- c. Not in compliance.
 - i. See CCC-SD report (in agenda item EDU 5).

RDH Educational Program	CODA Visit Previous/Next Scheduled	DHBC Visit(s) Previous/Next Scheduled
Cabrillo College	2019 / 2027	November 7, 2019 April 9, 2024 August 8, 2024
Carrington - Sacramento	2021 / 2028	February 10, 2021 March 8, 2023 (limited) February 12, 2024 (complaint) May 29, 2024 (complaint) September 30, 2024/New Program Director
Carrington - San Jose	2021 / 2028	October 25, 2017 November 16, 2020 March 1, 2023 (limited) January 22, 2025/New Program Director/Ventilation
Cerritos College	2016 / November 12-14, 2024	February 15, 2017 December 2, 2024/ New Program Director

RDH Educational Program	CODA Visit Previous/Next Scheduled	DHBC Visit(s) Previous/Next Scheduled
Chabot College	2023 / 2030	September 8, 2021 May 2, 2023
Concorde Career College-Garden Grove	2019 / 2027	June 28, 2016 August 10, 2016 December 7, 2016 January 18, 2018 June 29, 2022 (limited) December 3, 2024/ New Program Director
Concorde Career College-San Bernardino	2018 / 2026	December 20, 2016 January 19, 2018 June 28, 2022 (limited)
Concorde Career College-San Diego	2021/ 2028	December 19, 2016 May 27, 2021 October 15, 2024 New Program Director and follow-up due to remodel and enrollment increase request
Cypress College	2015 / September 27-29, 2023	March 3, 2020 October 12, 2023
Diablo Valley College	2017 / March 3-5, 2025	February 26, 2019 March 11, 2025
Foothill College	2018 / 2026	October 18, 2018
Fresno City College	2021 / 2028	October 27, 2021
Loma Linda University	2016 / February 20-21, 2024	October 13, 2022 October 10, 2023
Moreno Valley College	2019 / 2027	May 30, 2017 October 11, 2023
Oxnard College	2021 / 2028	November 4, 2021
Pasadena City College	2016 / October 15-17, 2024	October 12, 2022 Follow-Up TBD
Sacramento City College	2018 / 2026	December 7, 2018
San Joaquin Valley College - Ontario	2022 / 2029	June 24, 2021
San Joaquin Valley College - Visalia	2019 / 2026	November 14, 2019
Santa Rosa Junior College	2023 / 2030	September 16, 2021
Shasta College	2023 / 2030	March 12, 2018 March 23, 2021
Southwestern College	2023 / 2030	September 22, 2021
Taft College	2016 / February 1-2, 2024	May 8, 2017(complaint) May 15, 2017 June 9, 2017 July 24, 2017 February 20-21, 2024

RDH Educational Program	CODA Visit Previous/Next Scheduled	DHBC Visit(s) Previous/Next Scheduled
		May 13-14, 2024
University of the Pacific	2022 / 2029	February 13, 2020
West Coast University	2017 / May 6-7, 2025	September 15, 2022 TBA 2025
West Los Angeles College	2017 / February 20-21, 2025	October 30, 2018 February 25, 2025



September 30, 2024

Dr. Laura Ramirez, Assistant Superintendent, Vice President
Dr. Micah Young, Dean
Adrine Reganian, Dental Hygiene Program Director
Emaleigh A. Valdez, Legal Representative
Pasadena City College
1570 E. Colorado Blvd., Rm. C-231
Pasadena, CA 91106

RE: DHBC Executive Officer's Informal Conference Decision

Dear Dr. Ramirez, Dr. Young, Ms. Reganian, and Ms. Valdez,

Thank you for participating in the Tuesday, September 17, 2024, Dental Hygiene Board's (Board) Executive Officer's (EO) Informal Conference. This was an opportunity for Pasadena City College (PCC) to provide additional information, documentation, or proof of compliance for the EO's consideration regarding the Board's action taken at the July 20, 2024, Board meeting where it voted to issue a citation and placed PCC on two (2) years' probation with quarterly reporting requirements.

As a result of the informal conference and new information presented by PCC and its representatives in the presentation for the EO's consideration, I have decided to modify, pursuant to Title 16 California Code of Regulations section 1104.3, the Board's decision by dismissing the citation but maintaining the Board's action of placing PCC on probation for two (2) years with reporting requirements from the date of notification (August 16, 2024).

As a result of this decision, PCC shall fulfill the August 16, 2024, probationary order by continuing operations under the terms and conditions of probation of that order. In addition to the informal conference decision, PCC may request to a formal administrative hearing to contest the probation pursuant to Title 16 California Code of Regulations 1104.3, subdivision (c)(5)(A)(i)(d). This hearing shall be held pursuant to the provisions of the Administrative Procedure Act, Government Code section 11500, et seq. PCC's request for a formal administrative hearing must be made in writing to the Board within thirty (30) calendar days after issuance of this decision. If PCC requests a formal administrative hearing, PCC will receive further information regarding this process, including the date, time, and location of the hearing.

Sincerely,

Anthony Lum, Executive Officer
Dental Hygiene Board of California

Cc: Dr. Carmen Dones, Board President



October 2, 2024

Jessica Fagan, M.A., RDH
Dean of Curriculum
Carrington College
8909 Folsom Blvd
Sacramento, CA 95826

Dear Ms. Fagan,

On September 30, 2024, the Dental Hygiene Board of California (DHBC, Board) conducted a site visit at the Carrington College - Sacramento Dental Hygiene Educational Program (Carrington-Sacramento DHEP). This site visit was generated due to a change in program leadership, as well as to the Board's oversight goals to monitor all Dental Hygiene Educational Programs (DHEPs) in California. Evidence of program compliance with the minimum DHEP standards set by the Business and Professions Code (BPC), the California Code of Regulations (CCR), and Commission on Dental Accreditation (CODA) was satisfactory.

Due to the DHBC site visit, the following recommendations are as follows:

I. Recommendation 1 – Admissions:

[16 CCR Section 1105(f)(2) and CODA Standard 2-3]

A. Site Visit Observation:

1. Admissions criteria were not applied consistently across all applications if a student submitted transcripts from multiple institutions.
 - a. Applicants submitting multiple transcripts were not penalized for repeats or failures if they repeated the courses at another institution and passed.
 - b. Failure and repeated courses resulted in deductions only if taken at the institution being used to evaluate for admissions.

B. Refer to:

1. 16 CCR Section 1105(f)(2)
Admission of students shall be based on specific written criteria, procedures and policies. Previous academic performance and/or

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

2. 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. DHBC Recommendation:

1. Establish criterion for repeat of course work from institutions other than Carrington College.

II. Recommendation 2: Student Competency Tracking
[16 CCR Section 1105(c) and CODA Standard 2-6]

A. Site Visit Observation:

1. Multiple student competency requirement tracking databases, causing confusion and repeated efforts to ensure students have completed all graduation requirements.

B. Refer to:

1. 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.
2. CODA Standard 2-6
The dental hygiene program must define and list the competencies needed for graduation. The dental hygiene program must employ student evaluation methods that measure all defined program competencies.

These competencies and evaluation methods must be written and communicated to the enrolled students.

C. DHBC Recommendation:

1. Establish a single central tracking database to ensure students have completed all graduation requirements.

Pursuant to 16 CCR section 1104(b)(5), continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in Title 16, Division 11, Article 3 of the CCR.

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

Sincerely,

Adina A. Pineschi-Petty DDS

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Tara Clor, Dental Hygiene Educational Program Director, Carrington College-Sacramento



September 9, 2024

Dr. Scott W. Thayer
President
Cypress College
9200 Valley View Street
Cypress, CA 90630

Dear Dr. Thayer,

The Dental Hygiene Board of California (DHBC) conducted a site visit on November 12, 2023 of the Cypress College Dental Hygiene Program (Cypress). This site visit was generated due to submission of Cypress' Commission on Dental Accreditation (CODA) Self Study as well as 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 CODA was deficient.

On February 15, 2024 and September 5, 2024, Cypress provided the following narrative and documentation for the remaining deficiencies to the DHBC. The results of the review are as follows:

1. Deficiency 2 - Program Director Assignment.

- a. Cypress shall provide evidence of a "Dental Hygiene Program Director" position and responsibilities pursuant to 16 CCR §1105 (j), 16 CCR §1105.1 (a), in addition to meeting CODA Standards 3-2 and 3-4.
 - i. The program director assignment must allow for sufficient administrative time to address the primary responsibility for the operation, supervision, evaluation and revision of the program.
 - ii. The program director must have the authority and responsibility to administer the educational program in accordance with 16 CCR §1105(j), 16 CCR §1105.1 (a), and CODA Standard 3-4.

b. Cypress Response and Documentation:

- i. On February 15, 2024, Cypress provided a Memorandum of Understanding (MOU) that was due by March 1, 2024.
- ii. On September 5, 2024, Cypress stated the new contract (due by September 6, 2024) was not available as yet and stated “Unfortunately, our District and Faculty are at impasse on contract negotiations, so we do not have permanent language in the contract currently. However, the MOU that was signed is valid through June 30, 2025.”
- iii. Cypress documentation:
 1. MOU effective until June 30, 2025.

c. Determination:

- i. **In temporary compliance.**
- ii. Cypress shall continue to provide a “Dental Hygiene Program Director” position and responsibilities pursuant to 16 CCR §1105 (j), 16 CCR §1105.1 (a), in addition to meeting CODA Standards 3-2 and 3-4.
- iii. Cypress to provide a new contract, or update on the new contract (if negotiations are still in progress), **by June 2, 2025.**

2. Deficiency 4 – Faculty.

- a. Cypress shall provide sufficient faculty pursuant to 16 CCR §1105(i), 16 CCR §1105(k), and CODA Standard 3-5.
 1. At the time of the site visit, there was not an adequate number of full-time faculty members to teach key core courses without working an overload of units.

b. Cypress Response and Documentation:

- i. Cypress stated that Leia Malad Dimaranan was hired as a probationary tenure full-time faculty.

c. Cypress documentation:

- i. June 25, 2024 NOCCCD Board Minutes with Ms. Malad Dimaranan's appointment effective as of August 22, 2024.

d. Determination:

- i. **In compliance.**

You will be required to provide evidence of compliance to the above remaining deficiency no later than **June 2, 2025**.

The priority of the DHBC is consumer protection. To ensure consumer protection and the public's right to receive quality dental hygiene care, the DHBC has a responsibility to ensure that all DHEPs meet the same educational standards in preparing their graduates for the profession. If Cypress does not correct the above deficiencies by **June 2, 2025**, Cypress risks the DHBC's approval of the Cypress DHEP and for Cypress graduates to obtain a California license in dental hygiene. If you have any questions regarding this report, please feel free to contact me at adina.petty@dca.ca.gov.

Sincerely,

Adina C. Pineschi-Petty DDS

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Colin Preston, Dean, Kinesiology, Athletics & Health Sciences, Cypress College
Julia Cherney, R.D.H., M.S., Dental Hygiene Program Co-Director, Cypress College
Kendra Contreras, R.D.H., M.S., Dental Hygiene Program Co-Director, Cypress College

August 27, 2024

Rafe Edward Trickey, Jr., Ed.D.
Superintendent/President
Taft College
29 Cougar Court
Taft, CA 93268

Dear Dr. Trickey,

The Dental Hygiene Board of California (DHBC, Board) conducted a site visit at the Taft College Dental Hygiene Educational Program (Taft) on February 21 - 22, 2024. This site visit was generated due to the review of Taft's Self Study as prepared for the Commission on Dental Accreditation (CODA), as well as to the Board's oversight goals to review all Dental Hygiene Educational Programs (DHEPs) in California. Evidence of program compliance with the minimum DHEP standards set by the Business and Professions Code (BPC), the California Code of Regulations (CCR), and CODA was deficient.

On August 23, 2024, Taft provided a narrative and documentation as evidence of compliance to the remaining violations recorded in the May 20, 2024 Violation Determination letter. The results of the review and site visit are as follows:

I. Violation 2: Technology Infrastructure.

[Deficient of 16 CCR Section 1105(i), and CODA Standards 2-5, 4-1, and 4-2.]

A. Taft to provide and provide evidence of sufficient DHEP technology infrastructure pursuant to 16 CCR Section 1105(i), and CODA Standards 2-5, 4-1, and 4-2.

B. Taft Response and Documentation:

1. **Issue 1:** Taft lacking a tracking program to allow for accurate tracking of student program requirement completion.

a. Taft states:

1. "Issue #1 - Tracking Program: An Ascend Academic software subscription was purchased on April 9, 2024."

i. "Administrative Training for administrative users was held on May 16, 2024."

ii. "Faculty Training sessions were held on July 29, 2024, Aug 19, 2024 and Aug 23, 2024."

iii. "Students Training will occur on August 28, 2024."

2. **Issue 2:** Taft lacking computers at each operator for students to view digital radiographs during patient care; and **Issue 3:** Taft lacking computers and viewing facilities for students to review radiographs to complete radiology requirements (e.g., radiograph critiques), as well as to prepare and treatment plan for future patient care.

a. Taft states:

1. "Issue #2 and #3 - Lacking Computers at each operator: Twenty (20) new laptop computers were ordered, and these computers were received by the dental hygiene department on May 21, 2024. All 20 computers have been configured with Ascend Academic software, for use during clinic courses. Using these new computers and specialized software, all Taft College Dental Hygiene Program students will be able to view radiographs during patient care and they'll be able to prepare treatment plans for future patient care."

b. Taft documentation:

1. Order confirmation for 20 Dell laptops and a Tripp Lite 32-Port AC Charging Cart Storage Station.
2. Photo of installed laptop charging station cart and laptops.
3. Purchase order for Ascend Software annual subscription.

C. Determination:

1. **In compliance.**

2. Taft shall continue to maintain sufficient DHEP technology infrastructure pursuant to 16 CCR Section 1105(i), and CODA Standards 2-5, 4-1, and 4-2.

II. **Violation 3: Clinical Facilities.**

[Deficient of 16 CCR Section 1105(i), and CODA Standards 2-5 and 4-1.]

A. Taft to provide and provide evidence of sufficient clinical facilities pursuant to 16 CCR Section 1105(i), and CODA Standards 2-5 and 4-1.

B. Taft Response and Documentation:

1. **Issue:** Two (2) of the 16 units in clinic are approximately 30 years old, are limited in movement due to age, and do not provide acceptable ergonomic positioning for students.

a. Taft States:

1. "Issue #1 : Dental chairs: Two ADEC dental units were ordered in April and installed on May 28, 2024. These chairs replaced the two Marus chairs."

b. Taft documentation:

1. Purchase order- Henry Schein, Inc., for two new ADEC chairs.
2. Photo of installed ADEC chairs.

C. Determination:

1. **In compliance.**
2. Taft shall maintain sufficient clinical facilities pursuant to 16 CCR Section 1105(j), and CODA Standards 2-5 and 4-1.

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

Sincerely,

Adina A. Pineschi-Petty DDS

Education, Legislative and Regulatory Specialist
Dental Hygiene Board of California

Cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California

Dr. Leslie Minor, Vice President of Instruction, Taft College

Dr. Devin Daugherty, Dean of Instruction and Career Technical Education, Taft College

Gina Gardner, RDH, MEd, Interim Director, Taft Dental Hygiene Educational Program



September 27, 2024

Ms. Michelle Cannon, Legal Representative, Taft College
Dr. Todd Hampton, Acting Superintendent/President, Taft College
Dr. Leslie Minor, Vice President of Instruction, Taft College
Gina Gardner, Dental Hygiene Program Director, Taft College
Lozano Smith, Attorneys at Law, LLP
One Capitol Mall, Suite 640
Sacramento, CA 95814

RE: DHBC Executive Officer's Informal Conference Decision

Dear Ms. Cannon, Dr. Hampton, Dr. Minor, and Ms. Gardner,

Thank you for participating in the Thursday, September 19, 2024, Dental Hygiene Board's Executive Officer's (EO) Informal Conference. This was an opportunity for Taft College (Taft) to provide additional information, documentation, or proof of compliance for the EO's consideration regarding the Board's action taken at the July 20, 2024, Board meeting where it voted to issue a citation and fine of \$2,000 (\$1,000 each for 2022 & 2023 students who graduated without fulfilling Taft's established requirements to graduate from the Taft dental hygiene program) and placed Taft on probation for three (3) years with quarterly reporting requirements.

As a result of the informal conference and lack of additional information submitted by Taft or their representatives for the EO's consideration, I have decided to affirm the Board's decision (as detailed above) where the Board issued Taft a citation and fine and placed Taft on probation for three (3) years from the date of notification (August 15, 2024).

As a result of this decision, Taft shall fulfill the order by paying the fines and continuing operations under the terms and conditions of probation. In addition to the informal conference decision, Taft may request a formal administrative hearing to contest the citation and probation including any administrative fine levied or order of abatement pursuant to Title 16 California Code of Regulations sections 1104.3, subdivision (b)(5)(D)(ii) and 1104.3, subdivision (c)(5)(A)(i)(d). This hearing shall be held pursuant to the provisions of the Administrative Procedure Act, Government Code section 11500, et seq. Taft's request for a formal administrative hearing must be made in writing to the Board within thirty (30) calendar days after issuance of this decision. If Taft requests a formal administrative hearing, Taft will receive further information regarding this process, including the date, time, and location of the hearing.

Sincerely,


Anthony Lum, Executive Officer
Dental Hygiene Board of California

Cc: Dr. Carmen Dones, DHBC President



October 10, 2024

Heather Lawler, RDH, MSDH,
Dental Hygiene Program Director,
Cabrillo College
6500 Soquel Drive
Aptos, CA 95003

Dear Ms. Lawler,

On October 8, 2024, The Dental Hygiene Board of California (Board) conducted an unannounced site visit at the Cabrillo College Dental Hygiene Educational Program (Cabrillo) due to the Board receiving several complaints from students, faculty, and staff members requesting Board intervention to address student safety and working clinical facilities.

I. Student Safety

After extensive interviews with students, faculty, staff, program administration, and executive administration, the Board determined that there was a consensus among those interviewed that the dental hygiene educational program is not providing a safe learning and working environment at Cabrillo.

Concerns reported by students, faculty, and staff:

1. Experienced and witnessed sexual harassment of students and faculty by specific students.
2. Witnessed assault of students, faculty, and staff by specific students.
3. Experienced and continue to experience fear for personal physical safety due to the presence of specific students.
4. Experienced and continue to experience fear of retaliation and retribution by specific students and administration above the program director level.
5. Experienced frequent bullying and Intimidation by specific students and administration above the program director level.
6. Experienced inappropriate and derogatory speech multiple times directed towards clinical patients by specific students and overheard by other clinical patients.
7. Witnessed inappropriate and derogatory speech directed towards faculty by specific students multiple times.

8. Experienced dissuasion of students, faculty, and staff from reporting safety concerns by administration above the program director level.
9. Found lack of empathy and regard for student, faculty, and staff concerns and situation by administration above the program director level.
10. Students stated that executive administration above the program director level conduct themselves in an aggressive, unsafe, and unprofessional manner towards the faculty and program director.
11. Experienced and continue to experience constant unrest in the program due to specific actions of specific students and administration above the program director level. Students have feelings of depression, constant state of anxiety, and lack of the ability to focus on their studies and clinical responsibilities, affecting their ability to learn.
12. Students expressed their desire to possibly leave the program.
13. Faculty expressed their desire to possibly quit their positions at Cabrillo.

Therefore, the Board finds Cabrillo's dental hygiene educational program in violation of the Commission on Dental Accreditation of the American Dental Association (CODA) Standard 1-2, which states:

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

Intent:

The program should ensure collaboration, mutual respect, cooperation, and harmonious relationships between and among administrators, faculty, students, staff, and alumni. The program should also support and cultivate the development of professionalism and ethical behavior by fostering diversity of faculty, students, and staff, open communication, leadership, and scholarship.

As such, the Board requires Cabrillo to submit a plan of corrective action to address CODA Standard 1-2 regarding student, faculty, and staff safety concerns **no later than November 8, 2024.**

- II. Insufficient Clinic Resources
[California Code of Regulations (CCR), Title 16, Section 1105(i) and CODA Standards 2-5 and 4-1.]

A. Violations:

1. A clinic compressor/suction reduced to 25% or below capacity since March 2024, allowing only four students to use high speed evacuation at a time. The Board was assured by Dr. Heidi Weber during the August 8, 2024, site visit by the Board that the repair work to the compressor/vacuum would be completed in August 2024, prior to the start of the students in clinic.

- a. Effect: Hinders student progress towards clinical proficiency without appropriately operating dental equipment.
2. Intraoral cameras to document patient concerns and to meet standard of care are not operable at many stations due to an Information Technology (IT) issue. Cabrillo IT declines to repair the problem.
 - a. Effect: Hinders student progress towards clinical proficiency, as well as not meeting the standard of care for patients without appropriately operating dental equipment.

B. Refer to:

1. 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.

- a. CODA Standard 2-5

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

- b. 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.

C. Determination:

1. **Not in compliance.**
2. Cabrillo is in violation of 16 CCR Section 1105 (i) and CODA Standards 2-5 and 4-1.
3. Cabrillo to provide evidence of repair to the clinic compressor/suction and intraoral cameras no later than **October 31, 2024.**

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

Pursuant to 16 CCR section 1104(b)(5), continuation of approval of all educational programs shall be contingent upon compliance with the requirements described in Title 16, Division 11, Article 3 of the CCR. As Cabrillo is operating outside the structured parameters of California law and CODA Standards with these violations, Cabrillo is therefore putting students, faculty, and the public at risk.

Not complying with these deadlines could result in a citation and fine penalty for non-compliance. Continued non-compliance of the law and CODA Standards will move the matter before the Board for further action, possibly jeopardizing the Board's approval of the Cabrillo College Dental Hygiene Educational Program. With withdrawal of the Board's approval, Cabrillo's dental hygiene graduates would not qualify to obtain a California dental hygiene license.

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

Sincerely,

Adina A. Pineschi-Petty DDS

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

cc: Anthony Lum, Executive Officer, Dental Hygiene Board of California
Albert Law, Assistant Executive Officer, Dental Hygiene Board of California
Matthew E. Wetstein, Ph.D., Superintendent/President, Cabrillo College
Travaris Harris, Ed.D., Vice President of Instruction/Assistant Superintendent, Cabrillo College



Friday, November 15, 2024

Dental Hygiene Board of California

Education Committee Agenda Item 7.

Discussion and Possible Action to Establish a Taskforce to Create a Penalty Rubrik for DHEPs Found Non-Compliant of the Board's Laws and CODA Standards.



MEMORANDUM

DATE	November 15, 2024
TO	Education Committee Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	EDU 7: Discussion and Possible Action to Establish a Task Force for Dental Hygiene Educational Program Penalty Rubric.

BACKGROUND:

In 2023, the Board promulgated regulations regarding “Reviews, Site Visits, Citations and Fines, and Probationary Status for Dental Hygiene Educational Programs” (California Code of Regulations, Title 16, section 1104.3). Within the regulation, subdivision (b)(3) establishes factors to be considered in the issuance of any citation or fine to a dental hygiene educational program (DHEP). Those factors are as follows:

1. Nature and severity of the violation.
2. Length of time that has passed since the date of the violation.
3. Consequences of the violation, including the potential to harm, or actual patient harm.
4. History of previous violations of a similar nature.
5. Evidence that the violation was willful.
6. Gravity of the violation.
7. The extent to which the cited DHEP has remediated the deficiencies.

STAFF RECOMMENDATION:

As the above factors may be subjective, Board staff requests the Education Committee establish a task force to formulate a DHEP penalty rubric, thereby promoting the consistent application penalties against DHEPs in violation of DHBC laws, regulations, and CODA Standards. The taskforce makeup should be two board members and subject matter experts with DHEP knowledge.

PROPOSED MOTION LANGUAGE:

I recommend for the Education Committee to approve and recommend to the Full Board establishment of a task force to formulate a DHEP penalty rubric, thereby establishing consistent penalties against DHEPs in violation of DHBC laws, regulations, and CODA Standards.



Friday, November 15, 2024

Dental Hygiene Board of California

Education Committee Agenda Item 8.

Future Agenda Items.



Friday, November 15, 2024

Dental Hygiene Board of California

Education Committee Agenda Item 9.

Adjournment.

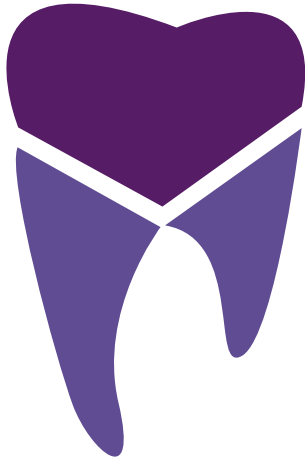


Friday, November 15, 2024

Dental Hygiene Board of California

Agenda Item 6.

Legislation and Regulatory Committee Meeting.



DHBC

Dental Hygiene
Board of California

**Friday, November 15, 2024
Legislation and Regulatory Committee
Meeting Materials**





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

LEGISLATION AND REGULATORY COMMITTEE MEETING AGENDA

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

Meeting Date and Time

Friday, November 15, 2024

Upon recess of the Education Committee until Adjournment.

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

Instructions for WebEx Meeting Participation

The preferred audio connection is via telephone conference and not the microphone and speakers on your computer. The phone number and access code will be provided as part of your connection to the meeting. Please see the instructions attached here to observe and participate in the meeting using WebEx from a Microsoft Windows-based PC. Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. When signing into the WebEx platform, participants may be asked for their name and email address. Participants who choose not to provide their names will be required to provide a unique identifier, such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make a public comment. Participants who choose not to provide their email address may utilize a fictitious email address in the following sample format: XXXXX@mailinator.com.

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

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m555b5709d70b7a8464bbef185d83cf28>

If joining using the link above:

Webinar number: 2484 002 8238
Webinar password: DHBC1115

If joining by phone:

+1-415-655-0001 US Toll
Access code: 2484 002 8238
Passcode: 34221115

Members of the Legislation and Regulatory Committee

Naleni “Lolly” Tribble-Agarwal, Chair
Carmen Dones
Sonia “Pat” Hansen
Michael Long
Sridevi Ponnala

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

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

Agenda

1. Roll Call & Establishment of Quorum.
2. Public Comment for Items Not on the Agenda.
[The DHBC may not discuss or act on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting [Government Code sections 11125 & 11125.7(a).]
3. Discussion and Possible Action Regarding California Code of Regulations, Title 16, Section 1005: Minimum Standards for Infection Control.
4. Discussion and Possible Action to Seek Legislation to Create and Amend Business and Professions Code Sections 1915.1, 1926.3, 1941, 1944, and 1961.5.
5. Discussion and Possible Action for Non-Substantive Changes to the Board’s Statutes through the Senate Business, Professions, and Economic Development Committee’s 2025 Omnibus Bill.
6. Regulatory Update: Status of Dental Hygiene Board of California Regulatory Packages.
7. Legislative Update: Bills of Interest and Legislative Calendar.

- a) Assembly Bill AB 936 (Wood): Dentistry: exemptions.
- b) AB 1891 (Weber): Community colleges: allied health programs.
- c) AB 1991 (Bonta): Licensee and registrant records.
- d) AB 2242 (Carrillo, Wendy): Dentistry: dental assistants.
- e) AB 2269 (Flora): Board membership qualifications: public members.
- f) AB 2510 (Arambula): Dental care for people with developmental disabilities.
- g) AB 2701 (Villapudua): Medi-Cal: dental cleanings and examinations.
- h) AB 2862 (Gipson): Licenses: African American applicants.
- i) AB 2920 (Reyes): Dentistry: dental schools.
- j) AB 3127 (McKinnor): Reporting of crimes: mandated reporters.
- k) AB 3175 (Villapudua): Health care coverage: dental services.
- l) Senate Bill (SB) 1067 (Smallwood-Cuevas): Healing arts: expedited licensure process: medically underserved area or population.
- m) SB 1369 (Limón): Dental providers: fee-based payments.
- n) SB 1451 (Ashby): Professions and vocations.
- o) SB 1453 (Ashby): Dentistry: board meetings.

8. Future Agenda Items.

9. Adjournment of the Legislation and Regulatory Committee Meeting.

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 Legislation and Regulatory Committee prior to the Committee taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Committee, but the Committee Chair may, at their discretion, apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Committee can neither discuss nor take official action on these items at the time of the same meeting [Government Code sections 11125, 11125.7(a).]

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



Member	Present	Absent
Naleni "Lolly" Tribble-Agarwal, Chair		
Carmen Dones		
Sonia "Pat" Hansen		
Michael Long		
Sridevi Ponnala		

Friday, November 15, 2024

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 1.

Roll Call & Establishment of Quorum.

Committee Chair to call the Roll.



Friday, November 15, 2024

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 2.

Public Comment for Items Not on the Agenda.

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



Friday, November 15, 2024

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 3.

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



MEMORANDUM

DATE	November 15, 2024
TO	Legislation and Regulatory Committee Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	LEG REG 3: Discussion and Possible Action Regarding California Code of Regulations, Title 16, Section 1005: Minimum Standards for Infection Control.

Background:

Business and Professions Code section 1680(ad) states in part "...The board shall review infection control guidelines, if necessary, on an annual basis and proposed changes shall be reviewed by the Dental Hygiene Board of California to establish a consensus. The hygiene board shall submit any recommended changes to the infection control guidelines for review to establish a consensus..."

The Dental Board of California (DBC) established an Infection Control Advisory Working Group, consisting of Joanne Pacheco (Vice President, DBC), Cara Miyaski (Chair, DBC Dental Assisting Council), and Dental Hygiene Board of California (DHBC) Member Michael Long, have reviewed California Code of Regulations (CCR), Title 16, section 1005 regarding Minimum Standards for Infection Control for clarity of language, necessity for amendments, and consistency with other governing agencies, such as CAL-OSHA, CalEPA, and the Centers for Disease Control. The goal was to establish a consensus between the DHBC and DBC on the proposed regulatory amendments on 16 CCR section 1005 with subsequent implementation of the minimum standards. If the DHBC approves the proposed language, the amendments to 16 CCR section 1005 will be presented at the February 6-7, 2025, DBC Dental Assisting Council and subsequent DBC meeting for approval.

Action Requested:

Staff requests the Legislation and Regulatory Committee to review the proposed regulatory amendments in 16 CCR section 1005, determine whether additional information or language is required, and recommend to the Full Board to consider, complete, and approve the final draft of proposed statutory language amendments for 16 CCR section 1005 – Minimum Standards for Infection Control.

PROPOSED MOTION LANGUAGE:

I move for the Legislation and Regulatory Committee to review the proposed regulatory amendments in 16 CCR section 1005 regarding Minimum Standards for Infection Control, determine whether additional information or language is required, and recommend to the Full

Board to consider, complete, and approve the final draft of proposed statutory language amendments for 16 CCR section 1005.

PROs:

- 1) In collaboration with the Dental Board of California (DBC), the DBC and Dental Hygiene Board of California (DHBC) would concur on newly revised and amended regulations to address the minimum standards for infection control (IC), would complete the revisions started in 2018, and address updated IC standards.
- 2) The dental professions would appreciate an update to regulations that haven't been updated in years.

CONs:

None.

**DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS**

PROPOSED REGULATORY LANGUAGE

Proposed amendments to the regulatory language are shown in single underline for new text and single ~~striketrough~~ for deleted text. Where the Board proposes to re-number existing paragraphs to a new paragraph within this section, the Board has ~~struck through~~ the existing number of the paragraph and underlined the new proposed paragraph number to show the proposed re-ordering of paragraphs within this section.

Amend Section 1005 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

§ 1005. Minimum Standards for Infection Control.

(a) Definitions of terms used in this section:

(1) ~~“Standard precautions” are a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, infection prevention protocols and procedures established for use in any setting in which dental healthcare is delivered. These include: hand hygiene protocols and hand care, use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure, use of personal protective equipment, procedures for patient care items, and safe handling of sharps., safe handling and disposal of contaminated medical waste, respiratory hygiene or cough etiquette, and use of disinfectant agents in accordance with this section. Standard precautions shall be used for care of all patients regardless of their diagnoses or personal infectious status. the procedure performed or the health history of the patient.~~

(4) “Instrument/device classifications” are categories used to identify patient care items (“items”) as critical, semi-critical, or non-critical depending on the potential risk for infection associated with their intended use and their required level of sterilization or disinfection for safe practice, as follows:

~~(2)(A) “Critical items” confer a high risk for infection if they are contaminated with any microorganism. carry the highest risk of transmitting infection. These include all instruments, devices, and other items used to penetrate soft tissue or bone, such as surgical instruments, periodontal instruments, hygiene scalers, and burs.~~

~~(3) (B) “Semi-critical items” are instruments, devices, and other items that are not used to penetrate soft tissue or bone, but contact oral mucous membranes, non-~~

intact skin or other potentially infectious materials (OPIM), come into contact with oral tissue, blood, or OPIM without penetration, such as those items used for intraoral examination, and dental procedures including dental mouth mirrors, amalgam condensers, reusable dental impression trays, and orthodontic pliers with plastic parts.

~~(4)~~ (C) “Non-critical items” are instruments, devices, equipment, and surfaces (“clinical contact surfaces”) that come in contact with soil (e.g., organic and inorganic material), debris, blood, OPIM and intact skin, but not oral mucous membranes, and are utilized extraorally or are indirectly contaminated with debris, blood, or OPIM during clinical procedures, such as dental X-ray machines, assistant cart attachments, dental material delivery systems, patient safety eyewear, plastic dental syringes, and countertops.

(5) “Disinfect” or “Disinfection” means the use of a chemical solution to reduce or lower the number of microorganisms on inanimate objects using a Cal/EPA-registered product.

(6) “Disinfection classifications” are categories used to determine the effectiveness of a disinfectant agent to inactivate mycobacterium during surface disinfection procedures and are as follows:

~~(5)~~ (A) “Low-level disinfection” is the least effective disinfection process. It kills some bacteria, some viruses and fungi, but does not kill bacterial spores or mycobacterium tuberculosis var bovis, a laboratory test organism used to classify the strength of disinfectant chemicals.

~~(6)~~ (B) “Intermediate-level disinfection” kills mycobacterium tuberculosis var bovis indicating that many human pathogens are also killed. This process does not necessarily kill spores.

~~(7)~~ (C) “High-level disinfection” kills some, but not necessarily all bacterial spores. This process kills mycobacterium tuberculosis var bovis, bacteria, fungi, and viruses. inactivates all vegetative bacteria, mycobacteria, viruses, fungi, and some bacterial spores.

(7) “Cal/EPA-registered” means a product registered by the U.S. Environmental Protection Agency (EPA) and the California Environmental Protection Agency (Cal EPA) that has demonstrated bactericidal, fungicidal, and virucidal activity. The product used shall include a label from the manufacturer that indicates the level of disinfection (low, intermediate, or high) and both the EPA registration number and the California Department of Pesticide Regulation (Cal DPR) registration number.

~~(8)~~ “Germicide” is a chemical agent that can be used to disinfect items and surfaces based on the level of contamination.

~~(9)~~(8) “Sterilization” is a ~~validated process used to render a product free of all forms of viable microorganisms.~~ mechanical process used to eliminate all forms of microbial life using acceptable methods of sterilization set forth in this section with a device approved by the U.S. Food and Drug Administration (FDA) for sterilization.

~~(10)~~(9) “Cleaning” is the removal of visible soil ~~(e.g., organic and inorganic material), debris, blood, and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products.~~ prior to the use of a sterilization device or disinfectant for surface disinfection, using one of the following applicable methods:

(A) Cleaning of clinical contact surfaces and non-critical items means hand scrubbing using water and a detergent, or a surface disinfectant, either of which is registered with Cal/EPA as a disinfectant to clean surfaces or items according to manufacturer’s instructions.

(B) Cleaning of semi-critical or critical items means hand scrubbing with a long-handled brush or using an FDA-approved mechanical device to remove visible soil from contaminated items using detergents or enzymatic products. Acceptable mechanical cleaning devices shall include ultrasonic cleaners using enzymatic products or detergents that require manual drying, or devices manufactured specifically for washing and mechanical drying of dental instruments, cassettes, and devices prior to preparing for sterilization. All mechanical cleaning devices shall be used in accordance with the manufacturer’s instructions for the device or item type and quantity being cleaned.

~~(11)~~(2) “Personal Protective Equipment” (PPE) is specialized clothing or equipment worn or used for protection against a hazard. PPE items may include, but are not limited to, gloves, masks, respiratory devices, protective eyewear, and protective attire which are intended to prevent exposure to blood, ~~body fluids, OPIM~~ other potentially infectious materials, and chemicals used for infection control. General work attire such as uniforms, scrubs, pants, and shirts, are not considered to be PPE.

~~(12)~~(3) “Other Potentially Infectious Materials” (OPIM) means any ~~one~~ of the following:

(A) Human body fluids such as saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

(B) Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

(C) Any of the following, if known or reasonably likely to contain or be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV):

1. Cell, tissue, or organ cultures from humans or experimental animals;
2. Blood, organs, or other tissues from experimental animals; or
3. Culture medium or other solutions.

~~(13)~~(10) "Dental Healthcare Personnel" (DHCP), are all paid and non-paid personnel in the ~~dental healthcare setting~~ treatment facility who might be occupationally exposed to infectious materials, including ~~body substances~~ blood, OPIM, and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel).

(11) "Contaminated medical waste" shall include "medical waste" as defined in Section 117690 of the Health and Safety Code occurring in the dental healthcare setting and shall not include those applicable items set forth in Section 117700 of the Health and Safety Code.

(b) All DHCP shall comply with all applicable infection control standard precautions and enforce the following applicable minimum standard precautions in the treatment facility to protect patients and DHCP and to minimize the transmission of pathogens in health care settings as mandated by the California Division of Occupational Safety and Health (Cal/OSHA).

(1) Standard precautions shall be ~~practiced~~ used in the care of all patients.

(2) A written ~~protocol shall be developed, maintained, and periodically updated for proper instrument processing, operator cleanliness, and management of injuries.~~ The protocol shall be made available to all DHCP at the dental office. infection control plan detailing the protocols and procedures that shall be developed, maintained, and periodically updated for all standard precautions in accordance with the requirements of this section. The written infection control plan shall be made readily available to all DHCP at the treatment facility and reviewed and updated at least annually by the DHCP employer or employer-designated representative

responsible for infection control compliance, and as needed to maintain compliance with this section.

(3) A copy of this regulation shall be conspicuously posted in each dental office treatment facility and included in the written infection control plan described in paragraph (2).

(4) Personal Protective Equipment: (PPE):

(4)(A) All DHCP shall wear single-use, disposable surgical facemasks in combination with either chin length plastic face shields or protective eyewear during patient treatment or whenever there is potential for aerosol spray, splashing, or spattering of the following: droplet nuclei, blood, chemical or germicidal disinfectant agents, or OPIM. For the purposes of this section, "protective eyewear" includes safety glasses with top and side shields bearing evidence of compliance with American National Standard for Occupational and Education Personal Eye and Face Protection Devices ANSI/ISEA Z87.1-2020 (the "Z87" marking).

(B) A new, single-use, disposable surgical facemask shall be used for each patient at the beginning of their treatment session. Surgical facemask replacement shall occur at any point during a procedure where the mask becomes moist or soiled. Chemical-resistant utility gloves and appropriate, task specific PPE shall be worn when handling hazardous chemicals. After each patient treatment, surgical facemasks shall be changed and disposed when leaving laboratories or areas of patient care activities.

(C) Chin-length face shields and face visors are acceptable replacements for protective eyewear when worn in combination with a surgical facemask. Face shields and face visors shall not be used as a replacement for a surgical facemask. After each patient treatment, face shields and protective eyewear shall be cleaned, disinfected, or disposed when leaving laboratories or areas of patient care activities.

(D) Chemical and puncture-resistant utility gloves and chemical-resistant PPE shall be worn when handling hazardous chemicals and shall be worn in accordance with paragraph (6).

(E) Reusable protective eyewear, face shields and visors shall be washed with soap and water, or if visibly soiled, cleaned and disinfected between patients.

(5)(F) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of germicides disinfectants or when handling contaminated items. All DHCP shall wear reusable or disposable

protective attire during patient treatment, or whenever there is a potential for aerosol spray, splashing, or spattering of blood, OPIM, or chemicals and germicidal-disinfectant agents. Protective attire ~~must~~ shall be changed daily, ~~or between patients~~ immediately if they should become moist or visibly soiled. All PPE used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, Cal. Code Regs., section 5193).

(5) Hand Hygiene: Protocols and Hand Care:

~~(6)~~ (A) All DHCP shall thoroughly wash their hands with soap and water (covering all surfaces of hands and fingers) for no less than 20 seconds at the start and end of each workday. DHCP shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated, an alcohol-based hand rub, with an alcohol concentration between 60-95%, may be used as an alternative to soap and water. An alcohol-based hand rub shall be used according to the manufacturer's instructions. Hands shall be ~~thoroughly dried~~ completely dry before donning gloves in order to prevent promotion of ~~bacterial~~ microbial growth and washed again immediately after glove removal.

(B) A DHCP shall refrain from providing direct patient care and from handling patient care equipment if hand conditions such as the presence of lesions, rash, or weeping dermatitis are present that may render DHCP or patients more susceptible to opportunistic infection or exposure.

~~(7) All DHCP who have exudative lesions or weeping dermatitis of the hand shall refrain from all direct patient care and from handling patient care equipment until the condition resolves.~~

(6) Gloves:

~~(8)~~ (A) Medical examination gloves shall be worn by DHCP whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. Medical examination gloves are disposable, synthetic single-use only items. Gloves shall be replaced when torn or punctured, upon completion of dental treatment, and before leaving laboratories or areas of patient care activities.

(B) Chemical and puncture-resistant utility gloves shall be available at the point of use and worn by DHCP for clinical care break-down (setting up or breaking down a treatment room), cleaning, and disinfectant procedures. Chemical and

puncture-resistant utility gloves shall be cleaned and sterilized in accordance with the manufacturer's instructions after each use.

(C) When processing contaminated sharp instruments, needles, and devices, DHCP shall wear heavy-duty chemical and puncture-resistant utility gloves to prevent puncture wounds. Utility gloves shall be cleaned and sterilized in accordance with the manufacturer's instructions after each use.

(D) Gloves must shall be discarded under any of the following circumstances:

(i) when torn or punctured;

(ii) upon completion of dental treatment when using medical examination gloves; and,

(iii) before leaving laboratories or areas of patient care activities when using medical examination gloves.

(E) All DHCP shall perform hand hygiene protocols and hand care procedures specified in paragraph (5) before donning gloves and after removing and discarding medical examination gloves. Medical examination gloves shall not be washed before or after use, or reused.

(7) Needle and Sharps Safety:

(9)(A) Needles shall be recapped only by using the scoop technique or a protective device. Needles shall not be bent or broken for the purpose of disposal.

(B) Disposable needles, syringes, scalpel blades, or other sharp items and instruments shall be placed into sharps containers for disposal as close as possible to the point of use according to all applicable local, state, and federal regulations.

(8) Sterilization and Disinfection:

(10)(A) All germicides must products used to clean or disinfect items or surfaces shall be used in accordance with intended use and label instructions.

(11)(B) Standard precautions for disinfection and sterilization shall be performed in the following order:

(i) first, use appropriate hand hygiene protocols and hand care in accordance with paragraph (5);

(ii) second, Ccleaning must precede items or surfaces prior to any disinfection or sterilization process; and,

(iii) third, use the disinfection or sterilization standards required by this section. Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions. Disinfection procedures shall include use of a Cal/EPA-registered product with an applicable disinfection classification in accordance with paragraph (6) of subsection (a) to disinfect items.

~~(12)(C)~~ Critical instruments, items, and devices shall be ~~discarded or pre-~~cleaned, packaged or wrapped, and sterilized immediately after each use. Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These instruments, items, and devices, shall remain sealed and stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the treatment facility. If stored, sterilized packaging is compromised (e.g., wet, torn, or punctured), the instruments shall be recleaned, packaged in new wrap, and sterilized again before use.

~~(13)(D)~~ Semi-critical instruments, items, and devices shall be pre-cleaned, packaged or wrapped, and sterilized immediately after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the treatment facility. If stored, sterilized packaging is compromised (e.g., wet, torn, or punctured), the instruments shall be recleaned, packaged in new wrap, and sterilized again before use.

~~(14)(E)~~ Non-critical surfaces and patient care items shall be cleaned and disinfected after every use with a ~~California Environmental Protection Agency (Cal/EPA)-~~registered hospital disinfectant (low-level disinfectant) spray or wipe ~~labeled effective against HBV and HIV~~. When the item is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital intermediate-level disinfectant with a tuberculocidal claim shall be used.

~~(15)~~(F) All high-speed dental hand pieces, low-speed hand pieces, rotary components, and dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be packaged, labeled, and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item.

~~(16)~~(G) Single use critical, semi-critical, and non-critical disposable items such as scalpel blades, prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, air/water syringe tips, and gloves shall be used for one patient only and discarded.

~~(17)~~(H) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test) with results confirmed by either authorized DHCP or an independent laboratory. Test results shall be documented and maintained for 12 months.

(I)(i) A chemical indicator shall be used inside every sterilization package to verify that the sterilizing agent has penetrated the package and reached the instruments inside. If the internal chemical indicator is not visible from the outside of the package, an external chemical indicator shall also be used.

(ii) The chemical indicator shall be inspected immediately when removing packages from the sterilizer; if the chemical indicator did not register that the sterilizing agent has penetrated the package, the instruments shall be repackaged and sterilized again.

(9) Irrigation:

~~(18)~~(A) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone.

(B) When performing procedures on exposed dental pulp, water or other irrigation solutions shall be sterile or contain disinfecting or antibacterial properties.

(C) Sterile coolants/irrigants ~~must~~shall be delivered using a sterile delivery system.

(10) Treatment Facilities:

~~(19)~~(A) If non-critical items or clinical contact surfaces likely to be contaminated ~~are or~~ manufactured in a manner preventing cleaning and disinfection, they shall be ~~protected~~physically covered with disposable impervious barriers approved by the FDA and designed by the manufacturer for that purpose. Disposable barriers shall be changed when visibly soiled or damaged and between patients.

~~(20)~~(B) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection Agency (Cal/EPA)-registered, hospital grade low- to intermediate-level ~~germicide~~disinfectant after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use an intermediate-level disinfectant if visibly contaminated with blood. Use disinfectants in accordance with the manufacturer's instructions.

(C) Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal/EPA-registered, hospital grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled, and DHCP shall follow all material-safety data sheet (MSDS) handling and storage instructions.

~~(21)~~(D) Dental unit water lines shall be anti-retractable. At the beginning of each workday, dental unit lines and devices shall be ~~purged with air or~~ flushed with water for at least two (2) minutes prior to attaching handpieces, scalers, air water syringe tips, or other devices. The dental unit lines and devices shall be flushed between each patient and after the final patient of the day for a minimum of twenty (20) seconds.

~~(22)~~(E) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards.

(11) Lab Areas:

~~(23)~~(A) Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new, disposable rag-wheel shall be used for each patient. ~~Devices~~

(B) Laboratory equipment, including handpieces, polishing (rag) wheels, grinding wheels, and laboratory burs, used to polish, trim, or adjust contaminated appliances and ~~intraoral~~ prosthetic devices shall be cleaned, disinfected or sterilized, properly packaged or wrapped, and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item as specified in subparagraph (D) of paragraph (8), or if a single-use item, disposed of in accordance with subparagraph (G) of paragraph (8).

(C) Laboratory equipment shall be stored in a manner consistent with the same storage practices as a semi-critical item as specified in subparagraph (D) of paragraph (8).

(24)(D) All intraoral items such as impressions, bite registrations, and prosthetic and orthodontic appliances shall be cleaned and disinfected with a Cal/EPA-registered intermediate-level disinfectant before and after manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth.

(12) Respiratory Hygiene/Cough Etiquette: Measures shall be implemented to contain respiratory secretions and to prevent droplet and fomites transmission of respiratory pathogens, especially during seasonal outbreaks of viral respiratory infections such as influenza, RSV, adenovirus, parainfluenza virus, or SARS-CoV-2 (COVID-19) virus, as follows.

(A) Prominently posting at least one sign at every point of entrance and reception or registration desk of the treatment facility, accessible to public view, in which case the signs shall be in at least 12-point type font. The signs shall contain instructions to patients who cough or sneeze at the treatment facility to do at least all of the following: (i) cover their mouths or noses when coughing or sneezing; (ii) use and dispose of tissues in waste receptacles; and, (iii) wash hands with soap and water or use alcohol hand rub after coughing or sneezing.

(B) Provide tissues and no-touch receptacles (e.g. foot-pedal operated lid or open plastic-lined waste basket) for disposal of tissues.

(C) Have soap, warm running water, and paper towels, or alcohol hand rub available for use in or immediately adjacent to waiting areas.

(D) Offer masks to coughing or sneezing patients or other persons when they enter the treatment facility.

(E) Provide distance between patients who cough or sneeze in common waiting areas. If available, facilities shall place these patients in a separate area while waiting for care.

(c) DHCP who are employers of other DHCP shall provide those personnel with a training program on the minimum standards required by this section and the infection control plan specified in paragraph (2) of subsection (b). Such training program shall be provided at no cost to the DHCP and during working hours in accordance with all of the following.

(1) The training program shall be provided as follows:

(A) Prior to assignment to tasks where OPIM exposure may take place; and,

(B) Within one year of the date of the DHCP's previous training thereafter.

(2) DHCP employers shall provide additional training prior to or by the effective date of any change to the minimum standards in this section or to the written infection control plan specified in paragraph (2) of subsection (b). The additional training may be limited to addressing the changes in the standards required by this section or the written infection control plan.

~~(c) The Dental Board of California and Dental Hygiene Committee of California shall review this regulation annually and establish a consensus.~~

¹~~Cal/EPA contacts: WEBSITE www.cdpr.ca.gov or Main Information Center (916) 324-0419.~~

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1680, Business and Professions Code.



Friday, November 15, 2024

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 4.

**Discussion and Possible Action to Seek New Legislation for
Business and Professions Code Sections
1915.1, 1926.3, 1941, 1944,
and 1961.5.**

MEMORANDUM

DATE	November 15, 2024
TO	Legislation and Regulatory Committee Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	LEG REG 4: Discussion and Possible Action to Amend Business and Professions Code Sections 1915.1, 1926.3, 1941, 1944, and 1961.5.

Background:

The Dental Hygiene Board of California (Board) licenses and regulates California dental hygienists pursuant to sections 1900 through 1967.4 of the Business and Professions Code (BPC). Since inception of the statutes, the Board continually analyzes and reviews them for any possible revisions that would help clarify the language for staff, licensees and interested stakeholders; improve procedures; and enhance program efficiencies for the betterment of the Board. This ongoing task is to improve the Board's oversight requirements of Registered Dental Hygienists, Registered Dental Hygienists in Alternative Practice, Registered Dental Hygienists in Extended Functions, and dental hygiene educational programs to uphold the law.

The reasons for the requested statutory changes are:

- 1) Mirrors previously approved language for dental students to be applied to dental hygiene students to work at sponsored events to improve access to dental care and increase their clinical experiences.
- 2) Provide direction to Registered Dental Hygienists in Alternative Practice to notify the Board of their working locations at each license renewal which assists in the Board's oversight of the license category.
- 3) Adds and expands accrediting agencies recognized by the US Dept. of Education which focus on allied health education for entities interested in starting new dental hygiene educational programs.
- 4) For clarity, separates one combined licensure fee into two separate fees (Application Fee and Initial Licensure Fee) so applicants know what their fees are paying for.
- 5) Allows the Board to post enforcement related information about licensees and their licensure status on the website for consumer protection and transparency.
- 6) Provides authority to the Executive Officer to rescind a citation after the appeals process and discovered the licensee would not have violated the Dental Practice Act when the initial citation was issued.

Action Requested:

Staff drafted new amended statutory language and requests the Legislation and Regulatory Committee to review the existing statutory language to determine whether a change is warranted. If the Committee determines a change is warranted, staff recommends the Committee review the proposed statutory amendments in the attached starting point document, determine whether additional information or language is required, complete the draft of proposed statutory language, and direct staff to seek sponsored legislation for 2025.

Pros:

- The amendments and creation of new statutory sections of the law will provide additional provisions to assist student experiences, board clarification on issues and fees, expand accrediting agency acceptance, post licensure status and enforcement action information on website for transparency, and allow the executive officer to rescind specific citations after due process.

Cons:

- Educators may question the expansion acceptance of other educational accrediting agencies.
- Licensees may question the posting of licensure status and enforcement actions taken against their dental hygiene license.

PROPOSED MOTION LANGUAGE:

I move for the Legislation and Regulatory Committee to review the current language to determine if an amendment to BPC sections 1915.1, 1926.3, 1941, 1944, and 1961.5 are warranted. If the Committee determines these changes are warranted, I move for the Committee to complete the draft of proposed statutory language and recommend to the Full Board to consider, complete, and approve the final draft of proposed statutory language amendments for BPC sections 1915.1, 1926.3, 1941, 1944, and 1961.5, and direct staff to seek sponsored legislation for 2025.

Legend: Added text is indicated with an underline.
Deleted text is indicated by ~~strikeout~~.

BPC Sections:

1915.1. (Language was approved at the Board's July 19 – 20, 2024 Meeting)

- (a) In addition to the exemptions set forth in Section 1915, the practice of dental hygiene by a dental hygiene student rendered or performed without compensation or expectation of compensation under the supervision of a licensed dental hygienist with a clinical supervising faculty appointment at a sponsored event, is exempt from the operation of this chapter.
- (b) The practice of dental hygiene exempted by subdivision (a) only includes those operations, approved by the dental hygiene board, that are rendered or performed under the same conditions as operations exempt under subdivision (a) of Section 1915.
- (c) For purposes of this section, all of the following shall apply:
- (1) "Dental hygiene student" means a person who has begun clinical training at a dental hygiene educational program approved by the dental hygiene board.
 - (2) "Licensed dental hygienist" means a dental hygienist licensed pursuant to this chapter.
 - (3) "Clinical supervising faculty" means a licensed dental hygienist employed by the sponsoring dental hygiene educational program.
 - (4) "Patient" means a dental hygiene patient or, in the case of a minor, the dental hygiene patient's representative.
 - (6) "Sponsoring dental hygiene educational program" means a dental hygiene educational program that sanctions student and clinical faculty participation at a sponsored event.
 - (7) "Sponsored event" means an event, not to exceed 10 calendar days, administered by a sponsoring entity or a local governmental entity, or both, through which health care is provided to the public without compensation or expectation of compensation.
 - (8) "Sponsoring entity" means a nonprofit organization pursuant to Section 501(c)(3) of the Internal Revenue Code, or a community-based organization.
- (d) The volunteer practice of dental hygiene by dental hygiene students pursuant to this section shall comply with all of the following requirements:
- (1) Each patient shall be sufficiently informed that a dental hygiene student may be providing some of the treatment the patient will be receiving.
 - (2) Any information provided to the patient to give informed consent shall offer the patient the option to decline to be treated by the dental hygiene student.
 - (3) The volunteer practice of a dental hygiene student shall be supervised by supervising clinical faculty from the dental hygiene educational program in which the student is enrolled.
 - (4) Each volunteer dental hygiene student shall wear an identification badge that clearly identifies them as a "dental hygiene student." The identification badge shall display the dental hygiene student's name, the name of the dental hygiene student's dental hygiene educational program, and the name and the telephone number of the Dental Hygiene Board of California. That information shall be displayed in 14-point font, at minimum.
 - (5) Supervision ratios and dental hygiene student oversight shall be, at a minimum, of one (1) clinical supervising faculty member to five (5) dental hygiene students.

(6) The dental hygiene student shall perform only those procedures authorized by subdivision (a) of Section 1908, subdivisions (a) and (b) of Section 1910, subdivision (a) of Section 1911, and 1911.5 under direct supervision of their assigned clinical supervising faculty.

(7) The dental hygiene student is prohibited from performing any procedures authorized by Section 1907, subdivision (b) of Section 1908, Section 1909, subdivisions (c) and (d) of 1910, and Section 1910.5.

(8) For any clinical procedures, the designated clinical supervising faculty shall be responsible for assessing the patient treated by a dental hygiene student and determining if the assigned dental hygiene student has the skill level necessary to provide that patient care.

(e) The dental hygiene student or the dental hygiene student's sponsoring dental hygiene educational program shall ensure liability insurance coverage is obtained that covers all services the dental hygiene student is permitted to perform pursuant to subdivision (a) of Section 1915.

(f) The sponsoring entity of the sponsored event shall provide the Dental Hygiene Board of California with a list of the names of the dental hygiene students practicing dental hygiene exempted by this section at the sponsored event, the name of the dental hygiene educational program of enrollment of those dental hygiene students, and the name and license number of the licensed clinical supervising dental hygienist.

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 **within 30 calendar days**, 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 **of their working location upon licensure and at every biennial license renewal**. ~~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.

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, **or a national agency whose mission includes the accreditation of institutions offering allied health education programs,** 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.

1944.

(a) The dental hygiene board shall establish by resolution the amount of the fees that relate to the licensing of a registered dental hygienist, a registered dental hygienist in alternative practice, and a registered dental hygienist in extended functions. 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 dental hygiene board. 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).~~ **Application and Licensure Renewal Fees:**

(A) Dental hygiene application fees shall not exceed \$300.

(B) Dental hygiene initial licensure fees shall not exceed \$300.

(2) The fee for examination for licensure as a registered dental hygienist shall not exceed the actual cost of the examination.

(3) The fee for examination for licensure as a registered dental hygienist in extended functions shall not exceed the actual cost of the examination.

(4) The fee for examination for licensure as a registered dental hygienist in alternative practice shall not exceed the actual cost of administering the examination.

(5) The biennial renewal fee shall not exceed five hundred dollars (\$500).

(6) 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.

(7) 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.

(8) The fee for certification of licensure shall not exceed one-half of the renewal fee.

(9) The fee for each curriculum review and feasibility study review for educational programs for dental hygienists who are not accredited by a dental hygiene board-approved agency shall not exceed two thousand one hundred dollars (\$2,100).

(10) The fee for each review or approval of course requirements for licensure or procedures that require additional training shall not exceed seven hundred fifty dollars (\$750).

(11) The initial application and biennial fee for a provider of continuing education shall not exceed five hundred dollars (\$500).

(12) 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.

(13) The fee for the dental hygiene board to conduct a site visit to educational programs for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions to ensure compliance of educational program requirements shall not exceed the actual cost incurred by the dental hygiene board for cost recovery of site visit expenditures.

(14) The fee for a retired license shall not exceed one-half of the current license renewal fee.

(b) The renewal and delinquency fees shall be fixed by the dental hygiene board 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 dental hygiene board 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 dental hygiene board 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 this article.

(e) No fees or charges other than those listed in this section shall be levied by the dental hygiene board 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 this article.

1961.5

(a) The dental hygiene board shall post on its Internet Web site the following information on the

(1) Whether or not the licensee is presently in good standing.

(2) Any of the following enforcement actions or proceedings to which the licensee is actively

(A) Temporary restraining orders.

(B) Interim suspension orders.

(C) Revocations, suspensions, probations, or limitations on practice ordered by the board

(D) Current accusations filed by the Attorney General, including those accusations that are on appeal. For purposes of this paragraph, "current accusation" means an accusation that has not been dismissed, withdrawn, or settled, and has not been finally decided upon by an administrative law judge and the dental hygiene board unless an appeal of that decision is pending.

(E) Citations issued that have not been resolved or appealed within 30 days.

(b) The dental hygiene board shall post on its Internet Web site all of the following historical information in its possession, custody, or control regarding all current and former licensees:

(1) Any final revocations and suspensions, or other equivalent actions, taken against the licensee by the dental hygiene board or the board of another state or jurisdiction or the

(2) Probation or other equivalent action ordered by the dental hygiene board, or the board of another state or jurisdiction, completed or terminated, including the operative accusation resulting in the discipline by the board.

(3) Any felony convictions. Upon receipt of a certified copy of an expungement order granted the date thereof on its Internet Web site.

(4) Misdemeanor convictions resulting in a disciplinary action or accusation that is not subsequently withdrawn or dismissed. Upon receipt of a certified copy of an expungement order granted pursuant to Section 1203.4 of the Penal Code from a licensee, the dental hygiene board shall, within six months of receipt of the expungement order, post notification of the expungement order and the date thereof on its Internet Web site.

(5) Civil judgments issued in any amount, whether or not vacated by a settlement after entry of the judgment, that were not reversed on appeal, and arbitration awards issued in any amount, for a claim or action for damages for death or personal injury caused by the licensee's negligence, error, or omission in practice, or by their rendering of unauthorized professional services.

(6) Citations issued within the last three years that have been resolved by payment of the administrative fine or compliance with the order of abatement.

(7) Appropriate disclaimers and explanatory statements to accompany the information described in paragraphs (1) to (6), inclusive, including an explanation of what types of information are not disclosed. These disclaimers and statements shall be developed by the dental hygiene board.

c) The Executive officer may rescind or withdraw a citation if the licensee presents new evidence after the appeal process and demonstrates the licensee would not have violated the Dental Practice Act when the initial citation was issued.



Friday, November 15, 2024

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 5.

**Discussion and Possible Action for Non-Substantive
Changes to the Board's Statutes through the
2025 Omnibus Bill.**



MEMORANDUM

DATE	November 15, 2024
TO	Legislation and Regulatory Committee Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	LEG REG 5: Discussion and Possible Action for Non-Substantive Changes to the Board’s Statutes through the 2025 Omnibus Bill.

BACKGROUND

Each year, the Senate Committee on Business, Professions, and Economic Development (Committee) 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.

ACTION

Board staff has identified several non-substantive statutory changes to assist the public with clarity and consistency. The main changes are to delineate the language between the Dental Hygiene Board of California and the Dental Board of California for clarity and consistency. Currently in many statutory sections, the Dental Hygiene Board is referred to as hygiene board and the Dental Board is referred to as the board. Staff proposes for the bill to add ‘dental’ to hygiene board to name the ‘dental hygiene board’ and to add ‘dental’ in the sections that reference the Dental Board to create ‘dental board’ (rather than just board) to inform the public.

STAFF RECOMMENDATION:

Staff recommends acceptance of the Board’s non-substantive nomenclature statutory changes for the Omnibus Bill and delegate authority to the Executive Officer to recommend any non-substantive changes in existing statute to be forwarded to the Committee for review.

PROPOSED TEXT :

BPC section 1901(d):

(a) There is hereby created in the Department of Consumer Affairs a Dental Hygiene Board of California in which the administration of this article is vested.

(b) Whenever the terms “Dental Hygiene Committee of California” or “committee” are used in this article, they mean the Dental Hygiene Board of California.

(c) Whenever the term “Dental Hygiene Committee of California” is used in any other law, it means the Dental Hygiene Board of California.

(d) This section shall remain in effect only until January 1, 2028, and as of that date is repealed. Notwithstanding any other law, the repeal of this section renders the dental hygiene board subject to review by the appropriate policy committees of the Legislature.

BPC section 1903(a)(2)(b):

(B) It is the intent of the Legislature that committee members appointed prior to January 1, 2019, remain as dental hygiene board members until their term expires or except as otherwise provided in law, whichever occurs first.

BPC section 1903(c):

(c) Notwithstanding any other provision of law and subject to subdivision (e), the Governor may appoint to the dental hygiene board a person who previously served as a member of the former committee or dental hygiene board even if the person’s previous term expired.

BPC section 1903(h):

(h) Each appointing authority shall have the power to remove from office at any time any member of the dental hygiene board appointed by that authority pursuant to Section 106.

BPC section 1910.5(c)

(c) No later than January 1, 2018, the dental hygiene board shall adopt regulations to establish requirements for courses of instruction for the procedures authorized to be performed by a registered dental hygienist and registered dental hygienist in alternative practice pursuant to Sections 1910.5 and 1926.05, using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Department of Health Care Access and Information. The dental hygiene board shall use the curriculum submitted by the dental board pursuant to Section 1753.55 to adopt regulatory language for approval of courses of instruction for the interim therapeutic restoration. Any subsequent amendments to the regulations for the interim therapeutic restoration curriculum that are promulgated by the dental hygiene board shall be agreed upon by the dental board and the dental hygiene board.



Friday, November 15, 2024

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 6.

**Regulatory Update: Status of Dental Hygiene Board of
California Regulatory Packages.**



MEMORANDUM

DATE	November 15, 2024
TO	Legislation and Regulatory Committee Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	LEG REG 6: Status of Dental Hygiene Board of California (DHBC) Regulatory Packages

Rulemaking File	Board Approved Language	Package Assembly Progress	Formal DCA Review	DCA Director Review	Agency Review	OAL Notice Filed/ Published	OAL Final Filed	Submitted to Secretary of State/ Effective Date
1135-1137 AB 2138	4.13.19	X	X	X	X	1.07.20/ 1.17.20	8.25.20	2.5.21/ 2.5.21
1119 (Formerly 1115) Retired License	1.29.19	X	X	X	X	5.28.21/ 6.11.21	4.11.22	11.16.22/ 1.1.23
1109 RDM/ITR	1.29.19	X	X	X	X	7.21.20/ 7.31.20	4.16.21	9.27.21/ 1.1.22
1107 SLN	11.17.18	X	X	X	X	7.21.20/ 8.14.20	1.4.21	4.20.21/ 7.1.21
1103 Definitions	5.29.20	X	X	X	X	3.26.21/ 4.9.21	8.2.21	11.1.21/ 1.1.22
1104 Approval/ Continuation of Approval of New RDH Programs	5.29.20	X	X	X	X	1.4.21/ 1.15.21	6.10.21	8.18.21/ 10.1.21
1105 Requirements for DHEPs	11.23.19	X	X	X	X	7.27.21/ 8.6.21	12.13.21	1.25.22/ 4.1.22
1104.3 Inspections, Cite, Fine, and Probation for DHEPs	5.29.20 modified text 7.23.22 modified text 2.4.23	X	X	X	X	9.6.22/ 9.16.22	11.22.22	3.27.23/ 7.1.23

Rulemaking File	Board Approved Language	Package Assembly Progress	Formal DCA Review	DCA Director Review	Agency Review	OAL Notice Filed/ Published	OAL Final Filed	Submitted to Secretary of State/ Effective Date
1105.2 DHEP Required Curriculum	5.29.20	X	X	X	X	11.2.21/ 11.12.21	2.16.22	3.30.22/ 7.1.22
1138.1 Unprofessional Conduct	11.21.20 Modified text 3.19.22	X	X	X	X	9.14.21/ 9.24.21	12.16.21	5.16.22/ 7.1.22
1117 RDHAP/ Dentist Relationship	8.29.20	X	X	X	X	10.18.21/ 10.29.21	2.16.22	4.1.22/ 7.1.22
1118 RDHAP STC & LA	7.17.21	X	X	X	X	11.2.21/ 11.12.21	12.30.21	2.10.22/ 4.1.22
1104.1 Process for Approval of New RDH Program	7.23.22 Due to SB 534	X	X	X	X	10.10.22 10.21.22	12.16.22	2.1.23/ 4.1.23
1114 Licensure: Veterans and Military Spouses	11.19.22 Due to AB 107 Modified Text 11.18.23	X	X	X	X	4.11.23/ 4.21.23	8.29.23 Withdrawn 10.10.23 Resubmitted 12.6.23	1.17.24/ 4.1.24
1116 Mobile Dental Hygiene Clinics	11.19.22 Due to SB 534	X	X	X	X	1.23.24/ 2.2.24	10.10.24	
1116.5 RDHAP Practice Registration	11.19.22 Due to SB 534	X	X	X	X	1.23.24/ 2.2.24	10.10.24	
1105(b)(4) Faculty to Student Ratio	7.22.23	X	X	X	X	12.28.23 1.12.24	4.18.24	5.29.24/ 7.1.24
1105.4 Appeals Process and Reinstatement of Withdrawn DHEPs	11.18.23 Modified Text 7.19.24	X	X	X	X	10.7.24 10.18.24		

Section 100	Submitted to Legal	OAL Submission	OAL Approved/ SoS Effective Date
Board Reference from DHCC to DHBC Division 11 Title and Sections 1100, 1101, 1104.2, 1105.1, 1105.3, 1105.4, 1106, 1108, 1122, 1124, 1126, 1127, 1131, 1138, 1139, 1142, 1143	X	3.30.22	5.10.22
1104.1 Process for Approval of New RDH Program Non-substantive changes	X	4.28.22	6.6.22
DBC sections 1073.1, 1073.3, and 1082.2.	X	10.23.23	12.6.23 Withdrawn due to need for regular rulemaking

Processing Times

- A rulemaking file must be completed within one year of the publication date of the Notice of Proposed Action. The Office of Administrative Law (OAL) issues the Notice File Number upon filing the Notice of Proposed Action.
- The DCA is allowed thirty calendar days to review the rulemaking file prior to submission to the Department of Finance (DOF).
- The DOF is allowed thirty days to review the rulemaking file prior to submission to the OAL.
- The OAL is allowed thirty working days to review the file and determine whether to approve or disapprove it. The OAL issues the Regulatory Action Number upon submission of the rulemaking file for final review.
- Pursuant to Government Code section 11343.4, as amended by Section 2 of Chapter 295 of the Statutes of 2012 (SB 1099, Wright), regulation effective dates are as follows:

Date Filed with the Secretary of State	Effective Date
September 1st – November 30th	January 1st
December 1st – February 29th	April 1st
March 1st – May 31st	July 1st
June 1st – August 31st	October 1st



Friday, November 15, 2024

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 7.

Legislative Update: Bills of Interest and Legislative Calendar.

MEMORANDUM

DATE	November 15, 2024
TO	Legislation and Regulatory Committee Dental Hygiene Board of California
FROM	Adina A. Pineschi-Petty DDS Education, Legislative, and Regulatory Specialist
SUBJECT	LEG REG 7: Update on Current Legislation as of October 30, 2024

2024 Legislation	Topic	Status	DHBC Position on 7.20.24
AB 1891 Weber	<p>Community colleges: allied health programs.</p> <p>This bill would authorize a community college allied health program, if, after using an approved diagnostic assessment tool, it determines that the number of applicants to the program exceeds its capacity, to use additional multicriteria screening measures.</p> <p>This bill would authorize a community college allied health program that determines the number of applicants exceeds its capacity to admit students in accordance with the administration of a multicriteria screening process, a random selection process, or a blended combination of random selection and a multicriteria screening process.</p> <p>The bill would require a community college allied health program that elects to use a multicriteria screening process, to evaluate applicants for admission using specified criteria relating to the applicant's academic performance, work or volunteer experience, foreign language skills, life experiences, and special circumstances, among other criteria.</p>	<p>Approved by Governor September 22, 2024.</p> <p>Filed with Secretary of State September 22, 2024.</p>	<p>Support.</p> <p>Support letter sent 5.20.24.</p>
AB 1991 Bonta	<p>Licensee and registrant records.</p> <p>Would require a healing arts board, to require a licensee or registrant who electronically renews their license or registration to provide to that board the licensee's or registrant's individual National Provider Identifier, if they have one. The bill would provide that a violation of the bill's requirements is not a crime.</p>	<p>Approved by Governor September 22, 2024.</p> <p>Filed with Secretary of State</p>	<p>Watch.</p>

2024 Legislation	Topic	Status	DHBC Position on 7.20.24
		September 22, 2024.	
AB 2242 Carrillo, Wendy	Dentistry: dental assistants. This bill would revise the responsibilities of a supervising dentist relating to an unlicensed dental assistant, and the functions and duties that an unlicensed dental assistant is authorized to perform. The bill would revise the course requirements for an unlicensed dental assistant, including by requiring verification that the dental assistant has completed specified preceptorship and work experience requirements by an affidavit signed under penalty of perjury by the preceptor or the supervising dentist, as provided. The bill would require an unlicensed dental assistant to obtain a certificate of completion of radiation safety to perform radiographic procedures.	2.26.24 Assembly Business and Professions. Bill failed passage and dead for 2024.	Watch.
AB 2269 Flora	Board membership qualifications: public members. This bill would prohibit a public member or a lay member of any board from having a specified relationship with a licensee of that board, for services provided pursuant to that license, within 3 years of the public member's or lay member's appointment. The bill would provide that these requirements apply to a public member or a lay member of a board upon appointment or reappointment on or after January 1, 2025.	4.17.24 Assembly Appropriations Bill failed passage and dead for 2024.	Watch.
AB 2510 Arambula	Dental care for people with developmental disabilities. This bill would require the Department of Developmental Services, by July 1, 2026, to enter into a contract with a dental school or college in the state that meets certain criteria relating to public status, accreditation, and a demonstrated record of working with regional centers, for the purpose of establishing a statewide program centered in the state's regional	4.23.24 Assembly Higher Education. 5.16.24 Placed in Suspense file.	Watch for 2025.

2024 Legislation	Topic	Status	DHBC Position on 7.20.24
	centers. The bill would require that the contract expire on June 30, 2031. Under the bill, the program would be established to improve the provision of dental care services to people with developmental and intellectual disabilities, and specifically to prevent or reduce the need for developmental services consumers to receive dental treatment using sedation and general anesthesia.	Bill failed passage and dead for 2024.	
AB 2701 Villapudua	Medi-Cal: dental cleanings and examinations. This bill would restructure current law so that 2 cleanings and 2 examinations per year, as specified, would be covered Medi-Cal benefits for all beneficiaries, regardless of age.	6.24.24 Senate Appropriations Suspense File. Bill failed passage and dead for 2024.	Support. Support letter sent 5.20.24.
AB 2862 Gipson	Department of Consumer Affairs: African American applicants. This bill would require, notwithstanding any other law, that a board within the Department prioritize African American applicants seeking licensure, especially applicants who are descended from a person enslaved in the United States. The bill would repeal those provisions on January 1, 2029.	5.16.24 Assembly Appropriations Bill failed passage and dead for 2024.	Watch.
AB 2920 Reyes	Dentistry: dental schools. This bill would authorize a national accrediting body approved by the board to approve dental colleges for purposes of board-prescribed examination eligibility requirement. This bill would authorize the board to approve dental colleges for purposes of the board-prescribed license eligibility requirement. Prior law, until January 1, 2024, had required, for approval or renewal of approval, a foreign dental school to make application to the board, and to meet other specified requirements, including the payment of specified fees, as prescribed. That prior law-imposed	3.4.24 Assembly Business and Professions. Bill failed passage and dead for 2024.	Watch.

2024 Legislation	Topic	Status	DHBC Position on 7.20.24
	<p>duties and powers on the board related to the evaluation of those applications and the periodic survey and evaluation of all approved foreign dental schools to ensure continued compliance with the requirements for approval. This bill would, with certain exceptions, reenact those provisions.</p> <p>This bill would require a graduate of a board-approved foreign dental school who is licensed pursuant to a specified provision described above to practice full-time for 2 years in one or more types of clinics or health centers owned or operated by certain nonprofit or government entities, as specified. The bill would authorize the board to request verification of compliance with this requirement and to revoke a license if it finds that the licensee has not complied with the requirement. The bill would require the board to provide information about areas of the state that are experiencing a shortage of dentists in the application packet for licensure to practice dentistry.</p>		
<p>AB 3127 McKinnor</p>	<p>Reporting of crimes: mandated reporters.</p> <p>This bill would remove the requirement that a health practitioner make a report to law enforcement when they suspect a patient has suffered physical injury caused by assaultive or abusive conduct.</p> <p>The bill would instead require that a health practitioner make a report when the injury is life threatening or results in death, or is the result of child abuse or elder or dependent adult abuse.</p> <p>The bill would require the health practitioner to additionally make a report when a person is seeking care for injuries related to domestic, sexual, or any nonaccidental violent injury if the patient requests a report be sent, as specified.</p> <p>The bill would also require a health practitioner who suspects that a patient has suffered physical injury that is caused by domestic violence, as defined, to provide brief counseling and a referral to local and national domestic violence or sexual violence advocacy services, as specified.</p>	<p>6.24.24 Senate Appropriations Suspense File.</p> <p>Bill failed passage and dead for 2024.</p>	<p>Watch.</p>

2024 Legislation	Topic	Status	DHBC Position on 7.20.24
<p>AB 3175 Villapudua</p>	<p>Health care coverage: dental services.</p> <p>Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law imposes specified coverage and disclosure requirements on health care service plans, including specialized plans, that cover dental services. Existing law, on and after January 1, 2025, prohibits a health care service plan from issuing, amending, renewing, or offering a plan contract that imposes a dental waiting period provision in a large group plan or preexisting condition provision for any plan. <i>This bill would make technical, nonsubstantive changes to those provisions.</i></p>	<p>2.16.24 Assembly Introduced.</p> <p>Bill failed passage and dead for 2024.</p>	<p>Watch.</p>
<p>SB 1067 Smallwood-Cuevas</p>	<p>Healing arts: expedited licensure process: medically underserved area or population.</p> <p>This bill would require Board of Behavioral Sciences, the Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians of the State of California, the California State Board of Pharmacy, the Dental Board of California, the Dental Hygiene Board of California, and the Physician Assistant Board, to develop a process to expedite the licensure process by giving priority review status to the application of an applicant for a license who demonstrates that they intend to practice in a medically underserved area or serve a medically underserved population. The bill would repeal these provisions on January 1, 2029.</p> <div data-bbox="282 1562 1047 1904" style="border: 1px solid black; padding: 5px;"> <p>Governor's Message</p> <p>To the Members of the California State Senate:</p> <p>I am returning Senate Bill 1067 and Assembly Bill 2442 without my signature.</p> <p>These bills would require specified Department of Consumer Affairs boards to create an expedited licensing process for a subset of applicants based on the type of care they intend to provide or the geographic area where they intend to provide care.</p> </div>	<p>9.27.24 Vetoed by the Governor.</p>	<p>Watch.</p>

2024 Legislation	Topic	Status	DHBC Position on 7.20.24
	<p>I commend the authors' commitment to addressing healthcare gaps in the state, but I am concerned about the aggregate effect of legislation that seeks to expedite licensure. As the number of applicants who qualify for expedited licensure grows through legislation, the benefits of mandated prioritization may start to diminish, at the expense of potential negative impacts to other applicants. Additionally, the increase in staff needed to ensure expedited applications may lead to licensing fee increases.</p> <p>It would be prudent to allow time for the current expedited licensure processes to continue so that we can gather data on their effectiveness. This will allow the state to be well informed on the efficacy of this practice before pursuing additional frameworks for expedited licensure and confirm these processes do not lead to unintended consequences on the broader healthcare workforce.</p> <p>For these reasons, I cannot sign these bills.</p> <p>Sincerely,</p> <p>Gavin Newsom</p>		
<p>SB 1369 Limón</p>	<p>Dental providers: fee-based payments.</p> <p>This bill would require a health care service plan contract or health insurance policy, as defined, issued, amended, or renewed on and after April 1, 2025, that provides payment directly or through a contracted vendor to a dental provider to have a non-fee-based default method of payment, as specified.</p> <p>The bill would require a dental provider to submit a written authorization to the health care service plan, health insurer, or contracted vendor, opting in to a fee-based payment method, and would authorize the dental provider to opt out of the fee-based payment method at any time by providing written notice to the health care service plan, health insurer, or contracted vendor.</p> <p>The bill would require a health care service plan, health insurer, or contracted vendor that obtains written authorization to opt in or opt out of fee-based payment to apply the decision to include both the dental provider's entire practice and all products or services covered pursuant to a contract with the dental provider, as specified.</p>	<p>9.22.24 Vetoed by the Governor.</p>	<p>Watch.</p>

2024 Legislation	Topic	Status	DHBC Position on 7.20.24
	<p>Governor's Message</p> <p>To the Members of the California State Senate:</p> <p>I am returning Senate Bill 1369 without my signature.</p> <p>This bill would require dental plans to default to a non-fee-based method of payment to providers, and to remit with each payment the associated claims and claim details, beginning April 1, 2025.</p> <p>Currently, a dental provider and a plan determine the method of reimbursement during contract negotiations. A provider may opt into direct payments or payments through a contracted vendor. While I appreciate the author's intent to increase dental providers' reimbursements through changing the default payment method, this should be addressed during contract negotiations.</p> <p>For this reason, I cannot sign this bill.</p> <p>Sincerely,</p> <p>Gavin Newsom</p>		
<p>SB 1451 Ashby</p>	<p>Professions and vocations.</p> <p>Existing law, the Dental Practice Act, establishes the Dental Hygiene Board of California to license and regulate dental hygienists. Existing law authorizes a registered dental hygienist in alternative practice to perform specified duties in dental health professional shortage areas, as certified by the Department of Health Care Access and Information, in accordance with specified guidelines.</p> <p>This bill would authorize a registered dental hygienist in alternative practice with an existing practice in a dental health professional shortage area to continue to provide dental hygiene services if certification by the department is removed and the registered dental hygienist in alternative practice annually provides specified information to certain patients.</p>	<p>Approved by Governor September 22, 2024.</p> <p>Filed with Secretary of State September 22, 2024.</p>	<p>Support.</p> <p>Support letter sent 5.20.24.</p>
<p>SB 1453 Ashby</p>	<p>Dentistry.</p> <p>Existing law, the Dental Practice Act, requires the licensure of dentists by the Dental Board of California. Existing law requires the board to meet regularly once each year in the San Francisco Bay area and once each year in southern California, and other times and places as the board may designate, for the purpose of transacting its business.</p>	<p>Approved by Governor September 22, 2024.</p> <p>Filed with Secretary of State</p>	<p>Watch.</p>

2024 Legislation	Topic	Status	DHBC Position on 7.20.24
	This bill would repeal the above-described meeting requirement.	September 22, 2024.	

Legislative Calendar Highlights:

- **Oct. 2** - Bills enacted on or before this date take effect January 1, 2025.
- **Nov. 30** - Adjournment sine die at midnight.
- **Dec. 2** - 2025-26 Regular Session convenes for Organizational Session at 12 noon.
- **Jan. 1, 2025** - Statutes take effect.



Friday, November 15, 2024

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 8.

**Future Legislation and Regulatory Committee
Agenda Items.**



Friday, November 15, 2024

Dental Hygiene Board of California

Legislation and Regulatory Committee Agenda Item 9.

**Adjournment of the Legislation and Regulatory
Committee Meeting.**



Member	Present	Absent
Carmen Dones		
Sonia "Pat" Hansen		
Sherman King		
Michael Long		
Justin Matthews		
Sridevi Ponnala		
Naleni "Lolly" Tribble-Agarwal		

Friday, November 15, 2024

Dental Hygiene Board of California

Agenda Item 7.

Roll Call & Re-Establishment of Quorum.

Board Secretary to call the Roll.



Friday, November 15, 2024

Dental Hygiene Board of California

Agenda Item 8.

Future Agenda Items.



Friday, November 15, 2024

Dental Hygiene Board of California

Agenda Item 9.

Adjournment.