STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

DENTAL BOARD OF CALIFORNIA
MEETING AGENDA
FEBRUARY 7-8, 2019

Embassy Suites by Hilton San Diego La Jolla
4550 La Jolla Village Drive
San Diego, California 92122
(858) 453-0400 (Hotel) or (916) 263-2300 (Board Office)

Members of the Board:

Fran Burton, MSW, Public Member, President
Steven Morrow, DDS, MS, Vice President
Steven Chan, DDS, Secretary

Yvette Chappell-Ingram, MPA, Public Member
Ross Lai, DDS
Lilia Larin, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Abigail Medina, Public Member
Rosalinda Olague, RDA, BA
Joanne Pacheco, RDH
Thomas Stewart, DDS
Bruce Whitcher, DDS
James Yu, DDS, MS

During this two-day meeting, the Dental Board of California will consider and may take action on any of the agenda items, unless listed as informational only. It is anticipated that the items of business before the Board on the first day of this meeting will be fully completed on that date. However, should an item not be completed, it may be carried over and heard on the following day. Anyone wishing to be present when the Board takes action on any item on this agenda must be prepared to attend the two-day meeting in its entirety.

Public comments will be taken on agenda items at the time the specific item is raised. 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. Time limitations for discussion and comment will be determined by the President. For verification of the meeting, call (916) 263-2300 or access the Board's website at www.dbc.ca.gov. This Board meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources or technical difficulties that may arise. To view the Webcast, please visit https://thedcapage.wordpress.com/webcasts/**.**

FRIDAY, FEBRUARY 8, 2019

9:00 A.M. FULL BOARD MEETING – OPEN SESSION

11. Call to Order/Roll Call/Establishment of a Quorum

12. Executive Officer's Report

13. Report of the Dental Hygiene Board of California (DHBC) Activities

14. Examinations

    a. Update on the Portfolio Pathway to Licensure

    b. Western Regional Examination Board (WREB) Report

    c. Discussion and Possible Action Regarding Requiring Successful Completion of Prosthodontics Section of WREB Examination to Qualify for Licensure in California

15. Licensing, Certifications, and Permits

    a. Presentation Regarding Dental Licensure Examination Reform – Informational Only

    b. Review of Dental Licensure and Permit Statistics

    c. General Anesthesia and Conscious Sedation Permit Evaluation Statistics

16. Substance Use Awareness

    a. Diversion Program Report and Statistics

    b. Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations, Title 16, Sections 1016 and 1017 Relating to Continuing Education Requirements

17. Legislation

    a. 2019 Tentative Legislative Calendar – Information Only

    b. Discussion and Possible Action Regarding the Following Legislation:
        i. AB 149 (Cooper) Controlled Substances: Prescriptions
        ii. AB 193 (Patterson) Professions and Vocations
        iii. SB 53 (Wilk) Open Meetings
        iv. SB 154 (Pan) Medi-Cal: Restorative Dental Services

    c. Discussion of Prospective Legislative Proposals

Stakeholders are Encouraged to Submit Proposals In Writing to the Board Before or During the Meeting for Possible Consideration by the Board at a Future Meeting

18. Licensing, Certifications, and Permits Committee Report on Closed Session
    The Board may take action on recommendations regarding applications for issuance of new license(s) to replace cancelled license(s) and whether or not to grant, deny, or request further evaluation for a Conscious Sedation Permit as it relates to an onsite inspection and evaluation failure.

19. Public Comment on Items Not on the Agenda
    The Board may not discuss or take action 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 §§ 11125 and 11125.7(a)).

20. Board Member Comments on Items Not on the Agenda
    The Board may not discuss or take action on any matter raised during the Board Member Comments 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 §§ 11125 and 11125.7(a)).

21. Adjournment

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	January 28, 2019
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 12:** Executive Officer's Report

Background:
The Executive Officer, Karen Fischer, of the Dental Board of California will provide a verbal report.

Action Requested:
No action requested.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	January 28, 2019
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 13:** Report of the Dental Hygiene Board of California (DHBC) Activities

Background:
A representative from the Dental Hygiene Board of California will provide a verbal report.

Action Requested:
No action requested.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	January 10, 2019
TO	Members of the Dental Board of California
FROM	Daniel Yoon Licensing Analyst
SUBJECT	**Agenda Item 14(a):** Update on the Portfolio Pathway to Licensure

At the November 2018 Board meeting, Dental Board of California (Board) staff gave an update on the short-term goals that were outlined at the November 2017 Board meeting. The first three short-term goals were completed and were presented at the February 2018 Board meeting. Board staff was working on completing the fourth short-term goal, which was to digitize the Portfolio rubrics and grading sheets.

After receiving feedback from the California dental schools regarding the digital Portfolio rubrics and grading sheets, these digital forms were updated and sent to each California dental school on December 31, 2018. Also, these digital Portfolio forms were also uploaded onto the Department of Consumer Affairs (DCA) cloud server for the California dental schools to download and use.

Using these new digital forms, Board staff asked the University of the Pacific to upload a sample digital portfolio form onto the DCA cloud server to test. After these tests were conducted, there were no problems to report. Therefore, the last short-term goal is now complete.

Additionally, Board staff is planning to offer informational workshops to help 1st- and 2nd-year dental students become more aware of the unique opportunity available to them through the Portfolio pathway to licensure. Board staff has tentatively scheduled a visit to Western University and Loma Linda University in February 2019. Board staff is in the process of scheduling visits to the other dental schools in early 2019.

Action Requested:
No action requested, informational only.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	January 28, 2019
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 14(b):** Western Regional Examination Board (WREB) Report

Background:
Dr. Huong Le, DDS, MA will provide a verbal report.

Action Requested:
No action requested.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	January 29, 2019
TO	Members of the Dental Board of California
FROM	Steve Long, Budget and Contract Analyst Dental Board of California
SUBJECT	**Agenda Item 14(c):** Discussion and Possible Action Regarding Requiring Successful Completion of Prosthodontics Section of WREB Examination to Qualify for Licensure in California

Background:

The Dental Board of California (Board) issues licenses to qualified candidates who have the option to apply under one of four methods. The Western Regional Examining Board (WREB) pathway to licensure was established on January 1, 2006 and consists of multiple subject areas. Historically, the required sections of the WREB examination were operative, endodontic, periodontic, and comprehensive treatment planning (CTP). Starting in 2018, WREB allowed students to opt in or opt out of taking certain sections of the examination based on the requirements of the states in which the students plan to apply for a license. The periodontic and prosthodontic portions were changed to become elective sections.

WREB provides the student with a score report after the completion and grading of the test. In the past, the WREB score report contained an overall pass or fail score. Since the new format changes, a pass or fail score is provided for each individual section but not for the test as a whole. Due to the fact that the required sections of the WREB examination are not currently defined in statute or regulation in California, staff will be using only the scores from the three core sections as defined by WREB (operative, endodontics, and CTP) in making licensing decisions.

Action Requested:

No action is required unless the Board would like to define what sections of the WREB are required for California licensure. If so, regulations would need to be developed.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	January 25, 2019
TO	Members of the Dental Board of California
FROM	Karen Fischer, Executive Officer
SUBJECT	**Agenda Item 15:** Presentation Regarding Dental Licensure Examination Reform – Informational Only

Background:

DAVID A. LAZARCHIK, DMD, Associate Dean for Clinical Initiatives and Program Development at Western University, Pomona will be giving a presentation on the American Dental Educators Association (ADEA) Compendium of Clinical Licensure.

A two-page document entitled *"The ADEA Compendium of Clinical Competency Assessment"* and the "*Report of the Task Force on Assessment of Readiness for Practice"* are included in the board meeting material and members are encouraged to review this information prior to the meeting.

Action Requested:

No action required at this time. Informational only.

The ADEA Compendium of Clinical Competency Assessment

The ADEA Compendium of Clinical Competency Assessment (Compendium) is being developed as a valid and reliable assessment of psychomotor skills as well as relevant patient care knowledge, skills and abilities that does not utilize a single encounter, high-stakes, procedure-based examination. The Compendium is intended to serve as one component of the available pathways to initial licensure outlined in the Report of the Task Force on Readiness for Practice released by the ADA, ADEA and ASDA in September 2018.

Design Features of the Compendium

- Is based upon key components of the California Hybrid Portfolio
- Uses valid and reliable assessment methodologies
- Is fully integrated within the clinical education experience
- Reduces the financial burden and ethical challenges for both the candidates and schools
- Utilizes a mobile application to quickly and safely record the information
- Provides a standardized reporting format that can be used by licensing agencies throughout the nation in support of widespread portability

Foundational Concepts of Compendium

- **Competency** – "…three elements – multiple assessments, over time, with multiple evaluators – provides the best strategy for global assessment of student competence in a valid and reliable manner…"
    - (CC Gadbury-Amyot, PR Overman JDE June 2018)

- **Independence** – Natural progression of learning leads to independently and repeatedly providing care that meets or exceeds expectations.
    - (AAMC Core Entrustable Professional Activities for Entering Residency. 2014 - Modified Ottawa and Chen scales)

- **Fidelity** – Students performing patient care which is assessed in multiple dimensions (versus examination for clinical procedures alone)
    - (Report of ADEA Task Force on Licensure – March 2016)

Compendium Rubric

For each patient care domain (Proposed as of January 2019 -Diagnosis and Tx Planning, Endodontics, Periodontics, Restoration of Teeth, Replacement of teeth) evaluated, the Compendium Assessment Rubric will be used longitudinally to record the degree to which the student meets, exceeds or does not meet the program's expectations as well as the level of independence achieved in the four categories of Preparation for the appointment, Processes employed during the appointment, Procedure's technical requirements and the Professionalism (communication, chart notes, receptivity to feedback) attained.

Expectations: (Program Defined Criteria)

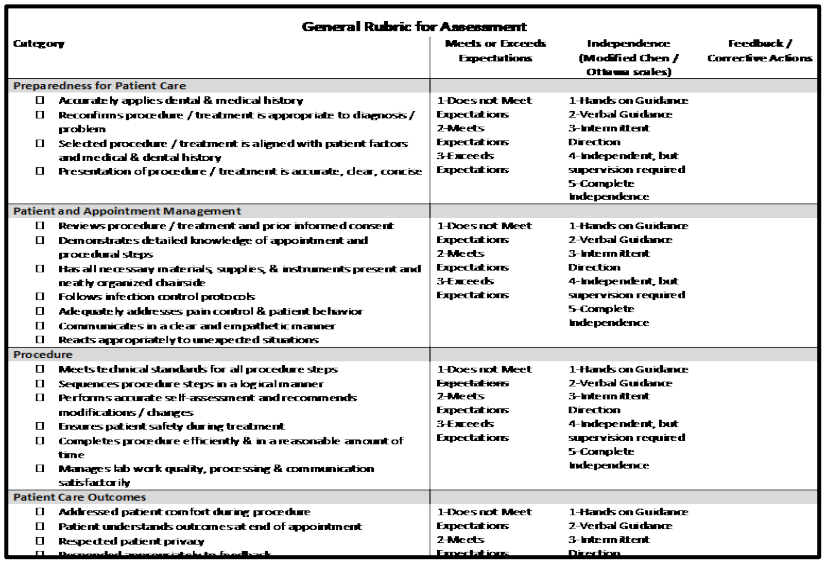
-Meets, Exceeds or Does not meet

Independence:

- Hands on Guidance
- Consistent Verbal Guidance
- Intermittent Guidance
- Attempted Independent Completion
  – Required Intervention
- Independent Completion

Four Categories: (Program Defined Criteria)

- Preparation
- Process
- Procedure
- Professionalism



General Rubric for Assessment

Category	Meets or Exceeds Expectations	Independence (Modified Chen / Ottawa scales)	Feedback / Corrective Actions
Preparedness for Patient Care			
☐ Accurately applies dental & medical history ☐ Reconfirms procedure / treatment is appropriate to diagnosis / problem ☐ Selected procedure / treatment is aligned with patient factors and medical & dental history ☐ Presentation of procedure / treatment is accurate, clear, concise	1-Does not Meet Expectations 2-Meets Expectations 3-Exceeds Expectations	1-Hands on Guidance 2-Verbal Guidance 3-Intermittent Direction 4-Independent, but supervision required 5-Complete Independence	
Patient and Appointment Management			
☐ Reviews procedure / treatment and prior informed consent ☐ Demonstrates detailed knowledge of appointment and procedural steps ☐ Has all necessary materials, supplies, & instruments present and neatly organized chairside ☐ Follows infection control protocols ☐ Adequately addresses pain control & patient behavior ☐ Communicates in a clear and empathetic manner ☐ Reacts appropriately to unexpected situations	1-Does not Meet Expectations 2-Meets Expectations 3-Exceeds Expectations	1-Hands on Guidance 2-Verbal Guidance 3-Intermittent Direction 4-Independent, but supervision required 5-Complete Independence	
Procedure			
☐ Meets technical standards for all procedure steps ☐ Sequences procedure steps in a logical manner ☐ Performs accurate self-assessment and recommends modifications / changes ☐ Ensures patient safety during treatment ☐ Completes procedure efficiently & in a reasonable amount of time ☐ Manages lab work quality, processing & communication satisfactorily	1-Does not Meet Expectations 2-Meets Expectations 3-Exceeds Expectations	1-Hands on Guidance 2-Verbal Guidance 3-Intermittent Direction 4-Independent, but supervision required 5-Complete Independence	
Patient Care Outcomes			
☐ Addressed patient comfort during procedure ☐ Patient understands outcomes at end of appointment ☐ Respected patient privacy ☐ Responded appropriately to feedback	1-Does not Meet Expectations 2-Meets Expectations	1-Hands on Guidance 2-Verbal Guidance 3-Intermittent Direction	

The assessment of student performance over time by multiple faculty calibrated to the use of the Compendium Rubric including the evaluation of independence provides a valid and reliable indicator of the student's readiness to provide patient care.

It is anticipated that as the ADA-ADEA- ASDA TARP Steering Committee begins to identify their Coalition members, the ADEA Compendium will be a critical component of moving to a 21st Century Licensure Process.

Report of the Task Force on Assessment of Readiness for Practice

Issued September 2018

A Joint Task Force of:
American Dental Association, American Dental Education Association
and American Student Dental Association

Overview: A Call for Change

Each year nearly 6,000 students graduate from dental schools across the United States. To practice dentistry, they must first obtain a dental license, the purpose of which is to ensure public safety by showing that new dentists can provide safe and quality dental care on day one of their careers. Similarly, out of over 196,000 active licensed dentists in the United States, more than 10,000 moved across state lines from 2011 to 2016.[1] To continue practicing dentistry, each must obtain a new state license.

Ensuring patient safety and that each dentist meets professional standards for practice are the critical underpinnings of the dental licensure process. It is the responsibility of state boards of dentistry to establish the qualifications for licensure and subsequently issue licenses to qualified individuals.

The Task Force on Assessment of Readiness for Practice ["Task Force"] observes two challenges and priority concerns with the existing licensure process in place in most states:

- The use of single encounter, procedure-based examinations on patients[2] as part of the licensure examination.
- Mobility challenges that are unduly burdensome and unnecessary for ensuring patient safety.

First, the Task Force opposes single encounter, procedure-based examinations on patients, which virtually all states currently use to fulfill the clinical examination requirement. This approach has been demonstrated to be subject to random error; does not have strong validity evidence; is not reflective of the broad set of skills and knowledge expected of a dentist; and poses ethical challenges for test-takers, dental schools and the dental profession.

While not by design, the single encounter, procedure-based examination may not be in the best interest of the patients who participate in the examination process. In particular, these exams are administered in such a way that the focus is on a single quadrant, lesion and tooth that both best meets the exam criteria for acceptance (and will not be rejected resulting in failure of the exam) and is perceived by the candidate (test-taker) to provide the highest likelihood of success. This single focus is typically in lieu of the patient's comprehensive and most severe or urgent needs, resulting in a standard of care that may well be below today's acceptable level. Patients in the exam are often not patients of record or they have been solicited and registered at the school solely for the purpose of sitting for the exam. These patients may experience great difficulty in follow-up care, along with potentially significant liability issues regarding who is responsible for the patient's treatment, if the outcome is below the standard of care. The search for the "minimally acceptable cavity" as a path to exam success has led to the rise in patient brokering services, further compromising ethical treatment of patients. Identical challenges exist for clinical exams taken by senior dental students away from their school sites, and also for experienced dentists who must take second or third clinical exams to apply for licensure in a new state. The American Dental Association's Council on Ethics, Bylaws, and Judicial Affairs (CEBJA) published a white paper examining these ethical issues[3] and concluded that certain safeguards are necessary to protect the patient during the exam process. The patient protection protocols outlined by CEBJA mirror those used by research and academic institutions that utilize patients in medical clinical studies, serving as a nationally recognized standard by which patient rights are protected in the examination process. Unfortunately, the majority of clinical exams proceed without these recommended safeguards.

After careful study, the Task Force calls upon state dental boards to eliminate the single encounter, procedure-based patient exams, replacing these with clinical assessments that have stronger validity and reliability evidence.

Second, licensure portability also presents a significant issue for the dental profession in both expected and unexpected ways. The majority of students at over half of the country's dental schools do not practice in the same state where they were educated. For students in states with restrictive licensure policies, the cost of licensure in another state is often extremely expensive and unnecessarily burdensome. A similar burden exists for the over 10,000 active licensed dentists who moved across state lines between 2011 and 2016.

Restrictions on portability of dental licensure also have some unexpected impacts on society:

- Although dentists serving in the military and federal services are afforded a level of professional mobility, their spouses are not. When following a spouse or partner to a new military posting, the civilian spouses who are practicing dentists may be forced to spend significant financial resources and time submitting extensive documentation required for licensure by credentials; some are also required

to re-take a procedure-based patient clinical exam. Others simply stop practicing, which impacts their professional identities and their family's economic stability and further reduces access to care.

- Academia is a highly mobile profession. Dental school faculty who move across state lines for employment must go through a similar process as described above. While it may be possible for faculty members to get a "restricted license" to teach in the dental school clinic, they are typically not allowed to participate in either faculty practice or private practice. Most clinical faculty members see patients in the school's faculty practice or private practice one or more days per week in order to remain current and supplement their income. As a result, this type of limited license, which diminishes the individual's earning power and practice opportunities, creates a challenge for schools when recruiting new faculty members.
- Restrictions on mobility also impact dentists' ability to participate in volunteer outreach efforts to increase access to care, such as Missions of Mercy, Remote Area Medical or emergency response such as the response to Hurricanes Harvey, Irma and Maria in 2017. While some states allow for volunteer licensure, particularly for the provision of free dental care, most do not.

Barriers to licensure can have adverse impact on state and local economies. The federal government and the Federal Trade Commission (FTC) are also interested in the requirements for obtaining occupational licensure at the state level. This interest includes licensure of the health professions, with dentistry featured predominantly in several papers. According to Kleiner in *Reforming Occupational Licensure Policies*:

> "…by making it more difficult to enter an occupation, licensing can affect employment in licensed occupations, wages of licensed workers, the prices for their services, and worker economic opportunity more broadly. Indeed, economic studies have demonstrated far more cases where occupational licensing has reduced employment and increased prices and wages of licensed workers than where it has improved the quality and safety of services.[4]"

Johnson and Kleiner pointed out in 2017[5] that occupational licensure, one of the most significant labor market regulations in the United States, may restrict the interstate movement of workers. They analyzed the interstate migration of 22 licensed occupations. Of note, the paper stated:

> "…three occupations stand out as showing substantially limited interstate migration, at a level comparable to lawyers: social workers, dental hygienists, and dentists."

As our nation becomes more mobile, these challenges will only grow worse over time. The Task Force calls upon state dental boards to enact changes that allow for increased licensure portability and to critically evaluate their licensure-by-credentials regulations and statutes, with the goal of accepting a common core of credentials that can serve as a basis for licensure compacts.

In summary, the Task Force calls upon state dental boards to amend their licensure requirements to (1) eliminate single encounter, procedure-based examinations on patients; (2) allow for increased initial licensure portability; and (3) work on the national level to establish a common core of dentist credentials for licensure that can serve as a basis for licensure compacts between states. This paper provides a summary of the existing licensure process and proposes new approaches to licensure.

Overview of Existing Licensure Processes

State boards of dentistry are entrusted with establishing the qualifications for licensure and for issuing licenses to qualified individuals as part of their responsibility to protect the public. This includes establishing rules of practice and conduct and taking disciplinary action against licensees who engage in misconduct. Though requirements vary by state, all dental licensure applicants must meet three basic requirements: an education requirement, a written examination requirement and a demonstration of clinical competence.[6]

1. The **educational requirement** in all states is a D.D.S. (doctor of dental surgery) or D.M.D. (doctor of dental medicine) degree from a university-based dental education program accredited by the Commission on Dental Accreditation (CODA). CODA is nationally recognized by the U.S. Department of Education as the sole agency to accredit dental, advanced dental and allied dental education programs conducted at the post-secondary level. CODA accreditation is evidence that the dental school meets predetermined quality assurance standards including requirements for documentation

of student competency (i.e., readiness for practice) throughout the D.D.S./D.M.D. curriculum.

2. All U.S. licensing jurisdictions require evidence that a candidate for licensure has passed a comprehensive **written examination**, called the National Board Dental Examination (NBDE). Currently this is a two-part exam. Part I covers biomedical sciences, dental anatomy and ethics. Part II covers clinical dentistry and case-based components, including diagnosis, ethics, critical thinking and patient management. In 2020, Parts I and II will be phased out and replaced by a single exam, the Integrated National Board Dental Examination (INBDE), which will combine and integrate the content areas of Parts I and II. The Joint Commission on National Dental Examinations (JCNDE), an independent agency, admnisters the NBDE and will administer the INBDE.
3. Currently, candidates for dental licensure in virtually all U.S. licensing jurisdictions must pass a single encounter, procedure-based **clinical examination** demonstrating a limited set of psychomotor skills (hand skills). Each state board of dentistry establishes its clinical examination requirement(s). Five regional testing agencies administer the four procedure-based clinical examinations; not all states accept all exam results even though the examinations are comparable. The result is limited licensure portability for dentists. Meanwhile, a growing number of states have adopted, or are in the process of adopting, pathways to licensure that do not include the single encounter performance of procedures on a patient.

The Task Force recognizes and supports the critical role that state dental boards perform in protecting the public through the licensure process. The Task Force remains committed to ensuring the highest levels of professionalism, ethical behavior and clinical competence through the licensure process and believes that third-party review, at key moments in the licensure process, is essential for ensuring trust and credibility in the process.

In light of the rationale presented, the Task Force members are all on record in opposition to single encounter, procedure-based examinations on patients currently utilized by all states (with the exception of the state of New York, which requires completion of a PGY1 in lieu of a single encounter clinical exam) to fulfill the clinical examination requirement. As stated earlier, the single encounter, procedure-based clinical examination is subject to random error; does not have strong validity evidence; is not reflective of the broad set of skills and knowledge expected of the new dentist; and poses ethical challenges for the test-takers, the dental schools and the dental profession. For all these reasons, the random error inherent in the current clinical examinations that require single encounter, procedure-based examinations on patients cannot assure that the public is being protected at the highest levels from unsafe beginning dentists.

Federal Government Interest in Occupational Licensure

"States' legal authority to license professions is well-established. In 1889, the Supreme Court in *Dent v. West Virginia* established the rights of States to license professions. Under a line of cases starting with *Parker v. Brown*, State licensing boards have been assumed to be shielded from Federal antitrust liability, in the same manner as State courts and legislatures. However, in a recent decision, *North Carolina State Board of Dental Examiners v. Federal Trade Commission*, the Supreme Court held that state licensing boards are not automatically exempted from antitrust scrutiny. Under the standard articulated by the Court, if a controlling number of board members are themselves 'active market participants,' then the licensing board's conduct is only immune from antitrust scrutiny if it is (1) clearly articulated State policy, and (2) actively supervised by the State. The extent to which the Court's decision will in practice increase State licensing boards' exposure to antitrust actions and constrain occupational regulation is unclear" (from *Occupational Licensing: A Framework for Policymakers*[7]).

Two white papers released in 2015 on occupational licensure contain references to dental licensure: *Reforming Occupational Licensing Policies,*[4] which was prepared by the Hamilton Project and The Brookings Institution, and *Occupational Licensing: A Framework for Policymakers,*[7] a White House report prepared by the Department of the Treasury Office of Economic Policy, the Council of Economic Advisers and the Department of Labor. Both papers come to essentially the same conclusion:

> "When designed and implemented appropriately, licensing can benefit practitioners and consumers through improving quality and protecting public health and safety. This can be especially important in situations where it is costly or difficult for consumers to obtain information on service quality, or where low-quality practitioners can potentially inflict serious harm on consumers

> or the public at large…. Yet while licensing can bring benefits, current systems of licensure can also place burdens on workers, employers, and consumers, and too often are inconsistent, inefficient, and arbitrary. The evidence in this report suggests that licensing restricts mobility across States, increases the cost of goods and services to consumers, and reduces access to jobs in licensed occupations. The employment barriers created by licensing may raise wages for those who are successful in gaining entry to a licensed occupation, but they also raise prices for consumers and limit opportunity for other workers in terms of both wages and employment."

In the White House report, restrictive dental licensure is specifically referenced:

> "While older research suggests that more stringent entry requirements are associated with lower rates of untreated dental disease, more recent studies that control for potentially confounding factors find no evidence that tighter dentistry licensing requirements lead to better dental health, though they do lead to higher prices."

The FTC's Economic Liberty Task Force followed up on these papers with two webinars: one on July 27, 2017, examined ways to mitigate the effects of state-based occupational licensing requirements that make it difficult for license holders to obtain licenses in other states, and the other on November 7, 2017, examined empirical evidence on the effects of occupational licensure.

Finally, the National Conference of State Legislatures has selected 11 states for a public policy consortium that will familiarize participants with occupational licensing policy in their own states and occupational licensing best practices in other states. Each state will begin implementing actions to remove barriers to labor market entry and improve portability and reciprocity.

These initiatives highlight the need for the profession to become involved early in the process; otherwise, federal entities may impose solutions on dental boards and state legislatures.

A Contemporary Approach to Initial Dental Licensure

In the past, state dental boards understandably relied on the single encounter, procedure-based clinical examination, as there were few proven alternatives and varying points of view regarding the rigor of the CODA accreditation process and both the scope and rigor of school-based assessment processes. However, thanks to the adoption and evolution of competency-based education in accredited dental schools over the past 25 years, along with new effective pathways for dental clinical assessment, state dental boards no longer need to rely on this dated approach for the clinical assessment of candidates for licensure.

There is a critical need to modernize the dental licensure process that reflects current practices in pedagogy, assessment and licensure and that includes opportunities for third-party review and assurance throughout the process.

The Task Force proposes a modernized process for initial licensure that includes the following three components:

1. Completion of a D.D.S. or D.M.D. degree from a university-based dental education program accredited by the Commission on Dental Accreditation, which requires documentation of clinical competence and the assessment of psychomotor skills ("hand-skills");
2. Passage of the National Board Dental Examination, a valid and reliable written test of applied knowledge; and
3. Successful passage of a valid and reliable clinical assessment that does not require single encounter, procedure-based examinations on patients. Examples include: an Objective Structured Clinical Examination (OSCE); or graduation from CODA-accredited PGY-1 program; or completion of a standardized compilation of clinical competency assessments designed to demonstrate psychomotor skills and practice relevant patient care knowledge, skills and abilities (e.g., California Hybrid Portfolio or Compendium of [Clinical] Competency Assessments).

Overview of the Proposed Licensure Process

The table below describes a proposed licensure process and demonstration of skills as well as the role of third-party review.

Component 1 of the Licensure Process

Completion of a D.D.S. or D.M.D. degree from a university-based dental education program accredited by the Commission on Dental Accreditation (CODA), which includes documentation of clinical competence and the assessment of psychomotor skills ("hand-skills").

What This Demonstrates	Third-Party Review
The awarding of a D.D.S. or D.M.D. degree demonstrates that the student has fulfilled all the requirements of the educational program leading to that degree, including a comprehensive assessment of the graduate's ability to be a safe, beginning practitioner. CODA accreditation ensures that the dental schools' processes meet the quality standards in six areas established for dental education programs, including the requirement that graduates demonstrate specified competencies. Throughout the dental school experience, students must demonstrate competence by challenging hundreds of school-based competency examinations. Over time, students and their institutions develop a compendium of competency assessments that demonstrates the acquisition of relevant knowledge and ability across all competencies that meets pre-specified criteria for success.[8] School-based competency examinations go far beyond the current single encounter clinical examination and include multiple measures of competencies across a wide range of clinical and non-clinical competencies.	The dental schools are accredited by the Commission on Dental Accreditation (CODA). CODA has the authority to make independent accreditation decisions. Reaccreditation for dental programs occurs every seven years, and CODA monitors dental programs for continued compliance with all quality standards between the formal accreditation reviews. The CODA Board of Commissioners has a fiduciary responsibility to the Commission, not to the agency that appoints them. CODA is recognized by the U.S. Department of Education as the sole agency for accrediting dental education programs. This recognition assures the public that the CODA meets quality standards for accreditation of educational programs. CODA must renew its recognition every five years. The Commission must demonstrate to the U.S. Department of Education that conflicts of interest are appropriately handled and cannot affect accreditation decisions. To build trust and credibility in the independence and objectivity of school-based competency exams, the Task Force recommends that state dental boards work in partnership with the dental schools in their state to develop methods for the calibration, quality assurance and third-party auditing of these exams. Potential examples include engagement of state dental board members on key dental school committees; "auditing" of data, images and other documentation from the competency exams; utilizing faculty as examiners; and creating opportunities for observation by state board members of these challenge exams.

Component 2 of the Licensure Process

Passage of the National Board Dental Examination, a valid and reliable written test of didactic knowledge.

What This Demonstrates	Third-Party Review
The National Board Dental Examination is a standardized, comprehensive set of examinations covering the basic biomedical sciences, dental anatomy, ethics and clinical dental subjects, including patient management. Note: Currently, the exam is divided into Part I and Part II, but as the dental school curriculum has moved to a more integrated format, the Joint Commission on National Dental Examinations (JCNDE) will transition to the Integrated National Board Dental Examination in 2020.	The National Board Dental Examination is administered by the Joint Commission on National Dental Examinations (JCNDE). The Joint Commission has authority to make independent decisions regarding exam content and administration. Members of the JCNDE Board of Commissioners have a fiduciary responsibility to the Joint Commission, not to the agency that appoints them. The Joint Commission's examination program meets the quality standards for high stakes testing as outlined in the *Standards for Educational and Psychological Testing*. Accordingly, the JCNDE publishes and makes publicly available its annual *Technical Report* documenting the reliability and validity evidence for each examination.

Component 3 of the Licensure Process

Successful passage of a valid and reliable clinical assessment that does not require single encounter, procedure-based examinations on patients. Three examples are provided:

What This Demonstrates	Third-Party Review
EXAMPLE 1. Objective Structured Clinical Examination (OSCE). An OSCE is a high-stakes examination consisting of multiple, standardized stations, each of which require candidates to use their clinical knowledge and skills to successfully complete one or more dental problem-solving tasks. The OSCE provides information to dental boards about whether a candidate for dental licensure possesses the necessary level of clinical knowledge and skills to safely practice entry-level dentistry thought the use of a valid and reliable examination. The OSCE can protect public health more effectively than current clinical licensure exams. Traditionally, an OSCE format used in health professions training and testing may include physical materials, such as radiographs, photographs, models and order/prescription writing. Advances in computer-based testing, simulated patient and haptic technologies suggest that these modalities may be incorporated into the OSCE format in the future. OSCEs are widely used across the health sciences, including the United States Medical Licensing Examinations, and are used by the National Dental Examining Board of Canada for dental licensure in that country.[9] Note: The Dental Licensure Objective Structured Clinical Examination (DLOSCE) is currently being developed by the ADA's Department of Testing Services, which is staffed by testing professionals with advanced degrees in psychological measurement and related fields. The Department of Testing Services has significant experience in the development of standardized tests for the dental and dental hygiene communities.	The OSCE is utilized by state dental boards — in conjunction with the school-based competency assessments — to fulfill the clinical examination requirement. The OSCE is administered by an independent, third-party testing agency, similar to the process used for the National Dental Board Examination.

Component 3 of the Licensure Process (continued)

What This Demonstrates	Third-Party Review
EXAMPLE 2. Graduation from CODA-accredited PGY-1 program. PGY-1 is completion of a residency program at least one year in length at a CODA-accredited clinically based advanced general dentistry and/or specialty residency program. PGY-1 programs are designed to provide education beyond the level of D.D.S./ D.M.D. programs in oral health care, using applied basic and behavioral sciences. The programs are designed to expand the scope and depth of the graduates' knowledge and skills to enable them to provide comprehensive oral health care to a wide range of populations.	PGY-1 programs are CODA-accredited and competency-based.
EXAMPLE 3. Completion of a standardized compilation of clinical competency assessments designed to demonstrate psychomotor skills and practice relevant patient care knowledge, skills and abilities that is accepted by licensing jurisdictions (e.g., California Hybrid Portfolio or Compendium of [Clinical] Competency Assessments). The compilation of clinical competency assessments is a standardized approach to assessing psychomotor skills and practice relevant patient care knowledge, skills and abilities for licensure that is accepted by licensing jurisdictions. The compilation of clinical assessments uses the evaluation mechanisms currently applied by the dental schools to assess student competence. The compilation of clinical assessments can evaluate candidate performance in a broader range and complexity of common dental procedures, in addition to newer clinical procedures and technologies, than single encounter, procedure-based examinations on patients. An approved compilation will consist of competencies assembled using selected measures of assessment, will be collected over the course of time and will support provision of comprehensive patient care. Examples include the California Hybrid Portfolio and Compendium of (Clinical) Competency Assessments. Note: The Compendium of (Clinical) Competency Assessments, a standardized set of clinical competency assessment, is currently being developed by a working group of members of the American Dental Education Association. The working group contains representation of dental and allied dental educators and experts in competency assessment.	Performance is assessed by calibrated examiners who are members of the dental school faculty. The dental board routinely audits the examinations to ensure reliability and objectively.

Increasing Dental Licensure Portability

The more contemporary approach to the clinical licensure process outlined in the preceding section is focused on the *initial* licensure process. Initial licensure is the process through which a first-time candidate, who does not hold a dental license in another jurisdiction at the time of application, applies for and receives a dental license.

While pursuing the goal of a modernized process for dental licensure that does not contain single encounter, procedure-based examinations on patients, in the near term, the Task Force is seeking to enhance the professional mobility and success of the nearly 200,000 active licensed dentists in the United States by two primary means:

1. Through increased portability of licensure, and
2. By enabling new graduates to use any of the available examination modalities to obtain a license.

To this end, while acknowledging that there are subtle differences among the traditional single encounter, procedure-based examinations on patients administered by the five clinical testing agencies, an analysis conducted by the ADA found that these clinical examinations "adhere to a common set of core design and content requirements that renders them *conceptually comparable*."

What makes these clinical examinations conceptually comparable?

- All reported additional reliance on subject matter experts to inform test specifications (for exams with information available).
- All include both patient-based and manikin-based test sections.
- All require candidates to pass each examination section in order to pass the examination.
- All rely on subject matter expert ratings of candidate performance (typically three subject matter experts).
- All have procedures for selecting, training and evaluating subject matter experts (for exams with information available).
- All use established scoring rubrics that share many common characteristics, but also present some differences.
- All employ criterion-referenced performance standards (cut scores) to facilitate use of examination results by state boards.
- Most examinations use compensatory scoring within test sections, as well as the concept of "critical errors." Some examinations also include penalty points in scoring.
- The five clinical testing agencies differ significantly with respect to the amount of validity and reliability evidence made publicly available.

Currently more than half of the states accept passing results from all five regional testing agencies, while 10 states accept two or three of the available exams and four states accept only one of the available exams. Recognizing that the transition to a more contemporary approach for dental licensure that eliminates the use of single encounter, procedure-based examinations on patients will take time to implement across the 53 licensing jurisdictions and in light of the fact that more than half of the states currently accept results from all five testing agencies, the Task Force calls upon state dental boards to accept all clinical examinations and pathways to licensure until this transition is complete.

Once a dentist passes a clinical examination, receives a license and has been actively practicing for several years, a process exists for obtaining licensure by credentials in the majority of states (exceptions are Delaware, Florida, Hawaii, Nevada and the Virgin Islands). However, licensed dentists who relocate to another state (or whose practice crosses state lines) in many cases are forced to expend significant financial resources and time submitting extensive documentation required for licensure by credentials; some are required to re-take a procedure-based patient clinical exam.

No consensus exists among state dental boards of what constitutes a credential for licensure; therefore, licensure by credentials varies significantly among the states. A credential is defined as "diplomas, degrees, certificates, and certifications, in order to attest to the completion of specific training or education programs by students, to attest to their successful completion of tests and exams, and to provide independent validation of an individual's possession of the knowledge, skills, and ability necessary to practice a particular occupation competently."[10] Based on this definition, many of the most common requirements for "licensure by credentials" are, in fact, not credentials and do not provide dental boards with a reliable or valid measurement of whether an individual already licensed in one or more states will provide competent dental care in another state:

Credential

Dental school diploma from accredited program
Specialty certificate/master's degree from accredited program
Specialty Board certification
GPR/AEGD certificate from accredited program
Current license in good standing
Criminal background check
Passing grade on an initial clinical licensure exam
Documentation of completion of continuing education

Not a Credential

Interview
Oral examination
Hours/years of practice
Affidavits from colleagues/letters of recommendation
Physician statement of good health
Case presentation
Retake of a clinical licensure exam, or a portion thereof
Dental school transcripts

The Task Force calls for state dental boards across the country to allow for increased mobility for new and practicing dentists by (1) accepting all clinical examinations and pathways to licensure for the purpose of licensure portability in the short-term, (2) accepting a common core of requirements for licensure by credentials in the mid-term, and (3) investigating the establishment of licensure compacts among states in the longer-term.

An Environment of Trust: A Necessary Precursor to Change

There is a common attribute among a handful of states in which new and additional pathways to licensure have been adopted. That is, a high degree of trust exists among the state dental board, the state dental association and the dental schools located within the state.

For this contemporary approach to licensure to be successful, there must be a strong partnership among these entities based on transparency, communication, collaboration and mutual understanding. State dental boards should have trust and confidence that a combination of a graduate's D.D.S./D.M.D. degree from a university-based CODA-accredited program including the assessment of psychomotor skills (hand skills), passage of the NBDE and successful completion of a reliable and valid OSCE examination or a PGY1 program or a standardized compilation of clinical competency assessments assures the public of a competent practitioner.

The Task Force believes that for this to occur, there needs to be increased understanding of the:

- CODA accreditation process and confidence that CODA accreditation is a credible marker of the quality standards for dental schools and advanced dental education programs; and
- Rigor of the competency-based challenge examinations performed in dental schools and advanced dental education programs, the independence and objectivity of the assessment process, and the development of appropriate methods of third-party oversight of this process to ensure credibility; and
- Purpose and methodology of the OSCE, including the Dental Licensure Objective Structured Clinical Examination being developed by the ADA's Department of Testing Services, and the validity and reliability of this clinical exam that does not utilize performance of procedures on patients for licensure decisions; and
- Challenges to professional mobility and access to care created by current licensure portability restrictions.

The members of the Task Force believe that collectively, we can achieve our long-term goals of creating a valid and reliable process for dental licensure that does not include single encounter, procedure-based examinations on patients and increasing the portability of dental licensure among all states for the benefit of both the public and the profession.

Endnotes

1 American Dental Association Health Policy Institute. Dentist migration across state lines. Chicago: American Dental Association, 2016. At: https://www.ada.org/en/~/media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic_0816_1. Accessed November 2017.

2 Single encounter, procedure-based examinations on patients are administered by five dental clinical testing agencies in the United States. The candidate is required to preselect usually up to three patients who have met predetermined criteria and to ensure the patients are present on the day of the test. The test takes place on one day. During this single encounter the candidate must perform the following treatment on the patient(s): periodontal scaling/root planing, an anterior restoration, and a posterior restoration. Patients receive only these specific, limited procedures.

3 ADA Council on Ethics, Bylaws, and Judicial Affairs. Ethical considerations when using patients in the examination process. Chicago: American Dental Association, 2013. At: https://www.ada.org/~/media/ADA/Education%20and%20Careers/Files/ethical-considerations-when-using-patients-in-the-examination-process.pdf?la=en.

4 Kleiner MM. Reforming occupational licensing policies (Discussion Paper 2015-01). Washington, DC: The Hamilton Project, Brookings, 2015.

5 Johnson JE, Kleiner MM. Is occupational licensing a barrier to interstate migration? (NBER Working Paper No. 24107). Cambridge, MA: National Bureau of Economic Research, December 2017.

6 American Dental Association. State licensure for U.S. dentists. At: http://www.ada.org/en/education-careers/licensure/state-dental-licensure-for-us-dentists. Accessed September 24, 2017.

7 U.S. Department of Treasury Office of Economic Policy, Council of Economic Advisers, U.S. Department of Labor. Occupational licensing: a framework for policymakers. Washington, DC: U.S. Department of Treasury, U.S. Department of Labor, 2015. At: https://obamawhitehouse.archives.gov/sites/default/files/docs/licensing_report_final_nonembargo.pdf.

8 Kramer GA, Albino JEN, Andrieu SC, Hendricson WD, et al. Dental student assessment toolbox. *JDentEduc* 2009;73(1):12-35.

9 American Dental Association. Dental Licensure Objective Structured Clinical Examination (DLOSCE) FAQ. At: www.ada.org/en/education-careers/objective-structured-clinical-examination. Accessed September 24, 2017.

10 Wikipedia contributors. Credential. At: https://en.wikipedia.org/w/index.php?title=Credential&oldid=807873945. Accessed March 7, 2018.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	January 14, 2019
TO	Members of the Dental Board of California
FROM	Steve Long, Budget and Contract Analyst Dental Board of California
SUBJECT	**Agenda Item 15(b):** Review of Dental Licensure and Permit Statistics

The Dental Board of California (Board) oversees dental licensees in California. All dentists are initially licensed as active. When licensees renew their license, they may either keep their license in active or inactive status.

Licensees with an active status can actively practice dentistry in the state of California. To renew and keep one's license in an active status, the Board requires submission of renewal fee, furnishing a set of fingerprints to the Department of Justice (DOJ), certification of fifty (50) units of continuing education, and disclosing whether he/she has been convicted of any violation in the prior renewal cycle.

Licensees with an inactive status cannot engage in the practice of dentistry in the state of California. To renew and keep one's license in an inactive status, the Board requires submission of the renewal fee and a fully completed renewal form. The holder thereof need not comply with any continuing education requirement for a renewal of an inactive license.

Licensees with an inactive status who would like to re-activate their license must submit the Application to Activate License form and evidence of completing fifty (50) units of continuing education within the last two (2) years, as required by the Dental Practice Act.

A. Following are statistics of current license/permits by type as of January 11, 2019

Dental License (DDS) Status	Licensee Population
Active	34,506
Inactive	1,888
Retired	1,706
Disabled	117
Renewal in Process	313
Delinquent	5,133
Total Cancelled Since Licensing was required	16,229

*_Active_: Current and can practice without restrictions *(BPC §1625)*
Inactive: Current but cannot practice, continuing education not required (*CCR §1017.2)*
Retired: Current, has practiced over 20 years, eligible for Social Security and can practice with restrictions *(BPC §1716.1a)*
Disabled: Current with disability but cannot practice *(BPC §1716.1b)*

Renewal in Process: Renewal fee paid with deficiency *(CCR §1017)*
Delinquent: Renewal fee not paid within one month after expiration date *(BPC §163.5)*
Cancelled: Renewal fee not paid 5 years after its expiration and may not be renewed *(BPC §1718.3a)*

Dental Licenses Issued via Pathway	Total Issued in 2018	Total Issued in 2017	Total Issued in 2016	Total Issued to Date	Date Pathway Implemented
WREB Exam	877	758	786	9,225	January 1, 2006
Licensure by Residency	147	161	154	1,926	January 1, 2007
Licensure by Credential	177	181	142	3,393	July 1, 2002
(LBC Clinic Contract)	11	10	9	54	July 1, 2002
(LBC Faculty Contract)	7	4	6	25	July 1, 2002
Portfolio	8	20	34	76	November 5, 2014
Total	**1,209**	**1,120**	**1,116**		

License/Permit /Certification/Registration Type	Current Active Permits	Delinquent	Total Cancelled Since Permit was Required
Additional Office Permit	2,642	750	6,497
Conscious Sedation	529	45	496
Continuing Education Registered Provider Permit	975	772	2,011
Elective Facial Cosmetic Surgery Permit	27	5	0
Extramural Facility Registration*	178	N/A	N/A
Fictitious Name Permit	6,870	1,536	6,076
General Anesthesia Permit	874	31	957
Mobile Dental Clinic Permit	35	50	41
Medical General Anesthesia	78	34	181
Oral Conscious Sedation Certification (Adult Only 1,154; Adult & Minors 1,260)	2,414	635	760
Oral & Maxillofacial Surgery Permit	89	6	20
Referral Service Registration*	156	N/A	N/A
Special Permits	39	10	175

*Current population for Extramural Facilities and Referral Services are approximated because they are not automated programs

Active Licensees by County as of January 11, 2019

County	DDS	Population	Population per DDS
Alameda	1,460	1,645,359	1,126
Alpine	1	1,151	1,151
Amador	21	38,382	1,827
Butte	141	226,404	1,605
Calaveras	16	45,168	2,823
Colusa	5	22,043	4,408
Contra Costa	1,100	1,139,513	1,035
Del Norte	13	27,124	2,086
El Dorado	157	185,062	1,178
Fresno	601	995,975	1,657
Glenn	12	28,731	2,394
Humboldt	71	136,953	1,928
Imperial	36	188,334	5,231

Inyo	12	18,619	1,551
Kern	332	895,112	2,696
Kings	67	149,537	2,231
Lake	43	64,945	1,510
Lassen	22	30,918	1,405
Los Angeles	8,382	10,241,278	1,221
Madera	53	156,492	2,952
Marin	313	263,604	842
Mariposa	8	18,148	2,268
Mendocino	56	89,134	1,591
Merced	90	274,665	3,051
Modoc	4	9,580	2,395
Mono	5	13,713	2,742
Monterey	266	442,365	1,663
Napa	112	142,408	1,271
Nevada	89	98,828	1,110
Orange	3,888	3,194,024	821
Placer	458	382,837	835
Plumas	15	19,819	1,321
Riverside	1,063	2,384,783	2,243
Sacramento	1,107	1,514,770	1,368
San Benito	22	56,854	2,584
San Bernardino	1,350	2,160,256	1,600
San Diego	2,746	3,316,192	1,207
San Francisco	1,263	874,228	692
San Joaquin	371	746,868	2,013
San Luis Obispo	225	280,101	1,244
San Mateo	882	770,203	873
Santa Barbara	322	450,663	1,399
Santa Clara	2,286	1,938,180	847
Santa Cruz	182	276,603	1,519
Shasta	118	178,605	1,513
Sierra	1	3,207	3,207
Siskiyou	23	44,688	1,942
Solano	277	436,023	1,574
Sonoma	399	505,120	1,265
Stanislaus	282	548,057	1,943
Sutter	51	96,956	1,901
Tehama	26	63,995	2,461
Trinity	4	13,628	3,407
Tulare	212	471,842	2,225
Tuolumne	51	54,707	1,072
Ventura	658	857,386	1,303
Yolo	116	218,896	1,887
Yuba	12	74,577	6,214
Out of State/Country	2,608		
TOTAL	34,506	39,523,613	

*Population data obtained from Department of Finance, Demographic Research Unit

*The counties with the highest Population per DDS are:

1. Yuba County (1:6,214)
2. Imperial County (1:5,231)
3. Colusa County (1:4,408)
4. Trinity County (1:3,407)
5. Sierra County (1:3,207)

The counties with the lowest Population per DDS are:

1. San Francisco County (1:692)
2. Orange County (1:821)
3. Placer County (1:835)
4. Marin County (1:842)
5. Santa Clara County (1:847)

*The counties with the biggest increase in active licensed dentists as of January 11, 2019 were Madera, with 3 additional dentists, and Contra Costa and Siskiyou, with 2 additional dentists each. Los Angeles had a decrease of 34 dentists and Ventura had a decrease of 16 dentists.
*Alpine County now has 1 active dentist.

B. Following are monthly dental statistics by pathway as of January 11, 2019

Dental Applications Received by Month (2018)											Total Apps:		1,279
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	36	31	36	113	155	217	134	64	32	30	32	33	913
Residency	5	1	11	11	11	22	55	15	7	5	5	4	152
Credential	17	21	16	23	20	15	22	17	18	16	14	8	207
Portfolio	0	0	1	0	1	2	3	0	0	0	0	0	7
Total	**58**	**53**	**64**	**147**	**187**	**256**	**214**	**96**	**57**	**51**	**51**	**45**	**1,279**
Dental Applications Approved by Month (2018)											**% of All Apps: 92%**		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	31	14	31	33	59	173	208	120	71	38	31	36	845
Residency	3	2	4	4	10	5	39	48	8	3	5	4	135
Credential	12	15	13	15	19	16	21	19	17	12	9	16	184
Portfolio	1	0	0	0	0	2	4	1	0	0	0	0	8
Total	**47**	**31**	**48**	**52**	**88**	**196**	**272**	**188**	**96**	**53**	**45**	**56**	**1,172**
Dental Licenses Issued by Month (2018)											**% of All Apps: 95%**		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	27	20	28	22	58	160	222	146	80	43	30	41	877
Residency	3	2	7	4	12	5	38	55	8	4	5	4	147
Credential	11	13	13	12	20	20	22	16	19	9	10	12	177
Portfolio	1	0	0	0	0	2	3	2	0	0	0	0	8
Total	**42**	**35**	**48**	**38**	**90**	**187**	**285**	**219**	**107**	**56**	**45**	**57**	**1,209**
Cancelled Dental Applications by Month (2018)											**% of All Apps: 18%**		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	5	0	0	7	15	35	16	12	68	5	4	13	180
Residency	0	0	0	0	1	4	9	9	10	1	0	1	35
Credential	0	0	0	0	0	1	0	0	12	0	1	0	14
Portfolio	0	0	0	0	0	0	0	0	2	0	0	0	2
Total	**5**	**0**	**0**	**7**	**16**	**40**	**25**	**21**	**92**	**6**	**5**	**14**	**231**

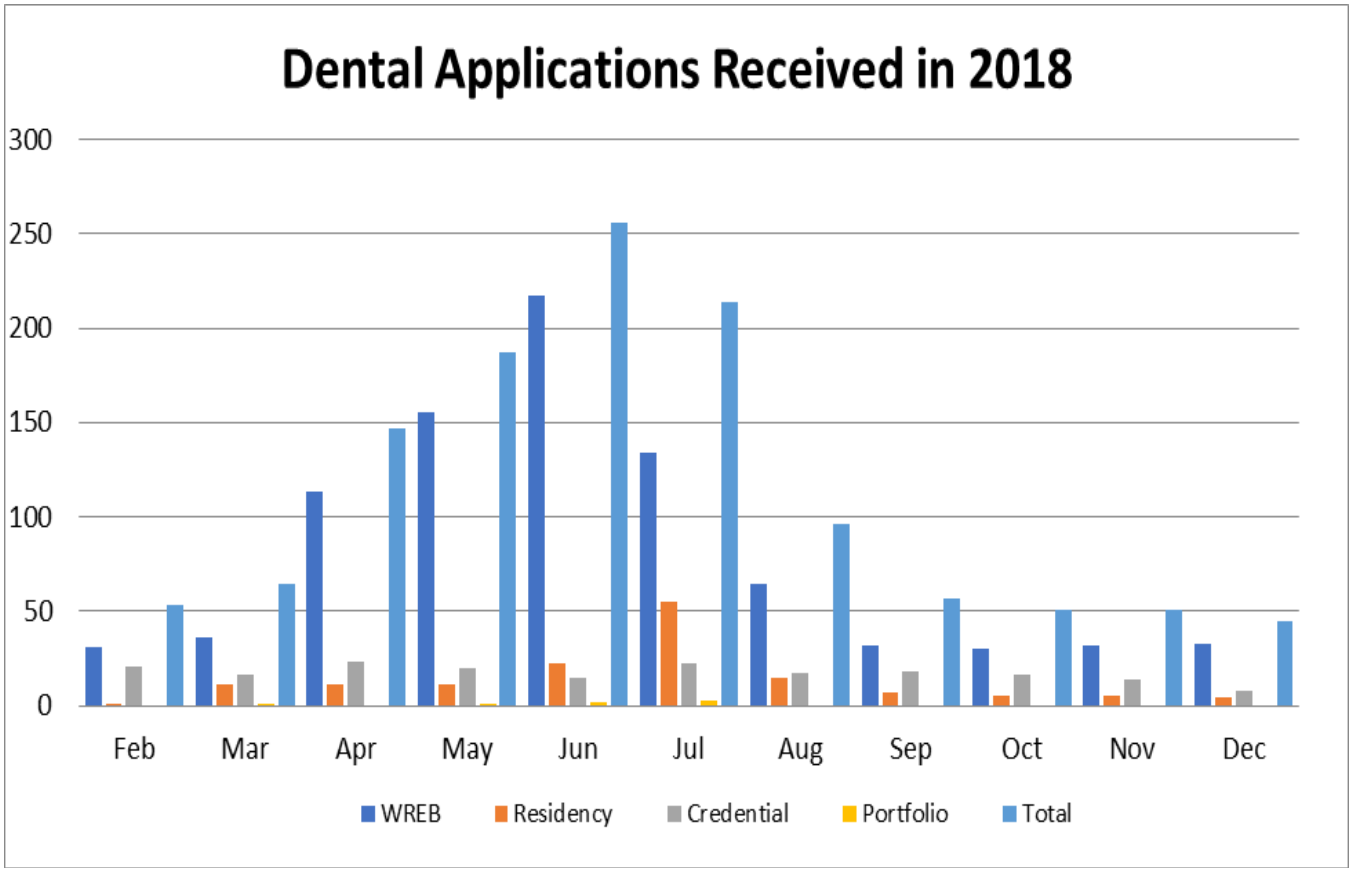
Withdrawn Dental Applications by Month (2018)													% of All Apps: 10%
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Totals**
WREB	4	0	5	2	33	28	22	1	7	1	0	1	**104**
Residency	1	0	0	0	0	1	8	2	2	0	1	1	**16**
Credential	1	1	1	1	3	5	0	1	0	0	0	1	**14**
Portfolio	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Total	**6**	**1**	**6**	**3**	**36**	**34**	**30**	**4**	**9**	**1**	**1**	**3**	**134**
Denied Dental Applications by Month (2018)													**% of All Apps: <1%**
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Totals**
WREB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Residency	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Credential	0	0	1	0	1	0	0	0	0	0	0	0	**2**
Portfolio	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Total	**0**	**0**	**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2**

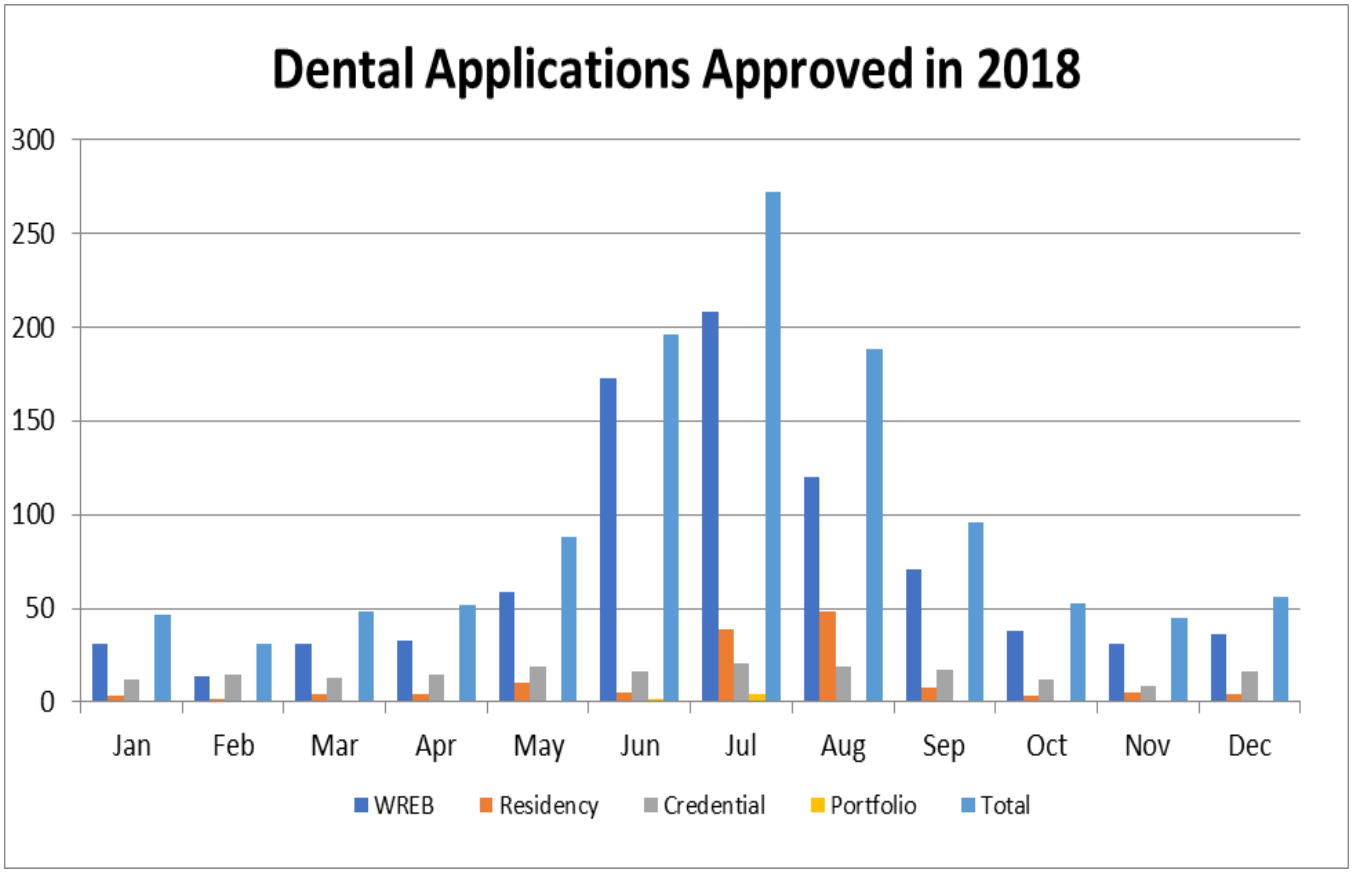
*Deficient Applications by pathway**:** WREB – 57, Residency – 16, Credential – 49, Portfolio – 0, **Total – 122**

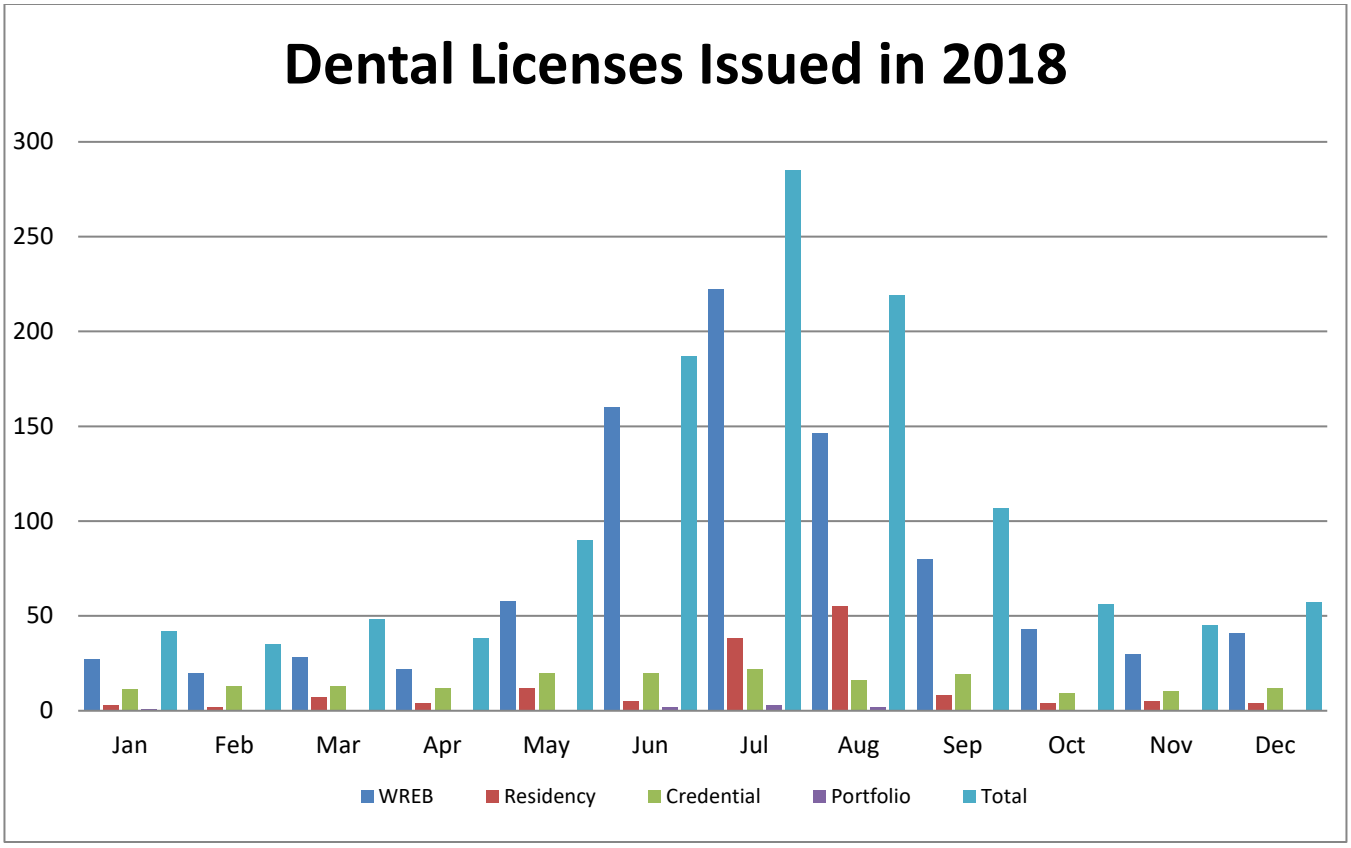
Application Definitions

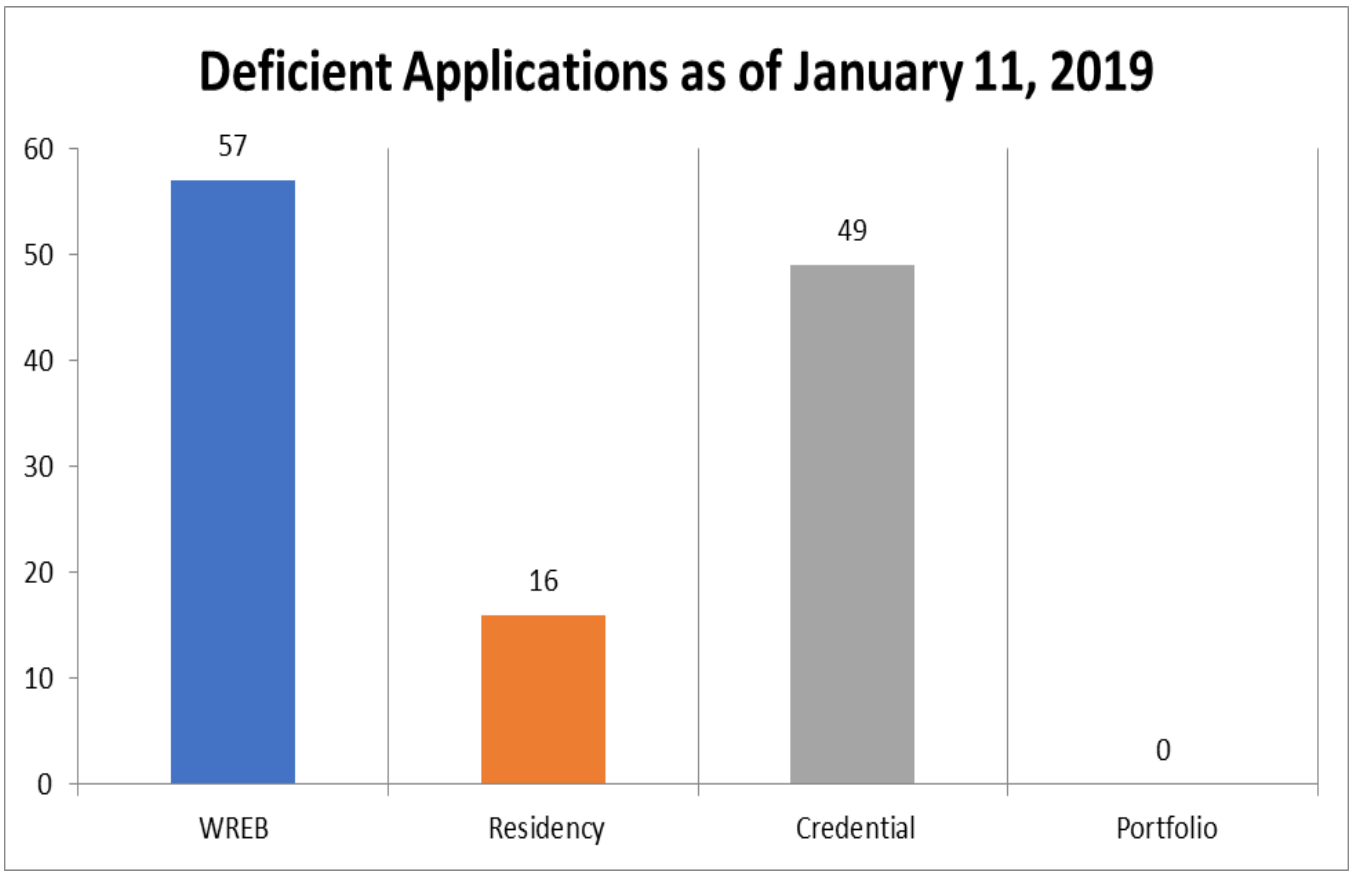
Received	Application submitted in physical form or digitally through Breeze system.
Approved	Application for eligibility of licensure processed with all required documentation.
License Issued	Application processed with required documentation and paid prorated fee for initial license.
Cancelled	Board requests staff to remove application (i.e. duplicate).
Withdrawn	Applicant requests Board to remove application
Denied	Applicant fails to provide requirements for licensure (BPC 1635.5)
Deficient	Application processed lacking one or more requirements

C. Following are graphs of monthly Dental statistics as of January 11, 2019

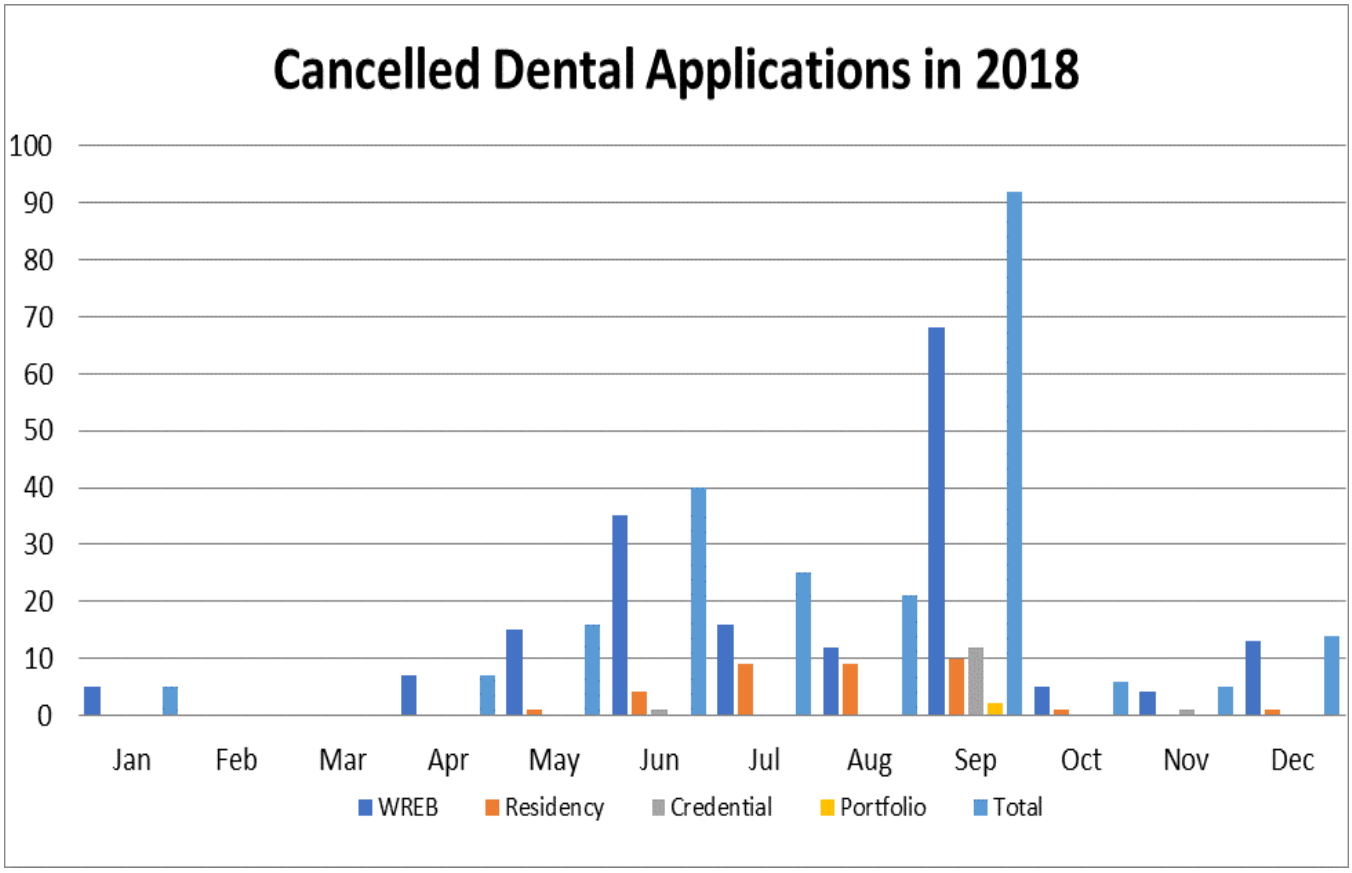

Dental Applications Received in 2018
300
250
200
150
100
50
0
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
WREB
Residency
Credential
Portfolio
Total

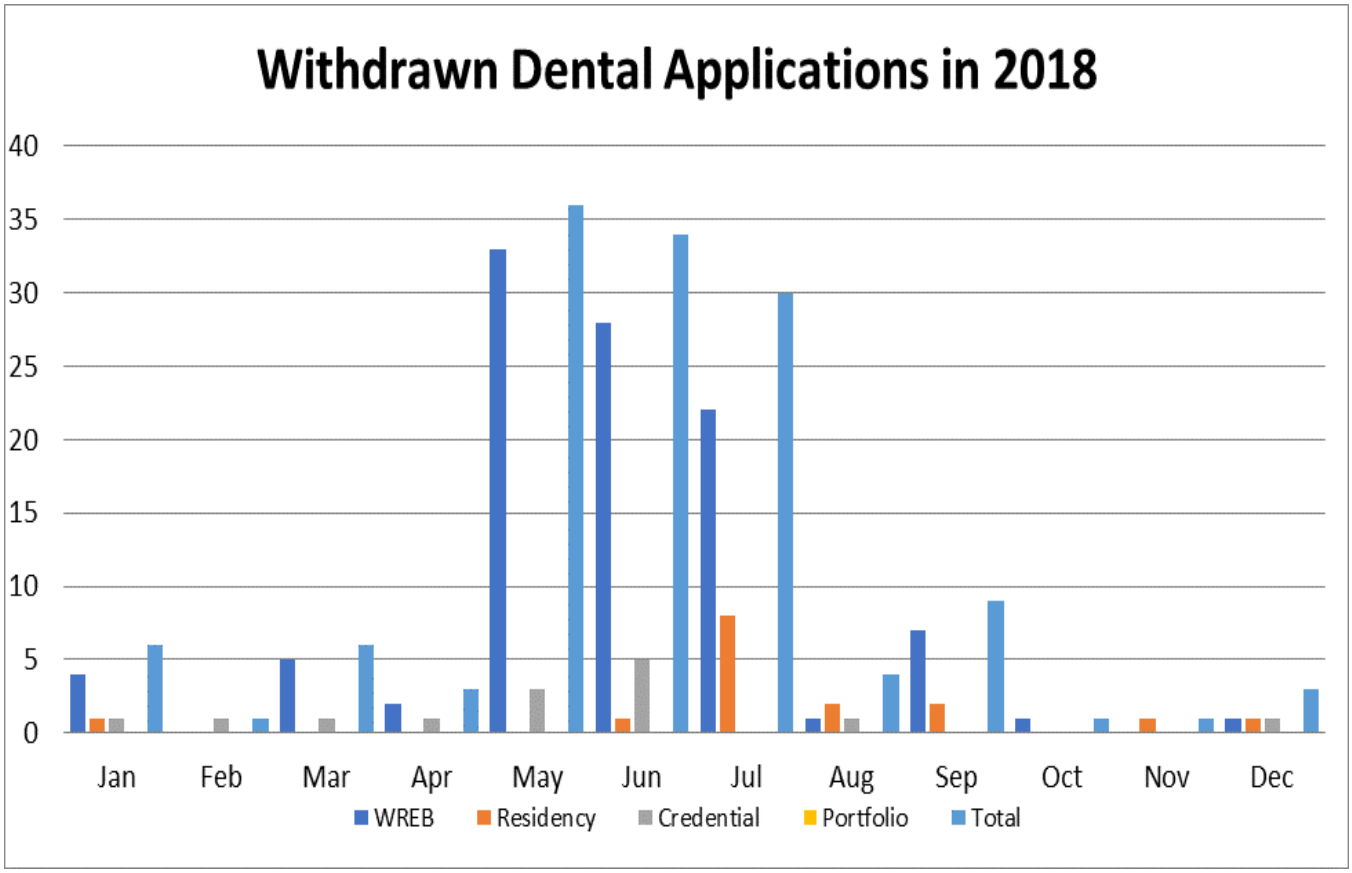

Dental Applications Approved in 2018
300
250
200
150
100
50
0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
WREB
Residency
Credential
Portfolio
Total

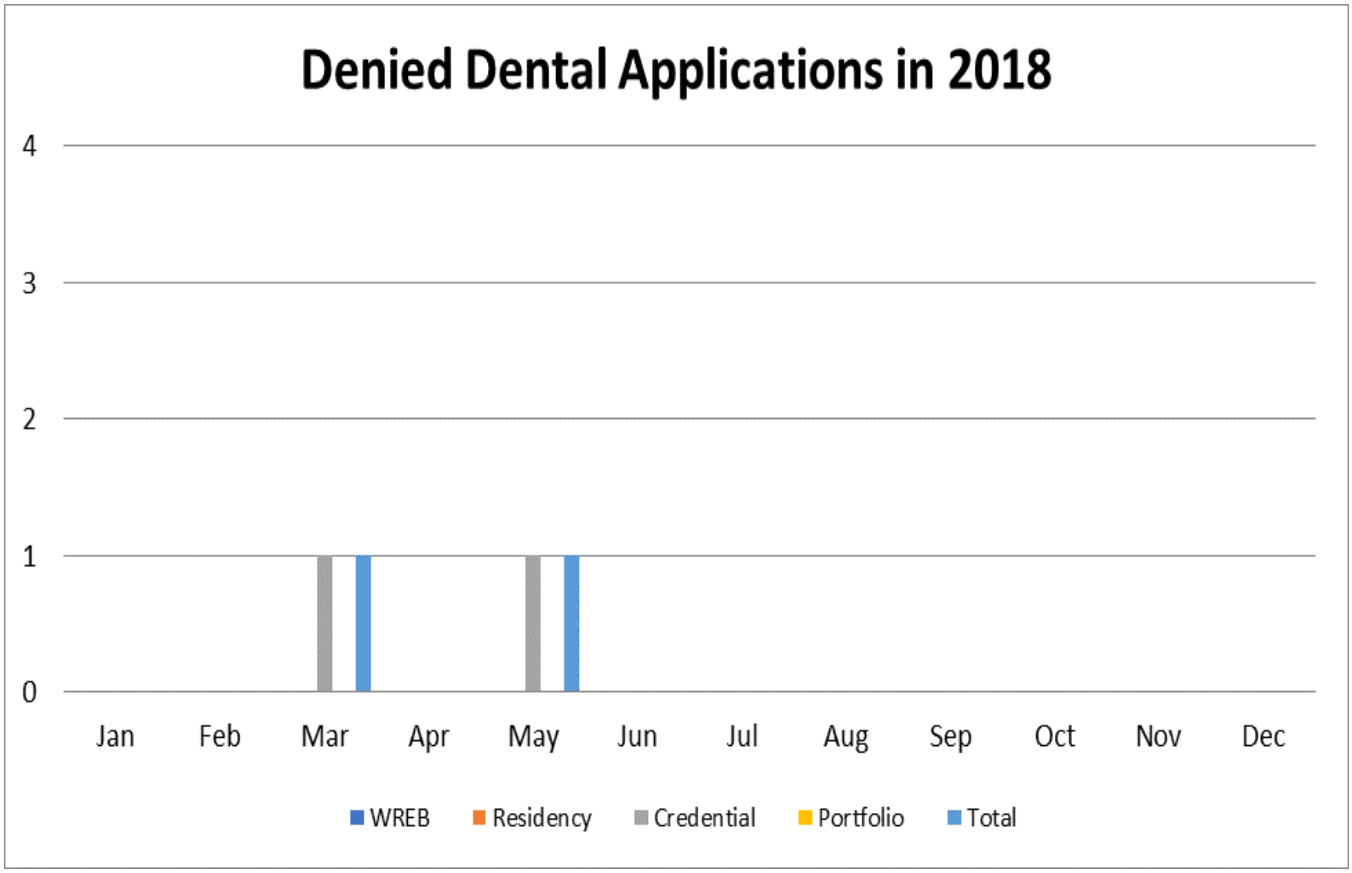




*<u>*Deficient*</u>: Pending with one or more requirements missing in application


Cancelled Dental Applications in 2018
100
90
80
70
60
50
40
30
20
10
0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
WREB
Residency
Credential
Portfolio
Total


Withdrawn Dental Applications in 2018
40
35
30
25
20
15
10
5
0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
WREB
Residency
Credential
Portfolio
Total


Denied Dental Applications in 2018
4
3
2
1
0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
WREB
Residency
Credential
Portfolio
Total

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	January 15, 2019
TO	Members of the Dental Board of California
FROM	Jessica Olney, Associate Governmental Program Analyst Dental Board of California
SUBJECT	**Agenda Item 15(c):** General Anesthesia and Conscious Sedation Permit Evaluation Statistics

2018-2019 Statistical Overviews of the On-Site Inspections and Evaluations Administered by the Board

General Anesthesia Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
Jan 2018	14	0	1	1	2	3
Feb 2018	15	0	1	1	2	6
Mar 2018	16	0	2	0	1	3
April 2018	12	1	1	1	3	1
May 2018	18	0	0	0	1	6
June 2018	13	1	1	1	0	1
July 2018	13	0	0	0	3	0
Aug 2018	9	0	0	2	5	3
Sept 2018	13	0	1	1	3	3
Oct 2018	11	1	2	2	2	4
Nov 2018	12	0	0	0	2	3
Dec 2018	6	0	1	2	2	3
Jan 2019*	20	0	0	0	2	0
Feb 2019*	18	0	0	0	1	0
Total	**190**	**3**	**10**	**11**	**29**	**36**

***Approximate schedule for January, and February 2019.

Conscious Sedation Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
Jan 2018	7	1	1	1	2	1
Feb 2018	5	0	0	0	2	4
Mar 2018	5	1	1	1	1	3
April 2018	0	0	4	0	1	6
May 2018	7	1	0	0	2	3
June 2018	4	0	1	0	2	2
July 2018	5	2	0	1	0	2
Aug 2018	5	0	1	1	2	1
Sept 2018	5	0	2	1	0	2
Oct 2018	6	1	1	1	0	2
Nov 2018	10	1	1	2	1	0
Dec 2018	3	0	1	0	0	0
Jan 2019*	10	0	0	0	0	0
Feb 2019*	8	0	0	0	0	0
Total	**80**	**7**	**13**	**8**	**13**	**26**

*****Approximate schedule for January, and February 2019.

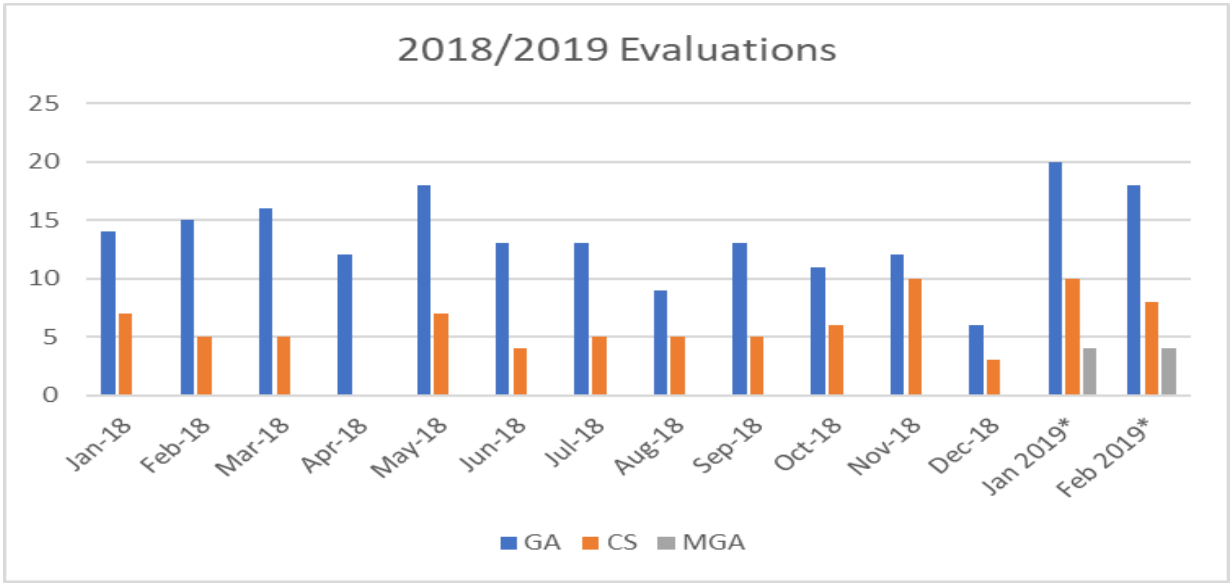
There is a great need for conscious sedation evaluators throughout California. Several evaluations have been postponed recently due to a lack of available evaluators. The Board is actively recruiting for the evaluation program.

Medical General Anesthesia Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
Jan 2018	0	0	0	0	1	0
Feb 2018	0	0	0	0	1	0
Mar 2018	0	0	2	0	1	0
April 2018	0	0	0	0	0	1
May 2018	0	0	0	0	1	1
June 2018	0	0	0	0	0	0
July 2018	0	0	0	0	0	0
Aug 2018	0	0	0	0	0	1
Sept 2018	0	0	0	0	0	1
Oct 2018	0	0	0	0	0	2
Nov 2018	0	0	2	0	0	2
Dec 2018	0	0	2	0	0	2
Jan 2019*	4	0	0	0	0	0
Feb 2019*	4	0	0	0	0	0
Total	**8**	**0**	**6**	**0**	**4**	**10**

***Approximate schedule for January, and February 2019.

Completed evaluations per month



Current Evaluators per Region

Region	GA	CS	MGA
Northern California	122	62	7
Southern California	151	90	9

Action Requested:

No action requested, informational only.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	January 29, 2019
TO	Dental Board Members
FROM	Chrystal Williams, Diversion Program Manager
SUBJECT	**Agenda Item 16 (a):** Diversion Program Report and Statistics

The Diversion Evaluation Committee (DEC) program statistics for quarter ending December 31, 2018, are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for information purposes only.

These statistics are derived from the MAXIMUS monthly reports.

Intake Referrals	**October**	**November**	**December**
Self-Referral	0	0	0
Enforcement Referral	0	0	0
Probation Referral	0	0	0
Closed Cases	0	0	0
Active Participants	14	14	14

The Board is currently recruiting for a public member position on the Northern DEC; two dental positions on the Southern DEC; one physician/psychologist position on the Southern DEC; and dental auxiliary positions on both the Northern and Southern DEC.

The next DEC meeting is scheduled on April 10, 2019, in Northern California.

ACTION REQUESTED:
No action requested.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	January 24, 2019
TO	Members of Dental Board of California
FROM	Michael Chen, Legislative & Regulatory Analyst Dental Board of California
SUBJECT	**Agenda Item 16(b):** Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations, Title 16, Sections 1016 and 1017 Relating to Continuing Education Requirements

BACKGROUND

The Dental Practice Act (Act) provides for the licensure and regulation of persons engaged in the practice of dentistry by the Dental Board of California (Board). The Act authorizes the Board, as a condition of license renewal, to require licentiates to successfully complete a portion of required continuing education hours in specific areas, including patient care, health and safety, and law and ethics. On September 22, 2018, Governor Brown signed into law Senate Bill 1109 (Chapter 693, Statute of 2018) which added the inclusion of the risks of addiction associated with the use of Schedule II drugs in those specific areas of required continuing education. The mandatory coursework prescribed by the Board shall not exceed 15 hours per renewal period for dentists and 7.5 hours for dental auxiliaries.

The Board's current regulations regarding continuing education are laid out in California Code of Regulations Title 16, Division 10, Chapter 1, Article 4, Sections 1016 and 1017. Currently, licensed dentists are required to complete 50 units of continuing education for each biennial renewal while all other Board licensees are required to complete 25 units.

The Board at a previous meeting directed staff to develop amendments to existing continuing education requirements to require a mandatory course related to the risks of addiction associated with the use of Schedule II drugs. Additionally, Board staff has included proposed updates to clarify the Board's continuing education requirements which can be found in the proposed language.

ACTION REQUESTED

Board staff requests the Board discuss and consider the proposed continuing education requirements and provide additional feedback to staff on the development of these requirements to bring to the next Board meeting. However, if the Board chooses, it may vote to initiate the rulemaking based on the proposed language included in the meeting materials, staff requests the following motion:

Consider and possibly approve the proposed regulatory language relative to continuing education requirements for licensees, and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and delegating authority to the Executive Officer to make any technical or non-substantive change to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, delegate authority to the Executive Officer to make any technical or non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed amendments to California Code of Regulations, Title 16, Section 1016, 1017 as noticed in the proposed text.

TITLE 16. DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

PROPOSED LANGUAGE

Amend Sections 1016 and 1017 of Article 4 of Chapter 1 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

§ 1016. Continuing Education Courses and Providers

(a) Definition of Terms:

(1) Course of Study Defined. “Course of study” means an orderly learning experience in an area of study pertaining to dental and medical health, preventive dental services, diagnosis and treatment planning, clinical procedures, basic health sciences, dental practice management and administration, communication, ethics, patient management or the Dental Practice Act and other laws specifically related to dental practice.

(2) Coursework Defined. The term “Coursework” used herein refers to materials presented or used for continuing education and shall be designed and delivered in a manner that serves to directly enhance the licensee's knowledge, skill and competence in the provision of service to patients or the community.

(b) Courses of study for continuing education credit shall include:

(1) Mandatory courses required by the Board for license renewal to include a Board-approved course in Infection Control, a Board-approved course in the California Dental Practice Act, ~~and~~ a completion of certification in Basic Life Support, and a Board-approved course on the responsibilities and requirements of prescribing Schedule II opioids.

(A) At a minimum, course content for a Board-approved course in Infection Control shall include all content of Section 1005 and the application of the regulations in the dental environment.

(B) At a minimum, course content for the Dental Practice Act [Division 2, Chapter 4 of the Code (beginning with §1600)] shall instruct on acts in violation of the Dental Practice Act and attending regulations, and other statutory mandates relating to the dental practice. This includes utilization and scope of practice for auxiliaries and dentists; laws governing the prescribing of drugs; professional ethics, citations, fines, revocation and suspension of a license, and license renewal; and the mandatory reporter obligations set forth in the Child Abuse and Neglect Reporting Act (Penal Code Section 11164 et seq.) and the Elder Abuse and Dependent Adult Civil Protection Act (Welfare and Institutions Code Section 15600 et seq.) and the clinical signs to look for in identifying abuse.

(C) The mandatory requirement for certification in Basic Life Support shall be met by completion of either:

(i) An American Heart Association (AHA) or American Red Cross (ARC) course in Basic Life Support (BLS) or,

(ii) A BLS course taught by a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE).

For the purposes of this section, a Basic Life Support course shall include all of the following:

1. Instruction in both adult and pediatric CPR, including 2-rescuer scenarios;

2. Instruction in foreign-body airway obstruction;

3. Instruction in relief of choking for adults, child and infant;

4. Instruction in the use of automated external defibrillation with CPR; and;

5. A live, in-person skills practice session, a skills test and a written examination;

The course provider shall ensure that the course meets the required criteria.

(2) Courses in the actual delivery of dental services to the patient or the community, such as:

(A) Courses in preventive services, diagnostic protocols and procedures (including physical evaluation, radiography, dental photography) comprehensive treatment planning, charting of the oral conditions, informed consent protocols and recordkeeping.

(B) Courses dealing primarily with nutrition and nutrition counseling of the patient.

(C) Courses in esthetic, corrective and restorative oral health diagnosis and treatment.

(D) Courses in dentistry's role in individual and community health emergencies, disasters, and disaster recovery.

(E) Courses that pertain to the legal requirement governing the licensee in the areas of auxiliary employment and delegation of responsibilities; the Health Insurance Portability and Accountability Act (HIPAA); actual delivery of care.

(F) Courses pertaining to federal, state and local regulations, guidelines or statutes regarding workplace safety, fire and emergency, environmental safety, waste disposal and management, general office safety, sexual harassment prevention, and all training requirements set forth by the California Division of Occupational Safety and Health (Cal-DOSH) including the Bloodborne Pathogens Standard.

(G) Courses pertaining to the administration of general anesthesia, conscious sedation, oral conscious sedation or medical emergencies.

(H) Courses pertaining to the evaluation, selection, use and care of dental instruments, sterilization equipment, operatory equipment, and personal protective attire.

(I) Courses in dependency issues and substance abuse such as alcohol and drug use as it relates to patient safety, professional misconduct, ethical considerations or malpractice.

(J) Courses in behavioral sciences, behavior guidance, and patient management in the delivery of care to all populations including special needs, pediatric and sedation patients when oriented specifically to the clinical care of the patient.

(K) Courses in the selection, incorporation, and use of current and emerging technologies.

(L) Courses in cultural competencies such as bilingual dental terminology, cross-cultural communication, provision of public health dentistry, and the dental professional's role in provision of care in non-traditional settings when oriented specifically to the needs of the dental patient and will serve to enhance the patient experience.

(M) Courses in dentistry's role in individual and community health programs.

(N) Courses pertaining to the legal and ethical aspects of the insurance industry, to include management of third party payer issues, dental billing practices, patient and provider appeals of payment disputes and patient management of billing matters.

(3) Courses in the following areas are considered to be primarily of benefit to the licensee and shall be limited to a maximum of 20% of a licensee's total required course unit credits for each license or permit renewal period:

(A) Courses to improve recall and scheduling systems, production flow, communication systems and data management.

(B) Courses in organization and management of the dental practice including business planning and operations, office computerization and

design, ergonomics, and the improvement of practice administration and office operations.

(C) Courses in leadership development and team development.

(D) Coursework in teaching methodology and curricula development.

(E) Coursework in peer evaluation and case studies that include reviewing clinical evaluation procedures, reviewing diagnostic methods, studying radiographic data, study models and treatment planning procedures.

(F) Courses in human resource management and employee benefits.

(4) Courses considered to be of direct benefit to the licensee or outside the scope of dental practice in California include the following, and shall not be recognized for continuing education credit:

(A) Courses in money management, the licensee's personal finances or personal ~~business~~ matters such as financial ~~planning,~~ or estate planning, and personal investments.

(B) Courses in general physical fitness, weight management or the licensee's personal health.

(C) Presentations by political or public figures or other persons that do not deal primarily with dental practice or issues impacting the dental profession

(D) Courses designed to make the licensee a better business person or designed to improve licensee personal profitability, including motivation and marketing.

(E) Courses pertaining to the purchase or sale of a dental practice, business or office; courses in transfer of practice ownership, acquisition of partners and associates, practice valuation, practice transitions, or retirement.

(F) Courses pertaining to the provision of elective facial cosmetic surgery as defined by the Dental Practice Act in Section 1638.1, unless the licensee has a special permit obtained from the Board to perform such procedures pursuant to Section 1638.1 of the Code.

(5) Completion of a course does not constitute authorization for the attendee to perform any services that he or she is not legally authorized to perform based on his or her license or permit type.

(c) Registered Provider Application and Renewal

(1) An applicant for registration as a provider shall submit an “Application for Continuing Education Provider (Rev. 05/09)” that is hereby incorporated by

reference. The application shall be accompanied by the fee required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that he or she will only offer courses and issue certificates for courses that meet the requirements in this section.

(2) To renew its registration, a provider shall submit a “Continuing Education Registered Provider Permit Renewal Application (12/15/08)” that is hereby incorporated by reference. The application shall be accompanied by the fee required by section 1021 and a biennial report listing each of the course titles offered, the 11-digit registration number issued to each course, the number of units issued for each course, the dates of all courses offered, the name and qualifications of each instructor, a summary of the content of each course of study, and a sample of the provider's written certification issued to participants during the last renewal period.

(d) Standards for Registration as an Approved Provider

(1) Each course of study shall be conducted on the same educational standards of scholarship and teaching as that required of a true university discipline and shall be supported by those facilities and educational resources necessary to comply with this requirement. Every instructor or presenter of a continuing education course shall possess education or experience for at least two years in the subject area being taught. Each course of study shall clearly state educational objectives that can realistically be accomplished within the framework of the course. Teaching methods for each course of study shall be described (e.g., lecture, seminar, audiovisual, clinical, simulation, etc.) on all provider reports.

(2) The topic of instruction and course content shall conform to this section.

(3) An opportunity to enroll in such courses of study shall be made available to all dental licensees.

(e) Enforcement, Provider Records Retention and Availability of Provider Records

(1) The board may not grant prior approval to individual courses unless a course is required as a mandatory license renewal course. The minimum course content of all mandatory continuing education courses for all registered providers is set out in subsections (b)(1)(A-C). Providers shall be expected to adhere to these minimum course content requirements or risk registered provider status. Beginning January 1, 2006, all registered providers shall submit their course content outlines for Infection Control and California Dental Practice Act to the board staff for review and approval. If a provider wishes to make any significant changes to the content of a previously approved mandatory course, the provider shall submit a new course content outline to the Board. A provider may not offer the mandatory course until the Board approves the new course outline. All new applicants for provider status shall submit course content outlines for mandatory

education courses at the time of application and prior to instruction of mandatory education courses.

(2) Providers must possess and maintain the following:

(A) Speaker curriculum vitae;

(B) Course content outline;

(C) Educational objectives or outcomes;

(D) Teaching methods utilized;

(E) Evidence of registration numbers and units issued to each course;

(F) Attendance records and rosters

(3) The board may randomly audit a provider for any course submitted for credit by a licensee in addition to any course for which a complaint is received. If an audit is conducted, the provider shall submit to the Board the following information and documentation:

(A) Speaker curriculum vitae;

(B) Course content outline;

(C) Educational objectives or outcomes;

(D) Teaching methods utilized;

(E) Evidence of registration numbers and units issued to each course; and

(F) Attendance records and rosters.

(4) All provider records described in this article shall be retained for a period of no less than three provider renewal periods.

(f) Withdrawal of Provider Registration

(1) The board retains the right and authority to audit or monitor courses given by any provider. The board may withdraw or place restrictions on a provider's registration if the provider has disseminated any false or misleading information in connection with the continuing education program, fails to comply with regulations, misrepresents the course offered, makes any false statement on its application or otherwise violates any provision of the Dental Practice Act or the regulations adopted thereunder.

(2) Any provider whose registration is withdrawn or restricted shall be granted a hearing before the executive officer or his or her designee prior to the effective date of such action. The provider shall be given at least ten days notice of the grounds for the proposed action and the time and place of such hearing.

(g) Provider Issuance of Units of Credit for Attendance

One unit of credit shall be granted for every hour of contact instruction and may be issued in half-hour increments. Such increments shall be represented by the use of a decimal point in between the first two numbers of the 11-digit registration number of the course. This credit shall apply to either academic or clinical instruction. Eight units shall be the maximum continuing education credits granted in one day.

(h) Additional Provider Responsibilities

(1) A provider shall furnish a written certification of course completion to each licensee certifying that the licensee has met the attendance requirements of the course. Such certification shall not be issued until completion of the course and shall contain the following:

(A) The licensee's, name and license or permit number, the provider's name, the 11-digit course registration number in the upper left hand corner of the certificate, date or dates attended, the number of units earned, and a place for the licensee to sign and date verifying attendance.

(B) An authorizing signature of the provider or the providing entity and a statement that reads: “All of the information contained on this certificate is truthful and accurate.”

(C) A statement on each certification that reads: “Completion of this course does not constitute authorization for the attendee to perform any services that he or she is not legally authorized to perform based on his or her license or permit type.”

(2) If an individual whose license or permit has been cancelled, revoked, or voluntarily surrendered attends and completes a continuing education course, the provider or attendee may document on the certificate of course completion the license or permit number the individual held before the license or permit was cancelled, revoked, or voluntarily surrendered.

(3) When two or more registered providers co-sponsor a course, only one provider number shall be used for that course and that provider must assume full responsibility for compliance with the requirements of this article.

(4) Only Board-approved providers whose course content outlines for Infection Control and California Dental Practice Act have been submitted and approved by the Board may issue continuing education certifications to participants of these courses.

(5) The instructor of a course who holds a current and active license or permit to practice issued by the Board may receive continuing education credit for up to 20% of their total required units per renewal period for the course or courses they teach for a provider other than themselves.

(6) Upon request, a provider shall issue a duplicate certification to a licensee whose name appears on the provider's original roster of course attendees. A provider may not issue a duplicate certification to a licensee whose name is not on the original roster of course attendees. The provider, not the licensee shall clearly mark on the certificate the word “duplicate.”

(7) Providers shall place the following statement on all certifications, course advertisements, brochures and other publications relating to all course offerings: “This course meets the Dental Board of California's requirements for _(number of)_units of continuing education.”

(i) Out of State Courses and Courses Offered by Other Authorized and Non-Authorized Providers

(1) Notwithstanding subdivision (b) of Section 1016, licensees who attend continuing education courses given by providers approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE) and who obtain a certification of attendance from the provider or sponsor shall be given credit towards his or her total continuing education requirement for renewal of his or her license with the exception of mandatory continuing education courses, if the course meets the requirements of continuing education set forth in this section.

(b) A licensee who attends a course or program that meets all content requirements for continuing education pursuant to these regulations, but was presented outside California by a provider not approved by the Board, may petition the Board for consideration of the course by submitting information on course content, course duration and evidence from the provider of course completion.

When the necessary requirements have been fulfilled, the board may issue a written certificate of course completion for the approved number of units, which the licensee may then use for documentation of continuing education credits.

Note: Authority cited: Sections 1614 and 1645, Business and Professions Code. Reference: Section 1645, Business and Professions Code.

§ 1017. Continuing Education Units Required for Renewal of License or Permit.

(a) As a condition of renewal, all licensees are required to complete continuing education as follows:

(1) Two units of continuing education in Infection Control specific to California regulations as defined in section 1016(b)(1)(A).

(2) Two units of continuing education in the California Dental Practice Act and its related regulations as defined in section 1016(b)(1)(B).

(3) A maximum of four units of a course in Basic Life Support as specified in section 1016(b)(1)(C).

(4) Two units of continuing education on pain management, the identification of addiction, or in the practices of prescribing or dispensing opioids.

(b) Mandatory continuing education units count toward the total units required to renew a license or permit; however, failure to complete the mandatory courses will result in non-renewal of a license or permit. Any continuing education units accumulated before April 8, 2010 that meet the requirements in effect on the date the units were accumulated will be accepted by the Board for license or permit renewals taking place on or after April 8, 2010.

(c) All licensees shall accumulate the continuing education units equal to the number of units indicated below during the biennial license or permit renewal period assigned by the Board on each license or permit. All licensees shall verify to the Board that he or she who has been issued a license or permit to practice for a period less than two years shall begin accumulating continuing education credits within the next biennial renewal period occurring after the issuance of a new license or permit to practice.

(1) Dentists: 50 units.

(2) Registered dental hygienists: 25 units.

(3) Registered dental assistants: 25 units.

(4) Dental Sedation Assistant Permit Holders: 25 units.

(5) Orthodontic Assistant Permit Holders: 25 units.

(6) Registered dental hygienists in extended functions: 25 units.

(7) Registered dental assistants in extended functions: 25 units.

(8) Registered dental hygienists in alternative practice: 35 units.

(d) Each dentist licensee who holds a general anesthesia permit shall complete, as a condition of permit renewal, continuing education requirements pursuant to Section 1646.5 of the Business and Professions Code at least once every two years, and either (1) an advanced cardiac life support course which is approved by the American Heart Association and which includes an examination on the materials presented in the course or (2) any other advanced cardiac life support course which is identical in all respects, except for the omission of materials that relate solely to hospital emergencies or neonatology, to the course entitled “2005 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care” published by the American Heart Association December 13, 2005 which is incorporated herein by reference.

(e) Each dentist licensee who holds a conscious sedation permit shall complete at least once every two years a minimum of 15 total units of coursework related to the

administration of conscious sedation and to medical emergencies, as a condition of permit renewal, in continuing education requirements pursuant to Section 1647.5 of the of the Business and Professions Code. Refusal to execute the required assurance shall result in non-renewal of the permit.

(f) Each dentist licensee who holds an oral conscious sedation permit for minors, as a condition of permit renewal, shall complete at least once every two years a minimum of 7 total units of coursework related to the subject area in continuing education requirements pursuant to Section 1647.13 of the Business and Professions Code.

(g) Each dentist licensee who holds an oral conscious sedation permit for adults, as a condition of permit renewal, shall complete at least once every two years a minimum of 7 total units of coursework related to the subject area in continuing education requirements pursuant to Section 1647.21 of the of the Business and Professions Code.

(h) Notwithstanding any other provisions of this code, tape recorded courses, home study materials, video courses, and computer courses are considered correspondence courses, and will be accepted for credit up to, but not exceeding, 50% of the licensee's total required units.

(i) In the event that a portion of a licensee's units have been obtained through non-live instruction, as described in Section (h) above, all remaining units shall be obtained through live interactive course study with the option to obtain 100% of the total required units by way of interactive instruction courses. Such courses are defined as live lecture, live telephone conferencing, live video conferencing, live workshop demonstration, or live classroom study.

(j) Licensees who provide direct patient care as an unpaid volunteer at a free public health care event or non-profit community health clinic shall be issued continuing education credit for up to three units of their total continuing education unit requirements for license renewal.

(~~j~~k) Licensees who participate in the following activities shall be issued continuing education credit for up to 20% of their total continuing education unit requirements for license renewal:

(1) Participation in any Dental Board of California or Western Regional Examination Board (WREB) administered examination including attendance at calibration training, examiner orientation sessions, and examinations.

(2) Participation in any site visit or evaluation relating to issuance and maintenance of a general anesthesia, conscious sedation or oral conscious sedation permit.

(3) Participation in any calibration training and site evaluation training session relating to general anesthesia, conscious sedation or oral conscious sedation permits.

(4) Participation in any site visit or evaluation of an approved dental auxiliary program or dental auxiliary course.

(~~k~~l) The Board shall issue to participants in the activities listed in subdivision (j) a certificate that contains the date, time, location, authorizing signature, 11-digit course registration number, and number of units conferred for each activity consistent with all certificate requirements herein required for the purposes of records retention and auditing.

(~~l~~m) The license or permit of any person who fails to accumulate the continuing education units set forth in this section or to assure the board that he or she will accumulate such units, shall not be renewed until such time as the licensee complies with those requirements.

(~~m~~n) A licensee who has not practiced in California for more than one year because the licensee is disabled need not comply with the continuing education requirements of this article during the renewal period within which such disability falls. Such licensee shall certify in writing that he or she is eligible for waiver of the continuing education requirements. A licensee who ceases to be eligible for such waiver shall notify the Board of such and shall comply with the continuing education requirements for subsequent renewal periods.

(~~n~~o) A licensee shall retain, for a period of three renewal periods, the certificates of course completion issued to him or her at the time he or she attended a continuing education course and shall forward such certifications to the Board only upon request by the Board for audit purposes. A licensee who fails to retain a certification shall contact the provider and obtain a duplicate certification.

(~~o~~p) Any licensee who furnishes false or misleading information to the Board regarding his or her continuing education units may be subject to disciplinary action. The Board may audit a licensee continuing education records as it deems necessary to ensure that the continuing education requirements are met.

(~~p~~q) A licensee who also holds a special permit for general anesthesia, conscious sedation, oral conscious sedation of a minor or of an adult, may apply the continuing education units required in the specific subject areas to their dental license renewal requirements.

(~~q~~r) A registered dental assistant or registered dental assistant in extended functions who holds a permit as an orthodontic assistant or a dental sedation assistant shall not be required to complete additional continuing education requirements beyond that which is required for licensure renewal in order to renew either permit.

(~~r~~s) Pertaining to licensees holding more than one license or permit, the license or permit that requires the largest number of continuing education units for renewal shall equal the licensee's full renewal requirement. Dual licensure, or licensure with permit, shall not require duplication of continuing education requirements.

(~~s~~t) Current and active licensees enrolled in a full-time educational program in the field of dentistry, including dental school program, residency program, postdoctoral specialty program, dental hygiene school program, dental hygiene in alternative practice program, or registered dental assisting in extended functions program approved by the Board or the ADA Commission on Dental Accreditation shall be granted continuing education credits for completed curriculum during that renewal period. In the event of audit, licensees shall be required to present school transcripts to the Board as evidence of enrollment and course completion.

(~~t~~u) Current and active dental sedation assistant and orthodontic assistant permit holders enrolled in a full-time dental hygiene school program, dental assisting program, or registered dental assisting in extended functions program approved by the Board or the ADA Commission on Dental Accreditation shall be granted continuing education credits for completed curriculum during that renewal period. In the event of audit, assisting permit holders shall be required to present school transcripts to the committee or Board as evidence of enrollment and course completion.

(v) Continuing education for retired dentists in uncompensated practice shall include mandatory courses and courses directly related to the delivery of dental services to patients and shall be no less than 30 units.

Note: Authority cited: Sections 1614 and 1645, Business and Professions Code. Reference: Sections 1645, 1646.5 and 1647.5, Business and Professions Code.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	January 11, 2019
TO	Members of the Dental Board of California
FROM	Michael Chen, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	**Agenda Item 17(a):** 2019 Tentative Legislative Calendar – Information Only

The 2019 Tentative Legislative Calendars for both the Senate and Assembly are enclosed.

Action Requested:
No action necessary.

2019 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE CHIEF CLERK

October 31, 2018 (revised)

JANUARY						
S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

FEBRUARY						
S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

MARCH						
S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL						
S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MAY						
S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

DEADLINES

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 7 Legislature **reconvenes** (J.R. 51(a)(1)).

Jan. 10 Budget must be submitted by Governor (Art. IV, Sec. 12(a)).

Jan. 21 Martin Luther King, Jr. Day.

Jan. 25 Last day to submit **bill requests** to the Office of Legislative Counsel

Feb. 18 Presidents' Day.

Feb. 22 Last day for **bills to be introduced** (J.R. 61(a)(1)), (J.R. 54(a)).

Mar. 29 Cesar Chavez Day observed.

Apr. 11 **Spring recess** begins upon adjournment of this day's session (J.R. 51(a)(2)).

Apr. 22 **Legislature reconvenes** from Spring recess (J.R. 51(a)(2)).

Apr. 26 Last day for **policy committees** to hear and report to **fiscal committees fiscal bills** introduced in their house (J.R. 61(a)(2)).

May 3 Last day for **policy committees** to hear and report to the Floor **nonfiscal bills** introduced in their house (J.R. 61(a)(3)).

May 10 Last day for **policy committees** to meet prior to June 3 (J.R. 61(a)(4)).

May 17 Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61(a)(5)). Last day for **fiscal committees** to meet prior to June 3 (J.R. 61(a)(6)).

May 27 Memorial Day.

May 28-31 **Floor Session Only.**
No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(a)(7)).

May 31 Last day for bills to be **passed out of the house of origin** (J.R. 61(a)(8)).

*Holiday schedule subject to Rules committee approval.

2019 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE CHIEF CLERK

October 31, 2018 (revised)

JUNE						
S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

JULY						
S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

AUGUST						
S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

SEPTEMBER						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Jun. 3 Committee meetings may resume (J.R. 61(a)(9)).

Jun. 15 **Budget Bill** must be **passed** by **midnight** (Art. IV, Sec. 12(c)(3)).

Jul. 4 Independence Day.

Jul. 10 Last day for **policy committees** to hear and report **fiscal bills** to **fiscal committees** (J.R. 61(a)(10)).

Jul. 12 Last day for **policy committees** to meet and report bills (J.R. 61(a)(11)). **Summer recess** begins upon adjournment of this day's session, provided Budget Bill has been passed (J.R. 51(a)(3)).

Aug. 12 **Legislature reconvenes** from Summer recess (J.R. 51(a)(3)).

Aug. 30 Last day for **fiscal committees** to meet and report bills to Floor (J.R. 61(a)(12)).

Sep. 2 Labor Day.

Sep. 3-13 **Floor Session Only.** No committees, other than conference and Rules committees, may meet for any purpose (J.R. 61(a)(13)).

Sep. 6 Last day to **amend bills on the floor** (J.R. 61(a)(14)).

Sep. 13 Last day for **each house to pass bills** (J.R. 61(a)(15)). **Interim Study Recess** begins upon adjournment of this day's session (J.R. 51(a)(4)).

*Holiday schedule subject to Senate Rules committee approval.

IMPORTANT DATES OCCURRING DURING INTERIM STUDY RECESS

2019

Oct. 13 Last day for Governor to sign or veto bills passed by the Legislature on or before Sep. 13 and in the Governor's possession after Sep. 13 (Art. IV, Sec.10(b)(1)).

2020

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 6 Legislature reconvenes (J.R. 51 (a)(4)).

2019 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE

Revised 10-31-18

JANUARY							
	S	M	T	W	TH	F	S
			1	2	3	4	5
Wk. 1	6	7	8	9	10	11	12
Wk. 2	13	14	15	16	17	18	19
Wk. 3	20	21	22	23	24	25	26
Wk. 4	27	28	29	30	31		

FEBRUARY							
	S	M	T	W	TH	F	S
Wk. 4						1	2
Wk. 1	3	4	5	6	7	8	9
Wk. 2	10	11	12	13	14	15	16
Wk. 3	17	18	19	20	21	22	23
Wk. 4	24	25	26	27	28		

MARCH							
	S	M	T	W	TH	F	S
Wk. 4						1	2
Wk. 1	3	4	5	6	7	8	9
Wk. 2	10	11	12	13	14	15	16
Wk. 3	17	18	19	20	21	22	23
Wk. 4	24	25	26	27	28	29	30
Wk. 1	31						

APRIL							
	S	M	T	W	TH	F	S
Wk. 1		1	2	3	4	5	6
Wk. 2	7	8	9	10	11	12	13
Spring Recess	14	15	16	17	18	19	20
Wk. 3	21	22	23	24	25	26	27
Wk. 4	28	29	30				

MAY							
	S	M	T	W	TH	F	S
Wk. 4				1	2	3	4
Wk. 1	5	6	7	8	9	10	11
Wk. 2	12	13	14	15	16	17	18
Wk. 3	19	20	21	22	23	24	25
No Hrgs.	26	27	28	29	30	31	

*Holiday schedule subject to final approval by Rules Committee.

DEADLINES

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 7 Legislature reconvenes (J.R. 51(a)(1)).

Jan. 10 Budget must be submitted by Governor (Art. IV, Sec. 12(a)).

Jan. 21 Martin Luther King, Jr. Day.

Jan. 25 Last day to submit **bill requests** to the Office of Legislative Counsel.

Feb. 18 Presidents' Day.

Feb. 22 Last day for bills to be **introduced** (J.R. 61(a)(1), J.R. 54(a)).

Mar. 29 Cesar Chavez Day observed.

Apr. 11 **Spring Recess** begins upon adjournment (J.R. 51(a)(2)).

Apr. 22 Legislature reconvenes from Spring Recess (J.R. 51(a)(2)).

Apr. 26 Last day for **policy committees** to meet and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).

May 3 Last day for **policy committees** to meet and report to the floor **non-fiscal bills** introduced in their house (J.R. 61(a)(3)).

May 10 Last day for **policy committees** to meet prior to June 3 (J.R. 61(a)(4)).

May 17 Last day for **fiscal committees** to meet and report to the floor bills introduced in their house (J.R. 61(a)(5)). Last day for **fiscal committees** to meet prior to June 3 (J.R. 61(a)(6)).

May 27 Memorial Day.

May 28-31 **Floor session only**. No committee may meet for any purpose except Rules Committee, bills referred pursuant to A.R. 77.2, and Conference Committees (J.R. 61(a)(7)).

May 31 Last day for each house to pass bills introduced in that house (J.R. 61(a)(8)).

OVER

2019 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE

Revised 10-31-18

JUNE							
	S	M	T	W	TH	F	S
No Hrgs.							1
Wk. 4	2	3	4	5	6	7	8
Wk. 1	9	10	11	12	13	14	15
Wk. 2	16	17	18	19	20	21	22
Wk. 3	23	24	25	26	27	28	29
Wk. 4	30						

June 3 Committee meetings may resume (J.R. 61(a)(9)).

June 15 Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)(3)).

JULY							
	S	M	T	W	TH	F	S
Wk. 4		1	2	3	4	5	6
Wk. 1	7	8	9	10	11	12	13
Summer Recess	14	15	16	17	18	19	20
Summer Recess	21	22	23	24	25	26	27
Summer Recess	28	29	30	31			

July 4 Independence Day.

July 10 Last day for **policy committees** to hear and report **fiscal bills** to fiscal committees (J.R. 61(a)(10)).

July 12 Last day for **policy committees** to meet and report bills (J.R. 61(a)(11)).

Summer Recess begins upon adjournment, provided Budget Bill has been passed (J.R. 51(a)(3)).

AUGUST							
	S	M	T	W	TH	F	S
Summer Recess					1	2	3
Summer Recess	4	5	6	7	8	9	10
Wk. 2	11	12	13	14	15	16	17
Wk. 3	18	19	20	21	22	23	24
Wk. 4	25	26	27	28	29	30	31

Aug. 12 Legislature reconvenes from Summer Recess (J.R. 51(a)(3)).

Aug. 30 Last day for **fiscal committees** to meet and report bills (J.R. 61(a)(12)).

SEPTEMBER							
	S	M	T	W	TH	F	S
No Hrgs.	1	2	3	4	5	6	7
No Hrgs.	8	9	10	11	12	13	14
Interim Recess	15	16	17	18	19	20	21
Interim Recess	22	23	24	25	26	27	28
Interim Recess	29	30					

Sept. 2 Labor Day.

Sept. 3-13 **Floor session only**. No committees may meet for any purpose, except Rules Committee, bills referred pursuant to A.R. 77.2, and Conference Committees (J.R. 61(a)(13)).

Sept. 6 Last day to **amend** bills on the floor (J.R. 61(a)(14)).

Sept. 13 Last day for any bill to be passed (J.R. 61(a)(15)). **Interim Recess** begins upon adjournment (J.R. 51(a)(4)).

IMPORTANT DATES OCCURRING DURING INTERIM RECESS

2019

Oct. 13 Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 13 and in the Governor's possession after Sept. 13 (Art. IV, Sec. 10(b)(1)).

2020

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 6 Legislature reconvenes (J.R. 51(a)(4)).

*Holiday schedule subject to final approval by Rules Committee.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	January 29, 2019
TO	Members of the Dental Board of California
FROM	Michael Chen, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	**Agenda Item 17(b):** Discussion and Possible Action Regarding Legislation

Background:
Board staff is currently tracking the following four (4) bills:

i. AB 149 (Cooper): Controlled Substances: prescriptions.
ii. AB 193 (Patterson): Professions and Vocations
iii. SB 53 (Wilk): Open Meetings
iv. SB 154 (Pan): Medi-Cal: restorative dental services

Staff has provided copies of each bill, in its most recent version, accompanied by staff analyses.

If you would like more information on any of the bills, the following website is an excellent resource for viewing proposed legislation and finding additional information:

Legislative info: http://leginfo.legislature.ca.gov/

Action Requested:
The Board may take one of the following actions regarding each bill:

Support
Support if Amended
Oppose
Watch
Neutral
No Action

DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
February 7- February 8 BOARD MEETING

BILL NUMBER:	Assembly Bill 149		
AUTHOR:	J. Cooper	**SPONSOR:**	California Medical Association
VERSION:	Amended Assembly – 01/24/19	**INTRODUCED:**	01/10/2019
BILL STATUS:	01/24/19 – Committee on Business & Professions – Read Second time and Amended	**BILL LOCATION:**	Assembly B&P
SUBJECT:	Controlled substances: prescriptions	**RELATED BILLS:**	

SUMMARY

Existing law classifies certain controlled substances into designated schedules. Existing law requires prescription forms for controlled substance prescriptions to be obtained from security printers approved by the department, as specified. Existing law requires those prescription forms to be printed with specified features, including a uniquely serialized number.

This bill would delay the requirement for those prescription forms to include a uniquely serialized number until a date determined by the Department of Justice (DOJ) that is no later than January 1, 2020. The bill would require, among other things, the serialized number to be utilizable as a barcode that may be scanned by dispensers. The bill would additionally make any prescription written on an otherwise valid prescription form prior to January 1, 2019, that does not include a uniquely serialized number, or any prescription written on a form approved by the DOJ as of January 1, 2019, a valid prescription that may be filled, compounded, or dispensed until January 1, 2021. The bill would authorize the DOJ to extend this time period for a period no longer than an additional 6 months, if there is an inadequate availability of compliant prescription forms.

ANALYSIS

AB 149 was introduced to address an issue created by AB 1753 (Low, 2018). AB 1753 had an unintended consequence, which resulted in prescribers not being able to obtain their new security prescription pads on time by January 1, 2019. This would leave the door open to patients being unable to fill essential prescriptions.

Additionally, the new serial numbers on the prescription pads may not be in conformity with federal or industry standards and would require a reformatting to a 12 digit number from a 15 digit serial number.

By delaying the requirement from AB 1753, this bill would allow patients to gain access to needed medication.

The impact on the Board cannot be identified at this time.

REGISTERED SUPPORT/OPPOSITION

Support
California Medical Association (Sponsor)

Oppose
None on file.

STAFF RECOMMENDATION
Watch

BOARD POSITION:

SUPPORT:_____ OPPOSE:_____ NEUTRAL:_____ WATCH:_____

AMENDED IN ASSEMBLY JANUARY 24, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL No. 149

Introduced by Assembly Member Cooper
(Principal coauthor: Assembly Member Arambula)
(Coauthor: Assembly Member Low)

December 14, 2018

~~An act to amend Section 39831.3 of the Education Code, relating to school transportation.~~ *An act to amend Sections 11162.1 and 11164 of, and to add Section 11162.2 to, the Health and Safety Code, relating to controlled substances.*

LEGISLATIVE COUNSEL'S DIGEST

AB 149, as amended, Cooper. ~~School transportation: schoolbus safety.~~ *Controlled substances: prescriptions.*

Existing law classifies certain controlled substances into designated schedules. Existing law requires prescription forms for controlled substance prescriptions to be obtained from security printers approved by the department, as specified. Existing law requires those prescription forms to be printed with specified features, including a uniquely serialized number.

This bill would delay the requirement for those prescription forms to include a uniquely serialized number until a date determined by the Department of Justice that is no later than January 1, 2020. The bill would require, among other things, the serialized number to be utilizable as a barcode that may be scanned by dispensers. The bill would additionally make any prescription written on an otherwise valid prescription form prior to January 1, 2019, that does not include a uniquely serialized number, or any prescription written on a form

approved by the Department of Justice as of January 1, 2019, a valid prescription that may be filled, compounded, or dispensed until January 1, 2021. The bill would authorize the Department of Justice to extend this time period for a period no longer than an additional 6 months, if there is an inadequate availability of compliant prescription forms.

~~Existing law requires the county superintendent of schools, the superintendent of a school district, a charter school, or the owner or operator of a private school that provides transportation to or from a school or school activity to prepare a transportation safety plan containing procedures for school personnel to follow to ensure the safe transport of pupils, as prescribed.~~

~~This bill would make a nonsubstantive change in this provision.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~ *yes*. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 11162.1 of the Health and Safety Code is amended to read:

11162.1. (a) The prescription forms for controlled substances shall be printed with the following features:

(1) A latent, repetitive "void" pattern shall be printed across the entire front of the prescription blank; if a prescription is scanned or photocopied, the word "void" shall appear in a pattern across the entire front of the prescription.

(2) A watermark shall be printed on the backside of the prescription blank; the watermark shall consist of the words "California Security Prescription."

(3) A chemical void protection that prevents alteration by chemical washing.

(4) A feature printed in thermochromic ink.

(5) An area of opaque writing so that the writing disappears if the prescription is lightened.

(6) A description of the security features included on each prescription form.

(7) (A) Six quantity check off boxes shall be printed on the form so that the prescriber may indicate the quantity by checking the applicable box where the following quantities shall appear:

1–24

25–49

50–74
75–100
101–150
151 and over.

(B) In conjunction with the quantity boxes, a space shall be provided to designate the units referenced in the quantity boxes when the drug is not in tablet or capsule form.

(8) Prescription blanks shall contain a statement printed on the bottom of the prescription blank that the "Prescription is void if the number of drugs prescribed is not noted."

(9) The preprinted name, category of licensure, license number, federal controlled substance registration number, and address of the prescribing practitioner.

(10) Check boxes shall be printed on the form so that the prescriber may indicate the number of refills ordered.

(11) The date of origin of the prescription.

(12) A check box indicating the prescriber's order not to substitute.

(13) An identifying number assigned to the approved security printer by the Department of Justice.

(14) (A) A check box by the name of each prescriber when a prescription form lists multiple prescribers.

(B) Each prescriber who signs the prescription form shall identify ~~himself or herself~~ *themselves* as the prescriber by checking the box by ~~his or her~~ *the prescriber's* name.

(15) A uniquely serialized number, in a manner prescribed by the Department of ~~Justice.~~ *Justice in accordance with Section 11162.2.*

(b) Each batch of controlled substance prescription forms shall have the lot number printed on the form and each form within that batch shall be numbered sequentially beginning with the numeral one.

(c) (1) A prescriber designated by a licensed health care facility, a clinic specified in Section 1200, or a clinic specified in subdivision (a) of Section 1206 that has 25 or more physicians or surgeons may order controlled substance prescription forms for use by prescribers when treating patients in that facility without the information required in paragraph (9) of subdivision (a) or paragraph ~~(3) of this subdivision.~~ *(3).*

(2) Forms ordered pursuant to this subdivision shall have the name, category of licensure, license number, and federal controlled substance registration number of the designated prescriber and the name, address, category of licensure, and license number of the licensed health care facility the clinic specified in Section 1200, or the clinic specified in Section 1206 that has 25 or more physicians or surgeons preprinted on the form. Licensed health care facilities or clinics exempt under Section 1206 are not required to preprint the category of licensure and license number of their facility or clinic.

(3) Forms ordered pursuant to this section shall not be valid prescriptions without the name, category of licensure, license number, and federal controlled substance registration number of the prescriber on the form.

(4) (A) Except as provided in subparagraph (B), the designated prescriber shall maintain a record of the prescribers to whom the controlled substance prescription forms are issued, that shall include the name, category of licensure, license number, federal controlled substance registration number, and quantity of controlled substance prescription forms issued to each prescriber. The record shall be maintained in the health facility for three years.

(B) Forms ordered pursuant to this subdivision that are printed by a computerized prescription generation system shall not be subject to subparagraph (A) or paragraph (7) of subdivision (a). Forms printed pursuant to this subdivision that are printed by a computerized prescription generation system may contain the prescriber's name, category of professional licensure, license number, federal controlled substance registration number, and the date of the prescription.

(d) Within the next working day following delivery, a security printer shall submit via ~~Web-based~~ *web-based* application, as specified by the Department of Justice, all of the following information for all prescription forms delivered:

(1) Serial numbers of all prescription forms delivered.

(2) All prescriber names and Drug Enforcement Administration Controlled Substance Registration Certificate numbers displayed on the prescription forms.

(3) The delivery shipment recipient names.

(4) The date of delivery.

SEC. 2. Section 11162.2 is added to the Health and Safety Code, to read:

11162.2. (a) Notwithstanding any other law, the uniquely serialized number described in paragraph (15) of subdivision (a) of Section 11162.1 shall not be a required feature in the printing of new prescription forms produced by approved security printers until a date determined by the Department of Justice, which shall be no later than January 1, 2020.

(b) Specifications for the serialized number shall be prescribed by the Department of Justice and shall meet the following minimum requirements:

(1) The serialized number shall be complaint with all state and federal requirements.

(2) The serialized number shall be utilizable as a barcode that may be scanned by dispensers.

(3) The serialized number shall be compliant with current National Council for Prescription Drug Program Standards.

(c) The Department of Justice may adopt regulations further specifying the requirements of this section, in consultation with all stakeholders identified by the department during the rulemaking process.

SEC. 3. Section 11164 of the Health and Safety Code is amended to read:

11164. Except as provided in Section 11167, no person shall prescribe a controlled substance, nor shall any person fill, compound, or dispense a prescription for a controlled substance, unless it complies with the requirements of this section.

(a) Each prescription for a controlled substance classified in Schedule II, III, IV, or V, except as authorized by subdivision (b), shall be made on a controlled substance prescription form as specified in Section 11162.1 and shall meet the following requirements:

(1) The prescription shall be signed and dated by the prescriber in ink and shall contain the prescriber's address and telephone number; the name of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services; refill information, such as the number of refills ordered and whether the prescription is a first-time request or a refill; and the name,

quantity, strength, and directions for use of the controlled substance prescribed.

(2) The prescription shall also contain the address of the person for whom the controlled substance is prescribed. If the prescriber does not specify this address on the prescription, the pharmacist filling the prescription or an employee acting under the direction of the pharmacist shall write or type the address on the prescription or maintain this information in a readily retrievable form in the pharmacy.

(b) (1) Notwithstanding paragraph (1) of subdivision (a) of Section 11162.1, any controlled substance classified in Schedule III, IV, or V may be dispensed upon an oral or electronically transmitted prescription, which shall be produced in hard copy form and signed and dated by the pharmacist filling the prescription or by any other person expressly authorized by provisions of the Business and Professions Code. Any person who transmits, maintains, or receives any electronically transmitted prescription shall ensure the security, integrity, authority, and confidentiality of the prescription.

(2) The date of issue of the prescription and all the information required for a written prescription by subdivision (a) shall be included in the written record of the prescription; the pharmacist need not include the address, telephone number, license classification, or federal registry number of the prescriber or the address of the patient on the hard copy, if that information is readily retrievable in the pharmacy.

(3) Pursuant to an authorization of the prescriber, any agent of the prescriber on behalf of the prescriber may orally or electronically transmit a prescription for a controlled substance classified in Schedule III, IV, or V, if in these cases the written record of the prescription required by this subdivision specifies the name of the agent of the prescriber transmitting the prescription.

(c) The use of commonly used abbreviations shall not invalidate an otherwise valid prescription.

(d) Notwithstanding ~~any provision of~~ subdivisions (a) and (b), prescriptions for a controlled substance classified in Schedule V may be for more than one person in the same family with the same medical need.

~~(e) This section shall become operative on January 1, 2005.~~

(e) (1) Notwithstanding any other law, a prescription written on an otherwise valid prescription form prior to January 1, 2019, that does not comply with paragraph (15) of subdivision (a) of Section 11162.1, or a valid controlled substance prescription form approved by the Department of Justice as of January 1, 2019, is a valid prescription that may be filled, compounded, or dispensed until January 1, 2021.

(2) If the Department of Justice determines that there is an inadequate availability of compliant prescription forms to meet demand on or before the date described in paragraph (1), the department may extend the period during which prescriptions written on noncompliant prescription forms remain valid for a period no longer than an additional six months.

~~SECTION 1. Section 39831.3 of the Education Code is amended to read:~~

~~39831.3. (a) The county superintendent of schools, the superintendent of a school district, a charter school, or the owner or operator of a private school that provides transportation to or from a school or school activity shall prepare a transportation safety plan containing procedures for school personnel to follow to ensure the safe transport of pupils. The plan shall be revised as required. The plan shall address all of the following:~~

~~(1) Determining whether pupils require escort pursuant to paragraph (1) of subdivision (d) of Section 22112 of the Vehicle Code.~~

~~(2) (A) Procedures for all pupils in prekindergarten, kindergarten, and grades 1 to 8, inclusive, to follow as they board and exit the appropriate schoolbus at each pupil's schoolbus stop.~~

~~(B) Nothing in this paragraph requires a county superintendent of schools, the superintendent of a school district, a charter school, or the owner or operator of a private school that provides transportation to or from a school or school activity, to use the services of an onboard schoolbus monitor, in addition to the driver, to carry out the purposes of this paragraph.~~

~~(3) Boarding and exiting a schoolbus at a school or other trip destination.~~

~~(4) Procedures to ensure that a pupil is not left unattended on a schoolbus, school pupil activity bus, or youth bus.~~

~~(5) Procedures and standards for designating an adult chaperone, other than the driver, to accompany pupils on a school pupil activity bus.~~

~~(b) A current copy of a plan prepared pursuant to subdivision (a) shall be retained by each school subject to the plan and made available upon request to an officer of the Department of the California Highway Patrol.~~

O

DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
February 7- February 8 BOARD MEETING

BILL NUMBER:	Assembly Bill 193		
AUTHOR:	J. Patterson	**SPONSOR:**	
VERSION:	Introduced 01/10/2019	**INTRODUCED:**	01/10/2019
BILL STATUS:	01/11/2019 – In Assembly Read first time	**BILL LOCATION:**	Assembly
SUBJECT:	Professions and Vocations	**RELATED BILLS:**	

SUMMARY

Existing law establishes the Department of Consumer Affairs (Department) in the Business, Consumer Services, and Housing Agency to, among other things, ensure that certain businesses and professions that have potential impact upon the public health, safety, and welfare are adequately regulated.

This bill would require the Department, beginning on January 1, 2021, to conduct a comprehensive review of all occupational licensing requirements and identify unnecessary licensing requirements that cannot be adequately justified. The bill would require the Department to report to the Legislature on January 1, 2023, and every 2 years thereafter, on the Department's progress, and would require the Department to issue a final report to the Legislature no later than January 1, 2033. The bill would require the Department to apply for federal funds that have been made available specifically for the purpose of reviewing, updating, and eliminating overly burdensome licensing requirements, as provided.

ANALYSIS

AB 193 would require the Department to identify unnecessary licensing requirements that cannot be justified.

The impact on the Board cannot be identified at this time.

REGISTERED SUPPORT/OPPOSITION

Support
None on File.

Oppose
None on file.

STAFF RECOMMENDATION
Watch

BOARD POSITION:

SUPPORT:_____ OPPOSE:_____ NEUTRAL:_____ WATCH:_____

ASSEMBLY BILL No. 193

Introduced by Assembly Member Patterson

January 10, 2019

An act to amend Sections 7026.1, 7316, 7332, 7334, 7337.5, 7396, 7423, 19011, 19017, 19051, 19059.5, 19060.6, and 19170 of, to add and repeal Section 101.5 of, and to repeal Sections 7326, 7365, 19010.1, and 19052 of, the Business and Professions Code, and to amend Section 110371 of the Health and Safety Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 193, as introduced, Patterson. Professions and vocations.

(1) Existing law establishes the Department of Consumer Affairs in the Business, Consumer Services, and Housing Agency to, among other things, ensure that certain businesses and professions that have potential impact upon the public health, safety, and welfare are adequately regulated.

This bill would require the department, beginning on January 1, 2021, to conduct a comprehensive review of all occupational licensing requirements and identify unnecessary licensing requirements that cannot be adequately justified. The bill would require the department to report to the Legislature on January 1, 2023, and every 2 years thereafter, on the department's progress, and would require the department to issue a final report to the Legislature no later than January 1, 2033. The bill would require the department to apply for federal funds that have been made available specifically for the purpose of reviewing, updating, and eliminating overly burdensome licensing requirements, as provided.

(2) Existing law provides for the licensure and regulation of contractors by the Contractors' State License Board in the department and includes within the term "contractor" a person who performs tree removal, tree pruning, stump removal, or engages in tree or limb cabling or guying.

This bill would delete tree pruning from those provisions.

(3) Existing law, the Barbering and Cosmetology Act, provides for the licensure and regulation of the practice of cosmetology by the State Board of Barbering and Cosmetology in the department and defines the practice of both barbering and cosmetology to include shampooing the hair of any person. The act also specifies that, within the practice of cosmetology, there is the specialty branch of skin care, which includes applying makeup, and the specialty branch of nail care, which includes cutting, trimming, polishing, coloring, tinting, cleansing, manicuring, or pedicuring the nails of any person.

This bill would delete shampooing another person from the practice of barbering and cosmetology, would delete the act of applying makeup on another person from the specialty practice of skin care, and would delete nail care from the practice of cosmetology.

(4) Existing law provides for the regulation of custom upholsterers by the Bureau of Household Goods and Services in the department, and requires every custom upholsterer to hold a custom upholsterer's license.

This bill would delete those provisions requiring licensure of custom upholsterers.

(5) The bill would make conforming and other nonsubstantive changes.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) Many entities, including the Federal Trade Commission, the United States Department of Labor, and the Milton Marks "Little Hoover" Commission on California State Government Organization and Economy, have acknowledged the unnecessary burdens that occupational licensing places on otherwise qualified workers.

(b) Unnecessary licensing increases costs for consumers and restricts opportunities for workers.

(c) Researchers show that occupational licensing restrictions can result in almost three million fewer jobs and a cost of over $200,000,000,000 to consumers.

(d) The Institute for Justice estimates that burdensome licensing in California results in a loss of 195,917 jobs and $22,000,000,000 in misallocated resources.

(e) California is the most broadly and onerously licensed state in the nation and has been identified as the nation's worst licensing environment for workers in lower-income occupations.

(f) Licensing is also believed to disproportionately affect minorities and exacerbate income inequality.

SEC. 2. Section 101.5 is added to the Business and Professions Code, to read:

101.5. (a) The department shall apply for federal funds that have been made available specifically for the purposes of reviewing, updating, and eliminating overly burdensome licensing requirements.

(b) Beginning on January 1, 2021, the department shall conduct a comprehensive review of all occupational licensing requirements and shall identify unnecessary licensing requirements that cannot be adequately justified. The department shall conduct the review whether or not the state receives federal funds pursuant to subdivision (a).

(c) The department shall report to the Legislature on January 1, 2023, and every two years thereafter until the department has completed its review, on the department's progress in conducting the review. The department shall issue a final report to the Legislature no later than January 1, 2033.

(d) A report to be submitted pursuant to subdivision (c) shall be submitted in compliance with Section 9795 of the Government Code.

(e) Notwithstanding Section 10231.5 of the Government Code, this section is repealed on January 1, 2034.

SEC. 3. Section 7026.1 of the Business and Professions Code is amended to read:

7026.1. (a) The term "contractor" includes all of the following:

(1) Any person not exempt under Section 7053 who maintains or services air-conditioning, heating, or refrigeration equipment that is a fixed part of the structure to which it is attached.

(2) (A) Any person, consultant to an owner-builder, firm, association, organization, partnership, business trust, corporation, or company, who or which undertakes, offers to undertake, purports to have the capacity to undertake, or submits a bid to construct any building or home improvement project, or part thereof.

(B) For purposes of this paragraph, a consultant is a person, other than a public agency or an owner of privately owned real property to be improved, who meets either of the following criteria as it relates to work performed pursuant to a home improvement contract as defined in Section 7151.2:

(i) Provides or oversees a bid for a construction project.

(ii) Arranges for and sets up work schedules for contractors and subcontractors and maintains oversight of a construction project.

(3) A temporary labor service agency that, as the employer, provides employees for the performance of work covered by this chapter. The provisions of this paragraph shall not apply if there is a properly licensed contractor who exercises supervision in accordance with Section 7068.1 and who is directly responsible for the final results of the work. Nothing in this paragraph shall require a qualifying individual, as provided in Section 7068, to be present during the supervision of work covered by this chapter. A contractor requesting the services of a temporary labor service agency shall provide ~~his or her~~ *the contractor's* license number to that temporary labor service agency.

(4) Any person not otherwise exempt by this ~~chapter,~~ *chapter* who performs tree removal, ~~tree pruning,~~ stump removal, or engages in tree or limb cabling or guying. The term contractor does not include a person performing the activities of a nurseryperson who in the normal course of routine work performs incidental pruning of trees, or guying of planted trees and their limbs. The term contractor does not include a gardener who in the normal course of routine work performs incidental pruning of trees measuring less than 15 feet in height after planting.

(5) Any person engaged in the business of drilling, digging, boring, or otherwise constructing, deepening, repairing, reperforating, or abandoning any water well, cathodic protection well, or monitoring well.

(b) The term "contractor" or "consultant" does not include a common interest development manager, as defined in Section 11501, and a common interest development manager is not required

to have a contractor's license when performing management services, as defined in subdivision (d) of Section 11500.

SEC. 4. Section 7316 of the Business and Professions Code is amended to read:

7316. (a) The practice of barbering is all or any combination of the following practices:

(1) Shaving or trimming the beard or cutting the hair.

(2) Giving facial and scalp massages or treatments with oils, creams, lotions, or other preparations either by hand or mechanical appliances.

(3) Singeing, ~~shampooing,~~ arranging, dressing, curling, waving, chemical waving, hair relaxing, or dyeing the hair or applying hair tonics.

(4) Applying cosmetic preparations, antiseptics, powders, oils, clays, or lotions to scalp, face, or neck.

(5) Hairstyling of all textures of hair by standard methods that are current at the time of the hairstyling.

(b) The practice of cosmetology is all or any combination of the following practices:

(1) Arranging, dressing, curling, waving, machineless permanent waving, permanent waving, cleansing, cutting, ~~shampooing,~~ relaxing, singeing, bleaching, tinting, coloring, straightening, dyeing, applying hair tonics to, beautifying, or otherwise treating by any means, the hair of any person.

(2) Massaging, cleaning, or stimulating the scalp, face, neck, arms, or upper part of the human body, by means of the hands, devices, apparatus or appliances, with or without the use of cosmetic preparations, antiseptics, tonics, lotions, or creams.

(3) Beautifying the face, neck, arms, or upper part of the human body, by use of cosmetic preparations, antiseptics, tonics, lotions, or creams.

(4) Removing superfluous hair from the body of any person by the use of depilatories or by the use of tweezers, chemicals, or preparations or by the use of devices or appliances of any kind or description, except by the use of light waves, commonly known as rays.

~~(5) Cutting, trimming, polishing, tinting, coloring, cleansing, or manicuring the nails of any person.~~

~~(6)~~

(5) Massaging, cleansing, treating, or beautifying the hands or feet of any person.

(c) Within the practice of cosmetology there ~~exist~~ *exists* the specialty ~~branches of skin care and nail care.~~

~~(1) Skin care~~ *branch of skin care, which* is any one or more of the following practices:

~~(A)~~

(1) Giving facials, ~~applying makeup,~~ giving skin care, removing superfluous hair from the body of any person by the use of depilatories, tweezers or waxing, or applying eyelashes to any person.

~~(B)~~

(2) Beautifying the face, neck, arms, or upper part of the human body, by use of cosmetic preparations, antiseptics, tonics, lotions, or creams.

~~(C)~~

(3) Massaging, cleaning, or stimulating the face, neck, arms, or upper part of the human body, by means of the hands, devices, apparatus, or appliances, with the use of cosmetic preparations, antiseptics, tonics, lotions, or creams.

~~(2) Nail care is the practice of cutting, trimming, polishing, coloring, tinting, cleansing, manicuring, or pedicuring the nails of any person or massaging, cleansing, or beautifying from the elbow to the fingertips or the knee to the toes of any person.~~

(d) The practice of barbering and the practice of cosmetology do not include any of the following:

(1) The mere sale, fitting, or styling of wigs or hairpieces.

(2) Natural hair braiding. Natural hair braiding is a service that results in tension on hair strands or roots by twisting, wrapping, weaving, extending, locking, or braiding by hand or mechanical device, provided that the service does not include haircutting or the application of dyes, reactive chemicals, or other preparations to alter the color of the hair or to straighten, curl, or alter the structure of the hair.

(3) Threading. Threading is a technique that results in removing hair by twisting thread around unwanted hair and pulling it from the skin and the incidental trimming of eyebrow hair.

(e) Notwithstanding paragraph (2) of subdivision (d), a person who engages in natural hairstyling, which is defined as the provision of natural hair braiding services together with any of the

services or procedures defined within the regulated practices of barbering or cosmetology, is subject to regulation pursuant to this chapter and shall obtain and maintain a barbering or cosmetology license as applicable to the services respectively offered or performed.

(f) Electrolysis is the practice of removing hair from, or destroying hair on, the human body by the use of an electric needle only.

"Electrolysis" as used in this chapter includes electrolysis or thermolysis.

SEC. 5. Section 7326 of the Business and Professions Code is repealed.

~~7326. The board shall admit to examination for a license as a manicurist to practice nail care, any person who has made application to the board in proper form, paid the fee required by this chapter, and is qualified as follows:~~

~~(a) Is not less than 17 years of age.~~

~~(b) Has completed the 10th grade in the public schools of this state or its equivalent.~~

~~(c) Is not subject to denial pursuant to Section 480.~~

~~(d) Has done any of the following:~~

~~(1) Completed a course in nail care from a school approved by the board.~~

~~(2) Practiced nail care, as defined in this chapter, outside of this state for a period of time equivalent to the study and training of a qualified person who has completed a course in nail care from a school the curriculum of which complied with requirements adopted by the board. Each three months of practice shall be deemed the equivalent of 100 hours of training for qualification under paragraph (1).~~

~~(3) Completed the apprenticeship program in nail care specified in Article 4 (commencing with Section 7332).~~

SEC. 6. Section 7332 of the Business and Professions Code is amended to read:

7332. (a) An apprentice is any person who is licensed by the board to engage in learning or acquiring a knowledge of barbering, cosmetology, skin care, ~~nail care,~~ or electrology, in a licensed establishment under the supervision of a licensee approved by the board.

(b) For purposes of this section, "under the supervision of a licensee" means that the apprentice shall be supervised at all times by a licensee approved by the board while performing services in a licensed establishment. At no time shall an apprentice be the only individual working in the establishment. An apprentice that is not being supervised by a ~~licensee,~~ *licensee* that has been approved by the board to supervise an ~~apprentice,~~ *apprentice* shall be deemed to be practicing unlicensed under this chapter.

SEC. 7. Section 7334 of the Business and Professions Code is amended to read:

7334. (a) The board may license as an apprentice in barbering, cosmetology, *or* skin ~~care, or nail~~ care any person who has made application to the board upon the proper form, has paid the fee required by this chapter, and who is qualified as follows:

(1) Is over 16 years of age.

(2) Has completed the 10th grade in the public schools of this state or its equivalent.

(3) Is not subject to denial pursuant to Section 480.

(4) Has submitted evidence acceptable to the board that any training the apprentice is required by law to obtain shall be conducted in a licensed establishment and under the supervision of a licensee approved by the board.

(b) The board may license as an apprentice in electrolysis any person who has made application to the board upon the proper form, has paid the fee required by this chapter, and who is qualified as follows:

(1) Is not less than 17 years of age.

(2) Has completed the 12th grade or an accredited senior high school course of study in schools of this state or its equivalent.

(3) Is not subject to denial pursuant to Section 480.

(4) Has submitted evidence acceptable to the board that any training the apprentice is required by law to obtain shall be conducted in a licensed establishment and under the supervision of a licensee approved by the board.

(c) All persons making application as an apprentice in barbering shall also complete a minimum of 39 hours of preapprentice training in a facility approved by the board prior to serving the general public.

(d) All persons making application as an apprentice in cosmetology, skin care, ~~nail care,~~ or electrology shall also complete

minimum preapprentice training for the length of time established by the board in a facility approved by the board prior to serving the general public.

(e) Apprentices may only perform services on the general public for which they have received technical training.

(f) Apprentices shall be required to obtain at least the minimum hours of technical instruction and minimum number of practical operations for each subject as specified in board regulations for courses taught in schools approved by the board, in accordance with Sections 3074 and 3078 of the Labor Code.

SEC. 8. Section 7337.5 of the Business and Professions Code is amended to read:

7337.5. (a) The board shall adopt regulations providing for the submittal of applications for admission to examination of students of approved cosmetology, electrology, or barbering schools who have completed at least 75 percent of the required course clock hours and curriculum requirements (60 percent for students of the manicurist course), or any person licensed as an apprentice in barbering, cosmetology, *or* skin ~~care, or nail~~ care who has completed at least 75 percent of the required apprenticeship training hours. The regulations shall include provisions that ensure that all proof of qualifications of the applicant is received by the board before the applicant is examined.

(b) An application for examination submitted by a student of an approved cosmetology, electrology, or barbering school under this section shall be known as a "school preapplication" and an additional preapplication fee may be required.

(c) An application for examination submitted by a person licensed as an apprentice in barbering, cosmetology, *or* skin ~~care, or nail~~ care shall be known as an "apprenticeship preapplication" and an additional fee may be required.

(d) The board shall administer the licensing examination not later than 10 working days after graduation from an approved cosmetology, electrology, or barbering school to students who have submitted an application for admission for examination under the preapplication procedure, or not later than 10 working days after completion of an approved barbering, cosmetology, *or* skin ~~care, or nail~~ care apprenticeship program for a person licensed as an apprentice.

SEC. 9. Section 7365 of the Business and Professions Code is repealed.

~~7365. A nail care course established by a school shall consist of not less than 350 hours of practical training and technical instruction in accordance with a curriculum established by board regulation.~~

SEC. 10. Section 7396 of the Business and Professions Code is amended to read:

7396. The form and content of a license issued by the board shall be determined in accordance with Section 164.

The license shall prominently state that the holder is licensed as a barber, cosmetologist, esthetician, ~~manicurist,~~ electrologist, or apprentice, and shall contain a photograph of the licensee.

SEC. 11. Section 7423 of the Business and Professions Code is amended to read:

7423. The amounts of the fees required by this chapter relating to licenses for individual practitioners are as follows:

(a) (1) ~~Cosmetologist~~ *A cosmetologist* application and examination fee shall be the actual cost to the board for developing, purchasing, grading, and administering the examination.

(2) A cosmetologist initial license fee shall not be more than fifty dollars ($50).

(b) (1) An esthetician application and examination fee shall be the actual cost to the board for developing, purchasing, grading, and administering the examination.

(2) An esthetician initial license fee shall not be more than forty dollars ($40).

~~(c) (1) A manicurist application and examination fee shall be the actual cost to the board for developing, purchasing, grading, and administering the examination.~~

~~(2) A manicurist initial license fee shall not be more than thirty-five dollars ($35).~~

~~(d)~~

(c) (1) A barber application and examination fee shall be the actual cost to the board for developing, purchasing, grading, and administering the examination.

(2) A barber initial license fee shall be not more than fifty dollars ($50).

~~(e)~~

(d) (1) An electrologist application and examination fee shall be the actual cost to the board for developing, purchasing, grading, and administering the examination.

(2) An electrologist initial license fee shall be not more than fifty dollars ($50).

~~(f)~~

(e) An apprentice application and license fee shall be not more than twenty-five dollars ($25).

~~(g)~~

(f) The license renewal fee for individual practitioner licenses that are subject to renewal shall be not more than fifty dollars ($50).

~~(h)~~

(g) Notwithstanding Section 163.5 the license renewal delinquency fee shall be 50 percent of the renewal fee in effect on the date of renewal.

~~(i)~~

(h) Any preapplication fee shall be established by the board in an amount sufficient to cover the costs of processing and administration of the preapplication.

SEC. 12. Section 19010.1 of the Business and Professions Code is repealed.

~~19010.1. "Custom upholsterer" means a person who, either by himself or herself or through employees or agents, repairs, reupholsters, re-covers, restores, or renews upholstered furniture, or who makes to order and specification of the user any article of upholstered furniture, using either new materials or owner's materials.~~

SEC. 13. Section 19011 of the Business and Professions Code is amended to read:

19011. "Manufacturer" means a person who, either by ~~himself or herself~~ *themselves* or through employees or agents, makes any article of upholstered furniture or bedding in whole or in part, ~~or who does the upholstery or covering of any unit thereof,~~ using either new or secondhand material. ~~"Manufacturer" does not, however, include a "custom upholsterer," as defined in Section 19010.1.~~

SEC. 14. Section 19017 of the Business and Professions Code is amended to read:

19017. "Owner's material" means any article or material belonging to a person for ~~his or her~~ *their* own, or *their* tenant's use, that is sent to any ~~manufacturer,~~ *manufacturer or* bedding ~~renovator, or custom upholsterer to be repaired or renovated,~~ *renovator* or used in repairing or renovating.

SEC. 15. Section 19051 of the Business and Professions Code is amended to read:

19051. Every upholstered-furniture retailer, unless ~~he or she~~ *the person* holds an importer's license, a furniture and bedding manufacturer's license, a wholesale furniture and bedding dealer's license, ~~a custom upholsterer's license,~~ or a retail furniture and bedding dealer's ~~license~~ *license,* shall hold a retail furniture dealer's license.

(a) This section does not apply to a person whose sole business is designing and specifying for interior spaces, and who purchases specific amenable upholstered furniture items on behalf of a client, provided that the furniture is purchased from an appropriately licensed importer, wholesaler, or retailer. This section does not apply to a person who sells "used" and "antique" furniture as defined in Sections 19008.1 and 19008.2.

(b) This section does not apply to a person who is licensed as a home medical device retail facility by the State Department of Health Services, provided that the furniture is purchased from an appropriately licensed importer, wholesaler, or retailer.

SEC. 16. Section 19052 of the Business and Professions Code is repealed.

~~19052. Every custom upholsterer, unless he or she holds a furniture and bedding manufacturer's license, shall hold a custom upholsterer's license.~~

SEC. 17. Section 19059.5 of the Business and Professions Code is amended to read:

19059.5. Every sanitizer shall hold a sanitizer's license unless ~~he or she~~ *the person* is licensed as a home medical device retail facility by the State Department of Health Services or as an upholstered furniture and bedding manufacturer, retail furniture and bedding dealer, *or* retail bedding ~~dealer, or custom upholsterer.~~ *dealer.*

SEC. 18. Section 19060.6 of the Business and Professions Code is amended to read:

19060.6. ~~(a) Except as provided in subdivision (b), every~~ *Every* person who, on ~~his or her~~ *their* own account, advertises, ~~solicits~~ *solicits*, or contracts to ~~manufacture, repair or renovate~~ *manufacture* upholstered furniture or bedding, and who either does the work ~~himself or herself~~ *themselves* or has others do ~~it for him or her~~, *it*, shall obtain the particular license required by this chapter for the particular type of work that ~~he or she~~ *the person* solicits or advertises that ~~he or she~~ *the person* will do, regardless of whether ~~he or she~~ *the person* has a shop or factory.

~~(b) Every person who, on his or her own account, advertises, solicits or contracts to repair or renovate upholstered furniture and who does not do the work himself or herself nor have employees do it for him or her but does have the work done by a licensed custom upholsterer need not obtain a license as a custom upholsterer but shall obtain a license as a retail furniture dealer. However, nothing in this section shall exempt a retail furniture dealer from complying with Sections 19162 and 19163.~~

SEC. 19. Section 19170 of the Business and Professions Code is amended to read:

19170. (a) The fee imposed for the issuance and for the biennial renewal of each license granted under this chapter shall be set by the chief, with the approval of the director, at a sum not more nor less than that shown in the following table:

	Maximum fee	Minimum fee
Importer's license	$940	$120
Furniture and bedding manufacturer's license	940	120
Wholesale furniture and bedding dealer's license	675	120
Supply dealer's license	675	120
~~Custom upholsterer's license~~	~~450~~	~~80~~
Sanitizer's license	450	80
Retail furniture and bedding dealer's license	300	40
Retail furniture dealer's license	150	20
Retail bedding dealer's license	150	20

(b) Individuals who, in their own homes and without the employment of any other person, make, sell, advertise, or contract

to make pillows, quilts, quilted pads, or comforters are exempt from the fee requirements imposed by subdivision (a). However, these individuals shall comply with all other provisions of this chapter.

(c) Retailers who only sell "used" and "antique" furniture as defined in Sections 19008.1 and 19008.2 are exempt from the fee requirements imposed by subdivision (a). Those retailers are also exempt from the other provisions of this chapter.

(d) A person who makes, sells, or advertises upholstered furniture and bedding as defined in Sections 19006 and 19007, and who also makes, sells, or advertises furniture used exclusively for the purpose of physical fitness and exercise, shall comply with the fee requirements imposed by subdivision (a).

(e) A person who has paid the required fee and who is licensed ~~either~~ as an upholstered furniture and bedding manufacturer ~~or a custom upholsterer~~ under this chapter shall not be required to additionally pay the fee for a sanitizer's license.

SEC. 20. Section 110371 of the Health and Safety Code is amended to read:

110371. (a) A professional cosmetic manufactured on or after July 1, 2020, for sale in this state shall have a label affixed on the container that satisfies all of the labeling requirements for any other cosmetic pursuant to the Federal Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 301, et seq.), and the federal Fair Packaging and Labeling Act (15 U.S.C. Sec. 1451, et seq.).

(b) The following definitions shall apply to this section:

(1) "Ingredient" has the same meaning as in Section 111791.5.

(2) "Professional" means a person that has been granted a license by the State Board of Barbering and Cosmetology to practice in the field of cosmetology, ~~nail care,~~ barbering, or esthetics.

(3) "Professional cosmetic" means a cosmetic product as it is defined in Section 109900 that is intended or marketed to be used only by a professional on account of a specific ingredient, increased concentration of an ingredient, or other quality that requires safe handling, or is otherwise used by a professional.

O

DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
BOARD MEETING

BILL NUMBER:	Senate Bill 53		
AUTHOR:	S. Wilk	**SPONSOR:**	
VERSION:	Introduced 12/10/2018	**INTRODUCED:**	12/10/2018
BILL STATUS:	1/01/19 – In Senate Read First Time	**BILL LOCATION:**	Senate
SUBJECT:	Open Meetings	**RELATED BILLS:**	

SUMMARY

The Bagley-Keene Open Meeting Act requires that all meetings of a state body, as defined, be open and public and that all persons be permitted to attend and participate in a meeting of a state body, subject to certain conditions and exceptions.

This bill would specify that the definition of "state body" includes an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of a state body that consists of 3 or more individuals, as prescribed, except a board, commission, committee, or similar multimember body on which a member of a body serves in his or her official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by the state body, whether the multimember body is organized and operated by the state body or by a private corporation.

This bill would declare that it is to take effect immediately as an urgency statute.

ANALYSIS

SB 53 would require for a two-member advisory committee to hold an open and public meeting if at least one of the members of the advisory committee is a member of the main board, and the board is at least partially funded by the state.

REGISTERED SUPPORT/OPPOSITION

Support
None on File.

Oppose
None on file.

STAFF RECOMMENDATION
Watch

BOARD POSITION:

SUPPORT:_____ OPPOSE:_____ NEUTRAL:_____ WATCH:_____

SENATE BILL No. 53

Introduced by Senator Wilk
(Coauthor: Assembly Member Lackey)

December 10, 2018

An act to amend Section 11121 of the Government Code, relating to state government, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

SB 53, as introduced, Wilk. Open meetings.

The Bagley-Keene Open Meeting Act requires that all meetings of a state body, as defined, be open and public and that all persons be permitted to attend and participate in a meeting of a state body, subject to certain conditions and exceptions.

This bill would specify that the definition of "state body" includes an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of a state body that consists of 3 or more individuals, as prescribed, except a board, commission, committee, or similar multimember body on which a member of a body serves in his or her official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by the state body, whether the multimember body is organized and operated by the state body or by a private corporation.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: ⅔. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 11121 of the Government Code is amended to read:

11121. As used in this article, "state body" means each of the following:

(a) Every state board, or commission, or similar multimember body of the state that is created by statute or required by law to conduct official meetings and every commission created by executive order.

(b) A board, commission, committee, or similar multimember body that exercises any authority of a state body delegated to it by that state body.

(c) An advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of a state body, if created by formal action of the state body or of any member of the state body, and if the advisory body so created consists of three or more ~~persons.~~ *persons, except as provided in subdivision (d).*

(d) A board, commission, committee, or similar multimember body on which a member of a body that is a state body pursuant to this section serves in his or her official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by the state body, whether the multimember body is organized and operated by the state body or by a private corporation.

(e) Notwithstanding subdivision (a) of Section 11121.1, the State Bar of California, as described in Section 6001 of the Business and Professions Code. This subdivision shall become operative on April 1, 2016.

SEC. 2. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the California Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to avoid unnecessary litigation and ensure the people's right to access the meetings of public bodies pursuant to Section 3 of Article 1 of the California Constitution, it is necessary that this act take effect immediately.

O

DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
February 7- February 8 BOARD MEETING

BILL NUMBER:	Senate Bill 154		
AUTHOR:	R. Pan	**SPONSOR:**	
VERSION:	Introduced 01/23/2019	**INTRODUCED:**	01/23/2019
BILL STATUS:	01/23/2019 – In Senate Read first time	**BILL LOCATION:**	Senate
SUBJECT:	Medi-Cal; restorative dental services	**RELATED BILLS:**	SB 1148 (Pan, 2018)

SUMMARY

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services (DHCS), under which qualified low-income individuals receive healthcare services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law includes emergency and essential diagnostic and restorative dental services, and dental prophylaxis cleanings and dental examinations within the scope of benefits that may be provided to eligible recipients under the Medi-Cal program. Existing law authorizes specified Medi-Cal providers to recommend, after consultation with the beneficiary, and to receive reimbursement for, certain dental restorative materials other than the covered benefit of amalgam.

This bill would authorize a provider of services for the treatment of dental caries to provide, and receive reimbursement for, the application of silver diamine fluoride when used as a caries arresting agent, as specified, if the provider first consults with the beneficiary and obtains written informed consent, and if the treatment is included as part of a comprehensive treatment plan, to the extent that federal financial participation is available and any necessary federal approvals have been obtained. The bill would permit a registered dental hygienist in alternative practice who meets the requirements of the bill to bill for the services described in the bill. The bill would limit availability of the described services to specified Medi-Cal beneficiary populations. The bill would authorize DHCS to implement its provisions by means of all-county letters, provider bulletins, or similar instructions, without taking further regulatory action.

ANALYSIS

SB 154 permits a dental provider for the treatment of dental caries to provide, and receive reimbursement for, silver diamine fluoride (SDF) when used as a caries

arresting agent for specified populations of Medi-Cal beneficiaries, if specified conditions are met.

This bill would not have a fiscal impact upon the Dental Board of California (Board) because the Board does not currently bill for dental services nor does it administer the Medi-Cal's Denti-Cal program.

REGISTERED SUPPORT/OPPOSITION

Support
None on File.

Oppose
None on file.

STAFF RECOMMENDATION
Previously, the Board voted to take a support position on SB 1148 (2018), which is identical to SB 154. Ultimately, SB 1148 was vetoed by Governor Brown, citing fund concerns.

BOARD POSITION:

SUPPORT:_____ OPPOSE:_____ NEUTRAL:_____ WATCH:_____

SENATE BILL No. 154

Introduced by Senator Pan

January 23, 2019

An act to add Section 14132.225 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

SB 154, as introduced, Pan. Medi-Cal: restorative dental services.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive healthcare services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law includes emergency and essential diagnostic and restorative dental services, and dental prophylaxis cleanings and dental examinations within the scope of benefits that may be provided to eligible recipients under the Medi-Cal program. Existing law authorizes specified Medi-Cal providers to recommend, after consultation with the beneficiary, and to receive reimbursement for, certain dental restorative materials other than the covered benefit of amalgam.

This bill would authorize a provider of services for the treatment of dental caries to provide, and receive reimbursement for, the application of silver diamine fluoride when used as a caries arresting agent, as specified, if the provider first consults with the beneficiary and obtains written informed consent, and if the treatment is included as part of a comprehensive treatment plan, to the extent that federal financial participation is available and any necessary federal approvals have been obtained. The bill would permit a registered dental hygienist in alternative practice who meets the requirements of the bill to bill for the services described in the bill. The bill would limit availability of

the described services to specified Medi-Cal beneficiary populations. The bill would authorize the department to implement its provisions by means of all-county letters, provider bulletins, or similar instructions, without taking further regulatory action.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Section 14132.225 is added to the Welfare and Institutions Code, immediately following Section 14132.22, to read:

14132.225. (a) A provider of services for the treatment of dental caries may provide, and receive reimbursement for, the application of silver diamine fluoride, on a per-tooth basis, when used to arrest an active, nonsymptomatic carious lesion, and without mechanical removal of sound tooth structure, if all of the following conditions are met:

(1) There is a consultation with the beneficiary, or their designee.

(2) The beneficiary, or their designee, signs a written informed consent form that is approved by the department.

(3) The treatment is part of a comprehensive treatment plan.

(b) This section does not preclude the use of silver diamine fluoride for preventive services, when appropriate.

(c) A registered dental hygienist in alternative practice may bill for this benefit when all the requirements of paragraphs (1) to (3), inclusive, of subdivision (a) are met.

(d) This benefit shall be limited to the following Medi-Cal populations:

(1) Children six years of age and under.

(2) Persons with disabilities or other underlying conditions such that nonrestorative caries treatment may be optimal.

(3) Adults who live in a licensed skilled nursing facility or licensed intermediate care facility.

(e) This section shall be implemented only to the extent that both of the following occur:

(1) The department obtains any federal approvals necessary to implement this section.

(2) The department obtains federal matching funds to the extent permitted by federal law.

(f) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement this section by means of all-county letters, provider bulletins, or similar instructions, without taking further regulatory action.

O

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	January 11, 2019
TO	Members of the Dental Board of California
FROM	Michael Chen, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	**Agenda Item 17(c):** Discussion of Prospective Legislative Proposals

Stakeholders are encouraged to submit proposals in writing to the Board before or during the meeting for possible consideration by the Board at a future meeting.

Action Requested:
No action necessary.